

Research Paper on Kinship Care

About Us

Miracle Foundation India is committed to its mission of supporting orphans and vulnerable children to have a better quality of life while bringing about systemic and sustainable change that reduces the need for Child Care Institutions (CCIs). A member of the India Alternative Care Network (IACN), Miracle India's work has evolved to ensure that every child has an opportunity to grow up in a family, to become a healthy, happy, income-producing person and experience a true sense of belonging. In order to achieve this, Miracle India's purview of core initiatives covers - preventing children from entering the child protection system in the first place; leveraging its proprietary Home Thrive Scale™ methodology, which facilitates safe and permanent reintegration of children with family, and fulfilment of children's rights.

Background and Context

In keeping with the UN Guidelines for Alternative Care - principles of Necessity and Suitability, if for due reasons, the option of the child being cared for by his/her biological family is not available, the immediate next family-based care avenue to explore for the child should be kinship care, which by far helps the child to remain rooted in his/her cultural milieu, thus preserving the child's sense of belonging to his/her community. Kinship care, otherwise known as care by relatives or family friends, is the most significant form of out-of-home care globally for children who are unable to live with their parents.

In India, kinship care for children without adequate parental care is the most common form of care in almost all regions, religions, castes, and ethnic groups due to the tradition of a joint family system and close ties among relatives. While this care option is the most common form of out-of-home care in India, it is also the least systematically recorded, monitored, or supported.

The paramount significance of kinship care is recognised by Miracle Foundation India in its sphere of both prevention and reintegration work. Over the last two years, Miracle Foundation India has been facilitating, with its CCI partners, the implementation of a systematic process of case management to ensure the safe, permanent and sustainable reintegration of children.

Methodology

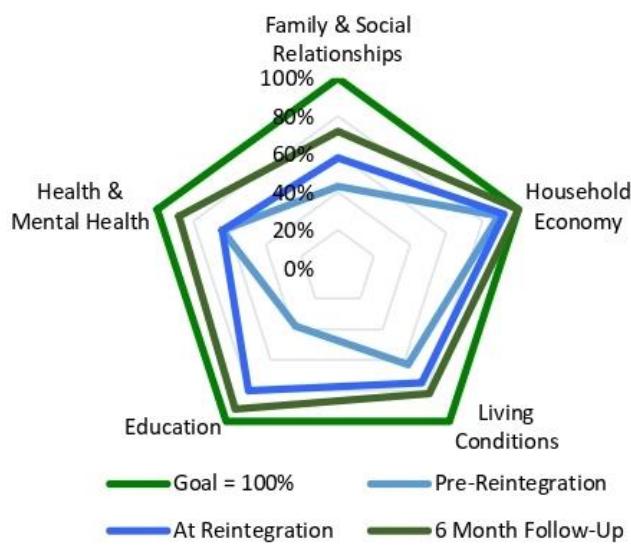
Profile of the Children and the Kinship Careers

# 46 (65%) Majority of these children were children with no living parents	Out of a total of 398 children reintegrated from 12 CCI partners of Miracle Foundation India until May 2021, 71 children were placed in kinship care arrangement ¹ . Before being reintegrated, these children stayed in respective CCIs for an average of 4 to 6 years.
# 9 (13%) In some cases, the parent abandoned their child since they wanted to get re-married, and the step-parent did not accept the child	
# 3 (4%) Medical condition of the parent (mental health, poor physical health); parents incarcerated	
# 10 (14%) Large families: Parents remarried and have a large family, lack of financial resources and physical space	
# 54 (76%) In most of these cases, the primary caregivers were grandmother, maternal uncle and aunt, a trend in kinship care endorsed by the respondent social worker from a CCI.	
Age of 71 children at time of reintegration with Kinship:	
8 (11%) - 7 to 9 Years	
16 (23%) - 10 to 14 Years	
47 (66%) - 15 to 18 Years	

¹ Time period of this data is from March 2019 to April 2021

With reference to Miracle Foundation India's contribution to the paper on kinship care to be submitted to UNGA DGD, along with CINI and Shishuadhar, under the aegis of IACN, a small team at Miracle was created to pull the practical insights together. Primary data was collected within the purview of experiences, challenges and recommendations, and analysed by the Miracle team. This included:

- Structured interviews with the district government child protection functionaries including 1 Child Welfare Committee (CWC) official, 1 Protection Officer – Non-Institutional Care (PO-NIC) from DCPU office of district Ratnagiri, and 1 Social Worker from a CCI in district Thane of Maharashtra.
- Structured interviews with 5 children in kinship care as well as with their respective carers from the states of Tamil Nadu, Mumbai and Madhya Pradesh.
- Analysis of data of the 71 children (reintegrated to kinship care) from the case management tracker, a tracking system developed by Miracle Foundation India covering all six stages of case management (Admission, Assessment, Planning, Implementation, follow-up, case closure) to track pre and post reintegration progress, the well-being of the children and families.



Within the realm of its case management system, the tool, that helped to arrive at data-driven decisions for placement of these 71 children in kinship care and post reintegration follow-up is Miracle Foundation India's proprietary Home Thrive Scale™. It is a strengths-based assessment tool used to identify strengths, risks, and address areas of support within a family home over time. A home's safety is measured based on five well-being domains - Family and Social Relations, Health and Mental Health, Education, Living Conditions, and Household Economy – with the child and family's participation and views at the core.

Findings from Data Analysis

The findings from data analysis from all concerned stakeholders fall in three major areas of Experiences, Challenges and Recommendations.

Experiences

a) Experiences from the District Child Protection Officials

According to the respondent officials from district Ratnagiri, over a period of one year from March 2020 to April 2021, the children reintegrated in kinship care from CCIs was 3, while within the community, children placed in kinship care was 31. The social worker respondent from the CCI in Thane district stated that 15 girls from their CCI were reintegrated in kinship care in consultation and approval by CWC.

Dwelling on their key role within the purview of kinship care, the PO-NIC emphasised his role in monitoring and following up on children reintegrated in kinship care families, those who were receiving support through the Balsangopan Scheme in Maharashtra; identification of local resources and formal committees for strengthening and supporting the children and families in need.

The predominantly key components of the role pointed out by the respondent social worker were assessment aimed at understanding the situation of the family on five wellbeing domains; preparing the children and parent before placement; linking families with the available resources, schemes or other organisations, to address their concerns health, mental health, household economy, skill-building training, education, addiction or substance abuse etc; post-placement follow-ups with the children and families, addressing the emerging need during COVID pandemic and working on strengthening them.

Both the CWC, PO-NIC respondent officials emphasized the active involvement of children / young adults in decision making to prevent family separation and provision of quality alternative care. The respondent social worker vouched that in their CCI, willingness and decision of a child played an integral role in reintegration. An individual care plan was prepared in discussion with the child where her interest areas and aspirations were mapped, the child's willingness for reintegration, expectations from family were assessed in follow-up visits, and the solutions were identified in discussion with the children and relatives.

The officials believed that the COVID pandemic adversely impacted children's education and families' financial condition.

In the words of one of the officials, "The families don't have android mobile phones, the relatives go out for work hence their mobile phones are accessible to children at night only so they could not attend the class lectures"

b) Experiences from Children and their Kinship Careers

The figures below, depict the pre and post reintegration analysis of Home Thrive Scale™ scores on the five wellbeing domains from the case management tracker for the children in kinship care, which in a way captures the essence of their experience. Figure 1 is based on Home Thrive Scale™ for 24 children out of 71 children.

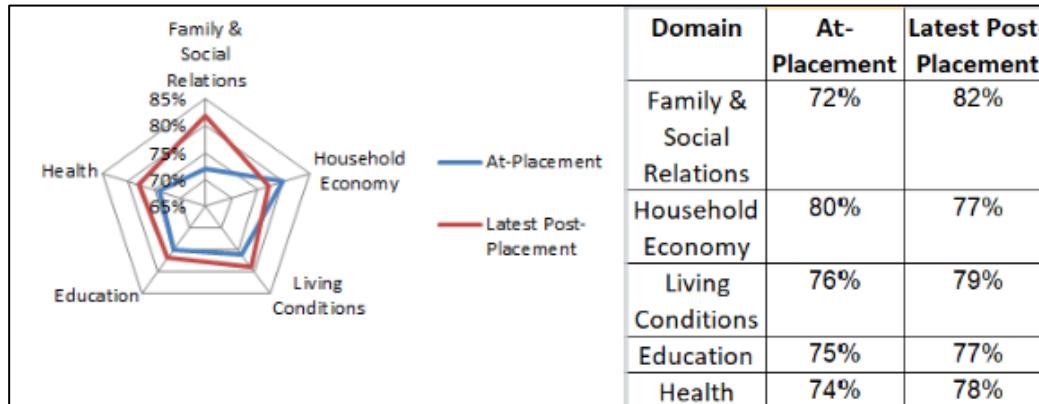


Figure 1

Figure 1 shows that scores on **family and social relationships** significantly improved due to counselling support and preparation and regular follow-up support which includes extensive mentoring by CCI teams to ensure the child gets well-adjusted in the family. When asked – what does care mean to them, when would they feel most cared for, in all the five interviews, the children considered family and social relationships to be the most important factor to determine their care and wellbeing.

The scores on the **household economy** have seen a decrease due to the COVID pandemic due to which several families lost their means of earning, resulting in a surge of migration. There has been no major change in the **living conditions** of the families, pre or post reintegration. Nonetheless, it was noted that during the covid pandemic lockdown, many families where the carers were migratory workers went back to their villages along with the children as the rent charges of lodging in cities/ urban slums became difficult to manage. Due to this, there was a slight dip in the standard of living which included basic amenities - like clean water, secure shelter and sleeping arrangements for families.

Figure 1 overall shows a slight improvement in **education** scores, with CCI-driven regular educational follow-ups (guidance to parents to monitor child's educational progress), remote coaching classes, access and linking to state educational resources Diksha App and 'First Bell', the children could be supported. Nonetheless, several children did not want to continue with formal education and were at risk of dropping out, children were expected to work for supporting the family's income or engaged by the care to take care of younger siblings.

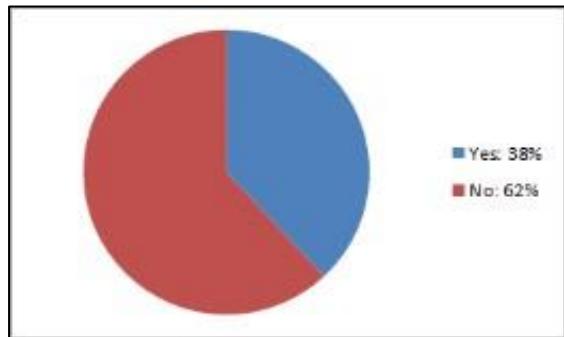


Figure 2: Preparation of children and their carers

Figure 2 shows that all steps in the planning and implementation stage of the case management process which ensured thorough preparation of the child and his/her family were completed for 38 per cent of the total 71 children.

Some primary reasons for the lack of prep work for the remaining children were sudden orders from CWC to move children to different districts. The child turned 18 and had to be moved with no preparation, CCI had other plans (starting: old-age/Geriatric home)

i. The section below covers the experiences of the children interviewed:

As per the interviews with 5 children and their carers in figure 3, they felt the brunt of the covid-19 pandemic to a considerable extent in their lives. Job loss and financial crisis were the major impact factors indicated by the caregivers as well.

Four of the five children interviewed mentioned that their opinion was considered before they were placed with kinship caregivers and they wanted to move to family.

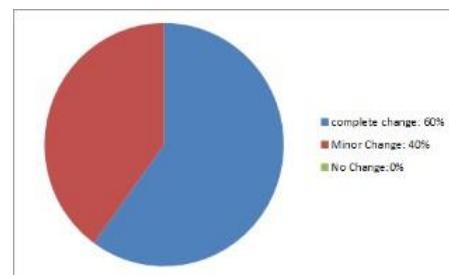


Figure 3: Effect of the pandemic on children's lives

In the words of children interviewed:

“Admissions are getting delayed, by now would have joined college and would have done some part-time job”

“My sister lost her job and we were finding it difficult for our survival”

In the words of children, Care means to me like a heartful conversation with my sister, she looks after me when I am notwell. During the lockdown, she ensured that I get everything that I need”. “I feel safe and secure with my grandmother here, she takes care of me when I fall sick”

Figure 4 shows that three of the five children were prepared by CCI for the transition to kinship care family.

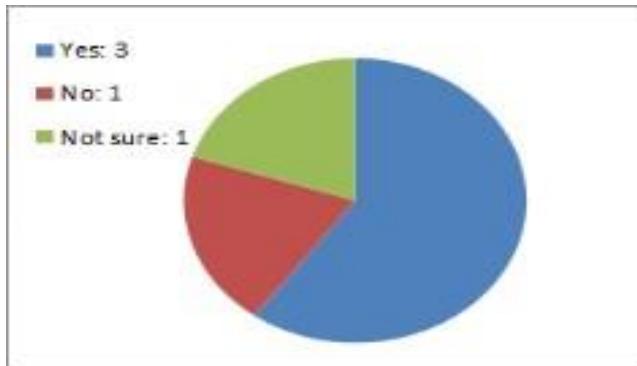


Figure 4: Preparation by CCI for transition into the family

In the words of on the remaining two children, "I was prepared to go to boarding hostel but not prepared for living with my grandparents. While in CCI, I did not engage in cooking, washing etc. But in family I felt lot of responsibilities and younger sister helped in chores during exams& ill health".

Figure 5 shows the response of children when asked, in what ways was their life different now than when they were in the CCI.

In the words of one of the children, "In CCI I could not go outside. Here I can go outside and roam around. I have my sister and cousins. My sister is affectionate. She takes care of me. I can meet my friends staying nearby. I don't get to eat varieties of food items but I am happy with the simple food. My uncle was very abusive but Tai counselled my uncle and now he is not abusive. So now I feel safe with my family".

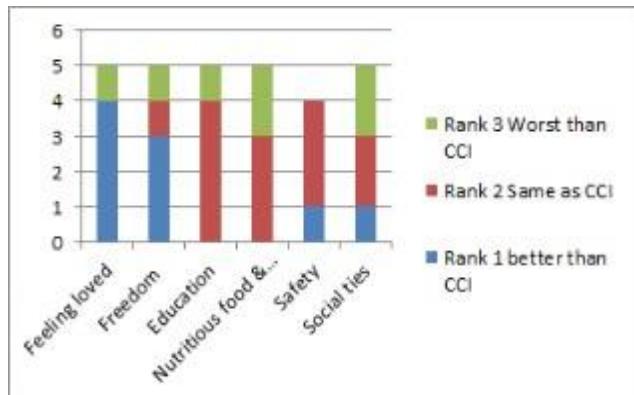


Figure 5: difference in the life of children after they transitioned into kinship care from CCI

When asked, if the children would like to go back to the CCI if, given an opportunity, 4 of the 5 said that they would continue staying with their families as they feel loved and wanted.

However, 1 child mentioned, ***"I want to move back to CCI to feel more love and care, have my friends (primary reason cited) there and also would like to pursue higher education".***

ii. The section below covers the experiences of the kinship carers interviewed:

When asked about the kind of support children need when they make a transition from CCIs to living with a kinship carer, the respondents pointed out that they needed support for continuity of education, and adjustment to the new school; health care (special needs, nutrition etc).

One of the carer mentioned, ***"we are unable to provide nutritious food like it was provided in the CCI";*** relationships with family members, adjusting to new family schedules, rules, customs; dealing with past emotions/ or behavioural needs required for initial adjustment.

When asked what motivated you to care for the child, 4 of the 5 carers mentioned that they were highly motivated to care for the child based on close bond, affection and love for the child.

In the words of the carers (grandmother), ***"Had lot of confidence and love that I can bring up the child, child lost her parents when she was 4 years".*** (Sister of the child) ***"We don't have parents and my uncle is***

alcoholic and he is not earning so I was the only responsible person in the family which made me mature and responsible at a young age to take care of the family”.

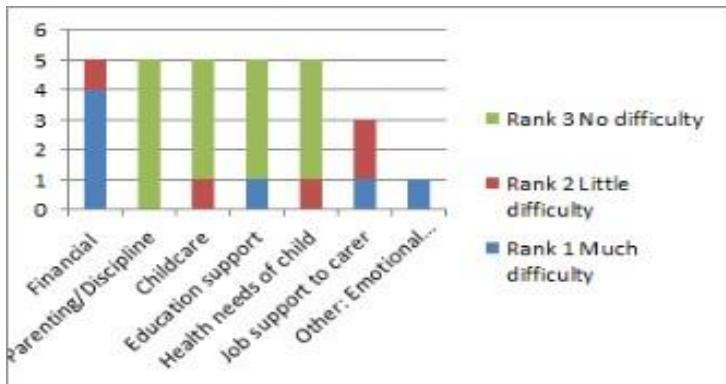


Figure 6: Difficulties faced by kinship carers in the transition process

When asked about the kind of difficulty faced by the kinship carers and if they were prepared for transition by someone in CCI, Figure 6 shows that for most of the carers, the financial constraint was most difficult to deal with. Some carers associated little difficulty with childcare, education support, health needs as the carer could only manage the basic food items from PDS and were not able to provide nutritious food such as fruits and vegetables to the child.

One carer shared that lack of emotional support is most difficult to manage. *“Loss of my husband was a disturbing factor it affected the child a lot as she looked him like a father”.*

All respondents admitted that they got support from CCI staff in this transition.

When asked if someone from CCI or the child protection system is in touch with you, all five carers shared that CCI maintained contact with them, in some cases weekly, and in others monthly. The carers shared that CCI's provided emotional support, guidance, groceries relief assistance, coaching support, career guidance, and vocational skill training for children. Some of the carers shared that they will further require support for the education of children.

In the words of a carer, *“I feel self-sufficient but I may require the CCI guidance and support until I get a proper job”.*

In the words of one of the carers, ‘during lockdown I lost my job so we got immediate relief support last year for four consecutive months and this year also we got a support for the month of May 2021. When I discussed my aspiration to complete my ANM course, CCI staff supported me a lot and guided me further’

When asked, if they would like the child to continue to live with them after turning 18 years old, all carers expressed a wish to continue to care for the child post 18 years old. However, one of the carers mentioned that owing to the financial crisis she might need to send the younger child (of the sibling group) back to the CCI post-COVID.

Challenges

The challenges below are based on the perspectives shared by the respondent of the study including children, kinship carers, District child protection functionaries as well as from the pre and post reintegration analysis of data for 71 children in the case management tracker.

Migration of families in search of employment and other reason makes the situation challenging when DCPU or CCI staff conduct the follow-up after the reunification of the children in kinship families.

As per the PO-NIC and CWC officials in most of the cases, the support is given through the Balsangopan scheme (gets delayed for more than 6 months) was not enough to meet the needs of the children, particularly health-related, special medical needs (children with epilepsy, nutritional deficiencies, HIV

etc), higher education. In the current COVID situation, many of the carers are jobless and already in a financial crunch. In large families where both with no means of earning raises, the carers explore CCI as an option for better child care.

This is a lack of on-ground functional social protection schemes. In this context, when most of the time the CWC officials try to link the families with any schemes, they do not get adequate cooperation and correct information regarding the schemes from the respective departments.

There is a lack of awareness about the existing schemes and resources among families from the marginalised, vulnerable communities staying on the outskirts of the village area. There is a lack of monitoring and support from Govt. agencies and community resources (Anganwadi/Asha workers/VCPC being dysfunctional).

Most of the families do not have the proper paperwork to avail of any Govt. scheme like PDS, Ujjwalayojna other community services. Documentation and lengthy processes to get approval on the application are major deterrents. Families do not take follow up themselves even after being provided with all information.

Families do not get easily ready to accept the responsibility of the children in kinship care, the reason being that most of the time, they are overburdened with the responsibility of their own children and family members. Hence at times, there is no option left other than the institutionalization of the children, especially if the children are young, between the age group of 6 to 15 years. The CWC official shared that children who lost their parents because of HIV infection, TB infection are not accepted by the kinship families, despite the children being healthy. This leads to the institutionalization of children.

Families are at risk of separation due to lack of preparation before placement of children in kinship care which includes lack of participation in decision making during placement; and lack of mentoring support post-placement. Rapid restoration due to COVID led to many unplanned placements, where no structured follow-ups could be done remotely. The respondent social worker shared, "Unavailability of smartphones with children and families, created an issue in reaching out to them, and it also becomes a hurdle in the online education of the children."

There have been some issues which need to be consistently worked upon including child's relationship with carer or family – step-parents, siblings etc, child's behavioural/emotional issues for which the carer needs support, lack of parental guidance support for behavioural issues and community resources to address these adjustment challenges; risk of child marriage (due to community pressure - especially in tribal areas). The carers lack support from family members/ extended family or community and also lack an understanding of child rights, safety, child protection issues, and risks related to children the absconding placement due to relationship issues with their carers, teenage infatuation, etc.

Recommendations

The recommendations are derived from the responses of children, kinship carers and district child protection functionaries who participated in the study, as well as from the pre and post reintegration analysis of data for the 71 children in the case management tracker.

Building Self Sufficiency among Kinship Carer Families

- There is a need for functional schemes on the ground with clear eligibility criteria for kinship care
- Community resources (Anganwadi, Asha workers, VCPC, community volunteers, community heroes, SMC) should be utilised for the regular monitoring, and for providing better mentoring support to the families. The respondent PO-NIC shared about the constant efforts of the DCPU

office in their district to strengthen the village/ward level child protection committees, as they believed that VCPCs and WCPCs could play a major role to strengthen families, family-based care, and creating a safe environment for children.

- Community support should be available to young or non-experienced carers or those in vulnerable situations such as elderly or single parents. This support could include parenting classes, basic counselling support for relationship issues, child care services, day-care, support groups etc.
- Families should be supported to improve their living conditions by helping them find a job or develop employment skills, as per the needs of each family. Provision should be made for free of cost skill training, support for carers to start micro-enterprises to improvise their living conditions.
- Kinship care families should be strengthened by providing behavioural and emotional counselling to children and their caregivers, by supporting caregivers to give up substance abuse through counselling and rehabilitation. Positive parenting sessions should be conducted with them to ensure they develop a good relationship with the child and deal with their adolescent issues.
- An official suggested that financial support from the respective state-level schemes can be deposited in the bank account of the children. Kinship carers should be restricted to withdraw the amount, which could be saved for the higher education of the children. Part of the amount should be provided to kinship carers to enable them to provide for other needs of the child.

Convergence and System Strengthening

- Carers should be involved in the decision-making process for placements and also at larger platforms with policymakers, to be able to voice their thoughts.
- Children should be involved in the decision-making process- so the child doesn't feel 'forced' to move with a carer just because it is the only option available for him/her. More time should be spent on preparatory efforts (planning stage) so the child and caregivers are prepared and have realistic expectations.
- Synergy should be developed between the systems CWC, DCPU and community resources so the children and family needs could be better addressed.
- Community-based or other alternative care options including small group homes, foster care etc, should be strengthened so that institutions are not looked at as the only option if the kinship care arrangement does not work.