



IACN QUARTERLY

Issue 5/ August 2021

Hello,

Dear Colleague,

As we bring you the 5th edition of the IACN Quarterly, there are various reports highlighting the number of children who have lost a parent or primary caregiver due to COVID-19 in India. According to a report in Lancet, 1.2 lakh children have been orphaned in India. Meanwhile, the latest report in the Supreme Court of India says that 75,000 children have been orphaned, abandoned or lost a parent during the COVID-19 pandemic. We believe that the response to children who have been adversely affected by COVID-19 should be as per the provisions of the Juvenile Justice (Care and Protection) Act 2015 and should prioritise family-based care for children who have been orphaned or abandoned. COVID-19 has also pushed many families to the brink of crisis, and children face an increased risk of violence, exploitation and abuse, which may lead to separation. Keeping families together, strengthening family-based care, supporting existing child protection mechanisms for early identification of vulnerabilities, gatekeeping, and response should be at the heart of all responses to children adversely affected by COVID-19.

In this edition of IACN Quarterly, we bring you updates from the field from our network members, including response to COVID-19. Please look out for the webinar recording on 'learning session on alternative care in the COVID-19 pandemic', where speakers and organisations from South Asia share interventions on keeping families together and prioritising family-based care. In the knowledge resource section, you can find resources on restorative practices in child care institutions by ENFOLD Proactive Health Trust and a manual on psychosocial aid for children affected by COVID-19 by NIMHANS, among others. In the perspective sections, you can read a commentary on foster care as a critical link in the continuum of care to prevent long-term separation and permanent institutionalisation and a piece on how education policies in India are exclusionary towards children in child care institutions. We are thankful to everyone who has made this edition of the newsletter possible.

If you have feedback on our website, want to share resources or information for the website, or would like to discuss any issues of mutual concern, please reach out to us on iacnsecretariat@gmail.com. We look forward to your continued support.

Sincerely,
IACN Secretariat



Updates from the field

Learnings and experience shared by our fellow members

- **Family Reintegration During COVID 19 – Experiences from YCDA's response** | [Arun Kumar Pradhan, YCDA Resource Center on Alternative Care](#)
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Perspectives

Commentary, analysis and insights

Foster Care: A Way to Ensuring Child's Right to Family | [Ankit Kumar Keshri, PhD Scholar, TISS](#)

Rethinking Inclusivity in Indian Educational Policy
How education policies in India are exclusionary towards children in child care institutions. | [Garima Sharma and Pooja Agarwal](#)



Knowledge resource updates



Handbook for facilitation of restorative practices in child care institutions (CCIs)

<https://bit.ly/3fn1vT>



Trauma-informed care in the child care and family placement process – Miracle Foundation's approach within alternative care in India

<https://bit.ly/2VrEqL3>



Psycho-social First Aid (PFA) for children affected by COVID-19: A manual for first responders

<https://bit.ly/3A2Djkm>



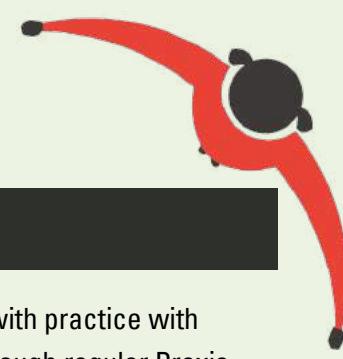
Prioritising family strengthening and kinship care – Submitted to the Committee for the Rights of the Child, towards DGD '21

<https://bit.ly/2WEW2Up>

For every child, a family

Resources

Some key additions to our fast growing resource data base



Handbook for facilitation of restorative practices in Child Care Institutions (CCIs)

By Enfold Proactive Health Trust, Bangalore

Handbook for facilitation of restorative practices in child care institutions (CCIs)

<https://bit.ly/3fn41vT>

Restorative Circles are part of a broader continuum of restorative justice practices, including formal and informal processes. These may consist of restorative conversations, Family Group Conferences, Victim Offender Dialogues, and Restorative Circles. Restorative Circles can also be of many types. This Handbook focuses on the work undertaken by the Restorative Practices Team at Enfold, with children residing in CCIs. Since 2019, the Restorative Practice team at Enfold Proactive Health Trust has facilitated Restorative Circles with the staff and children of Observation Homes, Place of Safety, and Children's Homes under the Juvenile Justice (Care and Protection of Children) Act, 2015.



This Handbook has been developed to share the insights that have emerged from our experience of facilitating over 250 Circles with children and adults. We believe that Restorative Practice is a way of life, and so our understanding and practice of Restorative Circles will always continue to evolve. This Handbook is, therefore, an initial offering gleaned from our learning so far, learning that has come from engagement with theory

and conceptual frameworks and with practice with children as well as in our team through regular Praxis. We hope this will be useful for organisations and individuals who have undergone basic training on Restorative Circles and wish to facilitate Circles with children in CCI or other settings. Chapter 1 of the Handbook provides an overview of the use of restorative practices in residential facilities for children. Chapter 2 unpacks the key elements of Restorative Circle, and Chapter 3 details the experience of the RP team in facilitating life skills through Restorative Circles, its transformative potential for children and adults, and tips for Circle Keepers. Chapter 4 contains 12 templates of Restorative Circles that have been facilitated by the Enfold Team with children above 12 years of age. It includes plans for Restorative Circles that have been used by the team, including activities that were conducted and adapted from different sources to make it socio-culturally relevant for children in CCIs. The Circles have been inspired by resources such as Heart of Hope¹ and Circle Forward: Building a Restorative School Community², two among other resources.

¹Carolyn Boyes-Watson and Kay Pranis, *Heart of Hope: A Guide for Using Peacemaking Circles to Develop Emotional Literacy, Promote Healing & Build Healthy Relationships*, (2010) Living Justice Press.

²Carolyn Boyes-Watson and Kay Pranis, *Heart of Hope: A Guide for Using Peacemaking Circles to Develop Emotional Literacy, Promote Healing & Build Healthy Relationships*, (2010) Living Justice Press.

Trauma-informed care in the child care and family placement process – Miracle Foundation's approach within alternative care in India

By Audria Choudhury,
Program Manager – US, Miracle Foundation

Trauma-informed care in the child care and family placement process – Miracle Foundation's approach within alternative care in India

<https://bit.ly/2VrEqL3>

Trauma-informed care (TIC) is critical in institutional settings to address the trauma of experiences that lead children to be enrolled in alternative care such as child care institutions (CCI) and the inherent trauma that comes from a child being separated from their family.



Miracle Foundation (hereafter referred to as Miracle) ensures the rights of the child are met while they are at an institution while working towards placing every child into a safe, loving family. This article looks at how Miracle Foundation applies principles of trauma-informed care at every stage: from intake and care at a CCI while awaiting placement to preparing children and families for transition, and finally to monitoring and support post-placement. Following a brief background of the trauma surrounding institutional settings and its damage to children's development drawn from existing literature, we will define the principles of trauma-informed care: safety, choice, collaboration, trustworthiness, and empowerment. The narrative will then illustrate how these principles are applied with children, families, and CCI staff through capacity building, access to counselling and mental health resources, and dedicated guidance by Miracle team members throughout the child care and placement process. Training government officials through a train-the-trainer model equip them to practice a strength-based approach with children and families. Government officials, in turn, pass this methodology to all CCIs in their purview, broadening our impact multifold. This also positions us for systematic change in developing all members of the social workforce through system strengthening. By building up a robust mental health program rooted in both prevention and intervention, Miracle has worked to reduce the stigma surrounding mental health prevalent in the South Asian context and ensure the best interest of the child.

This will add to the larger body of work on best practices related to applying the theoretical aspects of trauma-informed care on the ground.

Psychosocial First Aid (PFA) for children affected by COVID-19: A manual for first responders

By NIMHANS

Psychosocial First Aid (PFA) for children affected by COVID-19: A manual for first responders

<https://bit.ly/3A2Djkm>

The spread of the COVID-19 virus has added a new dimension of vulnerability to the lives of children. Millions of vulnerable children are losing out on their development and learning opportunities and their right to survive and thrive. The mental health and psychosocial impact of restricted movement, school closures and subsequent isolation are likely to intensify already high levels of stress which children from vulnerable sections face. Risk factors for violence, abuse and neglect are reportedly on the rise for children living under restricted movement and socio-economic decline. One indicator is a 50% rise in calls to CHILDLINE 1098 since the outbreak of the pandemic. Girls and women are at increased risk of sexual and gender-based violence. Children of migrant workers returning to their villages in India brings with it reduced access to services and protection. Isolation measures to contain COVID-19 have led to an economic crisis as many families are losing jobs and livelihoods. This is likely to affect children the worst and their mental health as well. With the rising death toll, this pandemic has taken the shape of a disaster.



The COVID-19 pandemic brings a lot of stress, anxiety, fear, grief, and worry for everyone, causing severe mental health problems. For those children who are directly (or indirectly) affected by COVID-19, the stress and trauma could be many times more and may have severe consequences if not addressed in a timely manner. They need specialised help through trained professionals. Although everyone is affected by the pandemic at a psychosocial level, some children might require additional care and attention, which require some special skills to address. Psychosocial First Aid (PFA) is a method of helping children having a moderate level of distress to feel calm and supported to cope better with their challenges.

This manual is intended to refresh and enhance the knowledge and skills of first responders for providing Psychosocial First Aid to children. They primarily include counsellors and social workers placed with District Child Protection Units (DCPU), ChildLine, one-stop centres and district mental health programmes and other mental health professionals. However, health care workers trained in counselling can also make use of this manual. Individuals who wish to volunteer their services to support children who have been affected by COVID-19 and have undergone adequate training in providing this Psychosocial First Aid may also benefit from this manual. The manual follows a participatory intervention method.

Prioritising family strengthening and kinship care – Submitted to the Committee for the Rights of the Child, towards DGD '21

By IACN

Prioritising family strengthening and kinship care – Submitted to the Committee for the Rights of the Child, towards DGD '21

<https://bit.ly/2WEW2Up>

The growing evidence of the adverse impact of long-term institutionalisation and the importance of a safe and nurturing family environment for children guide care reform dialogue and practices globally. Supporting vulnerable families to care for their children and

promoting family-based care are essential components of care reform. It also advocates for deinstitutionalisation and limiting the use of institutions as a last resort and for a limited period. This report, submitted to the Committee for the Rights of the Child, United Nations, towards DGD 2021, is a consolidation of deliberations with children and caregivers in kinship care arrangements, the child protection workforce, and civil society organisations on their experiences and insights on prioritising family strengthening and kinship care.



Updates from the field

Learnings and experience shared by our fellow members

Family reintegration during COVID 19 – Experiences from YCDA's response

By Arun Kumar Pradhan
Programme Manager,

YCDA Resource Center on Alternative Care

It is widely recognised that a safe and caring family environment is essential for child development and well-being and that maximum efforts must be made to reintegrate the numbers of separated children with their families and communities. Children in institutional care have often undergone trauma inherent in separation and the reasons that lead to it, often requiring extensive interventions to address the causes of separation. The COVID-19 pandemic has posed challenges to children's education, care and well-being. Many parents and caregivers struggle to balance their responsibilities for childcare and work, with a disproportionate burden placed on them.

The COVID 19 pandemic has impacted the health, social and material well-being of all children worldwide, with children who have been reintegrated during this period in the family from the CCIs, children from vulnerable families, including homeless children and children hit hardest. School closures, social distancing and confinement increase the risk of poor nutrition among children, exposure to domestic violence, increased anxiety and stress, and reduced access to vital family and care services. They have been deprived of access to nutritious food, protection against child abuse and neglect, and access to child physical and mental health services. Policies also need to support parental employment since it is a key to fighting child poverty. Looking into the above situation, YCDA, in collaboration with CAFO, carried out an assessment to plan the COVID response in the Khordha and Puri districts of Odisha.

YCDA performed a need assessment of the families where the children have been reintegrated during COVID-19 from the child care institutions using a customised tool.

The analysis revealed that all families were struggling for their livelihood and basic needs like food. They survived on the daily wages or wages they earned working as domestic help. Responding to the needs, YCDA provided the dry ration as emergency support to these families.

The research also found that many children have discontinued learning due to closures. Learning losses from school shutdowns are further compounded by inequality, particularly for students already left behind by education systems. Many schools have shifted to online learning during school closures as a stop-gap measure. However, this is not the case in many places, as less than half of households in low- and middle-income do not have access to digital devices for online learning. Based on the urgent need identified during the assessment, YCDA planned to provide educational support like book materials, uniforms, and smartphones to ensure continuity in education.

To address the rapid reintegration of children during the COVID-19 pandemic, YCDA Resource Centre, in collaboration with DCPU Puri and Khordha, organised different workshops on family care model, family strengthening, transitioning and deinstitutionalisation, with the representatives of various stakeholders, i.e. Child Welfare Committee (CWC), District Child Protection Unit (DCPU), Childline, DPM, BPM and representatives from Child Care Institutions (CCIs).

Recommendations From YCDA

Before planning for the family reintegration, the CCI staff should prepare the child with the 3R approach(Ready child, Ready system and Ready Family). The CWC should decide the case of reintegration as per the child's best interest and follow the Social Investigation Report (SIR) and Home Study Report (HSR). The DCPU should place the case before the PLCPC and recommend to the DPM for providing support to the family and child to address vulnerabilities and stressors in the families. The CWC

should establish and address the causes of separation before reintegrating the child and provide follow-up and continued support to ensure that the child is not being pushed into a harmful and unsupportive environment.

Success Story from the ground

Mamali Nayak, a 16 years girl, lived in a CCI called Subhadra Mahatab for over 11 years. As the COVID-19 pandemic broke, the CCIs people sent back the child to home without much preparedness. Meanwhile, though Mamali got deinstitutionalised by Child Welfare Committee, neither her family nor the system was ready to support her after reintegration. With much difficulty, she got enrolled in 11th grade at Acharya Harihar College,

Bhubaneswar. Due to the weak economic conditions of the family, they did not have money for college expenses. She could not buy her coursebooks and attend online exams as the family did not have a smartphone. In a quick response, YCDA mobilised support to provide a smartphone to Mamali to enable her to attend her online classes. Currently, YCDA is also planning for a sustainable income model for the family. Simultaneously the girl is also provided with periodic counselling, life skill-based adolescent education and career counselling. We ensure a personalised quality engagement with Mamali and her family regularly to reduce disruptions. Mamali's case highlight that without preparedness and support, no child should be reintegrated into the family.

Making rights a reality: Building lives towards independent living

Making rights a reality: Building lives towards independent living

By Arush Kalra

Documentation Officer,
Udayan Care, Madhya Pradesh

All children and young people growing up in Alternative Care, whether in residential care settings or family-based care, have an equal right to grow to their best potential as any other child or youth in families. The project "Strengthening System for Alternative Care and Aftercare, including Demonstration Models in Madhya Pradesh, in the context of COVID-19 and Beyond", is a joint initiative of DWCD-GoMP, UNICEF MP state office and Udayan Care. Under the project, one of the key objectives is to improve care standards for children and youth residing in state-run residential homes (childcare institutions and aftercare homes) in the state. Work has been undertaken since April 2020 in three Child Care Institutions (CCIs) and one Aftercare home in two districts, viz. Ujjain and Bhopal. Working in these homes as a pilot project is a means of demonstrating better standards of care and innovations in approach, capturing and disseminating good practices on caring for children and youth without parental care in a cohesive

environment, and preparing them to leave care towards their independent living. The larger objective of the pilot is to advocate for replicating the same across the state by the Government.

With the challenges caused by COVID-19 in all spheres of life, engaging with children in CCIs during this time has been a challenging task. One of the specific objectives of the intervention was to support children towards their independence and reintegration into communities. This case study illustrates the importance of social workers to develop a realistic understanding of what children and young people aspire for, and how they could be mentored to achieve the same.

The story of Pramod

Pramod was 17 years of age when the project started and lived in a CCI in Ujjain. Found on a railway station by Childline at a young age, he entered the CCI as he was not able to share any details of his family and had only snippets of the distant memories of his past life. After multiple placements, he finally found long term care in the Ujjain CCI at the beginning of 2020. His initial assessment showed that due to a lack of consistent formal education throughout his time shuttling between CCIs, Pramod could hardly read or write.

He struggled to communicate. His lack of formal education did not allow him to join any formal vocational course. He remained reserved and temperamental and was not interested even in learning basic life skills, such as cooking, cleaning or other household chores.

Importance of developing Individual Care Plan (ICP) and its implementation

His ICP was developed after assessing his needs and aspirations by CCI staff, including a counsellor, with technical handholding by the project team and participation from Pramod. This included highlighting his strengths and areas of improvement, and possible intervention areas, both short and long term. The project team continued to engage with him and other children in workshops and life skills sessions that centred on self-awareness, self-belief, financial management and managing emotions, and other critical life skills. The process of engaging with him in individual sessions helped him to channelise his feelings better.

Conversations with him clearly showed his interest in cars and mechanical work and established his willingness to the automobile repair industry. His ICP captured his interests and abilities in a nuanced manner and helped carve out a transition pathway for him to be trained as an automobile mechanic. Pramod was indeed thrilled about this. Without any delay, the Probation Officer approached the owner of the Shiv Shakti Garage, Ujjain. After a detailed interview, Pramod was taken in for training and is now an apprentice with a stipend. He has also been offered boarding and lodging at the Garage hostel by his employer.

Outcome

From a child having difficulty even uttering his name correctly, Pramod now lives an independent life, earns for himself and lives with his head held high confidently. He is now able to express himself more freely. He feels happy that he can manage his life independently.

The project team continues to follow up on his well-being and self-sufficiency to ensure 'Pramod' does not fall through the cracks again. In the last quarterly check-in, he was excited to share that his new bank account has been opened, and he hopes he can bring magic to others' cars, and thus, in their lives! This motivation to give back to society has made him an active member of the Care Leavers' Network in Madhya Pradesh, Yuva Shakti Sangathan (YSS), initiated under the State-UNICEF-Udayan Care partnership. Through a small handwritten

note, he once made a powerful statement: "If others can, so can I. And if I can, so can yet more others."

"If others can, so can I. And if I can, so can yet more others."

Under this tripartite pilot, standards of care have considerably improved in the three CCIs and Aftercare Home. The staff of these CCIs have also been given exhaustive training and continued mentorship. As an outcome, ICPs of 82 children/youth have been developed with a special focus on transition planning, with the participation of children/youth. 104 workshops on life skills, focusing on ten identified themes of life skills, were held with children across the four institutions, wherein 86 children/youth participated. From these institutions, 29 children/youth have been restored to their families and close follow up is being done. Besides the direct intervention, 22 child protection stakeholders (CWC, Childline, CCI staff) of the two districts have been extensively trained and mentored to develop ICPs for children and its follow up mechanism effectively.

Fortifying the social workforce's capacity to support the children affected with COVID-19 pandemic - Miracle Foundation India's response – Part 1

By Richa Tyagi
Director – Strategy & Technical,
Miracle Foundation India

The COVID-19 pandemic, and the accompanying measures to control it, had a dramatic impact on the most vulnerable children, families and communities, compounding existing structural weaknesses in child protection and welfare systems. In the long term, the socio-economic impact of the covid crisis, coupled with strained government services, will test the capacity of vulnerable families to care for their children. In this context, it is essential to pre-emptively scale up the capacity of quality family-based alternative care and

social protection systems to enhance family resilience and prevent unnecessary family separation and recourse to residential care¹.

During the first wave of the COVID-19 pandemic, the Supreme Court of India had taken suo-motu² note in April last year of the condition of the children in protection, juvenile and foster or kinship homes across the country, issuing directions to the state governments and other child protection

There are 30,071 children who have become orphans or have lost one parent or abandoned. The break-up states 3,621 orphans, 26,176 children who have lost one parent and 274 children who have been abandoned.

mechanisms to ensure their safety. As many as 146,000 children or 64 per cent of those in child care institutions were sent back to their families as a

precaution against the COVID-19 pandemic following directives from the Supreme Court. Unfortunately, in this emergency, the children and families could not be assessed, prepared, and due planning could not be done following the norms of the case management process.

Post the second wave of the COVID-19 pandemic, as per the latest data on the 'Bal Swaraj' portal of NCPCR; there are 30,071 children who have become orphans or have lost one parent or abandoned. The 3 break-up states 3,621 orphans, 26,176 children who have lost one parent and 274 children who have been abandoned. A study conducted by the Lancet journal says that, In India, an estimated 1.19 lakh children lost a primary caregiver — one or both parents, or one or both custodial grandparents. Among them, 1.16 lakh lost one or both parents.

A widespread manifestation of the impact of the pandemic was found in the form of forced child labour, child marriage, child abuse and loss of education. In response to this situation, the government and civil society in principle and action impressed upon the need, as far as possible, to sustain children in their family and community environment, the MWCD said in its guidelines on caring for COVID-19 orphans. If no caregivers were found, children in institutional care would be placed for adoption as per the Juvenile Justice (care and protection) Act 2015. Kinship care was also the first solution pursued by India's Central Adoption Resource Agency (CARA) before finalising adoption. Childline placed abandoned or orphaned children (including because of COVID-19) whose extended families and relatives could not be traced in Child Care Institutions (CCIs), intending to provide interim care in CCIs until the extended family is traced. State Governments across the country have risen to the aftermath of the COVID-19 second wave, directed actions to support children and families through various measures. The civil society organisations, child rights practitioners, experts have been making proactive efforts through awareness generation, advisories, navigating through available resources, schemes to support the government, child protection system in reaching out to the

The community-level child protection mechanisms have been promoted for community gatekeeping in preventing unnecessary separation of children from their families through a broad range of support measures for children, families and communities.

The overarching focus is to reintegrate children back into their families and make family-based alternative care available. Integrated case management has been identified as one of the most critical components for planned, safe and sustainable reintegration. As part of its ongoing capacity building programs with government child protection functionaries, Miracle Foundation India has received increasing requests from the DCPU, CWC, SCPS offices for in-depth hand-holding and capacity building in expedited case management practices.

One of the ways Miracle Foundation India has responded to this emerging situation and the needs of the child protection workforce is by sharing knowledge and technical expertise on different aspects of the case management process through virtual workshops and other interactive online events. The primary aim of the workshops is to share Miracle Foundation's tested method of case management with organisations working on family strengthening and reintegration of children across India.

The workshop series will be spread across the year (quarterly basis), will be a platform for sharing a straightforward, practical case management process, focusing on tested approaches and tools, led by Miracle Foundation experts with real-world, on the ground experience. Through this effort, Miracle Foundation stresses the importance of processes rather than events that make a reintegration happen. The series also showcases how the non-linear case management process can make informed decisions for child reintegration, keeping in mind the necessity and suitability principles.

During these workshops, the voice of youth with lived experience will be represented, and consultation with professionals from other organisations working in this space may be included. The focus will be on skill development on the enlisted topics with the objective that the participants can gain a depth of knowledge and develop invaluable skills for practical application in their work. The workshops will be conducted in the local language and use interactive and highly engaging presentations, case studies and animated videos. After each workshop, participants will be provided additional resources/tips - reference material which can be referred to later.

The first workshop – "Effective Assessment for Safe & Permanent Reintegration of Children", in English and Hindi, was held on 23 and 25 June, 21. One hundred eighty-six people participated in these workshops, including NGO professionals, CCl staff, government officials. The workshops dwelled into the following questions –why do we assess; what assessments are used during the case management process; what are key things to consider for effective assessments; what to assess; how do you know if your recommendations are in the best interest of the child. The session included a youth ambassador's perspective on children's / young people's expectations of the reintegration process. The second workshop in this series is about "Wrapping Support around Family" scheduled for 11 August 21 (in English), and 13 August 21 (in Marathi), aiming to support the social workforce causes related to family separation & help families identify their needs and service gaps through community engagement. The discussion will focus on the ground experiences in activating community support structures through capacity building, convergence & coordination with key stakeholders while ensuring standards of care, monitoring support & enabled integrated service provision for children & families. The workshop will also witness youth voices' sharing the role of Balpanchayat & their efforts in ensuring the essential opportunities for children to thrive in families.

The subsequent workshops in this series will focus on understanding the transition process, building resilience through the preparation of families, post reintegration support, building self-sufficiency in families for successful and permanent reintegration.

Other than the workshops, Miracle Foundation India has introduced another semi-formal platform called the Tea Time Chat sessions of 60-minute duration to listen and understand participants' thoughts, ideas, challenges and get their questions answered. As many in the social workforce face similar challenges, it will be a place to connect with peers and learn from each other.

The first tea time chat session organised on 2 July 21 was a Q&A around effective child and family assessments. Some of the upcoming tea time chat sessions will be as follows:

1. Addressing Educational Needs of Children	30 July 21, 4 pm to 5 pm
2. Addressing Family Separation through Community Engagement	20 August 21, 4 pm to 5 pm
3. Government Schemes & Policies related to Children & Families	17 September 21, 4 pm to 5 pm

The second part of this article in the following newsletter will focus on Miracle Foundation India's COVID response initiatives as part of its ongoing capacity building engagement with state government officials, civil society and part of its work on the ground for activating community-led child protection committees.

About the Author

In her current role as Director – Strategy & Technical Expertise, Richa Tyagi leads the strategy forte at Miracle Foundation India. She is responsible for steering the strategic evolution, overseeing technical expertise vertical, focus, planning, and initiatives of the organisation both for new programs and the ongoing programs.

End Notes

¹*Joint Recommendations for the EU strategy on Rights of the Child – by Hope and Homes for Children & LUMOS, October 2020*

²*suomotu ("on its own motion") describes an act of authority taken without formal prompting from another party. The term is usually applied to actions by a judge taken without a prior motion or request from the parties.*

³*The Lancet is a weekly peer-reviewed general medical journal. It is among the world's oldest and best-known general medical journals. It was founded in 1823 by Thomas Wakley, an English surgeon who named it after the surgical instrument called a lancet.*

Link to Webinar



Tea time chats : Q & A on Effective child and family assessments

<https://bit.ly/3rP3esP>

Workshop : Effective Assessment for safe and permanent reintegration (English)

<https://bit.ly/2Vo5efo>

Workshop : Effective Assessment for safe and permanent reintegration (Hindi)

<https://bit.ly/37hgJb7>

Learning session on alternative care in the COVID-19 pandemic

Learning session on alternative care in the COVID-19 pandemic

By Better Care Network, IACN and UNICEF

As India recovers from the second wave of the ongoing COVID-19 pandemic, it has resulted in a severe impact on children and families. According to the Ministry of Women and Child Development, GoI, 577 children have been orphaned since May 2021. The National Commission for the Protection of Child Rights (NCPCR) has shared that

over 9,3000 children have lost parents or have been abandoned since the beginning of the COVID-19 pandemic last year. A recent study by Lancet says that 1.1 Lakh children in India have lost primary caregivers due to the pandemic.

In the backdrop of deaths in families, extended periods of shutdown and loss of employment opportunities, the pandemic has pushed families to the brink of crisis. Children face an increased risk of abuse, neglect, violence and exploitation, leading to separation.

Practitioners, researchers and policymakers highlight the importance of care of children in a family environment by keeping families together and ensuring services for family-based alternative care.

This webinar featured presentations and discussions from practitioners who have experience of working on alternative care (short term and long term) and prioritising family-based care in emergency settings that could be helpful for practitioners in India as they plan a response for children who have lost parents to COVID-19. The webinar was presented particularly for practitioners and stakeholders in India, to enable them to hear how those in other countries impacted by COVID-19 have addressed the challenges to children's care, including loss of parental care, support to parents and other caregivers who are facing multiple challenges in their caregiving, addressing the support needs of extended families who are taking on the care of children and ensuring children are not placed in residential care, among other things.

Speakers shared lessons learned from the following programs and interventions:

Parenting messaging videos and community-level work, in particular to relieve parental stress and prevent violence in the home (Nepal, Save the Children)

Cash support added to case management with a focus on addressing the prevention of separation and addressing loss/lack of livelihood (Cambodia, Family Care First| REACT)

Gatekeeping in the context of COVID - tracing extended family for kinship care arrangement (CINI|India)

Adaptation to virtual case management due to COVID to support reintegration into family care from residential care (Kenya, CTWWC)

Emergency foster care (Hope and Homes for Children| Bulgaria)

[View Webinar](https://bit.ly/3yrW0tW) <https://bit.ly/3yrW0tW>

CINI's family reunion meets – Towards enabling safe and sustainable reintegration

CINI's family reunion meets – Towards enabling safe and sustainable reintegration

By Lopamudra Mullick
Programme Manager – Child protection, CINI

CINI partnered Childline and Railway Childline services in Kolkata rescue vulnerable children from exploitative situations daily. Some of the most frequent cases CINI comes across are children who have become victims of child marriages, child labour, trafficking, abuse, and those who have been abandoned or have run away from their homes. Post rescue operation followed by production before CWC, the children are provided with temporary shelter while the social investigation is being conducted. During their short stay in CCIs, the children receive services offered by the CCIs, including medical and legal aid. Counselling support helps children recover from their trauma, heal, share their concerns and make a decision. The children also share the support they would require if they want to get reunited with their families.

Thorough social investigations are crucial to the care of children who have been separated because of various factors. Family members get counselled during the social investigations. The support helps the family members identify stressors and support the family requires to keep children safe. The families learn about the positive impact of a family environment on a child and the adverse effect of institutional care. Concerns highlighted by the children and the support required upon returning to their families get communicated to their parents. The families usually have mixed reactions when they hear the concerns highlighted by their children, and it is an agreement or a disagreement. But CINI continues to help both the families and the children to develop an understanding.



From 2019 to 2021, during the COVID-19 period, CINI intervened in 145 such cases, where family reunification was possible. In many cases, both the child and the parent were finding it difficult to arrive at a shared understanding and had disagreements about the factors that lead to separation in the first place and forced the child to stay away from the family. CINI did not give up hope and continued to support both the child and their families through regular visits and counselling support. Support was also leveraged from the neighbourhood and communities during the home visits. The neighbours came forward to help the families understand the child's perspective and provided peer parenting support.

The lengthy and arduous preparation process gets rewarded when parents and their children identify the problems and arrive at an understanding of how they can solve their problems together.

But this is not the end; CINI conducts family reunion meets with children and their families, particularly vulnerable families, to ensure safety and continuity of the reintegration process. This is in addition to the continued

follow-up and support that is provided to hold and keep families together.

The family reunion meets are held every year to share good practices of effective family reunification and provide an opportunity for peer support and solidarity to children and parents to facilitate learning and sharing. Children with their parents attend these meets and share their journey from separation to rescue to the reunion. The children share their experiences and battles of overcoming their fear and overcoming the hurdles. Stakeholders attend the family reunion meets too. Information on the availability of the government schemes and services is shared with the parents.

CINI has conducted three family reunion meets with 145 children restored during the COVID times. An effort was also made to link the children and families with relevant government schemes after understanding their needs and challenges. CINI's regular and routine follow-up, both physical and telephonic, ensured the continuity of these children in their families.

Services	The numbers
Individual counselling support to children	145 children
Family counselling	Families of all the 145 children
Follow up visits	Monthly telephonic follow-up of all 145 children since 2019 Quarterly physical follow-up since 2019 for all the 145 children
Enabling access to social protection benefits	29 families were linked with livelihoods (MNREGA) 130 families were linked with the West Bengal Government's Swasthya Sathi Scheme (Health benefit) 8 children were linked with the Preventive Sponsorship Scheme. 2 children were linked with the Disability Scheme of the West Bengal Government.
Support from the local stakeholders	43 children were given educational support.

Leveraging technology to enable better outcomes for care leavers: A model by Josh Community

By Roma Vaidya and Girish Mehta
*Co-founders,
Josh Community*

Context

The community at large does not even know about the term care leavers, let alone the issues that come attached to them. We at Josh community were no different. About a year back, when we started interacting with some care leavers, we began to understand the real, on-ground challenges. We realised that helping these care leavers become self-reliant is not just limited to getting them a job. Instead, there is a whole gamut of things that they need help with, starting from legal identity, social acceptance, financial independence, shelter and survival needs, medical, mental and physical health issues. Lack of exposure, redundant vocational skills training and family support makes their problems worse. We were also aware of how any work with care leavers would require a range of services and partnerships with different stakeholders.

How we began

We started our in-house study with a pilot project with an NGO in Jaipur, a Child Care Institution (CCI) of 50 children and youth, including a few HIV positive children, to understand the apprehensions that children face about leaving care and the skills that would help them prepare to the transition.

The study was divided into the following phases of data collection:

Step1: We gathered demographic information about every child in the CCI like name, age, education, interests, hobbies etc.

Step 2: We arranged in-depth interviews with every child. This step was very crucial to ascertain the interest areas, capabilities and aspirations of every child individually.,

We enquired about their education, training, aspirations, financial situation, family, and social and mental health issues.

As we moved from older to younger children, we realised that we could be most effective in achieving our goal of enabling children to become self-reliant as they transition out of care if we work with children 14 years and above.

Step 3: We built a skill gap analysis sheet to determine what kind of upskilling courses may be suitable for them individually after understanding their interest areas. Training courses on computer skills, communication skills, English speaking, and digital skills was our priority. Digital skills courses included content creation, digital marketing, video editing, visual arts and baking.

Step 4: We identified a few care leavers from the same CCI and conducted a similar interaction with them to assess the skill gaps and their potential if digitally trained.

The study findings helped us link children and youth with relevant vocational skills and employment opportunities in one CCI in Jaipur. The initial success of our work lead to deliberations on scaling it up to reach out to more care leavers and bridging the gap to unequal access to opportunities to youth with experience in care.

Design approach for developing platform /solution

About 10,000 childcare institutions are working across India, but most of them do not have transition planning or resources to support children beyond the age of 18 years. Considering the large scale of the problem and the need for an immediate and effective solution, we designed a solution based on the following four building blocks

Involving care leavers as a part of designing the solution right from ideation, designing, implementation

Leveraging technology and data to bring transparency and achieve scale with speed

Tracking and improving the quality of life indices for care leavers across their lifecycle stages

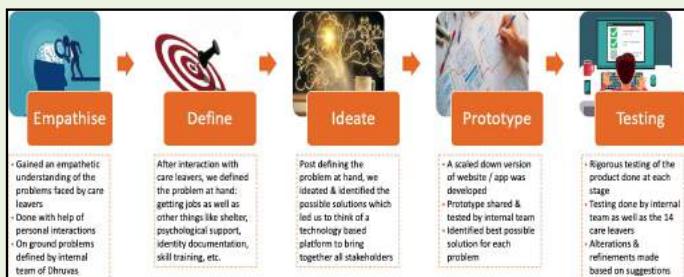
Collaboration, partnerships and increased community and corporate collaboration



A solution leveraging technology

There is a huge deficit of access to proper shelter, social acceptance, legal documentation, financial independence, mental health services and at the other end, the community and corporate CSRs are looking for providing such access to suitable candidates. The Annual CSR budget of India Incorporation is approximately INR 21,000 Crores.

Inspired by the Book 'Bridgitial Nation – Solving Technology's People Problem,' we developed DHRUVA1 a platform that will help care leavers connect with members of the community, employers and corporates who are ready to share resources, jobs and also partner to help develop a co-living space for care leavers.



The care leavers can find a solution to their needs on this platform like getting digital devices, information on skilling and certification courses, guidance on legal and finance related documentation, personal financial planning, mentorship from working professionals, and finding the right jobs etc. The platform enables exchange between donors and care leavers that are tracked so that both parties have absolute transparency and care leavers can connect to their needs. We aim to make the care leavers network so strong through this tech-based platform that they become self-reliant and encourage other care leavers to leverage this platform and support from the community.

Impact

After working with care leavers for over six months now, supporting them, building their confidence, linking them to vocational skills training, we are proud of the outcome we have got. We were able to get them employed in digitally enabled corporate jobs and help them with their survival needs and find them decent shelter. Each of these care leavers was prepared for the interview, their employers were sensitised about their issues, helped them find accommodations close to their workplace, we tracked their performance at work, and a couple of them were also awarded as best employees the month. These care leavers now have skilled based jobs in call centre executives, accountants, warehouse executives etc.

“ What do care leavers have to say about DHRUVA

"I was found on a railway station and moved into a CCI along with my younger sister. Due to a troubled childhood, I had low confidence and used to stammer. Although I had basic computer skills, I worked in a godown, lifting gunny bags and loading them on a truck. Through DHRUVA, I got placed as a warehouse executive, where I learnt warehouse management software. My joy touched the sky when I was awarded as the best employee in my organisation after three months of joining"

"Having spent all my life in the shelter home, I was scared that once I get a job, I would have to leave this place. I once even refused a job that came my way because of the same reason. DHRUVA helped me get a suitable job and a PG (with meals) close to my office. The on the job Call Centre training has helped me become a much confident person. Being a girl, solving the shelter problem was a bigger help for me than finding a job."

Scaling up through partnerships and collaborations

A tech-based platform helps to reach scale in quick time. It offers collaborations with experts from the finance, legal, medical, psychological domain, and partnering with corporate, government bodies and skilling and certifying institutions. The platform helps get care leavers connected with appropriate resources for their specific needs in each stage of their lives. Every day, we evaluate and foster a wide range of partnerships and aim to make a world-class platform for care leavers in India. This care leavers community will help many care leavers become self-reliant and foster a strong and sustainable community.

“

What do care leavers have to say about DHRUVA

I was dependent on my Aunt for my College fees after leaving my CCI. My fees increased every year; things got difficult when my Aunt lost her job and could not pay my fees. DHRUVA helped me get a job, and I am now able to pay my college fees and complete my graduation alongside getting job experience.

”

Endnotes

¹DHRUVA stands for Digitally Trained, Hungry for growth, Ready to Perform, Uva (Youth).Dhruba is an initiative envisioning Bridgital India to help disadvantaged youth and women complete the journey from survival to self reliance.

We share a vision of making India self reliant and are working with several

NGOs, skill development bodies and Employers in order to bridgically upskill the manpower and place them in digitally enabled jobs. The educated yet underprivileged youth are at times qualified and skilled for white collared jobs yet do not find right opportunities. Through our unique platform, we facilitate and hand-hold the aspiring working -age population to get suitably employed in digitally-enabled jobs.

About authors

Roma Vaidya comes with a successful professional career spanning over 12+ in HR. She founded an HR recruitment entrepreneurial venture (JobFactors HR), which helped 100+ enterprises build a passionate workforce. Driven by a passion for providing equal opportunities to the disadvantaged and leveraging her experience in the HR consulting space, she joined Josh Community as a co-founder to lead the mission of making the youth of India self-reliant.

Girish Mehta, a care leaver from Jaipur, has grown up in various children's homes. From working as child labour to being a waiter in a restaurant and later joining the child helpline for children, Girish helped rescue many children and youth from abuse. Passionate about helping fellow care leavers, Girish created his co-living shelter home and supported close to 8 youth with experience in care. He is a very talented singer and guitarist. His dream is to make care leavers self-reliant.

Karna and Netra ensures awareness towards prevention from COVID 19 for children living in Child Care Institutions in Bihar

Karna and Netra ensures awareness towards prevention from COVID 19 for children living in Child Care Institutions in Bihar

By Ranjana Srivastava,

Sr Project Manager, State Alternative Care Projects,
Udayan Care

The Covid-19 pandemic changed the world for everyone in many ways and especially for the most vulnerable children living in Child Care Institutions (CCIs). Like other children, those living in CCIs were also affected during the pandemic.

The Covid-19 pandemic changed the world for everyone in many ways and especially for the most vulnerable children living in Child Care Institutions (CCIs). Like other children, those living in CCIs were also affected during the pandemic.

Extended periods of lockdown and closure of schools meant restrictions for children and more so for children in CCIs. To demonstrate the right way to care for children in emergency times, innovation and out of the way thinking was imperative. A set of COVID-19 posters were developed with children and functionaries in the 3 CCIs and 1 Aftercare home where Udayan Care works as part

of the project mentioned above. Several workshops were held to ideate and seek feedback from children and the care staff on the content and design. The posters aimed to serve as a constant reminder to children and functionaries on the appropriate COVID-19 preventive measures. At the same time, it was essential to make it creative and fun-filled for the children. Collectively, quintessential characters were developed in the form of "Karna" as a boy with large ears and hence the ability to hear important things and further share with others and "Netra" as the girl with big eyes and the unique ability to see everything which others miss out and then further spread it amongst other children.

A set of three posters were developed using the two child characters and covering three relevant aspects of COVID-19 appropriate behaviour: hand washing, mask use and social distancing. The content was developed to connect to school rhymes and poems that children are

familiar with. To make these posters user friendly for boys and girls homes, gender-specific images were used while the message and context remained the same. The images also depicted girls and boys with special needs to make the representation and message more inclusive. The draft designs of the posters were pilot tested and finalised with feedback from children in workshops. Once the posters were finalised, they were framed, and children lead the way in deciding where to display them in their CCIs so that it was visible to all daily, serving as a constant reminder of the key message. Finally, the posters were launched by the Honorable Minister of Bihar State Social Welfare Department in May 2021, in the presence of UNICEF Bihar team members and officials from the Government of Bihar. The State Government has decided to share the posters with all CCIs. A copy of the posters are given below, and we hope it can be used on a much larger scale to benefit all children in all CCIs of the country.



Fun filled awareness generation on COVID, Separate sets for boys and girls CCIs, Special Needs factored



Perspectives

Commentary, Analysis and Insights

Foster care: A way to ensuring child's right to family

By Ankit Kumar Keshri,
PhD Scholar, TISS

Introduction

Foster care is a temporary arrangement to provide care and protection to children with inadequate parental care. Usually, children end up in foster care when they or their parents and family members are affected by circumstances that may include but are not limited to poverty, death of parent, migration, chronic illness, divorce, desertion, abuse, incarceration, neglect and disability. Loss of parental care makes these children vulnerable as the availability of other safety nets is limited. Therefore, in foster care, those children are placed with foster families who are trained, qualified and motivated to fulfil the needs of children placed in their care. These placements are approved, supervised and monitored by the State in collaboration with an external agency or non-government organisation (NGO) having expertise in child welfare.

Fostering Children in India: The Background

In India, formal foster care of older children (above 6-18 years) is part of the Juvenile Justice System. It is guided by the Juvenile Justice (Care and Protection of Children) Act, 2015 (hereafter referred to as the JJ Act) that defines foster care as a "placement of a child, by the committee for the purpose of alternate care in the domestic environment of a family, other than the child's biological family, that has been selected, qualified, approved and supervised for providing such care" under section 44 as a component of the process of rehabilitation and social reintegration. According to the JJ Act, a foster placement can be of two types; one is called individual foster care, whereas the other is group foster care. In both arrangements, the tenure of placements can be short (i.e.,

for more than a year), depending on the child's circumstances. The required infrastructure (i.e., District Child Protection Unit and Child Protection Committees), human resource (i.e., Protection Officers and Social Workers) and financial resource (i.e., Sponsorship and Foster Care Fund) to establish foster care has been made available under the Integrated Child Protection Scheme (ICPS) (2014). District Child Protection Unit (DCPU) is the nodal authority for implementing the foster care programme in a district. However, all the decisions related to the placement of a child in foster care is taken by the Child Welfare Committee (CWC) of the district on the recommendation of DCPU ("MODEL GUIDELINES FOR FOSTER CARE," 2016). Presently, foster care is gaining momentum in several States, and Odisha is one of them. In Odisha, Youth Council for Development Alternatives (YCPA), an NGO established in 1993, started working in family-based alternative care for children in 2009. For the past decade, YCPA has been actively involved in promoting and practising foster care and worked in close coordination with DCPU and CWC at the district level. Presently, YCPA has identified prospective foster families, prospective foster children and made successful foster placements in three districts, 'Khordha', 'Boudh' and 'Bolangir'. This paper is based on the interaction with 20 foster children, 11 foster families and other key stakeholders (i.e., social workers, CWC members and DCPU representatives).

Practising Foster Care: A Way to Ensuring Child Rights to Family

The preamble of the Convention on the Rights of the Child (CRC) (1989) asserts that the family is the natural environment for children's growth and wellbeing. Thus, every child has a right to family. But in the absence of a family, each child's family care is supposed to be ensured through family-based alternative care arrangements such as adoption, kinship care and foster care (Alternative Care Guidelines (ACG), 2010).

However, in India, adoption numbers are not that great. Formal kinship care is yet to feature in any national policy, scheme and does not have any legal validity. Therefore, even though considered as a last resort, institutional care has been widely practised. Recent estimates clarified that 3.7 lakh children of various age groups live in 9500 child care institutions of different kinds (Government of India, 2018). Many among them could have been supported by family-based care arrangements avoiding institutionalisation. Though small residential or institutional setups together with other family-based arrangements form the continuum of alternative care envisaged in ACG, it is not beneficial for children as institutionalisation has a long-term impact crippling their social, physical and psychological wellbeing (Berens & Nelson, 2015).

Foster care is one such arrangement that is effective in both rehabilitative and preventive causes, thus avoiding institutionalisation and ensuring that a child's right to family is upheld. Among the 20 foster children I interacted with, six were deinstitutionalised and placed with three foster families in semi-urban and rural localities. All of them spent around 1-2 years in child care institutions. For instance, Rupesh1 (Age 14) and Laxmi (Age 11) are siblings whom their mother abandoned after their father died. So, from a very young age, they lived in an open shelter and later on in children home until they were placed under the loving and caring environment of a foster family.

For the other 14 children, institutionalisation was foreseeable because their family could not look after them and approached the concerned authorities (i.e., CWC, DCPU and CPC) to keep them in CCIs. In the absence of a functional foster care system in place, most of them would have been institutionalised eventually. However, it can be argued here that these children could have been supported through preventive sponsorship as directed under the ICPS or different means of family strengthening services. But in practice, it can be seen

that the number of sponsorships is very limited, and preference is given to children who have either lost both parents or belong to the selected categories of vulnerabilities such as the victim of trafficking and child marriage. For instance, Charu's (Age 10) parents were migrant bonded labourers, and she was left under the care of their elderly grandparents, who did not have the physical or financial ability to take good care of her. She was engaged in household chores with little interest in studies. However, after placement, positive changes were observed in her behaviour. Charu's parents are in contact with her and the foster family over the phone and are happy to learn about her progress.

The family strengthening services are effective, but they

Raju (Age 10) is third among his four siblings. His father had recently died with a chronic illness, not leaving anything to his mother for survival.

require time to address the reason that has created the whole situation where a child's rights are not getting fulfilled. Therefore, for few children, the need for some placement is urgent. For instance, Raju (Age 10) is third among his four siblings. His father had recently

died with a chronic illness, not leaving anything to his mother for survival. They all live in slums. His mother does not have any means of income, and two of his elder brothers have dropped out of school. It was inevitable that Raju would be next to discontinue his studies. Her mother approached the CWC to take Raju to CCI, assuming that it would be better for him as she could not even feed them full meals. YCDA social worker liaison with CWC and was able to place Raju with a foster family. While Raju's needs are cared for by the foster family, her mother is supported by a small loan from YCDA to open a petty shop in her village. Once she becomes financially stable, Raju will return to her.

Conclusion

From the examples of foster placement cases mentioned above, it is clear that foster care is a critical link in the whole continuum of alternative care for ensuring the child's right to family life and care. However, it is essential to understand that a foster family is not an alternative to a biological family. Instead, it is an alternative to family care only in those circumstances that are deemed fit by the competent authority (e.g., CWC). YCDA is committed to this understanding, and thus they

However, it is essential to understand that a foster family is not an alternative to a biological family. Instead, it is an alternative to family care only in those circumstances that are deemed fit by the competent authority

foster children could be reintegrated into their biological parent/family. Therefore, foster care is a potential mechanism that could be useful in keeping families and siblings together as it reduces the chances of a child's long-term and permanent separation.

About Authors

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Ankit is currently pursuing PhD in Social Work from Tata Institute of Social Sciences, Mumbai. His doctoral research project is on family-based alternative care for vulnerable children, where he is trying to document different fostering practices existing in the Indian context. He can be reached at ankitkeshri13@gmail.com

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Endnotes

The names have been changed everywhere to maintain privacy.

Rethinking inclusivity in Indian educational policy

How education policies in India are exclusionary towards children in child care institutions.

By Garima Sharma and Pooja Agarwal

With the roll-out of the National Education Policy 2020, all heads turned towards the significant reforms that can be expected in the Indian education system. However, history repeated itself, and there was one group that did not find mention in this educational policy like several others, i.e., children in institutionalised care. A closer look at several education and child protection policies and government guidelines reveals how there are multiple chinks in the armour, which lead to huge lapses in ensuring quality education and after school educational support for these marginalised children.

As per the Delhi Commission for Protection of Child Rights, over 35 million children in India are classified as 'Children in Need of Care and Protection (CNCP). (35 million Children, 2018) CNCP is one of the two groups under which children in state surveillance are categorised, the other being children in conflict with the law. This number includes street children, children who are at risk in their households, and institutionalised children. Child care institutions fall under the ambit of the Juvenile Justice (Care and Protection Of Children) Act, 2015. The act states that institutions are responsible for providing "appropriate education, including supplementary education, special education, and appropriate education for children with special needs." This mandate in the act forms the basis of several interventions by third-party individuals and entities, often non-government organisations, to aid children's education. The Integrated Child Protection Scheme by the Ministry of Women and Child Development further details the engagement with third party or civil society organisations by encouraging collaboration between the CCIs and the civil society organisations or NGOs

A large number of school-goers in India rely on academic support outside the school. As per the NSSO Survey in 2017 - 2018, nearly 20% of students in pre-primary and above were taking private tuitions. In secondary level and above, 30% of students were taking private tuitions. (NSO 2018) The data shows that in states where enrolment in government schools is high, the dependence on private tuitions is also high and vice versa. This relationship directly points to the dissatisfaction of parents and students with the quality of education in government schools. On average, a family spends 12% of its education budget on private tuition for their children. Private tutors are seen as a bridge to overcome the gap in the quality of school education and help students compete better with

their peers and competitive exams. For institutionalised children in shelter homes, the access to such support is limited and often dependent on private contributors such as free tutors and NGO workers.

On average, a family spends 12% of its education budget on private tuition for their children.

In 2001, the No Child Left Behind Act in the United States of America made the provision of Supplementary Education Services in the form of tutoring and summer school for children from low-income families whose children are enrolled in low performing schools. This reflects how supplementary education is a prevalent concept in developed nations as well. In India, the quality of school education is a greater priority, with enrolment and foundational literacy and numeracy being our prime goals. While there are several government-run and NGO-run programs for improving literacy, numeracy, and learning outcomes within the school, there are currently no active efforts being made in the area of out-of-school supplementary education by the Indian government. The National Education Policy 2020 expressed interest in providing one-on-one tutoring, extra help sessions, career guidance and mentoring to students in schools by

engaging community and alumni volunteers by creating a database of individuals fit for the purpose. So, if we see an after-school hours support initiative for students, it may turn out to be a mixed bag of various offerings based on the kind of individuals from the community being roped in for the task. (p. 11.)

For 'Children in Need of Care and Protection in child care institutions, the lack of guidance and support also emerges as a major issue. In the absence of parents and family members, students are left with almost no guiding figure to walk them through the different challenges faced in school and everyday life in the institution. The reasons leading a child to a CCI are often difficult and traumatising experiences that further exacerbate the need for emotional support, care, and sensitivity. Inside

the CCI, isolation, bullying, abuse etc., have also been reported. There are several unique contours to the vulnerability of institutionalised children in India. The lack of control over their own lives and dependence on the adult gatekeepers make them more vulnerable. Educating children in child care institutions cannot take place without acknowledging their need for care and protection. The

Educating children in child care institutions cannot take place without acknowledging their need for care and protection.

quality and sensitivity of both program and its implementers and participants towards the child and her circumstances, background, and needs are crucial. Hence, it is imperative that the supplementary education program is examined in the context of marginalisation and politics around education and welfare and the positionality of those participating in this project of supplementary education.

While there are disconnects in various policies which ought to function together, there is also a stark difference between stand alone policies and the ground reality of their execution. The Mapping and Review Report of CCIs (MWCD, 2018) highlights the scarcity of both availability and quality of resources in child care institutions.

According to the report, only 14.5% of child care institutions are able to provide age-appropriate supplementary education. The formal education in child care institutions is at 74.3%, which is comparatively high,

but only 17.2% of child care institutions are able to provide age-appropriate non-formal education. (Only 38.3% of child care institutions are providing Education to children either on their own or through external linkages.) The physical infrastructure facilities available in the child care institutions play an integral role in the holistic development of a child. A majority (34.8%) of CCIs have a single room allotted as a classroom, whereas only 14.3% of CCIs have three or classrooms. Due to a substantial lack of resources in the care institutions, the care and protection system gets burdened. This, therefore,

results in failure to deliver the "guaranteed" access to quality education to the CNCP. (JJ Act, 2015) These numbers do not just represent institutions' data. Instead, it indicates the abysmal implementation of policies and schemes. This data is also reflective of how prioritised vulnerable groups of children are, especially children in need of care and protection, for both state and society.

For institutionalised children, ICPS encourages participation from civil society organisations and individuals as the MWCD does not see child protection as the exclusive responsibility to be borne by the MWCD itself. The staffing pattern for an institution with 50 children lists one educator who may be engaged on a part-time or voluntary basis. If required, the funds for the same may be drawn from the un-tied or flexible funds provided to the state or the union territory. (p. 122; p. 136) The ICPS guideline emphasises that “the overall focus should be on mainstreaming children into the regular educational system” and that the institute should “periodically assess the educational status and vocational aptitude of the children/juveniles.” For an institution housing 50 children ranging in age from 6 years to 18 years, with different learning goals and abilities, a single educator on a voluntary or part-time basis does not appear to be sufficient. The ICPS is one of the most important documents to be referred by any organisation tapping into this opportunity of partnering up with CCIs to introduce a programme for children. Still, the document does not provide further detail on the terms of engagement of the NGO, the scale of operation, or the qualifications of those conducting the programme. While the responsibility for the execution of the programme in a safe manner lies with the NGO, the provision by ICPS makes it reasonably easy for a wide variety of individuals to access these spaces and interact with the children closely.

The National Education Policy 2020 suggests the need to put special emphasis on the Socio-Economically Disadvantaged Groups (SEDGs). According to the policy, alternative learning pathways shall be adopted through



both government and non-government philanthropic organisations so that the focus on restrictive formal schooling can be shifted to alternative models of education. This contradicts the ICPS’ goal of mainstreaming children into the regular educational system, which is formal schooling. In all models of education, an educator/teacher becomes a crucial caregiver for children in need of care and protection.

Children in the care and protection system require a degree of sensitivity and inclusion, which conveniently gets overlooked and neglected. The absence of CNCP as a stakeholder in the majority of education policies reflects the exclusionary nature of the education framework in India.

National Curriculum Framework for Teacher Education (NCFTE) 2009 recommends teachers and educators develop sensitivity to the problems of the learners, commitment to justice and zeal for social reconstruction. It also constantly mentions developing empathy towards learners and their social backgrounds. However, the framework does not spell out the methods and practices for developing such sensitivity and empathy in teachers.

Children in the care and protection system require a degree of sensitivity and inclusion, which conveniently gets overlooked and neglected. The absence of CNCP as a stakeholder in the majority of education policies

reflects the exclusionary nature of the education framework in India.

There is an urgent need for policymakers and practitioners to read the JJ Act 2015, RTE Act 2010, National Education Policy 2020 together to make the system airtight, bring together the ideas in different policy documents and make them work in unison rather than letting them exist as separate provisions. All the acts should provide support to each other to create a structure that leads the child towards equitable outcomes. With RTE 2009 being the most revolutionary of all education reforms in India, there is a long-standing need to rethink policy on universalisation of elementary education with an informed perspective on marginalisation and ensure quality after school and supplementary education to level the playing field for children. Unless there is explicit mention of children under institutional care in policy documents and strong linkages between the planning, execution, and delivery of educational support to children, marginalised children will continue to remain disadvantaged, and a disproportionate impact will be borne by institutionalised children due to their unique position at the intersection of socio-economic disadvantages and lack of proper parental and institutional care.

About authors

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