

Institutionalised Children Explorations and Beyond

An International Journal on Alternative Care

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

Focused on the South Asian Region



Institutionalised Children Explorations and Beyond

An International Journal on Alternative Care

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Institutionalised Children Explorations and Beyond

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Editorial

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

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

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

Psychoanalyst and Psychotherapist, Clinical Assistant Professor University of Pennsylvania, Faculty,
Psychoanalytic Center of Philadelphia, Philadelphia, Pennsylvania, USA
Email id: monisha_akhtar@hotmail.com

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Foreword to the Special Edition

**TRANSITIONING TO ALTERNATIVE CARE AND
DEINSTITUTIONALIZATION**

Monisha C. Nayar-Akhtar

It is widely believed that children who grow up in institutions often suffer from cognitive, emotional and social difficulties. They perform poor in school, exhibit a wide range of behavioural problems and suffer from anxiety and depression and overall function at a lower level than their peers. The overwhelming support in the literature is, therefore, for alternative methods of care, such as foster care and adoption, though there are some who advocate that institutional rearing is the preferred approach for orphans (Whetten *et al.*, 2014). In addition, given the large number of children who enter institutions as a result of significant family dysfunction, family-strengthening processes to help vulnerable families keep their young ones at home are also advocated. Overall, it is widely held that placing orphaned children in foster care and/or for adoption mitigates the effects of parental and kinship loss.

However, in many developing countries, governmental and non-governmental run institutions have functioned for several decades to take care of their growing population of orphaned children. Today, these institutions face a challenge. Called on to close down or reform their child care systems, also known as a process of deinstitutionalisation, these organisations and their governing bodies face substantial challenges. The process requires, at the very least, finding new placements for children and establishing proper replacement services to support vulnerable families in non-institutional ways. Family strengthening is an underlying goal that requires thoughtful assessment of a family's needs whether that is in the realm of social, economic, physical, cognitive or even mental health concerns. Needless to say, this is, therefore, a lengthy and complex undertaking and no simple solution exists to quicken the pace of deinstitutionalisation or make it palatable to the large number of organisations that currently provide institutional services.

It is important to note that legislation and direction for this initiative comes from the United Nations Convention on the Rights of the Child, a human rights treaty

Adult and Child/Adolescent Psychoanalyst, Clinical Assistant Professor, University of Pennsylvania,
Faculty, Psychoanalytic Center of Philadelphia, Philadelphia, Pennsylvania, USA
Email id: monisha_akhtar@hotmail.com

which sets out the civil, political, economic, social, health and cultural rights of children. Once a nation has ratified this convention, they are bound to it by international law. All countries in the SAARC region have ratified this Convention and are therefore committed to the process of eventually moving to a healthy and robust foster care and adoption model alongside family strengthening initiatives.

While possibly a desired goal in itself (as much of the literature would attest to), deinstitutionalisation and the transition to alternative care in the SAARC region remains complex. The sheer number of children who are orphaned and require care is staggering. Literature reviews on the nature of foster care and/or adoption is rather scarce and difficulties in collecting these data are immense. The multitude of problems sometimes facing these children requires proper and adequate training of the staff and potential family. This is not always available. Lack of awareness of the complexity of issues in placing a child in foster care or adoption may bring risks to the children in question, either forcing them to be sent back to their problematic families of origin or suffering silently in their new setting. Citing that the quality of interpersonal relations in institutional setting is often poor or lacking, many advocate for deinstitutionalisation and placing the child in family care. This, however, does not necessarily guarantee improved relations. The process of adjustment is complex and a child's internal world, troubled as it is by many ruptures, is likely to find expression in a variety of behaviours and emotional disturbances.

Needless to say, transitioning from institutional settings to alternative care is complex and poorly understood in the SAARC region where the numbers of vulnerable children seeking refuge in these institutions of care continues to grow at alarming rates. Tackling this enormously complex issue, Catherine Flagothier (2016) of SOS International Villages conducted an extensive review of these processes in the SAARC region. Her extensive and enlightening review provides us with considerable food for thought, as it captures not only the data on the ground but also the difficulties surrounding such transitions. Richa Tyagi (2018) elaborates on their approach and explores the paradigm shift that accompanied their move towards deinstitutionalisation. There are a few other examples of such trends and they all cite the considerable amount of preparatory work that is required before one can advocate or promote this legislative change with considerable social, psychological and economic implications.

As a psychoanalyst, deeply steeped in working with children, adolescents, adults and their families, I cannot help but ponder on the implications of such a global movement with regional ramifications. I am compelled, by training, to examine and explore the conscious and unconscious motives behind any action, whether in the individual, family, community or society at large. Although a comprehensive analysis of such motives is beyond the scope of this journal and/or our expertise,

it does imply that there are many factors that impact national, regional and global movements. Geopolitical and social movements are often governed by ideologies that are sometimes informed by academic research, theoretical leanings and in the case of mental health, clinical findings that appear to support or counter existing realities. In the hands of expert clinical practitioners and researchers, these influence the allocation of resources, direct social and mental health initiatives and influence legislature as well. They propel movements that impact the trajectory of a child, whether living in an intact family either as a biological or adopted child, in foster care or in an institutionalised setting. From the perspective of vulnerable children who are in need of care and protection and placed in institutions, the trajectory can seem dubious. Many would foresee a grim and dire future, though there are others who are not entirely convinced that institutional care does not provide the same, if not better, care than alternative care paradigms. This is not a point I wish to argue in this foreword. Rather, I would like to draw attention to factors that mitigate or accelerate the impact of ruptures in families and within an individual. Often these refer to a myriad of trauma-related situations (natural and man-made), which seem to accompany those children who are in need of care and protection and placed in institutions to an extraordinary degree. The impact of trauma is ubiquitous and an extensive body of literature on the long-term effects of early childhood trauma on cognitive, social and emotional functioning exists in the global mental health community. Unfortunately, in the SAARC region, attention to such factors and the mental health needs of these children is sketchy at best. Despite the noteworthy work being done by many organisations, the mental health needs of children who are in need of care and protection has often been overlooked and underestimated.

The deinstitutionalisation process further puts traumatised children at risk as the judicial and social processes are often unclear and time consuming regarding the fate of a child who is put up for adoption or faces the prospect of foster care. Adoption and foster care are also guided by motives that are unclear and may not be entirely conscious. While vetting is often undertaken by several agencies, the complexity of the situation and the concerns raised cannot be overlooked. The overwhelming number of children now entering this transitional phase, moving from institutional care to deinstitutionalisation, compels us to also look at family strengthening paradigms so as to slow down the occurrence of children leaving their natural homes. This is a complicated social, political and emotional process. As a psychoanalyst, it is well known that families have their personal narratives of sorrow and traumatic experiences and the intergenerational transmission of trauma is ubiquitous. Selma Fraiberg's (1975) seminal work in this area is captured in her work with young mothers and presented in a paper titled 'Ghosts in the nursery'. Alexander Harrison whose work with infants and caretakers is presented

in this issue also stresses the importance of these early mother–infant interactions as predictive of a healthy psychological outcome. Her model for strengthening early mother infant relationships adds to our understanding of family strengthening strategies.

Along these lines, McCall *et al.* (2016) suggest that early institutional interventions can serve as a preemptive strike in strengthening children and enhance their ability to adjust to novel and changing environments. The authors examined whether interventions in Russian Baby Homes promoting warm, sensitive and responsive caregiver–child interactions and relationships would be associated with advantages in those children’s behaviour years after they transitioned to family care. These results suggest that previously institutionalised children adjust well to family life, but improved institutional care can have some persistent benefits over the span of their lifetime.

One might ask what ideological principle guides such a movement and they will find the answer in attachment theory. Espoused by John Bowlby (1969/1982) and strengthened by the groundbreaking work of Ainsworth and others, attachment theory has served to anchor significant research and has profoundly affected global policies and legislation in working with vulnerable children and those in need of care and protection. The burgeoning literature in this realm has overwhelmingly supported the belief that a child belongs in a home with a primary care taker. This naturally has profound implications for children in institutional settings, and significantly impacts the movements towards deinstitutionalisation as well.

Marching to this steady drumbeat many countries in the SAARC region are struggling to satisfy policy mandates, find placement settings, strengthen social services and attend to the mental health concerns that arise from these ruptures. Limited resources and knowledge often impede successful transitions and who can ignore the children themselves who having lived sometimes their entire life in one location are now required to adapt to another.

In light of these accelerating changes let me offer the viewpoints of two theorists whose perspectives offer some hope and a vision for the region. Heidi Keller (2013), a cultural theorist, gives attachment theory its due respect, but nevertheless critiques its ubiquitous application to culturally diverse populations. With her extensive research, she suggests that family structures and parenting styles vary all around the world and no simple paradigm as suggested by one theory can accurately account for personality development. This is an encouraging fact as it assures cultural integrity for many in the SAARC region and a social and political process that would (and should) keep this in mind.

Smith *et al.* (2016) provide another theoretical perspective that is also noteworthy. They suggest that we examine institutionalised children and their relationships via the lens of social theory. While recognising the insights provided by attachment theory, these authors suggest that the dominance accorded to attachment theory in policy and professional discourse has reached a point where understanding of human relationships has become totalised within an attachment paradigm; it has become the ‘master theory’ to which other ways of conceiving childcare and of relationships more generally become subordinate (p. 1606).

The authors explore the theory of recognition offered by the German social theorist, Axel Honneth. According to this theory, rewarding relationships extend beyond the individual and encompass the social, political and community contexts that are central to human development. According to Honneth, there are three spheres of recognition. They are

1. The emotional recognition of the need for love and care
2. The legal recognition that everyone has basic rights as a human being
3. Recognition that solidarity or social esteem exists as part of one’s contribution to a community.

In reifying attachment theory, the authors attest that day-to-day practices in institutional settings that are symbolic of care and nurturance are overlooked. These are demonstrated through cultural and practical actions such as through touch and food. They suggest that the examination of these critical areas of recognition have significant impact on residential settings and for their young charges.

I conclude with the following vignette.

Mr A, an elderly and scholarly gentleman, now in his 70s, once remarked that he would longingly look at an orphanage where little chairs and tables existed and where little children, without parents, would often live and sleep. His relatives had taken in Mr A when he was 4years old, having been abandoned by both parents. Mr A could not recall a single day when he did not wistfully look at the orphanage and wished he could live there instead. In his words,

it was an identity I could have had. Instead the one I got left me feeling diminished, isolated and alone. In the company of my cousins, who had their parents, I did not belong. I would have been better off had I developed bonds with those who were just like me.’

Perhaps in the end, our best efforts will be examined and evaluated by those who we impact and those we serve.

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Interview

INTERVIEW¹ OF GRAHAM MCPHEAT²

Leena Prasad³

INTRODUCTION

The International Liaison Editor of the Institutionalised Children: Explorations and Beyond (ICEB) Journal and also the Managing Trustee of Udayan Care, Dr. Kiran Modi has had a long association with Dr. Graham McPheat and colleagues at CELCIS.

The following questionnaire has been divided into three sections. Firstly, trying to understand the value and importance of the academic work that Graham has been leading in this area on residential care and secondly, on the way forward and vision of such interventions in terms of scale-up and adaptations in other countries, and particularly in the context of South Asia.

I. VIEWS ON THE IMPORTANCE AND ROLE OF ACADEMIA IN ALTERNATIVE CARE FOR CHILDREN

1. Your teaching focuses mainly on child and youth care, residential child care, with additional material linked to leadership and management and organisational learning.

¹This interview was conducted on email in November, 2017, by Ms. Leena Prasad, Senior Consultant at Udayan Care

²Graham McPheat is senior teaching fellow and course leader of the MSc. in Child and Youth Care Studies currently based jointly in the School of Applied Social Sciences at University of Strathclyde and CELCIS, in Glasgow, Scotland. Within CELCIS (the Centre for Excellence for Looked after Children), he is responsible for coordinating its activities on qualifications and courses offered to the looked after children sector and some of his key tasks within this role involves developing international distance learning postgraduate master's programme, developing the thinking and courses related to social pedagogy as well as working with stakeholders in the implementation of recommendations for residential child care. Before coming to the University of Strathclyde in 2003, Graham worked as a practitioner and manager in residential child care services in Edinburgh for 10 years and was involved in the development work around new qualifications for the residential child care sector in Scotland. He has also been an active member of the Scottish Social Services Council Strategic Group which developed the Standard for Residential Child Care in Scotland. Graham McPheat has been involved in research focusing on residential child care and looked after children. Recent research has included studies on recruitment of residential child care staff and trends in the use of residential child care. Email id: graham.mcpheat@strath.ac.uk

³Human Rights Lawyer and Senior Consultant at Udayan Care, New Delhi

A guiding principle for me as an educator is to keep our courses and education as relevant as possible for practitioners. As a residential child care worker, I was seconded to undertake my social work qualification. I struggle to connect much of the material I was engaging with to my actual practice. It was often very abstract and unrelated to the reality of my practice. Our masters programmes in both Child and Youth Care Studies and Advanced Residential Child Care are delivered to actual practitioners, being in practice is a requirement of being on the course. We continually frame our material and activities to prompt them to link the material and learning back to their practice – both at an individual and organisational level. Feedback from students would suggest that we are successful in achieving this. If we ever stop being so it would call in question the effectiveness and worth of the programmes.

2. You have emphasised on the fact that one doesn't have to in a management position to be a leader. Can you explain this a little and especially in terms of the role that it plays in managing child care institutions?

Management responsibilities are generally associated with formal roles and job descriptions and we obviously require managers to be able to operate in leadership capacities. However, we need all child care practitioners to be able to act as leaders and role models within their settings. We require practitioners to practice in a way that models responsibility and promotes empowerment for service users. As such all workers have a leadership role in advocating for our services users and the services they receive.

3. You are particularly interested in online and distance learning. In addition to your role with the MSc in Child and Youth Care Studies by Distance Learning, you are the Lead Educator in the University of Strathclyde Massive Open Online Course (MOOC) 'Caring for Vulnerable Children', which is a 6 week course run since 2015. How does the online course actually result in making good managers for child and youth care institutions?

The two courses have very different target audiences and learning goals. Caring for vulnerable children is general and introductory in many ways so would not have the necessary aim of developing good managers for CYC institutions. The MSc is obviously aimed at a different audience, students engaging with issues in a much more sophisticated and critical manner. We require managers capable of bringing this level of critical thinking to their practice.

The MOOC would not at all make the claim that it results in making good managers for child and youth care institutions. It is a general level course which is aimed at a range of practitioners and also acts as an introduction to the sector for those not yet part of it. It does not have content that is specific to managers in child and youth care institutions *per se*, although I would hope that they might find it relevant in terms of refresher and CPD purposes.

4. What is your concept of establishing a learning organisation especially when your work with child and youth care matters?

A learning organisation would be one where there is a culture of learning. This goes well beyond simply sending workers on training courses and has to extend to the way all opportunities for learning are used and capitalised on. This can also encompass an ability to learn from mistakes and avoid the development of a blame culture.

Part of the normal development process for children and young people, especially adolescents, will be for them to test out and experiment. This has got to involve incidences of failing or things going wrong and them being supported to learn from this. Risk adverse organisations may not support workers to allow young people to fail and subsequently learn. Good practice will allow and support staff to take manageable and reasonable risks in the knowledge that mistakes may happen but is part of a legitimate and healthy process of learning. This may involve staff giving young people permission to go to certain events where they know there is likely to be drugs/alcohol and helping them beforehand and after to think about sensible choices/moderation, etc. and doing this in the knowledge that things may go wrong.

5. What are positive leadership and management in residential child care and how do you actually practice?

This will be multifaceted but has to involve managers being dependable and available. I think there is a strong argument to say that to be a truly effective manager in RCC (Residential Child Care) that you need to have direct practice experience. Without this I doubt if you can truly support staff in the challenges that they will encounter.

6. Can you explain the process of admission and recruitment for this online MSc course in CYC?

Recruitment and admission is managed via our online application portal as most courses at the University are. To be eligible for this course, you require a first degree or relevant professional qualification or a combination of qualifications and experience demonstrating capacity for postgraduate study. You will also require sufficient access to child care settings through which you can evidence programme and practice requirements. This will involve you working or volunteering in a child care setting either part- or full-time throughout the duration of the programme.

Our course is advertised via the University website, the CELCIS website and via all the usual University processes and events. On top of that we place specific adverts in relevant journals such as CYC Online and the Journal of Relational

Child and Youth Care Practice. We also target specific conferences to attend and present at that we think will help to publicise the course and support recruitment. We have attended several CYC conferences in Canada in recent years with this specific purpose.

7. You have been both an academician and a practitioner. Can you share how you made the shift and how does having a practical experience help in your academic role?

I was a Masters student at the University – (University of Strathclyde 2001–04) I was involved in some associate teaching via SIRCC – (Scottish Institute for Residential Child Care) before applying for a more permanent role – (Lecturer). I think that my practical and direct practice experience is vital in ensuring that my teaching remains relevant for current practitioners. If this ever ceases to be the case that would be a significant problem.

By constantly challenging students to relate theoretical material and research findings to current practice issues as they impact on the sector we ensure that their experience of the education programmes is related to their practice and not merely an academic exercise. In this way, they take their learning back to their organisation and think about how they can improve practice and subsequently outcomes for children and young people. This can involve potential methods of intervention, models of staff support or more general issues about underlying philosophy and aims. The list, here, is pretty much endless.

8. Is there any particular anecdote that you can share with us that made you realise the importance of having such academic interventions on this issue, which even today largely remains unaddressed in many parts of the globe?

A colleague once described a worker who had been in service for 20 years as having ‘1 year of experience repeated 20 times’. This for me reinforces the link between doing, thinking and critical reflection. We require practitioners, managers and leaders who can think critically and constantly reflect on their practice. Experience alone does not guarantee this and it is the role of academia to constantly challenge student practitioners.

9. Can you talk about the research project titled ‘Threshold Concepts in Residential Child Care’ that you carried out and what were the major findings and learnings from this?

I was a junior colleague in this project; the lead was Laura Steckley. It is still ongoing. Perhaps the most significant findings to date are the idea of threshold concepts was one that made sense to most expert educators and student/practitioners. Within this for student/practitioners, the areas of relationship, self,

life-space, working with behaviour, containment and child development were raised and explored most consistently across the focus groups.

II. VIEWS ON SCALING-UP SUCH ACADEMIC INTERVENTIONS

10. What are your overall views on children growing up in residential care and the vulnerabilities of children globally, especially of children without parental?

In a UK context, RCC has been for too long been considered as a placement of last resort. There is a growing voice, certainly in a Scottish context, which argues that it should be considered as a more positive placement choice when it is the assessment that it will best meet the child's needs. However, evidence in Scotland doesn't point towards that happening as much as it could. This is down to both ideological and resource issues. However, there is also an acute shortage of suitable foster carers so easy alternatives are not apparent. Beyond the UK, any such discussions have to take place with the norms and context of particular countries. I'm aware that group or residential care has a very different history and role in different settings. In some countries, there will be more of a tradition of the use of large orphanages, for instance, which would be very different to the UK. Or in some instances there may be more reliance on NGOs to deliver services. Again, this would be very different to the UK. It also means that attempts in these countries to engage in a process of deinstitutionalisation would be one that is not common to the UK experience or not to the same extent.

11. In the context of deinstitutionalisation, what could be the incentives for a university to start a course for managers to manage child care institutions?

Whilst deinstitutionalisation is obviously an issue in some countries and territories, it should still be the case that when RCC is being used as a placement option, that it should be informed by and based on best practice. Indeed, there perhaps is a strong argument for this being even more of a priority against such a backdrop as without this RCC could be wrongly devalued even more.

In the UK, best practice would be seen to involve care planning at an individual child level, making decisions based on assessed need as opposed to be driven by resource and organisational issues. Whilst this is the aim, the challenge of achieving this with ever decreasing resources rises all the time.

12. Given your knowledge of the academic world on child protection reform and deinstitutionalisation, what would you suggest as the first key priorities in the childcare reform arenas as of today?

I think our biggest priority has to be on relational practice. That is not say that child protection is not important, it obviously is, but if we fail to operate in a

relational way with children and young people and their families then we will struggle to achieve anything. Being in relationship with children and young people has to be the centre of our work and we have got to be comfortable, as a profession and as individual practitioners, in forming meaningful and close relationships as a means to promoting growth and development. This challenges some perceptions of appropriate boundaries and that is perhaps our biggest barrier.

13. What would be the future decade like for child protection and what is needed to achieve a real involvement from governments, civil society and other actors towards encouraging more researchers and academicians to include issues of residential care and family strengthening in their agenda for ensuring better protection for children?

I think some of this is connected to my earlier answers. Children will be better protected by better RCC services. Better RCC services will only be delivered once there is more acceptance of the role and purpose of that service. This does involve a degree of political and societal buy-in. Unfortunately, attitudes towards more marginalised and stereotyped members of society can be difficult to change. We need to keep on trying, however.

14. In your opinion, how critical is it to train and build capacities of caregivers in childcare? Can you draw some illustrative examples of the gains of having trained caregivers?

It's vital. We want and need children and young people to have positive care experiences. It's our most important legacy. Trained and critically thinking caregivers can contribute to a more rounded care experience for children and young people, especially with regards to advocating for their rights. In a Scottish context, trained workers are far more able to advocate for the rights of the children in their care to be treated equally by other professions – especially education and health.

15. Do you emphasise more on deinstitutionalisation and its importance in the course curriculum currently offered through the University?

There is an acknowledgement that this is an issue in certain parts of the world and it is represented in the curriculum in this way. However, the vast majority of our students are from the UK and Canada so our practice examples tend to focus more on practice in these countries. This changes as cohorts of students develop.

III. THE WAY FORWARD IN SOUTH ASIA

16. What would you suggest to practitioners and academic research people in South Asia? What should be done to develop child protection systems that strengthen families and ensure high-quality family- and community-based alternative care for children?

Whilst there is undoubtedly much to be gained from considering best practice elsewhere, there has always got to be a cultural fit with practice. Proposals to consider or adopt practices from elsewhere would have to be sensitive and mindful of societal norms around child care in South Asia. We can't simply pick practice from elsewhere and adopt it in a seamless fashion.

17. For countries in South Asia, what would you suggest as the right strategy towards better alternatives of care for children?

I'm drawn back to my earlier comments about the central importance of relationships. Children and young people need to be able to form meaningful relationship is with caregivers and rely on these relationships to help them live, grow, develop and heal. They require to feel claimed, truly cared for and loved. We have to aim for this regardless of how services are organised.

18. Is there any other comment or observation you wish to make in this context?

We want children to grow up feeling loved. In Scotland, there is an increasing conversation about how we ensure children who are part of the care system feel loved as they grow up out with their birth family. That is hopefully a consideration of care systems the world over.

We greatly appreciate your collaboration and thank you very much!!!

Research Article

**DEINSTITUTIONALISATION OF CHILDREN IN CARE
WITH SPECIAL FOCUS ON INSTITUTIONAL CARE IN
SOUTH ASIA**

Eswari Vadlamudi

ABSTRACT

This article proposes to deal with probabilities and possibilities of deinstitutionalisation in South Asia and also explains the present situation of children outside parental care in South Asia region. Attention has rightly been drawn to the South Asia region due to large increases in the number of children outside parental care. These children often find themselves at a high risk of violence, exploitation, abuse and neglect and their well-being are often insufficiently monitored. The major causes of institutionalisation (poverty, education, migration, runaways, abuse and disownment) and effects of institutional care are briefly discussed in this article. This article explores the deinstitutionalisation of children in care. Numerous studies have been conducted on impact of deinstitutionalisation on children. The focuses of these studies were largely on deinstitutionalisation process. This article extends its analysis on institutionalisation to deinstitutionalisation possibilities and availabilities explaining with special reference to SOS village. Establishment of care standards, policies and laws plays an important role in institutionalisation.

Keywords: Children outside parental care, Causes of institutionalisation, Deinstitutionalisation in South Asia, Care standards

INTRODUCTION

South Asia remains the world's fastest growing region although capital inflows declined, inflation has been on the rise, and remittances from oil exporting counties started to weaken. The economic growth will accelerate to 6.8% in 2017 and 7.1% in 2018 (Flagothier, 2016).

Strong growth has translated into declining poverty and impressive improvements in human development. Hundreds of millions still live slightly above the poverty line, however, more than 200 million live in slums and about 500 million go without electricity. In addition, many counties in the region suffer from extreme forms of social exclusion and huge infrastructure gaps and the larger countries

Assistant Professor, Department of Social Management, St. Francis College, Begumpet, Hyderabad, Telangana, India
Email id: eshu1686@gmail.com

are experiencing increasing equality. The comparative economic development of South Asia is a fascinating story that has contributed much to our wider thinking about the economic development (Khatiwada and Nina, 2014).

It can be clearly understood that the economic transition, conflict or disaster zones are major reasons for the increasing use of residential care by children.

CHILDREN WITHOUT PARENTAL CARE IN SOUTH ASIA

There are growing concerns about the situation of children outside parental care. Attention has rightly been drawn to the South Asia region due to large increases in the number of children outside parental care. These children often find themselves at a high risk of violence, exploitation, abuse, and neglect and their well-being are often insufficiently monitored. An inadequate care environment can impair a child's emotional and social development (MOLSA and UNICEF, 2003).

Approximately one-fourth of the world's child population lives in south Asia. Statistics depict that millions of children in South Asia are still under dangerous situations of exploitation and abuse and in want of care and protection. They are being deprived of the scarce social benefits available; they are displaced by force and economic migration and are pushed to subsist on the streets. More children are being trafficked within and across borders, and rising numbers of children are engaged in part- or full-time labour. The society cannot close its eyes towards such a cruel attitude towards the promising generation of tomorrow. It cannot rip away the shrouds of silence that conceal the sheer pervasiveness of exploitation and abuse of children. Silence and inaction against exploitations at homes, schools, neighbourhoods and workplaces make the society complicit in the horrific crimes being perpetuated against children. Most of the countries in South Asian region, except India, lack a comprehensive Juvenile Justice Law to deal with children in conflict with law and children in need of care and protection. The principle of diversion and alternative justice has not received the due attention by the region and accordingly institutionalisation has been used widely in the region (Civil Society Alliance for Child Rights in South Asia, Research on situation of Children in South Asia, 2012). Across the region, approximately 8% of the total population under 18 is classified as orphans (Government of India, 2001).

INSTITUTIONAL CARE IN SOUTH ASIA

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) provides children with the right to meaningful participation in all matters related to their lives (MOLSA, 2006).

Institutional care is the most common type of alternative care provided by the state. Other types of alternative care, such as adoption and foster care are also

practiced to a limited extent. Institutional care is very rarely the best option for a child's development and it is not cost-effective. Global and regional evidence indicates that institutional care has detrimental effects on children and society, limiting the cognitive development of children and as a result their social and economic performance as adults.

The most surprising fact about children living in institutional care in South Asia is not that so many children are affected or that in many countries the numbers are growing, but rather that so few of these children are in fact orphans. The available figures all (Figure 1&2) point in the same direction: the majority of children living in institutional care have one or both parents (MOLSA & UNICEF, 2003).

CAUSES OF INSTITUTIONAL CARE

Poverty

Poverty is not only in terms of income but also the unreachable government provided benefits to vulnerable section of population. According to the UNICEF Advocacy Kit on alternative care in South Asia, this is the most common reason cited for institutional placements. Parents who are unable to provide basic food, accommodation, education and health care for their children may seek institutional care as an option for their children, to meet these needs (https://www.savethechildren.net/sites/default/files/libraries/annualrep_2009.pdf). A report by Save the Children found that poverty was the underlying reason for placement of 40% of children in institutions in North-East Sri Lanka in 2005 (SAIEVAC, 2011).

Education

Education is another common factor leading to institutionalisation in South Asia. There are many remote areas in each country of South Asia which do not have access to basic education. Many parents look at institutionalisation in urban areas as a best option for the child to get good education. In a study by SOS Children's Village International in Baktapur, Nepal, some parents, particularly from remote villages, reported sending their children to Child Care Homes in urban areas for a better education (The practice of Foster Care in South Asia, 2017). The main reason for parents taking their children to residential care (in particular to monastic institutions) seems to be for economic reasons: to reduce the cost of looking after the child as the institution often bears the cost of basic care and education (Myanmar Survey Research, 2011).

Migration

In search of food clothing and shelter, one or both the parents in South Asia, migrate internationally or within the nation. This phenomenon is also well-documented in Sri Lanka, by Terre des hommes and Save the Children. Here,

international labour migration, particularly involving women moving to the Middle East for work purposes, is significant. It is estimated that each migrant mother leaves, on average, two or three children behind (The World Bank in South Asia-Fiscal Year Overview, 2016). Mother leaves the children with aged in-laws or parents, who ultimately send them to institutions as they are no longer able to take care due to old age or sickness.

Abuse and Disownment

Many children living in institutions are runaways as they were unable to tolerate physical and mental abuse, sometimes given by parents or care takers. These runaways find institutions as better place to live in.

There are few cases where parents do not want to look after their child. Gender inequality leads to disownment of girl child. In India, according to a study by Save the Children, in 2007, the India Human Rights Commission reported that 90% of the 11 million abandoned or orphaned children in the country were girls (The practice of Foster Care in South Asia, 2017). When children are differently able (physical or psychological), parents consider them as burden and abandon children.

Runaways

Children run away from home and stay in the institutional set when there is family disintegration. Certain parents lack of parenting and sensitivity skills. Behavioural problems, abuse, mistrust and neglect force the children to leave families and to stay in alternative care.

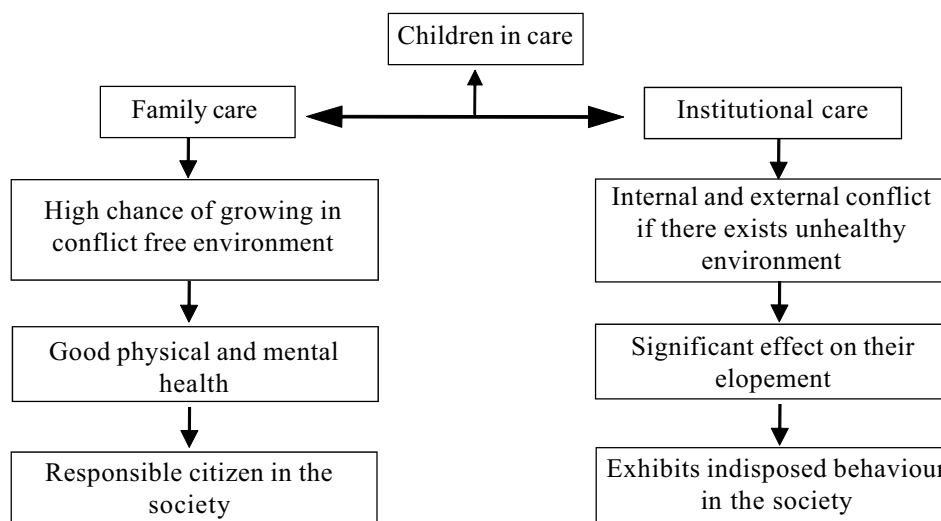


Figure 1: Reverberation of Institutional Care and Family Care on Society

Deinstitutionalisation of Children in Care

The process of bringing care from institutional set up to family living or a place in which there is holistic development of child is possible to a great extent.

South Asia Initiative to End Violence against Children (SAIEVAC) has given 10 elements of deinstitutionalisation (MOLSA, 2006). They are:

- Make community-based alternatives to institutions
- Assess the situation
- Develop a strategy and an action plan
- Establish the legal framework for community-based services
- Develop a range of services in the community
- Allocate financial, material and human resources
- Develop individual plans
- Support individuals and communities during transition
- Define, monitor and evaluate the quality of services
- Develop the work force

RESEARCH STUDIES ON DEINSTITUTIONALISATION (LITERATURE REVIEWS)

Segal and Jacobs (2013) conducted a study on deinstitutionalisation process in the United States. The deinstitutionalisation policy in United States sought to prevent unnecessary admission and retention in institutions for six populations: elderly people, children, people with mental illness or developmental disabilities, criminal offenders and, more recently, the homeless. It also sought to develop community alternatives for housing, treating, and habilitating or rehabilitating these groups. U.S. institutional populations, however, have increased since the policy's inception by 212%. As implemented, deinstitutionalisation initiated a process that involved a societal shift in the type of institutions and institutional alternatives used to house these groups, often referred to as transinstitutionalisation. This entry considers how this shift has affected the care and control of such individuals from political, economic, legal and social perspectives, as well as suggestions for a truer implementation of deinstitutionalisation (Segal and Jacobs, 2013).

Chris Gale (2015) examined research methodology applied to a comparative case study of deinstitutionalisation of children in Bulgaria and Ukraine. This study allowed the researcher to confirm that within an international concept of deinstitutionalisation, in order to realise the best interests of children, it is not