2nd Biennial International Conference on

Improving Standards of Care for Alternative Child & Youth Care: Systems, Policies and Practices

UDAYAN care empathy education empowerment

In collaboration with

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A Report

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Improving Standards of Care For Alternative Child & Youth Care: Systems, Policies and Practices

UDAYAN care empathy education empowerment

March 18 & 19, 2016

Noida-NCR (India)

UDAYAN care empathy education empowerment

Improving Standards of Care For Alternative Child & Youth Care: Systems, Policies and Practices
A Report

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"There is no trust more sacred than the one the world holds with children. There is no duty more important than ensuring that their rights are respected, that their welfare is protected, that their lives are free from fear and want and that they can grow up in peace."
-- Kofi Annan

Although organising an international conference is a demanding task, it was not so daunting for Udayan Care to organise the Second Biennial Conference on **"Improving Standards of Care for Alternative Child and Youth Care: Systems, Policies and Practices"** with focus on South Asian countries, as this Conference was built upon the learning and experiences of the first ever Conference on "Standards of Care and Mental Health of Children in Institutional Care", held in March 2014. Successful conclusion of the Second Biennial Conference held on 18-19 March 2016 at Amity University, Noida, India is indeed a matter of great satisfaction.

The first and foremost appreciation goes to the members of the organising committee Dr. Monisha Nayar Akhtar, Dr. Deepak Gupta, Mr. Vikram Dutt and Mr. Arun Talwar; and also to Mr. Luis A. Esponda and Dr. Tuhin I. Khalil for being an extremely committed group.

I am extremely thankful to everyone who participated, contributed and supported this Conference. The delegates from different parts of the world and from different states of India engaged themselves in sharing, understanding and discussions that contributed to the quality of the Conference. Some of them shared the dais as Chairs, Panelists and Speakers thus enriching the discussions with their presentations and addresses. A few of them also did poster presentations. Sincere thanks to the Caregivers and YA who participated in the parallel sessions, specially organised for them.

I acknowledge the contribution of Amity University, Noida, as our collaborator and for co-hosting the Conference in their magnificent campus. A special note of thanks goes to their charismatic leader Dr. Ashok Chauhan, Founder and President of Amity Education Group. Hosting an international conference needs huge financial resources. I profusely thank UNICEF, the National Commission for Protection of Child Rights (NCPCR), Child Rights and You (CRY), SOS Children's Villages of India, VCARE, MM Charitable Trust and Islamic Relief for providing the much-needed financial support. The contribution of Air India, Neumech Events and MakeMyTrip are worth appreciation too.

I am extremely thankful to the Ministry of Women and Child Development (MWCD), Government of India for being the Knowledge Partner, which was actually a moral booster for the conference.

Support received from our technical partners viz. Indian Institute of Psychotherapy, India Alliance for Child Rights, CCAW, HAQ – Centre for Child Rights, Foster Care India and Indian Child Abuse, Neglect & Child Labour (ICANCL) Group helped us in designing the conference agenda and programes for which we are indebted to them. Our warm greetings go to the members of Scientific Committee, who helped us in finalising the abstracts for papers and posters. A word of thanks is also due to corporate partners, who supported the Conference by releasing advertisements in the souvenir.

Acknowledgment is also due to all the staff members of Udayan Care, volunteers and Trustees for their hard work, and to the Conference Consultant, Ms. Leena Prasad, Advocate for her close involvement and support. I must appreciate the master of ceremonies during the two days, Mr. Arun Talwar, COO and Ms. Aneesha Wadhwa, Trustee at Udayan Care, and specially to Ms. Gurmeet- my own daughter and now a young adult and alumna of Udayan Care for making it a truly participatory process by becoming a voice of all youth after a successful transition from Children's Homes. Ms. Maninder Kaur has shown an eye for details while rapporteuring for the two days and I thank her for the efforts made.

It is fair to conclude that the conference was a great success! So many people have contributed in so many ways to turn the discussions on Caregivers and YA into a meaningful dialogue with very interesting presentations and posters and a very good atmosphere for discussion and networking. I thank once again all the Chairs, speakers and participants for keeping the two days lively and full of energy.

I once again extend my sincere gratitude and acknowledgments to all.

Dr. Kiran Modi

Managing Trustee,

Udayan Care

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Acronyms

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AIHRC	Afghanistan Independent Human Rights Commission
ARC	Advocating for Rights of Children, Maldives
CCI	Child Care Institution
CCWL	Children in Conflict with Law
CIF	Childline India Foundation
CNCP	Children in need of Care and Protection
CWIN	Child Workers In Nepal
CRC	Convention on the Rights of the Child(UN)
CWC	Child Welfare Committee
DCPCR	Delhi Commission for the Protection of Child Rights
DCPU	District Child Protection Unit
FBC	Family Based Care
ICEB	Institutionalised Children: Explorations and Beyond
ICPS	Integrated Child Protection Scheme
IMP	Individual Mainstream Plan
JJA	Juvenile Justice Act 2015, India
JJB	Juvenile Justice Board
JWO	Juvenile Welfare Officer
MHP	Mental Health Plan
MoWCD	Ministry of Women and Child Development, India
NCPCR	National Commission for the Protection of Child Rights, India
NGOs	Non-Governmental Organisations
SA	South Asia
SAARC	South Asia Association for Regional Cooperation
SAIEVAC	South Asia Initiative to End violence Against Children
SC	Supreme Court, India
SJPU	State Juvenile Protection Unit
SNP	Safety Net Program
UN	United Nations
UNICEF	United Nations Children's Fund
VAC	Violence against children
WHO	World Health Organisation
YA	Young Adult

Executive Summary

The 2nd Biennial International Conference on **"Improving Standards of Care for Alternative Child and Youth Care: Systems, Policies and Practices"** focusing on South Asia was held on 18 and 19 March 2016 at Amity University, Noida campus. The deliberations addressed a gamut of issues, and delegates from different countries shared their experiences, models and interventions on Caregiving and Aftercare with a specific focus on children in alternative care in SA.

In addition to the plenary sessions and the poster presentations, the Conference also witnessed parallel sessions with participation of direct stakeholders on both days. The first day's parallel workshop with 34 Caregivers from different parts of India and Nepal was facilitated by a parenting coach and trainer from India. The parallel session on the second day featured 20 young adults from India, Nepal and Maldives, and put together a beautiful skit depicting the challenges and resilience of the YA themselves.

Over 300 delegates participated in the conference, including about 50 from other countries (Afghanistan, Bangladesh, Bhutan, Maldives, Nepal, Pakistan, USA, Australia, Canada, Haiti etc). Amity University provided the venue and all the hospitality at the venue, and UNICEF emerged as the major supporter followed by NCPCR. The MoWCD was the technical partner of the event. Other organisations and corporate which supported the Conference included CRY, SOS Children's Villages of India, VCare, Islamic Relief and the organisations which gave advertisements. Delegates from different states of India included NGO members, CWC chairpersons and members, officers of State Commissions for Protection of Child Rights and departments of Women and Child Development of States namely Delhi, Haryana, West Bengal, Gujarat, Bihar, Uttar Pradesh, Karnataka, Andhra Pradesh, Rajasthan, Chandigarh, Punjab, Madhya Pradesh, Jammu & Kashmir, Odisha and Maharashtra.

The conference began with a **welcome note** from **Gurmeet,** a YA of Udayan Ghar, who now works as a content writer in a travel agency. She provided a glance into her life in Udayan Care Home, the support she received from the orgnisation of which she is still a part of and about her career dreams. Her speech pivoted on how the skills she developed at Udayan Care enabled her to successfully transition into mainstream society. Gurmeet's account of her journey set the platform for the two day deliberations of the Conference. **Mr. Arun Talwar,** COO, Udayan Care joined her as Master of Ceremonies and steered the proceedings.

During the **inaugural function**, **Dr. Kiran Modi** set the tone of the conference with her inaugural address. **Ms. Stuti Kacker**, Chairperson, NCPCR appreciated the work of civil societies and said that the challenges and responsibilities of such NGOs like Udayan Care and Caregivers in bringing up children who were not biologically their own were indeed big. **Ms. Nutan Guha Biswas**, Additional Secretary, MWCD, Government of India mentioned various government initiatives for alternative care of children in need, including institutional care and emphasised the need for compulsory registration of CCIs and rehabilitation of every child. **Mr. Joachim**, Chief, Child Protection, UNICEF called for far greater focus on protection systems, such as community-based care and foster care. **Dr. Sima Samar**, Chairwoman, Afghan Independent Human Rights Commission, Afghanistan presented the **keynote address** and recommended higher budget allocation for child related issues, regular monitoring and evaluation and fixing of accountability to improve the standards of care and education for children.

This was followed by **three plenary sessions** in which distinguished speakers and panelist shared their views, knowledge, experience, models and research findings with the participants on the issues of selection criteria, mental health training and skill development of Caregivers. For children living in an institution, the role of Caregivers is not only that of primary Caregivers but has to be expanded to parental figure on whom a child can depend upon for basic as well as emotional needs. The three sessions were focused on how to recruit the best Caregivers, ways of keeping their level of motivation high, dealing with their stress and integrating a mental health program (MHP) for them. It also discussed the innovative ways of continuously building on their capacities and the necessary tools required for this purpose.

The **first day** of the Conference brought home the fact that Caregivers, the foundation on which the whole edifice of care-giving in a CCI rests, are highly ignored and neglected persons in the whole spectrum of care-giving. Many a time, their contributions are ignored and not discussed, their issues avoided, their labour not adequately compensated, and their development and growth are not even thought of. Even though it is a universal knowledge that a care-giving role can be stressful and burdensome in the long run, and that they have to be mentally strong and stable; hardly any attention is paid to stabilising their mental health and building their skills to handle critical situations.

On the second day, **Ms. Aneesha Wadhwa**, Trustee, Udayan Care joined Gurmeet as Master of Ceremonies. In the beginning, **Dr. Kiran Modi** declared that Aftercare is an unaddressed topic in the South Asian Region. The need is to develop a national tracking system for youth integrating in the

society to ensure that their transition becomes successful. Again three plenary sessions were held on the issues of young adults leaving the institutional care i.e. Aftercare and their settlement in the society. Like day one, distinguished speakers and panelist shared their views, knowledge, experiences, models and research findings with the participants on the issues of planning for transition, social adjustments and new directions for young adults leaving the institutions.

Also, a **parallel session** was held with 20 young adults from India, Nepal and Maldives who shared their experiences and put together a beautiful skit under the guidance of eminent theater personality Mr. Amit Sinha of Jamghat. The skit depicted the challenges faced by the young adults in the CCIs and outside after they leave CCIs.

The **Poster Competition** was a special component of the Conference. A total of **14 posters** on various aspects of alternative care and child rights were on display for both the days. The idea of putting up posters was to encourage young students, organisations and researchers to showcase their work in a creative manner. The top two best posters were judged by a three- member jury and the criteria for judging were originality, presentation style, clarity, research methods used and elaborated upon and the contribution and relevance to the understanding of institutionalized children, issues of Caregivers and after care. The Jury members were **Dr. Nirupama Prakash**, Professor at Amity University, **Dr. Vijay Pratap Tiwari**, from National Law School at Assam, India and **Justice Immam Ali**, Supreme Court Judge at Bangladesh. The best two awards went to the following:

- Emotional Preparation to Transition of Vulnerable Children into Socially Responsible Youth by Ms. Morgan Wieberg from Little Footprints Big Steps, International Development Organisation, Canada,
- Arts-based Therapy for Child Survivors of Trauma and Abuse in Children's Homes in Delhi - Harpreet Bhullar, Save the Children, India

The details of the other posters on display during the Conference are mentioned at Annexure 1 of the report.

In the **valedictory session**, **Ms. Rashmi Saxena Sahni,** Joint Secretary, MWCD, Government of India was the Chief Guest and **Ms. Kendra J. Gregson,** Regional Adviser, Child Protection, UNICEF was the Guest of Honour. Ms. Sahni said that Caregivers must be able to connect intuitively with the child, and this ability should be identified while selecting the Caregivers. Ms. Sahni mentioned about the importance of 3 R's i.e. **Relevance, Robustness and Reliability** in provision of

services provided to YA making transition into the society. This was the opportunity for the delegates to ask direct questions to the Joint Secretary. **Dr. Kiran Modi** seized the opportunity and shared her experiences and vision in a passionate speech. Ms. Sahni was equally straight forward in answering those queries and sharing the government's policies with the delegates. The Conference ended with a vote of thanks proposed by **Mr. Arun Talwar,** COO, Udayan Care.

This report presents not only detailed discussions on both the days in its chapters, but it also outlines the background and some international best practices to widen the context for readers. **Chapter 1 and 2** of this report gives background material on Caregivers and Aftercare along with country specific information on both areas respectively. **Chapter 3 and Chapter 4** capture the proceedings of the first and second day of the conference respectively. On both days, presenters shared models to develop peer relations and support and skills required for a holistic rehabilitation of the child. **Chapter 5** of this report contains all the recommendations put together comprehensively for all of us to take forward and follow up closely in each country. A number of best practices and models that were shared on both days are worth being replicated and scaled up across SA nations. The recommendations on Caregivers and Aftercare need to be incorporated into the policy framework and programmatic approaches of all CCIs in order to ensure that children get their best due and are able to explore their full potential and become proud citizens of their nations.

"Millions of children around the world are without, or at risk of losing, parental care. They face significant challenges in their daily lives, which can affect them well into adulthood"
Prof. Yanghee Lee, Chairperson of the United Nations Committee on the Rights of the Child

Article 20

UN Convention on Rights of Children

1. A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafala of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Alternative care refers to institutional and non-institutional services meant for children who are deprived of parental care due to a number of factors like poverty, natural disasters, death or incapacitation of parents, diseases, social or political disturbances and armed conflict. While institutional care is the most common variant of alternative care provided by the State and non-governmental organisations (NGOs), non-institutional services like adoption, foster care, kinship care etc. are gaining prominence in recent years. Whether a child is under institutional or family-based non-institutional care, the most significant aspect of alternative care services is their quality, which is conditioned by, *inter alia*, the prevalent standards of care and the competencies of Caregivers. Another closely linked aspect of alternative care is the nature and quality of Aftercare services which are meant for young adults (YA) who leave child care institutions (CCIs) on attaining certain age as prescribed in law, so that they are provided hand holding support for a specified period leading to their seamless integration into mainstream society.

Alternative child and youth care assumes significance for South Asia (SA) in view of the region's dynamics in regard to demography, conditions of children and child care services. South Asia alone is home to nearly a quarter of the world's children[1]. One fifth of the population of the region is between the ages of 15 and 24.[2] In 2003, South Asia had an estimated 584 million children comprising 40.6% of the region's entire population; and orphans constituted approximately 8% of the total population under 18.[3] Prevalence of poverty, diseases, malnutrition, insurgencies, disasters, superstition and inadequate opportunities for economic development across the region have exerted extreme pressure on families and communities, which in turn impact the lives of children. It has millions of children outside parental care (COPC) and those at risk of separation from their parents. Many of them live under conditions of poverty, deprivation, neglect and violence which make them vulnerable to abandonment and institutionalization. Concerns on the situation of large numbers of COPC in SA and the provision of suitable alternatives are increasingly gaining attention. Often these children find themselves in violent, exploitative, abusive and neglected situations, and their well-being is insufficiently monitored. Inadequate care environment for COPC can impair their

1 UN ESCAP Statistical Yearbook for Asia-Pacific 2011, http://www.unicef.org/rosa/FactsonChildren_ROSA-website.pdf

2 http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/0,,contentMDK:20827027~pagePK:146736~piPK:146830~theSitePK:223547,00.html

3 Kang, Kris. What you can do about alternative care in South Asia (2007). Retrieved from https://www.crin.org/en/docs/South%20Asia%20Advocacy%20Kit.pdf

their emotional and social development and leave them extremely vulnerable. Where it is not possible to return to their birth families , children can live in family-based alternative care with relatives, foster families or adoptive parents. While efforts are being made at all levels to support families and prevent children from separating from their families, institutions continue to be relevant for providing protective care to children who are deprived of family care. Alternative care provisions such as foster care, kinship and other community based models are almost absent in South Asia, and even though institutionalization of children is the last resort, it is still much needed in order to prevent children from living on streets or adopting the wrong path.

It is, however, important to note that children and adolescents living in institutions are more prone to violence than those living in families. While the officials of CCIs become at times the perpetrators of physical and psychological violence; violence among children themselves is also very common. Additionally, self-harm, especially by children in detention or those who have gone through particular trauma, is another form of violence that occurs frequently in residential care. Hence it is of utmost importance that all CCIs adhere to the minimum standards of care and ensure that the rights of children are not put at stake.

UN Guidelines for the Alternative Care of Children

Some Key Guidelines

- **Removal of child from family as a temporary measure of last resort**
- **Keeping the child as close as possible to his/her habitual place of residence**
- **Protection from abuse, neglect and exploitation**
- **Children must be treated with dignity and respect at all times**
- **Importance of keeping siblings together**
- **Recognition of formal care and informal care by relatives or others as valuable care options.**
- **Safety and security of the child must be grounded in his/her best interests and rights**
- **Special training for teachers and others working with children so that they identify situations of child abuse, neglect, exploitation or risk abandonment**
- **Access of children to formal, non-formal and vocational education**
- **Careers should understand the importance of their role in developing positive, safe and nurturing relationships with children**

UN General Assembly, Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.

In this context, it is essential that every effort be made to work towards improving and providing a quality, rights-based alternative care system for all children in need of such services, while ensuring the best interest of every child in need of such care. These services should be in conformity with the United Nations Guidelines for the Alternative Care of Children and other guidelines of countries concerned.[4]

The hands on experience of Udayan Care in group foster care motivated the organisation to take up the issue of institutional care as an advocacy initiative in South Asia (SA). As part of this initiative, we organised the 1st Conference in March 2014 on "***Standards of Care and Mental Health of Children in Institutional Care***". The outcomes were really encouraging and immensely helped us to move forward in initiating dialogues and discussions on standards of child and youth care in India and the rest of SA.

The 2nd Biennial International Conference on, held on 18 and 19 March 2016 at Amity University, NOIDA, was envisaged on the learning and huge success of the 1st Conference. With the theme **"Improving Standards of Care for Alternative Child and Youth Care: Systems, Policies and Practices"** with the geographic focus on SA, the conference not only aimed at making the world a better place for children who are deprived of the safety net of family, but also provided excellent opportunities for experts and practitioners to come together on a common platform for deliberations, dialogues, and recommendations. The **key objectives of the conference were:**

- **Set standards for alternative care in South Asia and enhance legislative and policy environment to support the implementation status through improving the knowledge and understanding of alternative care settings and role of Caregivers for children out of traditional family surroundings.**

- **Sharing and exchange of experiences, research and information on alternative care with special focus on residential staff of children's home identifying challenges related to care and management of Caregivers develop an understanding on Aftercare and learn from some of the best practices as applied to well-being and difficulties in settlement of children in society at large create a network of likeminded organizations to advance the advocacy work of implementation of policy measures on alternative care in South Asia.**

- **The Conference provided insight into the situation of COPC in SA, the gaps in existing legislation and polices and tried to look at ways of improving the care services responsible for providing protection and support for COPC.**

4 UN General Assembly, Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly, 24 February 2010, A/RES/64/142.

Key Focus Area

The 2nd Biennial International Conference as is evident from the objectives, focussed on the two sub themes viz. Caregivers and Aftercare. While the thematic focus of the first day was on **Caregivers** working in child care institutions, the second day was devoted to **Aftercare services.** The components of coverage under the two sub-themes are noted below:

Caregivers: Staff Qualifications, Skills, Mental Health, Development, Organisational Efficiencies

- Assess the potential of Caregivers' physical and mental health
- Skills Caregivers need
- Teaching and caring for traumatized kids
- Adversities in which Caregivers live and the way organisations address them
- Prevent burnout & self care including sexual abuse in homes or outside
- How do caretakers build themselves; and exit points

Aftercare: Young People's Transition and Life after Child leaves the CCI

- Skills needed for rehabilitation
- Social adjustment, peer relations, behaviour triggers
- Life events- how do they manage the transition
- Emotional attunement and self-reliance
- Resilience and building self-esteem
- Policies for Aftercare

Conference Design

The design of the conference included plenary sessions, parallel workshops and poster presentations on both the days.

Plenary Sessions

Three plenary sessions were held every day focusing on one of the two thematic areas. The sessions witnessed distinguished panelists discussing and deliberating on the sub-themes related to the main theme. It was expected that the discussions in the sessions would throw light on:

- How those, entrusted with the care of institutionalised children, should select, train and encourage Caregivers resulting in better care and management of vulnerable children.

- How can we prepare young adults, ages 18 to 21, leaving an institution, to face the outside world?
- What specific skills training, including educational, occupational and emotional skills, are needed for a person to move into independent living?

Parallel Sessions

These consisted of two sessions, one on each day, focusing on the above two stakeholders themselves, i.e., Caregivers and Young Adults (YA). Each day was devoted to one of the stakeholders' group - where they discussed and deliberated on the following:

- On the first day, in two sessions, the Caregivers from different Government-run and NGO-run Child Care Institutions, facilitated by a parenting coach, discussed and explored issues related to care giving. They also participated in some capacity building exercises.
- On the second day, in two sessions, the young adults raised in different child care institutions, discussed and explored issues related to living inside and outside institutions, transition and social adjustment outside institutional life. They also participated in some capacity building exercises.

Poster Presentations

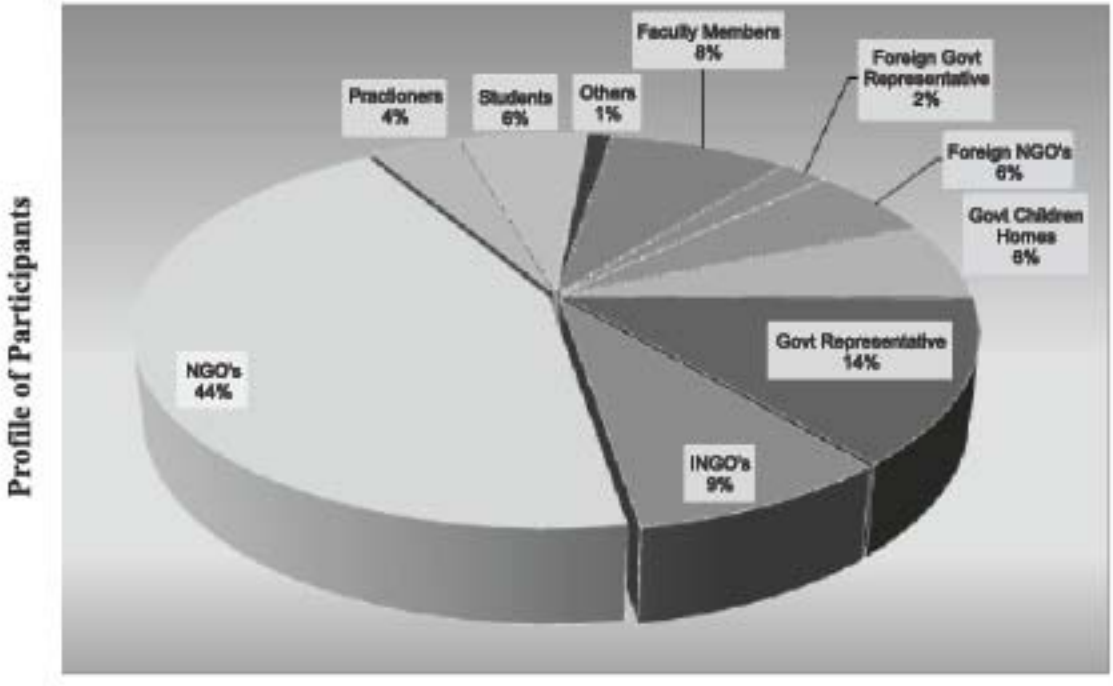
Abstracts for poster presentations were solicited during the conference. In response, several abstracts for posters were received from advocacy-based CCIs and research scholars from leading universities. The posters addressed various aspects of caring for institutionalised children from policy to programming to research.

Participants at the Conference

The participants of the Conference included Caregivers and professionals working in the domain of child rights.

A quick analysis of those present in the conference reveals that there were 287 registered participants out of whom 246 were from different states of India, while 30 were from other South Asian countries (Bangladesh, Sri Lanka, Bhutan, Afghanistan, Maldives and Nepal) and additionally, one participant from Pakistan joined over Skype. 11 more joined from USA, Australia, Canada, Germany and other countries. A great interest shown by the participants from different national and international NGOs, Governments, Children's Homes, Educational Institutions and Global Organisations, child and adolescent psychologists and consultants reassures the relevance of the theme of the conference. The discussions during the conference were further enriched due to the presence of senior officials from India and other South Asian countries, just to mention a few - Chairperson, NCPCR; Additional Secretary and Joint Secretary, Women and Child Development, Government of

India; Chairperson, Afghanistan Independent Human Rights Commission; Judge, Supreme Court, Bangladesh, Pro-VC and Heads of social works and psychology departments of Amity University and international psychologists from USA and Australia. It was further added by presence of UNICEF officials from South Asia, heads of child rights NGOs, medical practitioners, CWC chairpersons and members, research scholars and students. Icing on the cake was the real beneficiaries, i.e., caregivers from different homes and youth who have left institutional care on attaining the age of 18 years. A graphic presentation is given below:



Release of th 5th issue of Journal ICEB: "Institutionalised Children: Exploration and Beyond"

The Conference also served as a venue for the release of the 5th issue of the journal "Institutionalised Children: Explorations and Beyond" (ICEB), a bi-annual international journal on alternative care, published by Udayan Care. ICEB was launched by the esteemed Chief Guest and Guests of Honour. Already in its third year, this 5th issue has received the support from World Health Organisation South East Asia Regional Office (WHO SEARO). On the occasion, Dr. Monisha Nayar Akhtar, Editor-in-chief of ICEB introduced the journal and shared its objectives. She also thanked and congratulated the contributors and subscribers for being the important stakeholders in the success of the journal. The key idea behind the journal is to invite regular deliberations and open a dialogue within India and South Asian countries on issues related to alternative care for children out of family protection network.

Organising Committee

The Organising Committee for the 2nd Biennial International Conference comprised of:

- Kiran Modi, Ph.D, Founder and Managing Trustee, Udayan Care, India
- Monisha Nayar Akhtar, Ph.D., Psychotherapist and Psychoanalyst, USA
- Deepak Gupta, M.D., Child and Adolescent Psychiatrist, India
- Vikram Dutt, Ph.D., Rehabilitation Consultant, India
- Arun Talwar, MBA, CAIIB, Chief Operating Officer, Udayan Care, India

The Scientific Committee consisted of the following members:

- Deepak Gupta, M.D., Child and Adolescent Psychiatrist, India
- Enakshi Ganguly Thukral - Co-Director, Haq Centre for Child Rights, India
- Hiranthi Wijemanne, MBBS, MPH, Fellow of the Sri Lanka College of Physicians, Advisor/Consultant on Children's Issues, Sri Lanka
- Kiran Modi, Ph.D., Founder and Managing Trustee, Udayan Care, India
- Luis Aguilar Esponda, LLM, Mexico
- Mallika R Samaranayake, Technical Lead, Child Protection in Crisis Learning Network, Sri Lanka
- Tuhinul I. Khalil, Ph.D., Senior Research Fellow, Centre for Management and Development Research, Northern University, Bangladesh
- Monisha Nayar Akhtar, Ph.D., Psychotherapist and Psychoanalyst, USA
- Sima Samar, Ph.D., Chairperson Commissioner, Afghan Independent Human Rights Commission, Afghanistan

CAREGIVERS IN SOUTH ASIA- THE LEAST CARED FOR RESOURCE IN INSTITUTIONAL CARE

"The best and most beautiful things in the world cannot be seen or even touched- they must be felt with the heart." - Hellen Keller, American author, educator and activist.

Caregivers make a living by what they get, but they make a life by what they give"[5]. Childhood is an important and special period of time in every individual's life. There are special and important needs which change during the milestones of childhood from birth, through infancy, the preschool years and adolescence before adulthood is reached at 18 years. There are well defined needs at each stage, which should be available to every child. This includes health and nutrition, psychological well-being and mental health, protection from abuse, neglect and violence, which together contribute to the development of full potential as an adult. In case of children under alternative care and more specifically under institutional care, these needs are fulfilled if the CCI has, *inter alia*, sufficient number of well-trained Caregivers to look after the children. Needless to say, effective child-care practices play a vital role in children's growth, brain development, personality enhancement and health.

If children are our heart, then Caregivers are our muscles. Caregivers are caring individuals who work tirelessly to create the safe, nurturing environment that exists at any CCI. Most of them live on site in accommodations provided by the CCIs. The job of a Caregiver is a labor of love, with many of them knowing first hand without being told that loving the children is the most rewarding and satisfying job. Children often refer to the Caregivers as Aunty and Uncle so as to create the best possible family environment.[6]

It is important to emphasize the individuality of children in institutions. Children come to CCIs with a background of trauma and Caregivers need to have capacities to respond to their individual needs. This requires skills and creativity, as it is a challenging task. In other words, the role of Caregivers is qualitatively distinct. While administrators oversee issues like funds, infrastructure, maintenance, public relations and management, Caregivers are the ones who deal with children directly. They are responsible for managing their daily routine and meeting their basic needs by overseeing cooking, cleaning, providing them with emotional support, helping with their homework, sending them to school , guiding and disciplining them and helping them foster interpersonal skills. It is, therefore

5 adapted from the quote by Winston Churchill
6 http://indianorphanage.com/our-orphanage-staff/

important that the Caregivers are objectively screened, trained and monitored in order to ensure that they act in the best interests of the child and adhere to standards of childcare and quality. Objectivity and quality are also important to counter cases of insensitiveness and unresponsiveness on the part of Caregivers, and the stresses and challenges associated with the activities performed by them. Caregivers work for long hours, are paid less and are always expected to remain prepared for emergencies. If anything goes wrong while discharging the duties, they are the ones who suffer first and are answerable to the management and law enforcing agencies. While care-giving brings joy and rewards, it is also fraught with uncertainties and disillusionment. It is essential for CCIs to understand the pressure of work that the Caregivers face.

The sections below briefly highlight the childcare scenario in South Asian countries and the context in which Caregivers render their services.

Caregivers do not receive large salaries. In fact when compared to just about any job outside our staff receive considerably less. The main reason for this is because most of our staff grew up as children of our orphanage or are married to one. Our staff are passionate about the work that we are doing and the effect that we are making because they know the difference that can be made in our children's lives. Many also work as volunteers receiving only food, supplies and accommodation.

The Good Shepherd Agricultural Mission

(http://indianorphanage.com/our-orphanage-staff/)

AFGHANISTAN

Afghanistan has over two million orphan children and over 600000 children sleep on the streets. As the country has been facing war and terrorism since 1980's, children are at the receiving end of violence. While over 400000 children have been maimed due to landmines, 10,00,000 children have been suffering from post-traumatic stress syndrome.[7] Besides, there are problems of poverty, malnutrition and diseases which often force parents to send their children to orphanages. These critical situations have resulted in overcrowded orphanages with children being forced to face harsh conditions.

BANGLADESH

In Bangladesh, the Child Welfare and Protection system has a very informal relationship with different NGOs, government and other organisations. There are government frameworks in place that highlight the desire to provide rehabilitation for orphaned, abandoned, or destitute children. Estimates

7 http://taoproject.org/orphanage.htm

of children in residential care in Bangladesh are at 49,000, but as is noted by some research, this number excludes the "many millions" living in faith-based organizations.[8] With a population of 158 million, over half of them are below the age of 15. The country's orphanages are overcrowded with inadequate capacities to accommodate children in need of care. Caregivers are overburdened there is no system of regulation.

BHUTAN

In 2011 and 2012, the Bhutan government took some big steps in the area of child care and protection and passed the successive legislation of *The Child Care and Protection Act of Bhutan 2011*, (CCPA) and the *Child Adoption Act of Bhutan 2012*. The landmark CCPA 2011 represents a milestone event for child protection and strengthens the legal framework for the care and protection of children.

INDIA

India's population of orphan, abandoned and destitute children is estimated to be 20 million and the population of street children is about 18 million. Besides, there are millions of trafficked children, abused children, children engaged in substance abuse and those affected by conflict, disasters and other critical situations. CCIs are mandated to provide a range of quality services to children which include meeting their needs for food, shelter, clothing, healthcare, education and others. There are prescribed standards of care and processes for looking after the needs of children under alternative care, which need to be followed by the institutions and individuals dealing with such children. In this context, the roles of Caregivers are vital for making the services available to the children and for adhering to the prescribed standards and processes. The Supreme Court has mandated compulsory registration of all CCIs and there is a system to monitor standards and norms.

Some good practices exists such as the SOS Villages in India which takes a child rights based approach. This programe attempts to assist and empower parents or Caregivers in taking care of children in their natural families and communities. In the process it strengthens not only the families and their children whose upliftment it basically aims at, but also creates a vibrant network within the community that will last much longer and become sustainable in caring for the vulnerable families for a very long period.[9]

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8 Institutions in Bangladesh. *Centre for Management and Development Research (CMDR) Northern University Bangladesh.*

9 http://www.soschildrensvillages.in/about-us/what-we-do/child-care Islam, Tuhinul Dr. (N.D.). Promoting Resilience in 'Sex Workers' Children: The Role of Residential Childcare

At Udayan Care, the model is unique in the sense that each CCI has a mentor mother or a mentor father. Caregivers are well trained and motivated throughout. Mentor Parents who are socially committed individuals (volunteers) groom these children with the help of a team of social workers, Caregivers and supervisors to ensure that each child is loved and cared for equally, without any discrimination. Continuous training and motivation is provided to all Caregivers.

MALDIVES

Most children's homes in Maldives are lacking adequate staff and are overcrowded. For example, Vilimalé children's home houses 115 children againsed a sanctioned capacity for only 40 children. Since there is lack of clarity in laws in regard to care of orphans and other deprived children, a lot of work is required to be done in this domain. In 2015, a second children's home was opened by the Government and was dedicated to children under 10 years of age, whilst the existing children's home would house children over the age of 10. It is important to note that the number of children requiring State care in Maldives has been increasing every year.

NEPAL

There are around 974,000 COPC in Nepal but there are untrained Caregivers, who are unable to provide adequate care for the children. Many of the Caregivers themselves develop attachment disorder, become developmentally delayed, physically disabled or mentally compromised.

The two Acts which deal with the child welfare in the country are the Children's Act 1992, and The Child Labour (Prohibition and Regularisation) Act 2000. Section 34 of the Children's Act of 1992 deals with the establishment of the children's home, under the law children are allowed to stay in the Welfare Home until the age of 16 years, unless the child faces the problem of livelihood, in which case the child is permitted to stay until 18 years of age. There is also the provision for vocational training for children residing in the children's welfare home.

Some CCIs are conscious of the fact that children required continuity of care and hence right from the start, they made the decision not to have volunteers as Caregivers for the children.[10] Another CCI has employed well qualified Caregivers who are very attached to the children. One example is the Caregiver manager at NECO who views her role as a sister and mother to the children emphasizing personal counselling, sanitation, health, nutrition, and learning. She also gives informal

10 http://forgetmenot.org.au/who-we-are/our-story/

talks to the children and supervises their activities, homework, and assigned chores and emphasizes connecting the children to the outside world through books and the internet.[11]

PAKISTAN

The, Guardians and Wards Act of 1890 governs the rights and interests of minors in Pakistan. The family law is largely based on the Islamic Shari'a law. As per UNICEF estimates of 2009, there were 4.2 million orphans in Pakistan.[12] Implementation of child related laws, including Juvenile Justice System Ordinance, has been a huge challenge. However, the newly launched Child Protection Management Information System (CPMIS) is an innovative step taken by the Government of Pakistan to fill the gaps existing in child protection in order to bring more cohesiveness in all planned remedies and measures aimed for the welfare and development of child rights in Pakistan.[13]

SRI LANKA

Children's institutions have been in existence in Sri Lanka since 1900. In many of these CCIs, the number of Caregivers is not sufficient to provide adequate care to children, which adversely affects life of institutionalised children. All the components related to individual care plans and legal protection are not given the required attention.[14]

The living conditions in state homes are poor and Caregivers are not qualified to deal with affairs of children. As a result, the children feel that living in homes has undermined their sense of privacy, individuality, and dignity.[15] However, some good practices exist in some CCIs run by SOS Sri Lanka where family-like care is provided in small groups in separate cottages, with Caregivers designated as 'mothers', as though they were truly in the place of parents.

Some CCIs where family-like care is provided in small groups in separate cottages, with Caregivers designated as 'mothers', as though they were truly in the place of parents. [16]

11 http://necofoundation.org/our-on-site-team/

12 https://globalorphanrelief.org/orphan-home-punjab-pakistan/

13 Reforming the Child Protection and Welfare Systems in Pakistan - Opportunities and challenges in advancing child rights: High-Level Meeting on Cooperation for Child Rights in the Asia Pacific Region: 4-6 November 2010, Beijing

14 http://www.unicef.org/srilanka/outofsignt.pdf

15 http://www.bettercarenetwork.org/node/752

16Home Truths, Children's Rights in Institutional Care in Sri Lanka, Advocacy document, Save the Children Sri Lanka, 2005

AFTERCARE-CARING FOR TRANSITION - YOUTH BEYOND CHILD CARE INSTITUTIONS

'Aftercare' is a term used to describe a variety of services that are provided when a youth reaches adulthood and is no longer eligible to remain in foster care homes or childcare institutions, based upon the policy of the State. Successful Aftercare programs seek to increase key capacities in institutionalized children while providing the necessary allocation of time for healthy transition out of institutionalized care. Life skills, educational attainment, and achieving gainful employment are key developments that occur in young adults as they transit into independent adulthood. It is a largely unaddressed topic within the provision of child welfare services in SA. There remains little infrastructure for development of much needed Aftercare programs, and in this respect, all SA countries are falling far short of meeting international standards and best practices. Aftercare programs require significant investment on the part of governments.

"I love children with specific ideas about their development, and support the involvement of youth in social work…"

Aleena Nepal, Caregiver Manager, Neco,Nepal

For YA who have lived in CCIs, especially for long period of time, the issue of graduating from such care in a supervised group setting to independent life as an adult in the community becomes a huge challenge. Any mismatch between the quality of life in CCI and the life as an independent person has the risk of putting the youth in a state of depression, anxiety and insecurity. The hundreds of young people who leave such care every year are thrown into adult life without adequate preparation. Consequently, many become unemployed or homeless and some even get involved in undesirable and illegal activities like crime, drug addiction and prostitution. Many YA are often found living and working on the streets, and are vulnerable to physical and mental abuse.

The civil society has slowly and gradually started to understand that its foundation depends on developing a welfare system which should equally focus on social justice. With the beginning of 21st century, civil society has started giving preference to the rights-based approach and actions, and the states have also adopted a sensitive approach to human rights issues. It is also important to consider Aftercare program as a continuum of care, as such an approach would allow children to receive skills training, higher education and career support leading to their appropriate rehabilitation.Udayan Care recognized the importance and need to develop a dialogue on this crucial issue with various

stakeholders, especially the civil society organizations and government agencies, working on the issue of child rights program.

The Aftercare program should recognize transition is critical to the final settlement of YA and that a healthy start in career/profession is an essential step towards a sound adulthood and a productive life. The Transition planning[17] for leaving care framework aims to provide all practitioners involved in the delivery of case management, out-of-home care and post care support with:

- Best practice approaches and processes to prepare and support young people transitioning from out-of-home care
- a strong, developmentally-based framework that supports children and young people to develop the skills and resources to grow into mature young adults able to participate fully in community life
- a flexible, accessible service planning response that provides a bridge for young people from care to post-care services, and to independence.

The problems facing older children (adolescents) have generally been overlooked, not only within the issues pertaining to orphanhood, but more generally within the issues related to health and skills training. The proportion of adolescent orphans to total number of orphans appears very high in most countries, which suggests the need to address issues surrounding adolescents more thoroughly than in the past

17 http://www.dhs.vic.gov.au/__data/assets/pdf_file/0008/750779/care-and-transition-planning-for-leaving-care-framework-1212.pdf

The planning should also include:

- Guide to developing Care and Transition Plans
- Looking After Children 18+ Care and Transition Plan.

Transition planning for leaving out-of-home care is not an isolated activity and must be strongly connected to other planning processes for young people.

Preparation for leaving care and transitioning to independence starts the moment a child enters care and must be a part of the planning process throughout their time under care. As a young person reaches adolescence, more concerted transition planning needs to be made for the purpose of rehabilitation. A young person's "development of practical, emotional and interpersonal living skills and independence" happens along a continuum of three overlapping phases, each with a specific focus of support to guide care teams in their planning. The three phases of transitioning from care are:

1) Preparation - for leaving care through provision of a high quality, stable system of care and coordinated planning and practice tailored to meet the individual needs of the young person while in care. This includes a developmental approach to the promotion of life skills. Preparation for the transition to adulthood should occur throughout the whole time a child is in out-of-home care while more specifically focussed preparation for leaving care is required from the age of 15 years.

2) Transition - occurs during the final 12 months of the young person's custody or guardianship order to formalise plans and support arrangements after the cessation of their orders for the final time. The safety and capacity for young people to live sustainably post-care must be paramount in this planning phase.

3) Post-care support - the culmination of a young person's transition planning, with the necessary appropriate accommodation, employment or study in place and income to live sustainably. The International Instruments Aftercare services are to be viewed as a piece of holistic welfare service delivery in developing long-term plans for children in care who become young adults, transitioning out of care.

SUPPORT FOR AFTERCARE

131. Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate aftercare and/or follow-up. Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.
132. The process of transition from care to aftercare should take into consideration children's gender, age, maturity and particular circumstances and include counselling and support, notably to avoid exploitation. Children leaving care should be encouraged to take part in the planning of aftercare life. Children with special needs, such as disabilities, should benefit from an appropriate support system, ensuring, inter alia, avoidance of unnecessary institutionalization. Both the public and the private sectors should be encouraged, including through incentives, to employ children from different care services, particularly children with special needs.
133. Special efforts should be made to allocate to each child, whenever possible, a specialized person who can facilitate his/her independence when leaving care.
134. Aftercare should be prepared as early as possible in the placement and, in any case, well before the child leaves the care setting.
135. Ongoing educational and vocational training opportunities should be imparted as part of life skills education to young people leaving care in order to help them to become financially independent and generate their own income.
136. Access to social, legal and health services, together with appropriate financial support, should also be provided to young people leaving care and during aftercare.

United Nations Guidelines for Alternative Care of Children

Education, employment, permanency and attachment, stability of housing and the development of healthy and supportive social networks are some of the key areas which are emphasized internationally as key components in creating successful avenues for young people in transition to independence. It is apt to note that the United Nations Guidelines for Alternative Care of Children contains the specific measures that the agencies dealing with children should undertake for the purpose of providing Aftercare services.

Many countries today have comprehensive laws and policies on Aftercare services. In the USA, the term 'aging out' is used for the young adults, and the Federal law on aftercare highlights the importance of child welfare system in supporting youth in their transition.

In **UK**, the Aftercare programs focus on education, employment, financial support, housing, continued support and health services. The country has one of the most established and well implemented law for Aftercare as the Department of Education, Health, and Labour and Pensions are all collaborative partners in the creation of a national framework for the delivery of Aftercare programs.

In **Australia** the Aftercare model is known as "Looking After Children" (LAC). The Children, Youth and Families Act (2005) deals with the provision related with Aftercare facilities and focuses on creating a smooth transition to independent and contributing adulthood.

In contrast, in most of the South Asian countries there are child welfare laws, systems and policies, but most of them have limited provisions on Aftercare. The implementation and practices of Aftercare programs and facilities in these countries are not comprehensively developed. In Bhutan, Aftercare policies are exclusively limited to children in conflict with the law. There is no provision for the vulnerable children who are in need of care and protection. India and Bangladesh are the only countries with some limited norms for Aftercare of children leaving CCIs.

AFGHANISTAN

Afghanistan has a very young population, i.e. 39 per cent of the total population of Afghanistan are young people between the ages of 10 to 24[18]. Investing in adolescents and youth is critical for consolidating investments in child survival and early child development.[19]

The draft Afghanistan Youth Policy of July 2013, defines a youth as a person between the age of 18 and 30. The vision of the policy is to emphasize the responsible, skilled, productive and healthy young women and men who realize their full potential and contribute to Afghanistan's sustainable development and prosperity in accordance with Islamic values. Further the policy has very broadly categorised youths into different groups and has also prioritised the target groups totally focussing on vulnerable and disadvantaged youths. A critical look at the policy and other legislation such as Child Protection Action Plan[20] shows that it is important to highlight the dual approach amongst UN agencies and NGO's in the Afghanistan context. The majority of organizations (especially at the national level) are recovery and development oriented focusing on longer-term institutional capacity building and establishing normative frameworks. Despite humanitarian needs being prevalent in significant parts of the country given protracted and volatile conflict and frequent natural disasters, these issues are largely dealt with on an ad/hoc basis. The first-ever Afghanistan National Youth Policy[21] was launched recently on 18th of January 2015.

18 http://www.youthpolicy.org/national/Afghanistan_2013_Draft_National_Youth_Policy.pdf
19 http://countryoffice.unfpa.org/afghanistan/2014/09/04/10495/ministry_of_public_health_develops_afghanistan_national_youth_health_strategy_for_young_people_2015_2019
20 http://www.globalprotectioncluster.org/_assets/files/field_protection_clusters/Afghanistan/files/APC_Child_Frontiers_Review_CPiE_Subcluster_EN.pdf
21 http://countryoffice.unfpa.org/afghanistan/2015/01/15/11255/youth_policy//

Also named as National Programme for Youth this Policy is structured on four pillars namely: Youth employment, Adolescent and youth health, Education, technical and vocational education and Training; Participation. The policy in compliance with the laws of the country has defined childhood into three categories:

- Undiscerning minor from 0 to below 7 years.
- Discerning minor, from age 7 to 12 years, and
- Adolescents or juveniles, from age 12 to below 18 years

The policy lays a strong emphasis on responsible, skilled, productive and healthy young women and men who realize their full potential and contribute to Afghanistan's sustainable development and prosperity in accordance with Islamic values. This National Youth Policy of Afghanistan is a brilliant attempt by government towards the complete holistic development not only of youths but also minors of the country. One of the key element of the policy is that it is developed through an evidence-based and participatory process. The policy very broadly covers the areas of adolescent and youth health, education, youth employment and youth participation. Further, gender, peace, capacity building, environmental sustainability and sports are cross-cutting issues. The draft policy provides recommendations for national programmes for each of the key thematic areas.

Riyadh Guidelines

While for the juvenile delinquents, The United Nation Convention for the prevention of juvenile delinquency also known as Riyadh Guidelines, which was adopted and proclaimed by general assembly resolution 45/112, in its principles intensifies on active participation of young persons and says that *"Young persons should have an active role and partnership within society and should not be considered as mere objects of socialization or control"*. Further, the chapter IV titled 'Socialization Process' envisages on the role of family education, community and mass media in successful integration and socialization of all children and young person.

In chapter V 'Social Policy' the guidelines fixes the responsibility of the government agencies and in its article number says that *Government agencies should give high priority to plans and programmes for young persons and should provide sufficient funds and other resources for the effective delivery of services, facilities and staff for adequate medical and mental health care, nutrition, housing and other relevant services, including drug and alcohol abuse prevention and treatment, ensuring that such resources reach and actually benefit young persons.* Further article number 46 to 51 more elaborately describes the responsibilities of the government and accentuate that the institutionalization should be the last resort, an equal opportunities for all the children to continue their full time education, programme to prevent juvenile delinquency should be planned, Scientific information should be disseminated to the professional community and to the public at large about the sort of behaviour or situation which indicates or may result in physical and psychological victimization, harm and abuse, as well as exploitation, of young persons, young persons should have an voluntary opportunity to participate in plans and programms.

The policy objectives are broadly as follows:

- Acknowledge youth as a critical group for Afghanistan's development and poverty reduction
- Identify fundamental needs of youth and provide the legal framework and strategic guidelines
- Identify gaps and shortfalls in existing policies and programmes of both public and private sectors for youth and provide a joint framework for addressing these gaps
- Acknowledge the distinctive and complementary role of government non-governmental organizations (NGOs), the private sector and youth organizations in youth development and to provide a joint framework for common goals
- Strengthen coordination between the various government and non-governmental organizations involved in youth related issues
- Provide a framework for designing and implementing assessment and monitoring mechanisms to amend and support youth related programmes and interventions
- Provide opportunities for political, economic, social and cultural participation of youth and invigorate youth at the national and sub-national levels
- Include youth development priorities in the main policies and programmes of government
- Improve coordination among relevant government entities, international organizations and NGOs for effective and sustainable political, economic and social youth development;
- Build effective capacity of youth by meeting their needs
- Provide and support appropriate and decent employment to youth

Chapter 6 of this policy has clearly mentioned the points of intervention with respect to its differentobjectives and categorised them as Youth employment, Adolescent and youth health, Education, Technical and Vocational Education and Training (TVET), Participation and Cross-cutting issues. In its last part the policy clarifies implementation framework and has defined the roles and responsibilities of different state actors under the heads like policy implementation, budget allocations to relevant entities, budget allocation for overseeing entity, policy impact analysis etc.

BANGLADESH

In Bangladesh the youth constitutes one third of the total population. The government has defined youth as the most strong, self-confident, creative and productive guiding force of any nation. [22]

22 http://oldsite.dyd.gov.bd/nyp.php

Bangladesh too has a National Youth Policy which has been developed after taking the reference from the articles 15 (part 2), 14, 17 and 20 of the Constitution. This policy has the following aims:

- To create sense of respect and awareness among youths towards the constitution of the People's Republic of Bangladesh and justice and ethics along with moral values and social responsibilities.
- To empower youths and create appropriate opportunities for employment and entrepreneurship development through proper practical education and skill developing training.
- To encourage youths especially the unemployed youths towards self-employment through proper utilization of local resources and by providing credit and create favorable situation with a view to bringing out all the dormant potentialities of the youth.
- To build the youths so that they can effectively involve themselves in the main stream of national development. To create awareness among the youth about all glorious heritage and feelings so that they feel encouraged engaging themselves in the ethical and social activities and keeping themselves aside from all kinds of unethical deeds.
- To motivate and encourage the youths for voluntary services and at the same time to be effectively involved in national service oriented activities such as vaccination, tree plantation, preventive campaigns against AIDS and drug abuse, rehabilitation activities etc.
- To create facilities and opportunities for participation of the youth and their contribution in literature, culture, sound recreations including sports and games and patronized these aspects from all corners.
- To facilitate expansion of all sorts of IT facilities with a view to involving youths effectively with the tremendous advancement in the field of global IT.
- To ensure uninterrupted flow of information on youth through information and research centre for the youth.
- To implement appropriate and productive scheme with eligibility and efficiency of the youth creating modern facilities in rural areas. To create opportunity for participation of male youth and female youth equally in every step of development and decision making process with a view to promoting national development activities.
- To impart training on youth health, social right of handicapped youths including their human rights and introduce special program on developing leadership qualities among youths so that they can undertake[23].

23 http://www.youth-policy.com/policies/BGDnyp1.pdf

The policy talks about identifying youth problems and has defined the youth responsibilities, youth rights, youth activities, and the implementation strategy. From the perspective of youths in Aftercare facility or the vulnerable youths, there is no separate mention of any kind of provision for them. The policy doesn't highlight their rights, the responsibilities of the state actors towards them etc. This is the only official instrument currently for addressing the issues related to youth of the country.

In Bangladesh the Child Welfare and Protection system has a very informal interconnection with different NGOs, government and other organisations. Despite this assertion, there are government frameworks in place that highlight the desire to provide rehabilitation for orphaned, abandoned, or destitute children Estimates of children in residential care in Bangladesh are at 49,000, but as is noted by some research, this number excludes the "many millions" living in faith-based organizations[24].

There is limited information on Aftercare programs and their delivery in Bangladesh. Bangladeshi residential homes also recognize the importance of education in securing successful outcomes for institutionalized children as they transition into young adulthood. These practices and development focuses are closely connected to the development of community and family-like attachment, life skills, and vocational/educational training that is practiced throughout the international community of Aftercare service delivery.

BHUTAN

Bhutan has also developed a comprehensive Youth Policy[25] to respond to needs of the youths and also seeks to provide a broad framework within which all stake holders can contribute comprehensively and in a coordinated manner to youth development. The policy is built on the foundations and programmatic interventions implemented by all existing agencies since the inception of development in Bhutan.In keeping with the developmental philosophy of the country, Gross National Happiness (GNH), this policy is aligned towards the four pillars of GNH and has identified key areas for youth development

24 Islam, Tuhinul Dr. (N.D.). Promoting Resilience in 'Sex Workers' Children: The Role of Residential Childcare Institutions in Bangladesh. Centre for Management and Development Research (CMDR) Northern University Bangladesh.

25 http://planipolis.iiep.unesco.org/upload/Youth/Bhutan/Bhutan_Youth-policy.pdf

The policy has given the required attention to the vulnerable youths, divided youths as priority target youth groups:

- Out of school youth
- Under-employed and unemployed young people
- Young people engaging in risky sexual behavior
- Young people using drugs and alcohol
- Youth with disabilities
- Orphans
- Young Monks/Nuns
- Domestic workers
- Girls working in drayangs
- Uneducated young women in urban and rural areas around them.

The policy defines a youth as any young person from the age of 13-24 years of age. Describing the age group the policy further states that this age group encompasses that period of life when the greatest change takes place and young people are confronted with innumerable challenges as they move from dependence to independence. It is also a period characterized by youthful vigour, enthusiasm, ambitions and building relationships. This Policy thus adopts a differentiated approach and while addressing the needs of youth in general, it also recommends unique and diverse interventions to be instituted for prioritized target groups.

Aftercare policies in Bhutan are exclusively limited to children in conflict with the law as the CCPA has only the provision for Aftercare facilities for the juveniles. Hence there are no provision for vulnerable children groups who are in need of care and protection. The principles of Aftercare employed in international best practice are closely found in the policies of the Bhutanese Government. Children receive care, protection, education and training to assist them in assuming constructive and productive roles in society. The best interests of the children are also considered and stakeholders are invited into the conversation, whether guardians or advisors, or family if appropriate.

INDIA

In India, Aftercare has been recognised recently under Section 46 of the JJ Act of 2015 wherein the State authorities have been mandated to give financial support and other assistance to young persons in need of Aftercare for their successful reintegration. The National Youth Policy-2014 talks about youth developments but this entire policy is silent on YA in need of Aftercare services. There is some mention of Aftercare in the Integrated Child Protection Schemes (ICPS) also but there still exists a complete lack of a clear definition and implementation mechanisms for this even in India.

MALDIVES

Currently the Maldives laws deals with the protection and rights of the children under the age of 16 years and there is no provisions or policies anywhere for the children above 16 years of age. Hence, there is no legal mention of any Aftercare facility anywhere in the government documents.

Aftercare is a long way from realizing establishment in Maldives as the government programs to this point are reported to fail at multiple levels in system and process.

NEPAL

As per the Nepal census 2011 there are 1,488,789 persons between the ages of 15-19. This population would fit the demographic of 18-22 in 2014, or classify as YA within an Aftercare services. With the only figure available for the number of children in the government owned foster care facilities is estimated around 49000 leaving a huge scope for millions of more in located in private, religious, not-for-profit organizations. Upon leaving the home, they feel rootless, often lacking the social & organizational skills required to thrive in the outside world.[26]

Taking some strong steps forward local organisaions in the country have begun to advocate for family-based, or community-based care as this both practices reduces the risks faced by institutionalized children and increases their ability to transition to independence when they reach adulthood. But unfortunately the Nepalese government has affirmed institutionalized care as the strategy for dealing with orphaned children, meaning that children will have their basic needs taken care of prior to reaching the age of majority when they will no longer remain a part of the institution. Family-based, or community-based care is one best practice currently advocated in Nepal. While this type of care delivery is focused on preventing the institutionalization of children, rather than transition for institutionalized children to independence, it also offers a glimpse at potential, future development for Nepalese practices associated with children in care and their transitions to independence.

PAKISTAN

Identifying the number of children between the age group of 15-19 years in Pakistan in impossible as the last population census that has been conducted in the country was in the year 1998. Needless to say, the lack of any reliable information automatically affects laws for the protection of the child. Currently there is no federal legislation for the Child without parental care and then the responsibility

26 https://www.globalgiving.org/projects/provide-family-home-community-for-orphans-in-nepal/

falls onto individual provinces. Currently there are only three provinces providing leadership to the development of legislation. These three legislations are:

- The Balochistan Orphanages (Supervision and Control) Ordinance 1978 (No V)
- The North-West Frontier Province Orphanages (Supervision and Control) Act 1976 (No XIV)
- The Sindh Orphanages (Supervision and Control) Act 1976 (No VII)

The is a legal frameworks in Pakistan's family law allows appointing of a guardian for a child[27] under the age of 18 if deemed "*necessary for the welfare of the child.*" This allowance provides the closest expectation that a child is one under the age of 18 years.

Overall in the absence of any comprehensive and recognised legislation, the situation of vulnerable children in the country is very dismal as foster care and adoption are not legally recognized in Pakistan. Orphanages take children into care without legally being appointed as guardians. Without proper legal legislation, systems, and policies, there seems no way to establish a reliable system for the transition of vulnerable children from institutional to a dignified life.

SRI LANKA

The National Child Protection Authority in Sri Lanka, established in 1998, deals with all the information, policies, and practices for the children in need of care and protection. The major role of this national body is to advise the government in the formulation of different policies for the protection and addressing the need of the children who are victims of any kind of abuse or exploitation. Their role further includes raising awareness about the rights of the child, creation and maintenance of the national database on child abuse and exploitation etc. The national body is focused on the development of different legislation framework and oversight bodies that aim to establish regulated service delivery frameworks and legislative parameters. Currently the child welfare programmes are yet to be developed including Aftercare services for YA.

27 Child Rights Desk. (February, 2010). Laws for Children's Care in Pakistan. *Child Rights Desk Pakistan.*

Good Practise models on Aftercare for youth

The Family and Youth Service Bureau Lighthouse model uses the life coach approach. Under this, whenever a youth is assigned to Lighthouse, he or she is routinely assigned a caseworker and a life coach. The life coaches are an extension of aftercare, not as a replacement for their standard aftercare program. The expenses of having a life coach are minimal where Group homes average $170 a day. The youth often fare better as a result of the individualized attention.

Panhandle Community Services, in Garing, Nebraska is a transitional living program and FYSB grantee, have utilized nearby faith-based programs to find lifelong mentors or life coaches. Director Vicky Lawton has a "mentoring mom" from a nearby faith-based organization that routinely volunteers to mentor youth in their program.

The **Dream Tree Project in Taos, New Mexico,** is a transitional living program where community connections make it easier to gain access to affordable housing for youth. Dream Tree has created an innovative program. Casitas ("little houses" in Spanish) were designed as a series of four apartments located on the same property, 100 feet away from their current transitional living program. The houses are attached to a large community room that will allow residents to participate in the community while maintaining individual space. Onyx Construction, a local company, provided much of the construction work pro bono, and Youth Build and Rocky Mountain Youth Corps—programs that employ young people to rebuild their communities and their lives—are providing some of the labor. Many of the youth who will be living in the casitas are helping to build them. The casitas will provide a structured living environment for those youth who need extra support after they graduate from the transitional living program.

Larkin Street Youth Services in San Francisco, California, developed a collaborative community approach to finding affordable housing for youth. Together with the Tenderloin Neighborhood Development Corporation, they launched Ellis Street Apartments, which consists of 24 studio units. Subsidies that go towards lowering rent for Ellis Street come from the Housing Authority and allow residents to pay 30 percent of their income, or if they are unemployed, a smaller amount compared to market rate and trying to meet this challenge is by becoming more familiar with adult resources and adult housing and developing stronger linkages with adult housing providers.

Stepping Stones, in Houlton, Maine is a transitional living program for pregnant and parenting teens, educates youth about the home-buying process. The State of Maine administers a program called Family Savings, a matching savings program where two dollars is matched to every dollar that the youth put into their savings account. The money can later be spent on a first home, future education, or a new business.

Aftercare Checklist: Are You Providing Youth With What They Need?*

Temporary financial assistance

Most young people have financial management problems in the first few months on their own, particularly when faced with unexpected expenses.

Peer support

Trying to live on a minimum-wage salary can be frustrating and depressing for youth. Peer support groups provide opportunities for youth to talk to others who can understand what they are going through.

Advocacy

Dealing with problems can be overwhelming. Youth may occasionally need someone to advocate for them with health care systems, legal systems, and housing authorities.

Information and referral

Sometimes a youth may simply need to know where to go if he or she should ever need help. With the right information, the youth can often handle problems alone.

Support for youth during the transition to permanency

Young people need emotional support as they either make the transition to life on their own or go back to their families. Having a personal connection with a staff person or mentor who knows them and cares about them is important. This person serves as the young person's lifeline as he or she goes about making new friends and re-establishing family connections.

Temporary housing

Many youth experience at least one period of homelessness, either because a living arrangement has not worked out or because of a loss of income.

Help in establishing and maintaining living arrangements

l In many communities, safe and affordable housing is hard to find. Landlords may be reluctant to rent to a young person without a cosigner on the lease. Youth who have not lived in a supportive independent living program may not be sufficiently skilled to maintain their living arrangement without assistance.

Crisis counselling

l Some youth have difficulty coping with life on their own and may find themselves in serious or even dangerous situations. Having someone to call in times like these is essential.

Before Youth Walk Out the Door

l Tell youth that they are always welcome to come back in and talk—even if they have broken the rules.

l Upon intake, collect contact information for people other than relatives from youth—close friends, significant others, teachers, mentors.

l Give youth mementos (e.g., toothbrushes, pencils, wallets) inscribed with the program's phone number or a runaway hotline number.

l Make sure youth know how to use and find post offices, libraries, employment and education services, laundromats, public transportation, supermarkets, pharmacies and recreation centers.

l Connect youth with mentors.

l Remind youth of traditional activities that may bring them back, such as holiday events or dinners

*** Source National Clearinghouse on Families & Youth.**

PROCEEDINGS FROM DAY 1: CAREGIVERS

INAUGURAL SESSION

Dr. Kiran Modi, Managing Trustee, Udayan Care

While institutionalisation of children should be the last resort for a child, yet the reality is that already millions of children today are residing in CCIs and have nowhere to go. The 1st Biennial Conference held in 2014 provided a platform to deliberate, with greater breadth and depth, on improving standards of care and mental health issues of children in institutions, who are deprived of their own family network. It also discussed the policies and practices, and how they impact on the mental health of children and young people who transit from these homes, especially in the context of the South Asian countries and what can be done further need discussion in details. This is the 2nd conference and it tries to take forward the recommendations to improve the quality of life of such children, so that they grow into wholesome individuals.

Caregivers are the most important human resource in institutional care as they are with the children most of the time. Caregivers form the very foundation on which the entire systems rests and hence it is important to look at the gaps, and some very interesting practice models, so as to strengthen this very foundation on which the entire edifice rests.

Aftercare is an extremely overlooked aspect of care for institutionalised children in the wider context, although there is a developing interest and understanding of the urgent need of analysing what elements lead to a successful transition, the young people, who attain adulthood and leave care, after spending their whole childhood in a CCI and how prepared they have been made to face the outside world, looking at gaps in policies and practices, to understand what constitutes a good Aftercare program and its implementation.

The effects of conflicts, separation, loss, deprivation, ultimately rehabilitation in an institution, which may or may not be geared up to the challenges this work demands, can all be psychologically devastating for a child. The CCIs and shelter homes may shelter the child but are they equipped to shelter the child from further emotional damage and help cope with the past and prepare them for the future? Are the laws and current policies adequate? What are the existing models of alternative care? Where are the qualified staff, who can take on this onerous task? Are we preparing a cadre to take on mental health issues? Are we preparing our children for adulthood and facing the society, to be able to live independently, meaningfully? What else can be done? These compelling questions are related to

the practices and policies of mental health and care of children and young people in institutions need to be answered. There are no easy and final answers, but the dialogue in these two days is sure to chart an ultimately hopeful course and discover and develop a program of emotional learning that can help increase better positive mental health and well-being for children, young adults and staff in institutions.

Mr. Joachim Theis, Chief Child Protection Officer, UNICEF

There is an urgent need to improve quality of life for children in alternative care, especially in the context of South Asian countries. Even though Caregivers and Aftercare are important aspects of care in institutions, yet they are often neglected areas of child protection. The deliberations, it is hoped will throw light on the various ways of operationalisation of the UN guidelines with an overarching aim of enhancing the implementation of rights of children.

Some of the key principles enshrined in the guidelines with regard to alternative care need more attention. Emphasis and stronger focus is needed in supporting the vulnerable families economically and socially in order to prevent unnecessary separation of children. This is possible by strengthening the links between social protection schemes and child protection. The principle of best interest of the child has to be at the forefront of any policy and practice regarding care and protection of children. This requires great investment and human resources. Institutional care has to be the last resort for children who require rehabilitation. There needs to be far greater focus on protection systems such as community based care and foster care. Success stories such as community-based care initiated by UNICEF, which has helped prevent school drop outs and child labour of children belonging to sugarcane migrants in a remote district of Maharashtra needs to be studied and replicated to break the intergenerational poverty in the long run.

Ms. Stuti Kacker, Chairperson, NCPCR

Children constitute 39 percent of total population of India. They are the most valuable assets of a society. They are the **stem cells** which can play the role of saviours for a nation. Hence it is for the community to provide an appropriate environment to children where their potential can be channelized in the right direction. Children who fall into criminal activities and bear the consequences at a tender age is a matter of concern and any involvement of children and YA in crime is a big loss for the nation.

Resiliency in children to overcome the difficult situation and trying to live on their own terms is a positive trait that needs to be strengthened. The role of civil society in bringing hope into the lives of

children who require protection is thus critical. Work done by Udayan Care in lending support to children who were otherwise vulnerable to criminal activities is appreciable. The responsibilities of such NGOs and Caregivers in bringing up children who are not biologically their own are indeed huge. The Caregivers should be viewed as the most essential stakeholders in the upbringing of children. Aftercare services for youth who leave CCIs to move into mainstream society hold importance not only for CNCP but also for CCWL.

Ms. Nutan Guha Biswas Additional Secretary, MWCD, Government of India

The laws governing child protection have currently taken a back seat to other social problems. Although institutionalisation is the last resort, there are a number of children who are abandoned or are without a family support, who require alternative care. Realistically, CCIs should be considered as one of the means of providing alternative care. Though the conditions of government-run CCIs need drastic and immediate improvement, the mechanisms that could assist in identifying the gaps and enhancing the care services, including social audits, are also the need of the hour. A national social audit of all CCIs is currently being conducted by Child Line India Foundation, which will help make a central database of all such homes in India. There is a need for innovations such as having a senior citizens' home co-located with children's home so that children get an opportunity to interact with senior citizens, which can be beneficial to both.

It is important to have accurate registration of CCIs, which will help in estimating the number of children in care homes. A database of children in institutions would be an asset as that would facilitate continued association with young adults even after they leave the care institutions. The Ministry of Women and Child Development, Government of India has issued detailed guidelines for adoption, sponsorship and foster care. Each child must be rehabilitated and individual plans for children must be made. Currently, there are more parents who want to adopt children than there are registered children fit for adoption. So it is necessary that all CCIs are properly registered ensuring that the children in their care have an opportunity to be adopted and the chance to live in a family environment. There is a scarcity of well-trained and specialised Caregivers in the child care institutions. At least one special home for disabled children should be established in every state. Children running away from children's home is a big challenge – and the institution's management and Caregivers must be adequately capacitated to deal with such issues. Children need to be engaged, educated and given vocational training.

Keynote address by Dr. Sima Samar, Chairperson, Afghan Independent Human Rights Commission, Afghanistan

In her Keynote address, Dr. Sima Samar thanked the organisers for creating a platform for discussions on alternative child and youth care in SA. Highlighting the need to identify the factors that force separation of children from their families, she noted poverty as one of the primary causes. Poverty is not only the deficiency of food and commodities, but also the lack of freedom, dignity and human rights. As people do not adopt family planning measures due to preference for male child and lack of awareness about the benefits of having small families, they are often burdened with the responsibilities of managing big families under conditions of poverty. In such a situation, children are either deprived of proper nutrition, healthcare, education and other essentials of life or are abandoned. .

Poverty increases the vulnerability of children and women. The situation ultimately leads to the institutionalisation of children and their separation from biological families. While in institutions, children may experience trauma, exhibit difficult behaviour and suffer from disabilities. They require tender care and proper attention that would lead to their holistic development. However, she expressed concern over the institutions' ability to provide adequate care due to factors such as lack of budget, managerial capacity and, most importantly, commitment to cause. She highlighted the harsh reality of children being exploited for the vested interests of extremists groups, as in Afghanistan.

Dr. Samar stated that since children come into child protection system from different ethnic groups, policies should be based on their specific needs. The children who are outside institutional care are often used as slaves by their relatives. She emphasised that girls are more vulnerable than boys and that children with disabilities need to be focused more. The lucky children are in better conditions in orphanages than those who live on the streets, or are used by criminal groups as baggers, which make them more vulnerable to all kinds of abuses.

Dr. Samar suggested that there should be some essential criteria for Caregivers tasked with the care and protection of children, especially with those providing care to children with disabilities and special needs. Only people who meet the essential criteria should be recruited to take the responsibility of children. For example, the persons should be mentally and physically healthy and should not be suffering from any disease or illness which may impact their behaviour towards children. It is necessary to ensure that stakeholders for children do not exhibit discriminatory attitude for children in terms of gender, caste or religion. Policy and regulations need to be based on principles of human rights and children should be included in planning and evaluation process.

The children are the future of our countries; we all should treat them with dignity and full rights. The environment they live in should be peaceful and full of love and care to make them responsible and healthy citizens for saving humanity. In the end, Dr. Samar shared her recommendations with regard to child protection related issues. These included:

- Prioritising issues of children and allocating enough budget for child-related issues.
- Regular monitoring and evaluation to improve the standards of care and education for children
- An increased focus on the issue of accountability in the child care services with zero tolerance
- Designing interest-based and gender-specific educational program for children
- More focus on policy and program in poverty reduction, which should stress on contraceptive mechanism
- Awareness program by NGOs and civil society with the involvement of communities

Dr. Samar concluded her address by exhorting everyone to join hands in order to have a better world for children.

Session 1: Plenary Sessions on Caregivers

Caregivers are the ground staff that comes into daily contact with vulnerable children of all ages and dispositions. Their mental health, capacity to cope with problems and remain with an organization ensure that the vulnerable children have access to a constant figure in their lives. This was the focus of the modules of the first day. The first session focused on the selection criteria for Caregivers and their need for training and motivation. The questions sought to be answered were many such as what is the assessment process, how do we staff a home and what kind of educational backgrounds do these Caregivers have? In this session, issues that were covered included how we can assess a Caregiver's emotional health and mental stability, their perspectives on parenting and child care, and their family information that could be helpful in placement, management, retention and training. These assessment techniques could be formal and informal but should provide information and space on how suited Caregivers are for their job and what specific and additional trainings and/or support they may require in the best interest of children.

Day I sessions at a Glance

In the **first plenary session** Chaired by **Dr. Rajeev Seth, Dr. Antony Sebastion O.Pream,** ECHO, Bangalore talked about safe network checklist for safer recruitment of staff at children's home which includes job description, interview, reference check and background check. **Ms. Neetha Dhammachari Ariyaratne,** Sarvodaya, Sri Lanka talked about Sarvodaya Suwasetha Model for teen girls while **Ms. Fathimath Roona**, Director, Juvenile Justice Unit of the Ministry of Home Affairs, Republic of Maldives and **Jala Zuhury** from Advocating for Child Rights (ARC) in Maldives talked about EETC model in their country where currently, juvenile offenders and children without criminal records are placed together.

The **second plenary session** was chaired by **Dr. Monisha C. Nayar Akhtar,** psychotherapist and psychoanalyst from USA, who highlighted the fact that intergenerational transmission of trauma occurs in a variety of ways. This can have a large effect on the child, as well as on the Caregiver(s). **Dr. Alexandra Murray Harrison**, Boston, USA mentioned that Caregiver should develop long term relationship to be able to best understand their emotions. She discussed the MHP model practised in developed countries, under which professionals volunteer their time to Caregivers in developing countries. **Dr. Jitendra Nagpal**, Psychiatrist, India suggested that in institutional settings, Caregivers at CCIs needed therapeutic sessions to deal with stress and trauma. Therefore, it is important to build Caregivers as resources and do more to increase their access to effective intervention. **Helen Lenga**, Psychotherapist, Trainer, Consultant and Supervisor, Australia was of the view that working in a CCI requires Caregivers to give a normal response to an abnormal situation. Working on trauma in an informed manner can enhance a Caregiver's effectiveness and mental health leading to the overall development of children.

Ms. Enakshi Ganguly Thukral, while chairing the **third plenary session**, said that it is very essential to bring the sense of joy back into the work of care giving. **Ms. Chathuri Jayasooriya, Sri Lanka** presented the model of SOS mother as professional and change agent. **Ms. Sandhyaa Mishra** of Miracle Foundation shared the training spectrum covering various aspects followed at her Foundation. **Ms. Ume Laila** joined on Skype from Roshni Homes, Pakistan shared her experiences and research. **Ms. Ilona Roy Bhattacharya**, from Tdh shared that her organisation has over the years learnt that Caregivers are allies, and a long term approach to capacity building based on analysis of needs is successful.

The parallel session held with 34 Caregivers of different CCIs was facilitated by a parenting coach and trainer from India, **Dr. Shilpa Gupta**. A range of care staff, superintendents, House Fathers, House Mothers, Supervisors, and caregivers, from different CCIs deliberated on various issues. The findings during the parallel session were shared by Dr. Shilpa Gupta during the wrap-up session, while **Ms. Hiranthi Wijemanne** from Sri Lanka expressed that we must set up systems where children could report any violence or abuse in the care.

Gurmeet, the anchor and a young adult from Udayan Care brought out the crucial role played by the Caregivers in the lives of children in care institutions.

> **"Caregivers are closest to us and live with us every day. They are the ones who deal with our everyday problems. They are an inevitable part of our life and that is the reason I still fall back to my Caregivers even today."**
>
> **Gurmeet, the anchor and a young adult from Udayan Care**

The session was chaired by **Dr. Rajeev Seth** who began by saying that Caregivers play a crucial role in the development of children and that training to increase the motivation levels of Caregivers is crucial. This should be the primary focus.

The sections below contain the presentations made by speakers at the session.

Dr. Antony Sebastion O. Pream, ECHO, Bangalore, India

ECHO follows a rights-based approach to achieve positive and constructive transformation of the children in difficult circumstances. This approach ensures a positive attitude (passion to work for children) among staff and helps create a professional working environment for the betterment of children. This results in job satisfaction, commitment towards the organization, and sympathy and empathy towards the children

ECHO has a **Safe Network** checklist for safer recruitment of staff for Children's Home that has the following features:

- Clear job description - Defines what task the staff will perform, what skills the person is expected to have and clarity in regard to organisation's commitment to safeguarding and protecting children.
- Face to face interview - Includes interaction to evaluate if they have any criminal convictions, legal restrictions or pending cases that might affect their suitability to work with children.
- Background checks - Helps check the candidate's identity, credibility to work with children, and educational qualification certificates.
- Referrals - Recruitment from known sources helps provide a safe recruitment.

Psychological and sensitivity training- Working with children requires a proper understanding of their psychological and developmental needs. Sensitivity trainings help the Caregivers understand the children better and equip them with knowledge and competencies for holistic childcare. Counseling training is the most important part of this training.

Interpersonal relationship and networking skill workshops- People working in CCIs have to deal not only with children but also their parents, officials from the government departments and other referral agencies. It is, therefore, important for them to acquire good interpersonal and networking skills. Retaining staff is a challenge in the social sector.

The main reasons for attrition among staff are:

- Lack of clarity about job and expectations
- Lack of clarity about earning potential
- Lack of feedback about performance
- Failure to hold periodic appraisal
- Failure to provide a framework within which the employee perceives s/he can succeed.

The following helps retain Caregivers over a longer period:

- To provide for a platform for the employees to speak out his or her mind within the organization
- Talent and skill utilization
- The perception of fairness and equitable treatment
- Frequent opportunities to learn and grow in careers, knowledge and skill
- Staff members must feel rewarded, recognized and appreciated.

Ms. Neetha Dhammachari Ariyaratne, Sarvodaya Suwasetha Sewa Society Ltd. Sri Lanka

Sarvodaya has a professional team that manages critical self-assessment and remedial measures to address organizational weaknesses and capitalizes on organizational strengths. It conducts **recruitment drives to absorb professionals with subject expertise and compassion.** The team receives constant direction and guidance from qualified professionals, who do so voluntarily.

The organisation adopts a rights-based approach for development of five-year strategic plans wherein **rights of children are prioritized over institutional needs**. It has a **Sarvodaya Suwasetha Inmate Protection Policy,** that is strongly grounded on Sarvodaya philosophy, and legal and human-rights perspective At Sarvodaya, immediate and long term care and protection plans are implemented by mobilizing a multi-disciplinary resource pool for providing access to counseling, psychotherapy and psychiatric treatment to all children. Caregivers are empowered through regular skills development training and are provided constant direction and guidance.

In addition to counselling services provided by a professional counsellors at Ma Sevana, children are given access to psychiatric and neurology clinics and psychiatric treatment at hospital.

Togetherness and warmth of a family is ensured for children with morning and evening family gathering where the following activities are taken up:

Ms. Fathimath Roona, Director, Juvenile Justice Unit of the Ministry of Home Affairs, Republic of Maldives & Jala Zuhury from Advocating for Child Rights (ARC) in Maldives

Following a review of Criminal Justice System of the Maldives in 2004, Juvenile Justice Unit (JJU) was established in 2010 under the Ministry of Home Affairs. As part of the Child Protection System in the country, the mandate of JJU is to rehabilitate and reintegrate children in conflict with the law. It looks into formulating national policies and strategies and provides alternative measures for dealing with children in conflict with the law without resorting to judicial proceedings. The JJU also provides for rehabilitation, counselling and other interventions for juvenile offenders for reintegration along with collecting information on juvenile delinquency, conducting research, creating a statistical database and managing the Correctional Training Centre for Children in Maldives.

The Education & Training Centre for Children (ETCC) was the first state care facility opened in Maldives in 1997 for correctional purposes but later housed juvenile offenders sent under a court order as well as children in need of alternative care. In 2014, ETCC was handed over to the JJU under the purview of the Ministry of Home Affairs, facilitated by a two-year lease from the Ministry of Law and Gender. JJU has formulated a Standard Operating Procedure and requested for a permanent Correctional Centre for children in conflict with the law.

ETCC has been functioning on a provisional basis and children have been placed there since August

2014. There are no standards of admission or criteria set for placement of children in the shelter; and though designed to house children between 13 to 18 years, 8 and 11 year old were placed in ETCC in 2015. Due to shared mandates, juvenile offenders are placed under court orders, and children without criminal records are also placed in ETCC by the Ministry of Law and Gender.

There is an urgent need to define the purpose and mandate of ETCC and establish a separate shelter for children in conflict with the law. Detention should be the last resort and should be for a minimum duration. There is a need for implementing a Standard Operating Procedure and use of a multidisciplinary response to improve the standards of care in Maldives.

Session 2: Mental Health and Well-being of Caregivers

Training in mental health is essential for Caregivers as they take care of children with huge vulnerabilities. Children under institutional care generally come from traumatized backgrounds and may have behavioral and emotional problems. Situations like loss of family members, sexual abuse, neglect, abandonment etc. cause serious strains in their minds. Understanding the causes of trauma and its symptoms by using attachment focused therapies and ensuring emotional attunement is thus very necessary. Caregivers, unless equipped with the techniques to deal with children having critical behaviourial traits, would not be able to perform their responsibilities along expected line, which will in turn cause mental stress, anxiety and overall detachment to the cause of childcare. If not suitably addressed, mental health problems of Caregivers can adversely affect the children under their care. The problem will also undermine their professional competencies. It is, therefore, important to train and sensitize Caregivers on mental health issues which will enable them to cope with the challenges associated with childcare and will guard their mental well-being.

The session was chaired by Dr. Monisha C. Nayar Akhtar, who highlighted the fact that intergenerational transmission of trauma occurs in a variety of ways. This can have a large effect on the child, as well as on the Caregiver(s). Children come to homes with traumatic experiences and dealing with them can be equally traumatic for caregivers. They understandably need constant hand-holding support.

Dr. Akhtar brought the attention of the participants to a very famous dialogue in an old Bollywood movie where on being asked about the assets acquired, the protagonist states '*mere paas Maa hai*', ("I have my mother with me".) She added by sharing a famous statement by Donald Woods Winnicott that

'there is no such thing as a baby'. She explained how the interaction with the mother helps the baby develop ways of coping with life. She emphasised that 'how a mother understands the baby' also depends on the state of mind of the mother. She stated that in case of CCIss, children come to live with Caregivers at a much later part of their life. They come from various traumatic situations including loss of family members, physical abuse and neglect. She brought attention to the challenges faced by the Caregiver in understanding the mind of a child and how difficult it can be to assess the children's unfulfilled needs.

Dr. Akhtar briefly shared about key focus areas, including the importance of understanding the minds of Caregivers and how they can be helped in dealing with everyday situations.

Dr. Alexandra Murray Harrison, Training and Supervising Analyst at Boston Psychoanalytic Society and Institute in Adult and Child and Adolescent Psychoanalysis, and Assistant Professor of Psychiatry at the Cambridge Health Alliance

A **consultative process** is required between the Caregiver and the child. Initially, there may be misunderstandings and caregivers need to bend to the level of the child and develop long term relationship to be able to best understand their emotions. Caregivers often have to patiently persist with the children, and it hugely helps when they thank children for even smallest accomplishments. Instead of allowing misapprehensions to continue, Caregivers need to engage with the children which will ultimately strengthen their relationship. Recognition in Care-giving relationship is more powerful than words alone can communicate. Caregivers, thus have to be emotionally tuned to the child.

Under a MHP model practised in developed countries, professionals volunteer their time for Caregivers in developing countries. The model is based on two main features:

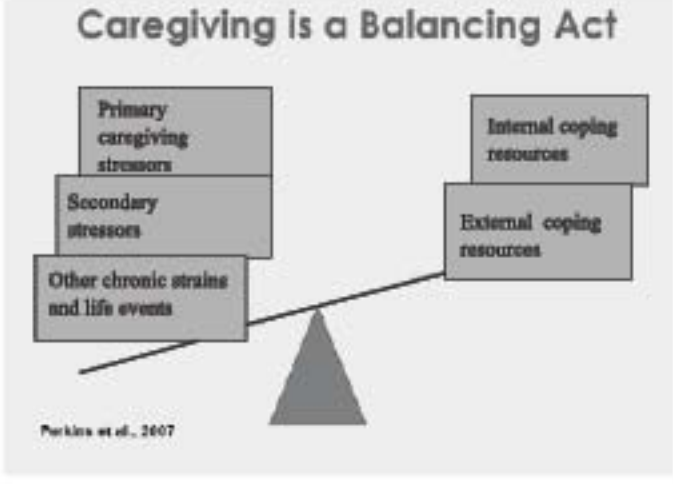
- Role of the volunteer
- Long-term relationship

The model explores why an individual in a developed country might wish to volunteer in a developing country and explains the role of the volunteer or consultant that is well suited to this type of intervention. It emphasizes the need for volunteers and consultants to comprehend the values and beliefs of the consultee and the imperatives of a **long-term relationship**. There has been an intensive mini course in infant parent mental health that has been created under the model. Caregivers are taught the art of developing a close relationship with children who have mental disabilities, while learning how to discipline them at the same time.

Dr. Jitendra Nagpal, Program Director at Expressions India

A Child Seeking and Child Centred approach means a shift from **health to wellbeing, from learning to experiencing, from answering to questioning, from observing to participating, and from welfare to human rights model.**

Caregivers face distress as a direct consequence of their caring role and experience higher rates of mental ill health than that of the general population. This leads to negative effects on the quality of life of Caregivers and the standard of care delivered to children. Hence, efforts to identify and treat Caregiver's psychosocial distress should be multidisciplinary keeping in view their cultural context.



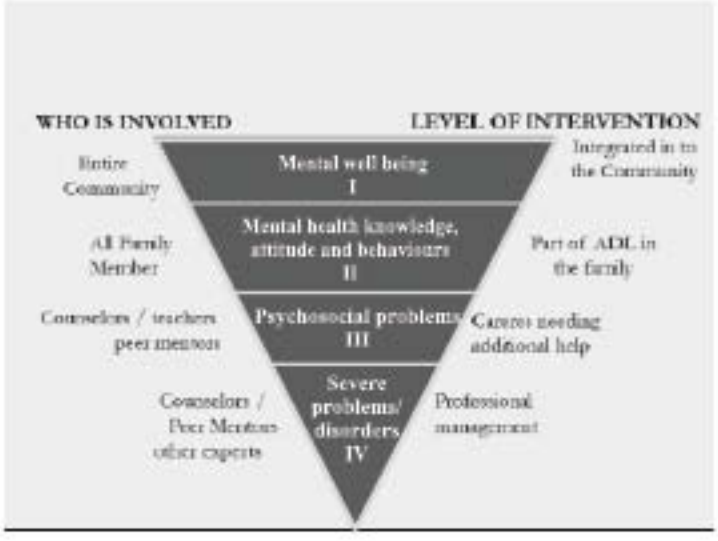
Some common types of interventions for mental health and wellbeing can be as follows:

- Psycho-educational: teach Caregivers skills in managing dementia
- Cognitive behavior therapy: focus on Caregiver's emotional reactions and teach ways to manage them
- Respite/adult day care

An **important role for MHP is helping Caregivers enhance their coping skills, supporting existing skills and facilitating the development of new ones.**

- Training and education programs
- Information technology-based support
- Formal approaches to planning and care
- Combination of education and emotional support
- Spiritual support
- Religious coping
- Positive strategies for managing disturbed behaviour
- High quality of informal relationships and presence of informal support
- Psychotherapy
- Cognitive-behavioural intervention

The summary model for psycho social well-being of Caregivers can be as follows:



In institutional settings, Caregivers need therapeutic sessions to deal with stress and trauma. They often report high levels of strain and depression resulting in negative health effects. Intervention for Caregivers has the potential to produce long lasting, life changing benefits for them and the potential to save costs and to minimize the long term damage to their lives. Hence, it is important to build Caregivers as resources and do more to increase their access to effective intervention.

Helen Lenga, (MAPS CCOUNP Australia), Psychologist, Psychotherapist, Trainer and Supervisor

In one way or another everyone is a Caregiver. Unfortunately, much of the tragedies that the children in our care experience is human created. This type of trauma is the most difficult to experience. The very people that children hope will care for them and keep them safe can often be the ones who inflict the greatest harm.The work that Caregivers do is sacred - of giving, loving and caring. It demands tenacity, skills, great patience and strength. It also requires an emotional awareness and resilience - an ability to know yourself and take care of yourself so that you can continue to do such important work. One of the underrated areas is precisely the skill of how to look after yourself – of self-care. We are so good at caring for others - thinking and doing for others - that self-care can get neglected. Or even be seen as self-indulgent and unnecessary. However, if we and the organisations we work in don't care for Caregivers, then things can fall apart – both at an individual level and at an organisational level.

We need to develop an understanding on what are some of the ways that help all Caregivers to function at their highest level and provide the best care for others, particularly in tricky and challenging situations.

Trauma and Vicarious Trauma are linked. Trauma describes experiences or situations that are emotionally painful and distressing, that overwhelm people's ability to cope. Any coping skills a person may have are weakened and they feel utterly helpless and hopeless. It is as if a person's legs have been knocked from under them and their world has been turned upside down. One way to think about trauma is as:' A normal response to an abnormal situation'

The effects of trauma can be overwhelming and challenging. There are various ways people have understood the impact working in the area of trauma can have on Caregivers and other staff. It is often referred to as Vicarious Trauma - which describes changes that occur to people when they are repeatedly exposed to and listen to traumatic stories as well as responding to traumatic situations. It is related to concepts such as 'emotional exhaustion', 'burnout', 'compassion fatigue' and 'secondary traumatisation'. However even though there is an overlap the difference with Vicarious Trauma is that it specifically refers to the impact of caring for people who have experienced or are experiencing trauma.

Vicarious trauma, just as in trauma, has a cumulative effect and impacts on people neurologically (or cognitive), physically, psychologically, emotionally and spiritually. Caregivers are often responding in a normal way to the abnormal situation of the constant impact of working with and hearing about trauma. It is important to address both individual coping strategies as well as at an organisational level. If this does not occur individuals may end up feeling that the experience of vicarious trauma is somehow 'their fault'. Just as with trauma, the experience of vicarious trauma may differ for different people, making it seem as if it is a personal issue, rather than a normal reaction to repeated exposure to traumatic material.

While individual strategies of self care are important, the best outcomes are achieved in conjunction with organisational supports. The success of individual strategies and a Caregivers' ability to engage in them, are influenced by the level of support from the organisation they work within. When organisations genuinely support their Caregivers then Caregivers are more effective in self-care strategies and consequently more effective in their Caregiving of children and young people.

Working with children and young people who have experienced complex trauma can sometimes feel like you are working in a war zone and means dealing with the effects of trauma: chaos, fragmentation, inconsistency, anger, sadness, confusion, denial, pain, suffering… and this impacts Caregivers both individually, as a team and as an organisation. With an awareness of the impact of trauma and vicarious trauma, organisations can take preventative measures.

Organisations who work this way are trauma informed - using trauma theory to be sensitive and responsive to the stresses of working with trauma. This supports the wellbeing and mental health of their staff- particularly Caregivers who are on the 'front line' and enables them to deliver a higher level of care to children and young people.

It was found that using these ways helped the Caregivers and other staff:

- Regulate the amount of work-related stress experience and
- Developed skills, strengths and support to compensate for the daily exposure to traumatic experiences
- Organisational support is also very important in helping Caregivers and other staff vent, process, or debrief about traumatic material. Exposure to traumatic material or traumatised clients needs to be recognised as difficult and challenging work, with appropriate supports put in place. These include:
- Effective supervision- this is an essential component of the prevention and healing of vicarious trauma. Responsible supervision creates a relationship in which a Caregivers and other staff feels safe to express their fears, concerns and feelings.
- Social support within the organisation. Group support can be formal or informal, take a variety of forms, and can be peer or professionally led. Time for social interaction between co-workers (for example, celebrating birthdays and specific achievements, team-building activities, staff retreats) can increase Caregivers and other staffs' feelings of support.
- Workplace measures that clearly prioritise Caregivers and other staff's physical and psychological safety e.g. measures that prevent the occurrence of any direct physical and psychological harm and respond swiftly and effectively to any safety violations that occur.
- Caregivers and other staff's comfort e.g. personally meaningful items in their workplace, a comfortable staff room etc.
- An organisational culture that normalises the affects of working with trauma can be a start to providing a supportive environment for Caregivers and other staff to address those affects.

It may also give 'permission' or encouragement for Caregivers and other staff to take care of themselves. Part of acknowledging the impact of vicarious traumatisation will include providing education about vicarious trauma.

Session 3: Skill Building & Development of Caregivers

Caregivers need certain specific skills, as noted below, while working with children in CCIs:

- Learning to manage crisis situations
- Dealing with children in difficult situations
- Strategies on parenting
- Managing competing demands and
- Learning how to be assertive and manage personal and emotional stresses.

An important part of being in any organization is the potential for personal and professional growth. This session discussed different organizational structures that can provide for such growth and their pros and cons. Strategies are needed to prevent burnout issues in Caregivers and provide professional ladders for their growth and aspirations, including provisions for off time incentives and possibilities of family integration.

Ms. Enakshi Ganguly Thukral, Co-Founder, HAQ – Centre for Child Rights, India

The session was chaired by Ms. Enakshi Ganguly Thukral, who mentioned the joy of working with children and the need to balance this joy with many Standard Operating Procedures and rules that we have while running institutions. She shared a poem by Sarojini Naidu –

'To the hands of the diver, the gems of the tide,
To the eyes of the bridegroom, the face of his bride'.
She stated its relevance in the context of care-giving by reciting the following:
'To the hands of the Caregiver, the life of the child'

The assumption that any Caregiver, especially a woman, can naturally perform the expected tasks of care-giving doesn't hold true in reality. In order to aim for good care giving, it is important to work on the perceptions of the Caregivers. Being at the bottom of the ladder, Caregivers are the most disempowered. The violent behaviour of the Caregivers is associated with their need to assert their power on children, in a care setting where every other adult is asserting their power on them. Many times Caregivers do not take interest in initiatives with regard to improvement of care settings. **It is very essential to bring the sense of joy back into the work of care-giving.** She also suggested that the usage of the term 'orphans' should be discouraged as the term has a negative connotation and can negatively impact the Caregiver's attitude to children.

Ms. Chathuri Jayasooriya, Independent Psychosocial/Child Rights Practitioner, Sri Lanka

SOS Children's Villages is a family-based model for providing residential care for children and has been in operation in Sri Lanka for 35 years. The SOS Mothers play a central role within the SOS model. Although considered 'professional mothers', they are expected to act as the 'real mother' for the children under her care, which within the present legal, policy and socio-cultural context in Sri Lanka have created many dilemmas for both the SOS Mothers and the children. Due to socio-cultural factors, the Mothers recruited to SOS Children's Villages in Sri Lanka are single women who do not have biological children, but have proven that the demanding role of a SOS Mother can be effectively fulfilled by single women as well.

Under the 5-year advocacy strategy of SOS Children's Villages Sri Lanka, an attempt is being made to explore how SOS Mothers can be assigned the role of 'agents of change' advocating for the rights and wellbeing of their children as well as their own, beyond their conventional role of mothering. The intention is to understand the space available for SOS Mothers to express their agency, and how their argentic role could be grounded in their daily realities. This experimental process which has just commenced is a highly participatory one involving continuous and long-term engagement with the Mothers, and is driven through a process of dialogue, consciousness raising, motivation, intention and action.

The potential of mothers to act as change agents is evident in their demonstrated agency, resilience and strength, the wealth of experience and wisdom on residential care of children, their willingness to engage in advocacy processes, recognition within SOS and beyond, existing opportunities for their voices to be heard and the interest of the SOS management. Conversely, there are numerous

challenges posed by the existing institutional culture, legal and policy context, economic realities and especially socio-cultural ideologies, which affect their 'readiness' in terms of both the personal and political spaces available for such a process. Surmounting these challenges require persistence, creativity and much organizational support.

Ms. Sandhyaa Mishra, Senior Program Manager, Miracle Foundation India

At Miracle Foundation, the training spectrum covers Life Skills Education, House Parent Training, Social Worker Training, Children's Committees, Living Child Protection Strategies, Teacher/Tutor Training and Financial Training.

A lot of stress is laid on time spent with Caregivers for "being a friend", and helping them settle down with the new environment. Help is also given to them to deal with their emotional crisis. The roles & responsibilities of Caregivers are written down for clarity and an on-board checklist is followed closely. Mentoring and shadowing by experienced Caregivers and social worker and formal capacity building sessions are held along with follow up and refresher courses.

A Caregiver (House Parent) is directly responsible for guiding the development of the children residing in the children's home. They have the important role of being a *parent* to the children entrusted in her care. Optimally, this individual will live onsite and provide care, support and guidance to ensure that every child's needs are met. While recruiting a House Parent, the organisation looks for persons who are kind, calm, protective, nurturing, and genuinely in love with children. Enthusiasm for work and understanding of the importance of working with children and their rights are also judged while recruiting Caregivers. Ability to speak the same language as the children and emotional maturity are also important.

Miracle Foundation implements many measures for capacity building of Caregivers which include, *inter alia*, tracking progress of skills and performance through thrive scale and refining them, helping them in enhancing positive family environment and proper utilisation of expertises. The experienced Caregivers get the opportunity to mentor new members and the attachment with children make them "mom".

Ms. Ume Laila, on Skype, Roshni Homes Trust, Pakistan via Skype

Caregivers are at risk of burnout and occupational stress because of the impulsive nature of their work and comparative lack of physical and psychological safety. If neglected, this can lead to the feeling of

helplessness by Caregivers, reduced perception and critical thinking skills, development of a negative world view and difficulty in identifying and examining emotions. If Caregivers are short-tempered, confrontational and cynical as a result of their exposure to traumatic events, this is bound to negatively affect the children around them. This can also vitiate the entire work area of the organization . The long hours of work with excessive workload and multitasking leads to burnout in Caregivers. In addition, they do not have control over the decisions in care work and they lack support systems that address their unmet psychological needs. The long hours of work with excessive workload and multitasking leads to burnout in Caregivers. In addition, they do not have control over the decisions in care work and they lack support systems that address their unmet psychological needs.

There are three types of conceptual models of job burnout:

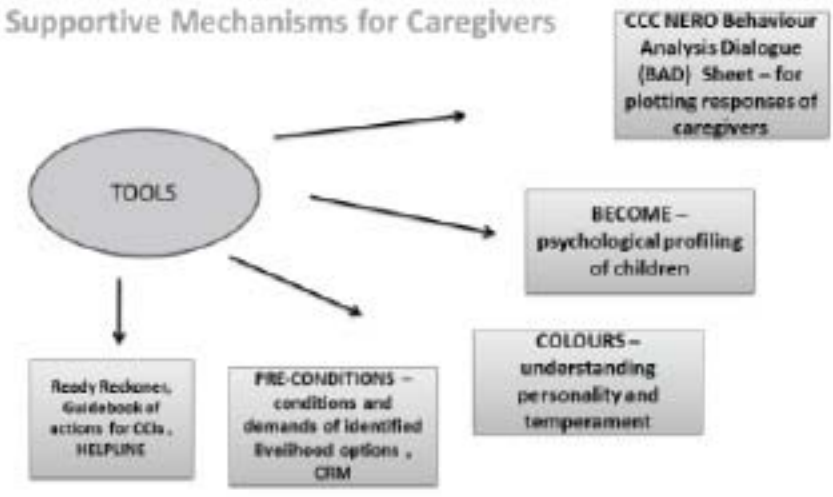
- *Job Demand-support model*
- *ISO strain model*
- *Effort-Reward Imbalance Model*

A recent study conducted on occupational health psychology practices at child protection organizations in Pakistan concluded that NGOs are following good practices, but in government sector such organisations are ignoring even basic requirements. Large number of employees serving in government CCIs, especially those involved in line activities, are suffering from burnout, and others are at risk of it. Female Caregivers are more prone towards burnout, although education and working experience contribute to moderation of the relationship. Most CCIs are facing high level demand–control and support issues, as the demand of the work is high that they require multi-dimensional skills. Control is very low which makes it a high strain job. Support is lacking either of supervisor, colleague or at family level. It is also important to note that the front line workers who are at the bottom rung are made to feel empowered.

Ms. Ilona Roy Bhattacharya, Terre des hommes (Tdh), India

Capacity Building is one of the important components of child protection work of Tdh in India. It helps strengthen state child protection structures/ functionaries and ensures minimum standards of care and protection services for children in the care of CCIs.

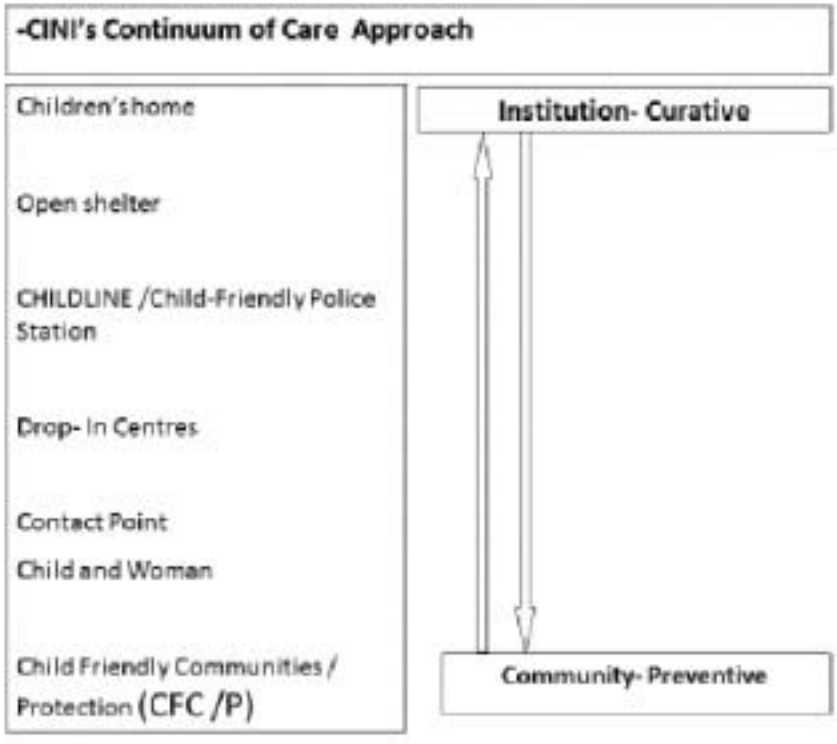
Most capacity building activities with Caregivers take place at three levels: NGO partners and social workers and CWCs and are performed through trainings, handholding support, onsite training with different clusters of Caregivers, teachers, social workers and frontline Caregivers , social workers

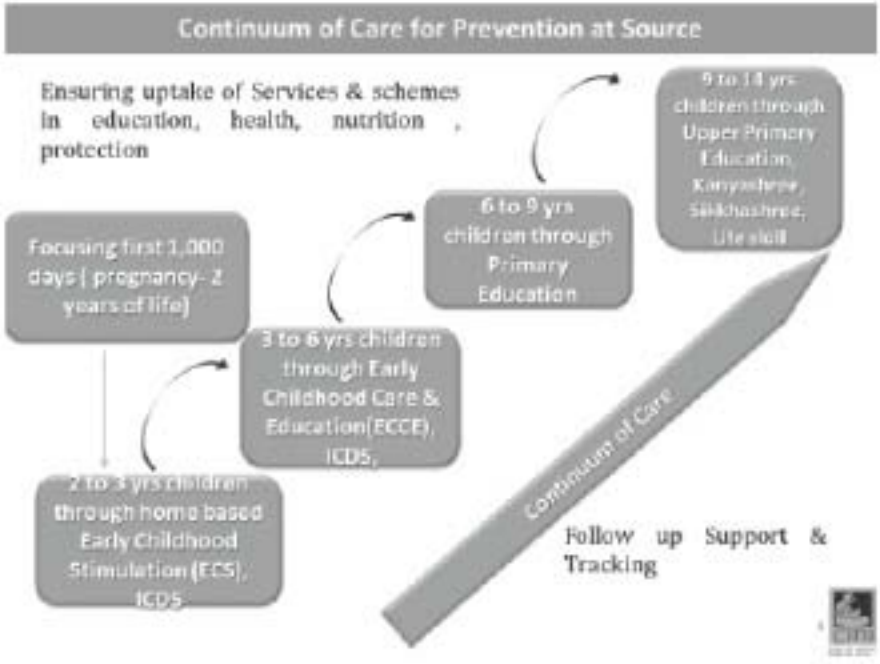


Tdh has over the years learnt that Caregivers are allies, and a long term approach to capacity building based on analysis of needs is a successful initiative. Monitoring the effectiveness of capacity building indicators and seeking complimentary methodologies for training ensure efficient utilization of resources i.e. time and funds. The focus should be on sustainability and it should always be collaborative.

Mr. Rajib Haldar, Child In Need Institute (CINI), India

A child friendly model of care should always have **a Continuum of Care (CoC)** approach, which entails the following:





Every child living in an institutions is entitled to the very same rights as other children who live with their own families, in communities. Article 20 of the Convention on the Rights of the Child (CRC) articulates the special areas of concern of such children, who are regarded as children deprived of a family environment. States which ratified the CRC therefore have an obligation to make every effort to ensure that the rights of such children are never allowed to be compromised. A child includes all those from birth to 18 years.

The factors responsible for the institutionalization of children, include extreme poverty, domestic violence, child abuse and neglect, death of their family, abandonment, natural disasters, armed conflict situations, and disabilities the family is unable to deal with.

State authorities may determine the child's removal in his/her best interest. But, at the same time, the CRC mentions that institutionalisation should only be used as a measure of last resort. It also refers to the important need for periodic reviews of all institutions, which is referred to in article 25 of the CRC. This is often not given the priority it deserves nor well addressed in many countries. This includes the rights of such children to care, protection, and treatment of his/her physical and mental health. Reference is also made for due consideration to be given to the protection of such children from any form of discrimination, and draws attention to the importance of always ensuring that the best interest of the child is upheld in all decisions related to the child.

Keynote Speaker at Valedictory Session

Ms. Hiranthi Wijemanne, elected member of the United Nations Committee on the Rights of the Child

Areas of child rights concerns for institutionalized children include, opportunities to grow and develop, to have access to health care, education and protection from neglect, violence and abuse, for opportunities to express their views, thoughts, conscience and religion, all of which are often compromised in institutional care systems. Another important right of such children is access to leisure, play and recreation appropriate for their age. Newborns and infants in institutions need to be able to access measures which promote early childhood development, which lays the foundation for learning capacities. Every child is a separate individual and therefore needs individualized care. This places a great burden on selecting, training and service providers who will provide such services in institutions.

Article 21 of the CRC, refers to the adoption of children, which is often closely related to institutionalization. Due to rapidly growing populations, abject poverty, unemployment and underemployment, marital separations and family violence, more and more children are being institutionalised as even with both parents or a single parent, children are being abandoned, including newborns and infants. Other factors contributing to institutionalisation include pregnancies out of wedlock, extreme poverty, sexual abuse, marital separation and single mothers. Some of these children are adopted within their own country concerned, while there is a growing demand for foreign adoption.

Every adoption of a child should occur in accordance with due legal process. Article 21 of the CRC recognizes adoptions, but emphasizes the importance of undertaking adoption processes upholding the best interest of the child. Unfortunately there are increasing instances where due process does not occur, and inadequate efforts are made to identify such instances and enable the necessary legal processes to be undertaken.

This important child rights principle which state authorities have to uphold, may/ may not be properly observed, by state as well as by non- state institutions, including those with religious affiliations. Unfortunately the monitoring of adoption processes are weak in many countries, thus compromising the rights of the baby or young child concerned who is unable to protect his/her rights, Inter country adoptions should be made possible only if there is lack of a suitable in country placement.

Greater vigilance is essential to prevent misuse of adoption processes, and, and to prevent the increase in the trafficking of children and smuggling of babies. No 'informal' adoptions should be permitted. Such children are vulnerable to being engaged in domestic service, child labour including victims of sexual abuse. Islamic law does not recognize adoption as a process but allows for children without their own family to live in foster care. The CRC committee has recommended the withdrawal of this reservation in Islamic states.

All adoptions should be authorized according to applicable law, and no improper financial gain allowed as this will encourage criminality, corruption and exploitation. Prevention and early detection systems are essential..Unfortunately in many South Asian countries, legal adoptions are not only difficult but lengthy. Thus "informal" and illegal methods are used placing children in jeopardy of child rights violations. The Government of India is to be commended for taking a lead role in expediting legally correct procedures for adoptions upholding the best interests of the child in accordance with the CRC.

The protection of children in institutions from corporal punishment and any other harmful and degrading punishment is an absolute essential priority. Instead, nonviolent forms of discipline must be introduced. Training of all care givers in alternative non -violent forms of discipline is essential. Children in institutions need opportunities for the confidential reporting of any forms of abuse, neglect, violence, degrading treatment. The younger children who are unable to articulate their need a different system of the detection of such rights.

It is important that all children in institutions have the right to opportunities for play, leisure and recreation. They need to be treated with dignity, and respect by Caregivers. Efforts are also needed to foster their own sense of an identity. Religion and cultural values, ethnicity religion and language, must be given a due place. Siblings should not be separated.

When responding to the rights and needs of children in institutions, it is essential to address their needs during the milestones of childhood. This extends from birth until the age of 18 years. Each phase has its special needs, which have to be addressed for a child to develop- his/her full potential. The critical phases of childhood include the new born, the period of infancy until 2 years, 2 to 5 which are preschool years, 5 to 10 years which are the middle schooling years and adolescence from 10 to 18 years. Each phase, has critical health, nutrition, protection, and education requirements which have to be fulfilled. A child's developmental needs must be responded to in a continued and seamless manner,

supporting each transition from one phase to the other, and fulfilling their basic needs and requirements. It is only then that they will be able to become successful adults. Even after the final stage of reaching adulthood at 18 years, children in institutions need support to enable a successful transition from the institution to community life.

Establishing community contact opportunities to integrate institutionalized children with the community, providing access for them to both education and vocational training where relevant, and opportunities for gainful employment are essential. Other requirements include a place to live and call a home, extended family or foster parents, and /or a community support system are all essential for successful "de institutionalization" and entry to the real world as young adults. This is an area needing more support from state authorities' as well civil society organization. Support for peer networks are also very essential for young adults.

Adolescence from 10 to 18 years is a particularly vulnerable period of time in childhood when access to information on sexual health, reproductive health and services are necessary. Life skills are also important for the prevention of substance abuse, including alcohol, drugs and tobacco. Coping skills need to be developed and the building of resilience. In the case of some adolescents, special support maybe necessary to deal aggression.

individual child's particular situation. Although the tendency is for children with disabilities to be marginalized, they should be allowed to be with children free of a disability. it is essential to provide inclusive care where they have an opportunity to mix with all other children. Access to inclusive education for service providers is essential. Teachers providing such services need special training.

Udayan Care needs to be commended for their relentless advocacy to extend concern and action to address the issues of institutionalized children to all South Asian countries. The use of a Child rights based approach based on the CRC is the best framework and the most appropriate to pave the way for a better way of life for the millions of children who live in institutions in our region because they are deprived of a family.

Parallel Session

The Parallel Session on Day 1 was a skill building workshop that discussed issues and explored opportunities related to care giving. The workshop acknowledged the need to closely work with Caregivers since they play a vital role in the lives of children under alternative care. It brought together

Caregivers from different homes in India and other South Asian countries and provided a platform for sharing experiences and learning from each other. The workshop showed that most of the Caregivers have concerns, surprisingly not with children, but with the hierarchical structure in the institutional settings. Unlike the common presumption that Caregivers have concerns solely regarding children and personal issues, the following are the findings of the workshop in this regard.

- Conflicts within the organisation are the most reported concerns.
- The key concerns include heavy work load due to a skewed child to caregiver ratio, multitasking job profile and job insecurity.
- As issuing memos and stopping increments are common, Caregivers remain fearful about job termination.
- The conditions agreed during recruitment are violated.

In the end, the workshop facilitator, **Dr. Shilpa Gupta** passionately presented the main conclusions of the workshop and raised a concern on whether it is fair to expect Caregivers to outpour their love to children when they themselves live in constant fear. She emphasised that, while all other staff members in their profession climb up the growth ladder, there is no scope of promotion for the cadre of Caregivers.

Chapter 4

UDAYAN care empathy education empowerment

PROCEEDINGS FROM DAY 2: AFTERCARE

The second day of the Conference focused on the theme of **Aftercare.** As children reach adulthood and prepare to leave an institution on attaining 18 years of age, are they equipped to deal with the adversities in the outside world on their own? While living in an institution, they develop a habit of being dependent and over-protected. The transition from a child under care and protection of an institution into an adult living in the outside world without institutional support is not without challenges if it is not well planned. The first one or two years of the child entering the adult world, are most crucial for as they may fall into wrong hands or may be exploited. In the Aftercare program, we need to develop strategies for seamless integration of the child out of institutional care, into the society as a responsible citizen. The felt need is to analyse the elements which lead to a successful transition. Studies have shown that most YA find Aftercare essentially as a link between the institution and the outside world.

Dr. Kiran Modi, Udayan Care, India

The issue of Aftercare for youth who leave CCIs to move into mainstream society holds importance not only for children in need of care and protection but also for children in conflict with the law. The **provision of child care is an ongoing process and not a one-time event.** Young adult leaving CCI should not be viewed as "no one's business".

In India, aftercare has been identified within the institutional programs in the JJ Act and Integrated Child Protection Scheme. However, overall, aftercare is an unaddressed topic in the South Asian region. A few CCIs do not wish to take the responsibility of YA who leave their care institutions or once they turn 18 years of age. Government organisations and NGOs need to augment the process of transition, by putting in place all the efforts needed prior to the exit of YA. Aftercare services are plagued by lack of infrastructure. Any Aftercare program should **seek to identify and work with the capacities of each of child** while the child is within the CCI. If required, care should be extended beyond 21 years as a healthy transition may need a little more time. A successful social integration requires significant investment on part of the government and civil society organisations. The National Youth Policy of India, 2014, highlights the need for greater investment of government for the youth population to capitalise on the available economic opportunities. But in reality a number of youth move back to the society as **no body's children.** This is attributed to the near **absence of a clear definition of Aftercare services in India.** It is unclear if Aftercare is a program or a process? Whether it is gender specific or age specific? Or is it a terminology for a continuing institutional program?

Aftercare is provided to YA without families but it is also important to consider young people who have to be integrated back to their families; especially those who are leaving observation homes. The standards of Aftercare and the monitoring systems are lacking across SA. Only India and Bangladesh have some provisions for this critical issue. In the present scenario, there is uncertainty regarding the monitoring and regulation system, with CWC, DCPU and CCI being unsure about their role in the process of Aftercare. While the JJ Act prescribes a number of interventions as the child is considered an individual, there is not much talked about when the same individual leaves care institutions as a YA. The corporate sector and the civil society can play a key role in providing mentoring services and helping the young adults gain meaningful employment.

CCIs in India confront a challenge if their registration is done as Aftercare Home under the JJ Act as they are required to provide services to all the YA sent by the state government. It is crucial for CCIs to provide Aftercare services to their own wards. However, it becomes very difficult when the institutions are required to provide Aftercare services to YA sent from other CCIs as they are equipped to provide services to only a certain number of young adults in a specific manner. This is a primary reason why many of CCIs do not register as Aftercare homes under the JJ Act. This leads to creation of an unregulated and unmonitored aftercare system. The need is to **develop a national tracking system for youth integrating with the society to ensure that their transition is successful.** CCIs finances are spent to rehabilitate the child in the best possible way. However, if the transition is not successful, it is ultimately a national loss. Peer support for children within institutions and young adults leaving institutional care is important. (It is much needed to develop a **Care Leavers' Association** which can demand for their basic needs with regard to their social integration, rather than interventions being imposed on them from outside.

Session I - Planning for Transition

Ms. Kendra J. Gregson, Chief Protection Regional Advisor, UNICEF

The two principles enshrined in the UN guidelines for Alternative Care[29] as follows:

- **Assessment** to confirm whether a child requires to be in care to begin with, and
- **Appropriateness** which talks about the best place for the child and where he or she can grow and develop in the best possible manner.

Additionally, there are **six very crucial areas** which require consideration with regard to youth leaving

29 UN General Assembly Guidelines for the Alternative Care of Children resolution dated 24.02.2010, A/RES/64/142

care, as follows:

- Planning in terms of a specific policy of aftercare.
- Individuality of the child including age, gender, maturity and the specific circumstances.
- Time which brings into account the duration of Aftercare services in form of constant inputs to ensure a successful transition.
- Preparation which considers the time when children should be prepared and their involvement in their own preparation.
- Life skills which are necessary to function in the society.
- Access to services, since once in the society young adults are on their own and are required to manage their daily concerns by themselves. It is thus important to consider if they have access to services and the essential documents which are required to avail the essential services.

Dr. Tuhinul Islam Khalil from Northern University, Bangladesh

Dr. Tuhinul's research explores the experiences of care, leaving care and Aftercare from the perspective of a group of young people who had gone through residential care in Bangladesh with a view to making improvements in residential childcare in the future. The study has found that overall, most young people had benefitted from being in care and the institution had a largely positive impact on their lives. It also found that increased material support seemed to contribute little to development, preparation and success of children. The young people who had a religious/moral/value-based upbringing did well in education and career.

Those who did best had been able to develop positive attachments with at least one trusted adult, who acted as a mentor and strengthened their commitment and self-motivation. Building relationships with adults, peer groups, parents and community offer the best chance for good outcomes. Aftercare support varied from institution to institution, but overall, was informal in nature. Researches are needed to get inside the "black box" to explore what does and does not work in residential CCIs to help policymakers to design suitable policies and programs. Such research needs to be cross-country/national/continental in nature.

Mr. Ashok Kumar Chakma, Bangladesh

Moanghar in Chittagong Hill Tracts (CHT) of Bangladesh was founded in 1974 by a group of

Buddhist monks to provide protection to the affected children from the displacement due to Kaptai hydro electric dam in 1960s & the Liberation War of Bangladesh in 1971.
Currently, there are a total of 804 residential children (boys 55% and girls 45%). In the non-residential school, children from neighbouring communities who belong to all ethnic groups attend classes with the residential children.

Moanghar over years has transformed from a Children's Home to a Residential School with various programs such as vocational education and training (Technical School), indigenous language teaching and a higher education loan program (HELP). The Aftercare support is provided through HELP for care-leavers to develop their skills and to expand their intellectual base. HELP supports youth from college to tertiary level and gives interest free loan (2,000 – 4,500 taka/month) with the condition that the loan be refunded when they enter a job. The refunded amount is then re-cycled for further loans to future students. The youth who have received support under the program are now working in some 15 countries as doctors, engineers, professors, bureaucrats; development professionals etc. The program employs an **"alumni association" approach**, whereby current children are sponsored either directly through ex-students or the network of ex-students. The ex-students are taking responsibility of the organization with a wider community mobilization. **The alumni association** has created a bridge between current and former children, as the latter provide educational support and career counseling and take collective responsibility for the institution and society.

Dr. Sumedha G Ariely, Assistant Professor, Duke Global Health, Duke University

Sumedha G Ariely, through her audio recorded PPT, spoke about the need to invest in the health and development of adolescents and young adulthood. She also said that child vulnerability is a relative, not an absolute state.

The need to support YA as they transition into working and productive citizens is important before their ability to make such transition closes doors. Adolescents experience some of the worst sexual & reproductive health issues such as early pregnancy, risks to mother/baby, health problems during pregnancy & child birth including unsafe abortions, sexually transmitted infections including HIV, harmful traditional practices such as early marriage and sexual coercion.[30] The other vulnerabilities include injuries from accidents, intentional violence, mental health issues, substance use/abuse, and endemic diseases like malaria tuberculosis and under/over nutrition.

30 United Nations. World Youth Report 2005. Young people today, and in 2015. United Nations. 2005

The risk-resilience factors are constructed from past childhood experiences and on-going happenings. Often risk factors for adult depression are embedded in adverse childhood experiences. Socio-emotional interactions and support are key to general mental development and tapping into resilience in all young adults. Children everywhere need specialized form of positive response and acceptance from parents and primary Caregivers.

A quantitative and qualitative evidence on alumni and Aftercare at Udayan Care homes focussed on a variety of mental health measures and found that anxiety and depression levels in girls are far greater than in boys whereas general satisfaction with overall life was found more in boys than the girls. But the high level of satisfaction does not necessarily mitigate anxiety and depression. The key is the need for "family" style of support as provided in the Udayan Care homes. The alumni/aftercare youth, who had trouble/not been able to create own relationships, rely more on in-built sources of support such as Udayan Care.

While most young adults were found to have some access to support networks, the most common form of support is adult versus peers. The alumni/Aftercare youth desire more and varied support systems despite the fact that they have adult support from Udayan Care.

'Nearly two thirds of premature deaths and one third of the total disease burden in adults are associated with conditions or behaviours that began in youth.' -

World Development Report, 2007

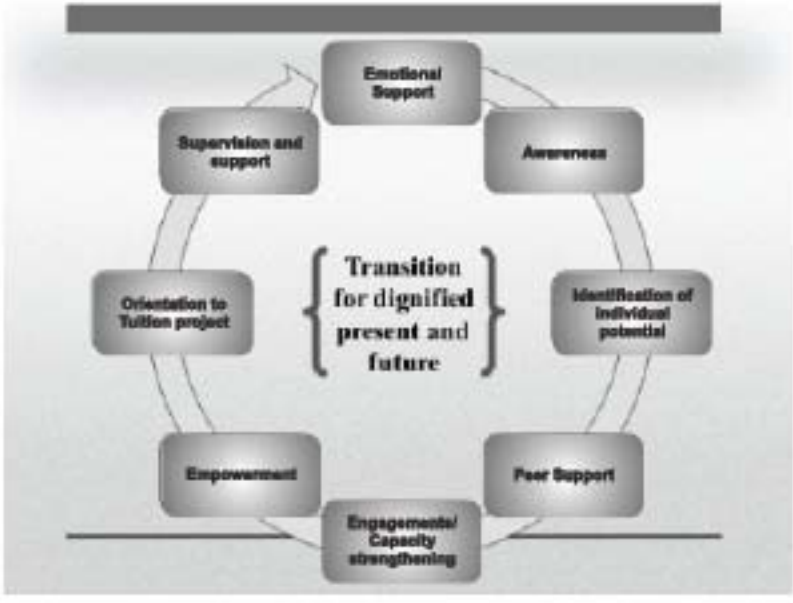
Some of the important recommendations for strengthening Aftercare services are the following:

- Expand the Mentor Mother Model by enlarging the network of support for Udayan Aftercare and a Alumni.
- Build funding and a cultural model for developing internal systems of respect and professional Caregiving style for Caregivers.
- Development of concrete tools that children can use for behavioural management
- Enhance and re-set the system of interaction between child and Caregivers

Ms. Sumnima Tuladhar, CWIN, Nepal

When it's time for children to move out from the CCI, girls are paired up with senior girls or who have graduated from the centre, to provide peer support for transition from the shelter home to adjust in society. The peer-to-peer connection and support is made easy through the support and mentoring from social workers of CWIN, Nepal. Girls are provided with platforms to interact with the communities/school peers and through engagement as active citizens by participating in their own

clubs and organizations. Various capacity building activities are carried out within the shelter home that help them realize their potential and set clear goals in their lives.



While the girls are trying to settle down for social adjustment, they are enrolled in a Tuition Project where the girls above the age of 17 are trained to provide extra tuition classes. An agreement is made with the respective school that allows the tuition classes to take place inside the school premises. Through this work, the girls earn remuneration of NP6000 per month. They use this money to pay for their room rent, transportation and college stationery. This project lasts for two years until the girls complete 12th standard. Throughout the two years, a senior girl provides support to the younger girl to learn daily commuting, managing daily life, and communication with the people and prepare to find jobs in the future. Furthermore, these senior girls become **ambassadors of child rights making an impact in the lives of children they tutor.** They do not only enhance academic standard among children but also work as catalyst to address to any child protection issue these children may have. They link any such cases with the Child Helpline 1098 run by CWIN.

Engagement of girls in the Tuition Project not only allows them to develop confidence and prepare them to live independently but also builds their leadership capacity. This approach has been overwhelmingly successful in giving them a dignified space in society. It has earned a lot of goodwill from the students and the schools which have helped them reintegrate with the society smoothly.

Session 2-Social Adjustment

Mr. Vikram Dutt, Rehabilitation Consultant and a member of Organising Committee of the Conference chaired this session. He also felicitated Justice Imman Ali, Supreme Court, Bangladesh in the beginning of the session for his exemplary judgement which called for changes in the Juvenile Act in Bangladesh. It is to be realized that children living in CCIs have experienced difficult circumstances, have felt vulnerabe and their past experiences of loss can be triggered during the phase when the young adult has to separate from the spaces which are familiar and secure to them in some sense. In order to prevent stress; predictability, consistency and familiarity play an essential part.

Programs should be developed to prepare them to face the outside world with confidence. Aftercare plans for youth in transition can help reduce insecurity. It is very important to involve the child in development of his/her Aftercare plans. The concept of informed choice of youth in the process of leaving institutional care should be emphasized. This preparedness can decrease the chance of re-traumatising them and increase the long-term impact this may have on their psychological, physical, cognitive and social development. Delinquent behavior by juveniles is increasing in South Asia and often such juveniles are discharged from secure settings of observation homes/special homes without further follow up plan of action.

Although their behaviour improves with the effective intervention at observation homes/special homes, these gains are not sustained in the post-discharge environment in the absence of additional support and intervention. Aftercare program in such situation becomes necessary to focus on working with the family, interact with the peer groups, address their problem and to find out concrete solutions. These goals require linkages with major institutional and non-institutional support services, the families and social networks.

There is need for more action to initiate academic discussion and debate on existing policies and practices that impact the mental health of children who transit from residential care homes to independent life.

Dr. Deepak Gupta, Child & Adolescent Psychiatrist and Mental Health Consultant

Young people are exposed to increased risk factors due to reduced sense of permanency and attachment. Some of the mental health concerns are linked to unknown fear of survival, anxiety for self, fear of transition, defiance and anger, hopelessness, helplessness and depression. Often the past trauma and attachment issues resurface. Young adults with special needs, slow learners and young adults with neurological disorders are further more vulnerable. A continuum of care is the crux for a smooth transition and various psychological factors can play a vital role in this whole journey. Dr. Gupta discussed mental health challenges during transition and the strategies before, during and after transition to successful adulthood. Young people transitioning out of care are far more likely to have successful transitions if they are able to experience permanency and attachment, both during their time in care and after they have departed from care agencies. In the absence of a family, the establishment of a permanent mentor-type relationship that develops in care and continues after leaving care is a key factor in aftercare programs that generate best outcomes and employ best practices.[31]

31 Collaborative Community Health Research Centre, 2002

The **pre-transition strategy can include the** following:

- Counselling and preparation for transition
- Life Skills and Preparatory Workshops
- Career Counselling
- Individual Mainstream Plan (IMP)
- Individual Counselling & Psychiatric Help

The post transition strategies can include:

- Regular Aftercare meetings
- Aftercare care plans
- Counselors/peer counselors for Aftercare YA
- Crisis support/Contact points
- Skill based training
- Capacity building
- Training on relationships and sexuality
- Alumni/reunion meet
- Services to mother organization

Dr. Monisha Nayar-Akhtar, Psychoanalyst and Psychotherapist, USA

Ego- resilience describes an individual's ability to bounce back after facing adverse circumstances. It is best described as a process and represents an ability on the part of the individual to overcome significant challenges and to adapt and have a successful outcome despite early childhood trauma. Resilient children are those who work and play well, and hold high expectations for themselves. Some of the characteristics which describe ego-resiliencey include constructs such as locus of control, self-esteem, self-efficacy and autonomy. It **is not a static characteristic**: It continues to develop throughout one's life and certain stages of development and the experiences one has during that stage can influence resiliency.

Resilience in a child is profiled through **social competence, problem solving skills, autonomy** and **sense of purpose and future.** The factors that promote this are the ability to cope with stress effectively, seeking help, belief in one's own ability manage feelings and cope and having social support. In a **classroom setting**, this can be promoted by h**elping children develop:**

- High expectations of themselves
- Meaning for life
- Goal setting and personal agency
- Inter-personal problem solving skills
- These work together to prevent the behaviors associated with 'learned helplessness'

In the **Family setting**, the following help

- Caring and supportive
- Assigned chores
- Caring for brothers and sisters
- Contribution of part-time work
- Family routines and celebrations
- Maintenance of common values regarding money and leisure
- Religion

For children living in CCIs:

- Attachment between youth peers and care providers
- Reactive/disorganized attachment
- Stronger connections to peers
- Care provider's factors
- Personal trauma
- Addressing Trauma
- Family Narratives
- Intergenerational Transmission o f Trauma
- Neurobiological changes

No one has absolute resistance, it is not an intrinsic feature of the individual, and it develops gradually. There are risk factors associated with who is likely to have a lower ego-resiliency. Families, schools and communities can play a significant role in helping someone become more resilient. It resides in the social context. In an institutionalised setting, promoting healthy attachments between the child and the caretakers, peers and schools and preventing a child from being relocated several times can foster long term ego-resiliency and emotional well-being.

Mr. Amod K. Kanth, General Secretary, Prayas and Former DGP & Chairperson DCPCR, India

Even as Indian youth have tremendous potential and positivity, their lack of confidence and trust can be attributed to the unfavourable environment in the society. Children in the age of 16 to 18 years are not entitled to the rights of adults like voting, marriage etc. because they are not mature. By the same standard, children should not be tried in courts as adults and they should not be deprived of their child rights with regard to punishment for a criminal activity. Children constitute 39 percent of the population of India, yet crimes committed by the juvenile are only 1 to 1.5 percent of the total crimes. Juvenile crimes are most reported crimes by the media, which creates a wrong perception about children and youth in the society.

In terms of provisions of Aftercare, this is meant to provide support to young children who leave CCI after completing 18 years of age. Yuva Connect is a program of Prayas under which the organisation ensures skill development and education of young adults in order to facilitate their meaningful re-integration with the society. Prayas has joined hands with stakeholders, including police, so that young adults restrain themselves from wrongful activities. Continuity of contact with the youth helps them sustain their positive endeavours for social re-integration. Aftercare helps to explore innovative, action-based programs with juveniles trying to re-enter the community in a healthy and respectful manner and most importantly to help their rehabilitation so that they live as responsible citizens. Aftercare programs play an important role in rehabilitation and reintegration of juveniles and make

them self-reliant. This ensures all selected juveniles get their skills enhanced on any of the vocational trades, start earning their livelihood and do not revert back into crimnal world. The juveniles who have left the homes about 3 to 4 months ago are identified and a home visit is conducted after which regular workshops and counselling sessions begin with the child, their families and peer groups. Each child's case profile is maintained and progress tracked. The vocational training centres are located near to the homes of such children and networking with SJPUs and JWOs is conducted to ensure social re-integration. Individual plans for every child and an experience of family like care at the CCI contribute to successful rehabilitation.

Session 3 – New Directions

Mr. Arun Mathur, Chairman, Delhi Commission for Protection of Child Rights (DCPCR) chaired the session. He stated that while some countries across the world do not have legislations regarding Aftercare, the provision of aftercare is mentioned in Juvenile Justice, (Care and Protection of Children) Act, 2015 and its earlier version. The Act mentions about support systems available to young adults moving out of care institutions. The best practices in Aftercare followed by developed countries should be universalised and adopted by developing countries as well. It is relevant to look at new directions which are essential in leading to successful transition for youth but that doesn't imply that the existing strategies are irrelevant. Perhaps it is about looking for more nuanced improvements which can be put in place.

Dr. Archina Dhar, Director – Advocacy, SOS children's Villages of India

The SOS model ensures that children are brought up in a family-like environment. The Family based Care (FBC) program consists of:

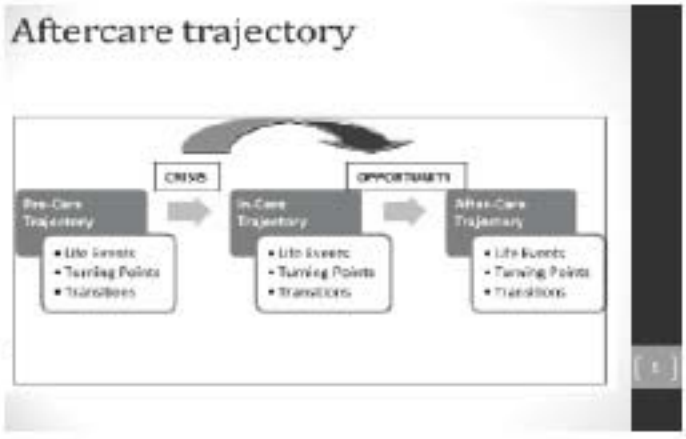
- Individualized care plan for each child
- Child development plan
- Trained care giver who helps in building lasting relationship
- Opportunity for growth and development of each child according to his/her potential
- Provision for siblings living in the same family homes
- Care beyond eighteen years

The Aftercare program goes beyond 18 yrs and is an integral part of the long term care program of SOS. We have a three-tier care and support program for our youth, as noted below:

- The 1st stage (Arunodaya) – 12 -18 yrs.
- The 2nd Stage (Sopan) – 18 -22 yrs.
- The 3rd Stage (Ghronda)- 22-25 yrs.-three year support program .

The key features to the youth care program are:

- Youth Development programes
- Multiple Intelligence and Multiple Nature Test
- Child protection and cyber safety modules
- Soft skill development programs
- PYD (Positive Youth Development) Activities
- Listening to youth exercise
- Social skill Assessment
- Settled youth Quality settlement Assessment program



The Youth Aftercare Program ensures that vocational skills for all are imparted through government recognized courses, English speaking and IT skills are developed and there is 100% employment for all youth.

Ms. Cherie Ann, Senior Research Manager, Magic Bus, India

Based on a research study on Youth in Aftercare in Mumbai and youth leaving CCIs, it has been found that the journey of transition is shorter, steeper and difficult because there is no comprehensive framework for Aftercare in India and the existing aftercare settings and proposed models seem to be insufficient. All the girls covered under the study wished to get married after the age of 25 or 26 years. However, they wanted to finish their education first. All participants found Aftercare as an essential link between the institution and the outside world, and a training for self-reliance. The shift from 'being cared for' to 'caring for oneself' is plagued with feelings of insecurity, anxiety and uncertainty. She talked about transitions, trajectories, life events and turning points in the life of youth coming out of institutional care.

Ms. Nayla M Khoury from Cambridge Health Alliance and Dr. Ryan D Heath, University of Chicago

The success of young adult is measured through outcome domains such as employment, health, education, relationships and civic engagement. An example of institutions fostering healthy development among youth is the group care models in the USA which promote positive peer culture, teaching family model, sanctuary model, stop-gap model and re-education of children programs.

Globally, institutions promote care-giving environment, peer environment, aftercare services etc. for healthy development. Some of the common factors that promote positive development include positive self-esteem, self-concept, social skills and positive peer relationships, quality interaction with Caregivers and institutional environment.

Valedictory Session

Marking the beginning of the valedictory session, a skit directed by Mr. Amit Sinha was performed by a group of young adults. It depicted the life of a youth who was institutionalised as a child. Some pertinent themes which were brought out in the play included the importance of institutional care in liberating the child from child labour and other dangers, the absence of a participatory approach in CCIs and career opportunities for youth leaving institutions. In her address, Ms. Kendra of UNICEF asked the participants to contemplate on the principles of necessity and appropriateness with regard to child and youth care. She expressed that UNICEF as an organisation is committed to the issue. She wished that "we can together protect our children and that the momentum continues."

Dr. Kiran Modi, in her wrap up said that in the two-day conference, ideas have been generated to strengthen Caregivers so that they could work better with children. She emphasised about the well-being of Caregivers which should be a focus of child care system. In the past, the options for alternative care were quite restricted with the only possibility of institutionalisation. However, alternatives like foster care and group care have now emerged.

Dr. Modi stated that a national tracking system needs to be developed and a comprehensive manual with regard to Aftercare needs to be prepared. Peer support for children within institutions and young adults leaving institutional care is important. (There is also a strong need to develop a **Care Leavers' Association** which can demand for their basic needs with regard to their social integration, rather than interventions being imposed on them from outside.)

Ms. Rashmi Saxena Sahni, Joint Secretary, Department of Women and Child Development, Government of India expressed her gratitude to Udayan Care for giving her an opportunity to share the government's perspective on the issue. She congratulated Udayan Care for bringing up the issue which is the need of the hour. She stated that the conference is in line with the vision of the Ministry which is to "develop well nurtured children with full opportunities for growth and development in a

safe and protective environment".

Most of the South Asian countries participating in the conference are young countries with aspirational youth constituting substantial share of their population. As responsible nations, the onus is on these countries to empower the youth in achieving their aspirations.

She highlighted the aspect of caring for Caregivers which came out as a pertinent aspect for intervention in the deliberations of first day of the conference. She added that **Caregivers must be able to connect intuitively with the child and this ability should be identified while selecting the caregivers.** She also stated that young adults have to be reintegrated into society by providing them necessary education and skills. She emphasised upon the idea of a national tracking system as proposed by Dr. Kiran Modi and agreed to look into its possibility. She also mentioned about the importance of 3Rs namely **Relevance, Robustness and Reliability** in provision of services provided to young adults.

Ms. Sahni mentioned that the **principle of individuality holds utmost importance**. She shared that Child Line India Foundation was conducting a national study of all CCIs and the report from this survey would be utilised to draw some useful policy for children in care institutions. She added that in any endeavour with regard to children in institutions, their best interest should be the guiding principle, considering family as the best place for a child, another initiative called **Railway Childline** has been developed to identify children without families on the railway stations and help them unite with their families. If families cannot be identified in certain cases, children are placed in Child Care Institutions in order to prevent them from going into street life.

Aditya, a young adult shared about his study on youth leaving institutions and wished to present recommendations based on the findings of his study. He stated that there is a lot of uncertainty when youth leave CCIs. He highlighted the importance of employment for young adults and their mentoring and counselling while in the CCIs and after leaving them. He also shared the challenges faced by him as a young adult from a CCI in availing legal document for his identity, and requested that the government to look into the matter.

In reply, Ms. Rashmi Saxena Sahni stated that efforts are being made to provide Adhar Card to all the children. She also mentioned that there is an initiative by the Ministry of Women and Child Development to bring in educational support through corporate sector and philanthropists. The conference ended with the Vote of Thanks proposed by Mr. Arun Talwar, COO, Udayan Care.

KEY RECOMMENDATIONS

As mentioned earlier, the 2nd Biennial Conference was a follow up of the 1st one and it aimed to build on the learning and discussions thereon. The wealth of discussions during the two days showed the way for a good start of a long journey meant to ensure that the best interests of children in residential facilities in South Asia are taken care of. It is important for all stakeholders to work together and put in place short and long-term plans to fulfil children's needs such as good Caregivers, positive mental health of both children and Caregivers and effective Aftercare.

The Conference has opened up opportunities for further debate, discussions and follow up measures on care-giving and Aftecare. In each of the South Asian countries, there is a need for sustained engagement involving all stakeholders like CCIs, child rights activists, professionals, government departments and others. Many models on care-giving and aftercare need to be further understood in details. More debate and discussions are needed to explore their scalability and replicability keeping in view the context of specific countries. Web-seminars and online groups could be regularly organised to prepare a conference in 2018 on one of these important subjects.

The ICEB Journal has already found its place as an instrument to spread awareness on child rights issues with specific focus on institutionalised children. Together we need to establish a larger outreach, involving all key stakeholders and duty bearers. It is about time the voices and concerns of all the people working in all types of residential care facilities take part in the debate and discussion.

The following sections contain the recommendations of the Conference. While some recommendations are of general nature, others are on the two thematic issues of the Conference namely Caregivers and Aftercare.

GENERAL RECOMMENDATIONS

1. It is our duty to ensure that families have access to all forms of support in the Care-giving role and greater investment is needed in ensuring appropriate care in the best interest of children. The focus should, *inter alia,* be on education, health, food, nutrition, shelter and absence of violence of any kind.

2. The principle of best interest of the child has to be put in the forefront of any policy and practice regarding care and protection of children. This requires, *inter alia*, training and capacity building of childcare professionals and Caregivers, and investment in other enabling resources like childcare infrastructure and networking among institutions.

3. All policies, programs and regulations on child care should be based on principles of human rights and children should be included in all planning and evaluation processes.

4. Institutional care of children should be the last resort. Rehabilitation and alternative care should be promoted, with emphasis on development of child protection systems such as community-based care and foster care.

5. It is important to prioritise issues of children and allocate resources according to needs for development of children. Realistic budgeting should be a priority in the development of policies and programmes on child rights.

6. Monitoring and evaluation are important for ensuring conformity with the standards of care, and this is primarily the role of the governments in all countries.

7. The social and political situations in all of South Asian countries are similar, but not the same. Therefore, policy-level prescriptions cannot be the same for all these countries. Nonetheless, we can definitely learn from each other's experiences.

8 There is a need to have an increased focus on the issue of accountability in the child care services.

9. Use of terms such as orphans and orphanages should be discouraged due to their negative and demotivating connotations.

10. There is a need to develop concrete tools that children can use for behavioural management and can enhance the system of child/caregiver interaction.

RECOMMENDATIONS ON CAREGIVERS

RECRUITMENT

1. While recruiting Caregivers, CCIs should check that they are mentally and physically healthy and are not suffering from any disease or illness which may impact their behaviour towards children.

2. Caretakers should meet the following criteria:

a) They should not have economic and domestic problems; for example, woman facing domestic violence might take violent actions against children out of frustrations, unintentionally.

b) They should choose to take the responsibility of vulnerable children not because of their inability to find any other jobs and are forced to work in CCIs to make a living;

c) They should be healthy and free from any illness, particularly from infectious diseases like tuberculosis, which has an impact on their behaviour and abilities.

d) The people with discriminatory attitudes should not be employed as Caregiver, as such people may practice gender, caste, religious and other forms of discrimination against children.

3 Caregivers should be professionally qualified and trained. This is particularly important for t hose who are working with children with physiological and mental problems.

CONNECT WITH CHILD

l. Caregivers must be able to connect intuitively with children. CCIs should identify this ability while selecting the Caregivers.

2. Caregivers should be recognised as a critical childcare resource as they dealt with children's basic and other essential needs on daily basis, and hence their contribution should never be ignored.

3. Caregivers should never exhibit discriminatory attitude for children in terms of gender, caste or religion

.4. Caregivers' role should be expanded to parental figure on whom a child can depend upon for basic as well as emotional needs. Caregivers become surrogate parents, which can be viewed as a bigger responsibility than natural parents, as one is allowed to commit mistakes while dealing with own children but the same cannot done in institutional care.

TRAINING

1. To raise the standards of care, all counties in South Asia need to work on the scarcity of well-trained and specialised Caregivers.

2. Children in different age groups have different needs and Caregivers must be trained to address their age-specific needs.

3. Long term approach to capacity building based on analysis of needs of Caregivers is important. Constant relocation does not foster ego-resiliency as children fall through the cracks.

MENTAL HEALTH OF CAREGIVERS

1. Long term approach to capacity building based on analysis of needs of Caregivers is important. Constant relocation does not foster ego-resiliency as children fall through the cracks.There is an urgent need to screen Caregivers and children in order to address their mental health. Carers face distress as a direct consequence of their caring role and experience higher rates of mental illness than the general population.

2. Long term approach to capacity building based on analysis of needs of Caregivers is important. Constant relocation does not foster ego-resiliency as children fall through the cracks.As the activities performed by Caregivers are stressful and may be at times burdensome, it is important for them to be mentally strong and stable. MHP for all Caregivers is extremely important and essential.

3. Long term approach to capacity building based on analysis of needs of Caregivers is important. Constant relocation does not foster ego-resiliency as children fall through the cracks. Efforts to identify and treat Caregivers' psychosocial distress will need to be multi-disciplinary, and should be handled keeping in view the Caregivers' cultural context.

RECOMMENDATIONS ON AFTERCARE

CLARITY AND UNDERSTANDING OF AFTERCARE

1. Aftercare should be properly defined. A child is expected to leave institutional care after completing 18 years of age and he/she can remain under aftercare till the age of 21. There is a need for a policy stating the ways support can be extended even after completing 21 years if the youth remains unsettled. It i s also important to outline the age at which aftercare should start and the age at which it should end for the purpose of effective programme development.

2. All South Asian countries lack a comprehensive framework for aftercare. While new models need to be understood from developed countries and adapted to developing countries, the existing models are also important and should be re-visited.

3. Assessment and Appropriateness should be incorporated as the two key principles of Aftercare - Assessment to confirm whether a child requires to be in care to begin with and Appropriateness which talks about the best place for the child and where he or she can grow and develop in the best possible manner.

MECHANISMS TO ENSURE AFTERCARE

1. Individuality of the child is of paramount consideration in all aftercare programming.

2. A National Tracking System need to be developed in every South Asian country to track the youth leaving the CCIs. However, access to this information should be restricted.

3. A comprehensive manual with regard to aftercare needs to be established.

4. Age appropriate education, skill development and positive mental health interventions are a must for youth.

5. Young people transitioning out of care are far more likely to have successful transition if they are able to experience permanency and attachment, both during their time in care and after they depart from care agencies.

WAY FORWARD ON AFTERCARE

1. Research needs to get inside the "black box" of what does and does not work in residential child care institutions to help policymakers make programmatic tradeoffs.

2. There is need to scale up models such as HELP (Moanghar model of Bangladesh) and SOS; and

also to expand Mentor Parents' Model of Udayan Care by enlarging the network of support for Aftercare and Alumni and to build funding and cultural models for developing internal systems of respect and professional Caregiving. The establishment of a permanent mentor-type relationship that develops in care and continues after leaving care is a key factor in Aftercare programs that generate best outcomes and employ best practices.

CONCLUSIONS AND WAY FORWARD

The deliberations of the Conference have resulted in several thoughtful recommendations aimed at improving the standards for alternative child and youth care in South Asia. It is fair to term the conference a great success as it witnessed lively presentations, thoughtful discussions and opportunities for networking. It is hoped that the South Asia perspective helped in widening the understanding of the subject. We need to continue to work on developing a Regional Strategic Framework for the Protection, Care and Support of Children in Alternative Care. This framework should focus on delivering an integrated response to such children's medical, nutritional, educational, legal and psychosocial needs within the context of the UN Convention on the Rights of the Child, which all member States have ratified.

However, within this universal approach, the Regional Framework should also include additional and specific measures that are particular to each country and its context. Combining knowledge with sound policy and resources, supported by a sense of collective ownership, will provide the impetus for reaching out to the millions of children currently in alternative care.

Even as we look forward to the 3rd conference in 2018, it is proposed that a network is formed on the issues raised at this conference and take them forward in each country. As has rightly been said by one of the participants in the feedback form, "It would be good if we can do some specific research across the countries in South Asia to be coordinated by Udayan Care." Taking collective leadership and ownership, and putting in place a participatory process is critical to keeping this issue alive in SA.

Details of the Posters displayed at the Conference

The **Poster Competition** was a special component of the Conference. A total of **14** posters on various aspects of alternative care and child rights were on display for both the days. The idea of putting up posters was to encourage young students, organisations and researchers to showcase their work in a creative manner. The top two best posters were judged by a three- member jury and the criteria for judging were originality, presentation style, clarity, research methods used and elaborated upon and the contribution and relevance to the understanding of institutionalized children, issues of caregivers and after care. The Jury members were **Dr. Nirupama Prakash,** Professor at Amity University, **Dr. Vijay Pratap Tiwari,** from National Law School at Assam, India and **Justice Immam Ali,** Supreme Court Judge at Bangladesh. The best two awards went to the following:

1. **Emotional Preparation to Transition of Vulnerable Children into Socially Responsible Youth** by Morgan Wieberg from Little Footprints Big Steps, International Development Organisation, Canada and
2. **Arts-based Therapy for Child Survivors of Trauma and Abuse in Children's Homes in Delhi** - Harpreet Bhullar, Save the Children, India

The other posters on display during the Conference as follows:

1. **Aftercare & Alumni Mental Health Profiles: A Cross-Sectional Study At Udayan Care** - Chaarushi Ahuja, Parth Chodavadia, Komal Kinger, Joseph Levy and Sumedha Ariely, Global Health Institute, Duke University, Durham, North Carolina, USA
2. **The Context of Care Relationship in Residential Institutions for Children** - Maninder Singh, Research Scholar at Tata Institute of Social Sciences, Mumbai, India
3. **Experiences, Challenges and Understanding of new initiative for Aftercare Program for Orphan and destitute Youth** - Aditya Charegaonkar, Research Scholar at Tata Institute of Social Sciences, Mumbai, India
4. **High risk and low risk: child assessment** - Varun Ramn, Research Scholar at Ambedkar University, India
5. **After care services and protection of children with disabilities by providing on going psychosocial intervention**-Lindsay Murray M Sangma, Amity Univeristy, India
6. **Quality Institutional care: Needs and challenges of Caregivers**–Hrishika and Shraddha Sharma, Amity University, India
7. **Faith Matters: The Health Care Experiences of Young Adults** - Tuhin Khalil Islam, Bangladesh
8. **Child Focused Community Development**- TAS Vimalan, Kindernothilfe, Sri Lanka
9. **Islamic Relief and its work in India** - Islamic Relief, India
10. **Before and After life on the streets**–Jeanette Olson, PhD student, Gothenburg University.
11. **Quality of Life of Caregivers and its Impact on Delivery of Services for Children Living in Alternative Care and Protection** –Shyna Bhattacharjee, Radhika Shroff, Rahul Raja Sharma, Deepak Gupta, Udayan Care, India
12. **A Longitudinal Study to Assess the Needs of the Children in Care** – Shyna Bhattacharjee, Radhika Shroff, Deepak Gupta, Kiran Modi, Udayan Care, India

Annex 2: Agenda

UDAYAN care empathy education empowerment

2nd Biennial Conference on "Improving Standards of Care for Alternative Child and Youth Care: Systems, Policies and Practices" Focused on South Asia

Date –March 18 & 19, 2016 | **Time**- 8:30 AM- 5:30 PM | **Venue**:Amity University, Noida, India

DAY 1 : March 18, 2016

Venue: F1, Seminar Hall, Amity University, Noida, India

08:30 AM - 9:25AM	**Registration**
09:30 AM – 11:00 AM	**Inaugural Session**
Welcome Address	**Dr. Kiran Modi** Founder Managing Trustee, Udayan Care
Releasing of the Journal "Institutionalised Children: Explorations and Beyond" (ICEB)	**Dr. Monisha C Nayar-Akhtar** Editor-in-Chief, ICEB
Address by Guest of Honour	**Mr. Joachim Theis** Chief, Child Protection, UNICEF
Address by Guest of Honour	**Ms. Stuti Narain Kacker** Chairperson, NCPCR
Address by Chief Guest	**Ms. Nutan Guha Biswas** Additional Secretary, Govt. of India Ministry of Women and Child Development
Keynote Address	**Dr. Sima Samar** Chairwoman Afghan Independent Human Rights Commission, Afghanistan
11:00 AM – 11:30 AM	**Tea Break**
11:30 AM – 12:45 PM **Session 1: Plenary Session on Caregivers** ***Selection Criteria for Caregivers*** **Chair: Dr. Rajeev Seth, Pediatrician, Chairperson, ICANCL**	
Chair	**Opening Remarks & Introduction**
Healing from Within	**Ms. Neetha Dhammachari Ariyaratne** Sri Lanka
Recruitment, Induction Process and Post Recruitment Trainings	**Dr. Antony Sebastion O. Praem** India
Need for Minimum Standards	**Ms. Jala Zuhury & Ms. Fathimath Roona,** Republic of Maldives.
	Open Discussion & Summing up

UDAYAN care empathy education empowerment

12:45 PM – 2.00 PM **Session 2 : Plenary Session on Caregivers**

Mental Health Training Needs of Caregivers

Chair: Dr. Monisha C. Nayar-Akhtar

Faculty, Psychoanalytic Center of Philadelphia

Clinical Assistant Professor, University of Pennsylvania, USA

Chair	**Opening Remarks & Introduction**
Emotional Attunement	**Dr. Alexandra M Harrison** USA
Caring for Caregivers	**Ms. Helen Lenga** Australia
Well Being and Mental Health of Caregivers	**Dr. Jitendra Nagpal** India
	Open Discussion & Summing up

2:00 AM – 3:00 PM **Lunch**

03:00 PM – 4:45 PM **Session 3 : Plenary Session on Caregivers**

Skill Building & Developing the Caregivers

Chair: Ms. Enakshi Ganguly Thukral

Co-Founder, HAQ – Centre for Child Rights, Delhi

Chair	**Opening Remarks & Introduction**
Caring Beyond Mothering: SOS Mothers as Agents of Change	**Ms. Chaturi Jayasooriya** Sri Lanka
Caregivers: Staff qualifications, skills and Status	**Ms. Sandhya Mishra** India
Less burn out, leaving job, developing to another Level	**Ms. Ume Laila** Pakistan
Multi-Faceted Supportive Mechanisms for Building Capacities of Caregivers Working with Children in CCIs and Communities	**Ms. Ilona Bhattacharya Roy** India
	Open Discussion & Summing up

4:45 PM – 5:30 PM **Session 4 : Wrap Up Session**

Chair: Mr. Rajib Haldar, Additional Director – Children in Need Institute (CINI), India

Chair	**Opening Remarks & Introduction**
Improving the Standards and Quality of Alternative Care for Children	**Ms. Hiranthi Wijemanne** Sri Lanka
Sharing From Parallel Session with Caregivers	**Dr. Shilpa Gupta** India
	Open House

5:30 PM **Tea**

Parallel Session

Venue: F3, MDP Hall, Amity University, Noida, India

11:30 AM – 1:30 PM **Workshop with Caregivers Working in CCIs**

1:30 PM – 2:30 PM **Lunch**

2:30 PM – 4:00 PM **Capacity Building of Caregivers**

UDAYAN care empathy education empowerment

DAY 2: March 19, 2016

Venue: F1, Seminar Hall, Amity University, Noida, India

09:00 AM – 09:15 AM	**Registration**
9:20 AM – 9:30 AM Setting the context	**Dr. Kiran Modi**

9:30 AM - 11:00 AM **Session 1: Plenary Session on Aftercare**

Planning for Transition

Chair: Ms. Kendra J. Gregson, Regional Adviser, Child Protection, UNICEF

Chair	**Opening Remarks & Introduction**
Transitioning from Institutional to Independent Life	**Dr Tuhinul Islam Khalil** Bangladesh
Developmental Needs of Vulnerable Children in Multiple Risk and Family Contexts	**Dr. Sumedha Gupta Ariely** USA
Handholding the Youth after They Have Left the System	**Mr. Ashok Chakma** Bangladesh
Peer Support and Tuition Project: Dignified Transition for Social Adjustment	**Ms. Sumnima Tuladhar** Nepal
	Open Discussion & Summing up

11:00 AM – 11:30 AM	**Tea Break**

11:30 AM – 01:00 PM **Session 2: Plenary Session on Aftercare**

Social Adjustment

Chair: Mr. Vikram Dutt, Rehabilitation Consultant, India

Chair	**Opening Remarks & Introduction**
Developing Resilience	**Dr. Monisha C. Nayar-Akhtar** USA
Struggle with their Transition to Adulthood.	**Dr. Deepak Gupta** India
Positive Youth Development	**Mr. Amod Kanth** India
	Open Discussion & Summing up

1:00 PM – 2:00 PM	**Lunch**

02:00 PM - 3:30 PM **Session3: Plenary Session on Aftercare**

New Directions

Chair: Mr. Arun Mathur, Chairperson, Delhi Commission for Protection of Child Rights, India

Chair	**Opening Remarks & Introduction**
Youth Development Models and Indian Youth	**Mr. Ryan Heath & Dr. Nyala Khoury** USA
'Aftercare' for 'Children without Parental Care'	**Dr. Archina Dhar** India
Youth in Aftercare in Mumbai	**Ms. Cherie-Ann** India
	Open Discussion & Summing up

3:30 PM -5:30 PM	Valedictory Session
Sharing from Parallel session	**Mr. Amit Sinha** India
Awards announcement for Poster Presenters	**Dr. Vijay Pratap Tiwari** National law University Assam
Valedictory by the Chief Guest	**Ms. Rashmi Saxena Sahni,** Joint Secretary Govt. of India. Ministry of Women and Child Development
Address by Guest of Honour	**Chair: Ms. Kendra J. Gregson** Regional Adviser Child Protection, UNICEF
Vote of Thanks	**Arun Talwar,** Chief Operating Officer Udayan Care
5:30 PM	Tea Break

Parallel Session

Venue: F3, MDP Hall, Amity University, Noida, India

11:00 AM – 1:00 PM	**Workshop** with Young Adults who left care on attaining age of 18
1:00 PM – 2:00 PM	Lunch
2:00 PM – 3:30 PM	**Capacity Building** of Young Adults

Ms. Stuti Narain Kacker, a 1978 batch IAS officer, has been chairperson of NCPCR India since 2015. In 36 years of Service she has held progressively responsible positions in the State and Centre, including Joint Director (Industries), Meerut; Joint Development Commissioner, Allahabad, District Magistrate, Ghazipur; Principal Secretary, Technical Education; Resident Commissioner, Government of Uttar Pradesh and various positions with the Central Government such as Director at Ministry of Foods; Joint Secretary in Ministry of Social Justice & Empowerment.

Mrs. Nutan Guha Biswas, a 1983 Batch IAS Officer from AGMUT Cadre, has been working in the capacity of Additional Secretary in the Ministry of Women & Child Development, Government of India and Heads the Child Development wing of the Ministry. She has significantly created a new vista in child care facilities for pregnant women and lactating mothers by taking an emphatic stand of providing them with highly nutritious food and; providing the expectant mothers with Child Care Leave in private sector.

Ms. Rashmi Saxena Sahni serves as Joint Secretary, Ministry of Woman & Child Development, Government of India. Previously she has served as Director of Income-tax, International Tax as well as various capacities in Tax Dept. and on deputation to Deptt. of Commerce & Industry as Director and as Under Secretary in Department of Surface Transport and Atomic Energy. She has worked all over the country in tax Department.

Mr. Joachim Theis is a PhD in social anthropology and.has worked for more than 30 years in international development in Africa, the Middle East and Asia. He worked from 2008 to 2013 as Regional Child Protection Advisor with UNICEF in West and Central Africa, based in Dakar, Senegal. From 2004 to 2008, he worked as UNICEF Regional Advisor for adolescent development, protection and participation in East Asia and the Pacific, based in Bangkok, Thailand. Since March 2013, Joachim works as Chief, Child Protection in the UNICEF India office.

Dr. Alexandra Murray Harrison, M.D. is a Training and Supervising Analyst at Boston Psychoanalytic Society and Institute in Adult and Child and Adolescent Psychoanalysis, an Assistant Professor of Psychiatry at the Cambridge Health Alliance and on the Core Faculty of the Infant-Parent Mental Health Post Graduate Certificate Program at University of Massachusetts Boston. Dr. Harrison has maintained an active adult and child psychoanalytic and psychiatric private practice and is board certified in both adult and child psychiatry. She has developed a parent consultation model and applied the model with numerous families. She also offers consultation in her blog, supportingchildcaregivers.com.

Mr. Amit Sinha is the founding member of Jamghat and directed his first play in 2001, as a result of which his reputation as a fine theater artist grew by leaps and bounds. Action Aid, a noted NGO, spotted his talent and urged him to direct a play on street children for Prince Charles who was visiting India back in 2003. It was after this experience that Amit decided to start Jamghat, work for the cause of street children and practice theater for life.

Mr. Amod K. Kanth is a social entrepreneur, an institutional development expert, and has been a highly compassionate and incisive leader in pro-active and innovative governance both in the voluntary sector and the government. For the past 25 years, besides having an outstanding and highly decorated career in police and as the Chairman of Delhi Child Rights Commission, Mr. Kanth has raised Prayas JAC Society, an organization of international acclaim, envisioned to restore lost childhood of "Children in Need of Care and Protection" and Juveniles in conflict with law. As the founder Secretary of Prayas, he plays a crucial role in the service delivery and convergence of the most intensely felt-needs of the poor and deprived through various policies and programs of government agencies, UN systems and civil society action groups while building multiple integrated project for them.

Dr. Antony Sebastion O.Praem, PhD. is the Founder and Executive Director of ECHO-Center for Juvenile Justice at Bangalore. He has a working experience of more than 20 years in areas of health, education, Law and JJ Act, and has been a member of various government committees with the Govt. of Karnataka and is on the Central Advisory Board and the Central Social Audit Committee of the Ministry of Momen and Child Development, Govt. of India. He initiated the first ever Special Juvenile Police Unit of India in East Division of Bangalore with police, and Women and Child Development department in 2004.

Dr. Archina Dhar has more than 20 years experience working in the Development Sector and over 13 years working with the SOS Children's Villages of India. Currently she heads the advocacy work of the Organisation and is also the National Focal Person for Child Protection. She has been the member of Working Group on 'Child Development'–XI Five Year Plan Recommendations, Planning Commission Govt. of India, 2006. She is also a member, Sub–group on 'Child Protection', Ministry of Women and Child Development, Government of India, 2006 along with 'Working Group on 'Foster Care' set-up by WCD, Ministry Government of India - 2015.

Mr. Arun Mathur has 35 years of experience in the Indian Administrative Services (IAS) both at the State and Central Government level, including in the Home and Finance Ministries of the Government of India besides 3 years in the Prime Minister's office. In the course of his career, he acquired exposure, among other issues, to handling schemes and programs related to the social sector, health, education, poverty alleviation and women and child development. He took over as Chairperson of Delhi Commission for Protection of Child Rights (DCPCR) in July, 2012. As Chairperson of the Delhi Commission for Protection of Child Rights, Sh. Mathur took the initiative to bring out comprehensive Guidelines for Prevention of Child Abuse. Mr. Arun Mathur was also actively associated with the exercise of developing a Child Rights Module for incorporation in the Training Program at different levels for IAS Officers at the National Academy of Administration, Mussoorie. For the first time, Child Rights will be a part of the training of IAS Officers in a structured manner. Mr. Mathur is a regular invitee as a Resource Person at various National/International events on Child Rights.

Mr. Ashok Kumar Chakma is the Executive Director of Moanghar, the oldest Children's Home in Chittagong Hill Tracts (CHT). The Home caters for over 1500 indigenous disadvantaged children. He came to Moanghar as a displaced child himself, seeking shelter, education and care because of the severe political unrest in the CHT region in the 1990s. He remained at Moanghar until he passed his Secondary School Certificate (SSC) examination. He continued his study with the support of Moanghar. He has a double Masters: 1. Economics from the University of Dhaka, Bangladesh and 2. Development Practice (advanced) in Social Planning from the University of Queensland, Australia. Ashok has over 12 years of professional experience in social planning and development. He returned to Moanghar, he says, to 'pay back the debt he owes to Moanghar for shaping his life and career'.

Ms. Chathuri Jayasooriya is an independent psychosocial practitioner and consultant with a special focus on children. She has been working in the field of child rights and wellbeing for 10 years, especially on child rights governance and psychosocial wellbeing. Her work primarily involves advocacy, networking, research, training and the provision of psychosocial support especially for children in residential care and towards strengthening families for the de-institutionalization of children. She currently works on assignment with both government and non-government organizations such as the National Child Protection Authority, Save the Children and SOS Children's Villages Sri Lanka.

Ms. Cherie-Ann Pereira, Senior Research Manager, Magic Bus India Foundation, Mumbai, India, was earlier senior program officer with Residential Care Program of the Committed Communities Development Trust for over 6 years. She has immense experience of working with children in institutions and especially youth in after care across Mumbai. She was part of a committee that worked towards advocating for change in the current system of after-care in Maharashtra

Dr. Deepak Gupta is a Child and Adolescent Psychiatrist associated with Sir Ganga Ram Hospitals, New Delhi. He holds the privilege of being one of the few qualified Child and Adolescent psychiatrists in India. He is the founder of Centre for Child and Adolescent Wellbeing (CCAW), in New Delhi, which is an exclusive multi-specialty child and adolescent mental health services (CAMHS) centre for children, young people parents and families. Dr. Gupta is also associated with Udayan Care since 2004 and heading the mental health program, since 2008 he started 'EHSAAS', a group for psychologist and school counselors which has been creating mental health awareness among mental health professionals associated with schools in Delhi and NCR. He received 'Distinguished Services Award' on Doctors' Day by Delhi Medical Association in 2009, 'President Appreciation Award' by Delhi Medical Association in 2010 and 'Eminent Medical Person Award' by Delhi Medical Association in 2011. He is also one of the editors of the academic journal 'Institutionalised Children: Explorations and Beyond'.

Ms. Enakshi Ganguly Thukral is a human rights activist and child rights advocate, researcher and trainer for the past three decades, working on wide- ranging socio-legal issues such as development induced displacement, women in the unorganized sector, reproductive health, child labour, child trafficking, laws and policies governing women and children, education, violence against children and juvenile justice. She is an international trainer on human rights and child rights. Since co-founding HAQ: Centre for Child Rights, in 1998, she has been working in focused manner on children's rights.

Ms. Fathimath Roona is Director at the Juvenile Justice Unit (JJU) of the Ministry of Home Affairs of the Republic of Maldives. She is a greatly experienced and a dedicated stakeholder who will be able to share her expertise at the Conference. JJU is over-seeing the Education and Training Centre for Children (ETCC), which is a shelter currently at an interim status, being overseen by both JJU as well as the Ministry of Law and Gender.

Ms. Helen Lenga is an Australian psychologist with over 30 years' experience working in the field of trauma as a Psychotherapist, Trainer, Consultant and Supervisor. She is a clinical consultant with the Lighthouse Institute in Melbourne, Australia and has been involved in trauma training of support services for the Royal Commission into Institutionalised Responses to Child Sexual Abuse. Helen is also a lecturer and supervisor at Latrobe University Master of Counseling and Master of Art Therapy courses. Helen has developed training on trauma and attachment for Caregivers in China, Nepal and Australia helping Caregivers and their organisations understand the importance of trauma informed practice.

Dr. Hiranthi Wijemanne is an elected member of the United Nations Committee on the Rights of the Child. She was the Vice Chairperson of the CRC Committee from 2011 to 2015. She has developed several programs for UNICEF, Colombo, in collaboration with the Ministries of Health, Education, Child Development and Women's Affairs, Justice, Labour, Provincial Administration, Planning and Finance. These include Maternal and Child Health, Primary Education, Early Childhood Development, Probation and Child Care, Child Labour, Children in Conflict with the law, and Children affected by the Armed Conflict. She has led several consultancies for UNICEF in regional Offices in

South Asia/Kathmandu, South East Asia/Bangkok, the middle East/Jordan and UNICEF New York and is a member of various national and international committees on child rights and protection.

Ms. Ilona Bhattacharya Roy is currently based in Kolkata as the *Child Protection-Program Officer, Terre des hommes Foundation, India*. She has worked with *SANLAAP*, a child and women right organisation where she was the National Coordinator of "Youth Partnership Project in South Asia" (YPP-SA) supported by ECPAT International. She started her career in *Ashoka: Innovators for the Public* where she worked with some of the leading social entrepreneurs of India.

Dr. Jitendra Nagpal, MD, DNB is the Program Director "Expressions India" and Sr. Consultant and In-charge at Department of Mental Health and Life Skills Education. He has also been the Chairperson at Child Health Committee and Member of New Education Policy and is a Corporate Trainer and Technical Expert in the field of Mental Health and Psychosocial Wellbeing in the community.

Ms. Jala Zuhury works with Advocating the Rights of Children (ARC) as a Program Coordinator for the HOPE Campaign on child abuse prevention and Shelter Support Program. Prior work experiences include work at the National Social Protection Agency, early 2015 as well as experience at the Forensic Services Directorate of the Maldives Police Service in 2011.

Ms. Kendra Gregson is the Child Protection Regional Advisor for UNICEF South Asia. A child protection practitioner, she has worked predominantly in the areas of social welfare and justice for children. Her focus has been on the development of child protection system understanding, assessment and implementation; connecting policy and practice at micro and macro levels; reviewing institutional structures; social sector budget analysis and, developing protection policy and programs. Currently she is supporting UNICEF country offices in South Asia in their alternative care programming.

Dr. Kiran Modi is the Founder Managing Trustee of Udayan Care, which ensures Child Rights by providing nurturing family homes to orphaned and abandoned children; higher education to underprivileged girls; and the dignity of self reliance by livelihood trainings and employment opportunities to youth, and inculcates in them the desire to give back to society. Recipient of many prestigious awards, Dr. Kiran Modi continues to strive towards ensuring the rights of the underprivileged with the same zeal and passion as she started out decades back.

Dr. Monisha Nayar Akhtar obtained her Ph.D. in clinical psychology from Wayne State University in Detroit, Michigan. Later, she trained at the Michigan Psychoanalytic Institute in adult and child/adolescent analysis. After practicing for over twenty years in Southfield, Michigan, she relocated to suburban Philadelphia and has a practice in psychoanalysis and psychoanalytic psychotherapy. Currently, she is affiliated with the Psychoanalytic Center of Philadelphia where she teaches courses on trauma, object relations and psychoanalytic process. In 2012, she established the Indian Institute of Psychotherapy, New Delhi to offer in-depth workshops on topics related to working therapeutically with children, adolescents and adults. Dr. Akhtar is on the faculty of the University of Pennsylvania, and supervises psychiatric residents and psychology interns. She is also an adjunct professor at Widener University in Chester, Pennsylvania and Immaculata University in Malvern, Pennsylvania.

Dr. Nayla M. Khoury, MD, MPH, is a fourth year psychiatry resident at the Cambridge Health Alliance, a teaching affiliate of Harvard University. She is a chief resident at the Center for Mindfulness and Compassion and on the board of the Institute of Mediation and Psychotherapy. Academic interests include: mindfulness, body-based treatments, global mental health, cross-cultural psychiatry, resilience, issues related to violence, and youth. She will be starting a fellowship in Child and Adolescent Psychiatry at the University of Washington later this year.

Mrs. Neetha Dhammachari Ariyaratne has spread the Sarvodaya Village Reawakening program of Sarvodaya Shramadana Movement in Sri Lanka founded in 1958. In 1969, she initiated "Sarvodaya Singithi Hawula" for children in rural villages and established 100 library units in 100 villages with assistance of UNESCO and pre-school units in 5000 Sarvodaya villages. She has also set up 8 residential care facilities for orphaned and abandoned babies and children during the past four decades. A special shelter named "Masewena" is her brain child which was started 15 years ago to accommodate very young girls aged 12 to 18 years, who become pregnant due to rape and incest.

Mr. Rajib K. Haldar is Director (Child Protection and Program) Development of Child In Need Institute (CINI), a leading national level voluntary organization in the child protection, education, and health and nutrition sector having its head office in Kolkata, West Bengal working since 1974. He has been engaged as a leading team member of the Child Friendly Community model in CINI in West Bengal to see the efficacy of the community based child protection model, institutional care and achievement of Sustainable Development Goals (MDGs) in the local communities.

Dr Rajeev Seth is the current Chairperson of the Indian Child Abuse, Neglect & Child Labour (ICANCL) group. Dr Seth obtained his medical pediatric training at All India Institute of Medical Sciences, India and at the University of California San Francisco, besides, a post doctoral fellowship at Children's Hospital in Los Angeles, California USA. For the past 14 years, Dr Seth has been working as a volunteer to provide medical care and rehabilitation services to orphan and vulnerable children in India. From a developing country perspective, Dr Seth strongly propagates the view that "child protection" must also include protection from disease, poor nutrition, and illiteracy, in addition to abuse and exploitation. His key passionate aims and objectives are to pursue Right to education, Right to health and development of Child Protection.

systems in his region. Dr Seth is Fellow of Indian Academy of Pediatrics & American Academy of Pediatrics; Member, Section of International Child Health, American Academy of Pediatrics, besides the Founder-Trustee, Bal Umang Drishya Sanstha (BUDS), a registered non-profit NGO.

Mr. Ryan D. Heath is a Ph.D. candidate in the School of Social Service Administration at the University of Chicago. Heath previously facilitated a variety of school and community-based youth development programs. As a clinical social worker, he has experience with cognitive-behavioral therapies, academic support programs, adventure therapy, and anti-oppressive practices. His research interests include youth development programs, adolescent mental health, risk behaviors, and academic and socioeconomic outcomes.

Ms. Sandhyaa Mishra is Senior Program Manager, focusing on child development, HIV and AIDS, sexual health, and women's empowerment programs. She has been working with underprivileged children in India since 1998. She is a national level trainer and has led numerous adolescents, teachers, and master trainers in life skills education. At Miracle Foundation India, she leads the Program Management team in mentoring and monitoring the children's homes and conducts life skills education and housemother training with children and staff, prepares and mentors newly hired trainers.

Dr. Sima Samar, the **Key Note speaker is** currently Chairwoman of the Independent Afghanistan Human Rights Commission, has been a voice for the disenfranchised for years now. She was born in Jaghori, Ghazni, Afghanistan and has been a voice for the disenfranchised for years now. Being a woman as well as a Hazara (one of the most persecuted minorities in the country) were not obstacles for her to receive a medical degree in 1982 from Kabul University. She has also served as Deputy Chair and Minister of Women's Affairs for the Interim Administration of Afghanistan. She has been recognized for her leadership and courage by dozens of human and women's rights organizations globally and continues her work in Afghanistan. She has also served as the United Nations Special Rapporteur on the situation of human rights in Sudan. Dr. Samar has also been recognized by numerous international human rights and women's rights organizations for her leadership.

Dr. Shilpa Gupta is an ENT Surgeon and a 'Parenting Coach' and has been making a difference in lives of children by equipping care givers, parents and teachers with tools and skills of parenting. She has delivered the "Responsible Childcare" program to doctors, teachers, caretakers, working mothers, social workers, fathers and house wives. She has conducted training programs and workshops for various schools like Apeejay Schools, Sachdeva Public School, corporate groups like GMR, Bharat Petroleum and NGO's like SOS Children's Villages and Udayan Care working with disadvantaged children.

Dr. Sumedha Gupta Ariely serves as an Assistant Professor of the Practice in Global Health at Duke University and teaches the core global health research methods and global health ethics courses. Dr Ariely holds a PhD in Psychology with a focus on cognitive development and culture. She has been active in applied and basic research and has international experience with global and public health issues in a variety of contexts. Ariely lived in West-Africa for two years during which she worked on maternal and child health care. As a developmental psychologist, Ariely is interested in the interrelations between cultural, social, and biological influences on health and in understanding protective and risk factors in children and families. Dr Ariely has a passion for teaching and mentoring, directs the DGHI student research training sites in India, Ghana and Uganda, and is involved in research examining the transition orphans and vulnerable children make from institutions to communities in Africa and Asia.

Ms. Sumnima Tuladhar, a child rights expert, is the founding associate of CWIN and is expert on various child protection issues including trafficking, street children, CSEC, child participation, children and conflict transformation and online child protection. Ms. Tuladhar is also a member of Board of Trustees of ECPAT International. Ed: Masters in English Literature.

Dr. Tuhinul Islam Khalil was awarded a PhD for his thesis entitled 'Residential Child Care: The Experiences of Young People in Bangladesh' from the University of Edinburgh, UK. He also has an MA in International Child Welfare from the University of East Anglia, UK and an MBA in Human Resource Management. He has 20 years of teaching, research and practical experience in the fields of childcare, protection and welfare. He has published widely internationally and developed over 50 policy papers and guidelines on broader child protection and development issues.

Currently he is a Senior Research Fellow at Northern University Bangladesh, leading its Children and Families Team, a Director of Education and Child Development Programs for a national NGO in Bangladesh and a senior advisor for a children's home catering for over 1200 indigenous children in Bangladesh. He is also a Member of the Board of Governors for the International Child and Youth Care Network.

Ms. Ume Laila is a Ph.D Scholar and also a Human Resource Management Practitioner at Roshni Homes Trust in Pakistan. She has over 14-years of Teaching, counseling and management experience in Education, Human Resource Management and Project Management. She is serving as visiting faculty member in GIFT University and F7/2 College and Heading HR department of Roshni Homes Trust where she is responsible for HR planning, staff training and development, administration, and ensure the effective achievement of human resources strategies, programs, policies and practices in alignment to the Trust's strategy and vision.

Mr. Vikram Dutt has over 42 years of experience in the Voluntary sector working with children, persons with disability, first generation learners and women amongst others. A prolific writer, he has over 250 published articles. As a hobby, he makes documentary films and has made 52 so far. Four of them have been exhibited at the Cannes Film festival. He has been with Udayan Care for many years, is President of Manovikas Charitable Society and serves as a Core Committee Member of the Expert Committee of the Rehabilitation Council of India under Ministry of Social Justice and Empowerment and High Powered Committee of the UGC in Mass Media Communication. Currently he is Professor and Mentor and Principal Academics at Delhi Metropolitan Education, Noida under GGS Indraprastha University.

Dr. Vijay Pratap Tiwari is associate professor of law at National Law University Assam. Before joining this University, Dr Tiwari was associated with the Vivekananda Institute of Professional Studies Delhi as Associate Professor; and has also been Principal at IPEM Law College Ghaziabad and National Law University, Jodhpur as Faculty of Law. He has also delivered a number of talks as a resource person at various places.

Annex 4 : Feedback from Participants

Constructive feedback was received on the Conference from many of our participants. This has helped us in keeping the connections with participants and delegates even after the Conference. Getting feedback and suggestions through the online forum was an enriching experience and some of the suggestions in terms of way forward are worth serious contemplation.

Feedback on Overall Conference

Ms. Stuti Kacker, Chairperson, NCPCR said that the "work done by Udayan Care in lending support to children who were otherwise vulnerable to criminal activities is appreciable". Ms. Hiranthi Wijemanne, mentioned that Udayan Care needs to be "commended for their relentless advocacy to extend concern and action to address the issues of institutionalized children to all South Asian countries. She also said that it is "due to the Udayan Care initiative, that institutional care has now reached a higher level of importance, providing newer opportunities to make to make a difference not only in India but in the rest of South Asia'.

On the overall conference, Mr. Joseph Mathew, participant from CRY, found the speakers to be "excellent, with fantastic ground level as well as research based knowledge and information". This was true for most participants who felt that the presenters were "experienced and knowledgeable." Participants liked the idea of having a mix of practitioners and academics in most of the sessions. Ms. Karma Tsering, felt that "it would have been good if there was more focus on other forms of alternative care, apart from institutionalization."

Mr. Rajib Haldar from CINI appreciated the gesture, recognitions and the hospitality and said that he "truly gained a lot of lessons from the conference."

Ms. Neetha Dhammachari Ariyaratne, remembered the conference "as a wonderful opportunity", where she met many locals and foreigners engaged in the field of caring for children. She said she "was happy to meet with people with the same vision and share our thoughts with one another" and that the conference gave her the "opportunity to meet people specialized in child psychology" and she was able to gather lot of information through a conference that was very well planned".

Feedback on ICEB journal

Amongst the feedback on ICEB, almost 85% of the participants have found the ICEB as an academic journal that can "promote co-operation, exchange of thoughts, best practices and also promote growth of the study of positive health issues of children". Almost all the participants have volunteered to spread the word about the journal and we do hope ICEB will gain popularity through this in the near

future. Dr Tuhinul Islam Khalil has rightly said that ICEB is a "practice focus academic journal" and it can attract wider audience. Mr. Ian A. Forber-Pratt, suggested that we add a section in the beginning that "just makes people aware of the most topical issues in child protection during the time period of each issue".

Feedback on participation of direct stakeholders

On the parallel workshop with Caregivers, participants felt that the "personal experience of Caregivers was useful in showing the other side of the story". Most participants found the play by young adults "wonderful" as they thought that the skit play was the "best way to get their opinion". Ms. Chathuri Jayasooriya, said that the presentation and suggestions made by them were interesting and "stories of their personal journeys were insightful".

Feedback on Way forward

Ms. Sandhya Mishra said that she will use the learnings from the conference for the Aftercare and transition program at her organization, Miracle Foundation. Another participant has suggested that it would be good if we can do some specific research across countries in South Asia that could be coordinated by Udayan Care. Participants have come out with many ideas for the 3rd biennial conference. Some of them are as follows:

- De-institutionalization
- Child participation and child abuse prevention
- The Continuum of Care with focus on convergence (multi-dimensionally and cross- sectorally) and action across all forms of Alternative Care for India.
- Early Experiences of the children- Understanding the impact.
- Factors which lead to institutionalizing, and the importance of prevention at community and family levels
- Issues related to Caregivers
- The independent monitoring of institutions to ensure quality of care
- Providing age appropriate care
- Access to health care/physical and psychosocial
- Access to education including early childhood development
- Services for adolescents(10 to 18 years)
- Preparation for what happens when they leave the institution/community contact/opportunities for employment/Skills and startup funds
- Funding for institutional care

Even as we extend our gratitude to all participants for their feedback, we look forward to incorporating the suggestions and working together with greater strength towards the 3rd Biennial Conference and making it larger and a bigger success.

About Udayan Care

"Udayan" is a Sanskrit word meaning "Eternal Sunshine". We aim to bring sunshine into the lives of underserved sections of society that require intervention. Registered in 1994 as a Public Charitable Trust, Udayan Care works to empower vulnerable children, women and youth, in 14 cities across 9 states of India.

Starting with the establishment of just one small family home (Ghar) for orphaned and abandoned children in Sant Nagar, Delhi in 1996, Udayan Care has spread its work for more disadvantaged groups by establishing more family homes, helping girls' higher education, providing vocational training and livelihood programmes, advocating for better standards in institutional care, etc. In 22 years, we have directly impacted the lives of over 16,000 children, women and youth as beneficiaries as well as thousands as indirect beneficiaries and through our advocacy efforts. This was made possible only through the support of like-minded people, donors and partners who believed in our work and mission.

VISION

To Regenerate the Rhythm of Life of the Disadvantaged

MISSION

A nurturing home for every orphaned child, an opportunity for higher education for every girl and for every adult, the dignity of self-reliance and the desire to give back to society.

THEORY OF CHANGE

There are millions of orphaned and abandoned children in India, girls from weaker sections of society do not get an equal opportunity to continue their education, and professional skills and attitudes are lacking among disadvantaged communities to become economically self-reliant. By engaging individuals committed to helping the disadvantaged, Udayan Care is able to provide homes to orphaned children, give girls financial and developmental support to pursue higher education and offer communities vocational training.

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Our Innovative Programmes

Udayan Care is a volunteer-driven organisation where we encourage the involvement of individuals who have a

desire to serve. These volunteers are contributing their selfless service in different programmes, be it as a mentor mother in our Udayan Ghar Programme, a core committee member, an Udayan Shalini Fellowship mentor, etc.

Udayan Ghars:

Based on the belief that a loving home and family is the right of every child, Udayan Ghars are long term residential homes that nurture children who are orphaned, abandoned or at-risk, in a simulated family environment through a strategy called L.I.F.E – Living In Family Environment. There are single and multi-unit Udayan Ghars, wherein 12 children (6-18 years) constitute a unit to give individual attention to each child. This 'Group Foster Care' model ensures children are loved and cared by a group of Mentor Parents – socially committed individuals (volunteers), who groom these children with the help of a team of social workers, care givers and supervisors. Udayan Ghars are located in middle class neighborhoods to help children reintegrate with mainstream society. Children receive quality education in some of the best schools. Once they reach the age of 18 years, they move into our Aftercare Programme and continue with higher education or vocational training to get into jobs. **Since inception in 1996, Udayan Ghars have nurtured more than 596 children**. Presently, **166** children (118 girls & 48 boys) and **33** young adults live at our 13 Udayan Ghars, two Aftercare facilities and other scattered housing across Delhi & NCR, Kurukshetra and Jaipur. With a vision to reach out to more children, we hope to open more homes in the future.

Udayan Shalini Fellowships (USF):

The situation of education for girls in India is abysmal. The biggest difficulties arise in the transition from high school to secondary levels and then to college where dropout rates increase dramatically. Making a conscious choice to support the higher education of girls, Udayan Care began Udayan Shalini Fellowships in 2002 in Delhi with 72 girls. **Since inception, USF has supported over 4400 girls from economically-disadvantaged backgrounds.** Today, many of our girls, whom we call *Shalinis* (Dignified Women), are pursuing fields like Engineering, Medicine, Chartered Accountancy and Computer Science, among others. Some of the unique features of USF are mentoring and regular motivational workshops to create a force of sensitive, trained and enlightened citizens. Furthermore, to become socially aware and responsible, *Shalinis* fulfill 50 hours of mandatory social work. USF is now present in 11 cities and their surrounding areas – Delhi, Kurukshetra, Aurangabad, Dehradun, Kolkata, Gurgaon, Haridwar, Phagwara, Jaipur, Hyderabad, and Mumbai, with Mumbai, as the most recent Chapter. Last year, in 2015-16, **715** new girls were added to the programme for higher education under this programme. In 2016-17, 550 more girls shall be added.

Udayan Care Information Technology and Skill Centres (IT & SD Centres):

Based on Udayan Care's mission to enable every adult the dignity of self-reliance, Udayan Care's IT & SD Centres were **initiated in 2004** to enable under-served youth and adults improve their livelihood options. Our centres offer certificate and diploma courses in basic as well as some advanced computer applications, as also Graphic and Print design; etc.; and courses in stitching, beauty therapy, etc. Spoken English and life skills training are also a part of the curriculum to make students job ready. Recently a production house is added to our SD centres to gain underserved women not only skills but livelihood. Since inception, our 9 Information Technology and Skill Centres, across 3 States **have equipped over 11,000** students across Delhi & NCR with

the dignity of self reliance.

Pragnya Fellowship Programme:

The Pragnya Fellowship Programme aims at empowering financially-constrained but high-achieving students to pursue their Post Graduation course. With an equal emphasis on merit and need, the fellowship program supports the selected students' studies by granting them flexible loan scholarships. Additionally, the students are connected with successful professionals as mentors until the students are professionally settled. This effective mentoring support and industry-specific counselling is intended to facilitate better employment and quality of life for these young adults

Curricula on Life Skills & Health Education:

In 2004, Udayan Care published a set of books on health and life skills to be used as part of the curriculum for school children. Pedagogists, health consultants, school teachers and students came together under the umbrella of Udayan Care to formulate a series of books titled "Health is Fun". Satya Bharti Schools, run by Bharti Foundation, were the first ones to introduce these in their schools and are still using it. Motivated by its success, Udayan Care, keeping in mind the NCERT syllabus for Art of Healthy & Productive Living, created another manual catering to primary school children, titled "Together with Life: A Celebration" – a series of 5 books on health, life-skills, culture, civic awareness, heritage, etc, which are used by many schools in North India.

Volunteer & Internship Programme:

Udayan Care's experience has shown that no matter what one does or where one resides, each of us can make a difference to improve the situation of the disadvantaged. Udayan Care's Volunteer and Internship Programme engages individuals and corporates to share their time, skills and resources with less privileged children and youth. Through several volunteering opportunities we enable individuals and corporates in India and globally, to advocate for child rights and be a part of the change. Udayan Care's Internship Programme provides a great opportunity for students to learn and gain on-the-job exposure to the not for profit sector. Last year, we have been fortunate to enjoy the support of about 1000 volunteers and interns from India and various countries across the globe.

Adocacy & Trainings:

Udayan Care believes in people-centric advocacy that enables civil society members and organisations to take responsibility to improve the situation of vulnerable sections of society. Consistent efforts on this front have brought on board committed Mentor Parents, education professionals, volunteers, corporate fraternity, medical experts and schools who willingly give their time and skills.

We endeavor to ensure the protection of child rights by organising and participating in conferences, seminars, and NGO networks and developing policy recommendations. In 2005, we were instrumental in getting the 'Guardian' column included in the application forms of Board exams by filing and winning a public interest litigation in the Delhi High Court; earlier the form only had 'Father' and 'Mother' columns, making it difficult

for an orphaned children to fill it.

Since, 2009, Udayan Care has been organizing various seminars on issues related to institutional care, particularly those related to mental health and aftercare programmes. Apart from regional seminars and workshops, we have instituted Biennial Conferences on Alternative Care, focused on South Asia. This initiative focuses on bringing together representatives from South Asian countries in the domain of child rights, child protection and mental health, to focus on the issue of mental health, care and protection for children living in institutions, and aftercare. Two such conferences have been held in 2014 and 2016, with huge success and appreciation.

Udayan Care also launched an academic, bi-annual journal, "Institutionalised Children: Explorations and Beyond" in March 2014. This ICEB Journal addresses the gaps in research, knowledge and counselling practices, prevalent in working with institutionalised children, in 8 South Asian countries. It also addresses issues in other forms of alternative care. Since then, 5 issues of ICEB have come out to much public acclaim.

Udayan Care has presented several papers on its work on different international fora.

Besides running regular capacity building workshops and trainings for its own staff and mentors, Udayan Care has also been running workshops on several issues related to standards of care in alternative care for NGOs and GOs professionals.

Accreditation & Recognition:

Udayan Care has been accredited by GiveIndia, Credibility Alliance and Guide Star India, organisations that monitor and accredit non-governmental organisations for transparent and credible performance. Udayan Care has also received ISO 9001:2008 for Accountability, Credibility and Transparency in Systems & Procedures for Program Implementation, Fundraising & Financial Management.

For 2 years in a row, Udayan Care had won the CSO Partners' Outstanding Annual Report Award within the non-profit sector for transparency and accountability. It is also the recipient of the prestigious India NGO Award 2011 (medium category), the Karamveer Puruskar and the PHD Chamber of Commerce Awards for Excellence in Service, among numerous other awards.

In 2015, the Honourable President of India awarded Udayan Care the National Award for Child Welfare 2014—India's highest commendation for a non-profit child welfare organisation.

Additionally, in 2016 Udayan Care received the GuideStar India NGO Transparency Awards 2016.

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