



IACN QUARTERLY

Issue 17 / December 2024

Hello,

Dear All,

The 17th edition of the IACN Quarterly presents perspectives, research, case studies, and best practices on family-based alternative care including aftercare. It includes reports on the perception on care-leavers network and analysis of aftercare practices, a handbook on disability, and a budget analysis for children.

This edition features diverse voices, experiences, and perspectives on various forms of family-based alternative care, assessment tools, and issues concerning children with disabilities. It highlights perspectives on assessment tools and the challenges of unplanned restoration of children.

The field update includes foster care success stories, the challenges faced by children with disabilities in accessing support, and the role of the community and local self-government in strengthening families and preventing separation.

We would like to express our gratitude to everyone who contributed to this issue of the IACN Quarterly.

If you wish to share any resources, information, or articles for the IACN website or Quarterly newsletter, please write to us at iacnsecretariat@iacn.in.

Sincerely,
IACN Secretariat

Knowledge Resources

Information and Knowledge Resources on Alternative Care

Rapid Assessment of Care Leavers' Perception Around Networks and Networking - [By Aide Et Action](#)

https://iacn.in/wp-content/uploads/2025/01/RAS-report-CL-perspectives_AeA_Sep23.pdf

Handbook Concerning Person with Disabilities - Issued by [Supreme Court of India](#) - https://iacn.in/wp-content/uploads/2025/01/Handbook-of-person-with-Disabilities_Supreme-court-of-India.pdf

Compilation of Aftercare Practices - [By Udayan Care](#) https://iacn.in/wp-content/uploads/2025/01/Compilation-of-the-Current-Aftercare-Practices_updated-20th-Feb-2024-1.pdf

Analysis of Budget for Children, 2025-26 - [By HAQ: Centre For Child Rights](#) - <https://www.haqcrc.org/new-at-haq/viksit-bharat-big-dreams-little-change-for-indias-children-an-analysis-of-budget-for-children-2025-26/>

Perspectives

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Restoration with Care: Balancing Family Strengthening and Child Safety – [By HAQ: Centre for Child Rights](#)

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A Case Study on Restoration and Child Protection – [By Rashmi Taylor, Prerana](#)

Community Safe Spaces – A Platform for Promoting Child Participation and Preventing Separation – [By Silpa Jaiswal, Ashray Ekka & Anita Sinha, Children in Need Institute \(CINI\)](#)

LIFT (Learning in Fellowship Together) takes a LEAP (Lived Experience Alumni Program)

"When we lift others, we rise!" – [By Surja, Udayan Care](#)

Role of Local Self-Governance in Family Strengthening and Child Protection in Scheduled Areas: A Case Study of Gadchiroli District – [By Mukesh Shinde, Director, Amhi Amchya Arogyasathi, Miracle Foundation India](#)

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Every Child Belongs to Family: A Case Study of Maharashtra's Bal Sangopan Scheme (BSS) and Family-Based Care Shift in India - [By Subroto Chatterjee, Associate Director \(East & West Region\), Miracle Foundation India](#)

Challenges that have no easy answers : Preparation of Disability Certificate - [By HAQ: Centre For Child Rights](#)

A Story of Resilience and Hope: Transforming Lives through the Aftercare Model - [By Mohsin Sheikh, Project Manager & Sanjana Sakare, Skills Training Coordinator, Care leavers Inner Circle \(CLiC\)](#)

Building Resilient Families: Strengthening Bonds to Safeguard Children - [Susobhan Das, Project Manager, Children in Need Institute \(CINI\)](#)

Events

Learning Events

In Conversation with Practitioners: Children's Right to Participation During Transition to Family-Based Care - [By India Alternative Care Network \(IACN\) & Prerana](#)

ICB symposium cum September Issue Release - [By Udayan Care](#)

For Every Child, A Family



Knowledge Resource

Rapid Assessment of Care Leavers' Perception Around Networks and Networking

https://iacn.in/wp-content/uploads/2025/01/RAS-report-CL-perspectives_AeA_Sep23.pdf

By Aide Et Action

The transition from institutional care to independent living is challenging for children without family support. Recognizing this, the Indian government, through initiatives like Mission Vatsalya, aims to support care-leavers. Aide et Action conducted a rapid assessment to guide the formation of a National Care-leavers Network (NCLN)* to address care-leavers' needs. The study focused on understanding formal and informal networks among care-leavers and analyzing differences between their expectations and experiences.

Covering nine states, the study used a stratified random sampling approach and a refined questionnaire developed with care-leavers. Both online and offline methods were employed, along with focus group discussions (FGDs) to explore membership criteria, contributions, and outreach strategies for NCLN. Key findings highlighted the importance of engagement, communication, and leadership skills. Care-leavers expressed commitment to mutual support, advocacy, and addressing state-specific needs.

Recommendations include defining clear membership criteria, strengthening communication channels, empowering care-leavers to influence policies, and developing a clear vision for NCLN benefits. Most respondents, aged 18-25, emphasized challenges like housing uncertainty post-care. This study offers valuable insights, aiming to create a self-sustaining, impactful network to support care-leavers in their journey toward independent living. NCLN has the potential to be transformative in addressing these needs.

*NCLN has been renamed as Saarthi-Association of Indian Careleavers by its members

Compilation of Aftercare Practices

https://iacn.in/wp-content/uploads/2025/01/Compilation-of-the-Current-Aftercare-Practices_updated-20th-Feb-2024-1.pdf

By Udayan Care

This is a compilation of the information gathered on Aftercare practices from different sources around the as on date, February 2024, practices by state governments and NGOs in different

states of India. The information is based on the easy access and availability of information by Udayan Care and is not a exhaustive illustration. The objective of this compilation was to understand and plan an exposure cum

learning visit to officials of the Bihar to state functionaries to see some of the existing good work being carried out in those states, so that the elements of them can be contextualized and replicated in the state of Bihar.



Perspective

Preventative Sponsorship - A Scoring Guide and Assessment Tool

By Ian Forber Pratt

Deputy Executive Director, Children's Emergency Relief International (CERI)

In the field of alternative care, preventative sponsorship is often seen as a preliminary measure—a temporary support to stabilize families at risk of separation. However, this approach holds transformative potential as the foundation for kinship care. By offering targeted support in specific areas of family well-being, preventative sponsorship can help families remain strong and unified, setting them on a path toward long-term resilience and self-sufficiency. Yet, to be effective, we must measure and act upon family well-being systematically, based on data that genuinely reflects the community's needs and definitions of success.

Understanding the Preventative Sponsorship Trajectory

Preventative sponsorship is part of a continuum of care, specifically positioned to intervene early before family separation occurs. To place it effectively within this trajectory, sponsorship should focus on key family well-being domains. Measuring these areas of

risk—and scoring each family's needs accurately—allows programs to provide responsive, impactful support and move families toward lasting independence.

Our approach encourages communities of previously supported families to serve as mentors and catalysts for positive change. These families become role models, helping to shift the trajectory of entire communities as they offer insight, support, and hope to others facing similar challenges. This approach, focused on depth over breadth, allows us to address the root causes of instability within communities and empowers them to be the architects of their own success.

10 Domains of Family Well-Being and the Risk Scoring Methodology

Each family receiving preventative sponsorship should be evaluated across 10 domains of family well-being.

As we look to increase the scale and impact of preventative sponsorship, a new structured approach to family assessment and support level allocation can help us empower more families in less time. By systematically scoring families across 10 domains of well-being, we can ensure that each family

receives the level of support they truly need, allowing case managers to focus their energy where it's most impactful and gradually grow our cohort of supported, resilient families. Here's a clear framework for scoring, assessing, and providing support:

Scoring Guide for Family Risk Levels

Each family will be assessed by a social worker on 10 domains of family well-being (see visual). In each domain, the family is scored according to their level of need:

- High Risk (Score: 1)** – The family requires intensive support in this area. Immediate and robust interventions are critical to help prevent instability.
- Medium Risk (Score: 2)** – The family is at a moderate level of risk and would benefit from targeted support to stabilize.
- Low Risk (Score: 3)** – The family is largely self-sufficient in this domain, requiring only minimal, periodic support.

You can create the rubric yourself for the 10 domains based on the needs of your local community. Use AI to help. Basically, create a quick narrative for each category (high risk, medium risk, and low risk) and have your social workers trained quickly

on how to score. This training takes me literally less than an hour to get the team up and running. Then they just need to do mock-assessments and then some trial runs out in the community on families willing to help with the training, and bam, you got it!

The cumulative score across all 10 domains provides a total score that directs the level of support required by the family. The scores will fit into three categories, each indicating a different type of case management support:

1. Foundational Support (High Intensity, Score Range: 10–16)**.

Families in this range face significant risk in multiple domains and need intensive, foundational support. Case managers will work closely with these families to address urgent needs and stabilize the family unit.

2. Guided Support (Moderate Intensity, Score Range: 17–23)**.

These families require moderate support in specific areas, but with targeted assistance, they have the potential to move quickly toward greater independence. Case managers offer focused guidance, addressing medium-risk areas to reduce overall risk.

3. Light Touch Support (Low Intensity, Score Range: 24–30)**.

Families in this range are largely stable and self-sufficient. They need only minimal, periodic check-ins to ensure they stay on track. Light-touch support allows case managers to provide a nurturing presence without intensive intervention.

Many organizations around India are doing variations on a theme of this and it's awesome. I just wanted it written up clearly so many could emulate.

Allocating Support Based on Family Needs

This scoring approach allows case managers to balance their caseloads with a mix of families needing varying

levels of support. Instead of handling 20-30 families with similar needs, case managers can work with a larger cohort that includes both intensive and lower-need cases. This enables economies of scale by providing customized support efficiently:

- **For Foundational Support cases:**

Case managers can spend more time on fewer families with higher needs, providing hands-on assistance to stabilize families quickly.

- **For Guided Support cases:** These families receive targeted help in fewer, more specific domains, allowing case managers to work through a structured, time-limited plan.

- **For Light Touch Support cases:**

Minimal support means case managers can keep a greater number of these stable families in their caseload, ensuring ongoing progress without extensive involvement.

Again, depending on the distance your families live from your hub, the amount of resources you have, safety concerns, etc. you can come up with criteria for how many visits/how much face time you have in each level above. However, please know that seeing families in person IS IMPERATIVE. Case management doesn't happen over the phone or via video all the time.

Implementing the System for Cohort Growth and Graduation

The goal is to graduate families into a growing alumni cohort as they reach higher stability scores. Once families achieve a consistent Light Touch score across domains, they are ready to exit the program, joining a self-sustaining community of graduated families. This process creates a cohort of resilient families who, as alumni, serve as advocates and mentors, helping new families stabilize faster.

The graduation should be a big deal and they should have a trophy, shirt, medal, something that helps them be part of the cohort. Your budget should include at least a yearly (and growing in size) celebration with the cohort. Everyone wants to be part of something bigger than themselves, they need that hope. This gives it to them.

Scoring and Tracking: A Simple System for Daily Management

The scoring should be quick and efficient:

- Each assessment takes a maximum of 10 minutes post-visit, allowing case managers to record the family's risk level without burdening them with extensive paperwork.
- Case managers can see a visual display of all families' scores daily, promoting a proactive approach and even fostering friendly competition among the team as they track improvements across their caseloads.

Through this structured system, preventative sponsorship becomes scalable and sustainable, using clear data to guide interventions that match each family's needs. This approach empowers case managers to make a deeper, lasting impact on more families—and, ultimately, entire communities—without sacrificing the quality of support provided.

Tracking Progress Towards Graduation

This scoring method creates a clear, visual representation of each family's progress. Case managers can easily see daily scores across all cases, track risk levels, and celebrate small milestones. A gamified approach, where case managers view aggregate scores and aim for improvements, can further foster a culture of continuous improvement, motivation, and peer support among teams.

Empowering Families through Community Cohorts

Families who complete preventative sponsorship with success become natural advocates and resources for other families. These alumni families form a community cohort that provides peer support, advocacy, and mentorship. Through this cohort model, entire communities experience a ripple effect of stability and well-being. Preventative sponsorship graduates help shape local definitions of success, using their lived experiences to inspire and empower others.

Encouraging Deep Impact and Shared Learning

Preventative sponsorship should not be rushed. Instead, it's about going deep,

not wide: impacting fewer families profoundly rather than scaling rapidly. The focus should be on ensuring each family reaches self-sufficiency by their standards of success. This is where longitudinal research and data sharing come into play. By collectively studying and sharing data across domains, organizations can refine and adapt their approaches for genuine, long-lasting impact.

Putting Families First: Avoiding Fads and Staying Focused

It's easy to get distracted by new trends in care or "shiny objects" that may not serve families' core needs. Before adopting any new approach, I encourage practitioners to pause and

ask themselves, *"Would I want this for my own family?"* By staying rooted in this question, you ensure that programs remain thoughtful, compassionate, and grounded in what's truly best for children and families.

Conclusion

Preventative sponsorship is more than a stopgap solution—it's a vital part of the care continuum that, when implemented thoughtfully, can prevent family separation, foster kinship care, and strengthen entire communities. Through intentional, data-driven approaches and community-driven definitions of success, we can empower families not only to survive but to thrive. Let us commit to doing this work with depth, compassion, and a shared vision for sustainable family strength.

Restoration with Care: Balancing Family Strengthening and Child Safety

By HAQ: Centre for Child Rights

Family strengthening and family-based care models are being recognized as essential components of child welfare systems worldwide. These approaches prioritize reuniting children with their biological families whenever possible, supporting families to care for their children, and ensuring that children grow up in safe, nurturing environments. However, when family restoration efforts are not well-planned or lack adequate follow-up, children endure significant and often long-lasting emotional, psychological, and social challenges. In an ideal situation, restoration is a carefully planned process with thorough assessments, preparation, and support. However, when this process is rushed or inadequately handled, it can lead to re-traumatization and instability for the child.

Below are the two case studies highlighting how children suffer due to unplanned restorations.

Case Study – 1

Ruhani (name changed) was adopted by her paternal uncle and aunt (chacha and chachi) as they were unable to have their own biological child. She was 5-6 years old when came to her new home and slowly became a part of the family. She was enjoying her new life, had started going to school, made friends, and dreamed of joining the Indian Navy until her life took a tragic turn when she was 14 years of age. Her adoptive father (also her paternal uncle) started abusing her sexually. It all started when she hit puberty and her aunt got busy taking care of her newborn. Her adoptive father would abuse her sexually and plead not to disclose it, manipulating her mind into believing that her aunt could have a heart attack if it was disclosed. Ruhani thus kept silent. A few months later, when she was taken to a doctor because she had suddenly started bleeding profusely,

and it was discovered that she had been pregnant. A case was registered against her adoptive father under POCSO Act, 2012. Upon registration of the FIR, there was a lot of pressure on the child to withdraw the case. Even her biological parents refused to support her. With no one to take her responsibility, the Child Welfare Committee placed her in a Child Care Institution (CCI).

With sudden turn of events and no support from her family, Ruhani felt betrayed and experienced trauma. She needed extended counselling. As the CWC directed HAQ to provide support person services to the child, HAQ's in-house counsellor provided the counselling support and it was ensured that she enrolled in a school again. Ruhani slowly started to settle down in the CCI. She made friends and was happy again. About two years later, in 2019, she gave her testimony in the court.

Before the testimony, Ruhani's biological father approached the CWC for her custody. Following the "Principles of Institutionalisation as a measure of last resort" and "Principle of repatriation and restoration", outlined in Section 3 of JJ Act, 2015, the CWC deemed it to be in the best interest of the child to restore Ruhani to her biological parents, without even considering the facts and circumstance of the case. It was with great difficulty that the HAQ support person managed to convince the CWC to keep the child in CCI until her testimony and till her counselling continued. However, as soon as the child's testimony was over, Ruhani was restored to her parents in Bihar without any information to the child's support person from HAQ.

HAQ is not against the restoration of children to their families and at HAQ we strongly believe that institutionalisation should be the last resort. However, we are also of the opinion that it should not be done mechanically without following due process and in violation of the principles of the child's best interest, which is seldom understood and applied.

Till the time Ruhani was living in Delhi, HAQ's support person was constantly in touch with her and updated her about her legal case, and worked towards ensuring that her rehabilitation needs are fulfilled. After the child's restoration to her parents in Bihar, the support person lost contact with the child. With much effort, a contact number was found for Ruhani's parents and when the support person contacted them, it was learnt that the child had not been admitted in any school and her parents had again started pressuring her to withdraw the case. The support person tried to explain to the father there should be no pressure on the child as it would affect her mental health. The father agreed, but it did not last long. Later, the support person found out that Ruhani had run away from her home

and her parents had no idea about her whereabouts.

An unplanned restoration approach can often pose serious challenges for children's rehabilitation. With constant efforts, HAQ's team was able to trace the child and has continued to maintain contact with her. Ruhani's is not the only such case where unplanned restoration has left children more vulnerable and susceptible to risk-taking behaviors and mental issue challenges.

Case Study - 2

In Mahima's (name changed) case also, after her testimony in 2019, the Child Welfare Committee restored her to her biological parents in Jharkhand. Reason given was that her biological father has given an application seeking custody of the child. The Child Welfare Committee did not dwell into why all of a sudden, the child's biological father was interested in her custody when he had not seen or met the child even once post his separation from his wife. After the restoration, the HAQ team was in continuous touch with the child. But the child's struggles increased manifold post restoration. Initially, everything was ok but soon her father and stepmother started taunting her, refused to enrol her in a school or a vocational course. At time, in a drunken state, her father would verbally abuse her.

Seeing this, Mahima's elder brother took her at his home, but could not keep her there for long. She then shifted to another elder brother's home, who agreed to enrol her in a vocational course. Things seemed all right until COVID hit the country and he lost his job and Mahima was asked to go back to her father. During the COVID, her brother consumed all the money Mahima had received by way of interim compensation.

Wherever she lived, there was constant conflict and she would also be subjected to physical beatings if she

wouldn't obey them. Later, Mahima's maternal aunt (Masi) came forward to take her responsibility and admitted her in a school. But the child had to suffer a lot before she could settle down.

After her repatriation, Mahima moved from one home to another for almost two years before finally settling down with her aunt. The challenges multiply when children are restored without proper inquiry, planning, and follow-up mechanisms. The absence of thorough assessment and follow-up can also result in a lack of necessary interventions to support both the child and the family. Families may need continued assistance with parenting, financial support, or mental health care. Without these services, the risks of family breakdown and further trauma for the child increases significantly.

Key Questions to Consider

- What is more important – child or adherence to routine procedure?
- Which "Guiding Principle" outlined in the JJ Act requires primary Consideration?
- What should be the guiding factors for deciding the question of the best interest of the child?
- How to weigh and harmonize the guiding principles to ensure the safety and development of the child?

Family-based care models and family-strengthening efforts must include careful planning, support, and consistent follow-up to ensure successful reunifications. It is essential that child welfare systems prioritize long-term support for families and children to ensure that reunification is not just a return to the family but a sustainable, safe, and nurturing environment that promotes the child's well-being and development.



Updates from the Field

From Transition to Triumph: A Heartwarming Story of a Successful Foster Care Move

By Pushkar Tailor

*Project Coordinator,
Foster Care Society*

The Story of Foster Child Naresh

Naresh (name changed) was born in a small family residing in a village on the outskirts of Udaipur city. His family consisted of 3 members: Naresh, his mother and his father. His father was sole provider for the household, but after his untimely demise due to illness, Naresh's mother remarried under the Customary "Nata Pratha". At that time Naresh was just 4-year-old. Following her remarriage, Naresh's responsibility fell to his parental uncle, who already had three children and was struggling financially. Unable to care for Naresh, the uncle reached out to social welfare organisation, eventually presenting him to child welfare committee (CWC). The committee declared Naresh "a child in need of care and protection" and placed him in a childcare institution. For a long period, no one visited or inquired about Naresh, prompting the CWC to declare him eligible for foster care.

A New Chapter

Thanks to the initiatives of the Foster Care Society, Naresh was integrated into the Individual Foster Care Scheme. On December 28, 2023, the CWC, Udaipur, placed Naresh under the foster care of Ms. Shyamla in Bhilwara. This family was a new ray of hope for Naresh, ready to provide him with a safe and healthy environment. The family had lovingly embraced the child with great joy. They wished to fulfil his every desire and provide him with a nurturing environment. The foster child, Naresh, was also sent to school. A student of Class 5, Naresh had a somewhat quiet demeanour by nature.

Obstacles

The foster mother, Shyamla Ji, was a single parent. She also had two biological daughters who lived with her. Naresh was living a good life with his foster family. However, after some time, foster mother Mrs. Shyamla Ji's transfer from the school and her elder daughter moving away for further studies made it difficult for the foster family to dedicate adequate

time to Naresh, which was crucial for him. Due to the transfer being far from the Bhilwara region, the daily commute left Naresh alone, and the long journey became challenging. This increased their concern for the foster child, and they realized that Naresh's optimal development would not be possible in such circumstances. The single foster mother, Shyamla Ji, had taken Naresh under the foster care scheme with such potential challenges in mind. She wanted to ensure that she could make appropriate decisions in the future, keeping the best interests of the foster child, Naresh, at heart.

Stepping in Foster Care Society

When the Foster Care Society became aware of the situation, the members, deeply concerned, visited the foster family's home in Bhilwara to understand the gravity of the problem. Through the society's special consultant counsellor, a conversation was held with the foster mother, Shyamla Ji, who shared her challenges and concerns. After gaining insight into her struggles, the foster mother, with a heavy heart yet with the

child's best interests in mind, urged for Naresh to be placed under the care of the District Child Welfare Committee in Udaipur, ensuring his safety and well-being.

The Decision, Orders, and Resolutions by the District Child Welfare Committee, Udaipur

Through a letter, foster mother Shyamalata Ji detailed her concerns regarding her transfer and the challenges associated with the development of the foster child, Naresh, to the District Child Welfare Committee, Udaipur. She expressed her inability to continue keeping Naresh with her family. Following the decision and application of the concerned foster family, the District Child Welfare Committee, Udaipur, issued an order summoning Shyamalata Ji, a resident of Bhilwara, to the committee office. A detailed discussion was held regarding Naresh's situation.

Taking the matter seriously and prioritizing Naresh's best interests, the District Child Welfare Committee, Udaipur, assumed custody of Naresh. Subsequently, with the support of the Foster Care Society and following the foster care regulations, a new foster family was selected for Naresh. This family, Savita Prajapat and Chandulal

Prajapat, residents of Simalwada, Dungarpur, was entrusted with the care of foster child Naresh.

A Renewed Beginning

Due to his calm nature, Naresh easily blends into new places and with new people, making it almost unnoticeable that he has transitioned from one place to another. This very trait has made him incredibly happy in his new family, and he has adapted well to his new surroundings.

The Foster Care Society conducts regular visits and holds discussions via telephone with foster child Naresh and his foster family. Since joining his new family, Naresh feels very fortunate. He now has new friends to play with, and the environment around him is very supportive.

Naresh spends quality time with his foster parents. To ensure continuity in his education, his foster father enrolled him in a nearby school. According to his foster mother, Naresh enjoys watching TV after completing his schoolwork and often insists on eating his favourite dishes, pakoras and dal-baati, which brings great joy to his foster mother.

Conclusion

The story of foster child Naresh holds a deeply emotional and human message, one that highlights the fundamental

rights of children, the importance of nurturing care, and the profound need for a safe and loving family environment to support their growth. Naresh's life was marked by hardship and adversity, but thanks to timely intervention and compassionate decisions, he was given a new chance at a secure and hopeful life.

It is the collective responsibility of society and the government to ensure that such children receive the care and love they deserve, so they can blossom into their fullest potential. Like Naresh, there are countless children who are in desperate need of families to provide them with the stability and support they so urgently require. Foster care initiatives, like the one that changed Naresh's life, can become the turning point for many such children, giving them the opportunity to live a life filled with hope and possibilities.

This story powerfully reminds us that we all play a role in safeguarding the future of children. We must all shoulder the responsibility for their well-being, so that every child can grow up healthy, protected, and filled with the love they need to thrive. The future of these children, like Naresh, depends on us all—on our care, our compassion, and our commitment to a brighter, safer world for them.

A Case Study on Restoration and Child Protection

By Rashmi Taylor, Prerana

Inputs from: Priti Patkar, & Pooja Yadav, Prerana

Introduction

Prerana's Project Aashiyana, part of the Transform NEEV Collective, is a model of family-centric care that aligns with the Juvenile Justice (Care

and Protection of Children) Act, 2015 (JJ Act), and the United Nations Convention on the Rights of the Child (UNCRC). The project's primary objective is to ensure that children like Rahul, a six-year-old boy facing familial instability, have access to a nurturing family environment as a foundation for their growth and

development. Upholding principles such as family responsibility and institutionalization as a last resort, Aashiyana acts as a bridge between families facing distress and sustainable child care solutions.

This case study follows Rahul's¹ journey, demonstrating the nuanced interventions undertaken by the

¹Named changed

Aashiyana team in addressing Rahul's needs while advocating for his rights as a child.

Case Background

Rahul's case came to light when Suhas, his caregiver, sought institutionalization due to financial instability and an inability to meet Rahul's basic needs. Suhas and his wife, Roshni, had been Rahul's primary caregivers since 2018, following the death of Rahul's birth mother—Roshni's close friend—due to HIV-related complications. Despite their dedication, Suhas and Roshni faced challenges in providing for Rahul amidst complex family dynamics and persistent financial instability.

The CWC referred Rahul's case to the Aashiyana team to evaluate his living conditions and determine whether institutional care was necessary. Upon visiting the family, the team observed overcrowded living arrangements, a deteriorating house, and insufficient resources, highlighting the hardships faced by Suhas and Roshni with no formal guardianship or legal recognition of his caregivers' role. Nevertheless, the team noted the strong emotional bond between Rahul and his caregivers.

Initial Intervention and Institutional Placement

Following a directive from the CWC, the Aashiyana team conducted a social investigation during which the family shared their perspectives on institutionalization. Suhas and Roshni explained that their older child, now a young adult, had also been placed in an institution during childhood, with visits home during vacations. They expected a similar arrangement for Rahul, believing it would preserve their relationship and allow him to return home once he turned 18.

The team clarified that institutional care under Section 2(14) of the Juvenile Justice Act is specifically for children declared as "Children in Need of Care and Protection" and who at a given point in time do not have safe adult supervision. Aligned with the JJ Act's principle of institutionalization as a last resort, Aashiyana explored alternative care options. The team proposed appointing Suhas and Roshni as foster parents and connecting them with resources to support Rahul's needs. However, the caregivers insisted on institutional placement, expressing doubts about their capacity to protect Rahul from familial conflicts and meet his needs.

Ensuring Rahul's Immediate Needs

In January 2024, the CWC placed Rahul in a Child Care Institution (CCI) for temporary care while alternative solutions were evaluated. During this period, Prerana facilitated health check-ups, provided psychosocial support, and monitored Rahul's adjustment to institutional life. The CWC also granted Suhas and Roshni periodic visitation rights to maintain their relationship with Rahul. The team also maintained regular follow-ups, ensuring Rahul's emotional and physical well-being.

Challenges and Complexities

Emotional Distress and Caregiver Dynamics

Rahul's adjustment to the CCI was followed-up closely by the Aashiyana team. Initial observations in February 2024 indicated emotional distress and a strong desire to reunite with his caregivers. The team emphasized to the CWC the potential developmental harm caused by prolonged institutionalization, advocating for alternative care options in line with the JJ Act's principles and

UNCRC's guidelines on the child's right to family life.

During discussions on exploring the care options for Rahul, Roshni shared that she was Rahul's biological mother. She further informed that she did not disclose the fact as Suhas was not Rahul's biological father. Due to the complex situation and lack of documentation to prove their relationship, the CWC ordered a DNA verification.

External Interference

The intervention faced scrutiny from a local politician, questioning the team's adherence to legal procedures. Prerana's consistent communication, referencing the JJ Act and CWC's role, upheld transparency and professionalism throughout.

Exploring Restoration Possibilities

Restoring Family Bonds

In August 2024, the DNA results confirmed Roshni as Rahul's biological mother. This pivotal finding resolved the question of legal guardianship. The CWC approved Rahul's restoration to Roshni and Suhas prioritizing family restoration over institutional care. By September 2024, Rahul was reunited with Roshni and Suhas, with the Aashiyana team providing family strengthening support and regular follow-ups mandated by the CWC.

Support and Follow-ups

Prerana played a pivotal role in ensuring this restoration was sustainable. Financial assistance and links to government welfare schemes were provided to alleviate economic pressures. Parenting sessions helped Roshni and Suhas enhance their caregiving skills, fostering a stable and nurturing environment for Rahul.

Child Protection Interventions

Institutional Framework and Coordination

This case highlights the importance of a collaborative approach. The CWC, Aashiyana, CCI staff, and local authorities worked in unison, each contributing expertise to ensure every decision was made in Rahul's best interest. The JJ Act's emphasis on family as the primary caregiver was central to the intervention.

Best Interest Determination

Decisions at every stage were guided by the principle of the child's best interest. The comprehensive Social Investigation Report (SIR) included Rahul's physical and emotional well-being, family dynamics, and preferences. This holistic evaluation informed the CWC's decisions, balancing immediate safety with long-term developmental needs.

Child Participation and Voice

Rahul's right to express his views was respected throughout the process. Regular interactions with social workers provided insights into his emotional state, aspirations, and preferences, ensuring that his voice remained central to decisions affecting his life.

Right to Identity

Efforts to secure Rahul's identity, including DNA verification and documentation of his personal history, were crucial. These steps reinforced his sense of belonging and legal recognition within his family structure.

Right to Family Life

Supervised family visits during Rahul's institutional stay allowed for continued bonding. The restoration plan prioritized reuniting Rahul with his biological family while equipping them with the resources needed to sustain his care.

Learnings

By September 2024, Rahul's health and emotional state showed significant improvement. His return to a family environment, supported by structured follow-ups, marked a successful outcome of Project Aashiyana's intervention.

This case highlights the complexity of child protection cases, particularly in informal kinship care arrangements. It demonstrates how institutional care can serve as a temporary

measure while efforts focus on family strengthening and restoration.

Conclusion

Rahul's journey through Project Aashiyana highlights the importance of child-centric, family-focused interventions. By integrating the principles of the JJ Act and UNCRC, the project successfully navigated the complexities of Rahul's case, ensuring his rights to protection, identity, and family life were upheld.

The case brings to the front the need for systemic support to strengthen family care capacities, reducing reliance on institutionalization. It also emphasizes the value of coordinated stakeholder efforts in achieving sustainable, child-focused outcomes.

Project Aashiyana continues to demonstrate how a balanced approach to child protection—grounded in law, empathy, and collaboration—can transform the lives of vulnerable children like Rahul.

Community Safe Spaces – A Platform for Promoting Child Participation and Preventing Separation

By Silpa Jaiswal, Ashray Ekka & Anita Sinha

Children in Need Institute (CINI)

Context

Children face vulnerabilities such as abuse, neglect, poverty, gender discrimination, and violence, often leading to harm, family separation, or exploitation through trafficking, labor, or crime. Many end up in Child Care Institutions (CCIs) or are trapped in exploitative situations. Socio-economic challenges, worsened by the COVID-19 pandemic, have heightened these risks by increasing poverty, closing schools, and limiting access to social services, leading to more abuse and family conflicts. The digital divide further excluded many children from education, escalating rights violations and family separations.

CINI addresses child protection through prevention, promoting Child-Friendly Communities to safeguard children and provide opportunities for growth. Drawing from past initiatives like Drop-in Centres and Lehanti Centres, CINI established "Safe Spaces" to offer secure, nurturing environments for children, fostering psychosocial support, rights protection, and life skills development.

Four piloted Safe Spaces in urban slums and rural areas, supported by Home and Hopes for Children, have shown positive impacts at family, community, and system levels. However, sustaining these spaces requires dedicated resources and transitioning to community-led models for long-term viability.

Introduction

A Community Safe Space is a platform for children and adolescents aged 6–19

that promotes participation, decision-making, and engagement to protect their rights and reduce vulnerabilities. It provides a safe, non-judgmental environment, shielding children from abuse, neglect, and exploitation, while empowering them to grow and make positive decisions.

These spaces act as hubs for information, services, and skill development, helping children understand their rights, address issues, and prevent abuse. They also offer opportunities for learning, life skills development, and positive activities like sports. As community platforms,

safe spaces strengthen community gatekeeping and support peer interaction.

It intends to ensure the following:

- Protection of children from risk or harm (with special focus on vulnerable children and adolescents).
- Promotion of psychosocial well-being of children and their holistic development; and
- Strengthening of community gatekeeping and preventing unnecessary family separation.



Services

The services offered through safe spaces support holistic child development, ensuring all four basic child rights: survival, development, protection, and participation. These spaces provide children opportunities to play, learn, socialize, and express themselves in a safe and supportive environment.

They also enhance community responsiveness by regularizing meetings, assessments, and follow-ups. Additionally, the platform engages parents through regular sessions on better parenting, helping them understand child rights and their children's well-being.

Key Learnings

Functioning as learning centers helped poor/slow learner children in mitigating their learning gaps; thus promoting age appropriate learning. It helped in regularizing their attendance in school and minimized their chances of dropout.

Safe spaces are our space, where we play, learn and enjoy. We have developed good bonding with didi (Community Mobilizer) and with each other's too. We share our problems and together we try to find out solutions. It has given us a new prospective and vision to see our lives.

An adolescent accessing safe space for years

engagement activities ensuring child participation.

- Promoted local level decision making through interface meetings with children and duty bearers and service providers.

Safe spaces have helped in inculcating good behaviors in children. It ranges from regularity in schools, improvement in academics, hygienic practices and positive behaviour changes

Parent of children accessing safe space

During course of implementation safe spaces emerged as a convergent platform for anchoring all community level meetings (like the VLCPCs, Adolescent meetings, parents)

- The spaces provided an opportunity for various child

Forming a Safe Space Management Committee and involving the community in running safe spaces fostered a sense of responsibility and ownership. This helped the community take accountability for the safety, security, development, and protection of children.



Sustainability of Safe Spaces

Community safe spaces in rural and urban areas have successfully supported children and communities over the past five years by addressing vulnerabilities and changing mindsets. These spaces now have strong community ownership with little outside help. To keep them running, they need to be managed by the community, with funding from GPDP, local contributions, or external sources.

Sustainability needs small investments and active community involvement to raise awareness about protecting children. Empowered communities can effectively manage these spaces, guided by a "Safe Space Management Committee" for daily monitoring and shared responsibilities. Key strategies for sustainable community-led safe spaces include

We understand the importance of safe space in community. Its closure may adversely affect academic performance and personality of children. I feel threaten since how long children can resist themselves from substance abuse. We need to run this space and find alternates jointly.

Community Member

1. Defining service, identification of space and arranging logistics: The community must reach a consensus on services offered through safe spaces, aligning with their objectives and promoting positive child engagement. Recreational activities like drawing, debates, art, and observing significant days should



Sample of Safe Space Roster

SAFE SPACE MONTHLY TIME TABLE			MARCH 2024		
DATE/DAY	Class	Level	Subject/Activity		
			Hindi	Maths	Activity
1/3/2024 FRIDAY	I to II III to V	I	<ul style="list-style-type: none"> - स्वर शब्दज्ञन को पढ़ना, अक्षर लगाना करना - विना मात्रा लाले शब्द को पढ़ना एवं लिखना 	<ul style="list-style-type: none"> - 1 से 100 तक संख्याओं को लिखना और पढ़ना - 1 से 100 तक संख्या नाम को लिखना 	अपने बारे में बताना
2/3/2024 SATURDAY	I to II III to V	I	<ul style="list-style-type: none"> - स्वर शब्दज्ञन को पढ़ना, अक्षर लगाना करना - 'अ' की मात्रा लाले शब्द को पढ़ना 	<ul style="list-style-type: none"> - 1 से 100 तक संख्याओं को लिखना और पढ़ना - ठीक बट और ठीक फहले वाली संख्या लिखें 	अपने बारे में बताना
SUNDAY					
4/3/2024 MONDAY	I to II III to V	I	<ul style="list-style-type: none"> - दो अक्षर लाले शब्दों का सही उच्चारण के साथ पढ़ना - 5 से 4 अक्षर लाले शब्द को पढ़ना 	<ul style="list-style-type: none"> - उच्ची संख्या को लिखना और पढ़ना - 101 से 200 तक गिनती को पढ़ना 	अपने अधिकारी के बारे में जानकारी
5/3/2024 TUESDAY	I to II III to V	II	<ul style="list-style-type: none"> - स्वर और क्षम को क्षम से लिखना - 'आदुई कलम' याठ को पढ़ना और कृतिलेख 	<ul style="list-style-type: none"> - संख्या पढ़ो और उनना ही गोला बनाओ - क्षम से छूटी हुई संख्या लिखें 	परिकार का महत्व
6/3/2024 WEDNESDAY	I to II III to V	I II	<ul style="list-style-type: none"> - याँ से प्रारम्भ होने वाले शब्द को बनाना - कृतिलेख करना और उन शब्दों को पढ़ना 	<ul style="list-style-type: none"> - संख्या नाम को सीखना - 101 से 500 तक गिनती को लिखना 	अपने से बड़ी से बैसा व्यवहार करना चाहिए

1. Engagement of Community Facilitators: Each safe space should identify 2–3 adolescents or youth from the community as “Learning Facilitators,” selected with consent by community stakeholders and the Child Protection Committee. Their engagement—voluntary or incentive-based—should be agreed upon and documented. Facilitators require orientation and will lead educational and engagement activities per the curriculum, offering guidance to children and parents as needed.

Additionally, 2–3 adult volunteers, such as parents, guardians, or village leaders, should serve as “Caregivers.” These respected community members provide moral education, emotional support, safety, and supervision while encouraging self-reliance and social participation. Their oversight aids in monitoring activities and addressing safeguarding concerns.

2. Constitution of Safe Space Management Committee and Conducting Convergence Meeting at Regular Intervals: A Safe Space Management Committee, with community representatives, key decision-makers, and two adolescents (one boy and one girl aged 14–19), should oversee the safe space’s operations. Responsibilities include monitoring attendance, maintaining assets, supervising caregivers, and mobilizing youth.

The committee ensures effective, community-led management and serves as a platform for child protection, hosting meetings of groups like VLCPC and SLCPC. This fosters ownership, tracks vulnerable cases, and informs children about government welfare schemes.

3. Compliance of Child Safeguarding Policy and Planning for Community Engagement Activities:

All stakeholders interacting with children must be oriented on the child safeguarding policy and sign a declaration to abide by it. This includes:

- Orientation for community leaders and Safe Space Management Committee members on the policy
- Clear guidelines on consent, photo capturing, child-friendly environments, and media publications
- Display of IEC materials, child rights info, helpline numbers, and emergency contacts (police, ambulance, DCPO, CWCs)
- Installation of a complaint box
- Availability of medicines and a first aid kit at the center

Positive child engagement is central to safe spaces, sustaining the interest of children and their caregivers. These centers should serve as vibrant hubs offering activities like celebrations, cultural events, self-development sessions,

and personality development programs. Observing days like Children’s Day, Child Labour Prevention Day Environment Day etc.

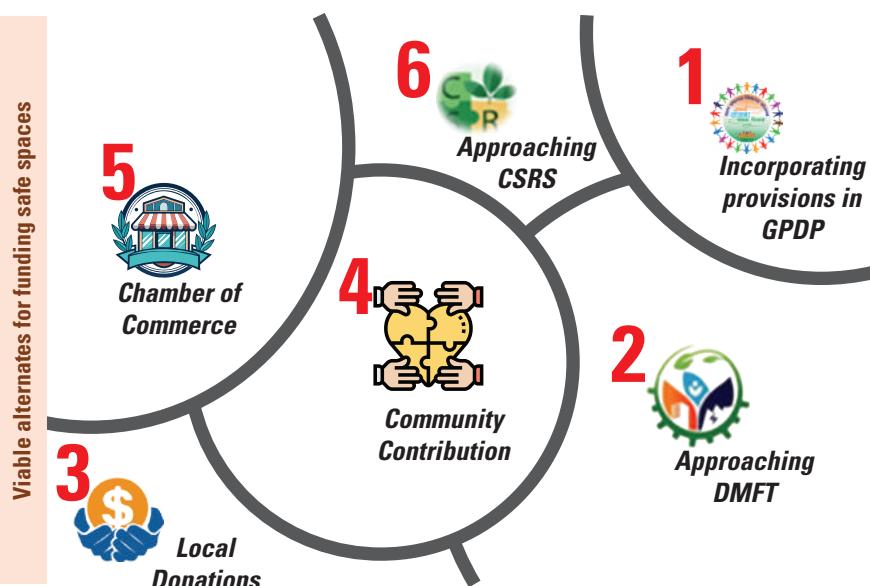
4. Exploiting funding options:

To make safe spaces a fully functional, community-led initiative, this model should be replicated at other strategic locations. The community and government must take ownership to promote these spaces, enabling children to thrive. The Safe Space Management Committee plays a vital role in advocating for funding and negotiating with district/ panchayat officials to allocate resources. These community-led spaces act as a strong gatekeeping mechanism to keep children safe and prevent unnecessary family separation.

The image above outlines potential avenues for engaging authorities and exploring funding options for sustaining safe spaces.

Conclusion and Way Forward

CINI’s community safe spaces support children in slums, rural, and peri-urban areas by providing secure, violence-



free environments that empower their development and decision-making. Utilizing community-owned infrastructure and trained facilitators, these spaces serve as hubs for education, support, and engagement.

Key strategies include community ownership, structured operations, caregiver training, and active Safe Space Management Committee involvement. Securing local funding and contributions is crucial for sustainability. Strengthening governance, resource mobilization, government support, and community participation will ensure these spaces continue to protect and empower vulnerable children.



LIFT (Learning in Fellowship Together) takes a LEAP (Lived Experience Alumni Program)

“When we lift others, we rise!”

By Surja

Udayan Care

LIFT is more than just a program; it is a source of hope and opportunity for care leavers, giving them a chance to reshape their futures and make a positive impact in their communities. The Learning In Fellowship Together (LIFT) program, created by Udayan Care with support from UNICEF and other donors, is a unique and first of its kind initiative in India, or rather the whole of Asia, and is curated to empower care leavers—young people who have aged out of institutional care on turning 18 years of age. These young individuals or care leavers, are the most vulnerable youth population, as they often face many unique challenges as they move into adulthood without the support systems that most peers growing up in families have access to. LIFT steps in to fill this gap by giving them the tools, guidance, and opportunities they need to become care leaders and drive care reform by building their strong communities.

Features of the LIFT program

In the LIFT program, care leavers are not just receiving support; they are being empowered to transform their experiences into leadership and innovative ideas. The program enables them to enhance their critical skills around project management, design thinking, leadership, networking, advocacy, and communication. These skills not only help them overcome their personal challenges but also enable them to support others in similar situations, including professional growth. LIFT gives these young people a strong sense of purpose and belonging, helping them see that they are capable of making a real difference and finding the joy in serving others for a change.

Impact and Outcomes

As of May 2024, two cohorts of LIFT fellows have successfully completed the program resulting in a strong community of 20 care leaders across

13 states in India. The first group, from **2022-23**, included **8 fellows**, while the second group, from **2023-24**, had **12 fellows**. The program has made significant progress in empowering these young individuals to become leaders in their communities.

As part of the fellowship, the first and second cohort fellows have followed their heart to create a range of knowledge and awareness products on care leaving. These include a [podcast](#) on care leavers lived experience by the rajasthan fellow, a [documentary](#) on the challenges of care leavers, a [book](#) on care leavers with disabilities and [blogs](#) by care leaver for care leavers by the j&k fellows, a series of [articles](#) to increase awareness on care leaving and another [documentary](#) to encourage children in care to succeed in life by the up fellows, a set of [infographic](#) on identity documents by the mp and telangana fellows, a [website](#) on mental health support for care leavers by the karnataka fellow, a [website](#) on financial literacy for care leavers by

the maharashtra fellow, a [research study](#) on situation of care leavers in assam by the assam fellow, a research study on the situation of care leavers in bhopal by the mp fellow, a [comic book](#) on menstrual hygiene for care leavers by the odisha fellow and a campaign to raise awareness by the gujarat fellow. Lift's success shows that with the right support, care leavers can grow into the leaders and innovators their communities need. Collectively, all the 20 fellows have also achieved the following:

- Initiating the first ever care leaver network in J&K, UP, Telangana, Andhra Pradesh and actively supporting the strengthening of care leavers networks in Gujarat, MP, Assam and Rajasthan.**
- Entrepreneurship: Incubating a social impact organisation for care leavers with HIVAIDs**
- Support for Care Leavers:** Fellows have reached out to 695 care leavers, providing them with guidance, support, and resources.
- Joining the social workforce through full time employment in NGOs:** Approximately half of the fellows are now driving social innovation, with 7 employed in NGOs. Liasoning with child protection system: Fellows have established connections with 50 District Child Protection Units (DCPUs) and 58 NGOs, raising awareness of care leaver issues and advocating for better support systems.
- Educational Support:** Fellows have supported 23 care leavers in pursuing higher education.
- Training and Capacity Building:** Fellows have conducted 86 training sessions, reaching over 1,000 care leavers and children in care.

Testimonials from Fellows

The LIFT Fellowship has had a profound impact on the lives of the fellows. Here are some of their reflections:

- Hajra from J&K:** "The fellowship was full of unforgettable moments. Weekly calls connected me with mentors and seniors who guided me with unwavering support. I emerged stronger, with sharpened leadership, writing, and communication skills. The fellowship became a family where growth was celebrated."
- Shahid from J&K:** "As I reflect on a transformative year, my heart overflows with gratitude. The LIFT fellowship empowered me as a care leaver navigating life's challenges and became the driving force behind our collective journey."
- Abhishek from MP:** "LIFT gave me power, courage, and new learning. As an introvert, it was hard for me to address my problems, but now I can address the issues of care leavers in my state as a care leader."
- Mausumi from Assam:** "The LIFT fellowship was a turning point in my life. Being surrounded by other care leavers created a powerful sense of belonging. We weren't just Fellow mates; we became a family. I'm incredibly grateful for the program and the impact it's had on my future."
- Kamal from Rajasthan:** "LIFT changed my life! I connected with amazing mentors who taught me project skills. I honed my communication, self-confidence, and leadership skills. The mentors are like family, guiding me every step of the way. Thanks, LIFT!"

Re-imagining Diversity, Equity and Inclusion in Care Leaving Space

Now in 2024-25, the program has [welcomed its third batch of 16 fellows, with a focus on diversity, equity, and inclusion, aiming to develop even](#)

more care leaders who can bring about positive change. The LIFT Fellowship is committed to promoting diversity, equity, and inclusion. As the program enters its third year, it aims to focus on providing tailored support to care leavers with disabilities, helping them transition to independent or assisted living. The fellowship aims to build a stronger advocacy and visibility for the care leaver community, particularly those who are marginalized.

By prioritizing equity, diversity, and inclusion, the LIFT Fellowship seeks to create a more supportive and inclusive environment for all care leavers, enabling them to thrive and continue their journey as leaders and change-makers in their communities.

Batch 3: 2024-25 Selection Process Overview

The selection process, which ran from October 10 to December 4, 2024, consisted of three stages: eligibility screening, panel interviews, and group discussions. This thorough process ensured the selection of fellows with diverse care experiences, strong aspirations for care reforms, and a commitment to community development.

The selection committee, comprising care leaders from care leaver communities, LIFT fellows from first 2 batches, program team, and representatives from managing and funding organizations, played a crucial role in evaluating the candidates. Their collective expertise ensured that each fellow's unique challenges, goals, and potential contributions to care reforms were carefully considered.

Conclusion

As LIFT welcomes its third batch of fellows, it is filled with hope and pride. Cohort 3 of 16 fellows are excited and inspired by the journey so far and are confident in their abilities and potential with the right support and opportunities.

With a community of 36 empowered LIFT fellows, let's continue to support them to be the driving force behind the change they wish to see in the world. The alumni group of 20 fellows have decided to launch their group and this has enabled

LIFT to take a LEAP (Lived Experience Alumni Program). LEAP is all charged to continue using their strengths and build a community that uplifts all other Care Leavers and becomes the driving force for care reform in India.

Do connect with the LIFT program and support fellows with your mentorship and time. You can reach out to us on clf@udayancare.org.

Role of Local Self-Governance in Family Strengthening and Child Protection in Scheduled Areas: A Case Study of Gadchiroli District

By Mukesh Shende

*Director, Amhi Amchya Arogyasathi,
Miracle Foundation India*

Introduction

Decentralization has become a fundamental aspect of governance reforms worldwide, aimed at fostering democratic participation, enhancing transparency, and promoting socio-economic development. In India, the importance of local self-governance is particularly pronounced in Scheduled Areas, where tribal communities reside. These areas are governed by special constitutional provisions designed to protect their cultural identity and facilitate their socio-economic development. This article examines the role of local self-governance in strengthening families and protecting children, with a specific focus on the Gadchiroli district of Maharashtra.

The Importance of Decentralization in Scheduled Areas

Decentralization strengthens democratic participation by empowering local communities to make decisions that directly impact their lives. The 73rd and 74th Constitutional Amendments in India established the Panchayati Raj system, promoting grassroots democracy in both rural and urban areas. In Scheduled Areas, the Panchayats (Extension to

Scheduled Areas) Act of 1996 (PESA) and the Forest Rights Act of 2006 (FRA) have further empowered Gram Sabhas to manage natural resources, preserve cultural heritage, and protect community interests.

According to the 2011 Census, Scheduled Tribes make up 8.6% of India's population, with a significant number residing in Scheduled Areas. Gadchiroli, a predominantly tribal district in Maharashtra, exemplifies both the challenges and opportunities associated with implementing decentralized governance in these regions.

Constitutional Provisions and Legislative Framework

The Panchayats (Extension to Scheduled Areas) Act, 1996 (PESA) and the Forest Rights Act, 2006 (FRA) are crucial legislative measures aimed at empowering tribal communities in Scheduled Areas.

PESA seeks to extend the principles of the Panchayati Raj system to these areas, recognizing the unique socio-cultural aspects and governance practices of tribal communities. It empowers Gram Sabhas (village councils) to operate as self-governing institutions, granting them the authority to approve and oversee social and economic development plans, manage natural resources such as forests, and monitor local institutions like schools and health centers. By promoting

decision-making at the grassroots level, PESA aims to protect tribal interests and enhance participatory democracy.

The FRA, enacted in 2006, addresses historical injustices faced by Scheduled Tribes and other traditional forest dwellers by recognizing their rights to forest land. Under this Act, Gram Sabhas are empowered to approve claims for both individual and community forest rights and to oversee the sustainable management and conservation of forest resources. This legislation has been transformative for millions of forest-dependent families, enabling them to secure their livelihoods while preserving their cultural and ecological heritage.

Together, PESA and FRA provide a strong framework for decentralizing governance and fostering sustainable development in Scheduled Areas. These laws highlight the importance of Gram Sabhas in decision-making, making them vital in promoting self-reliance, equity, and community-driven development.

Some facts impacting on Family Strengthening and Child Protection

- According to the NFHS-5 (2019-21), the under-five mortality rate in Scheduled Areas is 48 per 1,000 live births, higher than the national average of 35 per 1,000 live births, underscoring the need for robust child protection measures.

2. The poverty rate among Scheduled Tribes in Scheduled Areas stands at 45.3%, compared to the national average of 21.9% (NITI Aayog, 2021), highlighting the economic vulnerabilities faced by these communities.
3. Migration from tribal areas has increased, with over 30% of households reporting at least one member migrating for work due to lack of local opportunities (Census 2011).
4. Educational dropouts among tribal children are alarmingly high, with 51% of children aged 6-14 in Scheduled Areas not completing primary education (Ministry of Tribal Affairs, 2020).
5. Only 47% of children in Scheduled Areas receive adequate nutrition, compared to the national average of 64% (National Family Health Survey, NFHS-5, 2019-21).

Role of Gram Sabhas in Family Strengthening

1. **Integration of Child-Centric Guidelines:** Ensure all Gram Sabha decisions incorporate child-focused perspectives by integrating Mission Vatsalya's guidelines on health, education, and protection. Encourage Gram Sabhas to adopt resolutions prioritizing child welfare in their developmental agendas.
2. **Formation of Specialized Committees:** Establish dedicated Child Protection Committees within Gram Sabhas, ensuring representation of women, teachers, health workers, and youth leaders. These committees should oversee child protection initiatives, including the prevention of child marriage and child labor.
3. **Improved Collaboration with Stakeholders:** Facilitate stronger linkages between Gram Sabhas

and institutions like Child Welfare Committees (CWCs), anganwadis, schools, and local health centers to ensure coordinated efforts in addressing child welfare concerns.

4. **Community-Based Awareness Programs:** Conduct periodic awareness programs during Gram Sabha meetings to educate families on critical issues such as the importance of education, proper nutrition, and the legal frameworks protecting children's rights. Focus on local challenges like migration, which disrupts family structures and impacts children.
5. **Monitoring and Reporting Mechanisms:** Develop robust monitoring systems within Gram Sabhas to track family and child welfare metrics, including school attendance, nutritional status, and incidents of child abuse. These systems should regularly report findings to district-level authorities.
6. **Empowering Women's Participation:** Strengthen the participation of women in Gram Sabhas by creating platforms to voice their concerns and contribute to decision-making. Women's input is crucial for addressing family dynamics and ensuring holistic child protection.
7. **Convergence of Resources:** Utilize resources from existing government schemes, including ICDS, Poshan Abhiyaan, and Mid-Day Meals, to enhance Gram Sabha initiatives. Advocate for additional funding and capacity-building programs specific to child and family welfare.
8. **Infrastructure Development for Child Welfare:** Ensure Gram Sabhas prioritize the development of child-friendly infrastructure, such as safe school buildings, recreational spaces, and health facilities equipped to cater to children's needs.

The Role of Gram Sabhas in Gadchiroli

1. Livelihood Generation Through Forest Rights

One of the most significant achievements of Gram Sabhas in Gadchiroli has been leveraging CFR under FRA. By organizing the collection and sale of Non-Timber Forest Products (NTFPs) such as tendu leaves and bamboo, these communities have generated substantial revenue. In some cases, this income has exceeded crores of rupees, transforming the economic landscape of villages.

The revenue generated is often reinvested in community development. For instance, some Gram Sabhas have created funds to support families in need, ensuring that basic necessities like food, clothing, and education are met. This financial stability helps prevent migration and keeps families intact, thereby reducing the risk of children being separated from their parents.

2. Educational Initiatives

During the COVID-19 pandemic, school closures posed a significant challenge for children in Gadchiroli. Many students who had been studying outside their villages returned home with limited access to learning resources. Recognizing this gap, the Gram Sabha of Padiyaljob village in Korchi taluka initiated an innovative educational program.

The community mobilized local youth, encouraging those pursuing higher education to teach younger children. The Gram Sabha provided salaries to these youth educators, ensuring continuity in education despite the pandemic. This initiative not only bridged the learning gap but also fostered a sense of responsibility and community participation among the youth.

3. Health and Nutrition

Improved incomes from NTFPs have enabled families to invest in better healthcare and nutrition. Some Gram Sabhas have organized health camps and ensured the availability of essential medicines. These efforts have significantly reduced malnutrition and improved overall health outcomes, particularly for children.

In addition, the empowerment of women through self-help groups (SHGs) has played a crucial role in promoting maternal and child health. By engaging in income-generating activities, women have gained financial independence and are better equipped to provide for their children.

4. Strengthening Social Cohesion

The participatory nature of Gram Sabhas fosters a sense of collective responsibility within the community. Decisions are made through consensus, ensuring that the voices of marginalized groups, including women and youth, are heard. This inclusive approach strengthens social cohesion and creates a supportive environment for families and children.

Case Study: Padiyaljob Village

The Gram Sabha of Padiyaljob village serves as a shining example of how local self-governance can address community challenges. During the pandemic, the village faced a severe educational crisis due to school closures. Instead of relying on external assistance, the community united to find a solution. By mobilizing local youth as educators and compensating them through Gram Sabha funds, the village ensured that children continued their education. This initiative not only addressed the immediate crisis but also demonstrated the potential of community-led solutions in fostering resilience and self-reliance.

Conclusion

Local self-governance in Scheduled Areas represents a transformative approach to community-led development, particularly in family strengthening and child protection. By empowering Gram Sabhas under PESA and FRA, these regions can harness their traditional practices of collectivization and cooperation to create child-friendly ecosystems. The success stories from Gadchiroli district exemplify how grassroots governance can address critical issues such as

malnutrition, educational dropouts, and child wellbeing. By prioritizing inclusivity, sustainable resource management, and community-driven initiatives, Gram Sabhas can become the cornerstone of a more equitable and protective environment for children and families in tribal regions.

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CLiC ID Card – Building Identities, Bridging Futures!

पहचान बता पाया ना जो, पहचान बना पायेगा क्या ?

"An Identity for Care Leavers—One Identity, One Nation"

By Mohsin Sheikh

Project Manager, Care Leavers Inner Circle (CLiC)

Identity is the first right of every individual, yet for orphans, obtaining an identity is an uphill battle in India. Often, society views orphan girls as vulnerable to exploitation and boys as

prone to addiction. This stereotyping limits their opportunities, pushing them towards menial jobs or labor as the only option. But CLiC refuses to accept this narrative.

Stepping out of **Child Care Institutions** is a defining moment for **care leavers**, but it is often accompanied by **uncertainty and challenges: finding safe housing, financial instability, Identity documentation problems**,





District - Jaipur

and **emotional struggles**. Procuring proper identity documentation is the most difficult and challenging task. Recognizing these hurdles, CLiC Forum was established as a support system to empower care leavers to build **independent and meaningful lives**. In the year 2024, CLiC Forum celebrated three years of its journey, supporting more than 1200 care leavers.

Our approach focuses on providing resources and support for securing safe housing, financial assistance, job readiness, and skill training programs to ensure employment. Additionally, we assist care leavers in obtaining essential identity documents such as Aadhar Card, PAN Card, Voter ID, Ayushman Bharat Card, and CCI Leaving Certificate.

However, what we have experienced is that for most **care leavers**, the transition from institutional care to independent living brings **complex struggles**. Many face difficulties in obtaining **identity documents** like **Aadhaar cards, bank accounts**, and other IDs, making it hard to access **government schemes and employment opportunities**. In the absence of proper identity documents, care leavers often

struggle with limited **financial support, leaving them** struggling to **pay rent, afford education, or even meet basic needs or attend any vocational skills and training**. This increases their risk of unemployment and job instability. Housing instability forces many care leavers into **unsafe living conditions**, making their transition even more difficult. In addition, feelings of **isolation, depression, and anxiety** often arise, with little access to **counseling or mental health care**.

Recognizing this as a major hurdle for the care leavers, CLiC initiated the issuance of CCI Leaving Certificates for care leavers in collaboration with government stakeholders, helping them establish their unique identity.

To address these pressing needs further, CLiC Forum introduced the **CLiC ID Card**—a transformative initiative aimed at supporting care leavers at every stage of their journey. This card provides **documentation assistance**, helping care leavers access and maintain **identity proofs and legal documents**. It also connects them to **education and skilling programs**, enabling them to build **vocational skills** and improve **career opportunities**.

For those facing housing difficulties, the card offers **housing and rent assistance**, ensuring access to **safe and affordable living spaces**. To address emotional and mental health challenges, it provides **counseling services** and **psychosocial support** to promote overall **well-being**. In times of crisis, care leavers can rely on **emergency funds** to help them overcome **unexpected challenges**.

In **November 28, 2024, December 4, 2024, and December 5, 2024**, CLiC Forum marked a significant milestone with the **launch of the CLiC ID Card in Jaipur, Udaipur, Kota districts, respectively**. The occasion was honoured by the presence of **the Department for Child Rights (DCR), UNICEF, Rajasthan, the District Child Protection Units, the Child Welfare Committees and Child Care Institution Staff**, whose support has been instrumental in building a **community of resilience and growth**. This card symbolizes **security, hope, and empowerment**, providing care leavers with **access to essential resources and opportunities**.^[i]

During the launch event, **Government Stakeholders**, addressed the **care leavers**, emphasizing the significance of the **CLiC ID Card as a tool for empowerment**. They encouraged them to **spread awareness** about the initiative and **motivate others** to join **CLiC**, tapping into its **vast network of resources and support**.

Their words resonated deeply with the **care leavers** present. They left the event not just with **ID cards** in hand but with **renewed hope** in their hearts. For many, the card symbolized a **promise**—an assurance that they are **not alone**.



District - Udaipur



District - Jaipur



District - Kota

and that **CLiC Forum** will always **stand by them**.

The CLiC ID Card represents more than just **documentation**—it is a **symbol of belonging** and **resilience**.

As care leavers stepped out of the event hall with their **CLiC ID Cards**, they carried more than a piece of plastic—they carried **hope** and a **promise**. A promise that **CLiC Forum** will always stand by them, offering **love, security, and opportunities** to help them dream fearlessly and achieve **success**.

The journey of **CLiC Forum** is a testament to what **collective effort, compassion, and determination** can achieve. It has created a **safety net** for **care leavers**, ensuring no one feels **isolated** or **unsupported**. Through this initiative, the **path to independence** is no longer **daunting**—it is now filled with **hope, guidance, and empowerment**.

The launch of the **CLiC ID Card** is not the **end** but a **new beginning**—a step toward building **brighter futures** where every **care leaver** can **thrive, dream, and soar**.

Care Leaver Testimonial:

*"Receiving my **CLiC ID** Card feels like a new beginning. For so long, I didn't have anything to prove my identity or the challenges I've overcome. This card is not just a piece of paper; it's a reminder that I'm not alone in this journey. It gives me hope, knowing that CLiC will be there to support me, whether it's for documentation, housing, or just someone to talk to. I feel empowered and ready to take on the future, knowing that I have the resources to build the life I've always dreamed of."*

(Care leaver in Udaipur)

^⑩ The CLiC ID is a membership card for care leavers to access the services of the CLiC forum and is not a substitute for government-issued ID cards such as Aadhar Card, PAN Card and so on.

Every Child Belongs to Family: A Case Study of Maharashtra's Bal Sangopan Scheme (BSS) and Family-Based Care Shift in India

By Subroto Chatterjee

Associate Director (East & West Region), Miracle Foundation India.

Introduction

India is becoming a global leader in reimagining child care, shifting focus from institutional care to family-based solutions. With over 80% of children in institutions having at least one living parent, the emphasis is on family reunification and preventing unnecessary separations.

While Child Care Institutions (CCIs) serve as a safety net, they often fail to support children's emotional and social development. Research shows that children in family care achieve better

emotional stability, academic success, and resilience (UNICEF, 2021).

Sponsorship programs like Maharashtra's Bal Sangopan Scheme (BSS) are crucial in strengthening families, providing financial and social support to prevent separation and reintegrate children. Similar initiatives in states like Bihar, Gujarat, and Karnataka share the same goal.

This article highlights the impact of the BSS, showcasing how state-level efforts, such as the support given to Mahadev's family, can transform child protection. By prioritizing family over institutional care, India is building a future where every child thrives in a safe, nurturing environment.

The Bal Sangopan Scheme: An Overview

The Bal Sangopan Scheme, launched by the Government of Maharashtra, is a family-based alternative care program providing financial assistance to vulnerable families caring for children at risk of separation or currently in CCIs. Families receive a monthly stipend of ₹2250 per child to support essential needs like education, nutrition, and healthcare (Ministry of Women and Child Development, 2020).

Aligned with the national Mission Vatsalya initiative, which replaced the Integrated Child Protection Scheme (ICPS), the scheme emphasizes

reducing reliance on institutional care by promoting family-based alternatives like sponsorship and foster care (MWCD, 2021).

Role of Bal Sangopan Agencies

Bal Sangopan Agencies (BSA), including NGOs, CSOs, and registered CCIs, are key to implementing the scheme in Maharashtra. Their responsibilities include:

- Recognizing families at risk or children in CCIs for reintegration.
- Managing sponsorship fund disbursement.
- Ensuring effective fund use and offering counseling/training.
- Transitioning children from CCIs to family care.
- Promoting family-based care through awareness campaigns.

Miracle Foundation India strengthens sponsorship programs like BSS by focusing on case management and family support. It collaborates with state governments, DCPU, and BSA to train social workers. Through community engagement, the foundation reduces stigma and promotes family-based care. Over 152 staff from BSA in Maharashtra have been trained.

Impact of Maharashtra's BSS

The BSS, implemented by the Government of Maharashtra, has significantly promoted family-based care and reduced reliance on institutional care. By providing financial assistance and support services, the scheme helps children stay with their families, fostering stability and emotional well-being.

As of 2024, it supported approximately 98,000 children across Maharashtra, preventing family separation by addressing economic vulnerabilities (Government of Maharashtra, 2024). Beneficiary families receive ₹2250 per child per month, helping to cover essential needs like nutrition, education, and healthcare, reducing their dependence on CCIs.

The scheme aligns with Mission Vatsalya's focus on transitioning from institutional care to family-based alternatives. UNICEF (2021) reports that children reintegrated into families show 20-30% improved educational outcomes and emotional resilience compared to those in institutions.

Case Story

This section highlights how case management, implemented by Mr. Nitin Ahir, Master Trainers (MT) from the DCPU, ensures children stay with their families through the BSS. Trained

by Miracle Foundation India in family strengthening and case management, the approach follows five key steps, as shown in the image below.

Miracle Foundation uses the Thrive Well application methodology for case management. However, due to operational constraints, the MT did not administer the Thrive Well application in this instance. Despite this, the officer ensured adherence to the process and methodology.

Step 1: Intake

Mahadev (67), a grandfather from Akola, sought help from the DCPU for his grandchildren, Sameer (9) and Diksha (11), after losing his son to illness. Struggling financially, Mahadev considered institutional care, believing it would offer better opportunities for the children.

Step 2: Assessment

The MT assessed the family's situation, focusing on financial difficulties, lack of documentation, and Mahadev's desire to keep the children in the family if financial support could be secured.

Step 3: Planning and Implementation

The trainer introduced Mahadev to the BSS, explaining its benefits and guiding him through the application. Mahadev faced challenges gathering the necessary documents, but after months of delay, the trainer visited his home to assist in obtaining the missing paperwork. Applications for Sameer and Diksha were successfully submitted.

Step 4: Follow-Up

The trainer conducted regular follow-ups, ensuring the financial assistance was used effectively for education and household needs. The family was

"The Bal Sangopan Scheme supports CNCP (Children in Need of Care and Protection) by providing financial aid to ensure their well-being and educational outcomes, while also connecting parents to other social welfare programs for the family's holistic development."

— Mr. Yogesh Jawade, Assistant Commissioner, Child Development, Women and Child Development Commissionerate, Pune, Maharashtra.

also connected to other government schemes to further stabilize their finances.

Step 5: Case Closure

With enrollment in the BSS and ongoing support, Mahadev's family achieved stability. Sameer and Diksha continue to live with Mahadev, pursuing education without fear of institutional care. The trainer's persistence and empathy ensured the family received comprehensive support.

Quote from Family:-

"This scheme has been a lifeline for my grandson's bright future. Our family has greatly benefited from the support it provides."

The Master Trainer regularly visited the family to assess stability, financial security, and the children's education. With support from the BSS, the family's situation improved, allowing the children to stay in their loving home and access educational opportunities.

Challenges

Despite the BSS's success, challenges remain. Financial constraints, especially in rural areas, limit families' ability to fully support children, impacting education and healthcare.

Quote from Mr. Nitin Ahir, Master Trainers from the District Child Protection Unit

"This scheme plays a vital role in ensuring that every child grows up in a family environment. It is essential for case workers like us to work towards making this scheme accessible to all children in need."

Additionally, limited awareness in remote areas leaves many families unaware of the scheme, leading to continued institutional placements.

Strengthening BSA and expanding support services like livelihood training and mental health counseling can help families manage these challenges. Overcoming these barriers will enhance the scheme's effectiveness, ensuring children thrive in family-based care.

Recommendations

To ensure that the BSS and similar initiatives can continue to grow and have a lasting impact, the following recommendations should be considered:

- Building community support for family-based care is key. Tailored awareness campaigns should address misconceptions and highlight the benefits, with success stories encouraging communities to embrace family care as a viable alternative to institutional care.
- Expanding financial support under Mission Vatsalya can enhance sustainability. This includes subsidies for foster families, financial education programs, and adjustments to aid for inflation. Continuous support for children's education and healthcare should also be guaranteed.
- Ongoing training for child welfare officers, social workers,

and community leaders is vital. Expanding training to include trauma-informed care, mental health, and child development will equip professionals to better support families and children.

- Strengthening partnerships with local NGOs and community organizations will help scale programs. NGOs can identify foster families, provide support, and assist in reintegration, while public-private partnerships can bring additional resources and expertise.
- A robust monitoring system is essential for sustainability. Regular assessments of the BSS will highlight areas for improvement and guide future investments. Data on child outcomes will inform program modifications.
- Family-based care initiatives require strong legal and policy frameworks. Advocacy for prioritizing family-based care in national and state child protection policies, along with support for vulnerable families, adoption, and foster care, is crucial.

Conclusion

The BSS and Mission Vatsalya represent a transformative shift in India's child protection, prioritizing family-based care for children's emotional, social, and academic growth. Miracle Foundation India, alongside government and NGOs, plays a vital role in supporting these efforts, helping families stay together.

To scale and sustain these programs, continued collaboration, expanded financial support, and effective training are key. States like Maharashtra, Odisha, and Uttar Pradesh demonstrate that family-based care is a sustainable solution for children at risk of institutionalization.

These efforts are bringing us closer to a future where every child has a safe, loving home, and institutional care is a last resort. Miracle Foundation India is helping make this future a reality.

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Challenges that have no Easy Answers : Preparation of Disability Certificate

By HAQ: Centre for Child Rights

Preparing a disability certificate is not an easy task and while doing this HAQ team came across many challenges. It requires multiple visits to hospitals, and different specialty doctors to get a disability certificate. Often people who are not very educated or have other daily struggles to keep up with, end up surrendering the chase.

Dhruv (name changed) was 9 years old when his case was marked to HAQ for providing support person services. He was sexually abused by an unknown man. On the day of the incident, Dhruv went out to play as usual, but when he did not return, his mother went out to look for him and found him near a park on the way to their house. When Dhruv's mother found him, he was crying because the accused had beaten him up and there were bruises near his ribs. Dhruv has speech difficulties and cannot communicate like other children of his age, though his parents understand what he says. He told everything to his parents about the physical and sexual assault. Since the alleged accused was unknown to the child, his parent then took him to the place of incident and nearby to

identify the person, which he did. His parents then immediately filed an FIR.

When the HAQ team met Dhruv for the first time, they observed that he is a special needs child. Upon inquiring from the parents if they are aware of the child's situation and if the child taking any treatment, Dhruv's mother shared that Dhruv had speech difficulties. He started speaking very late in his childhood and they had also taken him to a hospital, but the doctor had told them that Dhruv was fine and he would develop speech when he grew up. The doctor did not suggest any treatment or speech therapy and the parents never consulted anyone else thereafter.

Dhruv's parent then admitted him in a regular school with the hope that he will learn to speak if he will be in the company of other children of his age. However, nothing changed and as time passed, his academic performance went on a decline.

HAQ team then explained to the parents that their child is a "child with special needs" and requires proper assessment to understand and identify the problems. Since his parents are not very educated, they requested

HAQ for support for the assessment. The parents were assured of every possible assistance for assessment and that they will also be helped in applying for a disability card for Dhruv, if applicable, which could then fetch him a disability pension.

Usually, people do not understand disability and related issues. It is a general view or rather a myth that children grow out of their special needs, but on the contrary, if timely interventions are not provided, their condition could become even more severe. Dhruv's situation was no different. Since no intervention was provided to him at an early age, Dhruv's speech never developed. When HAQ's counsellor met Dhruv, he was drooling, not able to hold a pencil properly, his speech was monosyllable but not clear. Upon further inquiry from his parent, HAQ found that he could not even dress himself up and eat properly, and required his mother's help for the same. Further, suspected that Dhruv may have moderate intellectual disability, HAQ informed the concerned CWC about Dhruv's condition and requested an order for the child's assessment. Upon receiving the order, the child

was taken for a psychological and IQ assessment to a Government Hospital in Delhi. Shockingly, the consulting psychologist mentioned in her report that the child has no psychological issues and his IQ is normal.

HAQ's in-house counsellor, who is a trained clinical psychologist, again approached the psychologist at the hospital and requested a re-assessment. Initially, the psychologist was not ready to accept that her assessment could be doubted, but when she was asked to show the psychological test conducted on the child and on pointing out certain gaps in the assessment, the psychologist agreed for a re-assessment.

At times, the mechanical way of conducting such assessments can also cause great damage to the child's case. This is what happened in Dhruv's case, where as per the assessment of the HAQ's counsellor, the child had a moderate intellectual disability, but when the psychologist at the hospital conducted the assessment, she put the child in the Borderline category, which implied that the child is a normal child and has no disability. It would have gone unnoticed if HAQ's counsellor had not pointed out certain things to the parents and then taken it up with the psychologist at the hospital. The parents had just accepted the assessment report without questioning it. A wrong assessment also means that the child cannot avail the benefits of any schemes for persons with disability. One wonders in how many such cases the assessments go wrong due to a mechanical process followed by well qualified but probably overburdened doctors or insensitive doctors.

After the re-assessment, Dhruv's report reflected that he has a moderate intellectual disability with an IQ of 39.

Getting the IQ assessment done was the first step to file for a disability certificate. Later, the HAQ team applied for Dhruv's disability certificate through the online portal with the following link - <https://www.swavlambancard.gov.in/pwd/application>. After registering online, the form was physically taken for submission in the hospital where child's IQ assessment was done. But the hospital refused to accept the form citing that the child's residence does not fall under their jurisdiction. The hospital authority did not share any further information.

HAQ team then looked for a government hospital near the child's residence, which also had to be a hospital authorized to issue disability certificates. After much effort, in July 2022 HAQ team was able to find a government hospital near the child's home, and the IQ assessment report and online registration form were submitted in the hospital. The team was informed that the child would be called for further assessment. However, no call was received from the hospital until October, 2022. HAQ team had been regularly following up with the hospital only to hear that a date for the assessment would be given soon.

The first date for further assessment was given by the hospital in December 2022 but at that time the child had gone to their native village for some personal work. HAQ team visited the hospital again to reschedule the appointment. A new appointment was given for January 2023.

In January 2023, HAQ's social worker visited the hospital along with the child. The concerned doctor explained the process and informed that before issuing of disability certificate the following assessments are required from different specialists – IQ assessment, Occupational Therapy/Physical Therapy (OT/PT) test, Speech Therapy and an MRI of the brain and a disability certificate will be issued by a Medical Board after evaluation of all these tests. Around seven more visits had to be made to the hospital by the child, his family and HAQ's social worker to get these tests conducted and to collect the reports and finally a disability certificate could be procured for the child.

It took almost one and a half year to get a Disability Certificate for Dhruv. The tedious process is not easy for people to follow and often they either give up or pay to touts or cyber cafes a lofty amount in the process. At the hospitals, there is no one to guide parents or adults who want to apply for disability certificate for disability pension.

As a result, children with special needs often end up in institutions, or their families abandon efforts for treatment, leading to a significant deterioration in their condition. Addressing this issue requires a multi-faceted approach. Raising awareness among stakeholders, including policymakers, educators, healthcare providers, and communities, is essential to foster a more inclusive environment. Sensitizing medical professionals to the specific needs of children with special needs is especially critical. Proper training and understanding can empower them to provide timely and appropriate interventions, significantly improving the quality of care.

A Story of Resilience and Hope: Transforming Lives through the Aftercare Model

By Mohsin Sheikh

Project Manager & Sanjana Sakare,
Skills Training Coordinator, Care leavers
Inner Circle (CLiC)

Meet Meena, an 18-year-old care leaver, spent seven years in the Samidha Sansthan Child Care Institution (CCI) located in Mavli village, Udaipur, Rajasthan, along with his younger brother, Mayur. When he left the orphanage in 2024 after completing ninth grade, he dreamed of becoming a chef and opening his own roadside dhaba. However, his aspirations felt out of reach—he had no resources or support to turn his dream into reality.



When Meet left the CCI, he had nothing to call his own. For livelihood, he started working at a small, local dhaba near his CCI while receiving temporary accommodation support from CCI. Life was tough, and his dream of becoming a chef seemed distant.

During a routine visit to the CCI by Careleavers Inner Circle (CLiC), Aftercare Officer Dharmendra Singh met Meet and Mayur. Dharmendra conducted a need assessment for Meet and discovered his passion for cooking. Recognizing his potential, CLiC introduced him to an opportunity to join a three-month Multi-Cuisine Cooking Course by Haldiram Skill Academy in Noida.

The idea of relocating to a new city was daunting for Meet. Coming from a remote village on the outskirts of Udaipur, the bustling environment of Noida felt

intimidating. Leaving behind his brother, friends, and familiar surroundings weighed heavily on him. However, he also understood the importance of stepping out of his comfort zone to grow and learn.

A New Chapter Begins

On July 30, 2024, For his travel & learning CLiC assist him financially through the emergency fund, Meet boarded a train to Delhi for the first time in his life. The journey itself was an eye-opening experience—his first train ride, navigating the metro, and seeing the city lights of Noida sparked both excitement and nervousness. This was the beginning of a transformative journey.

Despite his fears, Meet embraced the opportunity with courage. He understood that learning new skills and adapting to unfamiliar environments were stepping stones toward achieving his dream. Today, Meet is not only pursuing his culinary passion but also gaining the confidence and skills to secure his future.

Naturally reserved, he found it difficult to open up to strangers. However, a trusting relationship was built through regular interventions and consistent one-on-one counselling by the CLiC field officer, allowing the officer to understand Meet's aspirations. His deep interest in the local Dhaba was discovered during this process, inspiring his dream of owning one himself. With ongoing follow-ups and assessments, Meet was eventually brought into the Haldiram Skill Academy project, paving the way for him to work towards his goals.

Meet was able to transition from Udaipur to Noida, marking a crucial step in his personal and professional growth. Having never travelled beyond Udaipur, I found this journey to be a significant challenge for both Meet and the CLiC team. The thought of moving

alone to an unfamiliar place heightened his anxiety, presenting emotional and logistical hurdles. To ease his concerns, the team provided deep counselling, offering reassurance and unwavering support, which played a critical role in preparing him for this move. Through patience and guidance, the team helped Meet overcome his apprehensions, enabling him to confidently embrace this transformative opportunity.

When Meet was brought into the HSA project, CLiC provide him Care kit and accommodate at CLiC group housing where 8 Boys care leavers living together. Food, travel and other expenses were supported by CLiC. He was very bright intellectually but faced a lot of problems emotionally and mentally. This led him to be financially weak and under-confident. He was insecure about his future. Meet was ready to step into the world with hopes and dreams, but he was also carrying the scars of his tumultuous past.

Despite his dedication and passion for cooking, meet grappled with a series of challenges. Financial constraints, insecurity about his future, and a lack of focus from his unstable childhood made it difficult for him to chart a clear career path. His love for socialising and talking to people was a bright spot, but he needed guidance and support to overcome his insecurities and hone his skills.

Meet's journey took a significant turn when he was selected for the Haldiram Skill Academy program. This opportunity was a lifeline that not only recognized his culinary talent but also provided him with the tools to succeed. The program offered a comprehensive three-month certificate course namely cuisine, along with CLiC team regular interventions and one-on-one counselling sessions.

The CLiC team underwent thorough need assessments, and his potential

was acknowledged. Alongside his culinary training, Meet received additional support through the Haldiram Skill Academy in spoken English and personality development classes. Despite the challenges of mental health and personal issues, CLiC team intervention provided him with the necessary counselling and career guidance, helping him regain his confidence and focus.

Impactful Interventions by the CLiC Team

The CLiC team played a pivotal role in Meet's personal, social and economic transformation, providing comprehensive support and guidance through every stage of his journey. The team implemented several key strategies to ensure Meet's development:

1. Network & Community support:

Recognizing Meet's emotional and psychological challenges, the CLiC team offered consistent and compassionate support. Group housing created a safe space where Meet felt comfortable sharing his concerns. Their empathetic approach helped him feel valued and understood, laying the foundation for his personal growth.

2. Counselling & Interaction:

The CLiC team provided Meet with personalized counselling sessions tailored to his needs. These one-on-one meetings were instrumental in addressing his insecurities and building his self-esteem. The team worked closely with Meet to identify his strengths and areas for improvement, set realistic goals, and develop a clear path forward.

3. Skill Assessment and Career Guidance:

The team conducted a comprehensive assessment of Meet's skills and potential. Recognizing his passion for cooking, they guided him towards the Haldiram Skill Academy program. As a result, Meet enrolled in a three-month certificate course in cuisine,

where he had the opportunity to refine his culinary skills through professional training. The team encouraged Meet to attend the academy daily, ensuring he stayed focused on his goals. Additionally, the Haldiram Skill Academy team provided him with special attention, helping him understand the lessons more effectively and allowing him to share any doubts with the instructors. This support played a crucial role in Meet's growth and progress.

4. Support Through Education: The CLiC team's regular check-ins and motivational support help Meet remain focused and committed to his studies. Meet's performance at the academy is modest, and he is also taught theoretical subjects. Keeping this in mind, the team provides Meet with daily basic English classes to help him overcome his fear of speaking English, making it easier for him to remember recipes in English.

5. Mental Health Support: Meet faced mental health challenges that affected his confidence and motivation. The CLiC team intervened by providing regular counselling sessions to help address these issues. Meet often felt homesick and missed his younger brother, which led to him becoming disturbed on several occasions. As a result, he expressed a desire to visit his hometown and even took leave from the academy. Through continuous mental health support, they guided Meet in managing his emotional struggles and building resilience.

6. Community Integration: The CLiC team introduced Meet to group housing with other care leavers from different states. This communal living environment was a crucial aspect of his transformation. The team facilitated this integration, allowing Meet to engage with peers, share experiences, and develop positive social interactions. This sense of community played a key

role in his behavioural improvement and social growth.

7. Practical Skills Development:

The team empowered Meet to develop vital life skills, including independent travel, negotiation, and practical application of his culinary training. Through guidance and encouragement, Meet confidently applied his new skills. To address Meet's limited exposure, the team organized travel experiences, such as visits to malls, gurudwaras, and metro train rides. These outings broadened Meet's perspective, helping him realize that the world is much larger than his own thoughts. This newfound understanding inspired Meet to start thinking about creating his own identity within society.

8. Transformation and Present Status:

Today, Meet is actively pursuing his certificate course in cuisine with enthusiasm and dedication. His commitment to learning and improving his culinary skills has not gone unnoticed. He engages fully in his classes and is eager to apply his knowledge in practical settings. His journey is marked by a positive attitude, professional behaviour, and a strong desire to succeed.

As he nears the completion of his course, Meet is already preparing for the next steps in his career. His goal is to secure a job in the culinary field, where he can apply his skills and continue to grow. His transformation from a child labourer to a confident, skilled professional is a testament to his resilience and the support he received along the way.

Meet's journey from being an orphan care leaver in Mavli village to pursuing a culinary career is truly inspiring. To ensure his continued success and personal growth, a comprehensive aftercare plan encompassing eight key areas can be developed. This plan aims to provide ongoing support, guidance, and opportunities as he transitions into independence.

Building Resilient Families: Strengthening Bonds to Safeguard Children

By Susobhan Das

Project Manager, Children in Need Institute (CINI)

At the core of a child's safety, growth and overall development lies the unwavering support of their family. A strong and nurturing family environment ensures a child's physical and mental well-being, shaping their future with stability, security, and care. Recognizing this, key government policies such as National Policy for Children 2013, the Juvenile Justice (Care and Protection of Children) Act, 2015, and the Mission Vatsalya emphasize the family as the most crucial institution for raising children.

Guided by this principle, CINI's efforts are being made to strengthen families and reduce instances of child separation by addressing vulnerabilities before they escalate. A preventive approach ensures early intervention in cases of neglect, exploitation, and challenges like alcoholism, safeguarding children's rights to protection, education, and a loving home. By collaborating with community stakeholders, linking families to essential government services, and promoting local engagement, these interventions aim to create resilient families and nurturing environments. This holistic approach not only mitigates risks but also ensures that children thrive within the secure embrace of their families, paving the way for a brighter, healthier future.

CINI Believes in Sustainable Development

In the recent past, CINI has undergone a paradigm shift in its policy and implementation by adopting a human-right-based approach. From a service delivery mode of functioning, the organization has moved to an integrated approach of facilitation

and service delivery. While working with the communities and fulfilling their contextual needs, CINI realized that sustainable development is only possible by building partnerships with key stakeholders and adopting an integrated approach across health, nutrition, education, and child protection sectors. To learn at greater level, CINI selected some intense working model in some of the Gram Panchayat of West Bengal. In Uttar Dinajpur district, West Bengal, CINI begins with families in need, where we collaborate with local stakeholders to identify and address challenges that threaten children's safety and well-being. We work closely with community leaders, service providers, and families to create a support system that strengthens family bonds and ensures stability. Counselling and tailored interventions help families navigate conflicts, overcome distress and build nurturing homes. A special focus is placed on mitigating risks like domestic violence and substance abuse which are significant stressors in child welfare.

To uphold family resilience, we link vulnerable households to critical government schemes and entitlements, such as sponsorship programs, social security schemes and educational subsidies. These resources provide financial stability and reduce the risk of children being driven into unsafe circumstances. By empowering parents to access these services, we enable families to focus on their children's education, health, and overall development.

Community institutions are key to this transformation. Children are encouraged to participate in structured forums, where they can raise their concerns with local leaders, effectively bridging the gap between

policy and practice. Child Protection Committees, mandated by the Mission Vatsalya, are activated to proactively address vulnerabilities and safeguard children's rights. Additionally, family-focused interactive sessions create opportunities for shared experiences and strengthen bonds within households, fostering trust and emotional connections that might otherwise be lost.

The impact of this integrated approach is evident. Families are now accessing previously unattainable support systems, children are growing up in safer and more nurturing environments, and communities are coming together to champion child rights. By blending the protective framework of government policies with community-driven initiatives, the CINI Uttar Dinajpur Chapter is paving the way for a child-friendly district—where every family is resilient, every child is safe, and every community is a foundation of opportunity and care.

A Journey of Hope: Rebuilding 'Rami's Future through Community Support and Education

Rami Mardi, a Class VIII student from Adibasi Para of a remote village of Uttar Dinajpur District, faced multiple challenges when her father went missing 15 years ago and her mother passed away. Living with her maternal relatives, including a daily wage labourer uncle, Rami was deprived of a stable home environment. Without access to social security schemes, she was vulnerable and, tragically, fell into a love affair that led her to elope with an 18-year-old boy, 2Prakash Mardi, from a neighbouring village. The community was alarmed and local stakeholders intervened, advising the family to report the situation to the police and child protection services.

Upon returning home, Rami attempted suicide, and the Child Welfare Committee (CWC) placed her in a child home due to the lack of guardianship. Her maternal uncle, however, visited her regularly and, after a month, with support from the Gram Panchayat Pradhan, Rami was reunited with her extended family. CINI facilitator provided continuous counselling to Rami and her family, raising awareness about the risks of early marriage and child elopement, while also emphasizing the crucial role of a supportive family in fostering a child's healthy growth and development. Rami's uncle promised that they would not marry her off until she reached 18, and Rami herself expressed a desire to continue her education.

With the community's support and encouragement, Rami enrolled in Class X at Government High School and is now attending school regularly. She participates in CINI's weekly educational modules and is determined to pursue her studies. Her maternal aunt, being the main caregiver is now a member of the Mother's Group and continues to support Rami's journey. This case story showcases the importance of family reunification, counselling, and community collaboration in empowering children to break free from cycles of early marriage and ensure a brighter future.

Through CINI's facilitation and community intervention, Rami's life was redirected toward education and personal growth, and her family has committed to safeguarding her future. This story reflects the transformative power of family strengthening and community involvement in building resilience for children in risk situations.

Empowering Communities: A Collaborative Effort to Strengthen Families and Combat Vulnerabilities

A local adolescent group in a remote village in the western district of West Bengal raised concerns about the negative impact of a desi liquor factory on their community, it became a pivotal moment for strengthening family resilience. The factory's presence not only caused distress among families but also strained relationships and undermined the safety and well-being of adolescents and mothers. Recognizing the urgency, efforts were made to bring families together with local stakeholders for open discussions on the factory's harmful effects and its role in disrupting family stability. Empowered with knowledge and collective resolve, families, supported by the Gram Panchayat, united to address the issue. By shutting down the factory, they reclaimed a safer, healthier environment, reinforcing the

protective foundation that families provide for their children.

Thirteen adolescent girls who courageously prevented their own child marriages and contributed to shutting down the liquor factory were honoured by the district and block administrations during Kanyashree Day and Sanghati Diwas (Rakhshya Bandhan Day). The girls received certificates, financial rewards, and mementos, recognizing their leadership and role as community change-makers.

The collective success of these initiatives underscores the vital role of family strengthening in addressing vulnerabilities and driving sustainable change. By empowering families and communities to take proactive steps alongside adolescents, this effort reinforced the protective and nurturing environment that families provide. It strengthened family bonds, enhanced their capacity to navigate challenges, and instilled a sense of agency and resilience within the community. This holistic approach demonstrates how empowering families can create ripple effects of positive change, making it a model for fostering secure and supportive environments for children to thrive.

Endnotes

^{1,2} Pseudonyms have been used





Events

In Conversation with Practitioners: Children's Right to Participation During Transition to Family-Based Care

IN CONVERSATION WITH PRACTITIONERS ON...

CHILDREN'S RIGHT TO PARTICIPATION DURING TRANSITION
TO FAMILY-BASED CARE

RITA PANICKER
FOUNDER DIRECTOR, BUTTERFLIES

Pooja Yadav
PROGRAM MANAGER, PRERANA

SACHIN MANIAR
DIRECTOR, ASHIVANA FOUNDATION

Advocate Purnima R. Panda
EX-MEMBER CWC, LEGAL PROFESSIONAL

Prabhat Kumar
CHILD PROTECTION SPECIALIST, UNICEF

FRIDAY
20 DECEMBER

TIME
3:00 PM - 4:30 PM IST

www.iacn.in

By India Alternative Care Network (IACN) & Prerana

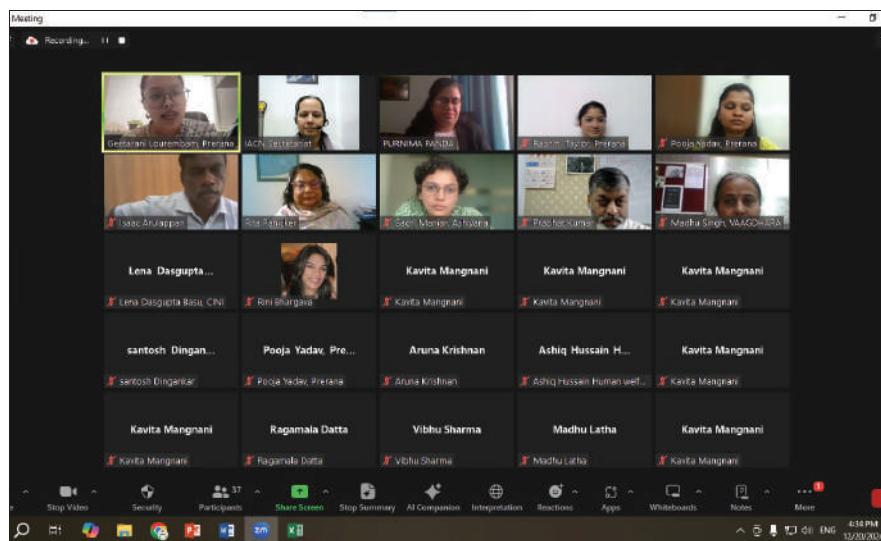
India Alternative Care Network and Prerana initiated a discussion on the importance of children's participation, particularly in the context of children's restoration to their families. The panelists, included Rita Panicker, Founder Director, Butterflies NGO, Rashmi Taylor, Grant management & MEL Consultant, Prerana, Pooja Yadav, Program Manager, Prerana, Sachin

Maniar Director Ashiyana Foundation, Advocate Purnima R. Panda, Ex-Member CWC, New Delhi and Legal Professional and Prabhat Kumar, Child Protection Specialist, UNICEF India emphasized the need for children's voices to be heard and respected. They highlighted the importance of unlearning adult-centric values and adopting a democratic approach to working with children. The panelists also stressed the need to ensure that all children, not just

the articulate ones, have a chance to participate and be heard.

Key Points Highlighted

- Rita Panicker highlighted the need for a cultural shift that recognizes children's agency, emphasizing that participation is a continuous process.
- Rashmi Taylor stressed the importance of involving children in decisions during the restoration phase, ensuring safety, well-being, and resilience building.
- Pooja Yadav discussed how children can develop confidence and skills through transparent communication, internal committees, counseling, and education on legal rights during their time in Child Care Institutions.
- Purnima R. Panda focused on the legal rights of children under the JJ Act, advocating for age-appropriate participation and family counseling during the restoration process.



- Sachi Maniar shared examples of successful child participation, highlighting the importance of involving children in decision-

making and offering life skills training.

- Prabhat Kumar emphasized the need for training child protection professionals to understand developmental stages and collaborate with key resources like mental health experts and translators.

The discussion concluded with a call to create a safe, democratic environment for children to express their views, ensuring their meaningful participation in all stages of care and reintegration.

To watch the full video of the learning event click on the following link - <https://youtu.be/suTfezAzBwQ>

ICB symposium cum September Issue Release

By Udayan Care

On November 14th, 2024, Udayan Care in partnership with Amity University, Noida Campus, successfully convened a symposium titled "Advancing Evidence-Based Practices in Family Strengthening and Alternative Care for Stronger Communities." This event brought together over 60 delegates who shared insights on the critical role of research, data, and evidence generation in strengthening families across India. The symposium featured a compelling keynote address on the importance of research in driving social work change, a thought-provoking panel discussion with leading experts on best practices, ethical research, and policy advocacy, and a session on



transforming evidence into actionable strategies.

We are thrilled to announce the publication of the latest issue of the international, academic, double anonymized peer reviewed journal, 'Institutionalised ChildrenExplorations and Beyond' (ICB), Vol. 11, No. 2, September 2024, with a special focus on 'Kinship Care'. This edition offers a rich exploration of family-based alternative care, addressing the cultural, legal, and social aspects of kinship care from a global perspective. Highlights include an Editorial by Dr. Monisha Nayyar-Akhtar and an insightful interview with Louise Cox on international views of kinship care. The issue presents diverse research articles, such as Rodney

Westerlaken's study on kinship care disruptions in Bali, Prayathna Kowitz's analysis of the Hague Convention's impact on children's and women's rights, and Zareena Begum Irfan's examination of caste-based inequities affecting Indian children. Other key contributions include Newlandson Samuel Angam's exploration of indigenous kinship care among the Poumai Naga Tribe in Manipur and Ian Forber-Pratt's review of foster care policy in India from 2010 to 2024. Additionally, Gemma Emily Delap shares lessons learned from supporting kinship care globally, while Chloe Banks offers an international perspective on integrating attachment theory into deinstitutionalization strategies.

