Institutionalised Children
Explorations and Beyond
An International Journal on Alternative Care

We are deeply indebted to WHO SEARO for making possible the publication of this issue.

Volume 4, Number 1, March 2017

Cover designed by: Shalini Verma
Cover Photo: © Udayan Care
Typeset by: Indian Journals

Indexed/Abstracted with

- Index Copernicus international (2015, ICV - 78.03)
- Google Scholar
- EBSCO Discovery
- CNKI Scholar
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Editorial

The journal is now in its fourth year of publication and it gives me great pleasure to introduce the current issue. Our collaborative efforts, with our neighboring SAARC countries, continues to bear fruit and I am proud and privileged to introduce the papers selected for this issue. We continue to follow our established format, which allows us to present a wide variety of papers on topics of care, management and policy with children and adolescents in need of care and protection. A continuously evolving spectrum of services and policy (influenced by global and national trends) is reflected in the papers we choose. I, along with my editorial board, am committed to broadening our vision to include topics that are often ignored and neglected for one reason or the other. I hope you will find some gems in this issue and I, of course, welcome your feedback at all times. Before I introduce the journal articles, it is with some sadness that I bid adieu to Dr. Kiran Mathur, who served as our book editor for three years. In her place, I have asked Dr. Kakul Hai, to join our editorial board. Dr. Hai brings a wealth of knowledge, a sharp and critical mind and a tenacity and perseverance that is much needed in this area of work and study.

This issue begins with an interview by Luis Aguilar, one of our editorial board members, of Dr. Delia Pop, the Director of Programmes and Global Advocacy at Hope and Homes for Children. Dr. Pop, who was born and raised in Romania, has devoted much of her life to working with children in the institutional care system and families at risk of separation. She has led the development of a model of change that has been instrumental in transforming the systems of child protection and care systems at national and regional levels. She is internationally renowned and I invite you to peruse her views through this interview, which is enlightening, moving, and in the end transformative for our culture.

In the main research section, we have six articles, addressing various aspects of care and management of orphaned children and adolescents.

We begin with a paper by Dr. Hiranthi Wijemanne, whose vast knowledge in both child related policy and human rights issues related to children in alternative care is unquestionable. We are grateful to her for taking the time to share her thoughts, concerns and vision to inform and broaden our thinking and to keep in mind the internationally recognized child rights issues that guide our major initiatives and programs.

Dr. N. Janardhana, who has contributed to our journal in the past, now provides us with an article that examines the complex social and cultural issues that impinge on adolescent sexual development and behavior in India. This is a timely article as the topic of sexual relationships during adolescence is often neglected and ignored in many south Asian cultures. Dr. Janardhana highlights the complex issues that

surround these dynamics and suggests ways to ameliorate the social and cultural stigmas that accompany such concerns.

Following this, I chose an article by Laila Khondkar and her colleagues that examines family and community reintegration of children of sex workers living in institutional care in Bangladesh. The dangers that often accompany these children is explored and the institutional care of Safe Home, that work with this population and Aparajito, a community based project, is elaborated upon. Both these articles reflect our commitment to attention to the increasing problem of sex workers and sexual abuse that exists nationally and in the region. Our goal is to increase awareness and concern and to affect policy that will enhance the care and provision of services for the children who are most impacted in these cases.

For the past three years, each year, a group of students arrive from Duke University, North Carolina, USA to India to gather data on a large group of orphaned children and adolescents. These students are engaged in a longitudinal study that examines issues of attachment, mental health and long-term adjustment in children residing in the group homes in New Delhi, run by Udayan Care. Their focus of study, in the paper presented in this issue, is on the long-term adjustment of orphaned young adults as they transition from residential care setting to living independently in the community. This is often a difficult and emotional transition and the students, using a variety of measures examining social adjustment and general mental health, provide an insightful, informative and educational piece for this issue.

Deviating slightly from the main thrust of this issue, but in line with our overall objective to be thought provoking, we have a paper by K. Bhuvaneswari on myths and misconceptions that are prevalent in service providers who work with children in child care settings. How these myths and misconceptions affect direct service care is explored and suggestions for a paradigm shift made. This is a topic that explores how societal expectations, attitudes, beliefs and perceptions in subtle and unconscious ways influence our work with children and adolescents in need of care and protection. It is my hope that by exposing these beliefs we can begin to chip away at such attitudes and enhance the quality of care.

Finally, with the current policy dictated directions and movement towards foster care and adoption, the paper by Riti Chandrashekhar and her colleagues is timely. In this paper, the concept of the foster care model with its multiple implications in the region is examined. The authors conducted an extensive review of the situation, using a survey questionnaire across the SAARC countries that practice foster care. Their in-depth review and findings will no doubt inform us at many levels, drawing attention to the struggles, strengths and shortcomings, of the issues involved in a transition from institutional care to foster care.

For our Good Practices and Models of Alternative Care, I am pleased to publish a paper by Richa Tyagi, who introduces us to the Miracle Foundation Method of childcare. Applied to over twenty homes across the country, Ms. Tyagi's paper is informative, insightful and captures the spirit and methodology that lies behind creating a loving, caring, family-like environment for children without parental care.

For our international piece, we are reprinting, with permission, an article by Cynthia Cross. She examines Winnicott's thinking on working with children and his lectures on working with maladjusted children and its contribution to her professional development as a residential child care worker. As a child and adolescent analyst, I have been influenced by and very drawn to Winnicott's ideas on the mother-infant relationship and his work with troubled adolescents has informed my daily practice as a clinician in many ways. Ms. Cross examines how Winnicott's ideas on working with such children are as pertinent today as it was when first presented in 1970. Winnicott and his understanding of early mother-infant relationship and how they are replicated in our work as therapists and caretakers has profound implications for a world that is rapidly changing with respect to the delivery of services. The role of stability, of transition and the 'transitional space', are essential considerations when working with children who are in need of care and protection.

Next, Dr. Kakul Hai makes her debut in this journal as the book editor. She reviews the book, Orphan Train by Christina Kline. In this book, Vivian and Molly, move from one foster home to another, taking some memories with them and leaving others behind. How this shaped their worldview and sense of self is the main thrust of this poignant novel of a journey that many take but cannot so eloquently put into words. Dr. Hai captures eloquently vividly their poignant tale and the story springs to life, capturing encapsulating the essence of what shapes the personality of an orphan. I look forward to Dr. Hai's ongoing participation as part of our editorial board and am confident that you will enjoy her contributions as well. For the movie review, the founder of Home of Hope, Dr. Nilima Sabharwal contributes a touching and sensitive portryal of the recent movie "Lion." Recently nominated for several awards (Golden Globe, Oscar to name a few), the movie captures the poignant journey of a young boy names 'Sheru' as he looks for the mother he has lost. This is a familiar tale for many who work with orphaned children and adolescents.

The Brief Communications and Upcoming Events sections highlight regional issues and communications. A quick glance through this section will quickly inform you of interesting upcoming conferences. We are of course pleased to announce that the '3rd Biennial International Conference on Alternative Care for Children' will be held in March 2018. The primary thrust of this conference will be examining the rapid push towards alternative care in the region, as dictated by policy to the multiple implications for delivery of adequate care related services and management of a growing number of out of home care orphaned children in the SAARC region.

Finally, in October 2016, the World Health Organization initiated a one year campaign called "Depression: let's talk." The primary goal of this campaign is to encourage people with depression to get help. In light of the growing number of children and adolescents who show signs of depression and other emotional difficulties (Malhotra and Das, 2007), especially in a population of vulnerable children, this is timely and much needed. We hope to devote the second issue of this journal to be released in September of 2017 to the topic of depression in child.

In conclusion, our commitment to this journal is unwavering and we welcome your input as readers and potential authors. We continue to broaden the scope of our inquiry and are open to suggestions as to how we can improve our content as in addressing issues that are pertinent and of growing interest. We urge you to think of us for a paper that you would like to see published and available for a larger audience. As I already mentioned in the beginning, this journal is in its fourth year of publication, and we also call upon subject experts and professionals to help us peer review the journal. Any contribution in this regard will be highly appreciated by the editorial board.

Monisha C. Nayar-Akhtar, Ph.D.
Editor-in-Chief

Institutionalised Children Explorations and Beyond
Volume 4, Number 1, March 2017 pp. 78-88
DOI: 10.5958/2349-3011.2017.00009.3

Good Practices and Models of Alternative Car

TRANSFORMING INSTITUTIONS INTO FUNCTIONING, LOVING CHILDREN'S HOMES A NARRATIVE BY MIRACLE FOUNDATION INDIA

Richa Tyagi

ABSTRACT

The paper is set in the backdrop of the alternative care option of child care institutions for children without parental care. It begins with taking into account the precedent scenarios of institutions poorly suited to meet young children's developmental needs. The paper lays fundamental background of key national and international standards protecting and promoting the best interest of the child. The narrative proceeds to bring to light models of child care, as hallmarks of transition from conservative institutional care to a family like care and wellbeing for children. Within this context, the paper elucidates on the Miracle Foundation Method of child care and development presently applied across 24 children's homes across the country. The description is qualified with a case study of one of the children's homes depicting the contribution of the Miracle Foundation Method towards creating a loving, caring and family-like environment for children without parental care.

Keywords: Miracle foundation method, Children without parental care, Children's home, Rights of child, Family like care and wellbeing, Guidance, Child care metrics, Child protection, Child participation

BACKGROUND AND CONTEXT

Abandonment and maltreatment of children without parental care is a grave matter of concern for societies around the world. At 430 million, India has the largest child population in the world. Out of these, 170 million children are in need of care and protection, and out of them 20 million are estimated to be orphans, who have lost one or more parents (Census 2011 and study by SOS (Societas Socialis) Children's Village.

Trends show that the number of orphaned children is growing every year, while the number of adoptions is plummeting. 95 per cent of orphans are above 5 years of age, which further restricts their chances of being adopted. Domestic adoptions have dropped by half, hitting a 5-year low with only 3,011 children being adopted

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by Indian parents in 2015 as compared with 3,998 in 2014 and 5,964 in 2011 (TOI 8 June 2016).

Delving into the subject of care for children without parental care, a dominant view is that institutionalisation should be the last resort. The notion is clearly endorsed by the JJ Act 2015, which suggests that resettlement with families, community strengthening programmes, kinship care, foster care, adoption and sponsorship are preferable alternatives to institutional care for young children. Implementation, monitoring, strengthening of alternative care avenues of foster care, adoption and sponsorship may take its own course in India. Nonetheless, given the present situation, institutional care seems to be a well-established form of alternative care. This would certainly play an important role in providing critical support to children without parental care.

GOAL AND OBJECTIVES

The purview of the present paper is to describe the Miracle Foundation Method of child care and development presently applied across 24 children's homes across the country.

The objectives include:

- To illustrate various components of the Miracle Foundation Method.
- To examine the value addition, that the Method brings forth towards creating a loving, caring and family-like environment for children without parental care.

LITERATURE REVIEW

Although the actual number of children in residential institutions is impossible to gauge accurately, estimates have ranged from 2 million to more than 8 million (Browne, 2009; Save the Children, 2009). The following literature review taken from studies conducted in different parts of the country reflects some of the pernicious effects of institutional care on the development of young children.

A study assessed the health and nutritional status of the institutionalised children from four states of Andhra Pradesh, Uttar Pradesh, West Bengal and Karnataka; clinical status of these children showed that Vitamin A and B complex deficiency were the most common nutritional deficiency signs among children. Common conditions of cough, fever, sore throat, sore eyes, scabies and other skin infections were prevalent. Other conditions like anaemia, phrynoderma and dental caries were also observed.

A study examining the problems and adjustment patterns of the children living in children homes in Uttar Pradesh showed that nearly one out of every four children suffered from sickness, fatigue and bad sleep. In 30–50 per cent of the cases, these

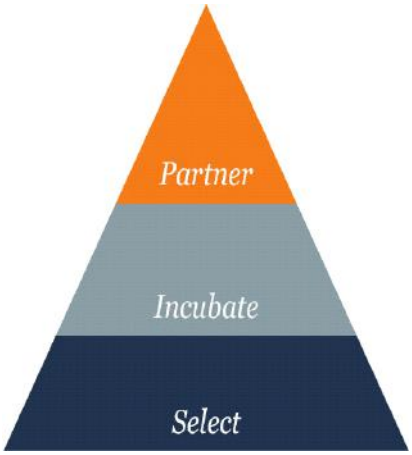
children were subject to infrequent medical check-ups, neglect during sickness, absence of medical facilities and inadequate food intake. Adjustment problems commonly observed among children, included quarrelsome behaviour, indulgence in theft, getting late for school and aggressive behaviours.

Nationally, a turning point in the history of institutional child care was the enactment of the Juvenile Justice (Care and Protection of Children) Act, 2000 (JJ Act, 2000), which replaced the Juvenile Justice Act, 1986 and brought about fundamental changes in institutional child-care structures and functions in India. This was repealed in 2015 and the JJ Act, 2015 came into force affecting further changes in the existing institutional and non-institutional child-care systems. Globally, adoption of the United Nations Convention on the Rights of the Child on 30 November 1989 by the UN General Assembly could be termed the most significant step forward for the well-being of children as it put forth the fundamental standards focusing on family-like care and well-being of children, protecting and promoting 'the best interest of the child'.

Even prior to the coining of various international instruments on rights of children, Hermann Gmeiner set up the first SOS Children's Village in Austria, in 1949. World War II left thousands of children without parental care, uprooted and traumatised. Hermann Gmeiner was convinced that in contrast to conservative, institutional care in children's homes, a family-like environment could provide these children with a good basis for their future. Another model based on the strategy of life: Living in a family environment of Udayan Care is based on the group foster care model.

THE MIRACLE FOUNDATION METHOD

Another model in alignment with the spirit of family-like care and well-being of children is that of Miracle Foundation. *The Miracle Foundation Method* works to fill in gaps in funding and training, nurturing and empowering children and their caregivers, strengthening operational processes and the systems of existing children's homes – all of which together make the method scalable.



Since 2000, Miracle Foundation has reached out and impacted the lives of 1,290 children, supporting 33 children homes across 7 states in the country – Maharashtra, Tamil Nadu, Madhya Pradesh, Telangana, Karnataka, Kerala and Tripura.

The method comprises three phases: '*Selection*', '*Incubation*' and '*Partnership*'.

After an initial review of the 'Expression of Interest' application from the children's home, the Miracle team visits the children's home in order to conduct an in-depth need assessment, establish a baseline and identify the gap areas where value addition is required. This marks completion of selection phase.

After both the children's home and the project/funding plans are approved, the children's home is moved into the *incubation phase*. During incubation, Miracle Foundation and the children's home work together to ensure basic services for children such as adequate nutritious food, clean water, tutoring support, preventive and curative healthcare, capacity building of caregivers.

Throughout the incubation phase and beyond, the approach of Miracle Foundation is to relate with the children's home as a *supportive mentor*, where Miracle Foundation's team members interface with the children home at regular intervals. A designated programme coordinator visits the home on a monthly basis to mentor and conduct capacity building training for children and caregivers. Quarterly visits are done by a programme manager for quality assurance, education coordinator for education-related interventions; health partner conducts a health & hygiene audit of the children's home and a finance coordinator guides the children's home with upkeep of financial details and systems.

Once a children's home meets all the milestones of the incubation phase, it graduates into the long-term sustainable phase of partnership with Miracle Foundation. *Partnership* is an ongoing improvement phase with special focus on building the self-sustaining capacity of the children's home.

Miracle Foundation has developed a special assessment tool based on its *'Rights of the Child Standards'* tool as a resource for helping children's homes reach the goal of children realising close to 100 per cent of their rights. The purpose of the tool is twofold – First, for identification of gaps at the time of selection of new children's homes, second, to track existing children's homes progress on a quarterly basis, thereby guiding them to make improvements where required.

The tool constitutes a range of implementation requirements in sync with Miracle Foundation's Rights of the Child standards, as well as finance and governance standards, along with a corresponding exhaustive set of indicators. The scores for each right are plotted on a thrive scale (see example below), where the aggregate score (out of 100 per cent) represents the status of the quality of child care in the respective children home.

CASE STUDY

The Miracle Foundation Method has proven to be instrumental in transforming institutions into functioning and loving homes where children without parents can thrive. The paper presents the case of Anwesha Child Protection Centre that runs

under the aegis of Voluntary Health Association of Tripura, situated in the rural peripheral area of Agartala town in Tripura.

In the very first month of incubation, Anwesha performed 34 per cent on the Rights of the Child standards. (Figure 1)

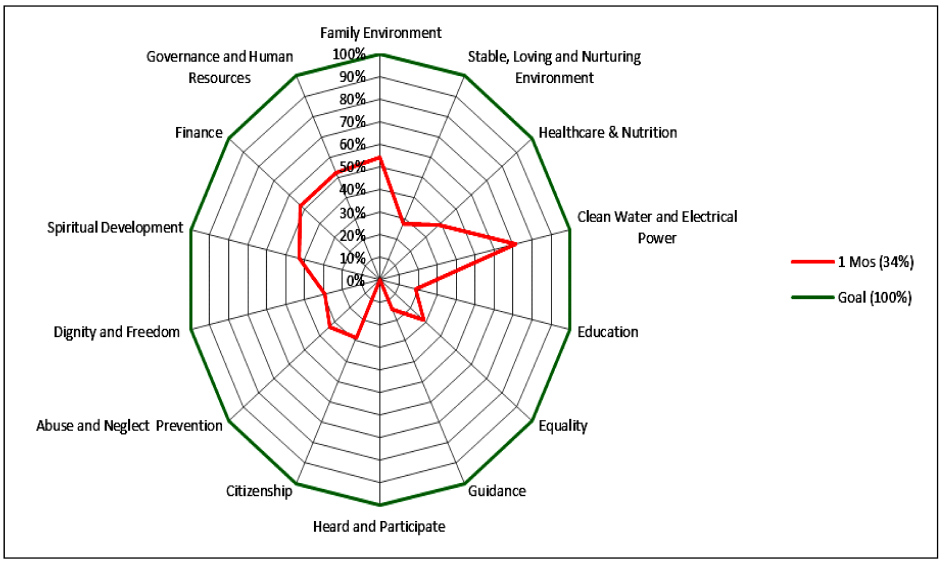


Figure 1: Incubation month 1 status on Rights of the Child Standards

Application of the Miracle Foundation Method came as an opportunity for the team of Anwesha home to take a meticulous purview of child care and protection through the lens of the Miracle Foundation Rights of the Child standards. A glimpse of the interventions under key standards of care is enumerated below:

FAMILY ENVIRONMENT IN THE CHILDREN'S HOME

Laying down the foundation of the Miracle Foundation Method was the introduction of family units and family building activities at Anwesha with a group of 20 children attached to one housemother. The method provided for hiring of additional house parents to improve the housemother to child ratio with a target of 1:20. Besides, initiative was taken for reunification and resettlement of children with their natural families.

Sixty-four children were being cared for by three house parents who stayed with them for 24 h. Each house parent ensured that her/his children were dressed with appropriate clothing and had clean bed sheets and pillows, toiletries and footwear. The house parents were responsible for inculcating etiquettes and good hygienic habits in the children.

Earlier, during meal time children stood in a line, were served food, after which they sat in the dining room and ate quietly. There was no concept of house parents sitting with the children, narrating stories, paying attention to whether children were eating properly or not, whereas with setting up of family units, children sat in groups with their respective house parents, talked about their day at school and had fun. This helped to strengthen the bond and attachment between the house parents and the children.

Regular training and follow-up with caregivers proved to be very useful in building their understanding and skills on child care in order to have a loving family group.

STABLE, LOVING AND NURTURING ENVIRONMENT

One of the key premises of thriving children's home is setting up a stable, loving and nurturing environment for children as well as the caregivers. The Miracle Foundation Method provided for hiring of a qualified social worker at Anwesha. The social worker engaged in counselling of the children, guiding the house parents, observing and supervising the work of the coaching teachers, following up on training of children and house parents and documentation-related work.

The house parents at Anwesha underwent a complete training in areas of supporting family culture, rights of the child, attachment, discipline techniques, child development, health care – preventative & curative, gender roles, sexual abuse prevention, communication skills, conflict resolution and stress management. Continuous guidance in this direction has brought about a considerable amount of improvement in the house parents' supervision and attachment towards children.

'Tea time with house parents', the practice of Miracle staff spending informal time with caregivers enabled them to unwind, open up, share their joys and concerns and feel acknowledged as being important. *House parent Diary* served to be a ready reference of their important tasks and responsibilities. The practice brought forth efficiency in the process of looking after children and gave house parents an avenue to express the joys and challenges that come with being a parent.

HEALTH CARE AND NUTRITION

A good improvement was noted among children in terms of their haemoglobin (Hb) level as well as personal hygiene. As part of the healthcare intervention of the Miracle Foundation Method, Anwesha was supported to ensure for the children appropriate caloric intake and adequate macronutrients and micronutrients through adequate quantities of three balanced meals per day plus a snack that provides vegetables, fruit, protein and milk. Health check-ups comprised quarterly health checkups including haemoglobin test and annual detailed checkup of eye, hearing and dental checkup of children and caregiving team. This played a significant role in maintaining

a preventive approach to healthcare and providing timely treatment to children and caregivers.

Children's height and weight were measured on a monthly basis with a medically approved height measurement stand and digital weight machine. The growth measurements were plotted on children's individual WHO (World Health Organisation) growth charts on a quarterly basis. The home maintained a medical file for each child, which had records of growth measurements, WHO growth charts, previous medical history and medical cases and immunisation records. House parents were responsible for updating medical files with the support of the social worker. The entire data pertaining to growth measurements, Hb test, open medical cases were entered into the medical tracking list, which was reviewed and analysed on a monthly basis by the home staff and Miracle team and uploaded into a cloud-based database, Salesforce. Children trending downwards were flagged and provided additional treatment as needed.

The children's home was supported with emergency healthcare like deworming medicine, a fully stocked first-aid box, professional psychological services and WHO recommended age-appropriate vaccination plans for children aged 6–18. In addition, Miracle's health partner institution conducted a quarterly review of all areas of healthcare including hygiene, meal preparations, storage, safety, medical and a complete environmental health audit in the children's home.

CLEAN WATER

A critical gap area found in the initial assessment at Anwesha was the absence of water quality test in alignment with the WHO and government regulations. Thereafter, with biannual water test analysis for physio-chemical and bacterial content, the water quality was ensured and maintained at each channel of distribution. The water test report was examined by Miracle's water expert for due recommendations.

QUALITY EDUCATION

Children at Anwesha exhibited noteworthy educational performance with individual attention and encouragement from the house parents as well as continuous guidance and focused support from the coaching teachers. The improvement in children's performance is manifested through an increase in marks, clarity and command on concepts and overall enhancement in children's confidence.

The Miracle Foundation Method provided for the hiring of qualified coaching teachers, who provided critical education support to children after school hours. Training of coaching teachers was carried out to strengthen and transform the classroom environment through activity-based teaching and learning method, story pedagogy, effective lesson-planning and classroom management. Aptitude testing and career

counselling were conducted for children in class 10th & above by Miracle's network of experts and consultants.

The adult transition planning of the children's home aimed at supporting the children beyond 18 years of age until they become independent adults with selected opportunities, scholarship programmes for advanced education or vocational training, university academic education, professional courses that best suits each child's aptitudes and interests.

EQUAL OPPORTUNITIES

The staff at Anwesha have learnt that all children should be given an opportunity to contribute in day-to-day tasks of the home. Children help in kitchen, upkeep of their dormitories and gardening under the supervision of their house mothers.

GUIDANCE FROM A CARING ADULT

The children's home was able to develop a conducive and amicable environment of guidance and support. Children underwent monthly intensive training modules of Life Skills Education (LSE) aimed at a holistic and sustained life-long behavioural change. The LSE training covers the issues of self-awareness, goal setting, effective communication, interpersonal skills, problem-solving and decision-making, expressing emotions, stress management, time management, anti-bullying, thinking skills, study skills, learning about your body, nutrition, sexual abuse prevention, substance abuse prevention, gender roles and financial training.

Regular training of the social worker was conducted to ensure that every child and house parent's emotional & psychological issues were addressed. Further, she was oriented and prepared to keep a regular follow-up on the application of LSE and house parent's trainings by the children and house parents respectively.

The children home was supported to develop a systematic approach to utilise outside resources for counselling. The clinical psychologist visited the home on fortnightly basis to provide advanced counselling support to children & home staff and capacity building of the social worker. The Miracle Foundation Mental Health Team acted as a liaison, working closely with the outside resource & home team to provide high level oversight of treatment from outside resources, assess the effectiveness of treatment and evaluate the need for further services and/or train the home's social worker to do so as needed.

PARTICIPATION IN DECISION-MAKING AND BE HEARD

Regular training of children as well as the caregivers was conducted in the area of child participation, on setting up and implementation of children's committees, and the use of a suggestion box. Children participation through children's committees

on topics like discipline, health and hygiene and sports and recreation was a new learning for the children and staff. Children began to take the lead in planning and organising activities.

A child-to-child, mentorship programme was introduced in the home, where each of the older children had one or two younger children under his or her support and observation. The older one looked after and ensured that the younger ones were dressed properly, took meals on time, brushed their teeth twice a day, cut their nails, maintained personal hygiene, took a bath and attended prayer time session. In addition, the older children helped the younger ones with their studies.

ACTIVE AND RESPONSIBLE CITIZENSHIP

At Anwesha, every child was taught responsibility, a sense of community and gave the opportunity to give back to their community. The initiatives in this direction included providing Aadhar card (Citizenship card) to all children, setting up of a library equipped with books, newspapers and creative material catering to children of all age groups. Storytelling was considered significant not only for teaching children but also strengthening their attachment with house parents.

PROTECTION FROM ABUSE AND NEGLECT

The key intervention under this standard was to develop Anwesha's child protection policy through a series of training and envisioning exercises with their management, staff and children, which are as follows:

- To develop, implement, monitor and evaluate their own child's protection policies and procedures;
- Training the management and the social worker in proper processes of reporting and responding to abuse claims or situations;
- Guiding and training the caregiving staff on alignment with the JJ Act 2015 pertaining to abuse and neglect prevention.

DIGNITY AND FREEDOM

Children above 10 years of age got separate set of toiletries, clothing for themselves given at the beginning of the month. In that case, if a child fell short of any of the item, he or she could take the same from the house parent. The system of carrying out children's locker checking twice a month by house parents proved to be an effective way to take stock of what was it that children already had and what more was needed to be given to them.

SPIRITUAL DEVELOPMENT

Continuous guidance from Miracle Foundation drove home the point with Anwesha's management team that children should be given freedom to practice the faith and

religion that they like. Today, Anwesha has a common prayer area with icons of all the major religions, represented, where a prayer session was conducted every day in the evening led by the house parents.

FINANCE AND GOVERNANCE STANDARDS

Miracle Foundation also conducted interventions aimed at refurbishing the operational processes and systems of the organisation. This included hiring a qualified accountant, Tally training, an accounting software and budgetary training from time to time by the finance team from Miracle. The Miracle team conducted an organisational development exercise for development of clear organisational structure, streamlining roles and responsibilities, defining clear reporting lines and positioning staff accountability at the children home.

OUTCOME

With the application of the Miracle Foundation Method, the performance of Anwesha shot up progressively from 34 per cent in the 1st month of incubation to 58 per cent in 6 months, 77 per cent in 12 months, 88 per cent in 21 months and 92 per cent in 24 months, just a few steps behind the 100 per cent mark (Figure 2).

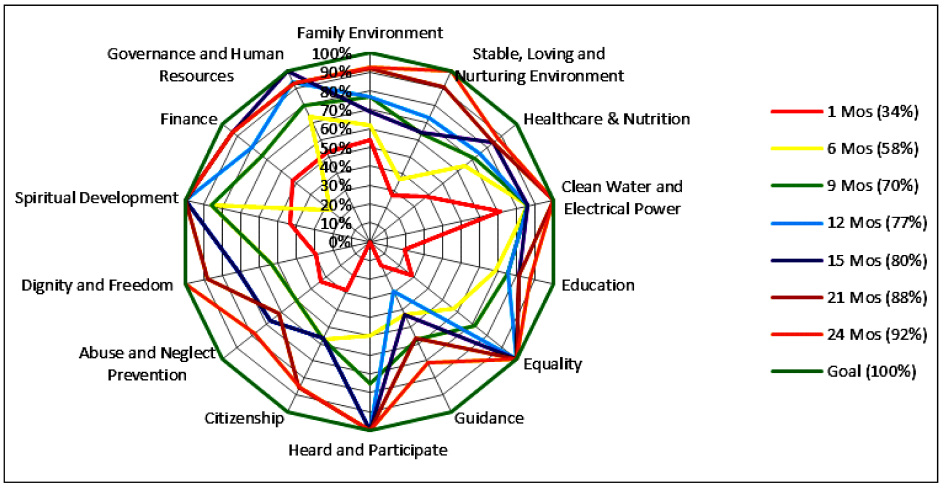


Figure 2: Anwesha's performance Month 1 – Month 24

Implementation of the Miracle Foundation Method positively impacted lives of children at Anwesha, which reflected as:

- Children having a strong sense of belonging developed from an integrated family culture and environment created and sustained in the children's home.
- Healthy emotional and psychological well-being of the children consistently nurtured by the warmth, attachment and bonding of a family group.

- Children displayed healthy and positive growth trends.
- Every child was provided nutritious, delicious food at every meal, received regular, high-quality medical attention and was taught good health and hygiene habits.
- Every child received consistent access to clean water and electrical power.
- Strengthening of educational base, performance of the children with a clear direction and roadmap of higher education and career goals based on children's aptitude and interests.
- Children actively participated in decision-making.
- Creation and reinforcement of a culture of child protection where every child felt protected from neglect and abuse.
- At the same time the staff and caregivers were well equipped to handle situations, report and respond to abuse claims.

The in-depth mentoring process of Miracle Foundation was developed and evolved over a period of time to facilitate closer to 100 per cent achievement of the Rights of the Child, empowering children without parental care to grow into healthy, happy, independent, thriving members of the society and breaking the cycle of poverty.

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