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SPECIAL ISSUE: 'EVOLVING TRENDS IN ALTERNATIVE CARE FOR CHILDREN IN SOUTH ASIA'

Focused on the South Asian Region

Institutionalised Children Explorations and Beyond
An International Journal on Alternative Care

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Editorial

The March 2018 issue of this journal explores the complex phenomena of deinstitutionalisation in the care and management of orphaned children. The movement to deinstitutionalise is internationally well known as many countries have moved increasingly to alternative care paradigms with several diverse groups of individuals including mentally ill adults and young children. In the SAARC region, the movement towards and the accompanying process of deinstitutionalisation is relatively new and not well-understood. Several factors may account for this. The region has overwhelming number of orphaned children, resources are limited and legislation is often complex and unwieldy. Over the years, legislative changes have addressed many aspects of orphan care but the process of closing down institutions requires alternative care paradigms to be in place which include but certainly are not restricted to adoption and foster care. New and proper replacement services are also required to help support vulnerable families or what can be referred to as family strengthening strategies to help reduce the number of children who are sent to institutions. These alternative care methods are currently poorly defined in this region and we hope that the selection of papers for this current issue will shed some light on what continues to be a universal, complex and at times, unwieldy initiative.

I begin with a sad farewell to our film review editor, Dr Sonia Parikh, who has left to raise her family at this time. We wish her well in her new endeavours and look forward to her return to our editorial board in the future. To take this position, we have invited Ms Kavita Ilona Nayar, whose research interests include critical cultural studies, technology and youth culture and women's studies. She has published extensively in several peer-reviewed journals and is currently completing her dissertation in media and communication from the University of Massachusetts. She will serve as our film review editor and we extend a warm welcome to her as she joins our editorial board. As usual, I am very grateful to the other members of this board that continue to provide valuable insight and guidance as we identify, synthesise and conceptualise issues and concerns pertinent to working with children in need of care and protection in the region.

This issue begins with a special foreword by me that highlights the complex issues surrounding the process of deinstitutionalisation with its far-reaching implications for governmental policies, care of children and the essential process of family strengthening necessitated by such changes. Use of foster care in the

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SAARC region is limited and the implications for providing care for millions of children who are in need remains unclear. Guided by overarching governmental policies, deinstitutionalisation draws from attachment theory to highlight the importance of a family environment ion raising children. As this remains undisputable, it does not for the myriad of family structures that operate in many parts of the world. Furthermore, the use of attachment as a 'master theory' to account for a healthy developmental process does not bode well for the millions of children who are currently living in institutions. Cultural theorists and social learning theories account for a more optimistic view in such cases and we will see evidence of that in the papers that follow.

This is followed by an interview of Graham McPheat, a senior teaching fellow and course leader of the MSc in Child and Youth Care Studies by Distance Learning, School of Social Work, University of Strathclyde Glasgow, Scotland. Mr McPheat is known for his extensive work with youth in residential care settings. His interview highlights his vision for creating a culture of learning for caregivers and management staff in residential childcare. He recognises the cultural considerations that must be kept in mind when considering deinstitutionalisation in the SAARC region and emphasises the need for ongoing academic growth to promote understanding and foster change. His experience while regional has implications for the SAARC region. By emphasising a culture of learning, community involvement and relationship enhancement, he marks and reinforces what many researchers and practitioners propose for the region and for the institutions they work in.

Our research section presents a selection of papers on this topic and main themes. It should be noted that research activity in exploring the effects of deinstitutionalisation in the region is rather scant as is literature on the nature of foster care and adoption. Family strengthening is a relatively new concept and its implications for the SAARC region is yet to be understood. Dr Eswari Vadlamudi's paper examines the deinstitutionalisation process referencing specifically SOS village, a non-governmental organisation. Establishment of care standards polices and law is elaborated upon. She draws from 10 key elements espoused by South Asia Initiative to End Violence against Children (SAIEVAC) to examine the data on deinstitutionalisation. These range from identifying to needs of a child, to community-based alternatives to institutions, to enhancing the precision of services to developing a strong work force to contend with the obstacles inherent in such a transition. While this is not an easy task, it does suggest that several agencies are currently exploring this topic and thereby enriching and fostering a collaborative stance between agencies.

In the next paper Dr Jyoti undertakes a monumental task. Elaborating on the status of foster care in Asia, she begins with elucidating the problems that exist on collecting data on this topic. She elaborates on the social and regional issues

that impede the provision of services in the region and advocates for creatively combining services to enhance foster care. For example, she suggests that collaborations between old care and foster care homes may be mutually beneficial and help in stabilising an otherwise ruptured family system. Furthermore, she outlines the importance of providing a stable environment and the need for ongoing monitoring to ensure the delivery of proper services to the fostered child.

Alexander Harrison and I examine differences between early infant mental health interventions and working with institutionalised children in the next paper. This paper highlights critical factors that are germane to early infant mental health care. Dr Harrison defines a program currently in use that identifies a caretaker's involvement with infants that promotes healthy development. In contrast, children who come to orphanages are often older and little is known about their early childhood or history of traumas. Socio-cultural theoretical perspectives that can define care and the management of children in these contexts is presented that can be used and incorporated in technical interventions.

Further expanding on the dilemmas and challenges that face foster care or adopted children is examined in the next co-authored paper between me, Ms Burret and Ms Jacob-Gandhi. In this paper, rich with case illustrations and vignettes, the inner world of two adopted children is explored. While adoption marks a move towards a loving home, it in no way diminishes a child's inner struggle to define them. Consumed with thoughts of their biological mother, father and siblings, adopted children often face discrimination in school settings. Shame, guilt and other complex feelings accompany their journey to find a niche for themselves. With the help of a sensitive and empathic counsellor, a child can come to terms with the ruptures in their life and find answers to questions of self and body image.

We end this section with a paper from Ian Anand Forber-Pratt. He examines a family strengthening model being conducted by the Government of Rajasthan to 'provide family atmosphere to growing orphans who are living in state-run orphanages'. This underscores the government policy and imperative (as defined by the United Nations Convention on the Rights of the Child) to recognise the right of each child to a family environment. The paper is rich with detail and analysis and provides a comprehensive understanding of the issues and complexities inherent in this task of developing a paradigm to implement these directives.

Lesley Archer's paper on What Works in Residential Care: Making it Work published in the Scottish Journal of Residential Child Care serves as our international selection which we reprint with permission. In his paper, Archer examines the motivations that guide care workers in institutions and how they operate with their charges. Drawing from his personal encounters and working

with staff from residential settings, he identifies key concepts that promote a community spirit of care giving and thoughtfulness. Listening to each other, valuing opinions and self-reflecting are some of the highlights.

The best practice paper is in keeping with the theme of this issue of the journal. Richa Tyagi conducts a comprehensive review of the process of deinstitutionalisation and the key points that need consideration for the same. She draws upon her review of the model utilised by Miracle Foundation that describes the development of family-based care for children in need of care and protection. Tyagi has presented on this topic in a March 2016 issue and this paper is a continuation of her excellent academic work. We are fortunate to have this paper as it lays out the preparatory work required for such a project and the initiatives necessary for family strengthening and community integration. Miracle foundation is well known for their pioneering work in this area and the papers exploration is a rich and extensive account of their journey to provide a loving home for each child.

For her book review, Dr Kakul Hai selects a book by Levi Benkert titled No Greater Love. It highlights the personal journey of Benkert, whose quest to do good for others takes him from his home in the United States of America to a small village in Africa where he works to protect newborns and young children by building orphanages where they can flourish. In the book, the practice of mingi is described. Considered to be cursed, some infants would be killed upon birth. The practice moves and compels Benkert to devote himself to saving these children and providing a home for them where they can grow and flourish.

Kavita Nayar makes her debut as film editor in her review of the movie 'December Boys' a movie by the director Ron Hardy. It is a movie about four institutionalised children (boys) whose coming of age in Australia highlights the struggles, the bonds, the aspirations, the sorrows and the guiding role of spirituality in their lives. By contextualising this movie in the prevalent social context of that time, Ms Nayar reminds us of the inevitable impact of the 'Zeitgeist' on our communal psyche. Her grasp of this point is superbly documented in her review, as is her sensitive and rich elucidation of the movie's major themes. Without attempting to romanticise the vision of an orphanage, Ms Nayar examines the movie's portrayal of the friendship between the four boys, their fears and desires and the bonds that develop during the course of their stay in the orphanage. While wishing for adoption, they recognise that in the end what they have is each other and the bonds that they have fostered over the years.

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Good Practices and Models of Alternative Care

A LOVING FAMILY FOR EVERY CHILD: A PARADIGM SHIFT FROM INSTITUTIONAL CARE TO FAMILY-BASED CARE

Richa Tyagi

ABSTRACT

The article is set in the backdrop of the continuum of alternative care, more aptly put as family-based care for children in need of care and protection. It begins by taking into account the emerging trends in deinstitutionalisation and alternative care avenues nationally and internationally. The earlier article published in this journal in March 2016 brought to light Miracle Foundation's Method as a way of transforming institutions into loving children's homes that provide family-like care for children in need of care and protection. This article traces the journey of the organisation further, where Miracle Foundation's work on childcare has evolved as a methodology rooted in all family-based care options of resettlement of children, adoption, foster care, sponsorship, family strengthening and geared towards providing a safe and loving family for every child. The article elucidates on the preparatory phase undertaken by the organisation prior to the onset of family-based care program. Further describes the steps taken and initiatives rolled out. As the programs progress, a detailed purview of the outcomes, learning and lessons learnt will be taken up in a subsequent research article.

Keywords: Adoption, Centres for excellence, Child care institutions, Continuum of alternative care, Deinstitutionalisation, Family strengthening, Family-based care, Individual care plan, Reunification, Rights of the child

BACKGROUND AND CONTEXT

The United Nations Convention on the Rights of the Child (UNCRC) clearly recognises that the ideal setting for a child to grow up is within a family environment that provides an atmosphere of happiness, love and understanding. The principles of best interest, family responsibility, restoration and institutionalisation as a measure of last resort have been the fundamental principles of care and protection of children in the Juvenile Justice (Care & Protection) of children Act 2015. The spirit of these principles has profoundly come to the fore

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with predominantly increasing discourse on deinstitutionalisation and alternative care both nationally and internationally.

There is growing consensus globally that institutional care is simply not compatible with a human rights approach. A number of countries have started to progressively dismantle their institutional care systems, reintegrating children into their families and communities.

The perspective of deinstitutionalisation and quality alternative care for children, encompasses the following key points (Working Paper, 2014):

- The transition from institutional to family- and community-based care.
- Decreasing reliance on institutional and residential care with a complementary increase in family- and community-based care and services.
- Preventing separation of children from their parents by providing adequate support to children, families and communities.
- Preparing the process of leaving care, ensuring social inclusion for care leavers and a smooth transition towards independent living.
- A thorough assessment of the needs of each child should be conducted to provide alternative care solutions based on his/her best interest.
- Reforms should tackle the root causes of neglect, abuse and child abandonment, and aim at preventing unnecessary separation of children from their families through a broad range of support measures.

Over the years, the focus of Miracle Foundation's work has been on transforming childcare standards within childcare institutions (CCIs) through the Miracle Foundation's Method, mentoring and facilitating to transform institutions into loving children's homes. The method has been developed in alignment with the norms and standards of childcare as defined in Juvenile Justice (Care & Protection) of Children Act 2015 (JJ Act).

In all these years, the organisation has firmly believed in the principle of institutional care to be the last resort for a child, and that the best interest of the child must prevail. The organisation has thoroughly examined the continuum of alternative care as provided by the JJ Act as well as the UN guidelines for alternative care, and has been in this inquiry over the last year. Following which, Miracle Foundation has initiated a systematic exercise towards integrating family-based care as part of the Miracle Foundation's method, such that every child in need of care and protection can find a loving family.

Figure 1 describes the continuum of alternative care options made available by the government and civil society for children without parental care. The figure has been taken from the overview in alternative care concepts and processes

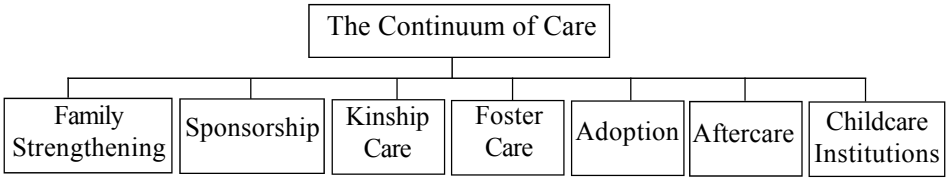

Figure 1: Continuum of Alternative Care

prepared by Centre of Excellence in Alternative Care & Terre des Hommes Foundation (FAQ, 2016).

OBJECTIVE

The purview of this article is to trace the strategic movement of Miracle Foundation (a learning organisation[1]) along the continuum of Alternative Care.

The key objectives of this article are:

- To discuss the approach and process undertaken by the organisation toward planning the transition towards family-based care.
- To present the initiatives undertaken by the organisation, which are currently in its pilot program stage within the realm of family-based care.

LITERATURE REVIEW

The following section gives a bird's eye view of the studies, discourses and policy level developments in different parts of South/Southeast Asia on the subject matter of deinstitutionalisation and alternative care.

The International Alternative Care Conference, held in Geneva in October 2016 with over 400 participants from 76 countries, reverberated the cardinal principles of the UN Guidelines for Alternative Care of Children. The conference *exuded a strong momentum for alternative care reforms on a global scale aimed at ensuring children are thriving in healthy family settings.* The discourses at the conference marked a global consensus on the need to shift from institutional care to family-based care and community-based services.

Despite the wide use of institutionalisation of children by childcare and protection actors in Asia, some efforts have recently been taken at the macro and micro levels in some countries to deinstitutionalise childcare, by preventing family

[1]Learning Organisation is a concept from the discipline of Human Resource & Organisational Behaviour. 'An organisation that has developed the continuous capacity to adapt and change. Where people continually expand their capacity to create results that they truly desire, where new, expansive patterns of thinking are nurtured, people are continually learning to learn together', Peter Senge.

separation, promoting family reintegration and other forms of alternative care. At the regional level, the SAARC (South Asia Association for Regional Cooperation) Convention on Regional Arrangements for the Promotion of Child Welfare in South Asia (2002) highlights the importance of accelerating universal access to basic services by children as a regional priority. The Convention also reaffirms the recognition that family is the fundamental unit of society and the ideal nurturing environment for the growth and well-being of children. The State Parties shall uphold and adhere to the best interest of the child principle in all actions concerning children.

At a national level, efforts have also been made in some countries to strengthen the legal and policy frameworks on alternative care: (Flagothier, 2016).

- In Nepal, for example, a Child Policy was adopted in 2012, recognising that children's homes should be a last resort and that efforts should be made to reintegrate children with their families. Terre des Hommes, a non-profit organisation in Nepal, has produced various studies on alternative care and has been at the forefront with UNICEF to advocate for policy reforms on alternative care in the country.
- In Cambodia, the Ministry of Social Affairs, Veterans and Youth Rehabilitation in 2015 conducted a mapping of residential care institutions. The post mapping report states that the Ministry is committed 'by 2018, to reintegrate-in their families or family based care -30% of children from residential care and prevent any child below 3 years of age from being placed in residential care'. In the same report, the Ministry commits to 'create a gate keeping mechanism to control unnecessary requests to place children in institutions'.

Few of the other initiatives at a more micro level are also been undertaken by various actors, including by national civil society organisations and community-based actors.

- In Thailand, Laos and Cambodia, the INGO Friends International based in Cambodia and supported by UNICEF, has created the Child Safe Network Campaign. The campaign promotes tips for travellers related to ethical tourism and has developed Child Safe certified products that tourists can buy to raise funds to help parents earn money to send their children to school, instead of placing them in orphanages.
- In Cambodia, monks are actively involved with Save the Children Australia, providing food, educational supplies, hygiene items and other assistance to prevent family disintegration. Also, a group of people has created an online campaign to discourage orphanage voluntourism.

- In Nepal, Save the Children implements the 'Creating Safe Communities' project in Sunsari, Kalikot, Mugu, Kailali and Achham districts, which focuses on strengthening child protection systems at community and national levels as well as on preventing family separation, providing reintegration support to the children separated from their families and establishing a system of monitoring, reporting and responding to child rights violations.
- In India, in 2016, the department of Women & Child Development (WCD), Government of Maharashtra directed all CCIs in the State to review the status of children through proper investigation and restore children with families wherever possible. The directive indicated that the admission and stay of children in CCIs would be as per Section 2 (14) of the JJ Act 2015. As a result, thousands of children were sent back home. Further a survey was conducted by the department to take stock of the status of these children-education, health, assimilation into family, requirement of guidance, sponsorship, ascertain the nature of support required and develop appropriate programs for strengthening of such families.
- Deinstitutionalisation and Family Reunification Taskforce, a body of civil society organisations was set up by the department of WCD, Government of Odisha with support from Ministry of WCD and in technical support from UNICEF. The taskforce aimed at preventing and reducing the phenomenon of institutionalisation of children by systematically supporting the children and caregivers, sensitising the policy makers including government functionaries and civil society on the subject of non-institutional/family-focused childcare system.

Under this pilot initiative, the taskforce is working closely with six government-owned CCIs in six different geographical representative regions. So far as a result of this intervention:

- Ninety children were reintegrated with their community and families.
- Thirty-seven children from extremely poor families were supported with sponsorship of Rs 1000/- per month per child from the government.
- All the children were enrolled in the nearest school for continuing their education.
- Vulnerabilities mapping of children residing in the institutions was done and strategies for social reintegration were being planned.
- Government of Odisha is planning to develop a gatekeeping mechanism and announced a sponsorship program for the families.

The literature review unravels significant advancement made by different countries across South/Southeast Asia towards family focused childcare system,

as a result of the concerted efforts of the government and civil society organisations.

LEARNING PHASE PRIOR TO INCEPTION OF FAMILY-BASED CARE PROGRAM AT MIRACLE FOUNDATION

In its journey of 17 years, Miracle Foundation has been committed towards its mission for bringing life changing care for orphan children. The goal is for every child to live in a loving family; to become a healthy, happy, income-producing person—and experience a true sense of belonging. The organisation has created a measurable, systematic and scalable method to ensure CCIs activate Rights of the Child; create pathways for children to remain or reunite with their birth families, or to find a loving home through kinship care, adoption, and other safe and effective family-based care options and help them stay together; transitions CCIs into Centres of Excellence, Community Care Centres' where children Thrive.

In order to prepare the concerned stakeholders and to ascertain the focus of its capacity building interventions in the realm of family-based care, Miracle Foundation carried out the step wise process given below:

- The mentoring and support work of Miracle Foundation with 25 CCIs across seven states in the country has primarily been in sync with the JJ Act 2015. The Miracle Foundation's methodology is a reflection of the spirit and provisions of the JJ Act. Throughout, an integral aspect of Miracle's mentoring of supported CCIs has been on reunification of children with their families after due evaluation if found to be in the best interest of the child. Consequently, 25% of children from Miracle supported CCIs have been reunited and resettled with families. A follow-up on the status of the resettled children was done by the CCIs to the best of their capacity.
- Good time was taken to study through the landscape of family-based care nationally and internationally. This included:
- Building a thorough understanding of the concept and provisions of alternative care articulated in the JJ Act, adoption regulations, Integrated Child Protection Scheme (ICPS) guidelines, etc.
- Understanding the perspective as well as working models of international organisations engaged in deinstitutionalisation and family-based care (like Hope and Homes for Children and others)
- Participation in the Biennial International Conference as well as consultations and workshops organised by Udayan Care, Geneva Conference, IFCO World Conference (Foster Care) and other such enriching platforms to understand the various initiatives underway along the continuum of alternative care.

- Meeting the concerned stakeholders and studying through the work of organisations like Central Adoption Resource Authority (CARA), Special Adoption Agencies (SAA), Centre for Excellence in Alternative Care, Shishuadhar, Child in Need Institute (CINI), Faith into Action, Hope and Homes for Children, UNICEF and others.
- Connecting with State Adoption Resource Authority (SARA), District Child Protection Units (DCPUs) across seven states in order to understand the actual situation of SAA-CCI linkage.
- After examining the landscape of alternative care as well as Miracle's internal expertise:
- Miracle Foundation felt a significant need to proactively include family-based care as an integral part of the Miracle Foundation's Method. The organisation believes that this would be the most significant dimension of this method, opening up possibilities of a loving family for every child in CCIs.
- The organisation decided to begin working with its partner CCIs in a phased manner in building their capacity in the areas of Gatekeeping at the time of admission, reunification, kinship care, long-term foster care and adoption. Besides this, Miracle got into intensive dialogue with concerned organisations and identifying potential partnerships to actively work in the sphere of family strengthening. The initiative has been formally named as family-based care capacity building program by Miracle Foundation.
- Next step was to share, discuss and firm up this approach with the entire internal staff team at Miracle Foundation. Then came the most important part of sharing and discussing the same with the management and staff of CCIs. The most critical aspect was to address the 'Why', that is, why it was important to begin making concerted efforts towards gatekeeping, adoption and reunification of children in need of care and protection, if duly evaluated and found to be in the best interest of the child.

At this stage it was critical to discuss and address their concerns particularly on adoption-like

> 'the chances of adoption for older children are low, how does one follow up, what is the assurance that the adoptive parents will take care of the child, we love our children, they are doing well here, why should they leave?'.

Referring to the JJ Act 2015, the most significant point underlined by Miracle Foundation in this discussion was that the moment a child is admitted into a CCI, the process of resettlement begins. Stay of a child in a CCI is a transitory phase, where best of care should be given to the child with a progressive focus

on the child's individual care plan on facilitating reunification into the child's biological or extended family if possible or finding a loving family for the child through adoption.

- Following a systematic approach, Miracle Foundation has initiated a 3-month long pilot, capacity building program in family-based care in two of its supported children's homes in Madhya Pradesh. Based on the lessons learnt from this pilot, gradually the program will be rolled out to the other children's homes.

FAMILY-BASED CARE PROGRAM UNFOLDING AT MIRACLE FOUNDATION

This section delves into the building blocks and integral components of the family-based care program as these are in the process of being conceptualised and implemented at Miracle Foundation.

- Areas of Opportunities
- Family Separation Assessment Sheet
- Activation of Individual Care Plan
- Children's Leadership Council
- Family-Based Care Capacity Building Modules
- Resource Mapping and Building Linkages
- Transforming CCIs into Centres for Excellence
- Family Strengthening and Community Care Initiative
- Measurement of Family-Based Care

Areas of Opportunities

The organisation has taken a circumspective view of the landscape of alternative care, particularly the gaps that exist in the capacity building of concerned stakeholders be it about:

- Clear understanding of the steps and the process specified in the JJ Act 2015-social investigation at the time of child's admission/resettlement, process of making children legally free for adoption, preparation of individual care plan in discussion with children, follow up of reunified children, strengthening the sustenance of vulnerable families so that children do not return to the CCIs.
- Gaps in Child Welfare Committee (CWC) referring (to suitable organisation with expertise in family strengthening) the cases of children coming from poor and vulnerable families for family strengthening programs. As a result, these children have no option but to be admitted into CCI.

- Clear understanding of the adoption process, SAA, CCI linkage, quality of child study report, medical examination report, home study report, preparing adoptive parents for welcoming the child, preparing the child for a new home, preparing the children left behind in the CCI and handling of disruption cases by CCIs.
- Practical scenario of laxity in SAA-CCI linkage because of which potential children adoptees in the CCIs remain bereft of a loving family environment.
- Capacity building and strengthening of the DCPU and SARA implementation and monitoring mechanism.
- Bringing about attitudinal changes, and working with the CCIs to make themselves ready to send children back to their families because being in an institution is not a final destination for the child.

Family Separation Assessment Sheet

Miracle Foundation has initiated an assessment study with its supported CCIs in order to:

- to understand causes of children's separation from their families
- examine the background of children prior to admission into a children's home, as well as their status after being resettled.

Four of the children's homes, one each in Kerala, Telangana and two in Madhya Pradesh have been selected for this pilot study. In order to collect this data, a detailed questionnaire has been developed by the Miracle team. Based on this tool, the program coordinators from Miracle Foundation would guide the home staff, incharge, social worker to furnish this data by referring to Form 43 (Child History format), Form 22 (Social Investigation Report) as specified in the JJ Act 2015 or to complete social investigation wherever the background/post resettlement status of the child is to be ascertained.

The questionnaire comprises two parts; the first part pertains to enquiry into a child's background in the realm of admission whereas the second part enquires into the status of the child post-reunification with their family. The first part dwells on aspects like socio-economic status of parents/guardian, their lifestyle, experiences of the child and dynamics of family relationships, whereas the second part of the questionnaire dwells on the nature of follow-up done by the CCI, improvement in socio-economic status of parents/guardians, child's access to basic utilities, mental and physical health, safety, schooling, relationship with family members, siblings, etc.

Activation of Individual Care Plan

Miracle Foundation takes a Child First approach in its work. Every child deserves individual attention and care and hence there is a need to prepare individual childcare plans by CCIs. A concerted effort by Miracle Foundation team would be geared towards encouraging and training Miracle supported CCIs develop an individualised child-centred care plan for each child on an ongoing basis as per JJ Act 2015 based on:

- Careful assessment of the child's strengths and ways to build on the same, needs and circumstances.
- Individual Care Pan (ICP) not to be treated as a formality but as a paramount exercise, central to the child's holistic development geared towards the child's reintegration into society.
- Participation of children in the making of their individual care plan is fundamental to the true spirit of ICP. Children would be involved throughout the process as the social worker engages in one to one discussions with the child with reference to each category specified in ICP Form 7.

Children's Leadership Council

Typically, a child is expected to leave institutional care once she or he becomes 18 years old as per JJ Act 2015, after which they are essentially left to care for themselves. At this point, they could feel overwhelmed by the outside world and isolated from their former children's home. Miracle Foundation intends to ensure that each child feels the connection and support that a traditional family would otherwise provide even as the children age out of the children's home. The organisation conducted its first leadership council for children at this transition point from six of its supported CCIs in the southern part of the country.

Participants included 56 children, who have completed 12th standard and are pursuing a degree or a vocational course as well as children who have completed a degree course and pursuing post-graduation or are currently working. The children were accompanied by home incharge or education facilitator.

The children's leadership council aims to:

- Create an alumni network for children where they could provide each other with lifelong support by sharing their similar experiences and advice with peers.
- Strengthen connection between children and home staff after the child leaves.
- Prepare children aging-out of institutionalised care to face outside world by providing them training in advanced life skills and leadership development.

- Emotionally prepare children for new chapters in their lives through individual counselling, group discussion and sharing opportunities.
- Empower children to become spokespeople for other children and encourage organisations to provide high-quality care to children living in institutions through the Miracle Foundation, press, social media, etc.

Family-Based Care Capacity Building Modules

With a thorough background understanding, the family-based care experts at Miracle Foundation are in the process of developing training modules specific to key facets of gatekeeping, adoption, reunification and kinship care. The trainings will be conducted with children's home management, staff including social worker, incharge and other concerned.

The framework of training includes:

- Orientation to family-based care
- Identifying children for family-based care
- Conducting Social Investigations/Home Studies/Follow-Up Visit
- Preparing children for family-based care
- Preparing parents and families for placement
- Dealing with disruption in placement
- Building relationship with district officials

The training modules capsuled in 3-month duration are being piloted with two of the Miracle Foundation's supported children's homes in Madhya Pradesh. Based on lessons learnt, this will soon be rolled out for the rest of the 23 children's homes, home to over 1100 children. Nonetheless in the long run, Miracle Foundation team envisions a larger purpose of utilising this resource to build capacity of the concerned government and civil society stakeholders.

One of the aftermaths of this initiative has been that the concerned CCI where training pilot was done has begun to formulate its strategy for a proactive engagement with the government childcare machinery at district and state levels. This would aim to facilitate and expedite the initiatives of the CCI within the purview of family-based care like connecting the identified children with the adoption system, identification of government schemes and local resources for strengthening families where children have been reunified with their families.

Resource Mapping and Building Linkages

The exercise of exploring and studying through the alternative care initiatives in the external environment continues at Miracle Foundation. The important part of

this exercise is to take stock of the practical situation across states in terms of alternative care programs, schemes and initiatives undertaken by the government and civil society. The organisation has created a resource mapping template. The data would be generated by the respective CCIs on the following:

- Government schemes at the State and Central level.
- Identifying and cultivating partnerships with individuals and organisations who could provide support services and family-strengthening resources to the children and families.

Transforming CCIs into Centres for Excellence

Instead of individually supporting and mentoring new CCIs, Miracle Foundation has begun to adopt a new approach of ensuring that its partner CCIs rise to international standards in childcare, trained and equipped to become Centres for Excellence.

- The Centre for Excellence would in turn train other CCIs within its geographical purview in the benchmark childcare methodology.
- The Centre for Excellence would develop to offer community support in a variety of ways-creating paths for children to remain or reunite with their birth families, or to find a loving home through kinship care, adoption and other family care options.

Family Strengthening and Community Care Initiative

Miracle Foundation has initiated a dialogue for partnership with concerned organisations in Maharashtra:

- To identify the needs of children and their families who seem to be vulnerable, ascertain the nature of support required and develop appropriate programs for such families as a measure of gatekeeping to prevent their children getting into the CCIs.
- There is a need to take stock of the status of children who have been sent back from Miracle supported children's homes in terms of education, health and assimilation into family, requirement of guidance, sponsorship, etc. This would be followed by requisite family strengthening initiatives for a successful and sustainable resettlement.

Measurement of Family-Based Care:

Miracle Foundation has developed a robust assessment tool called **'**Rights of the Child Thrive Scale' (Figure 2). Over the last 15 years of its work with CCIs, the tool has been extensively used as a resource for helping leaders and caregivers

activate the rights for the children and improve their quality of care. The rights of child Thrive Scale enables the CCIs to measure their quality of childcare at regular time intervals as shown in Figure 2.

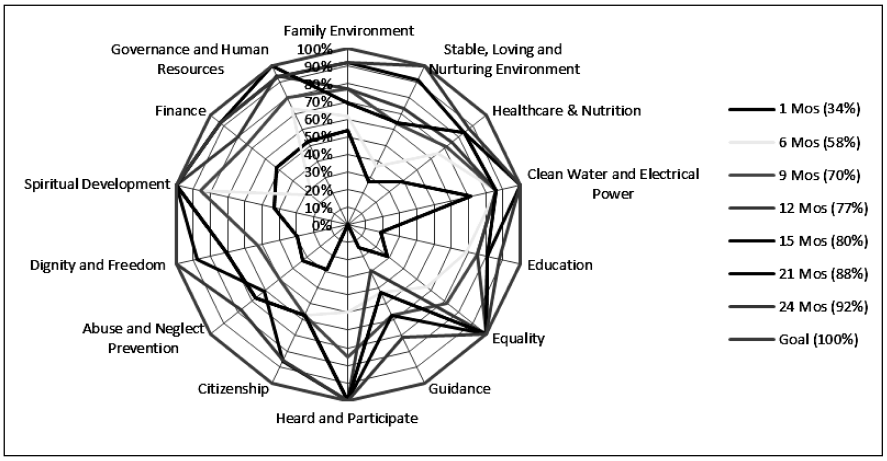

Figure 2: Rights of the Child Thrive Scale

The organisation is enhancing the Thrive Scale to measure in-depth the family-based care options under the Right to a Family Environment (gatekeeping, reunification, follow-up, and other family care options). The advanced assessment tool would enable organisations to measure their progression in finding a safe and loving family for every child.

CONCLUSION

The year 2017 marks a paradigm shift for Miracle Foundation from its base model of institutional care to family-based care. As the organisation began with the process to scale up and strengthen its family-based care interventions as part of the childcare methodology, insights and learning have also begun to emerge.

- While the concerned CCIs first time began to gather data through the family separation assessment sheet, they found the exercise considerably useful to gather substantial information about children's background.
- Post the completion of family-based care training pilot, the concerned CCI begun to formulate its strategy for a proactive engagement with the government childcare machinery at district and state levels. This would aim to facilitate and expedite the initiatives of the CCI like connecting the identified children with the adoption system, identification of government schemes and local resources for strengthening families where children have been reunified.

- In some of the CCIs having children of sex workers, reunification is becoming a real challenge.
- In other instances, some CCIs have tacitly expressed their feeling of insecurity at sending children away and a discomfort to consider resorting to family-based care alternatives.

Nonetheless, with family-based care as its integral part, the Miracle Foundation's work now stands for a complete methodology of childcare encompassing measurement and activation of Rights of the Child, reunification of children with kin, thereby ensuring access to a loving family for every child.

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