INDIA ALTERNATIVE CARE NETWORK

IACN QUARTERLY

Issue 8/May 2022

Hello,

Dear Colleagues,

In the 8th edition of IACN Quarterly, we bring to you, field-based practices focussing on gatekeeping, family strengthening, and family reunification, highlighting the strategies towards the deinstitutionalisation of children at risk. These interventions bring out the relevance of community participation and ownership in strengthening family-based care for children. The reflective piece shared by a social work professional articulates the shift in a practitioner's and organization's approach in responding to the needs of children in vulnerable situations. The articles emphasise the importance of life skills workshops to prepare children in care for a smooth transition from institutions to independent living and enable them to access present and future opportunities.

The events section has exciting announcements about upcoming IACN publications, please make sure to check it out.

We would like to thank everyone who helped us put together this edition of the IACN Quarterly.

Please contact us at iacnsecretariat@iacn.in if you wish to contribute any resources, information or articles for the IACN website or newsletter.

Sincerely,

IACN Secretariat

Updates from the field

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

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Call for Peer Reviewers : ICB an Academic Journal on Alternative Care, South Asia | Udayan Care

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A joint effort towards keeping Sabina and her siblings within the community safety net | CINI

Continuing Care for Care Leavers through the Aftercare Outreach Program| Lalit Kumar, Udayan Care

UNICEF/UN0439818/BORO

Knowledge Resources Updates

UNICEF/UN0439862/BORO

Assessing the Impact of COVID-19 and the Support Provided to Youth Leaving Care in India

https://bit.ly/3PoHWxA

UNICEF/UN0122039/ASHUTOSHSHARMA

Home Thrive Scale™ - Case Management Tool towards Preventing Family Separation and Ensuring Children Thrive in Family-Based and Alternative Care Options

https://bit.ly/3PfgWAk

For Every Child, A Family

Resources

Some key additions to our fast growing resource data base

Assessing the Impact of COVID-19 and the Support Provided to Youth Leaving Care in India

By Kiran Modi and Gurneet Kalra ▼

This paper was published in the Youth Journal in March 2022. It aimed to assess the impact of COVID-19 on Care Leavers' journeys and well-being, support received through the Aftercare Outreach Programme (AOP), thereby focusing on identifying and understanding the process and support services that should be considered for the further mitigation of their situation during and beyond the pandemic. It also aimed to highlight the impact of AOP support on their health, housing, education, vocational skills, employment, digital access, and mental health. The study examined the criticality of actions required to aid the betterment of their overall situation with respect to managing their mental health, education, skills and preparing them to cope amidst the pandemic.

UNICEF/UN0439862/BORO

Home Thrive Scale™ - Case Management Tool towards Preventing Family Separation and Ensuring Children Thrive in Family-Based and Alternative Care Options

By Audria Choudhury ▼

Case management can be a complex process where multiple factors must be considered for the safety and well-being of a child in any care option. Miracle Foundation's proprietary Home Thrive Scale™ (now known as Thrive Scale) is a strengths-based assessment tool that makes it easier to identify strengths, risks, and address areas of support within a family home over time.

While many excellent theoretical guidelines exist on proper case management for keeping or reintegrating children into families, there is a gap in practical, comprehensive tools for caseworkers in the field to put these guidelines into practice. This paper delves into how Miracle Foundation's Thrive Scale™ addresses these gaps.

The tool is designed to be used by caseworkers who work directly with children and families through government, private, or NGO agencies. It can be used towards preventing family separation, deciding a child's reintegration option if they are currently in a Child Care Institution (CCI), and for post-reintegration follow up. Reintegration options include: child's biological family/ family of origin, or other family-based alternative care such as kinship, foster care, adoption, small group homes, independent living.

UNICEF/UN0122039/ASHUTOSHSHARMA

Updates from the field

Empowering Children and Youth Living in Care to Become Peer Facilitators of Life Skills Workshops at Child Care Institutions and Aftercare Homes in Madhya Pradesh

By Sheetal Dubey,
Udayan Care, Madhya Pradesh

"I could never imagine that I would be training my own younger sisters on important aspects that touch their lives. Being a peer facilitator is serving as a therapeutic exercise for my inner healing and gives me a sense of being able to do something for children I have known for years"

– 17 years Ruchita[1], CCI girls home, Bhopal

Several studies have evidenced the importance of life skill education programs to equip children and adolescents with the necessary skills that make them resilient. This is especially true for children and youth living in Child Care Institutions (CCIs), where the overall environment is controlled and often lacks attention to individual development.

The project on 'Strengthening Alternative Care and Aftercare systems' in the state is a joint initiative of the Department of Women and Child Development, Government of Madhya Pradesh, the UNICEF state office and Udayan Care. Being implemented since March 2020, the direct work in the CCIs is now showing some positive outcomes. Using innovative engagement methods, over 45 offline and online life skills sessions have been conducted with children and youth across three CCIs and one aftercare home in two districts of the state, namely Ujjain and Bhopal. A customised focused set of life skills modules for children between the age group of 15 to 18 years, residing in CCIs, have been developed, using the rights based approach and a comprehensive framework to develop children and youth as "peer facilitators" for the delivery of these modules.

The main theme of the modules include a thematic focus on identity, rights, legal awareness, physical and mental health aspects, hygiene aspects, managing emotions, effective communication etc. These modules aim to prepare children, 15 years and above, for their transition from CCIs to independent living, with minimal external support. The module's design includes self-learning activities and elements of practice, reflection, and personalisation.

Some life skills modules have also been inspired by 'Umang module components', which were launched for primary students in the year 2017 by the Madhya Pradesh State Education Department, in collaboration with UNICEF to empower adolescents.

Children living in CCIs are mostly found lacking in confidence and communication skills. Focusing on this important life skill, the entire process uses the enablers' approach that encourages children and youth to express themselves and participate effectively in group work sessions. Our trainers use observation skills to identify children as peer facilitators and form peer groups. This helps keep a continuity between different sessions.

Focus group discussions are conducted with identified children and youth who agree to become peer facilitators. After each session, children and youth are given assignments and tasks that they have to complete with the support from peer facilitators.

Children and youth are now seen taking initiatives to conduct workshops on life skills with younger children and feel confident in interacting with their peers in these institutions. As a result of this process, fifteen peer facilitators are now prepared to conduct and lead life skills workshops at any given point in time. This has also witnessed more forthcoming attitudes in children to support each other and a drive to excel and give their best. They now take more ownership of the workshops and other events that are planned in their CCIs. They contribute to the planning and execution of the modules. This helps

Empowering Children and Youth Living in Care to Become Peer Facilitators

them to be informed about the various institutional services. It also equips them to manage their emotions while facing challenges.

Trained in the "Work Life Readiness Modules", peer facilitators in the aftercare home of Bhopal are now able to perform tasks such as, bank transactions, Aadhar updates, etc. They are also actively involved as volunteers in the training programs, which are imparted by the state government, from time to time. They are active members of Yuva Shakti Sangathan, a state-level care leavers' network that was initiated in early 2020.

With time, the project hopes that the 15 peer facilitators will be ready for the complete delivery of these life skills modules and such engagements at CCIs will become sustainable and viable. The staff at the CCIs are also taking

ownership of these workshops. They look forward to them as part of their engagement with the children and youth. The periodic and regular frequency of these workshops enhance the life skills of children and youth through empowering and encouraging pedagogy and contribute to preparing them for smooth transitions from institutions to independent living and mainstreaming in society. The remarkable leadership of the girls, especially in the Aftercare home, is an encouraging trend and will enable them to access existing and future opportunities, to the best of their potential.

Endnotes

[1]*Name has been changed to ensure confidentiality*

A Loving Family for Every Child

A Loving Family for Every Child: Transforming Institutional Care towards Family Based Care in Bihar

By Subroto Chatterjee,
Miracle Foundation India

Background

A movement to ensure that every child lives sustainably in a safe and nurturing family calls for a collaborative approach to bringing about systemic change in child care and protection systems. This calls for strengthening the capacity of the child protection system to:

- prevent separation of children from their families, communities and their entry into the Juvenile Justice System.

- ensure that children in CCIs get reunified with their

biological family or integrated with suitable family & alternative care placement in their best interest.

- ensure that children live in safe family-like environments within CCI as they wait to safely transition into families or family-based care alternatives.

These three domains were covered to a varying extent through a partnership formed between the state governments (Bihar, Gujarat, Jharkhand, and Maharashtra), UNICEF, and Miracle Foundation India in December 2018. The vision was to provide a loving family for every child by reducing the reliance on institutional care, facilitating a transformation of care towards family-based alternative care (F-BAC), strengthening families and communities and this discourse and practice across these four states.

A Loving Family for Every Child

As noted in the figure below, the interactive training curriculum (including 26 training modules for the DCPUs, Master Trainers, Inspection Committees, Juvenile Justice Board and Child Welfare Committee; and 48 training modules for community volunteers, parents, children, and Village Child Protection Committees members) was developed and translated into local languages. The training curriculum and training methodologies were also redesigned for online platforms proactively during the time of COVID 19 lock-down in 2019 and 2020.

Interactive training module
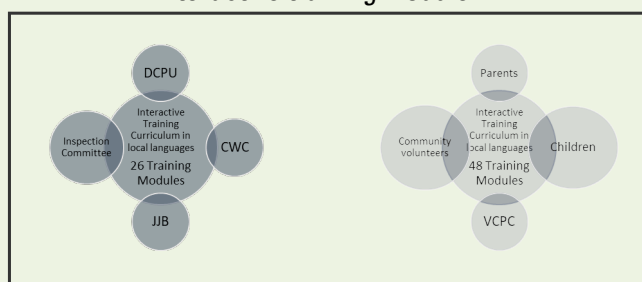
The program covers the purview of the '**Why**' and '**How**' of family-based & alternative care through five steps of transformation[1] of CCIs to Family-Based Care. It includes non-linear steps of engagement, assessment, service design & delivery, transition, monitoring, evaluation & learning. The curriculum focuses on providing hands-on practical exposure, and tools to the participants such as child and family assessment (ICP, SIR), CCI Thrive Scale™, and Thrive Scale™. It provides an understanding of the case management process, gate-keeping, child and family preparation, family strengthening model, the transition of children from CCIs to families, and the importance of upholding the rights of the child within CCIs, while they await family placement.

Progress So Far in Bihar

Through this article, a snapshot of the footprints created in Bihar for the period January 2019 to date are presented.

Anchored in the principles of the UN Convention on the Rights of the Child (UNCRC) and Juvenile Justice (Care & Protection) of Children Act 2015, the program "A loving Family for Every Child" was initiated by UNICEF India, Miracle Foundation India and the Department of Social Welfare, Government of Bihar towards promoting family strengthening and family-based alternative care in the State in January 2018.

Objective

■ To build the capacity of Child Protection functionaries (DCPU, Inspection Committees, CWC and JJB) on family strengthening and family-based alternative care, standards of care in CCIs, restoration, and case management.

■ To build the capacity of functionaries of selected CCIs in family strengthening and family-based alternative care (standard of care in CCIs, restoration, case management etc).

Capacity building structure
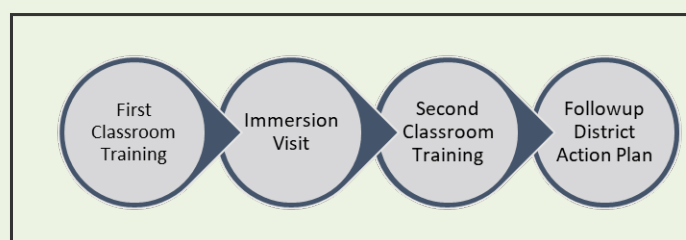
■ The capacity building structure includes two interactive and participative training sessions for DCPU officials. Another important component is the immersion visits where the participants visit the Miracle Facilitated CCIs to understand the practical application of tools/work. This is not a one-time training program, as capacity building structure includes ongoing mentoring and support to the DCPU officials. It is observed that Immersion visits had a lasting impact and post the visits some immediate steps were taken by DCPU officials. One such initiative was the formation of children's committees through democratic ways, by and for the children. Further, this has resulted in ensuring the quality of ICP, SIR.

Delivering Training During COVID-19

■ All in-person training was converted into Virtual Mode.

■ The training curriculum of the entire in-person training has been converted into a small capsule of 90 minutes each.

■ The immersion visit planned for Miracle mentored CCI was modified into a virtual tour where CCI staff and management were invited to present their work.

■ Follow up sessions and mentoring of participants are now done remotely on a regular basis.

A Loving Family for Every Child

Core Strengths of the Program

■ District level Action Plan is prepared by all participant Government officials.

■ Timely implementation and follow up of the District Level Action Plan.

■ Capacity building curriculum in standards of family-based / alternative care is made available during the training program.

■ A select group is identified as a group of Master Trainers.

■ The Master Trainers will play an important role to support all the other trained district officials by creating a road map to build the capacity of officials from local governance systems at the district, block, and village level.

■ The Master Trainers will conduct training and capacity building of CCI staff, including the person in charge/ superintendents, social workers, and counsellors, who in turn will build the capacity of the house parents and children in their respective CCI.

Coverage

As noted in the below figure, over the past three years through this partnership 132 DCPU officials were trained in Family Strengthening (FS), Family-Based Alternative Care (F-BAC) and quality of care in CCIs and enabled an understanding in the four states to strengthen F-BAC for children. The DCPU workforce across four states was trained in the methodology, and tools of upholding, and upscaling the standards of care within a CCI until the children get reintegrated with family and F-BAC options.

Coverage of the program

132 DCPU Officials → 26 Master Trainers → 10 CCIs → 395 Children
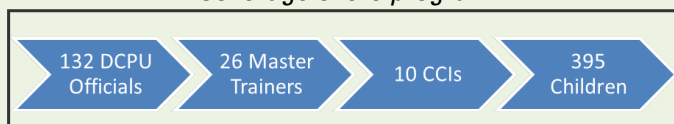
Towards sustainability, a group of 26 Master Trainers have emerged from the group of DCPU officials. These Master Trainers underwent specially designed practical training in Family Strengthening & Family-Based Alternative Care with a focus on integrated case management geared towards safe, permanent reintegration of children with families / family-based care options. The Master Trainers will emerge as a ready resource for the state department to build the capacity of the selected CCI staff across all four states.

The Master Trainers have further built the capacity of 18 staff of 10 CCIs in family strengthening and family-based alternative care with a special focus on integrated case management. The training will be followed by mentoring visits by the Master Trainers. The trained CCIs will emerge as learning labs for practical demonstration of quality standards of care as well as the systematic case management process enabling pathways towards safe and permanent reintegration of children with families and F-BAC options using CCI Thrive ScaleTM[1] and Thrive ScaleTM[2]. The district officials can then scale up this methodology to other CCIs in their districts.

395 children will be covered directly by the Master Trainees however the program might have touched 5000 plus children through DCPUs officials over the last 3 years.

Voices from the Field

Master Trainer Mr Shrinivas, Social Worker, DCPU - Sheikhpura; has been working in the area of child protection and child rights for a long time. After attending a series of capacity building programs, he developed a good understanding of family-based and alternative care.

In his endeavour towards initiating the work of 'Family for every child' in Sheikhpura district, he started the advocacy at the DCPU level particularly, with the Assistant Director Child Protection (ADCPs), sharing the key learnings from the training. His endeavours got rewarded in March 2020 (with the support of ADCP Sheikhpura, Block Officials and Panchayati Raj Institution (PRI). A workshop was organized at the district level on family-based and alternative care. The session was led by the invited guests from the UNICEF State office and Bihar State Child Protection Society along with Mr Srinivas. The workshop was attended by around 40 important stakeholders in the child protection scenario viz; Block Development Officer, Circle Officer, Child Development Project Officer, District Development Commissioner, Assistant District Magistrate, Anganwadi workers, ASHAs, Lady supervisor, Jeevika members, and PRI members.

"The approach and process of preparing Individual Care Plan (ICP), particularly the reference points specified in

A Loving Family for Every Child

Miracle Foundation India's addendum of ICP, was a hands-on useful guidance", commented a DCPU official who learned and practiced the assessment tools during the training.

"We have engaged with stakeholders like CCI staff, CWC members, Police, PRIs, CHILDLINE and created awareness among them regarding family strengthening and family-based alternative care. We are currently working with the VCPCs to identify and strengthen vulnerable families in the community. As a part of family strengthening, we have linked children with the skill development initiatives."- DCPO Purnea, Bihar.

In the steps of transformation towards family-based and alternative care, child and family assessment play a significant role. The addendum to ICP & SIR forms by Miracle India has drawn considerable attention not only from the DCPU official who attended the training but other participants as well. This was referred to by one of the UNICEF partner organizations, Udayan Care, working on Aftercare in Bihar, as they put together the approach of ICP for children in the 15 to 18 years of age group.

Impact of the Program

- Participants from Gaya, Begusarai, Nalanda, Bhagalpur shared that their efforts to effectively fill the SIR and facilitate the reunification of the two children. The participants referred to the addendum in the SIR form as discussed during the training and used the SIR form as mentioned in the JJ Act.

- The participants from Nawada, Madhepura, and Siwan are focusing on gatekeeping through community-based child protection mechanisms. The Social Worker from Nawada is working on strengthening Child Protection Committees. Before the lockdown, she conducted four meetings of Block-Level Child Protection Committees and then conducted the same with village-level child protection committees with the support of Anganwadi workers and the panchayat.

- The DCPU of Seoher district, Bihar has taken the initiative to strengthen the gatekeeping mechanism, the team-initiated awareness campaigns in 20 villages also while linking 100 families at risk with a state-sponsored Parvarish scheme.

- Post Immersion visit, DCPU officials are now aware of the importance of children's committees in CCIs.

Katihar, Begusarai, and Nalanda, the officials have formed the children's club at the CCI level with due permission of the ADCPs. They have also trained the CCI functionaries to effectively conduct monthly meetings and safeguard children's holistic development by ensuring the effective functioning of the child club.

- At Gaya, a Social Worker has trained the Girls' home staff on the standard of care and the importance of children's clubs. Moreover, they are using the Miracle addendum to ICP while filling the ICP form in their daily work and it is helping the team a lot.

- A change in mindset and attitude toward creating a child-friendly atmosphere in the CCI and realization of the importance of family for a child has been observed in the DCPU officials. They have maximized their focus on the restoration of children to their respective families in a systematic way.

- Most of the DCPU officials are doing cross-learning calls to refresh their learning and help each other do their tasks more easily.

- Children affected during COVID are enrolled with Parvarish schemes, Sponsorship schemes, Bal Sahyata Yojna and PM Care by conducting quality SIR and ICP. For eg; DCPU Madhepura has used Miracle addendum SIR and ICP tools to assess the needs and intervention plan for 29 children who are affected by COVID. DCPU Rohtas successfully admitted 46 children who lost their single parent from COVID to a daycare centre at Noor Sarai instead of moving them to the CCIs. They are supported by the Parvarish schemes.

Way Forward

The program will achieve several milestones by enhancing the capacity of CCIs staff towards child participation, and safe and permanent reintegration of children into families using CCI Thrive Scale™ and Thrive Scale™.

The Master Trainers will emerge a resource pool for the state contributing towards enhancing the case management system for transitioning children from CCIs to families and at the same time will support strengthening community-based child protection mechanisms.

The CWC and JJB statutory bodies play an indispensable role in making critical decisions impacting the lives of children. Due to COVID -19 related delays, and changes in terms and replacement of the officials, the focus in the

A Loving Family for Every Child

the next few months will include capacity building of the CWC, JJB officials and Inspection committees across the state.

With the opening of travel among districts and states, the effort will be to actively resume visits by the Miracle team to mentor, and joined hand with the trained DCPU officials in the implementation of post-training district action plans to accomplish district-level FS and F-BAC goals. The intent is to continue collaborating with other UNICEF CSO partners including Udayan Care, Centre of Excellence in Alternative Care in the local ecosystem and DWCDO; and facilitate DCPU officials to build synergy with ICDS, Panchayati Raj and the Department of Education and Health.

Endnotes

[1]Concept of Deinstitutionalisation taken from Hope and Homes for Children

[2]CCI Thrive scale™: Based on the premise of UNCRC, the organization has codified the Rights of the Child with the help of

subject matter experts and developed the CCI Thrive Scale™ which measures how well child care institutions (CCIs) are able to activate each one of the rights for the children in their care such Right to Healthcare, Right to Quality Education, Right to participation and so on…Miracle Foundation India enhanced the CCI Thrive Scale™ to measure in depth the family-based care options under the Right to Live with Family or in a Family-Style Environment (ex: gatekeeping, reunification, follow up, foster care, adoption and other family care options). This advanced assessment tool will enable CCIs to measure their progress toward finding a safe and loving family for every child, when possible.

[3]Thrive Scale™ : Miracle Foundation's Thrive Scale™ is a strengths-based assessment tool that eases the process of identifying strengths, risks, and areas of support within a family to determine a child's safety and well-being in their family setting. The Thrive Scale™ is at the heart of Miracle Foundation's child-centered case management system, which seeks to develop individualized care plans and sound decisions regarding reintegration through active collaboration with the child and family at each step of the process.

Reintegration of Children Transitioning Away from Institutional Care to Families

Reintegration of Children Transitioning Away from Institutional Care to Families: Field Experience from Delhi

Khizar Hayat,
Udayan Care ▼

History of Alternative Care in India is witness to the fact that institutions or residential care have been the first go-to choice for care and protection of children without residential care. At the same time, it is clear that most placements in child care institutions in India are unnecessary. India is now awakening to the acknowledgement that family-based care has far better outcomes for children and their separation from families must be prevented. There is growing awareness that the best place for a child to grow up is a safe, nurturing and loving family, where children can get a steady and supportive environment to develop to their fullest potential.

Gatekeeping is also important in terms of working towards reintegration, which entails proper support in place to reunite them fully with their birth families and reintegrate them into the community. Supporting children and youth who leave care and are restored to their families is imperative if we have to ensure that they do not get re-

separated and fall through the cracks again. This includes intensive preparatory work with children, youth and their family members as well as close and intensive follow-up post restorations. Working to reintegrate children with their families is challenging, but critical in ensuring children's right to live in a family.

In India during the pandemic, several directives were issued by multiple agencies, including the Supreme Court of India, to send children living in Child Care Institutions (CCIs) back to their families. The underlying idea here was to protect and prevent the spread of the virus among children as they stayed in CCIs with little or inadequate provisioning for quarantine. In July 2021, 1,20,169 boys and 1,05,516 girls in CCIs were restored to their families in India[1]. While the Supreme Court was very clear that restoration of children from children's homes to parents/guardians will happen only after individual assessment as mandated under the Juvenile Justice (Care and Protection of Children) Act of 2015, on the ground, this was hardly implemented[2]. The National Commission for Protection of Child Rights (NCPCR), in September 2020, released a directive aimed at district-level authorities (District Magistrates and Collectors) to several states in India to send back children

Reintegration of Children Transitioning Away from Institutional Care to Families

in need of care and protection (CNCP) living in CCIs back to their families[3]. The time given to state agencies was only 30 days. While the intent of all these directives was aligned to the spirit of international and national legislation that pronounce the family to be the foremost protective environment for a child, unless it is not in their best interest, what was questionable was the way these rapid restorations took place on the ground.

Concerned with some of the realities thrown up in the light of this background, Udayan Care, with support from Martin James Foundation, has initiated a pilot project that works to strengthen a small number of families where such rapid restorations took place in India. It aims to evolve a framework for effective reintegration post restorations such that the cycle of unnecessary separation can be broken and the families and communities are equipped with the knowledge, skills and capacity to ensure that all the rights of the children are achieved. In this paper, we bring out a few experiences from the field to identify factors affecting restorations and some possible means to address the challenges faced on the ground in successful restoration experiences. The case studies are of real-life experiences from Delhi with names and details being changed for confidential purposes.

Case Study 1

Saurabh has had a difficult childhood as he remembers not having received much love or affection from his biological parents or extended family members due to his ill health caused by his HIV positive status. His parents passed away when he was very young and since then he has been in different CCIs. Now at 17 years of age, he lives with his grandparents in a semi-urban part of Delhi and has barely completed his studies till class 8th. Having spent almost his entire childhood and growing up years in different CCIs in Delhi, he has been restored to his grandmother, during COVID-19 rapid restorations that took place in Delhi in 2021.

Even as he is back home, he finds it very difficult to emotionally connect with his grandmother or other members of the community. He mostly spends his time all alone at home. His grandparents are both pensioners and receive meagre amounts to sustain themselves.

As part of the project intervention, he has been enrolled in the Delhi State AIDS Control Society for a monthly pension that he is entitled to, due to his HIV. He has also been enrolled in a vocational skilling computer science course and given a laptop as he was very interested to pick up this skill and get into a job soon. Close counselling sessions with him and his caregivers are making the process smooth. He is an active learner who ensures clearing doubts from the teachers, without fail. Towards this end, he has been provided tutoring support by one of our volunteers. It has also brought the power to affect change around him, which empowers him in turn. 'What I can do is to help them break out of old ways – for example, I teach young children from my neighbourhood and work with them on English and computer education and awareness on health and hygiene, remarks Saurabh.

Case Study 2

Sabia, a Burmese refugee residing in Delhi, sent both her sons to a CCI as her husband was prisoned because of petty fights with his neighbours. She always wanted to bring them back but found herself in a helpless situation as she had no means to provide for them. Even when her husband was released and came back, they did not have the strength to bring their sons back. But suddenly, both their children were restored to them amid the second wave of COVID-19 in 2020.

The transition from the CCI to the family has neither been easy for the children nor the parents. Sabia is a

Reintegration of Children Transitioning Away from Institutional Care to Families

special needs lady with disability related to her leg, and her husband has a disability related to his hand. Nonetheless, both of them are determined to care for their sons and have admitted them to school. Through the project's intervention, they are getting a monthly pension from the UN Refugee funds. To make ends meet, they collect junk and scrap on weekdays and sell it in the market on the weekends.

Sabia is now being trained under the project as a community champion to spread the message that families must keep their children close to them and educate them well. She feels it is the responsibility of the parents to show them the right path and to give children as much love, care, and provision as possible.

What is apparently clear from the case studies is that no restoration must happen without a comprehensively documented assessment of whether the root causes that led to family separation have been adequately resolved, and whether restoration is in a child's best interests. Another learning is that every restoration order must be backed by a full plan of action for reintegration and follow up, with clear roles being assigned to child protection functionaries. Working with the child and the family is important for the state machinery so that a convergence model can be followed that allows the child and the family to access and avail the benefits of the various social protection and welfare schemes of the state governments.

Endnotes

[1] *Times of India, Nearly 64 % children in child care institutions restored to families since SC order in April*
[2] *Children To Be Restored From Children Homes To Parents/Guardians Only After Individual Assessment As Per Juvenile Justice Act : Supreme Court*
[3] *NCPCR directs 8 States to send children in child care homes back to their families*

Community as a Protagonist for Gatekeeping and Prevention

Community as a Protagonist for Gatekeeping and Prevention

By Subroto Chatterjee,
Miracle Foundation India

The United Nations Convention on the Rights of the Child (UNCRC) views the community as the most crucial place for optimal child development and their attainment of rights. The child's primary environment is his / her family and the wider community. They are best placed to identify concerns and respond early to them to reduce any negative impact on the child's development.

In a country like India, poverty and social exclusion are considered to be primary reasons for the separation of children from their families, and for landing up in the child protection (CP) system. Psycho-social and economic pressures and circumstances of a family often lead to family disintegration and child Separation.

One of the objectives of the Child Protection Services Scheme (Previously known as Integrated Child Protection Scheme) is to strengthen child protection at the family and community level; equip families and communities to identify risks and vulnerabilities affecting children; create and promote preventive measures to protect children from situations of vulnerability, risk and abuse.

Miracle Foundation India (Miracle) has taken cognizance of this by engaging with the community and facilitating the activation of community-led Child Protection Committees to strengthen families and prevent the separation of children so that they do not land up in the child protection system in the rural and urban areas of Gujarat and Maharashtra respectively.

In October 2019, Miracle in the joint partnership with UNICEF India initiated a pilot project of family and community strengthening (aimed at prevention & gatekeeping) for DWCD in Maharastra including Ramnagar and Pune, and the Department of Social Justice & Empowerment in Gujarat in the Chhota Udepur. Deepak Foundation is implementing the projects at both sites.[1]

Community as a Protagonist for Gatekeeping and Prevention

Strategy and Approach of Community

Identifying and preventing children at risk of being separated from their families requires a robust approach to family strengthening through a broad range of support measures for the individualized needs of children, families, and communities which is very different from other community development programs. The program focuses on strengthening the community ecosystem which includes Village/Ward level Child Protection Committee, Children's Committee and Family Strengthening Program.

It addresses the major child protection issues such as preventing child labour, school dropouts, child marriage, trafficking, preventing children from getting into crime and children's entry into Child Care Institutions (CCI).

Components of program
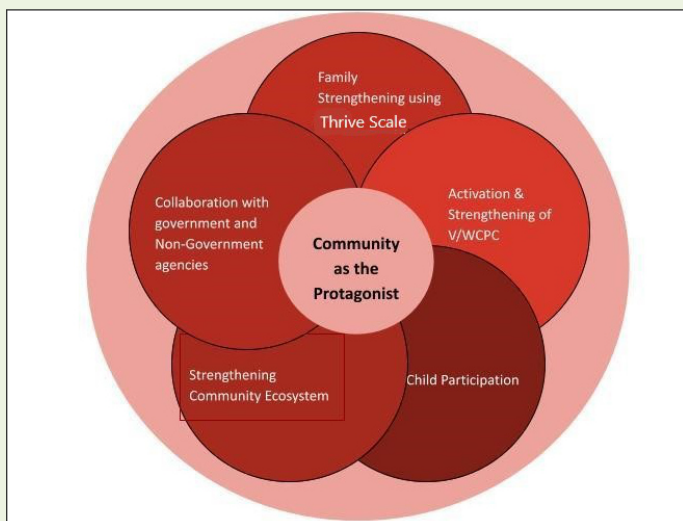
As represented in the above figure "components of the program", at the core of the program is the community as the protagonist. The main strategies of the program are as follows :

- Identification of potential geographical areas (in collaboration with the State Child Protection Society, gathering data from CWC) where the intervention in the protection of children and family strengthening is required

- Need assessment and identification of vulnerable families through vulnerability checklist

- Family Strengthening using Thrive Scale™ [2]

- Activation & Strengthening of Village /Ward Child Protection Committees(V/WCPCs) for them to take charge

- Encouraging the participation of children

- Strengthening Community Ecosystem - engaging with community volunteers, collaboration with formal and informal community level workforce i.e. ASHA, ANM, V/WCPC and Bal Panchayat members.

- Collaboration with government and Non-Government agencies including Leher, I-call (TISS) etc. for technical support.

- Capacity building of Community Volunteers (CVs) through Training of Trainers (ToT), in Life Skills Education, Psycho-Social Support, Parenting Skills and Teachers' Training.

- Efforts are made to ensure community ownership by involving them in every step of the program such as planning, implementation and monitoring. Under the technical guidance of Leher (NGO), some of the tools such as problem tree analysis[3] were used for categorization and prioritization of the issue, and involving the community not only to identify the issues but also to prepare a plan to solve the problem. Community views and needs are given due weightage in all aspects.

Initiatives taken to enhance community participation and ownership:

- Open discussion in Gram Sabha and Ward level meeting on community engagement
- VCPCs were formed through public participation and democratic way, representatives from vulnerable communities are involved in the V/WCPC
- Involvement of DCPUs and SCPS in formation of W/VCPC and regular interaction
- Involvement of community in implementation of tools i.e problem tree analysis and Thrive Scale
- Engagement with CV's in program activities, such as interaction and follow up with the vulnerable families, gather information for linking the families with the appropriate schemes etc.

# Community as a Protagonist for Gatekeeping and Prevention

The project team of Deepak Foundation built a good rapport in the community and families were identified through community mapping, detailed key informant interviews and FGDs. A total of 144 vulnerable families at risk were identified. The Thrive Scale TM was used for baseline as well as for follow-up throughout the project period with the children and families as represented in the below figure.

Average scores obtained through Thrive Scale™
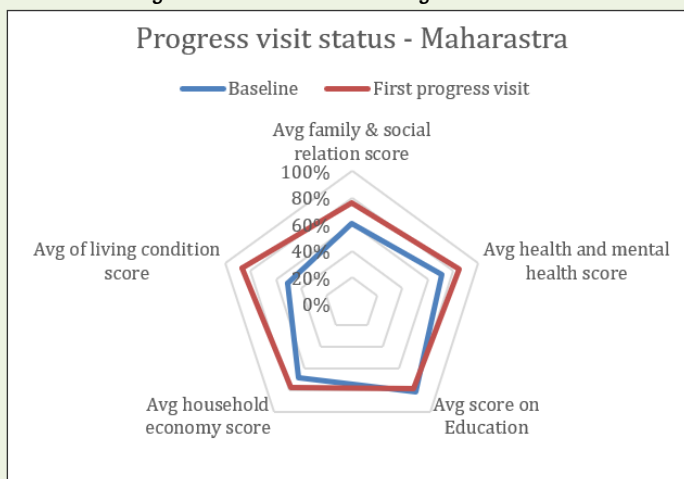
The above figure represents the average score of families for five well-being domain such as family & social relations, health & mental health, education, household economy scores and living condition. The average score is for a total of 59 families in Maharashtra. The blue line reflects the baseline score (January 2020) and the red line reflects the first progress visit scores (March 2022).

Average scores obtained through Thrive Scale™
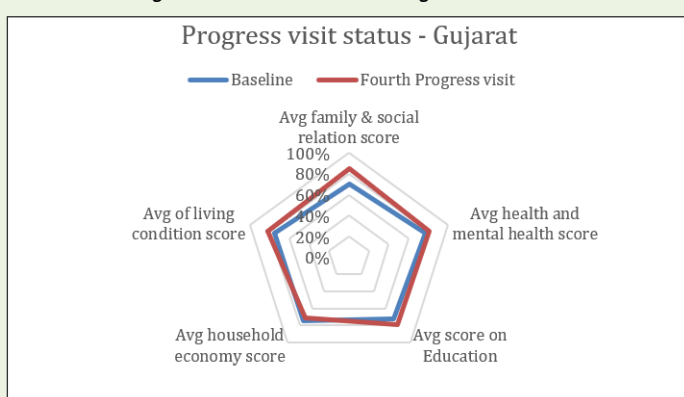
The above figure represents the average score of families for five well-being domain such as family & social relations, health & mental health, education, household economy scores and living condition. The average score is for a total of 85 families in Gujarat. The blue line reflects the baseline scores (January 2020) and the red line reflects the first progress visit scores (March 2022).

Impact Stories from the Field

Ujaliben Udesinghbhai Rathva (60 yrs) lives in Gungavada village with her granddaughter Maya. Ujaliben's three sons were the only support after she lost her husband Udesingbhai. After marriage, all of them started living separately with their family. Ujaliben stayed with her second child Manharbhai and his wife Meenaben. Due to an unknown disease, Maya lost her mother Meenaben when she was just 45 days old. The family's condition was very poor so much that Ujaliben was compelled to borrow milk for Maya from her neighbors.

After some time Manharbhai (Maya's father) suffered from severe skin disease. Even after consulting doctors and taking medications, there was no recovery and at the end, he too passed away leaving Maya and Ujaliben on their own. All responsibilities came to Ujaliben, but she raised Maya with all love and care. Now Maya is 4 years old and getting all the support from her grandmother. The Community Volunteers came to know about this child and they met Ujaliben along with the Development Promoters (outreach workers). The volunteer, who is also a VCPC member, presented the case in the VCPC meeting. VCPC decided to immediately take action in this case as Maya was at a great risk of being separated from her family. An intervention plan was prepared with the help of Thrive Scale™ in consultation with Ujaliben. Further, Ujaliben was helped in obtaing the Government's scheme 'Palak Mata Pita Yojana' (PMPY). Deepak Foundation team and the CVs had dialogues with Ujaliben's elder son Raghubhai to support them. Now Maya stays with her uncle and grandmother. The family was helped in obtaining basic documents required for the Palak Matapita Yojna. Maya's application was submitted and all the documents were verified by the government officials. Now Maya gets Rs.3000 per month as financial assistance under PMPY. (Note: Names have been changed)

As a step towards sustainability, the Village/ Ward Child Protection Committee (V/WCPC) and Bal Panchayat were activated and formed. A series of capacity building programs were organized by Leher for the Miracle and Deepak Foundation teams on the activation, functions, assessment, and monitoring of V/WCPCs. The initial meetings with the V/WCPC members focused on rapport

building, awareness of child protection issues, and identification of the issues by using interactive tools such as problem tree analysis and building knowledge on their roles and responsibilities. With the help of the problem tree exercise, issues of lack of livelihood, and school dropout were identified by the V/WCPCs however they took time in identifying issues related to child protection. Once issues were identified, the V/WCPC members identified the stakeholders (SMC & PRI) and coordinated with them. They also took initiatives in motivating children and parents for resuming school. The parents were linked with MGNREGA scheme. Regular meetings are being organized with these groups at intervention areas. CVs are also involved in the meetings to create awareness and ownership of child protection issues. A self-assessment exercise was done by the V/WCPCs under the guidance of the project team. A need has been felt to have continued dialogues on enhancing the understanding of their roles and responsibilities. However now the discussion has moved towards child rights and protection issues and solutions through the problem tree exercise.

S. No	Milestones achieved		
	Activities	Gujarat	Maharashtra
1	Families at risk identified	85	59
2	Community volunteer identified	30	19
3	W/VCPC formed	3 (33 members)	1(11 members)
4	Balpanchayat formed	1(35 members)	1(30 members)
5	Parents trained in parenting skills	99	133
6	Children trained in LSE	235	250
7	Volunteer trained in LSE	21	20
8	Teachers trained on teaching methodologies	9	6
9	Volunteers trained in Psycho Social Support	11	10
10	Volunteers trained in health, hygiene & first aid	20	15
11	Children trained in Leadership training	29	26
12	One window awareness camp	4	3
13	Number of vulnerable families linked with social protection schemes and services	603	113

Key Learnings

Community ownership is the key for the sustainability of the program which can be done by engaging and involving community from the initiation of the program. It requires a community centric approach where communities are encouraged to talk about their problems, causes and solution of the problem.

NGO representatives can play the role of a facilitator, while following the bottom-up approach with the community.

Data analysis/finding of need assessment should be discussed with the community to ensure their partnership and ownership for the program.

Power politics and community dynamics are different from community to community, therefore more time needs to be invested to understand about each of the areas and in building strategies accordingly.

Networking & convergence of different government departments' representatives like Child Development Protection Officer, Police, Auxiliary Nursing Midwife etc will be helpful to scale up the WCPC committee and boost the confidence of the members.

CVs help in sustainability of the project, but consistency in the volunteers' group is also important. Hence, a set of volunteers should be part of the project throughout.

Way Forward

Miracle will continue the efforts to strengthen and scale up V/WCPC, develop a road map for initiating and sustaining the Bal Panchayats process as a model of child governance, collaborate with village/ward level formal and informal institutions and leverage technology for family strengthening Initiatives.

About the Author

Subroto is a passionate development professional with 15 years of hands-on experience in different development issues i.e. public health, disaster management, education, protection, and

Community as a Protagonist for Gatekeeping and Prevention

child rights, and has been working with children and youth in difficult circumstances such as street children, for the rights of children of sex workers, children affected by Tsunami, children in conflict with low, children infected and affected with HIV/AIDS and Orphans and vulnerable children (OVC). He leads " A loving Family for Every Child", a joint partnership program with UNICEF India and the state departments across four states Maharashtra, Bihar, Jharkhand, and Gujarat as a Sr. Program Manager.

Endnotes

[1]Deepak Foundation is a registered civil society organization with pan India presence in five states i.e. Gujarat, Maharashtra, Jharkhand, Telangana and New Delhi. The core areas of interventions are: maternal and child health care services, education, livelihood promotion, preventive, promotive and occupational health services through hospitals and mobile health units, capacity building and skills promotion supported with evidence based research and evaluations.

Deepak Foundation is the implementing partner of Miracle Foundation India in Maharashtra and Gujarat. DF in partnership with Miracle Foundation India is implementing this program in Maharashtra and Gujarat.

[2]Thrive Scale™ The tool is used to assess the family situation to determine what would be needed for the family to support the child returning home. It can also be used to assess families at risk of separation, or for foster care/adoption or other family placements. It is an effective tool to measure, monitor and evaluate placement success over time for capturing improvement based on outcome indicators. The tool looks at areas of concern under five well-being domains regarding the family and the child, and make plans to help the family address them.

[3]Problem tree analysis (also called Situational analysis or just Problem analysis) helps to find solutions by mapping out the anatomy of cause and effect around an issue in a similar way to a mind map, but with more structural way. The exercise was done by community and W/VCPC members.

Deinstitutionalisation: Interventions of ARUNA in Odisha

Deinstitutionalisation: Interventions of ARUNA in Odisha

By Susmita Bhoi,
ARUNA

Globally, millions of children live outside of family care and without the love and nurturing of family members. Research shows that 80-90% of these children have a living parent, many of whom would prefer to care for their children if they had the resources to do so[1]. Although child care institutions often meet the basic needs of children, such as food and clothing, many children do not receive the attention and love that only a family can provide. Research has shown repeatedly that institutional care causes long-term negative effects on children's cognitive, physical, emotional and intellectual development.

Based on the research, Catholic Relief Services (CRS) started a pilot project (Changing the Way We Care) in collaboration with ARUNA in the Ganjam district of Odisha. The project areas for intervention were identified in consultation with District Child Protection Unit (DCPU), based on the trend/flow of children to the institutions. The project worked on both prevention and reintegration aspects of deinstitutionalisation.

Preventive/Gatekeeping Components of Deinstitutionalisation

Meetings were held at community level to make the community aware of the role and relevance of Village Child Protection Committees (VCPC). The VCPC were constituted, including PRI members, SHG members, community leaders, School Management Committee (SMCs) and two adolescent members (including one boy and one girl).

> " After formation of VCPC, we came to know that children have also rights -
> VCPC member "

Once the Child Protection Committees were formed at the village level, they were oriented on gatekeeping and parental roles. The VCPCs collaborated with SMCs for setting up gatekeeping systems and mechanisms at the

Deinstitutionalisation: Interventions of ARUNA in Odisha

village level. It was observed that irregular attendance of teachers and lack of quality education in the local schools was becoming a push factor for parents to send their children to Child Care Institutions (CCIs). Hence, VCPCs engaged with SMCs to develop strategies aiming to strengthen education at the village level.

> "We met with the Block Education Officer regarding the irregularity of teachers in our village school and after our visit, school teacher are regularly coming to school."
>
> VCPC member

In order to financially enable the families to provide for their children, they were oriented about different schemes related to housing, food security, pension schemes such as Madhubabu Pension Yojna, and were helped to get linked to these schemes. Barefoot counselors were identified from the communities and trained to provide counseling to children and parents on risk, crisis management, etc. Sixty barefoot counsellors were identified across twenty villages.

Mass awareness campaigns on children's right to family, were conducted across the intervention areas to reach out to adolescents, youth and parents. Alongside, the community was sensitized using project developed video documentary "My Home" on negative impact of Institutionalization and positive outcomes of Family-Based Care in the local (Odia) language. Parents, guardians as well as, VCPC members and community leaders were oriented on the laws and policies related to children including the JJ Act, Child Protection Services Scheme etc. They were also informed on issues of child abuse, importance of family for children and alternative care concept. Children were trained on child rights, and made aware of issues of child abuse & exploitation, good touch & bad touch etc.

District level multi-stakeholder consultation meeting was organized with the objective, to raise awareness among the stakeholders about the negative impact of institutionalization, explore alternative family care models, and prepare action plans for the children in vulnerable situations in the Ganjam district. The project adapted three global protection tools (i.e. Tree of Life[2], Journey of Life[3] and Singing to the Lions[4]) to the Odisha context.

The Reintegration Component of Deinstitutionalisation

Reintegration is a process by which children in institutional care return to the care of their family of origin, other relatives, or non-related caregivers. Reintegration also applies to older youth who return to the community to live independently. It requires preparation, linkages to services and support, and ongoing monitoring. Changing the Way We Care, has supported CCIs to work with children on their reintegration plans from the very first day of a child's placement in a CCI. CCI staff are trained in preparating and monitoring of the Individual Care Plans (ICPs) and Social Investigation Reports (SIRs) as a first step towards reintegration of children. CCI staff have been trained on child rights principles recognized by the Juvenile Justice Act and the Integrated Child Protection Scheme, and their role and responsibilities in implementing the Child Protection Services Schemes (Earlier ICPS) at the district level.

The project involves key stakeholders – including DCPUs, Child Welfare Committes (CWCs), and the Social Welfare Department to mobilize services and entitlements for family strengthening. Staff from CCIs and DCPUs have been trained on alternative care concepts, and have better skills in preparing SIRs and Child Protection Services Scheme, and improved skills in providing trauma-informed care.

Under the project 11 children (Girls-7; Boys-4) have been deinstitutionalised and reunified with their families with project efforts. They all are in regular follow-up of the project staffs. All the steps and process of case management were followed for reintegration of the children. 'Welcome ceremonies' were organised to facilitate children's interaction and bond with the

community after their return from Child Care Institutions, and to increase community's acceptance towards the children. The VCPCs took up responsibility to check on the children, regarding their education and well-being. After child's restoration into their family, the case management officers and community organisers of ARUNA conduct regular home visits, once in a month for two years to keep a check on children's health, education, protection issues etc. After two years monthly telephonic check-ins are made, along with need-based home visits. Parents and families have been oriented on different government schemes and linked to them, to financially enable the families.

With the project interventions in place, child protection stakeholders, communities and families have begun to think along the lines of non-institutional family-based care over institutionalization (which was earlier a common resort to address issues related to vulnerability of children or lack of adequate educational support to children in the communities).

The project has now expanded and in collaboration with the District Administration and nine more districts have been added. Furthermore, while earlier the interventions were focused on the prevention and reintegration aspect of deinstitutionsation, the scope of the interventions have been extended to cover other means of family based non-institutional alternative care for children who are parentless or lack support from their biological family.

Endnotes

[1]*https://www.crs.org/our-work-overseas/program-areas/youth/changing-the-way-we-care*

[2]***Tree of Life,*** *is a tool on psycho-social support helpful to understand the challenges and capabilities of a child, social setting, connection with people. Through the process the children will explore their inner strength and map important people in their life, especially those that have contributed to their development and growth; which also helps them to cope with and overcome the feelings of loneliness and isolation and thereby increase their confidence to respond to challenges and enhance their feeling of belonging.*

[3]***The "Journey of Life"*** *curriculum of workshops are designed for communities wishing to support children in need and their caregivers. The Journey of Life workshops come with both a Facilitator's Guide and a Community Implementation Guide for community instructors, and several short workshops on parenting skills, preventing human trafficking, and preventing child abuse.*

[4]***Singing to the Lions,*** *is a facilitator's guide to overcoming fear and violence in our lives! This guide is for children and youth eight years and older who have experienced or witnessed violence in their family, school or community. It aims to help children and youth develop the skills and resilience to respond effectively to fear and violence in their lives.*

Changing the Way to Care for Children: A Paradigm Shift

Changing the Way to Care for Children: A Paradigm Shift

By Anup Kishore Sahay
AARAMBH, Madhya Pradesh

A Successful Reunification of Children to Families from Child Care Home

Abstract

Indian society is collectivistic and promotes social cohesion and interdependence. The traditional Indian joint family, which follows the same principles of collectivism, has proved itself to be an excellent resource for the care of the children in any circumstances. However, society is shifting with one of the most significant changes being the disintegration of the joint family and the rise of the nuclear family system.

In today's changed scenario, family units have disintegrated and become isolated form the extended family. This leads to a decrease in support and interdependence, negatively impacting families in times of crisis, and making children vulnerable.

Understanding Child and Family-Based Care System

In challenging living conditions, children feel safer and protected in the presence of family members. Separation of children from their families may lead to trauma, which impacts physical and mental health causing trauma responses such as anxiety, behavioural changes etc. Therefore, children who are separated from their primary caregivers need additional and specialised care and support.

Working with children while keeping in mind their best interest

- Treat the child with dignity and ensure other duty bearers do too
- Identify and address cases of ill-treatment
- Ensure a safe home for every child
- Listen to children, ensure effective functioning of Child Protection System

Changing the Way to Care for Children: A Paradigm Shift

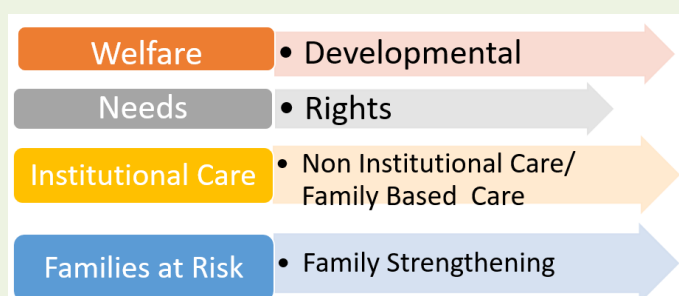## Why institutional care should be the last alternative

It is universally accepted that even the best institution cannot substitute for the nurturing care that a family can give to a child. However, there are some children for whom that may be the only option.

- Lack of individual attention, one-on-one caring and interaction makes it difficult for a child to feel secure and bonded to a caregiver. There is often a frequent change in staff in CCIs due to high staff turnover. This effects Child and CCI teams' relationship and bonding, leading to a sense of emotional isolation and insecurity in the child.
- Inability to form lasting, meaningful relationships.
- Due to the psychological, emotional and nutritional deprivation these children may also show poor academic performance, and other behavioural problems.
- The "Institutionalisation Syndrome" sometimes manifests in form of low child self-esteem which may reflect later in inter personal relationships of child.

Reasons for de-institutionalisation through family strengthening programmes

- Only a small minority of children living in children's homes are parentless. A majority of the children are placed in CCIs due to the guardians /parents' inability to care for them. These children can be reintegrated into their families, through de-institutionalisation.
- Children can be restored to their families, through a programme of financial and social support through family strengthening schemes.
- Gate keeping policies and practices are essential if institutional care is to be used as an appropriate and last alternative. Minimum use of institutionalisation and rationalising residential care is essential.

A paradigm shift in delivery system is important

Welfare	• Developmental
Needs	• Rights
Institutional Care	• Non Institutional Care/ Family Based Care
Families at Risk	• Family Strengthening

Recognising the right of a child to a family, all child protection programmes must try and ensure that the physical, social, emotional and educational needs of the child are met in a secure, nurturing family environment. Therefore, a paradigm shift in required in delivery system.

Why family based care system for the children living in an institution is important

As per the UN Guidelines, every child has the right and entitlement to grow up in a family. It clearly states that -

> "Family is the fundamental group of society and the natural environment for the growth, well-being and protection of children, and efforts should be primarily directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members."

Family Based care – A Rights Based Approach

Child rights approach in the family, school and community

Child Rights: "Rights" approach is an acceptance of the legal and moral obligation of the state and its institutions to fulfil Its duties and responsibilities towards children.

Family: The family is the core unit of society and the major source of development of children. It provides nurturance, emotional bonding and socialization. The family structure, composition, practices, interactions, relationships and environment all contribute to child development.

School: The system of education must focus on the development and empowerment of children and aim towards achieving equity and social justice. Focus needs to be given on enrolment, retention and quality standards of learning and strengthening the local school system.

Community: Implementation of child rights movement in the community. This can be done through dissemination of information, awareness generation, training, documentation, publication, networking, policy development, mobilising resources and monitoring the progress of children.

Status of children in Madhya Pradesh

NCPCR data[1] shows that there are 2.38 lakhs children living in institutions in India. There are 5,984 registered and 1,422 unregistered Child Care Institutions (CCIs) in the country.

Changing the Way to Care for Children: A Paradigm Shift

Among States/UTs, Madhya Pradesh has been the highest in years 2016, 2017 and 2018 with 8,503, 10,110 and 10,038 with respect to the number of missing children reported during the given years[2].

**AARAMBH MADHYA PRADESH, SUCCESSFULLY REINTEGRTED 36 CCI CHILDREN TO FAMILIES:**

AARAMBH believes that a safe and secure family provides the optimal environment for the growth and development of children. We consider the family to be the most important source of love, attention, emotional support, material sustenance, and moral and spiritual guidance in a child's life. Parents are a child's very first teachers, holding primary responsibility for child protection, growth, education, and development.

AARAMBH strongly feels that a Child Care Institution is not an appropriate place for a child because most of the children living in residential care have families. Children who have lost one or both parent can live with the surviving parent, family members (such as older siblings), or other family members (such as grandparents). Keeping this in mind in the best interest of the children, we have taken a decision in consultation with Miracle Foundation, during the 'Inspirational Dialogue Meeting' held in New Delhi Office on 23rd August 2018, to reunify children living in CCIs with their biological parents or close family members by using a proper planned reunification process.

By adopting the tools of case management process, identification of needs, regular meetings with family members and children, the transition of 36 children was made possible in the span of two years. Most importantly, families who are willing and able to provide loving and supportive care for them are the key to success. Every child's needs and circumstances are unique, therefore the AARAMBH team worked with each individual child and their families to ensure the 'continuum of care' was maintained by mapping the Risk Management Process. We were able to finally place children in family-based options which were carefully matched to each child's best interests. These options included:

- Reintegration: This was mostly done into the family of origin,

- Kinship Care : Children were placed within extended family

Reintegration steps followed during the safe reunification process
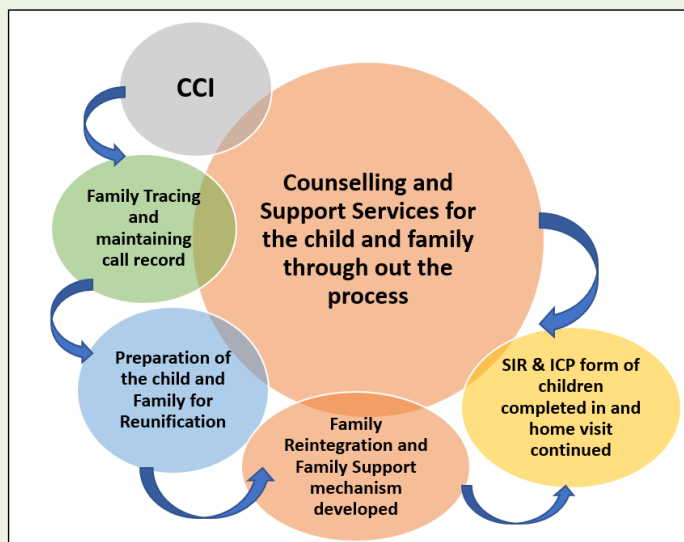
AARAMBH has a very clear approach with regard to the roles and responsibilities to provide services to the families and children not just in isolation, but rather to build strategic partnerships that connect children and families to existing government services to work together to identify and address the gaps. These services include healthcare; education and social protection; employment and housing services; and other specialized services such as childcare, disability services, mental health counseling, etc. Advocacy is very challenging but there is a need to create and develop an advocacy plan in the best interest of children.

Understanding the Local Community and Resource Mobilization while reunifying the children to families
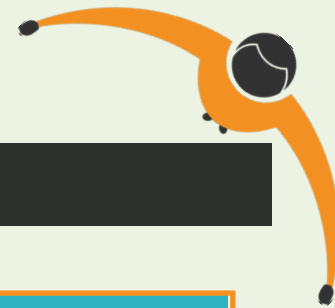
Communities have many strengths and assets that can help families to provide for their children. One of the identified challenges with institutional care is that it tends to remove and isolate children from their communities. For the successful transition of children back into families and communities, we should mainly determine what services and support systems are in place, who provides these services and the gaps in services which need to be addressed prior to transition. It was followed and done by AARAMBH team within the time period.

[1]https://www.smilefoundationindia.org/Media/child-rights-and-education-nov-14-20.html

[2]https://ncrb.gov.in/sites/default/files/missingpage-merged.pdf

Case Studies

In depth studies of our fellow members

A joint effort towards keeping Sabina and her siblings within the community safety net

-By CINI

The 9-year-old girl, Sabina Khatun*, from Patirajpur GP, Itahar block, Uttar Dinajpur, lost her mother to COVID-19. Sabina has an elder brother, Aktar, who is visually impaired, and a younger sister, Saiba. Sabina and her siblings were left in the care of their father, who abandoned them. The children are presently staying with their grandmother. In this situation, Sabina and her brother started begging from village to village as their grandmother could not feed the three mouths. CINI identified the siblings by using the digitised community tracking tool and brought them to its response radar to prevent them from becoming child beggars and slipping out of the community's safety net. The team discussed the issue with the Block Development Officer of Itahar Block, which led to linking the family with general relief support for one year. This support ensured food security during the pandemic crisis. Alongside, Sabina's brother Aktar was supported in availing benefits under the disability pension scheme of the West Bengal government, where CINI facilitated the entire process of obtaining the benefits in terms of conducting medical check-ups, issuing the disability certificate, and submitting the application form. Further, CINI made an effort to link Sabina and her sister Saiba to the preventive sponsorship program by referring their names to the respective Block Child Protection Committee. These girls will further be referred to the district level, where CINI will advocate for approval from the Sponsorship Foster Care Approval Committee for the sponsorship of children in need. Meanwhile, the team admitted them to the local school where Sabina and Saiba were enrolled in class V and class III respectively, as their age-appropriate education is concerned. Periodic follow-ups are being made for the children to track their progress. Presently, both the girls are attending school and their brother is also receiving the scheme benefits for disabled children. The case study is a witness to the importance of early gatekeeping and response to ensure the retention of children within the family and community safety net.

*Names have been changed to maintain confidentiality

Continuing Care for Care Leavers through the Aftercare Outreach Program

By- Lalit Kumar, Udayan Care

Nimesh*, today is employed at *Haldiram* in Delhi. This has been made possible after consistent counseling, mentoring and handholding of the youth who is just 19 years old.

Nimesh has spent a big part of his childhood in formal child care institution in Delhi and had to leave care when he turned 18 years old. He was onboarded in the flagship Aftercare Outreach Program (AOP) of Udayan Care, Delhi chapter, that was launched in the beginning of 2020, amidst COVID-19, with the goal of mainstreaming young persons like Nimesh, towards sustainable independent living.

Udayan Care's AOP is supporting 173 youth in 4 states of India, with support from multiple partners.

The Delhi AOP team is now working with Nimesh to find him an independent living arrangement and to skill him with life skills, including home and financial management. These skills are found lacking in children who exit the childcare institutions in India. With the absence of a family around him to support him, being a child without parental care, Nimesh and many youth under AOP like him, need close and continued support in the form of aftercare, which is strongly mandated in the juvenile laws of India, but is poorly implemented.

AOP encourages the youth to pursue their dreams and matches their interest and skills with livelihood options. N loves cooking and used to assist the staff in making food when he was at the children's home. At *Haldiram*, he is hopeful that he will be able to make his future in the Food Production line. The career guidance sessions taken by Nimesh has helped him in his career progression plan that will enable him to become a professional in this line. N feels that the 6-month Multi-Cuisine Cooking (Food Production) course that he completed with AOP support, relevant guidance and a continued source of financial support in form or pocket has set him on his path to success.

The continuum of care approach underpins the philosophy of AOP as it provides ongoing support needed by young people after leaving care. Over its two years of journey, the project has a better in-depth and hands on understanding of the demographic backgrounds and care experiences of this group of care leavers and of their specialised transition needs. It is also gaining a practitioners' view of the challenges posed by the nature of the existing policy and law and what is needed to improve the outcomes for young people transitioning from out of home care in India.

As the project engages with several childrens' homes, It is found that many practitioners believe that leaving care planning is inadequate and that this contributes to poor transition and poorer adult outcomes. The biggest concern for practitioners is the lack of appropriate housing for young people leaving care and lack of inter-agency collaboration between child protection and government services. At the end of it, without interventions like AOP, the young care leavers are nobody's responsibility, as also found in the "Beyond 18" study on aftercare, published by Udayan Care in 2018.

*Names have been changed to maintain confidentiality

Perspectives

Commentary, Analysis and Insights

Experience Sharing on Family-Based Alternative Care Model of caring for children in Need of Care and Protection

Isaac Arulappan,
DKSHA Cornerstone, Tamil Nadu

It was way back in 2013 when I was looking for funding partners to bring in support for education for the children in our organization DKSHA Cornerstone's care. I remember hearing about Miracle Foundation from one of my friends and decided to connect with them. The next thing I was doing was writing an expression of interest and the rest is history. With, eight years of a strong association to empower children to the best of their potential, we have been partners in the real sense of the word.

Having come from a humble background, I lost my parents at the age of ten. I was fortunate to have the opportunity to be raised in St. John's Boys' Town Orphanage Society under the care and support of the Montfort Brothers of St .Gabriel. I was provided with shelter, food, clothing, medical, and educational needs till I completed my graduation in Physics at St. Joseph's College, Tiruchirappalli in Tamil Nadu State, South India. Reflecting on the years I spent in institutional care, I decided to dedicate my life to children without parental care and the marginalized children in the nearby local communities. Close friends joined hands with me to help children access better education. Gradually, we expanded our work from institutional care to community programs and beyond. Support began pouring in and the zest to do better for the children became stronger.

Initially, when we began work with Miracle Foundation, our focus was to provide quality and enhanced standards of care to children in institutional settings. We strengthened our systems, tracked every intervention, empowered children with their rights, and also enabled the support staff to provide quality care. In 2018, Miracle Foundation team shared their commitment to joining hands with the global movement for ensuring a family for every child, in our lifetime. It was the time to re-think what I wanted for these children and if there was a way, I 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 but it was crucial. In the primary stage, our Board Members and those in our Organization'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, our Board Members and most of our sponsors and donors affirmed that the Child Care Institution model is the only safest way to retain all our sponsors and donors. Having understood the basic fact that, most of the children have both of their biological parents, or have a single parent (father or mother), we engaged in rounds of discussions with Miracle Foundation on strategies and tactics that can be utilised for reintegration and family strengthening.

After a deep dive, with the Board Members, staff, children and parents/legal guardians of our children, we worked and re-strategized our vision along with that of our funding partner Miracle Foundation. For the past two years, we have been working together towards the transition of children from CCI model care to the family-based/ alternative care model.

Transition is a robust process, that is non-linear in nature, as each child and family is different. To make this happen, we followed a structured[1] six-step Case Management Process (CMP) for each child as guided and mentored by the Miracle Foundation team. A team of social workers, Program Officer and Outreach Worker, worked on each child's case carefully, conducted assessments, identified needs and planned short term and long term interventions. Interim financial support was provided in some areas, children were supported for education, and most importantly families were made aware of different schemes, and programmes and linked with these schemes to avail benefits.

Experience Sharing on Family-Based Alternative Care Model

In this way, Cornerstone has been able to reintegrate 149 children back into their families with the order of the Child Welfare Committee. This was done through the Case Management Process which involved regular post reintegration monitoring using the Thrive Scale Methodology which aims at a strength-based assessment tool. The tool has milestones based on five[2] well-being domains that are measured on four[3] parameters that indicate progress and accordingly support is given to the families.

Children who are identified for reintegration can have fluctuating thoughts, suggestions and opinions. The process gave them an opportunity to firm up their decisions and also paved way for reviving the lost or frail bonding with the primary caregivers. It was the time when Cornerstone understood the value of close, detailed interactions with children, families and the communities around. Our major objective is to inculcate mutual acceptance between children and their families, build and sustain enthusiasm in the permanent reintegration plans and connect the families to resources which are inaccessible to them.

The whole process of Family-Based Alternative Care gradually changed the outlook of the organisation. The consistent knowledge sharing and mentoring by the Miracle team helped us understandf the emerging needs of the children and the possible support system we may have to create for monitoring and follow up. We also started with advocacy initiatives in a minimal way with CWC and DCPU. In order to concentrate on the Case Management Process, efforts are now taken to limit the new admissions. Envisioning the organisation for a transition that caters to the children in the community will be the next focus area.

The basis of addressing the concerns depends on the strength of the intervention plans, setting of priorities and implementation of plans with timelines. A consistent review of Thrive Scale is important to understand how many children are categorised in Red- Flags. We have observed that many families live in isolation due to inaccessibility and non-affiliation to any groups or forums. Cornerstone with its experience in the past community development initiatives has started understanding the possible formal and informal structures existing in the villages. Efforts will be made for guiding the families to obtain the basic documents for linkages. We also keep attending the Child Protection Committee meetings at the Block level and advocate for a nurturing safe family environment for children.

It is observed that nearly half of the families of the children who are reintegrated are headed by single parents. They could experience vulnerabilities emerging from an inability of single parents to provide for children, an irregular source of income, and poor living conditions. Since these are all interlinked, it becomes integral to work with the families on both financial and non-financial aspects, sometimes for an extended time period. Alcoholism is also a concern that negatively impacts the living standards of families.

It is often observed that child protection concerns are not a priority area for the community. Now deliberate attempts are made by conducting capacity building sessions on Child Safeguarding elements, Life Skills Education and WASH, to strengthen village-level child rights and child protection structures.

It is also seen the community remains highly dependent on external support. We conducted discussions during home visits to look out for sustainable options to help the families and communities bounce back from a crisis situation. For example, if the family is dependent on nutrition for an extended period, then we look at the options of livelihood enhancement so they can start depending on themselves. There is a constant effort to work with the families and see how the organisation's support can be reduced over a course of time.

As the organisation is on the path of transition, we have also made efforts to redeploy some of the staff members to take up newer responsibilities. However, more training and capacity building is necessary for the staff members to make effective interventions on the ground.

Way Forward

Moving forward, Cornerstone is determined to monitor the reintegration cases. Experts will be roped in as resource persons for covering various training, workshops and awareness-building sessions. The resource materials which we have used for the preparation of children and families, Life Skills training, WASH training and Child Safeguarding training, will be utilised with a wider audience like other CCIs and other social workforce at the district level. We also wish to broaden the realm of work on FBAC and reach out to other organisations working on Child Rights and Child Protection.

Endnotes

[1] *6 Steps of Case Management Process:- Intake, Assessment, Planning, Implementation, Follow up, Case closure*

[2] *5 Well being domains: Family and Social Relations; Household Economy; Living Condition; Education; Health and Mental Health*

[3] *4 Parameters: In-Crisis:-Needs Immediate Attention; Vulnerable:- Needs Attention but not urgent; Safe:- Attention helpful but not necessary; Thriving:- No attention needed*

Events and Announcements

Release of IACN Publication 'Frequently Asked Questions' | IACN

India Alternative Care Network (IACN) is delighted to announce the upcoming release of, 'Every Child's Right to Family Life: An introduction to family strengthening and alternative care in India'. This document is put together in collaboration with Hope and Homes and UNICEF.

The document was created keeping in mind the shift in international and national policy frameworks regarding children without parental care or at risk of separation from institutional care to more robust family and community-based care. The document aims to answer the most frequently asked questions on alternative care and address misconceptions around it. It highlights the context and issues particular to alternative care in India, along with laws, policies and schemes in regard to the child protection system. The FAQ is addressed to practitioners and child protection workers to build their understanding of alternative care in India. It can also be referred to by anyone interested in the subject.

To know more about the release and other events surrounding alternative care and family strengthening in India, join the IACN network and subscribe to our newsletter.

Launch of 'Compendium on Family Strengthening and Alternative Care Programs | IACN

India Alternative Care Network (IACN) and Catholic Relief Services (CRS) announce the launch of ' Compendium on Family Strengthening and Alternative Care Programmes Practiced Across India'. The document is a compilation of family strengthening and alternative care best practices across 14 organisations in India.

The compendium attempts to provide a glimpse into the existing family strengthening and alternative care practices that are non-institutional. These practices prevent children from being separated from their families and communities by providing support to the family and equipping the communities to care for their children. It provides an overview of the nature of care, target, coverage, intervention, the longevity of care, linkage to the child protection system, access to sponsorship provided by the State, challenges in implementing the programme etc.

The document will be launched at an online event in June 2022. Through the launch event, it is hoped that the document will be disseminated wide and far, and it will pave the way for more discussions, sharing and documentation on family strengthening and alternative care in India.

Join our social media (Instagram, Twitter and Facebook) and become a member of the IACN network to know more about the event..

Subscribe to the newsletter
Join the network

JUNE 2022 | IACN, HOPE AND HOMES FOR CHILDREN AND UNICEF

EVERY CHILD'S RIGHT TO FAMILY LIFE: AN INTRODUCTION TO FAMILY STRENGTHENING AND ALTERNATIVE CARE IN INDIA

Issue Launch Webinar: ICB Journal March 2022 | Udayan Care

"Institutionalised Children: Explorations and Beyond'' (ICB)'s 17th issue is out now!! It is an international, academic, double anonymized peer reviewed, bi-annual journal which has emphasised its latest issue on the Alternative Care for Children and Young Persons with Different Abilities and it tries to delve into the lives of those children and youth who suffer from disabilities and had been in the alternative care system. Drawing on some of the experiences and the research evidence of leading researchers and practitioners in the field, ICB team organised a webinar titled "*Alternative Care for Children and Young Persons with Different Abilities and impact of the pandemic on their mainstreaming and rehabilitation*" on March 25th, 2022. The webinar hosted 48 participants with presentations from esteemed speakers including Dr Shabina Ahmed, Ms Radhika Alkazi, Mr Vivek Singh, and with Ms Merry Barua as the moderator for the webinar along with Dr Monisha Nayar-Akhtar, Founder of the Indian Institute of Psychotherapy, Editor in Chief- ICB, Dr Kiran Modi, Founder Managing Trustee of Udayan Care, Liaison Editor, ICB. You may access the current issue at https://journals.sagepub.com/toc/ICB/current. ICB's next publications include issues focusing on varied themes under alternative care namely: *September 2022* issue - Special issue on Care Leavers and Aftercare; *March 2023* issue- Special focused issue on Child Trafficking; *September 2023* issue - Way forward for Alternative Care in SAARC region- Vision for 10 years.

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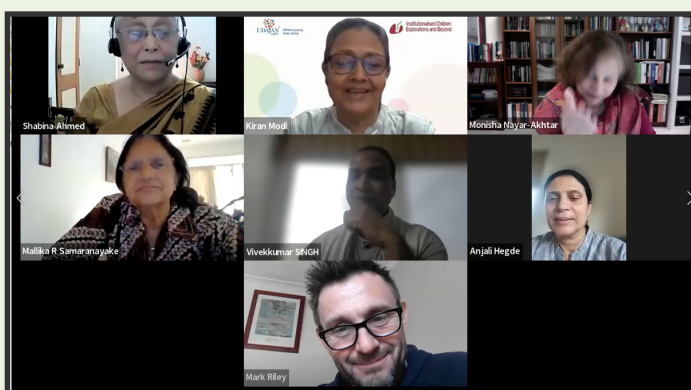
Call for Peer Reviewers | ICB an Academic Journal on Alternative Care, South Asia

ICB: Institutionalised Children: Explorations and Beyond journal, **launched in March 2014, is a bi-annual, double anonymized peer reviewed journal, published in partnership with SAGE India Publications.** With an aim to deliberate on the state of care of children in alternative care with a regional focus on South Asia, 17 issues of this journal have been released and the 18th issue is lined up for publication in September 2022 which is a special issue on Care Leavers and Aftercare.

You may access our journal at https://journals.sagepub.com/home/icb. This journal is a member of the Committee on Publication Ethics (COPE).

ICB journal is looking for experts in the field to contribute by reviewing the contributions on research and providing their experienced insights to enhance the quality of the papers. We highly value the contribution of peer reviewers of the journal as the essential gatekeepers of its standards.

We are pleased to announce some perks for our peer reviewers, where we have arranged with our publisher SAGE to offer free access to all SAGE journals for 60 days upon receipt of completed review and a 25% book discount on all SAGE books ordered online.

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