"Udayan Ghars (Sunshine Homes):" A Comprehensive Psycho-Social Program for Institutionalized Children in Their Journey to Recovery

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Ruhi and her two siblings, Ruchi and Deepak, (all in the age group 7-13), impoverished, abused and abandoned by their own father, a drug addict, when their ailing mother passed away, already school drop outs, disillusioned, dejected, depressed, and hugely angry, that's how they came to Udayan Care in 2000. It took a long time and a lot of effort in making all three children change their view of life, learn to cope with their traumatic pasts, relearn trust and attachment, and build their present and future. Today, Ruhi, armed with a degree in Travel and Tourism, holds a prestigious job, is married, and a young mother. Ruchi, an executive in a 5 star Hotel, is getting married in November 2013, and Deepak, is presently a second year law student.

Fact Sheet

An estimated 31 million children in India, aged 0-17 years, are orphaned and abandoned according to the most recent statistics from UNICEF.[1] Research proves that orphans who do not receive proper care turn to crime and are vulnerable to child labor, prostitution and other violations. Domestic adoption rates are abysmally low at 5964 children[2]. A report by a leading newspaper daily (Hindustan Times) in 2011 suggested there are close to 30.35 lakh orphans in the north zone of the country consisting Delhi and other surrounding states.[3] The same report suggested SOS children's village analyzed National

1 http://www.unicef.org/infobycountry/india_statistics.html

[2]http://adoptionindia.nic.in/Resources/Adoption-Statistics.html

[3] http://www.hindustantimes.com/India-news/NewDelhi/About-20m-kids-in-India-orphans-Study/Article1-725905.aspx

Family Health survey for 2005-06 which cited 20 million (4% of population) are orphaned or abandoned in India. Very few of the orphanages and shelter homes in India offer adequate care. UNICEF's estimate of **11 million street children in India** is considered to be a conservative figure, added up by **100,000 in Delhi alone.** [4] The Crimes against children reported a 24% increase in 2011 than in 2010. The States of Uttar Pradesh and **Delhi** together accounted for 47.6% kidnapping and abduction of children reported in the Country.[5] According to National Crime Records Bureau in India, a child goes missing every eight minutes among which almost 40% of those children haven't been found.[6] According to National Commission for Child Rights Protection (NCPCR) - an autonomous body under the Ministry of Women and Child Development, GOI - cases of child abuse in India have gone up by an unbelievable 117 per cent in the last four years.

This is what raises concern over the *vulnerability* of children in India; especially for those who **lack their first line of protection - their parents. This was the seed for starting up Udayan Ghars so that they would not remain nobody's children!**

Who are 'Children in Need of Care and Protection'?

'Children in need of care and protection', as described by Juvenile Justice Act 2000, are those who are either/ or homeless, found begging/ working/ on streets, lost, orphaned, abandoned, neglected, abused, incapacitated parent, victim of war/ social unrest/ natural calamity, under threat of life, displayed anti-social behavior, suffering from terminal diseases, mentally/ physically challenged and with no support.

How do they come to Udayan Care?

[4] Railway Children, 'Our work in India', [online]. Available at http://www.railwaychildren.org.uk/asia.asp.
[5] Crime in India 2011, National Crime Records Bureau, http://ncrb.nic.in/CD-CII2011/Home.asp
[6] http://ncrb.gov.in/

All vulnerable children (except for those 'suffering from terminal diseases or are diagnosed with severe mental and physical challenges') can be placed in licensed 'Children's Homes', such as 'Udayan Ghars (Sunshine Homes)' run by **Udayan Care,** but only through the orders of the **Child Welfare Committees.**[7] Children however may also in some cases come through other sources such as **relatives** or **parents** who cannot care for the orphaned/ abandoned children or by **Police/ Good Samaritans/ Other Institutions referrals, but only by permission of CWCs**[8]**.**

Backgrounds of the Children

It is a fact that as many as 8 million of the world's children are in residential care. Some major reasons as pointed out by the study by United Nations on Violence against Children are it is lesser in number where a child is in residential care as they have no parents whereas major cases are registered because of their disability, family disintegration, violence in home and social and economic conditions including poverty.[9]

In Udayan Ghars, most of the children come from a background of **extreme economic deprivation**. If not double orphans, children with single parents or biological relatives may be abandoned by their parents or extended family, because of poverty or domestic marital complexities. In many cases, parents have themselves declared their

[7] The Procedure of any child coming to Udayan Ghars are in compliance with "**Article 20 of the Convention on the Rights of the Child"** which necessarily entails "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.

[8] As per the provisions of the Juvenile Justice (Care and Protection of Children) Act 2000 (amended in 2006) State governments are required to establish a **CWC-Child Welfare Committees** or two in every district. The CWC usually sends the child to a children's home while the inquiry into the case is conducted for the protection of the child. The CWC meets and interviews the child to learn his/her background information and also understand the problem the child is facing. The probation officer (P.O) in charge of the case must also submit regular reports of the child. The purpose of the CWC is to determine the best interest of the child and find the child a safe home and environment either with his/her original parents or adoptive parents, foster care or in an institution.

[9] **Report of the independent expert for the United Nations study on violence against children, 2006**

children orphans and have posed as relatives of children before us only for the sake of getting their children admitted at Udayan Care and for securing their future. The struggle to survive is such that many of the children living with us know the whereabouts of their parents but do not disclose as they do not wish to return to the world of deprivation. Many of the children are lost and their families are untraceable. Many of our children are also victims of physical and sexual abuse on the hands of their own family members or by society when they land up on streets.

These children do not belong to any particular religion, caste or creed but share common scars inflicted by poverty, social apathy and abuse, neglect, malnutrition, ill health, emotional trauma and lack of education. It is well-known that the children, who fall into the artifice of 'Children in need of Care & Protection' and get into institutional care, bring with them the experiences of being orphaned/ abandoned/lost, a past full of utter deprivation and penury, street history and mixed experiences (mostly of child labor and even small time crimes), huge trauma difficulties emanating from physical, sexual and emotional abuse, lack of basic life skills, need for attachment, communication & behavioral modification, need to develop social skills and need to get educated. Needless to say they need utmost care and careful handling.

Emergence of Udayan Ghars (Sunshine Homes) Model

Udayan Ghars are based on an indigenously developed, carefully researched model of group foster care, called **LIFE**: ***Living in Family Environment***. The essence of the model is to recreate the warmth and security of a home and family for children who do not have natural families. The model has evolved after a due deliberation of existing orphanage models in India and the foster family system in the West. The western family based care model did not seem viable culturally, as children with a past are viewed as a potentially bad

influence to the other children in one's family; additionally monitoring mechanisms for foster care is as developed as in the West. Instead, group fostering with smaller numbers of children in community settings (just 12 children of same gender as one unit) was developed (as opposed to the large numbers in institutions). The small group, home-like settings based in communities overcome some of the primary challenges of traditional institutional settings, such as minimal to no interaction with the normal community life and the subsequent lack of integration into normal patterns of development. Small group homes try and provide all the elements of family based care – stability, secure attachment figures (Mentor Parents as Life-time Volunteers), fostering of good relationships, models of responsible behaviour, and emotional investment by both children and carers to generate a sense of belonging and responsibility in the children in a loving environment.[10]

Udayan Ghars (Sunshine Homes) ensure:

- Group Foster Care, where 12 orphaned, abandoned and abused children get a home, a foster family that ensures care and love for them.
- A group of Mentor Parents, life-time volunteers, who commit to nurture these children and bring stability and hope in their lives; and reinforce attachment in their lives.
- Reintegration of children into the community by placing the homes right in the midst of middle class neighborhoods; working on removal of ignorance and a change of attitude at the grassroots level helps draw on local communities' support and strength.
- Opportunities to study at the best private schools, even universities, and get vocational training, based on individual talent and academic interest.

[10] World over there has been a debate regarding care at orphanages to that of given by families who take in orphaned or abandoned children in a community setting. It is also identified by a study by Dr. Kathryn Whetten, director of the Center for Health Policy at Duke University as reported by The New York Times, 2009. Still institutions are still the last resort for those children when nothing works out for their refuge.

- Enjoyment of leisure, outings, hobbies, and fun, like any normal child, and insistence on sporting activities
- A comprehensive Healthcare programme with health promoting and preventive components
- A comprehensive Mental Health Programme to help the children to come to terms with their traumatized pasts and look towards shaping their own future.
- Building capacities of the Carer team, comprising of Mentor Parents, Social Workers, Caregivers and Volunteers, so that they can contribute positively to each child's development, on multiple levels.

All the components of care and protection of Udayan Ghar Programme are in compliance with the **Section-5** of the **Clause- 2** of the **Guidelines for the Alternative Care of Children by United Nations; the Resolution adopted by the General Assembly** states: whenever child's own family to provide appropriate support and care for the child, abandons or relinquishes the child, the state is responsible for protecting the rights of the child and ensuring alternative care with or through competent local authorities and duly authorized civil society organization". It also mentions very clearly that it is also the role of the state to supervise the role of safety, development and well being of the Child placed with the alternative care through regular review of the arrangements provided to the child. [11]
So much so that all the children in Udayan Care's residential programme-Udayan Ghar-Sunshine Homes for children are closely monitored by the Child Welfare Committee, with quarterly progress reports of individual child, regular visits to the Home and also to the Child.

[11] United Nations General Assembly (2009). **Guidelines for the Alternative Care of Children** http://www.unicef.org/aids/files/UN_Guidelines_for_alternative_care_of_children.pdf

Bio-Psycho-Social Perspective to understand the Child's world

Keeping those parameters in mind, a **bio-psycho-social** perspective is used by Udayan Ghars to understand and explain the complexity of mental health of children in institutional care and a model is developed to address this. **The biological factors** include Genetic Contribution, Temperament, Disability, and Intelligence. **The psychological factors** deal with type of past, preoccupation with past and ongoing trauma, distressing life events and perceptions thereof, child abuse; lack of coping skills, behavioral and emotional problems; and above all the capacity of the child to relate to another human being in a secure versus insecure or trusting versus mistrusting way, in the placed home ethos/support/rejection/criticism. **The social factors** relate to reasons of institutionalization, and its impact on the child, challenges in placement, parenting/multiple caretakers, role models, opportunities, social & communication skills, exit/transition and spiritual outlook.

We know that emotional, cognitive and behavioral development of the child is crucially dependent on the child's bio-psycho-social world. Since the biological information about the children (whether first generation learner; IQ, any other disability that was genetic) who are placed in care is rarely available when they come to us; nor the history of their past experiences - early traumas of parental separation, parental abuse, poverty, maltreatment, other distressing events on streets and other placements before coming to us - easily obtainable; we at Udayan Care work with our children with the belief that while genetic disposition and early life experiences do have an impact on one's lifetime functions; these cannot set the stage forever for the child from the perspective of developing personal competencies. If there are strategies that enhance the development of self in the child, once implemented consistently, positive results can occur.

Every attempt is made to understand the genetic contribution each child brings to the orphanage. The basic observation of the child - immediately after placement, in terms of

intelligence, educational levels, social and communication skills, and then to validate IQ tests - enables us to understand the intelligence competencies; on interviewing the child, the details about parents, their occupation and level of education also brings home the biological and psychosocial disposition, that helps us in designing and planning development strategies for the child.

It is common knowledge that adverse early experiences of orphan-hood, parental abandonment, dysfunctional parenting, child abuse, and other most undesirable life events, like experiences on the streets as a street child, change of placements etc., exert effects on child development (Sameroff, 1975; Felitti et al, 1998); and can result in mistrust, lack of coping skills, consequences with attachment, and difficulties in social behavior. It may even lead to anxiety, depression and even conduct disorders. Such children evince greater problems in understanding affective responses to interpersonal situations and show a lack of problem solving skills.

Yet, there have been evidences that improving the social environment of the abused child decreases the psychiatric risks. There is substantial evidence that children subjected to recurrent personal assaults and emotional and physical traumas are at significant risk for psychopathology in general and emotional disorders in particular (Saplosky, 1996; Taylor, Fisk and Glover, 2000) Early childhood trauma can lead to insecure attachment, chronic or generalized mistrust, increased interpersonal conflicts with carers and peer group, defiance based disorders, all of which can lead to chaining effects that create risks for externalizing and internalizing disorders throughout life. It is evidenced in Udayan Ghars that though the toxicity of the past cannot be totally alleviated; improving the psycho-social environment of the traumatized child through family settings, sustained relations with caring adults and peer groups, social integration with a neighborhood community, good schooling, opportunities to find one's voice and talents, physical healthcare and an ever evolving mental health program,

has strong and sustaining beneficial effects over time.

Udayan Care Strategy: L.I.F.E (Living In Family Environment) to cope with several challenges

Considering the aforementioned, Udayan Care bases its strategy on developing a foundation of relational experiences, a strategy based on **LIFE: Living In Family Environment**; where the child is provided a family like setting, with multiple Long-term Volunteers as caring Mentor Parents and role models, the other children of the Home (12 as a unit) as involved siblings; and care staff, accepting friends in the neighborhood community and schools as positive peer influence, and teachers and other volunteers as other extensions of social life.

This model enables erstwhile orphaned and abandoned children in Udayan Ghars to grow in a loving family environment. Children are nurtured by Mentor Parents - a group of socially committed, civil society members, who voluntarily commit themselves to groom the children like their own. Since the homes are placed in middle class neighborhoods, these afford the community a sense of ownership for these children and ability to be inclusive in their approach. Similarly the schools the children attend develop a greater affiliation and affinity with traumatized children and work with us on improving the educational milieu for the child. Even though it is hugely challenging to break the social stigma around having a 'street child' with past, with consistent efforts towards sensitizing the community, it is paying off. An outstanding testimony to Udayan Care's belief in collective action towards restoring Child Rights, these Ghars (Homes) enable great civil society participation.

Udayan Care's greatest effort is always to look for and appoint Mentor Parents - Life time Volunteers, who commit themselves to raise the children in our placement - to develop positive affiliative relations with the child, in the hope that the effects of absent parents and

biological family, or the risk of parental dysfunction, and earlier abusive situations on the child's psychopathology, will be superseded by the positive, sustained relationship with them. This will help evolve self-development in the child, such as personal competence and self worth. Multiple parents gain the children an understanding of different adult temperaments and help in developing in them, capability to design strategies to deal with different types of temperaments, which become beneficial once they grow up.

Since the **Carer** team consists of many levels: Caregivers (who are semi-literate but stay with children 24x7 and help in all household chores and sometimes disciplining also); Social workers (who do legal work, and counsel the children and caregivers) and Mentor Parents (who work in a group and have functions of a parent, to manage finances, obtain opportunities for children for their education, talent, leisure and outings as well as soothe the children by nurturing them), the big challenge for Udayan Care is to work on their teamwork, which it does through a series of workshops to make them come together and understand each others' importance and work with each other in a structured, planned way. Sometimes the caregivers, due to their lack of education and traumatic upbringing are not able to appreciate the need for structure, and consistency of behavior with children. This may adversely impact therapeutic interventions. Mentor parents also, at times, have their own cultural understanding of situations, which may not coincide with a child’s need at the time. Sometimes, Social Workers need more on the job training to be able to balance the different pulls and pushes amongst the carer group as well as the children! The regular meetings and discussions, in addition to capacity building workshops pave the way for a better understanding of each other and helps evolve strategies with which are implemented in the carer’s work.

The Carer group's consistent efforts are to make the children adjust to the entirely new environment at the Udayan Ghars by developing a sense of trust, bonding, and security

in the children, thus ensuring a non-threatening, non-judgemental, non-violent, loving, caring, and sharing environment. Carers address issues like immediate medical care, teaching personal hygiene, food, physical and emotional security, and restoring their self-esteem/worth. This secure and stable environment helps reduce the impact of negative experiences and traumas in the children, of being orphaned, abandoned and abused, of utter deprivation, and malnutrition. The parental love and bonding, and security experienced in the homes help them to come out of their shells. Fulfillment of their emotional needs many times auto correct some of the psychosomatic and behavioral problems.

Comprehensive physical health Interventions

The initial health screening and comprehensive health assessment, as there is hardly any medical history available, and then regular medical checkups and interventions, and provision of nutritious, balanced, varied meals addresses the children's developmental health needs. In the Care plans for children, health is a very important aspect and includes all health care – primary, tertiary and speciality healthcare. Challenges of budgets are addressed by developing linkages with medical fraternity.

Education and Vocational training

Choice of schools, good, consistent education, regular vocational training and hobbies and leisure activities are other strategies that lead to wholesome experience of a recreated childhood that many of the children had never experienced. It is sometimes challenging to develop children's interest for education in the face of their traumas and their first generation learner status and development of complacent attitudes, but this is constantly being addressed.

Regulation of Daily routine in a Family Arrangement

All children in the homes are given a schedule that provides structure and regularity to their life as well as serves as a layer for therapeutic intervention. In addition to the daily routines, like attending school, doing homework, participating in household chores, and more, children in the Ghars (homes) regularly attend educational - recreational workshops. Conscious efforts are made so that all the children in the Ghars come together to participate in seasonal camps that offer sports, games, and songs to create a sense of belonging through unity. The children enjoy celebrations of birthdays and holidays, which again brings a sense of normalcy in their lives.

Enhanced Mental Health assessment and Services

The traumas faced by children in their early formative years sometimes lead to severe behavior or emotional problems, and require intensive, consistent and specialized mental health intervention to build onto the trust and sense of identity of the child. The initial mental health screening and assessment, referral to a specialist if need be, helps prepare the carer team to develop proper mental health care plan for the child.[12]

Even in placement, there are many environmental changes: change in caretaking; court proceedings; reappearance of the lost, dysfunctional family; sometimes restoration of one child from the peer group, entry of another highly disturbed child; inability to cope with the pressures of studies or expectations from self and others, etc. Such circumstances require constant supervised mental health interventions. Even leaving care can be traumatic, whether for reunification with the family, or transition to adulthood and self sufficiency, they still

[12] A study by Whetten et al. from Duke University indicates that single orphan and abandoned children both boys and girls with traumatic past are at high risk for potentially traumatic events and associated difficulties demonstrating the need of similar protection, care and appropriate psychological services. Our strong Mental Health Care model addresses those indicators.

require assistance related to mental health needs and thus the Carer team should be able to deal with such diverse issues.

Monthly Capacity Building Workshops organized with Mentor Mothers/Fathers, Social Workers, Counselors, Supervisors, and Caregivers with the perspective of primary, secondary and tertiary prevention at all the homes with the ultimate goal to promote emotional and social well-being in each child. Mentors Parents (*though with proven track record of raising their own children successfully)* get regular training in trauma and abuse incidences so as to help them deal with such children in an appropriate manner. Similarly all the support staff receives training in dealing with such children appropriately. As children are growing into adolescents, issues regarding relationships, sexuality and career related issues, transition and settlement are emerging in forefront.

Some of the mental health training workshops conducted are as follows:

- Emotional Disorders
- Violent and Suicidal Disorders
- Disruptive Behavior Disorders
- Case presentation and discussion of cases from various Ghars
- Communication with Traumatized Children
- Motivation and Academics
- Transitioning and support

Typically Udayan Care organizes about 30 workshops in a year, for its Mentors, professionals and care staff, separately. All the workshops are designed keeping in mind "**attachment and trauma challenges**".

Professionals on various issues related to mental health, team building, tolerance, career choices, etc organize more than 24 workshops with children and adolescents. These workshops besides being very educative are highly participatory. Besides these, regular Life Skills and Leadership Workshops are held. Another source for introspection and developing greater communication with each other and with adult Carer group is "Monthly Family Meetings", where children set the agenda and discuss all issues pertaining to themselves and their homes. The participatory processes are good tools to teach children decision-making and leadership skills.

The Mental Health team at Udayan Care comprises of: Child & Adolescent Psychiatrist, Psychotherapist, Counselors, and Social workers, Parenting Coach, Administrative Staff and Volunteers.

The Mental Health Programme at Udayan Care constitutes[13]:

- Individual screening, interventions, counseling and medication
- Observation and Interaction with children
- Group therapy
- Life Skills Workshops & other skills building workshops for children
- Regular Care Plans for the child; continual assessment of children's needs
- Dealing with children's anxiety, and stress for their indefinite/ insecure future
- Dealing with Sexuality and other teenage issues
- Regular Meetings within Homes and at the Head office of staff and mentors
- Capacity building workshops for Caregivers, Social Workers and Mentors

[13] Going by **Article 25 and Section 1 of the Article 27** of the **Convention on the Rights of the Child which clearly states "***State Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement",* Udayan Ghar's periodic Mental Health Assessment and Services to each child in closely in sync with it.

- Research & Development
- Advocacy

The MHP Team has grown over the years. Work on “Prevention” is now taking centre stage. Early identification and interventions are being emphasized upon and a holistic approach is being worked upon. Carer team is better equipped to deal with children’s ‘acting out’ issues. Training models and advocacy plans are growing and research work is getting enhanced. An outcome-based approach is being developed for which different questionnaires, dealing with perception of needs of institutional child and perceived fulfillment or lack thereof (client satisfaction), using multiple informants, like child, Mentor parents, social workers and care givers, etc. is being conducted and analyzed. Difficulty being, the existing and established scales, are all western in origin and it is an accepted fact that socio cultural perspectives are widely different in the west and east.

The future of mental health programme in Udayan homes entails now consolidating what exists, training the trainer’s model, preparing and disseminating modules for mental health care, manuals on induction and orientation, trainings, based on attachment model for intervention; national advocacy and Longitudinal Research work. Currently we are working on creation of Caregivers' training manuals, based on attachment model.

While deeply appreciative of the fact that addition and emphasis on spiritual and philosophical dimensions to our childcare practice will aid in bringing greater resilience and creativity to our children, we have still have yet to develop a comprehensive spiritual practice, which can suit the diverse religious sentiments of children in the homes.

Mentor Parents can be the single-most huge resource as they come with rich personal histories of parenting, economic security, with potential benefits in terms of providing linkages and resources and above all long-term commitment; this model needs more research into its efficacy and greater exploitability.

Various other challenges are encountered while developing the model. This comprises priority on physical health and education by the Mentor parents; sometimes reluctance on the part of the Carer team to accept mental health needs and learn evolving mental health concepts. Issues of labeling, bias against medication, lack of enough and trained human resources, constant attrition and change of professionals and involvement of Mental Health professionals in other admin work due to lack of adequate financial resources, etc. are other pertinent challenges that we have to deal with.

Research to make Udayan Ghar Model better

It is an important goal of Udayan Care to consistently assess and reexamine our strategies in order to make our model more effective. To this end, we have started a variety of studies to examine the perceived and met mental and physical health needs of our resident children and caregivers. For example, the **Research paper "*Perception of Quality of parenting and mental health programme in Foster care Residential Homes: An Indian Experience",*** presented as a Poster as a part of Donald Cohen Fellowship at 13th International Congress of European Society for Child and Adolescent Psychiatry (ESCAP), Florence, Italy, 26.08.2007 found that children and their mentors views of care and control were quite varied, highlighting the importance of better understanding differences in perception of care giving from both the adult and child perspectives. In most cases, the mentor rated the quality of their care mechanism in excess of what children perceived, while their own rating of control mechanism fell short of what children perceived about the same. Individual Programme Plan (IPP) revealed shortcomings in all the eight parameters in most of the children at the first assessment (0 month) with 58% of them showing improvement in at least 4 out of 8 parameters after 8 months of ongoing mental health programme. 17 children (21%) were identified with various multiple mental health problems with ADHD

being the most common diagnosis (35.3%) with comorbid psychiatric diagnosis in 2 children (11.8%).

A symposium presentation at IACAPAP, Beijing, CHINA, 06.06.2010, was done on ***"Developing a comprehensive Mental Health Services for children living in foster care homes, New Delhi, India."*** This paper discussed the MHP model and various challenges and evolution of MHP over the years.

A Research paper **"Assessing the Needs of Children living in Foster Care Homes of Udayan Care,"** was presented at ASCAPAP conference in September 2013, New Delhi, and examined the perception of needs fulfillment in Udayan Care children from different Udayan Ghars. Around 30% - 60% of the children assessed felt that their needs were always met. On the other hand, about 8% - 17% of the children felt that their needs were never met. 15% - 60% children felt that Educational Needs were always met. 30%- 65% of the children feel that Interpersonal Needs were always met. 26%- 57% children felt that Emotional Needs were always met (i.e., they felt safe and secure, cared for, loved and have the perception of living in a family). This study has helped the organization to better understand the needs of children living at Udayan Care and to improvise the facilities provided to enhance physical and mental health services for the children under care.

The qualitative observation of a pilot study done by Nayar-Akhtar, M., Carter, M., Nath, S., Dyette, K. (2013) of an ongoing longitudinal investigation of the children to assess **the issues of attachment, trauma and adjustment in the years following entry at our at Udayan Ghar** from Four Selected Cases (based on ECR-RC and Piers-Harris 2 data) suggests **attachment** and **self concept** are both within one standard deviation from the normative mean except one child who demonstrated a better self-concept and more secure attachments. Results also show that attachment insecurity and self-concept tended to vary inversely. Generally, boys exhibited more secure attachment and better self-concept than did

girls. The older children's attachment scores were more extreme than the younger children's scores. Measures included self-report, projective, and descriptive measures of attachment security, self-concept, ego resiliency, behavioral functioning, history of trauma, and post-traumatic symptomology. As a part of longitudinal study by using measures of attachment and adjustment with these individuals, who are between the ages of 5 and 22, a developmental perspective will be provided on how attachment and adjustment relate to each other and each of these will be examined with larger sub-group *N* to assess the influence of age, gender, cultural and developmental factors and the attachment-self-concept relationship. (Bowlby, J. 1969/82, Ainsworth, M.D.S., Blehar, M.C., Waters, E., and Wall, S., 1978)

Reach

In 17 years, we have impacted about 300 children. Currently 192 children are being nurtured at our 13 homes. Of these, 22 have moved to our three After Care facilities, as they have crossed the age of 18 years; while most of them are pursuing university education, many are in vocational training too. More than 25 young adults are already leading independent, productive lives, outside in the larger world, with who we are in constant touch.

Conclusion

In conclusion, it can be said that issues of emotional and physical well being of such children is being addressed by our unique model of care, notwithstanding so many challenges and are found to be successful with different children in varying degrees. Both prevention and intervention are being integrated at all levels of delivery of services for children in care to make their journey to recovery possible. It is a huge task at hand as each child and adolescent's needs go beyond set conventional approaches. Only one requirement is universal and that is acceptance of the challenge and the will to work with each child as an individual.

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