



INDIA ALTERNATIVE
CARE NETWORK

IACN QUARTERLY

Issue 13/ September 2023

Hello,

Dear Colleagues,

The 13th edition of IACN Quarterly is theme-specific and captures the approaches, frameworks, processes, and tools employed in transitioning away from institutional care for children. The write-ups bring out the importance of an early gatekeeping approach, vulnerability mapping, and case management in preventing children's separation from their families and facilitating their reunification with birth parents and extended families. The interventions highlight the need to involve stakeholders, including Community-based Child Protection Groups, Panchayat and Municipal Bodies, and Railway Officials among others, in promoting non-institutional care for children. The case studies and stories of the CCI transformation provide the evidence base for achieving the transition from institutional care to family-based care for children at risk. You can read the resource section to learn about the evolution of alternative care in the country in the last decade.

We would like to thank everyone who helped us put together this edition of the IACN Quarterly. If you wish to share resources for the IACN website or quarterly or wish to discuss any issues of mutual concern, please reach out to us at iacnsecretariat@iacn.in.

We look forward to your continued support.

Sincerely,

IACN Secretariat

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Learnings and experience shared by our fellow members

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Events and Announcements

Catch up on the latest updates on webinars, trainings and conferences from our network

5th BICON Conference on Alternative Care for Children in Asia | [Udayan Care](#)



Knowledge Resources



Reinstating Hope: Insights from CINI's Model of Family Reunification

bit.ly/3Pu6qGt



Tracing the Evolution of Alternative Care for Children in India in the Last Decade and the Way Forward

bit.ly/3RwdvZN

For Every Child, A Family

Reinstating Hope: Insights from CINI's Model of Family Reunification

Child in Need Institute (CINI)

This publication is an evidence-based document highlighting CINI's experience of reunifying children with their families, and the innovative experience of organising follow-up family reunion meetings to mark CINI's strategy during the COVID-19 pandemic to continue restoring children. It captures a select group of actions based on CINI's own experience of running two homes (in Kolkata) for distressed children. Efforts were made to intensify focus on preventing children from languishing in Child Care Institutions (CCIs) with the vision to reduce unnecessary and long-term institutionalisation. CINI's credence in early restoration has led to the functioning of their children's homes as transit care spaces offering short-term care support aiming towards early restoration in family-based care or alternative family-based care.

The CINI Method has been distilled out of nearly 50 years of practice with deprived communities, within the framework of international forward-looking thinking. It provides a methodological model to promote the adoption of a child rights-based approach to programming for children involving primary duty-bearers in the government, service provision and the family. Through this unique methodology, CINI provides preventive and participatory responses integrating interventions in the core areas of health, nutrition, education and child protection.

Beyond application in the community, the CINI Method further strives to create Child Friendly Systems and Child Friendly Organisations to influence wider institutions and shape organisational structures to make them work as mechanisms for implementing children's rights at the next levels. In the context of family reunification and restoration of children from CCIs, building Child Friendly Systems implies influencing child protection policy frameworks provided by the Juvenile Justice Act (JJA), and other related legislations and Standard Operating Procedures (SOPs) within the Indian context for not promoting long term institutional care of children and emphasising on restoration and family reunification.

Family reunification is central to the CINI's philosophy and practical approach to building conducive and

responsive Child Friendly Communities. The CINI Preventive Child Protection Model aims to prevent unnecessary and potentially damaging separation of children from their families by addressing the root causes of separation, such as poverty, child abuse, trafficking, child labour, early marriage, limited access to education and poor parenting practices. It includes the adoption of mechanisms that reduce overreliance on institutionalisation and enhancement of family care or alternative family-based care.

The operational procedure captures a select group of actions to expedite the process of family reunification for children from the organisation run two CCIs for boys and girls (in Kolkata) which is also applied to facilitate the process of family reunification in various other government-run CCIs.

[Read the full report here.](#)



Tracing the Evolution of Alternative Care for Children in India in the Last Decade and the Way Forward

Maninder Kaur, *India Alternative Care Network (IACN)*

Nilima Mehta, *Professor & National Consultant,
Child Protection & Adoption*

Subhadeep Adhikary, *Child in Need Institute (CINI)*

Anamika Viswanath, *Miracle Foundation India*

Alternative Care is a form of care provided to children by caregivers other than their birth parents. In India, the existing alternative care mechanisms include institutional care, foster care and kinship care. As a continuum of support for care experienced youth, there is a provision of aftercare in the country. Child Protection System and Alternative Care in India have become more structured with relevant laws and policies in place, which guide the service delivery mechanisms to rehabilitate children in vulnerable circumstances, and those separated from their birth parents. In the recent past, India has witnessed pertinent changes in the child protection space, reflected at both policy and practice

levels, with a visible move towards family-based alternative care and a focus on preventing unnecessary separation of children from their families.

This paper intends to capture the landscape of alternative care and its evolution in India, drawing from the review of the legal and policy framework, existing literature, and detailed discussions with CSOs and State functionaries. It brings out the role of stakeholders, good practices and challenges in implementing alternative care over the last decade, and provides recommendations for achieving a safe and nurturing family environment for children in vulnerable situations.

[Read the full paper here.](#)

Endnotes

Paper published in the Institutionalised Children Explorations and Beyond, September 2023, Volume 10, 20th Edition



RAJESH RAJPUT/UNSPLASH

Updates from the Field

Learnings and experience shared by our fellow members

Promoting Family-Based Non-Institutional Care for Children through Gram Panchayats in Odisha

Susmita Bhoi, *Changing the Way We Care*

ARUNA

Edited by

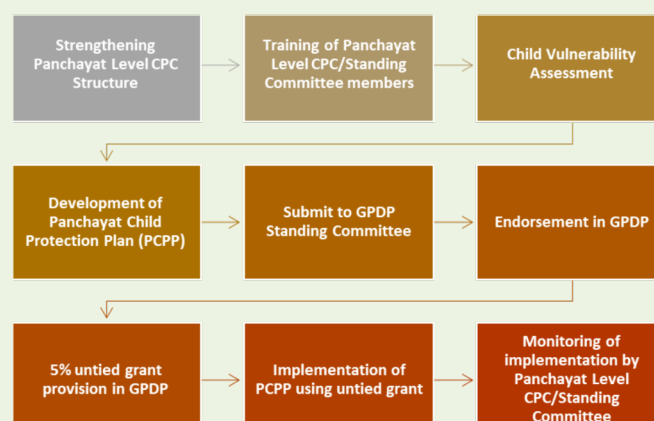
Nivedita Guhathakurta, *Catholic Relief Services, India*

The Mission Vatsalya has enshrined in its vision the **promotion of family-based non-institutional care of children in difficult circumstances** based on the principle of institutionalisation of children as a measure of last resort; and holds an objective: **Participation of Panchayats and Municipal Local Bodies** at the village level and at the ward and the urban cluster level within the urban municipal ward. The Gram Panchayat is the basic governing institution in the villages of India and they play a critical role in community-level gatekeeping along with the Child Protection Committees (CPCs) at the block, village and panchayat level. It is important to strengthen the Gram Panchayats to prevent family-child separation and to promote family-based alternative care for children. ARUNA through the Changing the Way We Care (CTWWC) project of Catholic Relief Services (CRS) is working with the Gram Panchayats of 10 districts of Odisha. It aims to support the Gram Panchayats to prioritise child protection through the implementation of Mission Vatsalya which has specific provisions devising the means for the (PRIs/ULBs) to utilise their own revenue resources and the **5% of the untied grant** available with Panchayati Raj Institutions and urban local bodies which have been earmarked for women and child related activities. The Gram Panchayat Development Plan (GPDP) is a development plan to be developed by all Gram Panchayats in the country for economic development and social justice utilising the resources available to them and is the principal tool to translate the above vision into action¹.



The team has been ideating on the above vision during the implementation of the “**Changing the Way We Care**” project with the objective of strengthening the community-level child protection structures. The Mission Vatsalya has now set a strong foundation and the initiative got legitimacy in approach and change in behavioural responses by the stakeholders. To scale up the initiative and to saturate it to the district level, CRS-ARUNA-CTWWC initiated perspective-building meetings in 10 districts of Odisha with District and block-level stakeholders. The perspective building meetings involve orientation of stakeholders like District Panchayat Officer, District Education Officer, District Social Welfare Officer, Block Development Officer, Child Development Project Officer, Panchayat Extension Officer, Block Education Officer on Mission Vatsalya provision of utilisation of 5% untied grant for children in the Gram Panchayat Development Plan (GPDP) through the Standing sub-committee at Panchayat level as it will strengthen the critical role of Gram Panchayats as important community structure for effective gatekeeping for children.

Allocating a minimum of 5% of the untied grant in GPDP, for Child Protection/Family Care/Non-Institutional Care is the objective behind the mission with following approaches:



Government acknowledgement: On 1st August 2023 during the observance of the “Day of the Children”, a multi-stakeholder consultation was held in the district of Gajapati with the district and block level stakeholders. The ARUNA team presented the plan of engagement with Gram Panchayats for utilisation of the 5% untied grant for child protection. The District Magistrate approved the said plan and directed to implement it in all the 149 Gram Panchayats of Gajapati district.

Promoting Family-Based Non-Institutional Care

Likewise, similar presentations will be conducted in the remaining 9 intervention districts (Ganjam, Koraput, Rayagadah, Nabarangpur, Balangir, Khurda, Jagatsinghpur, Mayurbhanj and Sundergarh) of the CTWWC project with the objective to implement 5% untied grant in GPDP for children. The long-term impact will be a strong safety net for families and communities resulting in the prevention of unnecessary family child separation and institutionalisation of children.

Endnotes

¹Panchayat Development Plan < <https://gpdp.nic.in/>> Accessed on 30th August 2023

Transitioning Away from Institutional Care

Transitioning away from Institutional Care

Dilip Bose,
CINI

The detrimental effects of institutional care on a child's well-being are widely documented across all times. Integrating children back into a community safety net by reunifying them with their birth family or placing them in other care alternatives such as kinship or foster care, is a more effective response for care and protection of children in difficult circumstances. CINI believes institutional care is a short-term last resort for children when all other options have been exhausted. Globally it is estimated that up to 8 million children around the world are living in residential care institutions but 80 percent of these children have families and living parents¹. Recognising this fact, CINI believes that institutional care segregates children from parental safety care, breaking their ties with their biological parents, cultural origin, and local community. It severely affects children's cognitive, emotional, and social development and impedes them from attaining self-resilience in adulthood. CINI's effective restoration protocol is embedded within its practice model called "The CINI Method" which guides practitioners to turn rights into practice. The CINI Method has been distilled out of nearly 50 years of practice with deprived communities. It provides a methodological model to promote the adoption of a child rights-based approach involving primary duty-bearers in the government, community and families.

Transitioning children to family care and preventing institutionalisation of children requires services that prevent separation and family breakdown, as well as a range of family-based services to ensure the health, safety, and well-being of each and every child. Evidence and experience show that without family-strengthening services, residential care can continue to "pull" children from families as a means of meeting basic needs that could if supported, be provided at or close to home. Services may include economic or livelihood support, special services for children with disabilities, educational or after-school programs, specialised healthcare, or psychological support. Child Care Institutions (CCIs) can provide basic services to children within the institution, but children thrive better when integrated back into their families while creating accessibility to several family-strengthening services.

The Continuum of Care: Transitioning children out of residential care is possible when there are families who are willing and able to provide loving and supportive care for children. As every child's needs and circumstances are unique, this requires a "continuum of care" offering a range of family-based options that are carefully matched to each child's best interests. Thus, strengthening the local community-based services is essential to prevent the child's separation from families and institutionalisation.

Following the global and national mandate, CINI supported CCIs to initiate the restoration process and identified the areas of facilitation. It was observed that the majority of children living in CCIs were not connected to their biological parents and extended

Transitioning Away from Institutional Care

families, and parents and guardians were rarely aware of the whereabouts of their children. In this case, more facilitations were needed in social investigations, effective childcare planning, and nurturing families in the restoration process. As a member of the child protection practitioners, CINI at several national (Directorate of Child Rights & trafficking, West Bengal Commission for Protection of Child Rights & others) and international forums (ECPAT), demonstrated the process developed to restore children from Government and NGO run 'Child Care Institutions'. The outcomes of the processes were discussed in detail, and all the processes were assessed thoroughly within the broad framework of the Juvenile Justice System of India.

This made a slight transition in the mindset of the childcare functionaries, thereby contributing to a shift towards comprehensive community-based care interventions for minimising unnecessary placements of children in institutions. A detailed protocol was developed that included the process of careful individual planning with children, locating children's families, preparing social investigation report, speedy and effective reunification, preparing birth families/extended families to take the child back into the community-based safety net, and providing support to families post restoration to prevent re-victimisation of children.

CINI considered a few steps in the process of transition that include- understanding the primary causes of separation for the children in institutional care, raising awareness about family care with key stakeholders to reduce stigma, encouraging family support, identifying those interested in serving as foster or adoptive families, developing individualised care plans for each child and preparing children to join families, tracing children's families to determine if reintegration into biological families is possible, recruiting and preparing families along the continuum of care (e.g., kinship, foster care, adoption), transitioning each child into an appropriate placement option and lastly, monitoring children and families to ensure that their needs are being met through follow-ups.

The process of transitioning from residential care to family care is rooted in an understanding that children grow best in families. CINI's evidence-based practices suggest facilitating an effective transition toward family and community-based support services; preventing

unnecessary family-child separation; and promoting appropriate, protective and permanent family care.



About the Author

Dilip Bose

Having experience working in the field of Child Protection & Child Rights. He has been a part of the Social Development sector for the last 16 years. He has diverse expertise in legal knowledge, advocacy, and program management and is thus regularly invited as a resource person for judicial academies in the state of West Bengal. He is the Child Safeguarding officer of CINI to ensure the rights of the children, especially those whose rights have been already violated. He plays a crucial role in creating linkage facilities to free legal aid, especially to the victims of sexual abuse for compensation.

Endnotes

¹ Better care Network-https://assets.publishing.service.gov.uk/media/5b9a43caed915d666f681e10/029_Children_in_Care_Institutions_v2.pdf Page 4

Transitioning Away from Institutional Care: A Case of Institutional Transformation to Provision of Family-Based Care

Aadil Farooq,

Human Welfare Voluntary Organisation

Children serve as a valuable asset within our society, representing not only our present but also the upcoming generation and the future of our nation. Thus, it becomes imperative to create a nurturing environment that fosters their growth and development. Undoubtedly, the family and its associated surroundings play a pivotal role in nurturing children and helping them imbibe positive elements of our culture. However, a significant number of children find themselves excluded from the protective embrace of their families. This vulnerability often stems from a complex interplay of socio-political and economic forces, leading them to end up in Child Care Institutions (CCIs), an option that should ideally be considered a last resort.

Consequently, it becomes imperative for these institutions to move away from the long-term institutionalisation of children and instead explore family-based alternative approaches that genuinely serve the best interests of the young individuals. Nevertheless, the organisations and institutions that typically offer residential services to children in need of care and protection often exhibit hesitancy in adopting alternative measures due to a range of factors. One specific organisation, known as '*Behtar Ghar*'¹ and overseen by the *Emdadh Charitable Trust*², came into focus during the implementation of a UNICEF-supported initiative titled "Building community-based care and protection mechanism for children in need of care and protection in Kashmir"

Background

Emdadh Charitable Trust came into existence in the year 2014. It was established during the 'post-flood' reconstruction measures initiated at a local community level and included local religious and social leaders and some of the youth volunteers. The trust primarily focused on working for the vulnerable population in the adjacent areas and that too at times of need. The members of the Trust used to collect donations from the crowd (through crowdfunding) and through religious gatherings (particularly during the Friday sermons).

The charitable trust experienced consistent growth, attracting an increasing number of donors, which prompted them to embark on an expansion journey. In 2020, during this expansion phase, they established another entity named '*Behtar Ghar*'. This new initiative was registered with the assistance of a few trustees, aiming to address the needs of children who had lost their parents. Operating out of a rented single-storey building, *Behtar Ghar* provided its services to 21 children. The staff, except for the chairperson, consisted of volunteers. This team included three members: a warden, a tutor, and a cook. Notably, *Behtar Ghar* operated as an exclusive girls' CCI, and the chairperson primarily focused on mobilising resources and managing the admission process. The chairperson's responsibilities even extended to visiting the upper tribal areas to secure admissions for children.

In its inaugural year, *Behtar Ghar* admitted 21 children, of which only 3 girls were orphans, while the remaining 18 had both parents alive. The institution occupied a rented building that comprised of just four rooms. Among these, one room served as a kitchen, the second one functioned as an office, the third was designated as a reading room, and the fourth served as the children's bedroom. Regrettably, various aspects related to care standards were compromised, including limited bathroom facilities. A single bathroom was shared by all the children and caregivers, reflecting the constrained resources of the CCI (*Behtar Ghar*).

Intervention

Given that the CCI (*Behtar Ghar*) was a part of the project intervention, there was consistent interaction and collaboration with them on various fronts. Initially, a comprehensive assessment was undertaken, thus evaluating the institution against each parameter outlined in the Juvenile Justice Act of 2015. This assessment unveiled that the institution was falling short in key areas pertaining to standards of care. Notably, the physical building was situated in a location prone to risks, thereby heightening the vulnerability of the children residing there.

Furthermore, the CCI struggled to monitor and address the fundamental health requirements of the children. Regarding recreational activities, the children were unfortunately not afforded/allowed the opportunity to engage in any leisure pursuits. The evaluation also exposed that the institution was compromising on

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delivering basic education to the children. Additionally, a proper dietary plan was absent, resulting in children being compelled to consume the same nutritionally deficient food every day.

Taking the assessment into account, the HWVO team initiated communication with the chairperson of the institution. The purpose was to address the identified limitations and propose strategies for enhancing the overall care standards within the facility. Concurrently, efforts were directed towards enhancing the knowledge and comprehension of CCI operations among the staff and caregivers through training initiatives.

A comprehensive plan was devised to address the critical areas that needed improvement. The process commenced with training sessions that focused on constructing Individual Care Plans (ICP) and Social Investigation Reports (SIR). Caregivers underwent training not only in the technical aspects of drafting these documents but also in understanding their significance and relevance in providing quality care. Following the training, a period of handholding support was provided to ensure that the insights gained from the training were effectively implemented, resulting in lasting benefits for the children.

Simultaneously, contact was established with the Protection Officer Institutional Care (POIC) from the District Child Protection Unit, operating under the Mission Vatsalya (formerly known as ICPS). This engagement aimed to discuss the current status of the CCI and to take immediate measures aligned with the Juvenile Justice Act of 2015 to elevate 'standards of care' within the institution. The chairperson and warden were also given training on the importance—something they had scarcely encountered before—of upholding 'standards of care' at the institutional level.

Impact

The impact of these trainings extended beyond expectations, resulting in remarkable progress. The journey of transformation was initiated with the goal of enhancing care standards and evolved into a paradigm shift towards prioritising family-based support over institutionalised care. The effectiveness of these trainings was evident as the trustees of the organisation made significant decisions to improve the situation. This journey led to substantial changes. Firstly, the organisation opted to change its physical location, ultimately relocating the institution to a new, secure, and

spacious site. The new building boasted sufficient rooms and sanitary facilities, ensuring enhanced hygiene standards. In addition to focusing on infrastructure, the institution also devised plans to elevate care standards comprehensively.

Secondly, utilising the insights gained from the training on Individual Care Plans (ICPs) and their importance, the institution explored the concept of reintegration. The significance of reintegrating children back into a family environment was thoroughly discussed and considered as a part of the transformation process. During this time, the HWVO team played a pivotal role in facilitating the reintegration of children with their families. In the initial four months of their intervention, the team achieved a significant milestone by successfully reintegrating four children from the institution back into their families. This accomplishment was realised through proactive visits to the families, where the team engaged in meaningful dialogues to emphasise the 'best interest of child' and the need for a family – which is nurturing children by their parents and not within CCI. This effort underscored the importance of preserving the family unit and enabled the children to return to their families. The team also highlighted the significance of raising/nurturing a child in his/her family environment. As time progressed, by the end of the year, HWVO achieved further success in reintegrating additional children from the institution back into their families. Simultaneously, they embarked on establishing a process for family-based care support for the children within the trust, encouraging them to support children within their families and beyond the walls of institutions. To ensure the effectiveness of this transition, numerous meetings were conducted with the chairperson of the trust and the progress of children was shared.

The implementation of this process was structured in a way that it was completed before new admissions in the institution. As no new children were admitted, following a brief gap, the trust returned the newly identified building to its owner, retaining only the necessary office rooms for administrative purposes. Notably, this marked a significant departure from the institution's previous residential focus.

In this transformational journey, the chairperson of *Behtar Ghar* was guided and supported by the HWVO team to initiate the concept of family-based care support. This endeavour was groundbreaking as it was the first instance of such an approach being undertaken

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by a trust within the district. This accomplishment marked a significant milestone for both the HWVO team and the project. As a result of these efforts, *Behtar Ghar* underwent an official transformation wherein the process for closing the CCI was initiated by the relevant authorities. The focus of the *Behtar Ghar* shifted towards providing family support thus propagating family-based care. At present, *Behtar Ghar* is providing support to 15 children who are living with their families. The children are receiving education in higher secondary schools, high schools, and middle schools in their native village thereby emphasising the renewed focus on their holistic development and integration within their community.

Endnotes

¹Pseudonym has been used to protect confidentiality

²Pseudonym has been used to protect confidentiality



Prevention and Restoration: Perspectives from Kashmir

Prevention and Restoration: Perspectives from Kashmir

Aadil Farooq, Aijaz Ul Gani and Haris Arshid Shah,
Human Welfare Voluntary Organisation

Human Welfare Voluntary Organisation (HWVO) was founded in 2009 and since its inception, it has worked on building community-based sustainable solutions to the issues and problems being faced by the communities. The organisation is growing with the belief of putting people first, where the communities can facilitate the process of change and transformation.

With support from UNICEF, HWVO has initiated a program that aims to develop a locally sustainable model of community-based alternative care to support children with inadequate parental care and thereby prevent institutionalisation and family separation. It also aims to build the capacities of child protection functionaries and CCI caregivers to prepare and execute Individual Care Plans for children, thereby rationalising institutional care and facilitating deinstitutionalisation of children.

The engagement is being done at the community level to focus on the prevention of unnecessary institutionalisation of children. Similarly, at the institutional level (through engagement with Child Care Institutions- CCIs), engagement is sought to enhance understanding of gatekeeping mechanisms, and

institutionalisation as temporary and last resort. Communities and caregivers were oriented on multiple aspects and their knowledge of child protection was enhanced through systematic engagement including regular interactions and training programs. The members (at community and institutional level) were trained on preventing and responding to child protection issues that they may witness or encounter. Their understanding of child rights, child protection, alternative forms of care, the Juvenile Justice Act and the 'Best Interest of Child' was constantly developed so that they could resort to the best options as and when the need arises (while adhering to the principles enshrined in Juvenile Justice Act and United Nations Conventions on the Rights of Child).

The below case studies reflect the involvement of Community-based Child Protection Groups (CPGs) in preventing the unnecessary separation of children from their families and supporting the restoration of children living in CCIs to their families.



Case Study 1

Areez (name changed), a 7-year-old boy, resides in Singo-Narbal, a small village located approximately 12 kilometres from the district headquarters. Currently living in his maternal grandfather's home, Areez never had the opportunity to engage with his paternal family. In 2015, Areez's mother, Fancy Jan, entered into a marriage with Tariq Ahmad¹, who hailed from another village named Mohanvij and worked as a technician at a local store to support his family. However, following the marriage, Fancy Jan experienced marital conflicts, prompting her to return to her parental home. Despite the birth of Areez in 2016, the disagreements persisted, leading to the separation of his parents. Areez has been living with his mother, Fancy Jan, throughout this period, exposing him to challenging circumstances from birth onwards. Regrettably, Areez has not had the opportunity to visit his paternal home due to these circumstances.

It was during the discord that Areez's father had a serious accident which rendered him disabled for his whole life. The nature of the injury was such that doctors declared he would remain bedridden till the end of his days (as long he was alive). Even prior to the accident, all of Areez's expenses were borne by his mother (particularly maternal grandfather) and his father had never provided them with any financial assistance. Post-injury, the family condition at the father's house also worsened and Areez's mother couldn't ask for any financial assistance for the child. Areez was getting older, and his mother admitted him to a local government primary school where he received education until he reached 3rd standard. Fancy Jan was struggling to manage her expenses and that of Areez as well.

Since the village is under the intervention of HWVO under UNICEF supported project, "Building Community Based Care Mechanism for Children in Need of Care and Protection in Kashmir, Jammu and Kashmir", during a monthly meeting, experiences of children facing vulnerability were highlighted by the respective CPG members. Taking cognizance of the case, the team initiated the process of family visit and after due diligence, Areez's case was discussed and later finalised by the CPG. During the assessment, Fancy Jan highlighted the struggles she was facing in managing the finances. She also highlighted that she won't be able to manage the finances and is thinking of admitting Areez into a CCI. Fancy Jan was partially helped by her

father who himself is old and has a huge family to cater for.

After gathering all the details, Areez's case was discussed again during the CPG meeting and a consensus was developed to resort to some of the measures (particularly linking him to any sponsorship program/agency). The CPG had earlier also intervened in resolving the marital dispute wherein the court directed that Areez's custody should be given to his mother and keeping in view the condition of his father, no compensation or maintenance was recommended by the court. With no source of income, the family was also recommended by the team Human Welfare Voluntary Organisation to initiate the process of collecting necessary documents. With the help of CPG, all the documents were prepared and Areez's application was submitted at Mission Vatsalya. After due verification, the case was approved and now Areez is receiving monthly support of INR 4000/pm through the sponsorship scheme of Mission Vatsalya. After receiving the necessary sponsorship, Areez was admitted to a new school. At his new school, Areez was demoted and admitted to class 1st so that his learning, comprehension, and understanding would reach new heights.

Case Study 2

Usman (name changed) aged 12 years, lost his father to kidney failure when he was only seven years old. With his father being the sole earner, Usman's family faced immense challenges. His mother struggled a lot to manage the finances of the family. Overwhelmed and worried about their children's future, in 2022, Usman's mother decided to send him to a CCI, hoping for a stable education and a secure environment. It was during a regular visit that Usman's ICP was prepared by team HWVO. Through ICP it was found that he has a profound longing for his home. Despite being sent to attain quality education, his separation from his mother and other siblings had a deep impact on his well-being and ultimately it was his health and education that was bearing the brunt.

Usman's native village was under the intervention of HWVO under UNICEF supported project "Building Community Based Protection Mechanism for Children in Need of Care and Protection in Kashmir, Jammu and Kashmir". During the family visit the team interacted with the child's mother. She highlighted the struggles she was facing in managing the finances and cited

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circumstances due to which she sent Usman to the CCI. She also narrated the emotional strain of separation she had witnessed while visiting the CCI. The team HWVO took CPG members along and visited Usman's house to meet his family. They engaged in meaningful conversations with his mother, addressing her concerns and motivating her to reintegrate Usman into the family. Recognising the importance of a child's well-being within a supportive environment, the team emphasised the positive impact reintegration could have on Usman's development. After continuous follow-up and counselling sessions, Usman's mother agreed to bring him back home.

The reintegration process required financial support, and the HWVO team and CPG members worked together to secure assistance. The CPG members generously sponsored Usman's reintegration (by providing him INR 1000/month), providing the necessary resources to facilitate his return. Additionally, the team connected Usman with support offered under Mission Vatsalya Scheme, wherein his application has been approved and the disbursement is yet to happen. Usman's younger brother was also connected with an institutional donor (who offered a steady amount of INR 2280 on a monthly basis), thus relieving the family's financial burden.

Furthermore, their maternal uncle stepped in to provide care and support for the family, creating a more stable and nurturing environment for Usman's reintegration. Understanding the emotional toll the separation had taken on Usman, the HWVO team connected the family to a counsellor. These counselling sessions aimed to help Usman cope with his emotions, manage any

aggression resulting from the separation, and adjust to his new environment. The integration of emotional support in the reintegration process played a crucial role in Usman's successful transition back into the family.

The collaborative efforts of the HWVO team, CPG members, and external organisations led to the successful restoration of Usman from institutional care to his family. By addressing the emotional well-being of the child and providing financial support, Usman is able to grow and thrive within a familiar and supportive environment. This case study exemplifies the significance of reintegration and highlights the positive impact community involvement can have on the lives of children in need of care and protection. Through dedicated efforts, the HWVO team and CPG members have set a remarkable example of transforming a child's life through family reunification.

Endnotes

In 2015, Fancy and Tariq entered into marriage. However, their union was marked by disagreements that led to their decision to live apart. Subsequently, they initiated divorce proceedings. Presently, Fancy resides independently in her parental home, shouldering the role of a single parent in raising her child.

Transitioning from Institutional Care to Family-Based Alternative Care

Transitioning from Institutional Care to Family-Based Alternative Care: Journey of DKSHA Cornerstone

Isaac Arulappan,
DKSHA Cornerstone

Introduction

DKSHA-Cornerstone, a community-based not-for-profit public charitable society has been functioning since 1993 to this day providing support and various welfare projects for children without parental ties and those experiencing vulnerability.

Our Earlier Focus

We were running a CCI – Child Care Institution from 2004 till April 2023. Our focus was to provide quality and enhanced standards of care to children in an institutional setting where Miracle Foundation and other supporters helped strengthen our systems, monitor interventions, and enable the support staff to provide quality care to children. In 2018, the Miracle Foundation team shared their commitment to joining hands with the global movement for ensuring a family for every child, in our lifetime.

Transitioning from Institutional Care to Family-Based Alternative Care

Revisiting our Strategy from Institutional Care to Family Based Alternative Case (F-BAC)

It was the time to re-think what we wanted for children placed in our institution and if there was a way we could make their childhood more fulfilling. The transition from institutional care to a family-based alternative care model was indeed a great leap for us.

Alignment and Inspirational Dialogues with Donors, Families, children and CCI Staff

In the primary stage, our Board Members and those in our organisation's Advisory Committee were not

interested in this shift – as we were happy and convinced that all children are living under one roof and it is easy to help these children with common and pooled resources. Foreseeing different challenges within each family, our Board Members and most of our sponsors and donors affirmed that “the CCI model is the only safe way to retain all our sponsors and donors”. Having understood the basic fact that most of the children had one or both parents, we engaged in rounds of discussions with Miracle Foundation on strategies and tactics that can be utilised for children's reintegration and family strengthening.

In the Journey of Family Based Care- DKSHA Cornerstone

2013

- DKSHA Cornerstone CCI had 78 children, both boys and girls

2017

- Children's strength increased to 84 in 2017
- DKSHA Cornerstone had an opportunity to learn about Family- Based Alternative Care options and why this is Needed.
- The team started to share the new change of strategy - F-BAC with the DKSHA Board, with the children and with their parents & legal guardians through orientation, field study and family strengthening

2019

- A detailed Study of the families of the children was done through risk assessment; SIR & ICP and the first 5 children were successfully reintegrated with their families with follow-up support offered to them
- DCPU and CWC were informed about DKSHA Cornerstone's efforts towards transition. New admissions of children into the CCI were stopped

2020

- The COVID-19 lockdown and long holidays made all CCI children go back and live with their families
- This came as an opportunity for DKSHA Cornerstone to prepare more children and families for reintegration
- Regular follow-up was made for reintegrated children during the pandemic through Expedited Case Management

2021

- Family strengthening support and follow-up were provided to the families of 83 children who transitioned out of a CCI in the neighbouring Civil District, Dindigul in Tamil Nadu State after the discharge order from CWC
- Risk Assessment was conducted for all these children and their Social Investigation Report and Individual Care Plans were prepared

2023

- A total of 155 children (who transitioned from DKSHA Cornerstone and neighbouring CCI) were provided support services post-restoration
- DKSHA Cornerstone underwent a complete transition from CCI to the family-based care model
- Now, the Board is making efforts to make good use of the campus and CCI buildings by opening vocational training courses to extend support and help to the boys and girls who wish to get skill training

Transitioning from Institutional Care to Family-Based Alternative Care

After rigorous interactions with the Board Members, staff, children and parents/legal guardians of our children, we worked and re-strategised our vision and for the last four years, we have been working together to transition children from care in CCI to families and family-based alternative care. We followed a structured 6-step case management process (CMP) namely Intake, Assessment, Planning, Implementation, Follow-up and Case closure for each child.

Successful transition of children to family-based care required engagement with the district officials, CWC members, and other stakeholders. Tools developed by Miracle Foundation were extremely helpful in facilitating this transition. These included:

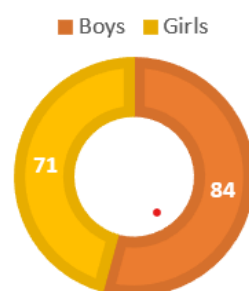
1. **LSE - Life Skill Education:** Children were linked to the LSE program to promote mental well-being and greater confidence and self-esteem.
2. **Positive parenting for parents/caregivers and social service workers:** Through the programme, parents and caregivers were provided with practical tips that can be implemented quickly and mini-lessons on topics of importance in raising or supporting a child. The topics covered include- building self-esteem in children and teens; building trust in the relationship with child and teen; calming the active hyperactive child; guide to teen depression; helping a child through separation, loss and grief; helping children with emotions; medication for mental health issues; supporting the emotional needs of children with learning disabilities; teaching self-regulation; the importance of attachment for children and teens and understanding lack of motivation etc.
3. **PSS - Psychosocial Support:** For social service workforce in need of basic counselling skills; designed mini lessons that teach fundamental counselling skills and activities, worksheets are included to provide opportunities to practise the skills.
4. **Five Wellbeing Domains:** Thrive Scale™ methodology, a revolutionary application that allows us to measure progress in five wellbeing domains and assess risk at every stage of our work. The Thrive Scale™ focuses on five wellbeing domains: Physical & Mental Health, Education, Family & Social Relationships, Home Finances and Living Conditions.

Accomplishment / Success

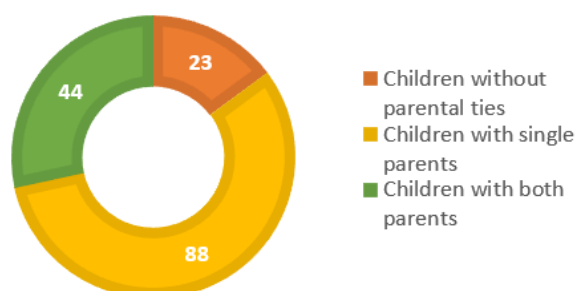
In May 2023, DKSHA Cornerstone achieved a complete transition from CCI to the family-based care model. All children in CCI have been safely reintegrated to live with their own families: A total of 155 children have been reunified with their families.

The below charts present the data on children restored to family-based care.

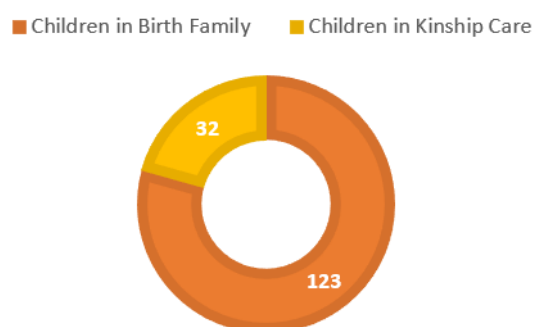
Gender- Restored Children



Parental Ties- Restored Children



Restored to Birth or Extended Family



Transitioning from Institutional Care to Family-Based Alternative Care

Below are the details of families successfully linked to the State and Centre's social protection schemes.

Govt. Scheme Details	Families availing Welfare Schemes
Social Security for Elderly Persons (OAP – Old Age Pension) Scheme	08
Widow Pension	21
Support to Disability Persons	5
PU -Ujjwala Scheme	55
CM Health Insurance	22
PM - Kisan	2
PM -Awas	6
SBM	23
E-Shram Welfare Board	16
MGNREGA	34
Slum Clearance Board (Housing)	To be linked
Magalir Urimai Thogai (Women Rights Amount Tamil Nadu State Govt.)	To be linked

It is observed that children in family-based care have shown more positive behavioural development. Collaborations and Convergence are important for better impact. DKSHA Cornerstone collaborated with the key stakeholders, including District Level Child Protection Committee, District Collector, Police Department, District Disabled Welfare Officer, Primary Education Officer, District Medical Officer, District Planning Officer, District Skill Development Officer, District Labour Welfare Officer, Project Officer - Integrated Tribal Development, Probation Officer Social Defence Department, Government Children's Home, District Panchayat; District Governor Rotary Club, NGOs Representatives, Industrial Safety and Health Department, Child Protection Committees, Child Welfare Committee, Juvenile Justice Board (JJB). The convergence with the above department officials through the District-level convergence meetings provides necessary support, especially in linking to various welfare schemes (available with the local and central government schemes), families of reintegrated children from CCIs.

Expediting the Reintegration of Children from Institutional Care into Families

Expediting the Reintegration of Children from Institutional Care into Families- RCI's Coordinated Approach with the Systemic Players

Lopamudra Mullick
Railway Children India (RCI)

In recent years, the issue of children languishing in Child Care Institutions (CCIs) has gained significant attention in India. There has been a growing emphasis on transitioning these children from institutional care to family-based alternatives, supported by various policies and acts. This shift is essential for fostering comprehensive development and well-being of children while upholding their rights, dignity, and long-term prospects. The fundamental belief is that children thrive best within a family-oriented environment characterised by affection, stability, and personalised attention, which caters to their unique needs. The supportive legal and policy framework encourages the

deinstitutionalisation of children, promoting a nurturing environment that facilitates their growth within their birth family or alternative family-based care.

However, it is crucial to recognise that preventing institutionalisation and enabling the swift reintegration of children require collective efforts and proactive initiatives from stakeholders such as the Child Welfare Committee (CWC), the District Child Protection Unit (DCPU), and Civil Society Organisations (CSOs). The challenges involved are multifaceted and necessitate a comprehensive approach. Our efforts at the Railway Children India (RCI) extend to safeguarding these children in dangerous situations arriving at transport terminals. The considerable distance they travel, coupled with socio-economic constraints, hinder their prospects for swift reintegration.

Although resorting to CCI care should be a last resort, considering the circumstances under which children are protected, CWCs tend to opt for temporary placement of children in open shelters and CCIs.

However, factors like delays in obtaining and conducting Social Investigation Reports (SIRs), document verification, escort arrangements, and family tracing often impede reintegration efforts. Consequently, despite the amenities provided by CCIs, children may miss out on fundamental life skills, emotional bonds, and face the risk of attachment disorders, diminished self-esteem, and challenges integrating into mainstream society.

RCI's Role in Facilitating the Reintegration of Children from CCIs

Since its inception in 2013, RCI has been working at transport terminals to protect and reunify children with their families. In 2023, from April to July, RCI successfully reunified more than 600 children with their families. RCI firmly believes that family is the best place for children to live and grow to their full potential. To expedite the restoration of children with their families, RCI has developed and adopted the following processes:

1. **Vulnerability assessment at Transport Terminals and Reunification with the Informed Consent of the Child Welfare Committee:** Many children frequent train stations for attraction to the city. A proficient team engages with these children, collecting information about their families, and their school attendance status (whether they regularly attend, have irregular attendance, or have dropped out), assesses the child's vulnerability, and offers emotional guidance while raising awareness among children about the risks of being alone at transport terminals. Based on the identified severity of the vulnerability, parents are contacted and they arrive at the location to retrieve their children. They are briefed about their child's vulnerability, risks of the child being alone in the transport terminals, and they also receive guidance on how to support them. A follow-up process, involving both telephone and physical checks, is implemented to ensure the child's continued well-being. RCI reunites children with their parents at transport terminals with the approval of the Child Welfare Committee (CWC). This practice effectively prevents unnecessary institutionalisation of children who have ventured out to explore. The CWC is kept informed, and all

the child related documentation are also shared for record-keeping purposes.

2. **Vulnerability Assessment and Case Management in the Child Care Institutions (CCIs) :** For children languishing in the CCIs, as an immediate step vulnerability assessment is administered to understand and assess the child's vulnerability to various risks, including abuse, exploitation, and health (both mental and physical) concerns and simultaneously considering the factors such as family background, education, housing, and any history of abuse or neglect. This is followed by:

- i. **Case Planning:**

- a. Developing an individualised case plan for each child, addressing their specific needs and vulnerabilities.
- b. Identifying short-term and long-term goals for the child's well-being.

- ii. **Family Tracing and Reintegration:**

- a. Attempting to trace the child's family or guardians and assess the possibility of family reintegration, if it is in the child's best interest.
- b. Ensuring a safe and supportive environment for reintegration.

- iii. **Follow-up and Monitoring:**

- a. Continuous monitoring of the child's progress and adjusting the case plan as needed.
- b. Regular assessment of child's safety and well-being.

3. **Emotional Guidance to Families:** RCI provides emotional guidance to families to gain insight into the child's situation and the reasons behind their departure from home. This enables parents to better understand the issue from the child's perspective. Addressing interpersonal conflicts between parents and the child becomes crucial, particularly in cases where either the child or the parents express reservations about reintegration.
4. **Locating Children who Experience Difficulties in Communicating:** In situations where a child encounters difficulties in communicating their whereabouts, conducting an on-site investigation at the location where the child was found and exploring nearby areas can be instrumental in identifying familiar places or individuals who may recognise the child. This approach provides

valuable guidance in the effort to locate the child's parents or other family members. Following a meticulous process of document verification, this method facilitates the Child Welfare Committee (CWC) in successfully reuniting the child with their parents.

Locating the Family of Vaishali

Upon receiving a request from the CWC, RCI was tasked with assisting in the process of tracing the family of a 14-year-old girl Vaishali (name changed) through an on-site visit, ultimately aimed at reuniting the girl child with her parents during a subsequent follow-up. RCI, in collaboration with staff from the Child Care Institution (CCI), accompanied Vaishali on this field visit. However, Vaishali had difficulty accurately recalling her address, prompting our team to conduct a thorough search based on her guidance. Unfortunately, no nearby landmarks or recognisable locations were recollected. In an attempt to seek assistance, our team visited a nearby police station to check for any registered missing persons reports filed by parents, but to no avail. Eventually, an individual identified the child and provided information about her residential address. Following this lead, the child was taken to the specified location. There, the child's mother identified her daughter, and the two shared an emotional reunion, embracing with heartfelt joy. The mother expressed profound emotions upon seeing her child again after an extended period of separation. She recounted her exhaustive search efforts at railway stations, bus stops, markets, and public spaces, all of which had been in vain. She had even sought assistance from the police, but her pleas had gone unanswered. The mother's happiness at being reunited with her child was heartwarming.

5. Convergence for Reintegration: RCI extends escort support to children to different districts and states, as directed by the Child Welfare Committee (CWC). This approach expedites the process of reuniting children with their families, often spanning 2 to 3 days to reach the child's native district. Effective coordination between District Child Protection Units (DCPUs) across different states, community and local bodies coupled with the presence of a skilled and

experienced team, significantly contributes to the success of meeting the immediate needs of the children.

The 'Khoya Bachpan' WhatsApp group : A Classic Example of Convergence

The 'Khoya Bachpan' WhatsApp group is playing a crucial role in safeguarding children. A recent case involving two adolescent girls illustrates the impact of this initiative. Rekha and Sulekha (names changed), two cousins from Bihar, had been residing with their parents in Shaheen Bagh, Delhi, for the past 15 years. A community member from Shaheen Bagh, who was connected to a member of our group, reached out with distressing news that the two girls had run away from home. The concerned individual provided all pertinent details and even mentioned that Rekha had been in contact with a boy from Patna, potentially providing a lead to their whereabouts. Although the girls had turned off their phones, their parents managed to ascertain that they had boarded the Karnataka Express.

A quick message sent to the Khoya Bachpan WhatsApp group triggered a coordinated response among railway officials across different stations. This collaborative effort resulted in the activation of a comprehensive system to locate the missing girls. Active officials from South and Central Railways shared information about a Ticket Checking Staff member stationed near Burhanpur Station who was on duty at the time. With the assistance of the Railway Protection Force (RPF), an extensive search was conducted in all sleepers and general compartments, and the girls could be located. They were promptly rescued and connected to RPF/GRP staff at Manmad Station in Maharashtra. After completing the necessary formalities, the girls were transferred to a CCI in the Nasik district of Maharashtra, where they would receive further care and protection.

Our teams played a pivotal role in extending emotional support to the girls' parents and coordinating with the GRP official from Manmad Railway Station to facilitate their

return home through the CWC, Nasik. The successful reunion with their parents was achieved through these efforts. During counselling sessions, the girls disclosed that the boys had promised them a job in Bengaluru and aided them in boarding the train. The children were informed that they were in the process of being trafficked. When both the girls realised that they had put themselves in danger unknowingly, they confessed the same to their parents. They said they wanted to go back home when asked. The family was counselled and prepared. RCI followed up with the family and children and kept the stakeholders informed.

This incident highlights the importance of the collaborative actions of railway officials across various locations, and the government's child protection functionaries in preventing a potential case of trafficking and further preventing the two girls from entering long-term institutional care and also reunifying the children with their families.

It has been observed that in the process of restoration, four distinct scenarios can arise:

1. Mutual Willingness: In this scenario, both the child and the parents express a willingness to reunite. This alignment of intentions greatly facilitates a successful restoration process.

2. Child's Willingness - Parents' Hesitation: Here, the child is inclined to be reunited with their parents, but the parents are hesitant. Addressing parental concerns becomes critical to ensuring a positive restoration outcome.
3. Parents' Willingness - Child's Hesitation: In this scenario, parents are prepared to receive the child, but the child exhibits hesitance. Navigating this situation requires a nuanced approach, involving counselling and gradually fostering trust.
4. Lack of Willingness: The fourth scenario unfolds when neither the child nor the parents express a desire for restoration. A careful evaluation of the underlying reasons is essential before contemplating restoration.

Recognising and understanding these distinct scenarios enables us to tailor restoration efforts to each child's unique contexts. This comprehensive approach ensures that the well-being and best interests of the child remain at the forefront, guiding us toward optimal solutions that prioritise their long-term development and happiness.

Endnotes

'If the family tracing and the restoration process did not speed up then the girl would have languished in the CCI in Maharashtra, and so RCI's effort was to minimise the stay of the girls in CCI and reunify the children post provision of emotional guidance.'



Reaching the Unreached: Preventing Institutionalisation of Children by Strengthening Families in Tamil Nadu

Tamil Nadu Social Service Society (TASOSS)

*Edited by
Nivedita Guhathakurta,
Catholic Relief Services, India*

The COVID-19 pandemic brought insurmountable challenges, not only to the health and well-being of the people but the deaths of parents and caregivers increased risk of family-child separation and increased institutionalisation of children. In many cases, the families lost their sole breadwinner, leaving them with no means but to resort to unsafe means of livelihood, exposing them to greater protection risks. Hence as part of the COVID-19 emergency response, TASOSS with their 4 diocesan partners in the Kanyakumari district of Tamil Nadu, under the Changing the Way We Care (CTWWC) project, provided cash plus care support to 793 children and youth. The said children and youth had lost one/both parents to or before COVID-19, as well as children and youth with or without one/both parents who had been sent home during the pandemic. The emergency response also included a virtual monitoring of their health, nutrition, protection, education and psychological status to mitigate the impact of the COVID-19 crisis for children who are vulnerable to protection risks, institutionalisation and separation from their families.

The virtual monitoring support through regular phone calls by the 4 dioceses was very relevant during the COVID-19 pandemic period. However, there were children identified whose needs could not be fulfilled by one-time support or referrals. The necessity and urgency to evolve a system that could help children and families in dire need of long-term and/or multisectoral support led us to case management¹ as there were more complex and systemic issues in the community which had to be addressed. The women and children in the community grappled with issues like domestic violence due to alcoholism leading to physical, and mental health issues and poverty. It led to exasperated mothers placing their children in Child Care Institutions (CCIs) run by the church, as in addition to providing the basic necessities and a stable and healthy environment for the growth and development of their children, they imbibed

catholic teachings, good morals and discipline. While dealing with the crisis at hand, they completely lost sight of the long-term consequences of institutionalisation on their children. Hence, case management is used as part of our strategy to respond to inter-connected risks and vulnerabilities that children can or have experienced.

Approach and Process

The case management is an approach to organising work². It needs to be timely, relevant, systematic, efficient, and in accordance with the aims and objectives of our project. Case managers provide prompt assistance through direct support and referrals that is individualised, comprehensive, and coordinated. The entire process is guided by the opinions and decisions of the child and their family at every step, with the best interests of the child being accorded utmost priority. The support provided for children through case management is tailored to their unique needs and environments - such as age, sex, living situation, etc.

Within the context of the crisis, case workers' initial approach is to make sure the child is safe and to establish a relationship with them. Caseworkers work closely with families and communities to identify the root causes of violence and endeavour to address these through counselling and support. Every child in need receives individual counselling to alleviate the consequences of violence on their psychosocial well-being and is also referred to other specialised services necessary.

Accordingly, the CTWWC staff team has nominated around 300 families from the target locations. Currently under the CTWWC project in Tamil Nadu, 108 out of 1370 children are under the case management approach. A Vulnerability Mapping Tool (VMT) has been developed by TASOSS, which collects complete profiles of the families, including data on all household members, sources of income and education levels, separation history of the children, and economic status of the family. The VMT also gathers data on key vulnerabilities in the family that would help in risk assessment of the children - chronic illnesses, addiction or substance abuse, the parental status of the children (lost one / both parents, separated / divorced parents, adoptive / foster parents, or in kinship care), etc - leading to detailed ground-level mapping of first-hand information which enables effective programming when working directly with the families.

Success Story from the Field

Gomathi (name changed) lost her father unexpectedly to a heart attack when she was just 11 years old. The family was reduced to extreme poverty after the father's death, leaving the mother with the sole responsibility of holding up the family, consisting of Gomathi, her brother and grandparents. The family survives on the widow pension received by Gomathi's mother from the government and lives in a small house built on unauthorised land with no basic facilities. They do not hold a ration card³, because of which government schemes and welfare have not been accessible to them.

Gomathi has an ardent interest in taking part in extracurricular activities and being the best student in her class. Her mother has diabetes and after sustaining some minor injuries at work, is now under medical supervision at the government hospital. Following her father's loss and her mother's sickness, Gomathi slowly started losing interest in school and other activities. The family did not receive any help from their relatives or members of their community, leaving them with no one to rely on. The entire family suffered from severe malnutrition, and the children had anaemia.

It was at this time that the family was identified by the team and Gomathi was identified as one of the children to be supported by CTWWC project. Taking the serious condition and the need for immediate intervention by the family into account, the child was included in the case management process. The mother was guided to join the self-help group in Thukkaly.

The case managers raised funds through community members and known philanthropists to provide small financial assistance and groceries to the family. As there was no source of income for the family, livelihood support was given to the mother to buy a sewing machine for income generation. Since the family does not have their own place, they are facing a challenge in obtaining ration card from the government which will allow them access to the Public Distribution System(PDS). Considering this situation, a petition has been submitted through the case managers to the District Collectorate for further action to be taken.

Regular follow-up by the case managers through home visits and counselling has helped Gomathi to gain back concentration in her studies. The family is slowly seeing positive growth in their lives because of the intervention provided by the CTWWC case management team.

Gomathi's mother says she is very happy, "We have regained our lost confidence, and case management has helped our family bond and grow together." The CTWWC project supported Gomathi and her family to gain physical, mental and financial strength which otherwise would have led to Gomathi being institutionalised by her mother experiencing difficult circumstances. This provides strong evidence of family strengthening efforts by TASOSS and the diocesan partners through the CTWWC project.

The CTWWC staff are involved in working with families such as Gomathi's to develop a safety net for protecting them from falling prey to more risks, motivate them to dream, establish goals, create plans to achieve the goals, provide services to meet needs identified in assessments, monitoring progress toward achievement of the goals, and close cases when the goals have been achieved. Success stories have been unfolding in Kanyakumari since the launch of the case management process, and we are strengthening the system to help more children from being institutionalised by strengthening their families.

Endnotes

¹Case Management (CM) refers to the process of identification, assessment, planning, executing, and monitoring activities that can help meet the needs of a child and their family.

²Standard Operating Procedure for Case Management of Children in Childcare Institutions, India, CRS & Udayan Care

³Ration card is an official identification document issued by the state government that indicates a household's economic status and certifies a bearer's rights to access the public distribution system and purchase rationed goods.

Strengthening Families in India to Prevent Unnecessary Separation and Ensure Reintegration of Children Post-Restoration from Institutions

Dr. Gurneet K. Kalra,
Udayan Care

Introduction

With an estimated 1.9 lakh children losing their parents during and after the COVID-19 pandemic (Bhushan et al., 2022), the number of children without parental care has seen an increase in India in recent years. India has a plethora of laws, policies and schemes to address the needs of these children without parental care, which mandate a range of alternative care options, including family-based care, community-based, and institutional care setups. Orphanhood, lack of education, extreme economic deprivation, migration, trafficking, disasters and calamities, cultural and matrimonial disputes, child sexual abuse, lack of provision of home-based assessments (and interventions), and insufficiently targeted linkages for families who are at a high risk of child abuse, neglect, and abandonment are some of the several reasons associated with children ending up in alternative care settings for children who are in need of care and protection, and their families (Wilke et al., 2022). Even though India has strong Juvenile Justice laws and policies like Mission Vatsalya to lay the overall framework, institutional care is still the dominant form of formal care provided. Family restoration and family strengthening in practice still take a back seat (Modi et al., 2016; SAIEVAC, 2011). Measures that prevent the unnecessary separation of children from their birth families, such as gatekeeping, are still absent in practice in most child protection work in the districts. The restoration, reunification, rehabilitation, and reintegration of children having previous experience of separation requires significant interventions that are empowering and systematic but most often, the knowledge and skills needed are found lacking.

In India, COVID-19 pandemic resulted in the rapid restoration of 64% of children living in childcare institutions (CCIs), under the directions of the Supreme Court of India (Pandit, 2020). Most of the 'rapid restorations' of children from institutions back to their families or extended families were done without much

adequate social investigation or preparedness at the care home level, without any regular follow-ups leading to increased cases of child marriage, violence, neglect, abuse, child labour and discontinued education (Chawla et al., 2021).

The Family Strengthening Approach

In the given context, Udayan Care, an NGO operating in India, in collaboration with Martin James Foundation, explored the situation of children who were restored from CCIs amidst the pandemic. The primary goal was to comprehend the needs of restored children and their families and provide them with assistance as they transitioned away from institutional care, ensuring a sustainable family environment.

Initial Phase

In the *first phase of the project*, in a specific district of Delhi, activities to identify, and compile a list of these children and their families following their restoration was undertaken. Working with 31 families, the intervention reached out directly to 181 persons, (i.e.: 54 children, 45 siblings, 17 youth and 65 primary caregivers). The initiative, founded initially on the framework of 'Reach', 'Reinforce', and 'Reintegrate', collectively referred to as the 3R's framework, began from the point of identifying these families to establishing connections with various programs aimed at the overall development and well-being of restored children, their siblings (young or youth), and guardians. It focused on achieving successful reintegration by working on 8 core domains of family-strengthening approach.

The evolving practice of follow-up towards reintegration of children in families uses a child-centric, best-interest approach, based on the assessment of needs of the child and family on several parameters, intervention plans on Individual Care Plan (ICP), Mental Health Counselling program (MHCP), Youth Development Plan (YDP) and Family Development Plan (FDP). This comprehensive approach encompassed various measures to assist the families of reintegrated children including counselling, employment opportunities, entrepreneurial support, and connections to social welfare programs. By employing baseline and end-line surveys, the results shed light on the impact of the interventions in the context of the 3R's framework. Additionally, it aims to guarantee that every individual child and their family receive the necessary assistance

Strengthening Families in India to Prevent Unnecessary Separation

throughout the reintegration process. This endeavour strives to foster a child-friendly system characterised by collaboration, responsibility, and accountability at all levels.

In order to evaluate the effectiveness of our interventions and ensure a smooth reintegration process following restoration, an impact indicator scale based on the implementation of the 3Rs framework was developed. This established case management and care planning as encompassing a comprehensive evaluation framework for the family's socio-economic context and the safety of their neighborhood. This was effectively applied to assess each family and child's progress on the reintegration scale across all eight domains, considering various parameters within each indicator. This approach allowed a comprehensive gauging of the advancement of families and children in their reintegration journey.

Evolution of the Project

The FiT project in its initial phase offered tangible evidence and learnings that contributed to the effective implementation of child protection measures. It was expanded in its second year to include preventive work as well in the community. Recoined as the FiT Families Together project, the scope in the second phase was more broad-based. This phase is supported by Martin James Foundation and Children's Emergency Relief International. The goals of this phase included strong communities (that take ownership of children's well-being); well-functioning, protected and resilient families (fit to care and protect their children); empowered, hopeful and connected individuals (to keep children in families). The vision is to develop a robust family-strengthening approach and plan that can be integrated/weaved into the government systems. For this purpose, a survey of another 480 families was conducted in five pockets of two districts of Delhi and a total of 54 families were selected for targeted intervention.

Thematic Framework

This entailed emphasis on identifying families in vulnerable situations, identifying and mitigating vulnerabilities to prevent family separation and re-institutionalisation, by providing them with support to ensure their children's continued presence within the family unit. Thereafter two more domains were added to the '**Circle of Care Framework**', renamed as 'Circle of Care and Protection' Framework, consisting of domains

named, *basic needs and safety* (food, shelter, clothing, and freedom from actual/risk of trauma, violence or addiction), *household finances* (sustainable livelihoods and financial resources and management above basic needs), *physical health* (understanding of overall health and disabilities and access to services), *mental health* (understanding and sensitivity towards mental health issues of self and family and access to services), *education and vocation* (quality opportunities for advancement), *child self-awareness* (ability to identify feelings, emotions, strengths, aspirations and actions), *community and social connections* (active and positive participation with individuals and groups), *legal entitlements* (fair access to legal identity, documentation and access to social protection schemes), *positive parenting* (added later - parenting based on knowledge of child development and self-awareness), *hope and faith* (added later - belief and trust in the possibility that good can occur and that one is deserving of that good).



Based on the interventions with 54 families, documentation templates have been developed, indicators and activities for each domain have been further developed and refined, district stakeholder convergence meetings have been initiated, community ambassadors are now emerging, children's groups have been formed. The families have been categorised into three categories namely, high touch (which need close support and guidance and are at high level of risks), medium touch and low touch (ready to move out of direct support but need handholding support and are ready to start giving back). The project involves working

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with the families for a period of three years, and so far 12 families have moved from high to medium touch and 8 of them are now in the low touch category.

Recommendations

The subsequent recommendations stemming from the project efforts include:

Preventive Approaches: To formulate specific objectives and enhance interventions, conducting a needs assessment for children and families becomes pivotal. This assessment serves as the basis for offering employment opportunities, entrepreneurial avenues, and access to various existing schemes. These initiatives collectively empower the entire family. In order to prevent the initial separation of children from their birth families and ensure successful reintegration, a comprehensive strategy is essential. This strategy involves reinforcing family bonds, harnessing community resources, fostering resilience, and promoting social cohesion. Regular engagement with stakeholders is integral to this approach.

Reintegration Strategies: Effectively rehabilitating, restoring, and reintegrating previously separated children back into their families and communities requires a comprehensive and systematic approach. Tailored rehabilitation practices for at-risk children must be contextually relevant and founded on a systemic methodology. An inclusive and child-centered "best interests" approach, such as the Circle of Care model, should be developed based on the identified needs of both children and families.

Advocacy Initiatives: This project has a larger objective of influencing policies. It aims to create policy reports that encapsulate data, tracking mechanisms, and progress indicators. These reports will be presented to the Delhi Government and the social welfare department. The intention is to establish a model that can guide successful restoration efforts in the future.

Stakeholder Meeting

Aligned with this perspective, the FiT Families Together initiative in Delhi has successfully orchestrated five meetings involving stakeholders at the district level. This platform serves as a forum to unite diverse stakeholders within the district, fostering the exchange of knowledge and resources, addressing challenges, proposing solutions and remedies, and cultivating connections

among individuals and organisations sharing similar aims. The spectrum of participants encompasses critical entities like the Child Welfare Committee (CWC), which holds jurisdiction over legal determinations for children within the district. Additionally, the District Child Protection Unit (DCPU), mandated to implement child protection regulations across both institutional and non-institutional avenues, is also a key participant. Children, youth and parents are the most important contributors to these meetings. These meetings further extend to involve community-based childcare and protection interventions, drawing in family members, community youth ambassadors, local leaders, educators, healthcare providers, and notably, the Delhi Commission for Protection of Child Rights (DCPCR) — the monitoring body for child protection at the state level. This inclusive network extends to encompass multiple NGOs, partners, and donors actively engaged in promoting children's and community empowerment.

The stakeholder meetings are actively steering towards establishing a unified platform for service providers which serves as a space where participants can acquaint themselves with each other's initiatives and extend reciprocal support, all geared towards strengthening families and preventing their separation from their families. By employing inventive case studies as the focal point of discussions, these meetings foster participatory problem-solving dynamics at each stakeholder level. In addition to this, the stakeholders meeting has also created awareness regarding the FiT Families Together model. This resulted in the referring of restored cases of three CWCs to the project for smooth reintegration of children with family and community post-restoration. It also led to the referral and linkage of a few children with the Sponsorship Programme under the Mission Vatsalya Scheme; conducting Aadhar Camps in intervention pockets; extending livelihood support to those families where the head of the family is a person with a disability; enrollment of youth in vocational courses; assisting in linking a youth suffering with life-threatening diseases with a suitable job, ration and stationary support to the families etc.

The aim is for this platform to evolve into a cooperative entity adept at addressing crises and

Strengthening Families in India to Prevent Unnecessary Separation

challenges within the community. Its purpose extends to connecting individuals with essential services such as education, counselling, healthcare, life skills training, and recreational activities. By extending assistance to parents and primary caregivers, this platform, via regular discussions, aspires to augment the self-reliance and parenting proficiencies of families, consequently nurturing a conducive environment. This project FiT aims to support and strengthen families at risk of separation in the first place and those who have had their children reintegrated and need support to stay together through successful reintegration and prevent re-institutionalisation at second place. It seeks to ensure appropriate follow-up and linkages to social welfare schemes for family strengthening so that the family can care for and protect their children within their family. Furthermore, it strives to raise consciousness about children's rights and requirements, facilitate their seamless integration within the community, and amplify the capabilities of stakeholders invested in the process of fortifying families. The FiT Families Together project holds the conviction that this endeavour will engender a constructive and enduring influence on the lives of both children and families. The program chooses an unconventional route by accentuating family empowerment and the sustenance of familial unity.

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Nurturing Families and Communities

Nurturing Families and Communities: Kinship and Community-Based Care, Balmitras' Role in Promoting Family-Based Care over Institutionalisation of Children in Jalna, Maharashtra

Poonam Kashyap, UNICEF, Mumbai.

Edited by Rini Bhargava, UNICEF, Mumbai and Yamini Suvarna, UNICEF, Mumbai

Background

In the arid landscape of Jalna, Maharashtra, a transformative initiative is taking root to ensure the well-being, education, and safety of vulnerable children. In a strategic partnership, UNICEF has joined hands with SACRED, SWARAJ and the district administration of Jalna to introduce a novel approach that promotes family-based alternative care over institutionalisation. This pioneering effort leverages the dedication and compassion of local Balmitras/Balmaitrins to prevent unsafe migration of children during the sugarcane

harvesting period, a period that has historically disrupted the lives of families and children in this drought-prone region. Youth volunteers called Balmitras (children's friend) received training for supporting children and kinship caregivers. They monitor school attendance, conduct study classes and recreational activities after school, provide emergency/crisis support and psycho-social support to the children as well as their caregivers. By identifying children at risk early on, Balmitras can intervene before the situation escalates, potentially preventing the need for institutional care.

The Heart of the Initiative: Kinship and Community-Based Care

At its core, the initiative focuses on the preservation of family and community bonds, recognising their significance in nurturing children's holistic development. The traditional concept of kinship care - where children find refuge within their extended family or close-knit community networks - is being revitalised to serve as a protective shield against the

vulnerabilities that arise from unsafe migration. These models prioritise keeping children within their families or communities rather than placing them in institutions.

Balmitras/Balmaitrins: Guiding Lights in Child Protection

The driving force behind this initiative is the local Balmitras/Balmaitrins, community members who embody the values of care, empathy, and advocacy. Trained to identify at-risk children and families, these young girls and boys (Balmaitrins and Balmitras) aged 18-25 years, play a pivotal role in connecting families with the necessary resources, support systems, and guidance to keep children within their familial environments. This nurtures a sense of belonging and reduces the stigma associated with institutionalisation. Their tireless efforts have bridged the gap between institutional support and grassroots intervention, fostering an environment where every child is valued and protected. Many have experienced the challenges of seasonal migration first-hand and this has contributed to high levels of commitment and dedication.

Safeguarding Education and Holistic Growth

In Jalna's drought-prone environment, unsafe migration during the sugarcane harvesting period disrupts children's education, plunging them into vulnerable situations. Children who migrate with their parents are at increased risk of neglect and are vulnerable to abuse, child marriage and child labour. The kinship and community-based care approach works to address this issue head-on. By keeping children within their communities, they can continue their education uninterrupted. This not only ensures a stable learning environment but also nurtures their emotional and social development, enabling them to thrive amidst challenges.

Local Resilience in a Drought-prone Landscape

Jalna's vulnerability to droughts has long been a catalyst for unsafe migration, with families seeking better opportunities elsewhere, often leaving children behind or placing them in hostels/Child Care Institutions. This initiative represents a turning point. By promoting kinship and community-based care, it bolsters local resilience, ensuring that families can weather the storm of uncertainty without compromising the safety and future of their children. These models focus on keeping children within their familial and

community contexts, thereby offering numerous benefits that help prevent the need for institutionalisation.

Learning and Progress

As this initiative unfolds, valuable insights are emerging. Success stories from families who have embraced kinship care demonstrate the potential for transformative change. Challenges, such as cultural norms and community engagement, are being met with innovative solutions, proving the adaptability and commitment of those involved. Families who were exploring hostels and other residential care options to ensure continuity of education for their children are now able to leave their children in the villages in the care of kin (usually grandparents). The village-level functionaries and systems come together to create a safety net for children who stay back. The convergence between the frontliners (Anganwadi worker, teacher, Asha worker) as well as the Gram Panchayat, the School Management Committee and the Village Child Protection Committee ensures that children attend school regularly, access services of health and nutrition as needed while also resolving crisis situations as these arise. The Balmitras also provide psychosocial support to grandparents and children to ensure their mental wellbeing.

A Promising Future

"From Instinct to Initiative: A Grandmother's Triumph in Nurturing Family Bonds"

In the heart of Bhokardan Taluka, nestled 20 km away from Jalna District, lies the village of Chandai Teple. Here, a poignant tale of unwavering love and community support unfolds as it revolves around three young siblings – Pratham, Prakash and Preeti (name changed). They stay with their grandmother Shantibai (name changed). The condition of the family home, however, was far from ideal, making it arduous for Shanti Bai to provide for her grandchildren. With a heavy heart, she contemplated the possibility of sending the children to an institution, seeking a more structured support system. It was then that fate intervened, and the Balmitra program representative visited their village. This representative brought with them a glimmer of hope. Shantibai was introduced to a community-driven initiative that would ultimately change the trajectory of their lives. The Balmitra program became a beacon of

possibility, lighting the path toward a brighter future for Pratham, Prakash and Preeti.

However, the journey didn't rest solely on Shantibai's shoulders. The Village Child Protection Committee, the compassionate Balmitras, diligent Anganwadi workers, and the devoted Sarpanch all rallied together, weaving a safety net of unwavering support around these families. Their shared determination and unity transformed Shantibai's decision-making process.

Fuelled by this communal spirit, Shantibai made a courageous choice – one that would forever shape the lives of these three siblings. Instead of sending them away to an institution, she decided to nurture their familial bonds and raise them within the embrace of their community. Today, the laughter of Pratham, Pranav, and Preeti fills the air, a testament to the triumph of family-based alternative care over institutionalisation.

In the heart of Chandai Teple, a lesson echoes through the stories of Shantibai and her grandchildren – the power of kinship, the strength of a united community, and the resilience that flourishes when love becomes a collective effort. Their tale stands as a reminder that the bonds of family, fortified by community support, have the power to light up even the darkest of paths, illuminating the way toward a brighter and more promising future.

The involvement and commitment of the District Administration to scale up the kinship and community based care programme to more than 200 villages with high migration levels in Jalna is indeed promising. Beyond preventing unsafe migration, it stands as a beacon of hope for a more sustainable, protective, and inclusive model of child protection. This initiative shows that through collective effort, compassion, and innovative thinking, the vulnerability of children in drought-prone and tribal regions where unsafe migration is prevalent can be addressed effectively through community-based care models which are often more sustainable and cost-effective than large-scale institutions.

In Jalna, the concept of non-institutional and family-based alternative care is no longer a distant ideal; it's a reality woven into the fabric of the community, nurtured by the unwavering dedication of Balmitras/Balmaitrins, the commitment of the District Administration,

supported by UNICEF, SACRED, and SWARAJ, and fuelled by the resilience of families determined to secure a brighter future for their children.



A Balmitra conducting after school activities with children in Dhokmal Tanda, Jalna District, Maharashtra

A Loving and Caring Family: A Basic Necessity for Growth and Development of Children

Stepping Stones Towards Deinstitutionalisation (DI) and Establishing Family-Based Care in Jharkhand

Arundhati Bhattacharya,
Miracle Foundation India

Family is not just an important thing, it is everything. Extensive research has shown that the absence of family-based care can have a lifelong impact on a child's well-being, leading to adulthood that encounters adverse behavioural and physical consequences while facing the real world¹.

Fortunately, a progressive movement is underway to create a more inclusive world for the children. It began with the United Nations (UN) Convention on the Rights of the Child (UNCRC) in 1986 and continued with the UN Guideline for the Alternative Care of Children in 2009, which specifically focuses on children without parental care. In India, the Juvenile Justice (Care and Protection of Children) Act 2015 (JJ Act), Mission Vatsalya, and various central and state guidelines have been established to encourage efforts that promote a safe and sustainable environment for children within their families, prioritising their best interests.

Several studies have revealed that children face separation from their families due to various factors such as orphanhood, abandonment, desertion, poverty, chronic illness, abuse, displacement, HIV/AIDS, family disputes, disasters, or conflicts. These children without parental care are in dire need of alternative care, preferably in family-based settings. Surprisingly, despite the presence of well-versed and stringent guidelines and policies, an estimated 2.9 million children worldwide² are still living in residential care.

This article aims to contribute to the national discourse and efforts surrounding the work on Family Strengthening & Family-Based Alternative Care (FS & F-BAC). It would inform the readers about a tested operational model derived from the experiential learning from the implementation of the first phase (2019-2022) of the programme "A Loving Family for Every Child" in the state of Jharkhand, which can be scaled up in the state or replicated in other parts of the country. This ongoing

initiative is a joint partnership among the Department of Women and Child Development and Social Security (DWCD &SS), UNICEF India, and Miracle Foundation India as the technical lead.

The document sheds light on the supportive pre-conditions in the state and strategies implemented by engaging with the Child Protection (CP) workforce. It also offers recommendations to improve the implementation framework of the Juvenile Justice (Care and Protection of the Children) Act 2015.

Foundational Work on FS & F-BAC : Supportive Pre-conditions in Jharkhand

The DWCD & SS in Jharkhand is committed to enhancing life opportunities for children by promoting public-private partnerships in the state. The state has well-established District Child Protection Unit and Child Welfare Committees across the 24 districts. Besides, the state witnessed several landmark initiatives to strengthen the condition of vulnerable children. Some of those worth mentioning are as follows:

1. Savitri Bai Phule Kishori Samridhi Yojna 2023 to promote education among girls.
2. Group Foster care programme initiated in 2019 in the district of Hazaribagh.
3. State Action Plan to end child marriage in 2018.
4. Foster care and Sponsorship guidelines in 2017.
5. "Tejaswini" launched in 2017 to uplift the status of girls and young women.
6. State Action Plan for elimination of child labor in 2012.

Jharkhand State Child Protection Society (JSCPS) in collaboration with UNICEF initiated the development of the State rule for Aftercare and five years road maps for DI,FS and Foster Care in December 2022.

"A Loving Family for Every Child": Strategies to Achieve the Initiative

The prime objective of this initiative is to enhance the capacities of the CP Workforce, including the District Child Protection Unit (DCPU), Child Welfare Committee (CWC), Juvenile Justice Board (JJB), District Inspection Committee (DIC), and Child care Institutions (CCIs), on FS and F-BAC with tested solutions and tools to facilitate their work, improving decision-making, reassuring child participation and prioritising the best interests of the child.

A loving and Caring Family

The crucial strategies used to achieve the initiative are as below:

I. Creating Sustainable Resource Pool :

Over 500 officials are part of the district-level workforce in child protection. Among them, 25 trained government officials from the DCPU have emerged as Master Trainers (MTs). They continue to promote the concepts of FS and F-BAC in the district and aim to improve the quality of mandatory documentation under JJ Act 2015 guidelines, Individual Care Plan (ICP) and Social Investigation Report (SIR) while fostering safe and sustainable family reintegration.



First Capacity Building Training with the DCPUs

Furthermore, 28 staff from 10 CCIs in 6 districts received training on FS and F-BAC from the MTs. To maximise the benefits, in-house training was integrated with immersion visits for 72 Child Protection workforce members to five CCIs, the successful models of transition and prevention in other states mentored by Miracle Foundation.

The training underlined the need to apply the principle of diversion. Child in Conflict with Law, can be prevented from entering the JJ system.

Ms. Poonam Singh
JJB member, Dhanbad

District-level training involving all Child Protection workforce was integrated to enforce the effort of convergence in promoting institutionalisation as the last resort of alternative care. Additionally, four divisional-level training events were held for 78 CWC (Chairpersons and members) and 35 JJB (social workers), marking the first official joint training programme for CWC and JJB in Jharkhand.

II. Developing Knowledge Resources and Programme Supportive Tools:

Training modules were developed in English and Hindi, covering topics such as the importance of family, effective use of ICPs and SIRs, case management systems, Foster Care, transition models, prevention and gatekeeping, and FS:

- ICP and SIR were simplified by providing a critical guiding addendum while maintaining the main framework of the JJ Act.
- Miracle Foundation- Thrive Scale™ methodology, guided by international guidelines and the JJ Act, supports children in reaching their full potential.
- The Case Management Tracker, supports the case management process by effectively tracking the individual status of each child in real-time.

Quality ICP and SIR are indispensable for making decision in the best interest of the child. ICP and SIR with addendum by Miracle Foundation is very helpful to guide the documentation properly.

Mr. Amrendra Kumar Yadav, Chairperson, CWC

We were using ICP and SIR as per JJ Act framework before but we use to leave some sections as it was not clear, but addendum by Miracle Foundation has made it easier for us.

Shama Parveen, POIC & MT, Pakur

III. Mentoring Support for Deinstitutionalisation (DI):

During the programme period 10 CCIs have been selected by JSCPS to demonstrate successful models of DI in the state. This is a continued support that Miracle Foundation India is rendering even after the completion of the first phase of the programme.

The CCI staff were trained in person by the MTs on the significance of standard of care in institutional care

हर बच्चे को एक स्नेहपूर्ण परिवार विषयक प्रशिक्षण संपन्न

दुबंगा हिंदू संवाददाता
मेदिनीनगर (पलामू)। राज्य बाल
संरक्षण सोसाइटी, महिला, बाल
विकास विभाग एवं सामाजिक सुरक्षा
विभाग, झारखंड सरकार एवं यूनिसेफ
के संयुक्त तत्वाधान में हर बच्चे को
एक स्नेहपूर्ण परिवार कार्यक्रम विषयक
दो दिवसीय प्रशिक्षण कार्यक्रम संपन्न
हो गया। होटल चंद्र रेजिडेंसी में
अभ्यास प्रशिक्षण में प्रमंडल स्तर पर
किशोर न्याय बोर्ड के सदस्य और बाल
कल्याण समितियों के अध्यक्ष/सदस्यों ने भाग लिया। बच्चों के परिवार
अपघात और वैकल्पिक देखभाल
को दिला में बल्लभ लाने के उद्देश्य से
अभ्यास प्रशिक्षण में बाल बच्चा
कि बच्चों को परिवार या परिवार जैसे
माहौल में रखना सर्वोपयोगी होता है। बच्चों की देखभाल करने वाले
संस्थानों को अंतिम विकल्प के रूप में
देखते हुए परिवार, रिश्तेदारों, फोस्टर
केयर, स्यांसरशिप, एडोप्शन, फोस्टर
केयर जैसे विकल्पों से जोड़ना और
उन्हें बेहतर माहौल देने की
आवश्यकता है। बच्चों के लिए ऐसे



विकल्पों पर विचार करते हुए उनके
परिवार से अलग-थलग की रोकथाम एवं
गैटकीपिंग की प्रक्रिया स्थापित करना
आवश्यक है, ताकि बच्चों को स्थाई
रूप से परिवार में रहना संभव हो सके।
यदि किसी कारणों से बच्चे का पालन
पोषण उसके घर में सुनिश्चित नहीं हो
पा रहा हो तब उसे फोस्टर केयर जैसी
सेवाओं से जोड़ने के विकल्पों को
देखना आवश्यक हो जाता है। फोस्टर

केयर एवं स्यांसरशिप के विषय पर
विभिन्न माध्यमों से स्थानीय भाषाओं
में प्रचार-प्रसार कर जागरूकता को
आवश्यकता है। समितियों एवं बोर्ड
द्वारा बच्चों के संबंध में निर्णय लेने हेतु
बच्चों की व्यक्तिगत देखरेख योजना
और सामाजिक अन्वेषण रिपोर्ट से
मिली जानकारी और जांचकर्ता द्वारा
सुझाई गई योजना को धूमिका पर बल
दिया गया है। कार्यक्रम के अंत में सभी

प्रतिभागियों द्वारा जिला स्तर पर परिवार
अपघात एवं वैकल्पिक देखभाल
सेवाओं को बढ़ावा देने हेतु कार्य
योजना बनाने के संबंध में जिले में लागू
करने का संकल्प लिया। मौके पर
तकनीकी सहायता एवं प्रशिक्षण हेतु
मिरकल फाउंडेशन इंडिया के टीम
सदस्य व जिला बाल संरक्षण इकाई,
पलामू से कामरेड पासवान प्रशिक्षक के
रूप में उपस्थित थे।

A loving and Caring Family

setup and later baseline evaluation was conducted by each MTs with technical support from the Miracle team to understand the gaps in institutional care in the CCI as well as developing a corresponding implementation plan to improve the status. Additionally, the MTs are mentored to guide the CCIs in expediting the family reintegration process. The children in the institution were segregated on the basis of (a) having both parents alive (b) only one parent alive (c) orphaned (d) whose family cannot be traced. However, in each of these 10 CCIs, the last three categories were observed comparatively more. Further, as advised by JSCPS more focused interventions were done with the children who are staying in children's homes for over six months. The actions taken by CWC and DCPU to accelerate the DI process in the state are as follows:

- The children of single parents (with the majority being single mothers) are supported through rehabilitative sponsorship.
- The children whose families cannot be traced are being repeatedly advertised through local and national media.
- The DCPUs under the guidance of JSCPS are inviting foster families to integrate children (orphaned and children whose families cannot not be traced), into a safe family atmosphere. Miracle Foundation is supporting the Child Protection functionaries technically to promote foster care in the district.

The integral steps followed to make the reintegration with families or family-based alternative care effective are preparation of both the child and family before reintegration; reviewing and updating ICP and SIR accordingly; and follow-up by DCPU with the family to ensure the child's safety and overall development.



CWC and JJB Divisional level training

Unfolding the Learning and Working Towards Transforming Care, the Following Key Points have been observed:

1. There has been a gradual shift which considers F-BAC as a preferred alternative to institutional care.
2. A practice of maximising the sharing of information across the Child Protection workforce around case management at the district level has been initiated, allowing for local-based solutions to be identified.
3. The quality of ICPs and SIRs has significantly improved support in better decision-making.
4. Two out of ten proposed model CCIs have designated staff specifically to promote and expand Family-based Care initiatives.
5. The sensitisation around gatekeeping and prevention has been prioritised. Many districts are planning capacity-building events on FS and F-BAC with Panchayati Raj Institutions (PRIs).

In 2023, about 45% of the children in Asha Kiran Girls' Shelter Home, Khunti have been reunified in Family-based Care, who have been in the institutional setting for an average of 3-5 years. DCPU and CWC are in the process to link the families with sponsorship and social protection schemes.



Master Trainer facilitating session during CCI staff training

Way Forward for Further Strengthening the Initiative:

1. Attention to enhance budgetary provisions for DCPUs to extend frequent mentoring support to CCIs and conduct follow-up visits with

reintegrated children.

2. Appointment of a designated staff at the JSCPS³ who can regularly supervise and provide operational support to DCPUs for promoting F-BAC.
3. Acknowledge, document, and disseminate district-specific approaches and solutions to establish context-specific best practices around case management.
4. Child welfare and protection committees at the local levels, as guided in the Mission Vatsalya scheme⁴, to be strengthened to sensitise the Govt. frontline workers reinforce their gatekeeping and prevention role to ensure a child safety net in the community.
5. Develop a state state-level media strategy to ensure their accountability in endorsing and promoting the concept of FS & F-BAC through both print and electronic media.

Globally, policymakers, researchers, and development partners are recognising the significance of F-BAC and working towards combating institutional care in an integrated and holistic manner. The ultimate goal is to ensure “A Loving Family for Every Child in Our Lifetime”.

Endnotes

¹*Effects of Institutional Care | Better Care Network*

²https://assets.publishing.service.gov.uk/media/5b9a43caed915d666f681e10/029_Children_in_Care_Institutions_v2.pdf

³*In order to ensure effective service delivery ICPS will be implemented by setting up Jharkhand State Child Protection Society (JSCPS) and District Child Protection Units (DCPUs) as the fundamental units for implementation at State and District level respectively. State Adoption Resource Agency (SARA) shall function as a unit under the SCPS. <http://www.jlcp.org.in/jscps.php>*

⁴*Guidelines of Mission Vatsalya | Ministry of Women & Child Development/IN/dpnep (wcd.nic.in)*

Events and Announcements

Catch up on the latest updates on webinars, trainings and conferences from our network

5th BICON Conference on Alternative Care for Children in Asia | Udayan Care

The 5th BICON was hosted over two days, on 6th – 7th September 2023, in Kathmandu, Nepal.



BICON has been a leading conference focusing on the rights of children and young people without parental care, since 2014. Previously hosted by Udayan Care, it is now delivered by care experienced youth, as well as a coalition of organisations consisting of Better Care Network; Family for Every Child; Forget Me Not, Hope and Homes for Children; Lumos; Save the Children; SOS Children's Villages; Udayan Care. Guided by a care-experienced reference group, care leavers advocated for themselves and spoke up for the millions of young people worldwide who have endured the hardships of institutionalisation. There was an unwavering demand for change.



This event brought together over 400 delegates, both in person and online, including several practitioners, government representatives, academicians, and care

leavers from across Asia who came together to discuss challenges, and best practices and explore emerging trends in care reform and children's rights in Asia. The first day of the conference centred on building momentum for care reform in Asia, with discussions covering topics such as foster care, kinship care, community support, children with disabilities, care reform, culture, and identity. On the second day of the conference, the focus shifted to hearing directly from care leavers delving into discussions on well-being and mental health and implementing systemic approaches to care reform. Another session presented the power of data and evidence in achieving care reforms, which highlighted some key knowledge resources on Alternative Care including the Journal ICB - Institutionalised Children Explorations and Beyond, and publications of India Alternative Care Network (IACN). The day was closed by presenting recommendations arising from the 5th BICON.

Udayan Care also celebrated a milestone: a decade of academic engagement in the ICB Journal's academic engagement. To mark this achievement, a special issue titled "The Evolution of Alternative Care in South Asia over the Last Decade and Way Forward" was launched at this BICON. This special issue provides a real, raw and compelling view of alternative care in seven countries which seek to delve into the multifaceted process of child protection system reform across these nations, thereby examining the challenges, progress so far, and lessons learned from the past ten years providing a direction to the way forward. For the journal, India's piece is contributed by IACN in its paper 'Tracing the Evolution of Alternative Care for Children in India in the Last Decade and the Way Forward'. In an effort to delve into the lived experiences of care leavers, this issue presented a collection of written interviews conducted with care-experienced youth from Bhutan, India, Nepal and Sri Lanka to amplify their voices.

