IACN QUARTERLY

INDIA ALTERNATIVE CARE NETWORK

Hello,

Dear Colleagues,

The 9th edition of IACN Quarterly is theme-specific and brings forth deliberations on Family Strengthening – its concept, approach, and practices. The write-ups present relevant interventions in providing protective factors to families and promoting strong parent-child relationships even amidst the most challenging and unsafe contexts. They emphasise strategies such as case management tools and the necessity to train workforce in providing psycho-social support to families in order to strengthen them. The quarterly reflects on the importance of working with families, the potential roadblocks, and the way forward to ensure that every child thrives in a safe and nurturing family environment.

We want to express our gratitude to everyone who contributed to this issue of the IACN Quarterly. If you wish to share any resources, information or articles for the IACN website or newsletter, please write to us at iacnsecretariat@iacn.in.

Sincerely,

IACN Secretariat

Updates from the field

Learnings and experience shared by our fellow members

ECHO's Community Based Rehabilitation Program | **Team ECHO**

Family Strengthening: The What, Why and How | **Lopamudra Mullick, CINI**

Building the Family Strengthening Model in India through the Families Together Project | **Dr. Gurneet K. Kalra and Remya Ramakrishnan T, Udayan Care**

Preparing Workforce to Strengthen Families Through Psychosocial Support | **Deepika Gandhi, Miracle Foundation, India**

Perspectives

Commentary, analysis and insights

Family Strengthening is Complicated But Urgently Needed | **Ian Anand Forber-Pratt, Children's Emergency Relief International**

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CALL FOR PAPERS: Institutionalised Children Explorations and Beyond (ICB) | **Udayan Care**

Launch of the "Compendium on Family Strengthening and Alternative Care Programmes Practised Across India"| IACN

UNICEF/UN0439818/BORO

Knowledge Resources Updates

PRERANA

Building a Life - Akbar's Story
https://bit.ly/3TOxt0B

UNICEF/UN062032/VISHWANATHAN

The Families Matter Program (FMP)
https://bit.ly/3qtL9QU

CRS

Strengthening Families in the Aftermath of COVID-19 in India
https://bit.ly/3cUYBKN

BUTTERFLIES

Compendium on Family Strengthening and Alternative Care Programmes Practised Across India
https://bit.ly/3cTkvOA

For Every Child, A Family

Resources

Some key additions to our fast growing resource data base

Building a Life - Akbar's Story

Prerana

Building a Life - Akbar's Story
https://bit.ly/3TOxt0B

In pursuit of ensuring the best interest of Children in Need of Care and Protection, the approach of family strengthening is gaining wider currency today. One of the guiding principles under the Juvenile Justice Act, 2015 – the principle of family responsibility - suggests that the 'primary responsibility of care, nurture, and protection of the child shall be of the biological family or adoptive or foster parents.' While Child Care Institutions (CCIs) are most often presumed to ensure care, protection, recovery, and rehabilitation of a child, not all such institutions follow through with the mandatory protocols of child care. In such cases, rehabilitation remains a remote possibility if the child continues to face maltreatment instead of due care and protection. Prerana has strongly believed in strengthening the families and has been advocating for family-based alternative care approaches that would empower communities in safeguarding the rights of their children.

'Building a life' is a story of a now 21-year-old Akbar[1] hailing from the infamous red-light area of Kamathipura, Mumbai. This story best explains how Prerana's interventions were guided by the principles under the JJ Act, 2015 – the principle of best interest, family responsibility, and institutionalization as a measure of last resort for rehabilitation. Akbar's journey, from 2005 till date, comprises overcoming innumerable challenges innate to the red-light area (from being in and out of CCIs, to dealing with severe medical conditions, and so on), forming strong familial bonds, and building a dream and a life of rights, choices, and dignity. Throughout Akbar's journey, Prerana has been instrumental in ensuring that he and his family (his mother and four siblings) receive timely counseling, regular medical assessments, enrollment in educational and recreational programs, and rehabilitation whenever necessary through regular follow-ups and outreach.

Growing up in a red-light area as a child of a woman pushed in the sex trade brings along its challenges of social exclusion, health concerns, and lack of safe spaces.

Although Akbar was facing these challenges, his mother, Jyotima, always aspired a better life for him. It was only after obtaining her consent, that Akbar was admitted to Prerana's Night Care Center and Balwadi (pre-school) wherein he found a safe space to sleep while Jyotima had to continue in the sex trade. He was also engaged in recreational activities and pursued basic preliminary education. The family continued to endure severe challenges as years passed by. Meanwhile, Akbar had to move back and forth from living in his native village in West Bengal to being back in Kamathipura to pursue higher education. Jyotima, now a mother of five and physically weak, was still forced to solicit and was unhappy to see her kids growing up in the red-light area. In 2013, Akbar was admitted to a children's home in Ambarnath where he tested positive for Tuberculosis. A concerned Jyotima, sought Prerana's help in Akbar's rehabilitation as he wasn't being treated well in the institution and his treatment was neglected. Upon gauging Akbar's needs and through collaborative efforts, he was moved to an open shelter where he continued his treatment. A few years on, Jyotima's youngest son was kidnapped by her 'aadmi'[2] who absconded with the child, however, due to Prerana's involvement, the duo was found.
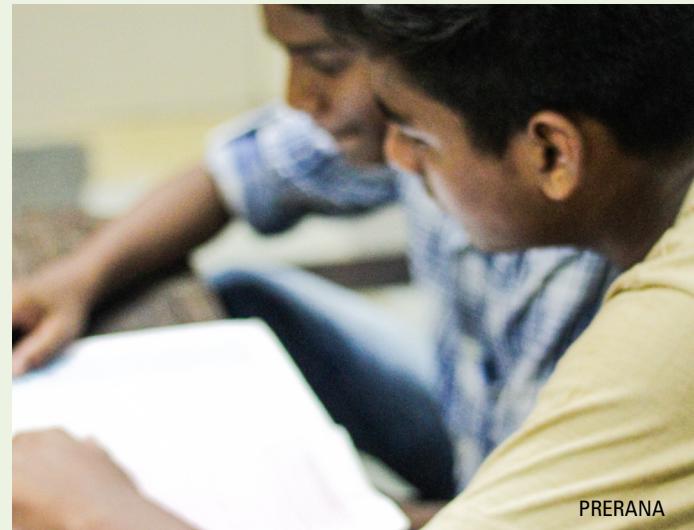
PRERANA

Prerana's interventions have brought Jyotima and her children closer and helped in strengthening their relationship. Throughout these trying times, Akbar diligently supported his mother. He reassured her and promised her that they would move out of the red-light area once he completes his education and starts earning. Jyotima has been persistently seeking assistance from Prerana for her children so that they could break free from

this vicious cycle of deprivation and exploitation in the sex trade. Not only was she guided on how she should consider the best interest of her children but was also assisted in acquiring identification and social security documents. Despite all these challenges and distractions, Akbar continued pursuing his education and stood by his family. Regular follow-ups were undertaken by Prerana wherein continuity of Akbar's formal education and care and support services were ensured. In 2018, Akbar was enrolled in a private school and appeared for his Tenth Board exams in 2019. Today, he has a clear aim to acquire technical skills to secure a good job. He has undertaken a housekeeping course and will soon start working as a housekeeping staff with Four Seasons Hotel. While he is working hard and supporting his mother through this new job, he silently nurtures a dream of a safe and better future for his family where they could command social respect and lead a life of dignity.

Endnotes

[1]*Names have been changes for the purpose for confidentiality*

[2]*Aadmi: A regular customer of a prostituted woman who acts like her husband and hence has free sex with her while controlling her finances. Some Aadmis also arrange for the customers and thus functions as their pimps. It is important to note that not all Aadmis are pimps and not all pimps are Aadmis. Source: Fighttrafficking.org*

PRERANA

The Families Matter Program (FMP)

ChildFund India

The Family Matter Program (FMP)
https://bit.ly/3qtL9QU

ChildFund works on building and improving child-parent interactions as a means to strengthen families.

Adolescence is a phase where a child is going through rapid physical changes as well as emotional ups and downs. Young people aren't always sure where they fit, and they're still trying to work it out. Adolescence can also be a time when peer influences cause some stress[1]. During this time family provides a secure emotional base to make the child feel loved and accepted, no matter what's going on in their life. Family can build and support their child's confidence, resilience, optimism and identity.

ChildFund's Families Matter Program (FMP) aims at promoting positive parenting and effective child-parent communication. It is primarily focused on parents or caregivers of adolescents aged between 10-19 years old. It includes topics like sexuality, and sexual risk reduction, including risk for child sexual abuse and gender-based violence. FMP recognizes that many parents and guardians may need support to effectively convey values and expectations about sexual behaviour. It supports them to communicate important issues like HIV, STD, pregnancy prevention etc. to their children, thereby preventing adolescents from falling into risk situations and unnecessary separation from their families.

Endnotes

[1]*https://raisingchildren.net.au/pre-teens/communicating-relationships/family-relationships/relationships-with-parents-teens*

UNICEF/UN062032/VISHWANATHAN

Strengthening Families in the Aftermath of COVID-19 in India

Changing The Way We Care ▼

The onset of the COVID-19 pandemic in India has impacted both children and youth who were in Child Care Institutions (CCIs). Viewed as a potential risk, in 2020, the Supreme Court of India issued a landmark interim order to the state authorities to consider repatriating children where possible. Additionally, it notified authorities for actioning preventive measures to impede the spread of the virus across such institutions[1].

Soon, it was followed by a directive from the National Commission for the Protection of Child Rights (NCPCR) to deinstitutionalize (i.e., rapidly reunify) an estimated 184,000 children in eight states representing over 70% of all children in CCIs within 100 days[2]. It was important to monitor and support children sent back to their families as due to lack of adequate care and support in families, these children are especially vulnerable to secondary separation.

Children experiencing COVID-19 associated deaths of parents or caregivers are at an even greater risk of family separation and institutionalization. In many cases, the families lost their primary breadwinner, leaving behind children and families without any means to meet their basic needs. It further led to the discontinuance of education, resulting in the elder sibling shouldering responsibilities to feed the whole family, including older grandparents. Several children experience mental health challenges while coping with the sudden loss of a loved one.

Given the rise of such incidents, the CRS India team joined forces to reduce the impact of the COVID-19 induced crises on vulnerable children and their families in India through the Changing the Way We Care (CTWWC) India project. We leveraged the project outcome through strong collaboration with our long-standing relationship with local partners. Some prominent partners include ARUNA, the Tamil Nadu Social Service Society (TASOSS), the Catholic Church, and government stakeholders, including the District Child Protection Units (DCPU). These DCPUs implement all child rights and protection activities at the district level.

During the second wave of the pandemic, ongoing projects in Odisha and Tamil Nadu saw an uptick of children testing COVID-19 positive and losing to the deadly virus. On basis of these realities, these two states were selected for this response.

We work in the districts of Ganjam in the Eastern state of Odisha and Kanyakumari in the southern state of Tamil Nadu. These young children are often at risk of separation and institutionalization. CRS's on-ground team along with partner organizations are ensuring that holistic care and support are provided to meet various needs of children. These include providing essential food supplies, creating awareness among stakeholders, and virtually monitoring a child's health, protection, education, and psychological status.

CRS

The case story of Shruti[3] and her four-year-old daughter Swati is one such of resilience and strength. During the second wave of the pandemic in 2021, Swati and her 10-month-old brother, Bhaskar, lost their father to COVID-19. With the heart-rending loss of the sole breadwinner of the family and having spent all their life's savings on hospital treatment, their world collapsed. The family found itself in a precarious financial situation. Sruti had no alternative but to consider putting her two children into a CCI, to ensure they could get adequate food and shelter.

CTWWC through the virtual monitoring case management support identified Swati and Bhaskar. Despite limited resources and in-person staff, the initiative provided a monitoring mechanism to keep track of vulnerable children along with food and cash assistance. Swati and Bhaskar

were immediately provided virtual case management support - to enable their loving and resilient mother to continue caring for her children.

Today, our initiatives have provided 2,193 children and youth with life-saving food and cash support. Likewise, we have successfully improved access to holistic care in both states. We are glad that the programme could reach families and provide timely and critical support to thousands of children in both states. At CRS, we aspire to continue strengthening families, preventing children from entering CCIs, and reintegrating institutionalized children into safe and nurturing family-based care.

Endnotes

[1] https://www.thehindu.com/news/national/sc-in-coordination-with-unicef-highlights-need-to-protect-children-orphaned-by-covid-19/article34515810.ece

[2] The Times of India. 2020.NCPCR Directive on Restoration Brings Focus On Eight States Accounting For 72% Of 2.56 Lakh Children Lodged In Care Homes | India News -Times Of India. [online] Available at: <https://timesofindia.indiatimes.com/india/ncpcr-directive-on-restoration-brings-focus-on-eight-states-accounting-for-72-of-2-56-lakh-children-lodged-in-care-homes/articleshow/78338739.cms>

[3] Consent is given by the family to use their real name.

Compendium on Family Strengthening and Alternative Care Programmes Practised Across India

IACN

Compendium on Family Strengthening and Alternative Care Programmes Practised Across India

https://bit.ly/3cTkvOA

In 2019, Changing the Way We Care (CTWWC) organised a round table conference on alternative care, one of the needs identified at this conference was that of documenting evidence on family-based care in the country. The compendium was commissioned by CTWWC through India Alternative Care Network (IACN) as a response to this. The focus was to map prevailing practices around family-based care options in India.

The Compendium documents care practices that are non-institutional and support families to stay together and prevent children from falling out of their family and community care settings. This is inclusive of family strengthening, restoration and forms of alternative care such as kinship care, foster care, and aftercare. Mapping

family strengthening and alternative care practices across 14 organisations, the report 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.

Photo: Butterflies

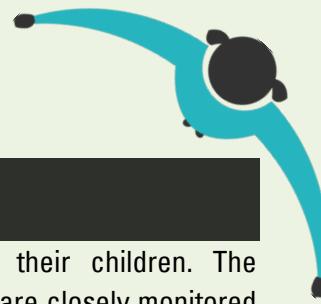**COMPENDIUM ON FAMILY STRENGTHENING AND ALTERNATIVE CARE PROGRAMMES PRACTISED ACROSS INDIA**

JUNE 2022

Updates from the field

ECHO's Community Based Rehabilitation Program

Empowerment of Children and Human Rights Organisation (ECHO)

ECHO – Centre for Juvenile Justice is a nationally recognized, registered voluntary organization working with vulnerable groups of children like Children in Need of Care and Protection and Children in Conflict with Law since 2000. It was initiated by Dr. Fr. Antony Sebastion. The organization endeavours to educate, rehabilitate and empower children coming from difficult circumstances so that they become self-reliant. ECHO has initiated many programs keeping the core objective of 3Rs i.e Reformation, Rehabilitation and Reintegration.

Community Based Rehabilitation specifically started with the vision to empower children and their families. It recognizes that there is a need to strengthen families and communities. It focuses on collective action to address issues faced by children and their families and to motivate and empower them, by providing them with a road map for self-development so that no child falls off the social security net.

To achieve this, ECHO has initiated the CRIME MAPPING program, under which baseline information is collected from local Police Stations to identify high crime-prone areas with respect to juvenile crimes. ECHO then initiates work in these areas. ECHO's community-based research has shown that poverty is the root cause of students dropping out of school and indulging in anti-social activities. Hence, as a preventive approach, primary household surveys are conducted to understand the needs of vulnerable families. Families are strengthened by linking them to ECHO's two-year sponsorship program. This includes the support with monthly ration along with education and healthcare to families who are unable to meet their basic necessities for their children. The identified families and the students are closely monitored by ECHO's staff and volunteers, observations are recorded periodically. As part of this program, a Crime Prevention Center has also been started to reduce juvenile crimes. The Center provides services such as tuition for children and holds awareness meetings to help parents understand the importance of education, health camps, and community vigilance meetings, to help children stay away from risk situations. ECHO has formed a community watchdog team to enhance the well-being of the children and also monitor their activities. The team members are selected from within the community who watch over the day-to-day activities of the children and report to the Center. As a result of this, over the years, child-related crimes in particular areas have been drastically reduced.

Furthermore, in the process of deinstitutionalization, many children who move out from Government-run children's homes and observation homes are restored to their families. ECHO aims at rehabilitating and reintegrating these children into their families and society. For children who are restored to their families, if the environment in the community is not congenial and if there is a threat to the child's life, the parents/family are encouraged to shift their residence. Post-restoration ECHO conducts quarterly telephonic follow-ups with children and their families/caregivers. Physical visits are conducted when it is observed that the child is in need. These quarterly follow-ups are undertaken for two years post-restoration for every child. Further, counselling and discussions are conducted prior to restoration to prepare the child and the family for the transition. Children are helped to understand the negative consequences of their involvement with crime and encouraged to make positive changes.

In cases where the child is not accepted by the family, children are temporarily referred to a CCI where they pursue vocational training, get placed in jobs and start earning an income. Often observing this positive change, parents come to take their children back.

The community-based rehabilitation holistically addresses the problems of the child by working with families and the community. The interventions of ECHO are a series of activities to enhance the well-being of the children and create an opportunity for the children to reintegrate back into their families and society with dignity.

Family Strengthening: The What, Why and How

Lopamudra Mullick
Child in Need Institute (CINI)

The Policy Framework

Securing the rights of children has always been central to the agenda of the Government of India. While the Constitution of India guarantees Fundamental Rights to all children in the country, the Directive Principles of the State Policy specifically guide the states in securing the tender age of the child, protecting the children from all forms of abuse and ensuring that children are given opportunities to achieve their developmental milestones.

The importance of strengthening the family, society and the nation was mentioned in the National Charter for Children 2003, adopted in 2004, which went on to underline that it was the inherent right of the child to enjoy a safe childhood, immediate addressing of the factors affecting the growth and development of a child and to ensure the accountability of the family, community and the nation to protect the child from all forms of abuse by strengthening these pillars.

Affirmation of the Government's commitment to a rights-based approach in addressing the existing and the emerging challenges of the children, the GOI adopted the Resolution on the National Policy of Children 2013. The importance of family strengthening echoed in the National Policy for Children, where the need of the families to be supported by a social safety net for rendering care and nurturing the children was highlighted as all children had the right to grow up in a family environment.

The National Plan of Action 2016-22 also resonated with the importance of strengthening families of at-risk children and building on the family's positive attitude.

The Juvenile Justice (Care and Protection of Children) Act 2015, also highlights the importance of Family Responsibility, where the primary responsibility of care, nurture and protection shall be bestowed upon the biological family or adoptive or foster parents as the case may be. Thus, this very particular Juvenile Justice principle echoes the fundamental philosophy behind the principle of institutionalisation as a measure of last resort. The very recent Mission Vatsalya in its vision promotes family-based care for children living under difficult circumstances over institutional-based care, as a measure of last resort.

CINI

CINI's Role in Family Strengthening

Family strengthening is a necessity and can never be a choice, whereas Institutionalisation is a choice and can never be a necessity. CINI's stake in family strengthening is premised on various aspects of the GOI's policy framework on family strengthening. The organisation strongly believes that the family is the best place for the child and the family should be supported to retain the child within its safety net.

Family strengthening continues to be one of the priorities within the realm of the child protection universe in CINI. It means making families responsive to the well-being of their children and preventing unnecessary separation and unnecessary institutionalisation. The essential components are:

- Empowering the families with capacities, and skills to care for and protect their children and ensure that the children can achieve their rights to education, protection, health, nutrition and participation.
- Promoting parent-child relationship, communication and conflict resolution.
- Facilitating linkage with services (income generation and social security schemes)
- Early identification of at-risk and vulnerable families and immediate response.

Family Strengthening: The What, Why and How

It is important to lay thrust on this very essential component of family strengthening as it will ensure:

- Early Gatekeeping, which includes real-time identification and addressing prerequisites which lead to family separation or force the child to gravitate away from home and land up in the institutions (cases of child labour, child trafficking, child marriage, kidnapping and abduction, begging, abandonment, surrender etc).
- The cognitive, emotional and physical development of the child is not compromised.
- Reduced numbers of children struggling to cope as they grow, getting into crimes and becoming victims of various abuse, exploitation and violence.
- Child retains within the family safety net.

> A classic example: A joint effort towards addressing multiple vulnerabilities of Amir[1] and his siblings through early gatekeeping and effective family strengthening initiatives

16-year-old Amir lived in a temporary makeshift in a remote village in one of the western districts of West Bengal. Amir lived with his grandmother and his sisters after the demise of his mother. His father had abandoned him. Life seemed to have taken a harsh toll on Amir, he is visually impaired and used to beg for alms to meet his ends as his grandmother, was unfit to work. His sisters, who were school dropouts also accompanied him while he begged.

As an immediate measure, CINI's team conducted home visits to assess the underlying causes of their suffering and also informed Childline to mitigate the emergency needs. A thorough investigation followed by advocacy with both the panchayat and block aided in linking the family with the required schemes and services such as immediate relief support of 32 Kg ration/month issued by BDO, cash benefits for the disabled person under Manabik Disability Pension Scheme issued for Amir, Old-Age Pension issued for his old grandmother and readmission of his sisters to school where they can avail free and compulsory education.

Both Amir and his grandmother's bank accounts were linked with their Aadhar Card thus helping the family to receive Rs.10000 without any hindrance. Further guidance was extended to the family for proper utilisation of the care benefits as Amir wanted to support his sister's education.

CINI also advocated for their housing assistance with the local PRI members and Gram Pradhan assured them of a grant under Pradhan Mantri Awas Yojana (PMAY). CINI's team is still following up on the case every quarter in coordination with the local Village Level Child Protection Committee members.

The strengthening efforts helped the family from disintegrating and retained them within the safety net woven for each other.

Endnotes

[1]Pseudonyms have been used

Building the Family Strengthening Model in India through the Families Together Project

Building the Family Strengthening Model in India through the Families Together Project

Dr. Gurneet K. Kalra and Remya Ramakrishnan T
Udayan Care

As a pilot project, the "Families Together" project of Udayan Care started by exploring the situation of children who got restored from Child Care Institutions (CCIs) back to their families, during COVID-19 in one district of Delhi. We started with a small number by looking at 50 such restored children in the background of the fact that in India, over 150,000 thousand children of the 227,518 children in CCIs, nearly 64% at the onset of the COVID-19 pandemic in April 2021 were restored to their families.[1] While most of these have been rapid restorations in an attempt to reduce the spread of the infection during the pandemic impact, the overall pandemic challenges also meant that the case management process followed in most of these restorations were remote and/or the post-restoration follow-ups were limited or lacking in most places.

The "Families Together" project in its initial phase has been about ensuring effective reintegration of the child into the family post-restoration, to ensure the prevention

of re-separation as an essential principle of alternative care. It was made possible by a collaboration of Udayan Care, and Martin James Foundation in late 2021. The objectives we began with were to ensure appropriate follow-up with the children and the families to prevent relapses, to support the family with counselling, employment, entrepreneurial ventures and linkages to social welfare schemes for family strengthening so that the families are enabled to care for and protect their children and not institutionalise them. Lastly, it was to establish a demonstrable and scalable model of prevention and strengthening to support families whose children have been sent back to them from children's homes in Delhi, as well as support the rest of the children. This project started with the vision to ensure appropriate follow-ups and linkages to social welfare schemes so that families can care for and protect their children as they live with them. With the aim to support 50 children in Delhi and NCR and document the learnings, we developed a standard operating procedure for the successful reintegration of children with their families and communities which can be replicated in other

Preparation of individual care plans for restored children, individual assessment of children, assessment of families, identification of strengths and needs, and linking families to the available resources and schemes are the major activities followed to ensure family strengthening. In order to map the success of family and child reintegration interventions, and to ensure effective reintegration post-restoration for preventing re-separation, an impact indicator scale was developed, using a 3 Rs implementation model of Reach, Reinforce and Reintegrate. This impact indicator scale rests on the circle of care framework which includes eight inclusive, interrelated domains, which drive the reintegration process and the overall development of families and children. These include livelihood, education and skilling, housing, health and disability, protection and safety, psycho-social wellbeing, social relationship, awareness and access to entitlements. Below mentioned are two case studies highlighting the impact of the family strengthening model where children and families have been provided support based on the eight domains under the circle of care framework.

Case Studies

These case studies are of real-life experiences from Delhi with names and details being changed for confidentiality purposes.

Case Study 1

Smita, mother of three children is an example of incredible resilience and courage. She lives in DDA- Delhi Development Authority land, under the Barapullah flyover, adjacent to the Jangpura metro station. The small shack they live in has no toilets or running water. It lies on the banks of a sewer that carries wastewater from South Delhi. The place is also a small dumping site for dust and waste collected from roads. The eldest son is married and lives away with his wife as a separate unit in the same community. At one point in life, due to their helpless situation, Smita was forced to send her children to a CCI and she hoped that they would at least get food, shelter and education. During the pandemic, her children were restored to her without her will and till now she believes that her children were getting better facilities at the CCI than they were currently getting at their home which Smita was able to provide them as per her ability.

Smita runs a tea stall with her husband, which is the sole income source for the family. They struggle to make ends meet and feed everyone. She points out that there have been days when they got through just by drinking tea. Throughout the struggle, Smita's sole focus is to ensure basic education for her sons. She hopes to build a better future for her children through education.

Udayan Care is currently trying to support the family by connecting them to welfare schemes. The family is linked to the BPL scheme and PMJAY for health insurance. The family is on the way to acquiring proper documentation so that they can access all the benefits they are eligible for. Udayan Care also provides educational support for the children. One of Smita's children is enrolled in NIOS. He could not clear two

subject papers in 10th standard. He is receiving help in the form of online tuition and supplies such as textbooks. The other child is enrolled in 11th standard and attends regular classes. He got help for readmission after he returned from the CCI. He also receives a commutation allowance. Both of the children are part of the educational volunteer program. Udayan Care is currently working on linking Smita with a microfinance establishment for the further development of their tea stall. We are trying to register the family to PMAY so that they can get proper housing. Udayan Care also provides the family with an emotional support system through the intervention of a counsellor.

With the help of Udayan Care, Smita is building a stable and secure life for her children. She takes charge of her life. The conditions are not ideal, but Smita is satisfied with what they have. She has enough to provide for her children. Smita asserts that it is best for a child to stay with their parents and is happy that her children are back under her care and protection. Her sons are also happy to be back home with their mother. They realise that it is important to stay together through all the challenges in life.

Case Study 2

Manasa,14-year-old, lives in Delhi with her family today. She was institutionalised at the age of seven and spent seven years at the Children's Home. The rapid restorations during COVID-19, which was pushed by the Apex court and several other child protection agencies in India, led to Manasa being sent back to her family. Her family consists of her mother, her stepfather, and three step-siblings, one of whom is a child with special needs. This family of two adults and four children lives in a one-room rented apartment in South Delhi. The family uses a common bathroom/toilet that is used by other occupants of the building.

Manasa has a loving and caring personality and is a responsible child. She spends her spare time drawing and making exceptional sketches, trying to express herself through art, she is a budding artist! She also looks after her sibling with special needs very well and the four sisters have a great bonding amongst them. But she was facing issues in establishing attachments with her parents after her restoration. Further, having dropped out of school due to the change in location after restoration, she at times feels bored and misses the structured activity sessions that she was part of at the institution. In the family, she feels no one engages with them in that manner.

Manasa and her family are being supported by a team consisting of a social worker and a counsellor. The counsellor is working with the child and her family to work out a support map that is participatory and owned by the child and her family. With activities such as role reversals, the counsellor helps the child understand the situation in a better way, that living in a family is best for her long-term life outcomes and how she can let go of her transitory inner emotions. The child is also supported for continuing her education. Udayan Care team assisted her in completing all the documentation processes required to enrol in the school. She is studying in 9th standard now. The child is helped to realise her hidden talents and abilities which will help eliminate feelings of hopelessness and increase acceptance of the situation and future challenges of life. Efforts are being made to work on improving parent-caregiver-child relationships, and parental skills to engage constructively with children through good communication. With this gatekeeping and family strengthening mechanism, it is hoped that Manasa will continue to grow, belong, and be nurtured by her family.

The case studies clearly indicate the impact of the family strengthening model on the lives of children and their families. Following up with the families and children, providing them linkages, conducting awareness workshops, and providing training followed by impact assessment, monitoring and evaluation have helped in the successful reintegration of children back into their families, thereby providing secondary prevention.

While it means fixing the gaps, the key is to be there for the families and have systematic and appropriate follow-ups with

the children and the families to prevent relapses. This can be an effective model for the stakeholders to follow their case management process efficiently and track the individual status of each child, as well as ensure that each child and family receive the right support in the reintegration process. The rehabilitation, restoration, and reintegration of already separated children back into their families and communities, requires significant push and more systematic work. There is a need to provide opportunities and accessibility to employment, entrepreneurship and various linkages and schemes, which help in the empowerment of the entire family and thereby prevent the separation of children at the primary level and their reintegration with the families at the secondary level. Measures that prevent the separation of children from their birth families, such as gatekeeping, are vital for protection, which needs a more robust implementation.

Total 99 children and 17 youth in 31 families in 4 districts of Delhi

Number of children enrolled in school: 26

Number of children supported with additional academic support: 45

Number of young persons enrolled in skilling courses: 10

Number of family members linked with social protection schemes:

Number of children and adults supported with their identity documents: 45

Number of children with their mental health care plan: 47

Group Therapy sessions held: 25

Healthcare support: 35

Clothing support: 40
Community events held: 3

This project is being implemented at a time when the country has brought out the Mission Vatsalya guidelines that "comprehensively comprehends and provides for a holistic solution along with a road map for the growth and development of all children including those meriting protection of the State"[2]. The policy aims 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". In a country that is home to the largest number of children in the world, with nearly 39 per cent of its estimated 1.25 billion population under the age of 18 years[3], the commitment of the Government of India to its children is clear from this policy framework which reiterates that children "deserve the best in national investment, for their survival, good health, development opportunity, security and dignity"[4]. The document relies on the Constitution of India's guarantee of 'Fundamental Rights' to all citizens irrespective of age and the constitutional mandates of the Government under its Directive policy- Article 39(f), "that children are given opportunities and facilities to develop in a healthy manner and conditions of freedom and dignity, and that childhood and youth are protected against exploitation and moral and material abandonment".

Clearly, the Juvenile Justice (Care and Protection of Children) Act, 2015 provides a safety net of statutory service delivery structures, institutional and non-institutional care for Children in Need of Care and Protection and Children in Conflict with Law. To reinforce the importance of family-based care, the Mission Vatsalya guidelines aim at establishing "essential services and strengthen emergency outreach, institutional and non-institutional care within the family and community, counselling and support services at the national, regional, state and district levels". Among the guiding principles, the most important in this context is that "affirmative action shall be taken to ensure the right to grow in a happy family environment with a strong social safety net to support families". Most importantly, the guidelines recognise that childhood is an integral part of life with value of its own, that different needs of children require different responses and also that a long-term sustainable multi-sectoral integrated and inclusive approach is needed to ensure the best interest of children.

The "Families Together" project at Udayan Care will hopefully expand to enable all children to remain in families as the best place to thrive and showcase a demonstrable model for replication and possible adoption by central/state government and other organizations. 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 who are without parental care. At the same time, it is known that most placements in CCIs in India are unnecessary. India is now awakening to the acknowlegement that family-based care has far better outcomes for children and their separation from families must be prevented. There is an increasing 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 rigorous 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.

Endnotes

[1]https://m.timesofindia.com/india/nearly-64-children-in-ccis-restored-to-families-since-sc-order-in-april/amp_articleshow/79584157.cms

[2]https://wcd.nic.in/sites/default/files/GUIDELINES%20OF%20MISSION%20VATSALYA%20DATED%2005%20JULY%202022.pdf

[3]Ministry of Statistics and Programme Implementation, GOI

[4]Ministry of Women and Child Development, GOI

Preparing Workforce to Strengthen Families Through Psychosocial Support

Preparing Workforce to Strengthen Families Through Psychosocial Support

Deepika Gandhi
Miracle Foundation, India

Introduction

Family Strengthening is a research-informed approach to increasing a family's ability, enhancing child development, and reducing the likelihood of child abuse and neglect. It is based on engaging families and communities in programs to build five key protective factors.

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional competence of children

Psychosocial support (PSS) plays a key role in family strengthening. The term 'psychosocial' refers to the dynamic relationship between the psychological and social dimensions of a person. The psychological dimension includes the internal, emotional and thought processes, feelings and reactions. The social dimension includes relationships, family and community networks, social values and cultural practices. PSS refers to the interventions that address both the psychological and social needs of individuals, families and communities.

PSS can be both preventive and curative. It is preventive when it decreases the risk of mental health problems in individuals. It is curative when it helps individuals and communities to overcome and deal with psychosocial problems that may have arisen from the shock and effects of crises. These two aspects of PSS contribute to building the resilience of children and their families in the face of new crises or other challenging life circumstances.

There are numerous issues that organisations (Miracle Foundation or CCI teams) face during transition period of child's reunification. Key issues include adjustment problems, for instance, a child who is placed in CCI for 5-10 years, may find it difficult to adapt to living in a home environment with family members and people in the community post-restoration. Other key issues in smoothly reintegrating children into the family include:

- Negative family dynamics and relationships
- Poor mental health of the primary caregiver
- Addiction in family members and its impact
- Child safety and exploitation issues
- Handling teenage relationships
- Adolescent issues such as depression, drug abuse or self-harm

In these situations, PSS extended by social workers or community volunteers plays an important role in helping to strengthen families and supporting the child and their family to adapt to this transition in a healthy way. Miracle Foundation, India, recognises the need to build the workforce in providing PSS to strengthen families.

Building Capacity of the Workforce in Helping Families through PSS

The capacity of the workforce is built at both the organisational and implementation level- Miracle program team and implementation partners' (CCI) teams. The workforce is trained on the importance of PSS by delving into why it is required, who needs it and, how to conduct a psychosocial session with children and families. The training equips the workforce with knowledge and skills in how to plan the sessions, the various steps involved, and the importance of confidentiality and reporting throughout the process.

Process of Capacity Building

After conducting an initial need assessment of the social workers and community volunteers regarding their specific learning needs via questionnaires and discussions, learning sessions are planned with the workforce of both Miracle Foundation and implementation partners on specific topics.

Post-assessment, the facilitator does thorough research on the topic of discussion and shares it in the form of a presentation. The presentation is made from a practical standpoint, doing live activities, and role-plays. One such highlight of the presentation is case discussions, in which a situation based on the topic is given in which participants use their learning from the session in order to develop an action plan.This helps in better engagement, cross-learning among teams, and helps in resolving doubts one might have, in addition to understanding how to use session learnings on the ground in dealing with real-life situations.

The following areas are often covered in capacity building sessions of the workforce

- Learning to address adolescent issues (such as relationships, drug abuse, and self-harm) in a more wholesome manner rather than dismissing and punishing the child

- Activities to build positive parent-child relationships (types of attachment, insecure attachment and its impact, activities to reinforce trust and communication between children and parents)

- Learning to identify child's safety and exploitation issues (signs of exploitation and safety issues, what to do once child shares about any kind of abuse, and how to handle emergent issues)

- Administering Psychological First Aid (its importance, key features, action principles such as Look, Listen and Link)

- Guiding primary caregivers on how to deal with adolescents (importance of open communication, setting boundaries, the importance of listening and problem-solving skills)

- Living with an addict (how to support family members living with an addict, the importance of self-care, what support is available at the community level, and how they can support the family member dealing with addiction)

Following the sessions, participants are given home-work activity related to the topic, which is usually in the form of a case study, where they use their learnings and come up with a future direction in such cases. These are then shared with the facilitator for review and feedback, in order to support the participants for more holistic learning.

Way Forward

Recognising a lack of awareness and resources in regards to trained professionals working towards psychosocial support in remote areas, Miracle Foundation started a new initiative for strengthening the capacity of the workforce. This is necessary to help them become confident in their skills and independent in planning and dealing with issues at the ground level rather than relying on outside resources for situations which can be managed by their own. Such initiatives of capacity building, connecting with local resources and government organisations altogether are important for sustainable and wholesome change.

Perspectives

Family Strengthening is Complicated but Urgently Needed

Ian Anand Forber-Pratt
Children's Emergency Relief International

Globally, and throughout India, conversations in the child protection field are moving from how to care for children in institutions to how to care for children's best interests in a safe, appropriate and suitable family environment. But only we, the child protection field know about this change. The shift from institutional care to family-based care is in its infancy when it comes to public knowledge. Before we tackle wide-scale public knowledge campaigns though, I'd like to enter a conversation with you about why family strengthening is the hot topic right now. From my research, here's what I know: emerging evidence indicates that strengthening families within the community is the missing ingredient of the world's bureaucratic child protection systems. An ingredient that could turn them into the efficient, kind, and safe places for children and families they are envisioned to be. This perspective piece is about both, the beauty and the complexity of family strengthening.

Children's homes are changing

Let's face the reality, child protection systems are built to house children and give them "a better life". Great in theory! The reality is that many of these systems have become bureaucratic, removal-based and vilify families and communities. Unfortunately, far too many practitioners believe that the safest way to keep the peace within a children's home is to keep the children isolated from their families of origin. To do this, you must reinforce a message that their families are not deserving of their children. These messages come subtly or overtly. Here's where it gets messy - these children's homes are often composed of incredible people doing heart-led work. Are those people with good intentions bad? Not at all. They have been doing their highest sense of right in caring for children and families and deserve our gratitude. The answer is painfully simple - it's not the people, it's the system.

Most child protection systems are transactional and based on housing children (notice there isn't a mention of families or communities here) and then finishing the "work" when the child reaches adulthood. In these systems, children are processed in the best interest of the workflow (not the child's). The formula is: identify the children, report the numbers you are caring for, provide services according to current laws and resources (never enough, nor individualized), and then, release them into a world from which they've been disconnected. Luckily, the cannon of evidence-based research surrounding the harms of institutionalization is growing. Now, the emphasis is on gently and boldly moving to a system that prioritizes child and family well-being – with large institutions as last, and children's best interest first. Children, families, and communities are combined into one package, and all family care options are made available as per the current need of the child.

Family strengthening is complicated

On the face of it, family strengthening seems like an accessible concept – providing services to families, so that they can stay together. But theory shows that families are part of ecosystems that involve countless moving pieces which also need to be strengthened: communities, health systems, education systems, peer-to-peer networks, etc. Family strengthening can be approached in two ways: (1) strengthening intact families who are at risk of separation and (2) strengthening families who have experienced separation and had their children recently reintegrated. It feels messy because of the potential for overlap: the 2nd group could eventually become the 1st group. Also, I suspect, none of us wants a child to go back to a family that is unsafe or dangerously unstable. And yet, the world is moving rapidly towards family care as being "the only option" for children and families… and I agree completely.

Anything built on sand will not stand

A scientific approach to family strengthening is paramount, to ensure that interventions are based on empirically and cross-culturally sound theories and research. What does that mean? It means that our traditional way of developing new programs has very often been a design phase, a pilot phase (if we're lucky), an implementation phase and then, hopefully, evaluation and adjustment. However, most often the design phase has not included principles that hold the program or intervention accountable. I'll give the example of Maslow's Hierarchy of Needs. As with any theory, there

are limitations, and those should be noted. But for an example's sake, let's take the primary principles of the theory – that any individual has basic necessities (food, water shelter) and then safety in order to get to any high-level thinking, development, and progress. Many consider this theory when designing programs, but rarely do they become overt measures for each aspect of the design, pilot, implementation, and adjustment. I know I've never done it that way! So, I argue that as we design family care programs, we should clearly state the foundations for every tool, assessment, and practice, and measure them. Taking Maslow's Hierarchy of Needs example, I ensure that every time I design a program, it accounts for basic needs and safety before getting into livelihood training, mental health services, or parenting classes.

Parenting is paramount

I could go on and on, but I'll start wrapping up. This article is by no means a 360-degree look at family strengthening, but it hopefully gives the reader food for thought. The last thing I've found imperative and very often lacking in family strengthening work is the focus on parenting skills for *everyone*, not just those included in the intervention. Literally, everyone on this planet could use more ideas, evidence-based tools, and support with parenting, I know my wife and I could. Evidence also continues to emerge that parenting skills are a protective factor helping families to remain intact. Yesterday, in South Delhi, I visited a home of a family who has been getting family strengthening services through an Udayan Care, the Martin James Foundation project. I'll use their story to illustrate a point. Seven years ago, the mother and father, who run a small team stall, looked around them and realized that they couldn't, in good consciousness, raise their children in the horrible living conditions that they could afford at that time. A noble thought for sure. They sent their children to a children's home. When the pandemic started, their children were suddenly returned home, without any additional services. Their love was strong, and all were grateful to be back together, but the parenting skills to help their children adjust to home life were lacking. Were they bad people because of that? Not in the slightest! Home life gave children a structure, planned activities, and rigour that they had not seen modelled within their former community. Never fear my friends… the family strengthening program was there to help. Children were enrolled in tuition work and parents were coached about keeping the children active and benefitting from a fixed routine. The change took time, but the adjustment was beautiful. Should parenting skills not be the focus, (along with identification documents, educational services, healthcare, etc.) the family reunification might have fallen apart.

Working together is the only solution

So, as family strengthening programs expand in India, my sincere hope is that a diversity of models, collaborations, and iterations exist in concert. For a child protection system to reform, it must be anchored in family strengthening and community support. We are on our way folks… let's do it together.

Events and Announcements

CALL FOR PAPERS: Institutionalised Children Explorations and Beyond (ICB) | Udayan Care

ICB is an international, multi-disciplinary, peer-reviewed academic journal on Alternative Care for out-of-home-care (OHC) children and youth and family strengthening focused on the South Asia region. Along with addressing issues that can influence policy reforms, decision-making and improving practices and standards of care, *ICB, in partnership with Sage publications,* aspires to strengthen research, knowledge and counselling practices currently prevalent in the region. ICB serves as a forum for studies, discussions, debates and research on issues that would lead to better practices of care, improve mental health, and encourage the integration of OHC children and young persons, including the differently-abled, into the mainstream and thus to their inclusion in civil society. Published electronically and in the print version, twice a year (March and September), every issue of ICB presents original research papers, good models of care practices, comprehensive desk review papers, editorial and foreword, expert opinions, important reprints, interviews, and book and movie reviews.

We are presently receiving manuscripts for our September 2022 and March and September 2023 issues, which aim to include research contributions along the following sub-themes, among other relevant subjects within Alternative Care in South Asia.

The March 2023 edition is a Special Issue on "Child Trafficking and Family Strengthening" with a focus on the below themes:

- Vulnerabilities and structural defects in alternative care, increasing the risk of trafficking
- Judicial frameworks and policies addressing trafficking of orphaned and abandoned children, and OHC children and youth
- Commercial sexual exploitation and forced labour in alternative care systems- major focus on the impact of COVID-19
- Care, support and rehabilitation programs for victimised children and their families
- Various Family Strengthening Models
- Various Factors contributing to Trafficking and innovative solutions in practice
- Government schemes and linkages in preventing family separation and making families self-reliant
- Various models of kinship care

September 2023 is focused on the issue of "Special Issue: Way forward for Alternative Care in SAARC region- Vision for 10 years" and covers all aspects of alternative care:

- Caregivers
- Mental Health
- Aftercare
- Family Strengthening and Gatekeeping
- Deinstitutionalisation
- Child and Youth Participation
- Policy Papers

We welcome original research articles that raise important, new and relevant research questions, from academicians, researchers, practitioners, social workers, policy-makers, mental health experts, managers, activists, and students working in the field of Alternative Care for OHC children. We also invite legal and human rights-based perspectives, policy frameworks, opinion pieces, and good practices/models along with research around post-COVID planning.

Please refer to the Submission Guidelines closely, which can be found at https://us.sagepub.com/en-us/nam/manuscript-submission-guidelines

Authors are invited to submit papers online at https://journals.sagepub.com/author-instructions/ICB and the abstracts can be submitted at: *icbjournal@udayancare.org*

For queries, please write to us at icbjournal@udayancare.org

Launch of the "Compendium on Family Strengthening and Alternative Care Programmes Practised Across India" | IACN

Changing the Way We Care (CTWWC) and India Alternative Care Network (IACN), hosted an event on July 26, 2022, to launch the "Compendium on Family Strengthening and Alternative Care Programmes Practised Across India". Commissioned by CTWWC India through IACN, the Compendium breaks ground as the first document that captures family-based care programmes across the country and stimulates thoughts, ideas, and attention to the family-based care discourse.

The launch event, organised at the India Habitat Centre, Delhi, was attended by 41 individuals, which included academicians, practitioners, and government stakeholders from around the country. The Executive Director of Catholic Relief Services, India, Mr. Senthil Kumar, opened the event by reflecting on the need for a compendium of this kind. This was followed by a session on the key highlights of the Compendium by Mr. JB Oli, Head of Programmes, Butterflies and IACN's co-convener. He highlighted the objectives and methodology of the Compendium and the key family-based practices captured in the document.

In the capacity of the Chief Guest, Mr. Premoday Khakha, OSD to Minister WCD, Delhi, addressed the participants at the event. Mr. Khakha, along with the representatives of the organisations who contributed to the document, released the Compendium.

A panel discussion was then facilitated by Ms. Vijayalakshmi Arora (Head of Programme, Catholic Relief Services, India) focussing on stakeholders' perspectives on family-based care in India, existing practices and the way forward. The panel, comprising of subject experts, including Mr. Pritikanta Panda (State Program Manager, Odisha State Child Protection Society), Ms. Vandhana Kandhari (Child Protection Specialist, UNICEF, Delhi), Ms. Lopamudra Mullick (Program Manager, CINI, Kolkata), and Mr. Shashidhar Sabnavis (Head of Program, Transform Neev Collective, DASRA), shared the perspectives of the government, international organisations, CSOs, and donor organisations respectively.

This was followed by a Q & A session which brought out pertinent questions, concerns, and suggestions for promoting family-based care alternatives in the country. Lastly, Mr. William Gali, the Senior Program Advisor at Family for Every Child, concluded the event by sharing key recommendations emerging from the panel discussion.

The Compendium document can be accessed here
https://bit.ly/3cTkvOA

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