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# LET'S GO HOME

A family for every child in India



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The UBS Optimus Foundation is an independent philanthropy associated with a global wealth manager, pioneering innovative ways to tackle some of the world's most pressing social- and environmental problems. It is a leader in social finance, testing and proving new tools in support of education, health, the environment, and child protection. It applies an investment-based philosophy and specializes in scalable, evidence-based approaches like outcomes-based finance and blended finance. UBS Optimus operates in a worldwide network of partners and philanthropists who seek to drive systemic change on a global scale.



Dasra meaning 'enlightened giving' in Sanskrit, is a pioneering strategic philanthropic organization that aims to transform India where a billion thrive with dignity and equity. Since its inception in 1999, Dasra has accelerated social change by driving collaborative action through powerful partnerships among a trust-based network of stakeholders (corporates, foundations, families, NGOs, social businesses, government and media). Over the years, Dasra has deepened social impact in focused fields that include adolescents, urban sanitation and governance and has built social capital by leading a strategic philanthropy movement in the country. For more information, visit [www.dasra.org](http://www.dasra.org)

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*Those faces were full of misery  
They had a long time injury  
They did not know of something  
That most people owned  
Yet they jumped in glory  
Blinking away all the worries  
There are million such faces  
With lonely bruises  
For the faces not having a family  
Have only one wish, unlike us  
Someone someday  
With a friendly smile  
Whispers to them  
You are not alone  
Hold my hand, let's go home.*

# GLOSSARY

## **Adoption:**

It refers to the process through which an adopted child, permanently separated from her/his/their biological parents, becomes the legitimate child of her/his/their adoptive parents with all the rights, privileges and responsibilities that are attached to the relationship.

## **Alternative Care:**

A formal or informal arrangement whereby, a child is looked after at least overnight, outside the parental home either by decision of a judicial or administrative authority, duly accredited body or at the initiative of the child, her/his/their parent(s) or primary care givers, or spontaneously by a care provider in the absence of parents.

## **Best Interest of the Child:**

Best interest of child means the basis for any decision taken regarding the child, to ensure fulfilment of his basic rights and needs, identity, social well-being and physical, emotional and intellectual development.

## **Child Care Institution (CCI):**

All institutions whether State Government run, like observation home, special home or children's home, or those run by voluntary organisations for children in need of care and protection. The home must be certified or recognized and registered under the Juvenile Justice (Care and Protection of Children) Amendment Act, 2006, in such a manner as may be prescribed.

## **Child Care Reform:**

Actions by government and other key stakeholders to bring about positive changes with social welfare institutions mandated with child welfare and protection, and practices and thereby improve outcomes for children who are especially vulnerable to risks, such as those living outside of family care.

## **Child Protection:**

The ICPS explains child protection as "protecting children from or against any perceived or real

danger/ risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kind of harm and in harmful situations. It is also about protecting children against social, psychological and emotional insecurity and distress. It must ensure that no child falls out of the social security and safety net and those who do, receive necessary care and protection to be brought back into the safety net."

## **Child Protection Committee (CPC):**

A CPC is a community-based group including duty-bearers who are primarily responsible for creating and promoting a child-friendly and safe community environment wherein all children's well-being, safety and rights are protected. The ICPS mentions formation of Village, Block, and Ward level CPCs.

## **Child Welfare Committee (CWC):**

A CWC is the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of children in need of care and protection and to provide for their basic needs and protection of human rights.

## **De-institutionalization:**

De-institutionalization includes the process of: a) preventing unnecessary admission and retention of children in institutions, b) finding and developing appropriate community-based alternatives for children who need not be in institutions, and c) improving conditions, care, and treatment for those who need institutional care.

## **Foster Care:**

Placement of a child, by the committee for the purpose of alternate care in the domestic environment of a family, other than the child's biological family, that has been selected, qualified, approved, and supervised for providing such care. "Foster family" means a family found suitable by the District Child Protection Unit to keep children in foster care. "Group foster care" means a family like care facility for children in need of care and protection who are without

parental care, aiming on providing personalized care and fostering a sense of belonging and identity, through family-based and community-based solutions.

## **Institutional Care:**

Provision of shelter, food, clothing, education/ vocational training, health care, recreation and other child specific services free of cost for boys and girls (and young persons with any gender identity) up to the age of 18 years. Within the juvenile justice system, the overall objective is care, protection, rehabilitation, and social reintegration.

## **Kinship Care:**

A family-based care within the child's extended family (relatives like an aunt, uncle or grandparents) or with close friends of the family known to the child, whether formal or informal in nature.

## **Ministry of Women and Child Development:**

The broad mandate of the Ministry is to have holistic development of Women and Children. As a nodal Ministry for the advancement of women and children, the Ministry formulates plans, policies and programmes; enacts/ amends legislation, guides and coordinates the efforts of both governmental and non-governmental organizations working in the field of Women and Child Development.

## **Sponsorship:**

Provision of supplementary support, financial or otherwise, to the families to meet the medical, educational and developmental needs of the child.

## **The Juvenile Justice (Care and Protection) Act, 2015:**

The Act addresses cases of children who are without family or family/ guardian/ and parental support and in different kinds of vulnerable situations ('Child in Need of Care and Protection') as well as children who have been apprehended

on alleged offence charges ('Child in Conflict with Law'). The Act has mandated separate procedures for both these groups of children. The overall goal for both groups is rehabilitation and social reintegration of every child. The new Juvenile Justice (Care and Protection of Children) Act, 2015 being the primary legislation governing alternative care in India has several sections that focus on alternative care such as adoption, foster care, sponsorship, group foster care, and aftercare. Section 44 of the JJ ACT, 2015 provides details about the requirements for foster care and the role of the Child Welfare Committee, District Child Protection Unit (DCPU), and the State.

## **The Juvenile Justice System (JJ system):**

The Juvenile Justice System is the implementing structure and mechanism for the JJ Act, 2015. It has different components or sub-parts: police, CCI, Probation Officers, lawyers, NGOs/ civil society/ voluntary organizations, domain experts, Child Welfare Committee (CWC), the Juvenile Justice Board (JJB) and the concerned Government Department. The CWC and the JJB address cases of CNCP and CCL respectively. They are the final authority within the juvenile justice system unless the higher courts intervene or the case goes to higher Courts for appeal, etc.

## **The Integrated Child Protection Scheme (ICPS), 2009:**

The Integrated Child Development Scheme (ICPS), 2009, initiated by Ministry of Women and Child Development, Government of India endeavours "to promote and strengthen non-institutional family-based care options for children deprived of parental care, including sponsorship to vulnerable families, kinship care, in-country adoption, foster care, and inter-country adoption, in order of preference." ICPS aims to create measures for preventive, statutory, and rehabilitation services of children in need of care and protection and children in conflict with law as defined under JJ Act, 2015.



Phyllis Kurlander Costanza  
CEO,  
UBS Optimus Foundation

## Children thrive in families, not institutions

*Life's most precious resource, our children, face a post-pandemic threat greater than previously thought due to death, illness, loss of education, and economic hardship.*

If a society's value is measured by how it treats its most vulnerable members, few reviews could be more valuable than Let's Go Home, a groundbreaking examination of social policies affecting orphaned children.

Let's Go Home is the first detailed review of child protection systems in India under the strain of COVID-19, with recommendations for policymakers and philanthropists and conclusions that have global implications.

India reflects many of the world-leading policies in place elsewhere. Here, as elsewhere, the goal for child protection policies is abundantly clear: Children thrive best in families, and healthy family settings belong at the center of all child protection policies, not institutions.

Rarely has such a survey been more timely. The COVID-19 pandemic has exerted devastating socio-economic upheaval on children. The pandemic has forced millions of Indian breadwinners out of work, imposing economic hardships that include removing children from school or skipping on school fee payments.

Let's Go Home shows that India has robust policies in place but implementation needs to improve, especially at the community level. Here, the current tendency is for children at risk to be sent to institutions. Greater options for family-based care should be scaled up. This is all the more important in an era of shrinking resources, where pandemic hardships have reduced public- and private contributions.

This report, conducted by Dasra and funded by UBS Optimus Foundation, can be seen as both a warning and a call to action.

The warning is that life's most precious resource, our children, face a post-pandemic threat much greater than previously thought due to death, illness, loss of education, and economic hardship. The tragedies that world has come to know since the pandemic, namely, war in Eastern Europe, underscore the universality of this paper's findings and make the policy recommendations all the more relevant elsewhere.



**"We call upon the philanthropic community to think outside traditional pathways – supporting institutionalised care – and to consider family based solutions with proven, positive outcomes."**

The call to action is for policymakers, development agencies and the philanthropic community to support scalable solutions where orphans find the type of family based care allowing children to recover and thrive.

UBS Optimus Foundation has supported family-based solutions as opposed to institutions and other forms of harmful residential care for nearly 10 years worldwide. We have just launched a global initiative called Transform that aims to take our experience to scale, and we are working with Dasra to launch a program in India with other stakeholders. With Transform, we call upon the philanthropic community to think outside traditional pathways – supporting institutionalised care – and to consider family based solutions with proven, positive outcomes instead.

I'd like to extend my warm thanks to Dasra for allowing UBS Optimus Foundation the opportunity to support Let's Go Home, an invaluable contribution to society in support of its most vulnerable.

**Phyllis Kurlander Costanza**

## INSIGHTS CORNER

This section puts forth key insights from leading experts within and beyond the child protection sector, who have guided our perspective and informed our research. We are immensely grateful for their support.



*To strengthen and expand the ecosystem surrounding every child, it is crucial to empower multiple stakeholders impacting children with the belief and ability to embody 2 key principles - "Children Matter First" and "No Child is Left Behind".*

**- Farida Lambay | Co-founder, Pratham**



*"A significant paradigm shift in the landscape of child protection has been from a needs based approach to a rights based framework. The new lens is a participatory, child sensitive perspective, where the child is at the center of all policies, programs and practice. Universal entitlements, inclusion of all rights for all children and leaving no child out of the safety net is the challenge before us. Child participation where children are consulted in the decision making process that impacts their lives is the non-negotiable principle of Child Protection. To every child, a safe childhood, in a nurturing family environment" is the endeavor and commitment of all child protection functionaries, stakeholders and allied systems."*

**- Dr. Nilima Mehta | Professor & National Consultant, Child Protection & Adoption**

*"COVID-19 pandemic led to children experiencing uncertainty, isolation and even grief for the loss of parents and relatives. Amidst the tragedy, there have been also opportunities. Opportunities to recognize that child protection is and should remain an essential service in case of emergencies. An opportunity to expand family care arrangements that recognizes the damages of, and prevents institutionalization. The future of child protection landscape should build on these gains – by building a professionalized and specialized social workforce that work closely with other allied services, specially health and education; and by expanding programmes that put family strengthening at the core of its objectives."*



**- Soledad Herrero | Chief of Child Protection, UNICEF India**

*"Protecting children, helping them safely transition into adulthood is critical in the development of a well-functioning nation. This can be realized through collective work, thought, and a coming together of society and the state. We must strive for an environment where conversations and small local actions for children's protection snowball into acts of behavior and systems change."*



**- Kajol Menon | Co-founder, Leher**



*"It is impossible to design or advance the child protection agenda without the full engagement of the last mile systems in sectors such as education, healthcare, sanitation, etc. that interact regularly with children, families and the communities. When children and their families access and utilize these systems optimally, it ensures a stronger safety net for children. Therefore integrating child protection as the key lens in these essential systems can help in making long strides in preventing the separation of children from their families, as well as rapidly addressing the multiple causes of vulnerabilities. For this to materialize, we must push for convergence across child-centric sectors, in both policy and programming."*

**- Dr. Anand Bang | Joint Director, SEARCH**



*Any action related towards child protection becomes sustainable, once it's part of the state's policy. Then such actions can be scaled up to reach out to a larger group. The only way to do this is to bring about systemic change and policy formation, and this in turn can be achieved through Advocacy to build public awareness and will around this issue.*

**- Mrunalini Jog | Project Head, Sampark**

## A family for every child

It is now widely accepted that children develop best within a family environment. Evidence shows that to develop their full physical, intellectual, and social capacities, young children require stable, nurturing care from a parent or other continuing caregiver. Older children and adolescents learn how to develop and sustain relationships and become well-functioning members of their society. As adults, these connections provide the first line of support when we experience emotional, economic, or psychological challenges.<sup>1</sup> Notwithstanding these realities, there is a common perception that an orphanage or a child care institution is an adequate alternative for children who lose their caregivers or families who for any reason are unable to care for them.<sup>2</sup>

The Lancet Commission's recently published report<sup>3</sup> emphasizes that every effort must be made to minimize children's exposure to institutional care; preventive approaches should be promoted, keeping children in birth families when possible and when not possible, family based alternatives should be supported. Moreover, the preamble to the United Nations Convention on the Rights of the Child (UNCRC), which lays out the spirit of the Convention is clear that children should grow up in a family environment – something that even the best of institutions cannot provide. India has ratified this UN Convention on the Rights of the Child in 1992.

## The India story

Globally, it is estimated that India has the third largest number of children living in institutions or residential care. Official figures state that more than 9,500 childcare institutions (CCIs) house more than 3,50,000 Indian children – however, 80–90% of these children have at least one living parent. Furthermore, India is estimated to have nearly 35M children in need of care and protection. There are several drivers that put these children at-risk and accelerate their separation from families into more vulnerable situations such as illegal labor and abuse, or

into institutions. The Covid-19 pandemic has exacerbated these risks.

Emerging evidence from the ground suggests that as a consequence of institutionalization, young people leaving institutions in India are one of the most vulnerable and disadvantaged groups in society. Children, once in institutions, are very likely to spend their entire childhoods in institutional care and when they become adults they lack skills and support they need to become independent,<sup>4</sup> thereby becoming a part of the vicious inter-generational cycle of vulnerabilities

When children miss out on the opportunity to exercise their right to family-based care, they pay the price in lost potential, and so do we, as a nation – perpetuating cycles of poverty and disadvantage that can span generations. The converse is also true. Reform and investment in family-based care for children will deliver multiple dividends to children themselves, families, communities, and future generations. There is an urgent need to invest in ensuring that children continue to thrive in families securing their own future and that of our society.

It is important to note the decades-long contribution of civil society organizations in India – undertaking several critical interventions towards building capacity, informing policy and program through research and theory building, enhancing child protection service delivery through demonstration of good practice including improving quality of care within institutions, to ensure better life outcomes for children. The enactment of the Juvenile Justice Act 2000 emphasizes the need for family support and strengthening and a shift away from institutional care. As a consequence, government and civil society parlance and programming has seen an addition of preventive interventions towards ensuring the safety and protection of all children, presenting an opportunity to revamp and envision an integrated and comprehensive child protection system.

## Priorities for Action

Over the past decade, Indian non-profit organizations have spearheaded innovative and impactful strategies to build a more child-centric ecosystem. Engagements with sector leaders, experts and detailed secondary research all point towards five priority areas of action and investment that have the potential to catalyse the mission of every child thriving in a family-based environment:

- 1 Support families and existing community-based safety nets** to create, monitor and sustain an enabling environment for every child's well-being and development. Families in vulnerable situations must be supported more meaningfully in multiple ways, especially in a post pandemic world, to create a safe, enabling and thriving environment for their children within their homes and communities.
- 2 Equip nodal points within the child protection system** with the knowledge, narratives, networks, tools and resources to understand individual contexts and needs, and strengthen gatekeeping across the child protection system ensuring that institutionalization is deployed as the last resort.
- 3 Establish culturally-relevant, local models of family-based care** to strengthen and augment family-based care approaches such as kinship care, foster care and sponsorship programs as an alternative to institutionalization. Several government and non-profit pilots and studies are underway; there is a need to document, test feasibility and draw collective learnings so as to strengthen and mainstream culturally-relevant family-based alternative care.

- 4 Strengthen aftercare support to care leavers** to ensure meaningful mainstreaming within society – There is a need to emphasize the need for extended support this cohort requires, enhance programming and budgets, and drive efforts to connect them to the social security net. Most importantly, more data and knowledge of the journeys and life outcomes of care leavers can inform future investment and programming.

- 5 Build and collectivize the ecosystem surrounding the child** to foster an inclusive and supportive environment to ensure positive life outcomes for children. Investing in data and evidence generation, narrative change towards preventable strategies, documentation, dissemination and amplification of on-ground practices of good on-ground practices and engaging more funding through collective action will be key in shifting the focus from a largely curative approach to a preventive one.

## An Unfinished Agenda

The Indian Constitution guarantees rights to children as equal citizens at par with adults. Safeguarding these rights, especially their right to family, is not just the mandate of child-protection functionaries. Governments, multilateral organisations, funders, NGOs and community based organizations in India must do more, and do more urgently and collectively, to make the vision of a family for every child in India, a reality.

# FAMILY FOR EVERY CHILD

*"I sustain myself with the love of a family"*  
– Mary Agnelou

Parental investment, a nurturing family and stable social environments are known to influence the ability of children to perform well in school, to positively impact their health status, protect their mental health and well-being and significantly influence their developmental trajectory.



Children raised in institutional care experience delays in terms of IQ, language, speech and vocabulary – a meta-analysis across 19 countries found that children reared in orphanages had, on average, an IQ 20 points lower than their peers in family based care.<sup>9</sup>



Analysis of growth data from a variety of orphanage systems globally indicates that children lose one month of linear growth for approximately every three months spent in institutional care.<sup>10</sup>

The idea that every child thrives in a family may seem far-fetched, however it is not. It is a socio-biological reality, as eight decades of research have shown.<sup>5</sup> Evidence shows that to develop their full physical, intellectual, and social capacities, young children require stable, nurturing care from a parent or other continuing caregiver. Older children and adolescents learn how to develop and sustain relationships and become well-functioning members of their society. As adults, these connections provide the first line of support to overcome emotional, economic, or psychological challenges.<sup>6</sup> Notwithstanding these realities, there is a common perception that an orphanage or a child care institution is an adequate alternative for children who lose their caregivers or families who for any reason are unable to care for them.<sup>7</sup>

On the other hand, the impact on children of growing up in an institutional environment is indisputable. Global research shows that institutional care is detrimental to children's development, especially with regard to physical growth, cognition, attention, and brain development. This often means that they will have difficulties learning and developing social skills as well as be more likely to exhibit risky behavior, or suffer from depression or severe anxiety in later years. Data also shows that deinstitutionalization, during which children leave institutions for family care, is associated with significant recovery in some domains such as physical growth and cognition, but not others. Greater length of time in institutions is associated with increased risk of adverse outcomes and diminished chance of recovery.<sup>8</sup>

Science has proven that children develop best within a family environment. The Lancet Commission's recently published report<sup>11</sup> emphasizes that every effort must be made to minimize children's exposure to institutional care; preventive approaches should be promoted, keeping children in birth families when possible and when not possible, family based alternatives should be supported. Moreover, the preamble to the UNCRC (UN Convention on the Rights of the Child), which lays out the spirit of the Convention is clear that children should grow up in a family environment – something that even the best of institutions cannot provide.

When children miss out on the opportunity to exercise their right to family-based care, they pay the price in lost potential, and so do we, as a nation – perpetuating cycles of poverty and disadvantage that can span generations. The converse is also true. Reform and investment in family-based care for children will deliver multiple dividends to children themselves, families, communities, and future generations. There is an urgent need to invest in ensuring that children continue to thrive in families securing their own future and that of our society.

# THE CHILDREN OF INDIA

*All children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding*

— *National Policy for Children, India, 2013*

The Indian Constitution guarantees rights to children as equal citizens at par with adults, and further provides special rights and protections to children recognizing their special needs, tender age, and need to develop into citizens who are healthy in mind and body. India has also ratified the UN Convention on the Rights of the Child in 1992 (UNCRC) that prescribes for best efforts towards non-separation of children from their parents, unless such separation is necessary and in the best interest of the child (Article 9).

Children in India constitute one of the most vulnerable sections of the population. There are more than 440M children in India, the largest population of children in the world (National Institute of Public Cooperation and Child Development). With approximately 172M children at risk, India is estimated to have nearly 35M children in need of care and protection. There are several drivers that put these children at-risk and accelerate their separation from families into other more vulnerable situations such as illegal labor and abuse, or into institutions.

Globally, it is estimated that India has the third largest number of children living in institutions or residential care, after Pakistan and Indonesia – however exact estimates vary.

In total, official figures state that more than 9,500 CCIs house more than 3,50,000 Indian children – however, 80–90% of these children in orphanages have at least one living parent. (MWCD, 2018)

For children in CCIs, their adverse childhood experiences are often further compounded by the effects of institutionalization, with long term outcomes noticeably worse than their peers in family-based poverty.<sup>12</sup> There are serious social costs associated with this fact, including inequality of opportunity, inequality of outcomes and low intergenerational mobility.

1

**Children in Need of Care and Protection (CNCP) are typically found in the following situations:**

- In Families 'At Risk'
- On the Street
- In Institutions

2

**Vulnerable Groups that comprise the CNCP**

- Street children
- Orphaned, abandoned and destitute children
- Working children
- Abused children
- Children who are victims of Commercial Sexual Exploitation and Trafficking
- Children engaging in substance abuse
- Children in conflict and disaster situations
- Children from families in distress
- Differently-abled children
- Mentally ill children
- HIV / AIDS-affected / infected children
- Juveniles in conflict with the law

3

**Child Care Institutions (CCIs)**

include Children home, Open shelter, Observation home, Special home, Place of safety, Specialized Adoption Agency and a fit facility recognized under JJ Act for providing care and protection to children who are in need of such services.

Child Care Institutions in India can be established and maintained by the State Government itself or through non-governmental organizations (NGOs) – currently 9% are run by the government and 91% by NGOs.

**Generations at stake – both socially and economically:** As a consequence of institutionalization, young people leaving care in India are one of the most vulnerable and disadvantaged groups in society. Children who are unnecessarily separated from the families and communities, once in institutions, are very likely to spend their entire childhoods in care and when they become adults they lack skills and support they need to become independent.<sup>13</sup> Young people in care have less income, are more likely to be young parents, are more likely to experience mental health issues, and to be marginalized, isolated and sometimes in conflict with the law. As adults they are far more likely to be separated from their own children and confine them to an institution, thereby contributing to the inter-generational transmission of the problem. Simply put, the best of institutions cannot substitute the care a family can provide the child.<sup>14</sup>

### Life After Institutionalisation in India<sup>15</sup>

Supported by DXC Technology, non-profit Make a Difference is carrying out the first ever long-term adult outcomes research focusing on adults (Age 30+) who grew up in childcare institutions in India. Since no formal tracking mechanisms were ever instituted across the care system, the real challenge was finding adults who left shelters more than a decade ago, let alone building the trust to get them to open up and share their life journeys. Planned to be carried out over 18 months, the research covers approximately 500 respondents across 5 cities in India. Evolving data provides the following insights:



### Status of government aftercare residential services in Maharashtra:<sup>16</sup>

For a total of 36 districts in Maharashtra, there are seven Government Aftercare Homes, of which 1 is managed by an NGO. Six of these seven homes are for boys, while only one is for girls. As of January 2019, the total capacity of each house is 100, except one boys home with an allocated capacity of 40. No Aftercare Homes exist in rural locations of Maharashtra and therefore, CLs from such locations have no option but to move to a different district or sustain themselves without any Aftercare provision. There are no government-run, non-institutional programmes that could provide any services to CLs who are either restored to families or choose to live in non-institutional housing.



Photo Credit: Make A Difference

There is also an economic case to be made for family-based models of care both preventative and alternative. While there are currently no Indian studies, this is evident from studies across the globe. For example, an analysis of care provision in Romania, Ukraine, Moldova and Russia concluded that the cost-per-user for institutional care is six times more than providing social services to vulnerable families or voluntary kinship carers, and three times more than professional foster care. Moreover, while initial overhead and structural costs of creating an effective system of support for family and community-based care require additional initial outlays, these are likely to be offset against the reduction in longer-term costs to the system as more children develop and grow into healthy and productive adults, who are less dependent on state services than children leaving institutional care.

### Shift away from institutions in the COVID-19 pandemic<sup>17, 18</sup>

There has been a push for reunifying children in institutions with their families amidst the COVID-19 pandemic. Following a Supreme Court order in April, nearly 64% children in childcare institutions across the country were restored to their families. According to a UNICEF statement, 1,45,788 out of 2,27,518 children living in CCIs were reunified with families between April and December 2020. Two months after the initial order, the Supreme Court issued a second follow up order to all states on the status of children who have been sent home since the onset of the pandemic, and on the functioning of the child protection structures. This mandated

the collection of state level data and UNICEF began working closely with 17 of the 35 states to support surveillance data collection efforts and advocacy. Studies are underway to quantitatively analyze the effectiveness and impact of the Court order on the children and their families. According to a UNICEF report,<sup>19</sup> the child protection system's response has helped more children to be safely released from institutions and improved new administrative data collection efforts for monitoring.

However, this shift ought to be seen with cautious optimism, and must be accompanied with dedicated efforts to increase and sustain support to families, to care for their children and prevent their entry back into CCIs. There is an emerging global trend to suggest that the rapid return of children to families from institutions was characterized by compressed timelines without adequate child and family assessment and preparation. Key emerging concerns surrounding this rapid return are lack of economic capacity of families to care for the child, limited monitoring by the system, and lack of access to education.

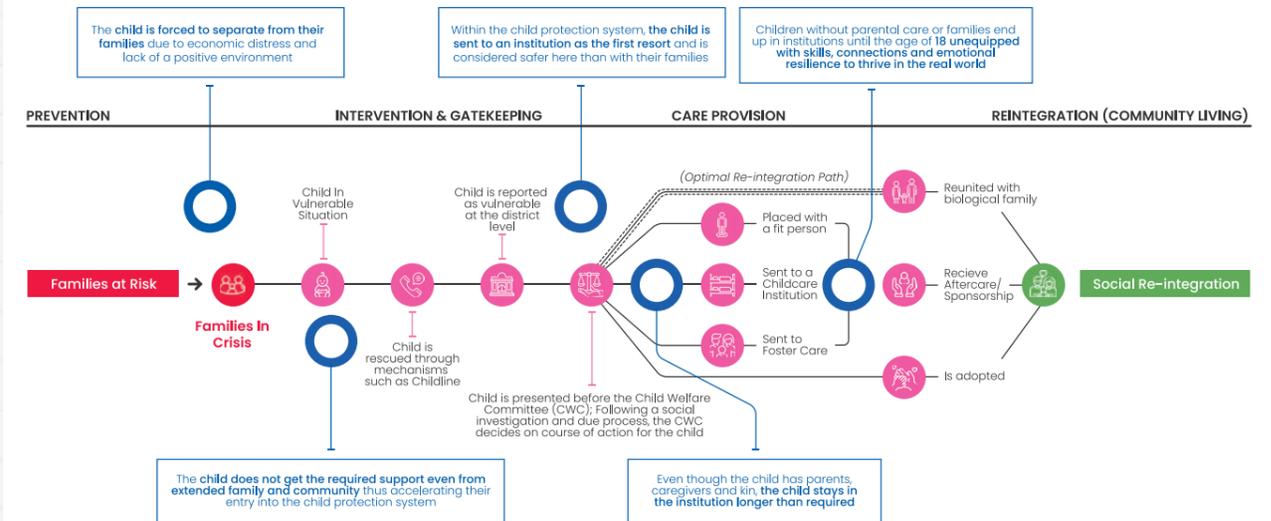
Additionally, the pandemic has already led to more children dropping out of school and being exposed to child labor, trafficking, and abuse, thereby exacerbating the need for increased resource allocation and focus on child protection efforts, especially at the community level.

# THE BIG PICTURE: TRACING THE JOURNEY OF A CHILD FROM FAMILY TO INSTITUTION

“There can be no keener revelation of a society’s soul than the way in which it treats its children.”

– Nelson Mandela

Understanding the circumstances that compel children in India to separate from their families and communities and studying the multi-dimensional drivers across socio-institutional constructs that lead children to institutions and in other dangerous and vulnerable situations, is crucial in building strategies that enable them to thrive in safe and happy family environments.



## Families in Distress

A recent study included in the Journal of the National Human Rights Commission, India<sup>20</sup> revealed that parents place their children in institutions due to – (1) poverty & migration and (2) socially acceptable beliefs that institutions are a means to disciplining and educating a child.

## Families in economic distress in a post-COVID world

According to government data and Indian practitioners, about 50% of the children in CCIs come from families that are unable to take care of them due to their financial situation.<sup>21</sup> The ongoing COVID-19 pandemic has pushed many families deeper into poverty, which could lead to an anticipated rise in the numbers of children in distress.<sup>22</sup>



**“The number of individuals who lie below the national minimum wage threshold (INR 375 per day) increased by 230 million during the pandemic.”**

–State of Working India 2021: One Year of Covid-19



**“Without work how will people survive? There is not enough money to buy required items for the house. The government should help people.”**

– A 16 year old girl

A report by Azim Premji University states that around 230M Indians have been pushed into poverty as a result of the pandemic and eventual lockdowns during 2020 that wreaked havoc on the economy and livelihoods. Rural and urban poverty rates increased by 15% and 20% respectively with incomes falling across the board, but with a far heavier toll on poorer households. In April and May, the poorest 20% of households lost their entire incomes. Job losses were higher for states with a higher average COVID-19 case load – Maharashtra, Kerala, Tamil Nadu, Uttar Pradesh, and Delhi, contributed disproportionately to job losses. The number of children living in poverty and hunger in India could soar by millions as a result of the ongoing COVID-19 crisis.

A community based assessment of the impact of the first COVID wave conducted by UNICEF and Institute for Human Development in two locations of Maharashtra found:

Nearly  
**90%**  
respondents regard monthly income as lower than pre-lockdown

**61%**  
of rural respondents said that expenses on basic food – **fruits, vegetables, milk, eggs** – was more than normal, indicating a deepening of vulnerabilities for these families

Around  
**15%**  
respondents said that they had to sell assets such as land, jewellery, livestock or household items to meet household expenditure

Only  
**52%**  
of the eligible rural respondents and 35% of the eligible urban respondents reported receiving cash assistance from Government, indicating inadequate outreach

**92%**  
of the rural respondents and 71% of urban respondents said that they have not paid school fees since lockdown

**Female headed families** are more vulnerable than male-headed families in terms of debt burden due to the lockdown

### Exacerbated mental health issues and challenges to parenting in stressful situations

"My family used to beat me with whatever they got in their hands – even hammer and a mirror. One day they even threw a TV at me. And I thought suicide was a good way out of this."

- Nandini, Age 19

"After my mother left us because of my father's beatings, my father decided to leave my brother and me at a railway station."

- Parth, Age 17

"My sister-in-law asked me to do some work, which I refused. That night, my brother and sister-in-law tried to electrocute me."

- Ranjit, Age 11

Source: #nevertoolate campaign, Make a Difference

A study by UNICEF<sup>24</sup> shows there are 30 different forms of physical and verbal abuse that Indian parents use on children as young as 0 to 6 years as part of disciplining efforts. The study conducted in two districts each in Madhya Pradesh, Chhattisgarh and Odisha, three districts in Rajasthan and four districts in Maharashtra in 2019 showed that, "Punishment is a widely accepted method to discipline children in families, schools and at the community level."

The study also showed that girls and boys are raised very differently from a very early age – with the burden of household chores, difference in the kind of toys given, day to day restrictions being imposed more on girls. Mothers are the main caregivers for children while fathers are much less involved. However, the study found that in many cases they wanted to be involved but didn't know

how to. Unable to cope with difficult situations at home, children run away to end up in even more vulnerable situations or in institutions.

Other studies point towards the fact that, in practice, there is now an increasing use of residential care for children who are being sent by their parents for education, food and clothing. Indian orphanages and childcare institutions all over the country are thus crowded with a mix of orphans, abandoned children and a complicated category of children from families who have placed them in institutions to obtain education and a better life, but have not technically forfeited all parental rights. In fact, in Maharashtra, parents and other family members form the largest category of 'child referral source', a whopping 54.5%, many of who were guided to CWCs by NGOs.

### A Child's Right to a Family: Deinstitutionalization – In the Best Interest of the Child<sup>25</sup>

by Asha Bajpai

"My research studies, surveys and visits to institutions in Maharashtra over a period of time have shown that only a minority of children in institutions are orphans."

It is a disturbing trend that young children with both parents are frequently placed in institutional care for the purpose of education. They are generally admitted on an application by their parents in the month of June, before the new academic year commences. Like other children living with families, they go home during vacations and festivals and after exams are over and return again to be admitted for the next academic year. When the institutions are visited during vacations, these children are there on the roll but absent from the institutions as they are back home celebrating Ganapati and Diwali (Indian festivals). The meagre resources of the State and institutions are thus being used incorrectly. The reason generally given by parents is that they are too poor to educate their children and hence choose to place the children in institutions."

### Lack of community-based safety nets

Breaking deep-rooted social barriers such as patriarchy and caste is the biggest challenge in realising child rights in India. Laws to protect the rights (e.g. criminalisation of child marriage and pre-natal sex determination) have little impact; as these laws do not have social acceptance and hence such cases go unreported. Violence against children is often pushed under the carpet and not reported as these incidents are linked with the pride of the family, resulting in the increase of such incidents and lower prosecution and conviction rates.



**“It is the responsibility of our children to help us in earning. Children should understand the hard work that the parents are doing for them and hence they should also do something for their parents in return.”**

- A Parent in West Bengal

Similarly, often parents are not convinced of the usefulness of education in ensuring decent jobs owing to their own experiences, they prefer their children to work rather than spend time and resources in attending schools. As was evident from the discussions held with children and parents during an Indian study<sup>26</sup> on Child rights by Joining Forces, an alliance of 6 child protection organizations, children are still not considered capable enough for their inclusion in decision-making at the family, school or community level; and hence despite provisions, are not included in the decision-making process. Children, on the other hand, lack the confidence and empowerment to raise their voices; as speaking against the decisions of parents is not socially accepted. This limits both the opportunities and the capacity of children to participate even in decisions that affect their own lives (e.g. marriage, education or work).



**“At times we also feel that our neighbours are responsible for such situations; as they tell our parents, ‘why do you educate your daughters, you have to give dowry at the time of marriage and there is no use of sending them to school.’”**

- A girl from an urban area of Telangana

In spite of multiple policies and plans for children supported by legal provisions to safeguard the best interests of children in India, the fundamental programming to uphold the basic rights of children, especially those in vulnerable circumstances, is yet to be implemented at the community level. Although it is usually accepted that preventive response mechanisms are crucial for reducing the vulnerability of children who are outside the family safety net, there is a lack of clarity on the most effective preventive response strategy for early identification of the immediate need of the child.<sup>27</sup>

Effective monitoring mechanisms at the community level therefore is one of the most important components of child protection. As per the ICPS scheme guidelines,<sup>28</sup> states need to constitute a Child Protection Committee (CPC) at the block and village level. The committees are responsible for ensuring and advocating for overall implementation of the scheme at various levels of governance, and gathering updated information on the situation of children, demand for and supply of child protection services, and performance of child protection systems. However, not all the villages/blocks/districts have CPCs in place. Many existing committees do not function. In most cases, there is a lack of basic incentives, logistical expenses to conduct meetings, and supervision of the functioning of these monitoring committees themselves.



Photo Credit: Make A Difference

**A Child Protection Committee (CPC)** is a group of individuals including duty-bearers, who are primarily responsible for creating and promoting a child friendly and safe environment wherein all children's well-being, safety and rights are protected.

Each CPC should include members of the local community, children, government officials and members of the Panchayat (India's local self-government organisation at the village level)

### Institutionally inclined Child Welfare Committees<sup>29</sup>

Decision-making in CNCP cases, keeping in mind the best interests of the child, is by far, the most important and possibly the most difficult function of the CWCs. A case decision may be finalised, or in other words, a case may be disposed of in a number of different ways.

In most of the studies reviewed, the commonly used option is institutional care. The option to restore children back to their families after adequate social investigation is rarely used. Adoption is often considered for the abandoned, surrendered and orphaned children, though CWCs in some States are often unclear about the appropriate procedures to be followed in such cases.

In many cases, it appears that CWCs are left with fewer options for disposal of cases due to the prevailing less than ideal CWC set-up and conditions for child protection. But the data obtained from the studies show that alternative

options that could work even within such a scenario, are often not explored by CWCs either due to lack of awareness or rigidity in thinking that prevents the use of innovative options. Most CWCs often do not think beyond institutionalization, family, or adoption, thereby limiting the possibilities of ensuring a dignified future for children.

Within the JJ Act, the key measures for ensuring care and protection for children are restoration, rehabilitation and social reintegration, with institutionalization being the last resort.

The range of options within this include restoration of children to their family, restoration along with orders for supervision or counselling, alternative forms of care such as Sponsorship, Foster Care and Adoption, Institutional Care and After Care.

### Zoom in on Maharashtra<sup>30</sup>



In Maharashtra, all CWCs are seen to be involved in promoting family-based alternative care options. However, this is largely limited to declaring children free for adoption.

Non-institutional alternative care options were declared for only 2%, of whom 1.75% were declared free for adoption and the remaining 0.25% (i.e. merely 3 of 1773 cases studied) were placed in Foster Care. The option of Sponsorship has never been considered.

52% of the children coming forth to the CWCs were institutionalized. Additionally, the default option seemed to be long-term institutionalization (instead of the preferable short-term order).

82% of children who were institutionalized were given a long-term order. In Maharashtra, it was found that of the 1783 children that appeared before CWCs, 40.5% children were brought into the JJ system because they belonged to high-risk families. This included children whose parents are dead, terminally ill, have mental health problems or are incarcerated, and those who are abandoned or neglected by one or both parents.

Another 29% of children were from families that are poor and unable to fend for their children's basic needs due to poor economic circumstances.

## Cycle of poverty continues for children post Child Care Institutes (CCIs)

According to the Juvenile Justice (JJ) Act, 2015, children are meant to live temporarily in CCIs before they are placed suitably in foster homes, adopted or reunited with family. But in reality, most children continue to live in CCIs until they are deinstitutionalised at the age of 18 years.

Management of children in CCIs—terminally ill (human immunodeficiency virus—HIV and acquired immunodeficiency syndrome—AIDS), disabled, with special learning needs, affected by armed conflict, rescued from streets, survivors of trafficking and abuse, children with history of separation, displacement and refugee—is particularly exigent. However, incidences of neglect, maltreatment, violence and ‘harsh disciplining methods’ towards institutional children are rampant. Besides, COVID-19 has exacerbated the struggles further – through sickness and death of caregivers and unavailability of institutional care at border areas and for children in transit – thus demanding immediate configuration of medium and long-term mitigating response guidelines for the authorities.<sup>31</sup>

Aftercare is defined as “making provision of support, financial or otherwise, to persons who have completed the age of 18 years but have not completed the age of 21 years, and have left any institutional care to join the mainstream of the society”

- (Section 2(5), JJ Act, 2015).

Integration of childcare-leavers upon turning 18 years into mainstream life is challenging; more so in post COVID-19 times. But legal unawareness by functionaries and young adult beneficiaries about provision of aftercare services ensured under JJ Act, 2015, make them vulnerable to struggles, marginalisation and social exclusion. There is dearth of ‘transitional planning’, and, often, children are not consulted in their aftercare and rehabilitation plan.<sup>32</sup>

## Status of Funding to CCIs<sup>33</sup>



According to MoWCD (2018), only 42.3% of CCIs received funds from government grants, and 23.4% and 14.8% from foreign sources and nongovernmental organisations (NGOs), respectively. Surprisingly, 56.8% of funds are from individual donations, which, in this current economic crisis, have dwindled. The allied services such as educational, health and skill training for which the CCIs need to network and coordinate with various experts, professional institutes is found to be dismal.

Only 27%, 16.7%, 33.2% and 22.4% of CCIs in India have requisite linkages for vocational training, legal training, mental health and health services, respectively (MoWCD, 2018). For educational, recreational and de-addiction services, the figures stand at 38.3%, 49.4% and 8.3% respectively. Conversely, Integrated Child Protection Scheme (ICPS), created in 2009–2010, released only 44% of the funds allocated in FY19–20 (till December 2019) under this scheme as against 79% released in FY18–19 (Mazumdar, 2020). Concurrently, CCIs in India can receive funding only after applying for it—they need to submit specified budget proposal that undergoes tight, lengthy scrutiny. The cumbersome process of grant approval often fails to deliver funding at appropriate times when the CCIs need it most.

To overcome the challenges outlined through this section, and to realize the vision of family for every child, there is a need for disproportionate focus on enabling families and communities to provide nurturing environments for their children, and also building capacities of child protection actors to undertake all efforts necessary to provide family-based care for children entering the system. While India has made tremendous progress in articulating sound legal and policy frameworks in this direction, we have a long way to go in overcoming execution challenges to make this vision a reality.



Photo Credit: Make A Difference

### Status of Child Protection Systems in India: Evolution, Progress & Way Forward

(An excerpt from – *Child Protection in India* by Nicole Rangel Menezes)<sup>34</sup>

The Indian Constitution guarantees rights to children as equal citizens on par with adults, and further provides special rights and protections to children recognising their special needs, tender age, and need to develop into citizens who are healthy in mind and body.

India has also ratified the UN Convention on the Rights of the Child in 1992 (UNCRC), and subsequently in 2005 ratified its Optional Protocols on the Sale Trafficking and Use of Children in Pornography, and the Use of Children in Armed Conflict.

The Juvenile Justice Act, 2000 (JJA 2000) amended in 2006, stepped up from its 1986 avatar. It sharpened child focus in nomenclature and procedure, brought uniformity in definition of child as all individuals under the age of 18 years, expanded definitions of children in need of care and protection (CNCP) to also include children at risk, brought care, protection, development as primary needs for both children in need of care and protection and children in conflict with law (CICL), and brought the Act on par with provisions of the UNCRC.

The shift from protection of rights of children to child protection happened in the mid-2000s. Recognition of increasing crimes against children (crime data reported in the Crime

in India statistics and reports from CHILDLINE 10987), very low investment in Child Protection (Budget analysis by HAQ: Centre for Child Rights and Government on its own since 2003) and also the World Report on Violence Against Children in 2006, to which India was obliged to submit a response report thereby drawing the government's attention specifically to the issue – all contributed to the interest in child protection. One important step in this direction was the approach paper to the Eleventh Five Year Plan. The Government of India undertook a nation-wide study on prevalence of child abuse in India which was published in 2007. The MWCD published a document titled "India-Creating Protective Environment for Children", which laid the foundation for the introduction of the Integrated Child Protection Scheme (ICPS) in 2009.

In 2006, the Department of Women and Child Development (DWCD) under the Ministry of Human Resources and Development (MHRD) was upgraded to a ministry, the Ministry of Women and Child Development (MWCD). The prime intention was to address gaps in State action for women and children for promotion of inter-ministerial and inter-sectoral convergence to create gender equitable and child-centred legislation, policies and programmes.

The subject of child protection was brought within the mandate of new ministry created for women and child development in 2006. Juvenile justice, psychosocial rehabilitation, institutional care, non-institutional care, adoption, CHILDLINE 1098, street children, trafficking of women and girls, adolescent reproductive health, along with related schemes for welfare and rehabilitation were brought under the MWCD. Important issues with serious considerations for child protection such as child labour, disability, substance abuse

and de-addiction, mental health of children, continued to rest within the purview of other ministries.

The ICPS was designed to mark a shift from addressing children after they fell out of the protective net to creating a protective environment for children, through the creation of community level child protection structures. It brought most of the existing schemes and programmes that addressed children who had fallen out of the protective net, within its fold. Through this, MWCD articulated the government's intention for children to be surrounded by a protective environment achieved through collaborative efforts between civil society organisations, communities and the government. Special legislations were enacted and amended to protect children from child marriage, sexual offences, child labour, namely The Prohibition of Child Marriage Act, 2006, The Protection of Children from Sexual Offences, 2012 (POCSO), and The Child Labour and Adolescent (Prohibition and Regulation) Amendment 2016.

An optimistic view suggests that the work thereon was beginnings of an integrated child protection system. In this duration however, despite progressive policy intention, financial allocations for child protection remained limited grossly inadequate hovering around 0.03% over the last 20 years.

Consequently, infrastructure, services, and human resource have also remained constantly and severely lacking in implementation. In the last two decades, civil society grew in understanding, undertook several critical interventions towards building capacity, informing policy and programme through research and theory building, enhancement of child protection service

delivery through demonstration of good practice. CHILDLINE 1098, incubated as a civil society and government collaboration, was incorporated as a national emergency helpline service for child protection that is now functional in 602 districts across the country. The technique of child budgeting was brought into the country by civil society organisations in 2000. For example, HAQ: Centre for Child Rights led the advocacy for the adoption of child budgeting in the government which was achieved in the Government of India's National Plan of Action for Children 2005.

Civil society led litigation resulted in efforts towards child protection system strengthening, and improved understanding and justice for children. Notable outcomes include securing a ban on the employment of children in circuses, secured by the Bachpan Bachao Andolan (BBA) through a PIL to the Supreme Court, orders in the Sampurna Behura vs Union of India, PIL filed by the Human Rights Law Network (HRLN) for all states and UTs to comply with implementation of the JJA including setting up of Juvenile Justice Boards (JJBs) in all districts, training of police and legal aid lawyers by the legal aid service authorities, implementation of ICPS, and set up of State Commissions for Protection of Child Rights.

The 86th Amendment to the Indian Constitution and the insertion of Article 21A made elementary education free and compulsory for children aged between 6-14 years of age via the Right of Children to Free and Compulsory Education Act 2009 (RTE). The subsequent achievement of universal enrolment ensured children under the age of 14 years stay in school and therefore reduced their exposure to protection risks. Evidence of the benefit of the RTE was found in the reduction of child marriage from 58 % in, 2005-06 to 27% in 2015-16.

## Child Protection System Remains Broken

The child protection system in India is characterised by an elaborate legal and policy framework, articulating sound intent, a thick population of structures and services concentrated at state governments and district headquarters which taper to nearly nothing at the block and village level including their urban equivalents where communities, families and children reside. So far, the system has adopted a top down approach, that is tilted towards curative interventions in response to children who have experienced harm.



Photo Credit: Make A Difference

## Way Forward

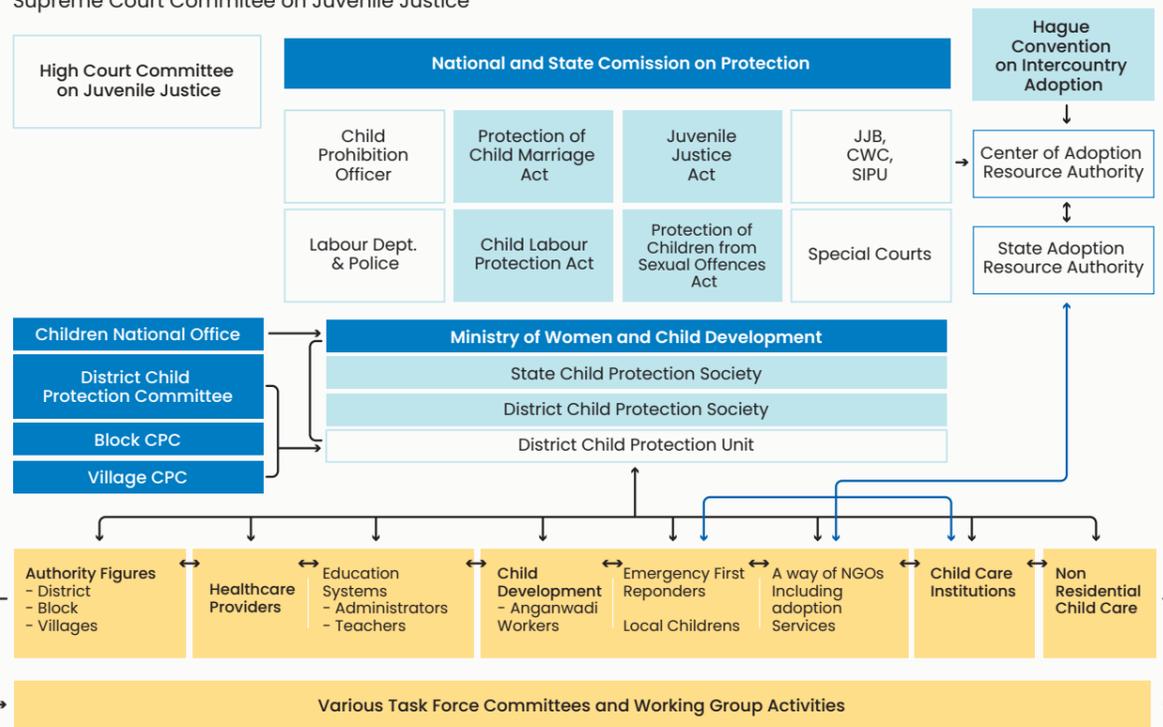
In India, child protection issues present themselves in plain sight—on the streets, in the community, at home, in public spaces, public services. The work is complex, bringing head on collision with politics of caste, class, poverty, power, gender, ability, geography and access among others. Diverse stakeholders including children, families, communities, and government need to come together in a collaborative approach to find solutions.



Photo Credit: Make A Difference

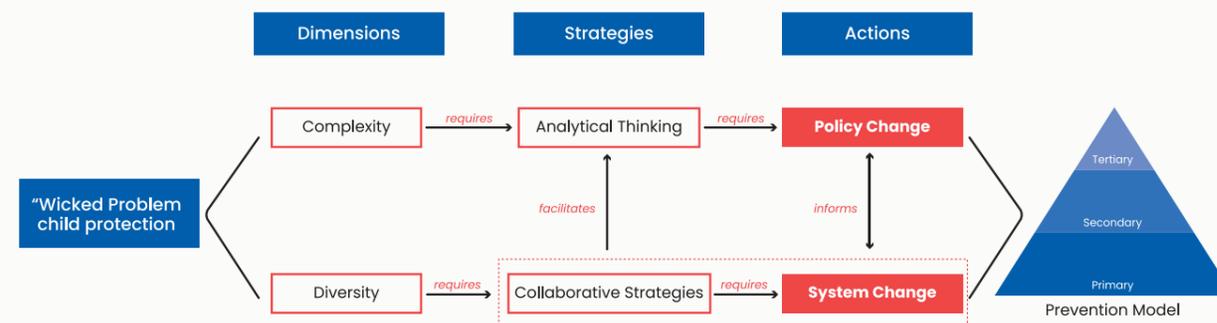
## Child Protection System

Supreme Court Committee on Juvenile Justice



Since the enactment of the Juvenile Justice (Care and Protection of Children) Act 2000, and the ICPS in 2009, the need for a protective environment, for family support and strengthening, to shift away from institutional care, the addition of preventive interventions towards ensuring the safety and protection of all children began to make entry into government and civil society parlance presenting an

opportunity to revamp, and envision an integrated and comprehensive child protection system. To achieve this requires assessment, investment, and thoughtful consideration of some issues.



Currently, almost all of India's child protection work takes place at the tertiary level, with focus on children who have already been harmed/violated, thereby inviting reflection on the conceptual framework mentioned above. Local governance through the Panchayati Raj system, strong social networks of community and family present viable resources and opportunity for child protection interventions at the primary level.

There can be no doubt that for India too, the child protection system needs to be turned on its head. The major thrust must be towards preventive interventions for all children, with children themselves, their families and communities at the helm of dialogue and action.

# PRIORITIES FOR ACTION & ON-GROUND PROGRESS



Photo Credit: Make A Difference

Children and families in distress, and the child protection system at large face several challenges in ensuring family for every child. In order to address these gaps, Indian non-profit organizations have spearheaded some innovative and impactful strategies to build a more child-centric ecosystem.

Engagements with sector leaders, experts and review of existing literature point towards five priority areas of action that if invested in, have the potential to catalyse the mission of a family for every child.

1.



**Empower families and existing community-based safety nets**

2.



**Equip nodal points within the child protection system**

3.



**Establish culturally relevant, local models of family-based alternative care**

4.



**Strengthen aftercare support to care leavers**

5.



**Build and collectivize the ecosystem surrounding the child**



Photo Credit: Make A Difference

## Priority Area of Action 1:

### Empower families and existing community-based safety nets

The best place for a child to grow up is in a caring and nurturing family with strong community support and ties. To ensure that every child is able to realize her right to family, there is dire need to adopt and invest in a preventive system of child protection. This involves investing in interventions that link families to social protection services and provide them with tools, knowledge and resources to make the best decisions for their children, keeping in mind the best interest of the child. Governments play a key role in ensuring that families have access to basic social security – adequate social protection, access to employment, income generation, and access to basic services such as health and education.

The family is considered the core unit of society and the major source of development of children and it provides nurturance, emotional bonding and socialization. Enriching and nurturing family life is essential to the development of the child's potential and personality. The family structure, composition, practices, interactions, relationships and environment all contribute to child development

#### Need for a holistic multi-sectoral approach

Given the scope of family strengthening programs, a multi-sectoral preventive approach is essential. Regular mapping and assessment of families in distress by the State and identifying their vulnerabilities is key to family strengthening. Understanding family strengthening as a comprehensive bouquet of services and its integration as an essential component in the continuum of care is necessary. Community-based child protection groups, local self-government bodies, and other community stakeholders become the strong conduits and proponents of family strengthening services. Convergence of community mechanisms and stakeholders with child protection mechanisms at all levels enables gatekeeping, referrals, and linkages with services on a needs basis.

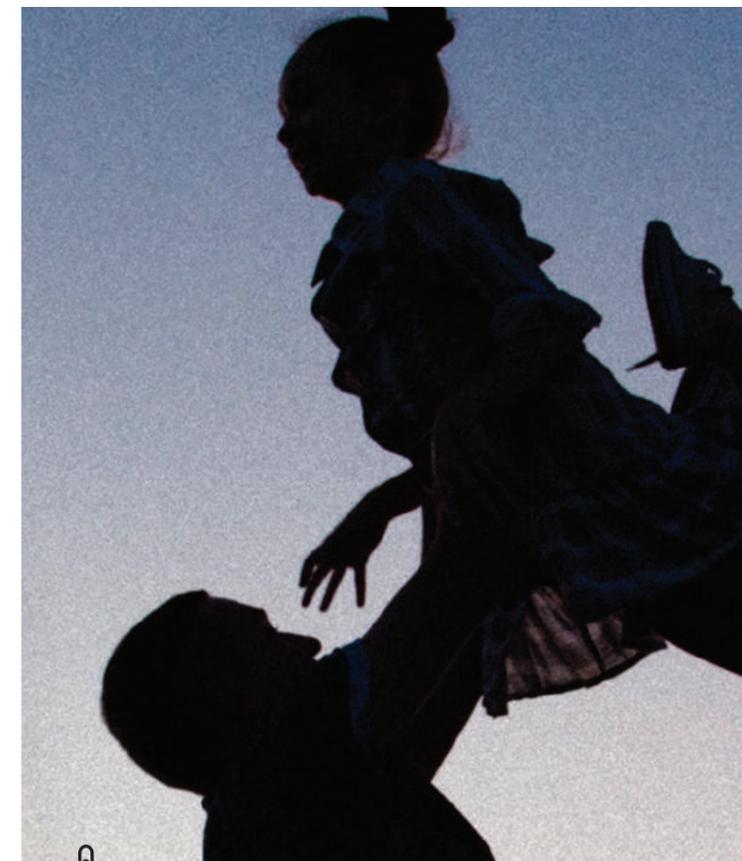
### Multifold benefits of focus on parents and caregivers

Support for parents and caregivers can encompass general programs provided for all families; targeted programs for families in distress; and/or individual support for parents and caregivers where children have experienced violence. Promotion of positive or nurturing parenting is at the core of programs to support parents and caregivers. These techniques help mothers, fathers, and caregivers to manage children's behavior and offer alternatives to physical punishment. Parent support also helps parents understand children's development and improve parent-child communication – thereby protecting them against physical and sexual violence. Many programs help parents teach their children skills – such as emotional regulation, problem-solving, and social skills – that help children build resilience and avoid experiencing or perpetrating violence or bullying in the future

Parenting programs also:

- Have a positive impact on the relationship between parents, reducing conflict, and reported alcohol or substance misuse by fathers (3,4)
- Support early child development (ECD) outcomes by increasing attendance at routine health visits, improving nutrition outcomes, and enhancing mothers' mental health (5)
- Interrupt the intergenerational cycle of violence and prevent the social and neurological consequences of childhood exposure to toxic stress, which include perpetration of future violence
- Promote positive social norms about the role of community and social structures in protecting and nurturing children
- Prevent family separation

In addition to the benefits for children's safety, health and resilience, program evaluations show that the costs of prevention efforts are lower than the costs of the consequences of violence against children.



#### What is positive parenting

Positive parenting focuses on creating safe home environments and building a foundation of support and care for children through affection, quality time, praise, and healthy methods of dealing with difficult behavior, such as positive discipline that teaches pro-social behavior. Nurturing parenting involves helping children develop healthy social and emotional behaviors, teaching life skills, and promoting well-being through modeling healthy ways to solve problems and communicate feelings. Positive discipline refers to praising, rewarding, supporting good behavior, and non-violent responses to misbehavior that take children's cognitive and emotional stage into account, such as natural or logical consequences, time-out or taking breaks, and redirection.

Photo Credit: Klara Kulikova. www.unsplash.com

## The Indian Landscape of Interventions

INTERVENTION	SCOPE
Family Strengthening (FS)	<ul style="list-style-type: none"> <li>• Unlock financial assistance</li> <li>• Support working mothers with child-care</li> <li>• Build community awareness on positive parenting</li> <li>• Provide social protection</li> </ul>
Community Strengthening (CS)	<ul style="list-style-type: none"> <li>• Strengthen child protection mechanisms at the grassroots level</li> <li>• Build awareness and sensitize stakeholders and gatekeepers on child protection</li> <li>• Train local leaders, government stakeholders and community members in to identify early warning signs for vulnerable/at-risk children</li> </ul>
Holistic Development for At-Risk Children (HD)	<ul style="list-style-type: none"> <li>• Conduct in/ after school outreach programs for vocational and soft skills training, financial literacy, educational programs</li> <li>• Create safe spaces for children in schools, AWCs</li> <li>• Train children as peer educators</li> <li>• Provide counsellors and social workers in school</li> </ul>
Research & Advocacy (R&A)	<ul style="list-style-type: none"> <li>• Undertake policy advocacy for prevention</li> <li>• Collect data and build evidence</li> <li>• Codify best practices for replication and scale</li> </ul>

### Landscape of organizations in this focus area (indicative representation)

This landscape is not meant to be exhaustive and lists organisations encountered/studied specifically for the purposes of this report only



## CASE STUDY

1.

### Save The Children India



Building a community-based child protection cadre

- **Founded:** 2008 • **Headquarter:** Gurugram • **Geography of Operations:** Pan India
- **Website:** www.savethechildren.in

Save the Children India piloted a program in the two states of West Bengal and Jharkhand (2017-2020) wherein it capacitated 60 individuals from within the community to identify child-rights violations and respond to the protection needs of vulnerable and at risk children. The capacitated workforce is known as the Community Level Child Protection Cadre. Their primary role is to strengthen the preventive and child protection response mechanism to ensure that the most vulnerable children in remote villages are identified and protected within the child protection framework in the country.

training approach involves developing job roles and occupational standards (OS) for the specified position. Basis the OS, the training program is designed. The training is imparted phase-wise with inbuilt mentoring, which ensures that learners acquire the desired skills needed to deliver the job role.

Council for Awards in Care, Health and Education (CACHE), a UK based awarding institution has been the technical partner of SC India to develop this training program and Save the Children has been designated as the accreditation center in India to support and scale similar work.

The community cadre is trained using a competency based training approach. The unique

2.

### Leher



Preventive action on development outcomes

- **Founded:** 2013 • **Headquarter:** New Delhi • **Geography of Operations:** Bihar, Assam, Maharashtra, Delhi, Jammu and Kashmir, Ladakh • **Website:** www.leher.org

Leher is a child rights organization, whose vision is for caring families, alert communities and responsive governments to come together for the rights and protection of all children. Leher focuses on child protection prevention at the primary level – with an emphasis on communities and government, for all children. Leher's work includes a field lab in 36 villages in the district of Madhubani, Bihar, to generate lived experience, evidence, insights, indicators of impact of community led child protection. In Madhubani, Leher's work focuses on facilitating and strengthening CPCs, and children's groups, to advocate for child protection at the village, block and district level.

indicators of impact include increased mobility of children especially girls in their community spaces, confidence among children to express issues, aspirations, and to negotiate for themselves with family, peers, and other community stakeholders. When children's views are taken seriously, they influence the views of adults in the environment and are accompanied by a decline in instances of child marriage, and child labor. In Madhubani the impact has been reflected in CHILDLINE's data, in terms of a demonstrated ability to engage with the system in seeking help and for child protection systems change. As communities grow stronger in understanding, behaviors and practice change, goal posts move. Eventually the aim is to create a snowball effect on child protection, children's wellbeing decision making at the block and district level.

Leher's work in Madhubani has demonstrated that when CPC and children's groups work in tandem, the change is transformational. Key



Photo Credit: Save The Children India

## Priority Area of Action 2:

### Equip nodal points within the child protection system

The child protection workforce of the country is tasked with making decisions about care in the best interests of children who are at risk of losing, or already without, adequate parental care. The process, known as gatekeeping, involves a systematic procedure to ensure that alternative care for children is used only when necessary and that the child receives the most suitable support to meet their individual needs. Formal (CPCs, CWCs) and informal community led (SHGs, allied) systems of gatekeeping have the potential to prevent the child from entering the child protection system.

Strengthening such nodal systems can help keep the child within families and communities instead of within institutions. Furthermore, decentralized rural self-governance systems offer opportunities for communities to take charge through these informal and formal systems and develop contextualized solutions that work in the best interest of the child. Effective gatekeeping requires coordinated efforts across multisectoral community-based systems that children, families and communities regularly interact with, including but not limited to schools, day care centres, healthcare units, local police, and child protection committees.

### Key Guiding Principles for Gatekeeping: Necessity & Suitability<sup>35</sup>

The United Nations General Assembly Guidelines for the Alternative Care of Children (UNGACC) demand respect for two basic principles, namely: that such care is genuinely needed (the 'necessity principle'), and that, when this is so, care is provided in an appropriate manner (the 'suitability principle').

#### Articles 9, 18 & 19 of the Convention on the Rights of the Child (CRC), articulates four components to gatekeeping:

- An agency responsible for coordinating the assessment of the child's situation,
- A range of family support services in the community, including foster care and adoption that are alternatives to care in an institution,
- Decision-making based on assessment of the child's needs and circumstances,
- Information systems to monitor and review decisions and their outcomes.

### Applying the principles of necessity and suitability

The key elements of ensuring alternative care is used only when necessary and appropriate for the child.



#### Q1 Is care genuinely needed?

Reduce the perceived need for formal alternative care	Discourage recourse to alternative care
<ul style="list-style-type: none"> <li>• Implement poverty alleviation programmes</li> <li>• Address societal factors that can provoke family breakdown (e.g. discrimination, stigmatisation, marginalisation...)</li> <li>• Improve family support and strengthening services</li> <li>• Provide day-care and respite care opportunities</li> <li>• Promote informal/customary coping strategies</li> <li>• Consult with the child, parents and wider family to identify options</li> <li>• Tackle avoidable relinquishment in a pro-active manner</li> <li>• Stop unwarranted decisions to remove a child from parental care</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure a robust gate-keeping system with decision-making authority</li> <li>• Make available a range of effective advisory and practical resources to which parents in difficulty can be referred</li> <li>• Prohibit the recruitment of children for placement in care</li> <li>• Eliminate systems for funding care settings, that encourage unnecessary placements and/or retention of children in alternative care</li> <li>• Regularly review whether or not each placement is still appropriate and needed</li> </ul>

#### The Necessity Principle

#### Q2 Is the care appropriate for the child?

Ensure formal alternative care settings meet minimum standards	Ensure that the care setting meets the needs of the child
<ul style="list-style-type: none"> <li>• Commit to compliance with human rights obligations</li> <li>• Provide full access to basic services, especially healthcare, and education</li> <li>• Ensure adequate, human resources (assessment, qualifications and motivation of carers)</li> <li>• Promote and facilitate appropriate contact with parents/other family members</li> <li>• Protect children from violence and exploitation</li> <li>• Set in place mandatory registration and authorisation of all care providers, based on strict criteria to be fulfilled</li> <li>• Prohibit care providers with primary goals of a political, religious or economic nature</li> <li>• Establish and independent inspection mechanism carrying out regular and unannounced visits</li> </ul>	<ul style="list-style-type: none"> <li>• Forsee a full range of care options</li> <li>• Assign gatekeeping tasks to qualified professionals who systematically assess which care setting is likely to cater best to a child's characteristics and situation</li> <li>• Make certain that residential care is used only when it will provide the most constructive response</li> <li>• Require the care provider's cooperation in finding an appropriate long-term solution for each child</li> </ul>

#### The Suitability Principle

## The Indian Landscape of Interventions

INTERVENTION	SCOPE
Outreach (O)	<ul style="list-style-type: none"> <li>Develop local reporting mechanisms and create vigilant squads in hotspots</li> <li>Establish free, emergency phone services for children in need of aid and assistance</li> <li>Run 24 hr help desks at railway stations and other public areas where children congregate</li> </ul>
Rescue & Rehabilitation (R&R)	<ul style="list-style-type: none"> <li>Protect children from exploitation, trafficking, child labour and in disaster-struck areas</li> <li>Provide a safe and immediate response transitory environment or temporary homes</li> <li>Supply medical help, food, clothing, recreational facilities, sports, theatre, and counselling</li> <li>Support with stakeholders in the protection system help with child's rehabilitation</li> </ul>
Systems Strengthening (SS)	<ul style="list-style-type: none"> <li>Build capacities of duty bearers from the government and law enforcement bodies</li> <li>Provide project management support to local and state level government institutions</li> <li>Improve decentralised solutions at district and ward level to empower communities</li> <li>Support evidence building through innovative tech solutions</li> <li>On-board a workforce trained in social work, legal and related fields</li> </ul>
Research & Advocacy (PRA)	<ul style="list-style-type: none"> <li>Advocacy for legal and policy reform and stronger implementation in line with the principles and standards of the UNCRC</li> <li>Action research, documentation, dissemination on children's vulnerability for influencing stakeholders</li> </ul>

### Landscape of organizations in this focus area (indicative representation)



This landscape is not meant to be exhaustive and lists organisations encountered/studied specifically for the purposes of this report only

## CASE STUDY

### 1. Where Are India's Children (WAIC)

Leveraging technology to enable tracking of children within the system

- **Founded:** 2019 • **Headquarter:** Pune • **Geography of Operations:** Maharashtra, Telangana
- **Website:** www.waic.in

Abandoned and orphaned children in thousands of shelters across India do not reach the legal adoption pool. 30-40% of children in shelters ought to be routinely evaluated for adoption eligibility, but less than 1% get evaluated and reach the legal adoption pool. WAIC adopts a 3-step process, aided by technology, to change this:

- Deploying technology and collecting relevant data about all children in shelters, which indicates whether the child has any traceable family, whether the family is in contact with the child, and whether the family is willing/unwilling, able/unsafe, and safe/unsafe to raise the child.
- Auto-flagging eligible children who are eligible to go through a potential adoption inquiry.
- Working with the shelters and local authorities to complete the mandatory paperwork for eligible children, and supporting the process of moving the child through the adoption inquiry,

which is conducted by the district Child Welfare Committee to declare children legally adoptable.

WAIC leverages technology to ensure that all the above steps are traceable and transparent, and there is significant ease of information access for the government authorities. Training of shelters and local authorities ensures that all involved parties are informed about the process.

Till date, WAIC has trained 100+ government officials and social workers on the process of identifying abandoned, orphaned, and surrendered children in shelters, and bringing them into the legal adoption pool. The organization has collected data for 2000+ children and auto-flagged for adoption evaluation, worked on cases of 250+ children, and supported the movement of 45+ children into the legal adoption pool.

### 2. Vidhayak Bharti

Building capacity of child protection workforce

- **Founded:** 2011 • **Headquarter:** Mumbai • **Geography of Operations:** Maharashtra • **Website:** www.iapacw.org

Vidhayak Bharti is a rights-based, non-profit working for the promotion and preservation of child rights and child protection in society. Vidhayak Bharti's prevention level work involves awareness and sensitization sessions with children, families, schools and system stakeholders like the police, child welfare committees etc. Response level work involves working with stakeholders to resolve children's issues through technical case support, handholding, and aiding institutions in setting up systems of response to child protection violations. The organization's capacity building program focuses on 3 key stakeholders within the child protection system – 1) Police; 2) Judiciary; 3) District Level Administration including ASHA workers, Village Level Child Protection Committees, and Staff of CCIs.

Since inception, Vidhayak Bharti has trained 2000+ police officials in basic child rights & child related laws with special focus on Juvenile Justice (care & protection of children) Act, 2015. It has also been working on a special initiative called "Child Friendly Police" whereby the organization is collaborating closely with 6 city and 2 railway police stations to understand the on-ground reality, provide technical support in cases, and improve their community programs for children. Additionally, Vidhayak Bharti has trained 1100+ district level stakeholders including the District Child Protection Unit (DCPU), Anganwadi workers, Superintendents & staff of Child Care Institutions (CCI), ASHA workers, police patils, Bal Rakshaks (appointed by Education Department) etc.



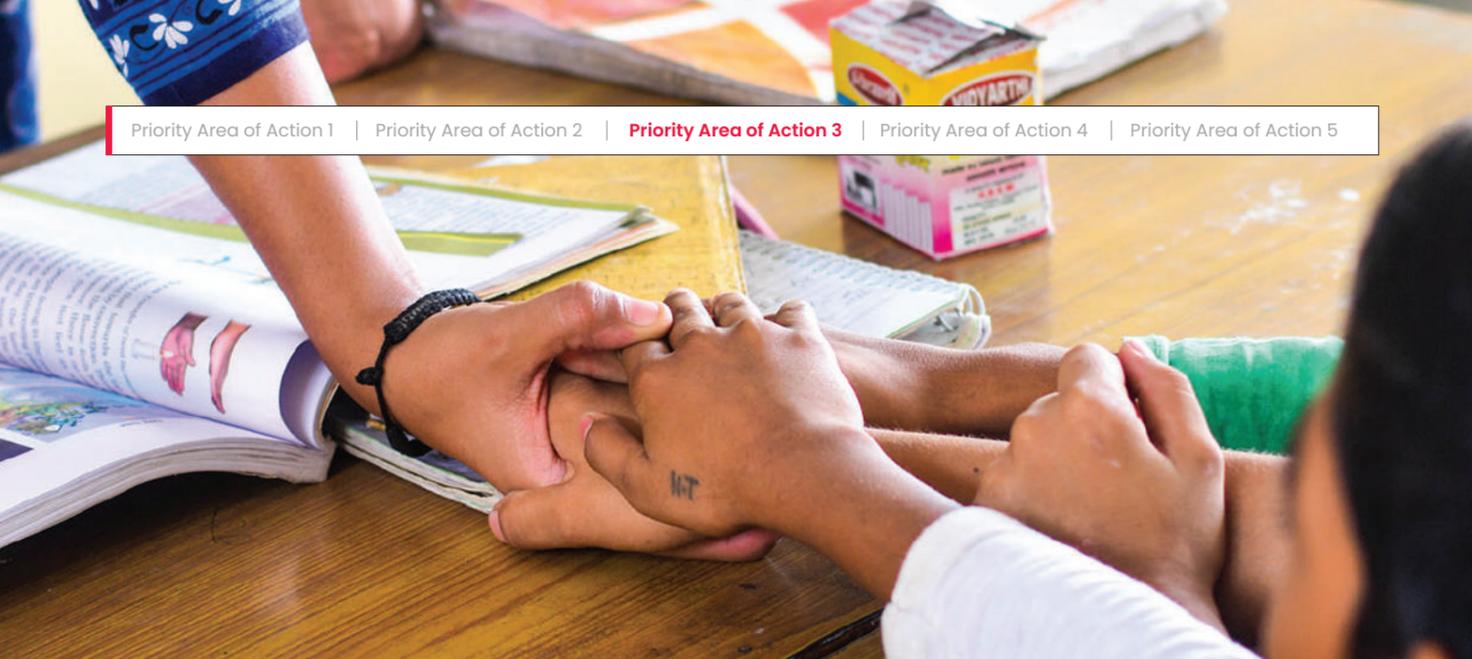


Photo Credit: Make A Difference

### Priority Area of Action 3:

#### Establish culturally relevant, local models of family-based alternative care

Family-based Alternative Care ensures and upholds the right of children to a family, as guaranteed to them under the UNCRC. All forms of this service try to provide family-based environments for children in cases where separation from biological family is unavoidable and/or in the best interests of the child.

 <b>Foster Care</b>	 <b>Kinship Care</b>	 <b>Sponsorship</b>	 <b>Adoption</b>
<p>Foster care is an important short term alternative care option that may be suitable for a child while work is done with family of origin to revert the situation that led to separation in the first place. In some cases it may be longer term, up to the age of 18. The UN Guidelines defines it as: 'situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care.'</p>	<p>The UN Guidelines describe kinship care as 'family-based care within the child's extended family or with close friends of the family known to the child, whether formal or informal in nature'. Informal kinship care is when a private arrangement is made for a child to be looked after on an ongoing or indefinite basis by relatives, friends or by other people known to the child. This type of kinship care is common in India.</p>	<p>Sponsorship is providing of additional financial support to families who are unable to meet educational and other needs of their children, due to a number of reasons. The assistance is towards meeting expenditures on medical, nutritional and educational and other needs of the child, allowing the child to continue and stay with their biological families. Working with the family as a unit is a very effective approach in sponsorship. Eventually, families are trained to become self reliant and independent through long-term rehabilitation plans that is self-sustainable.</p>	<p>Adoption is the process of transferring a child from biological parents or CCIs to adoptive parents through law. Under the JJ Act, 2015 adoption is defined as a "process through which the adopted child is permanently separated from his biological parents and becomes the lawful child of his adoptive parents with all the rights, privileges and responsibilities that are attached to a biological child". This is a key reintegration measure for CNCP as it provides the children family-based non-institutional childcare. Once adopted legally, the child enjoys all the benefits from those family ties from the date of the adoption.</p>



Photo Credit: Save The Children India

#### Nascency of Foster Care in India

The Indian Constitution guarantees rights to The history of foster care in India goes back to the year 1964 when the Central Social Welfare Board started a pilot project on foster care as part of its 'family and child welfare plans'. Subsequently, Government of Maharashtra introduced a non-institutional care scheme for children in 1972, which was later on renamed as Bal Sangopan Scheme - with a focus on promoting foster care. Government of Karnataka had introduced a Foster Care Scheme in 1996 for de-institutionalizing children through family and group foster care. An emergency foster care scheme was introduced in Gujarat after 2001 earthquake that resulted in rehabilitation of about 350 children with their relatives and community people.

While some Indian states have developed effective foster care programs, foster care in India is still in its infancy stage.

A study<sup>36</sup> of 33 foster care agencies found that three states (Maharashtra, Rajasthan and Karnataka) with government enabled foster care schemes had the highest number of organizations involved in foster care service. 10,761 children were in foster care placements but out of this, 77.4% of children were provided 'placements' as part of a single government

scheme established since 1995 in the State of Maharashtra with support from UNICEF, Bal Sangopan Yojana (BSY). Data collection is highlighted by the study as a major challenge. Although 31 out of 33 organizations reported conducting a case study and home enquiry for each child, only 10 organizations could provide gender-disaggregated data. The study also found that these organizations faced a major challenge while dealing with the state machinery. In states with a foster care scheme, budget allocation is meager whilst in state without such a scheme neither the foster parents nor the foster care organizations are supported financially by the state. Finally, a key challenge spotlighted by the study is paucity of trained human resources such as skilled social workers, case workers, and foster mothers for group foster care settings.

However with the coming into force of the JJ Act 2015 and other legal and policy prescriptions, which consider institutionalization of children as the last resort, foster care is now expected to gain momentum in the country.

## The Indian Landscape of Interventions

INTERVENTION	SCOPE
<b>Alternative Care (AC)</b>	<ul style="list-style-type: none"> <li>• Provide foster care or family-based group care, with an emphasis on emotional well-being, community participation, individual care, child development, and social reintegration</li> <li>• Provide comprehensive education, life skills and vocational training</li> <li>• Ensure holistic child development services, including health, nutrition and sanitation</li> </ul>
<b>Capacity Building (CB)</b>	<ul style="list-style-type: none"> <li>• Build capacity and capability of CCIs to sustain their work in child care at a high level</li> <li>• Develop capacity of workforce in the care provision space</li> </ul>
<b>Lateral Aid (LA)</b>	<ul style="list-style-type: none"> <li>• Support children with legal aid as per their case requirements</li> <li>• Supplement services for children, such as counselling, healthcare and education</li> <li>• Undertake research and documentation on best practices in childcare</li> </ul>
<b>Landscape of organizations in this focus area (indicative representation)</b>	

This landscape is not meant to be exhaustive and lists organisations encountered/studied specifically for the purposes of this report only

## CASE STUDY

1.

### Miracle Foundation



Promoting kinship care for children to preserve their family and cultural background

- **Founded:** 2011 • **Headquarter:** New Delhi • **Geography of Operations:** Delhi, Maharashtra, Jharkhand, Gujarat, Bihar, Kerala, Tamil Nadu, Madhya Pradesh, Tripura, Karnataka, Telangana and Jammu & Kashmir
- **Website:** www.miraclefoundationindia.in

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 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 recognized 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, implementation of a systematic process of case management in order to ensure safe, permanent and sustainable reintegration of children.

A study of 71 children to examine the success of children reintegrated in Kinship care found that family & social relationships of the children improved due to guidance & regular follow-up support received from the organization. Additionally, CCI-driven regular education-related follow-ups and efforts to link families with community resources and schemes also proved to be effective.

2.

### Indian Association for Promotion of Adoption and Child Welfare (IAPA)



Increasing uptake of adoption as a pathway for family planning and child care

- **Founded:** 1970 • **Headquarter:** Mumbai • **Geography of Operations:** Maharashtra • **Website:** www.iapacw.org

IAPA was formed in 1970 with the aim of promoting the concept and services of in-country adoption, of orphaned and abandoned children. Actively engaged in awareness building in various states, policy making and advocacy, IAPA is registered as a Specialized Adoption Agency (SAA) with the regulatory body, Central Adoption Resource Authority (CARA).

Information, counseling and guidance is provided to help adoptive parents make the right decision, during the pre-adoption stage. Post adoption counseling and workshops on relevant subjects, enable them to deal with issues that come up at a later stage. Biological parent/s and family members are counseled to take an informed decision in the matter of surrendering their infants. They are assisted with information and guidance about medical

care and shelter, that they are referred for or seek themselves. Campaigns are undertaken to prevent abandonment of infants by their biological caregivers. IAPA reaches out to appropriate community, medical and government authorities, to promote safe handing over of such infants, for their rehabilitation through legitimate channels. Additionally, IAPA also focuses on educating society in general and medical fraternity in particular, about adoption regulations and other aspects, in order to simplify and encourage the correct procedure of adoption. Chapters in Vidarbha and Marathwada regions set up by IAPA to further the concept of adoption are now functioning as independent entities. Till date, IAPA has supported ~2500 parents in navigating adoption-related procedures.

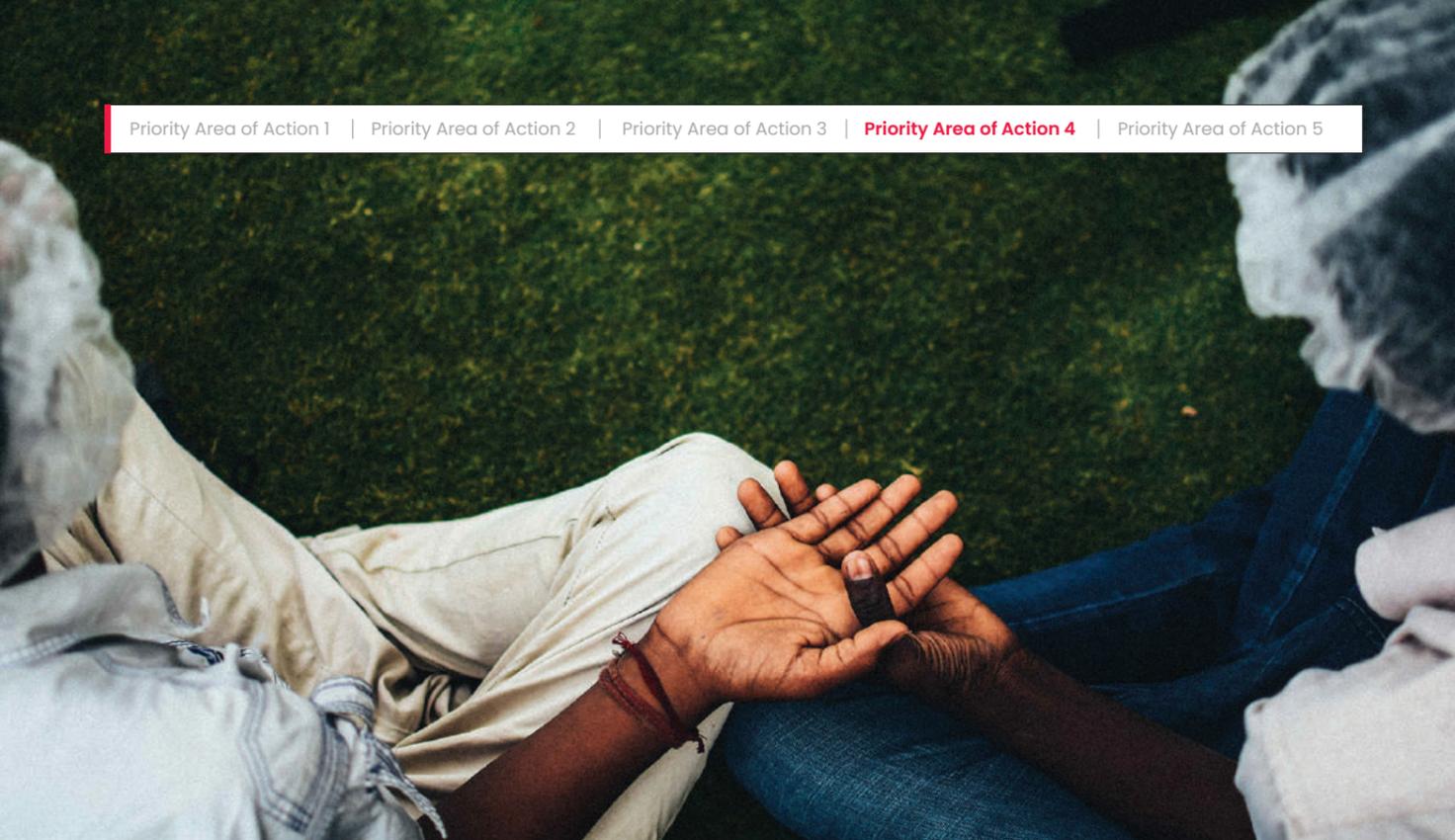


Photo Credit: Make A Difference

## Priority Area of Action 4:

### Strengthen aftercare support to care leavers

For children without parental care, living in formal or informal settings of Alternative Care, the State is mandated to act as their guardian and to ensure their safety and development through child protection measures, dictated by national and state legislations and policy frameworks. Aftercare is one component of Alternative Care.

In India, the state has committed to protect youth from exploitation and from moral and material abandonment. The Constitution of India, in Article 39 (f), requires the state to direct its policy towards securing that children are given opportunities and facilities to develop in a healthy manner, in conditions of freedom and dignity, such that children and youth are protected against exploitation and against moral and material abandonment.

“Aftercare is defined as “making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society”

The Juvenile Justice (Care and Protection of Children) Act, 2015, (JJ Act, 2015), along with the Juvenile Justice (Care and Protection of Children) Model Rules 2016 (or the Rules notified by the State Government as provided for under Section 110(1) of the JJ Act, 2015), along with the Central Government’s Child Protection Scheme (CPS, and erstwhile ICPS), also make provisions for services for youth leaving state care, referred to as ‘Aftercare’.

Gradual and supported transition out of Alternative Care settings is the key to ensure that young adults “aging out” of the system prosper in their lives as they move forward. The transition to Aftercare demands youth to have emotional stability, functional skills and financial independence. The role of a well-designed Aftercare program is to also ensure sustained delivery of key rehabilitative services required by youth emerging out of care systems, as well as hand-holding them until they learn to cope on their own.

### The Sphere of Aftercare and Need for Convergence

(An excerpt from a report<sup>37</sup> by Udayan Care)

The ‘Sphere of Aftercare’ is a comprehensive ideology of rehabilitative support and services for Care Leavers (CLs), transitioning out of care and is a very robust tool to develop them to face the realities of life, once they leave the protective environs of alternative care settings. The ‘Sphere of Aftercare’ framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for CLs mainstreaming, as they transition towards independent living.

Holistic aftercare support to care-leavers transcends the traditionally defined boundaries of the child protection system, and calls for access to essential services across education,

employment, healthcare, housing and so on. To provide such holistic support, convergence across key national, state and local bodies is crucial. There is a need to build effective linkages and convergence for Aftercare between various Ministries at Union level and Departments at state level including Ministry of Women and Children, Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, Ministry of Urban Affairs, Ministry of Youth Affairs, Ministry of Human Resource Development, Ministry of Skill Development and Entrepreneurship, etc. as well as respective departments at state levels, in order to provide integrated services. Similarly, Aftercare service providers such as CCIs, NGOs, community-based agencies etc. must come together to offer their range of services to CLs, in an integrated manner, through convergence.

### Sphere of Aftercare

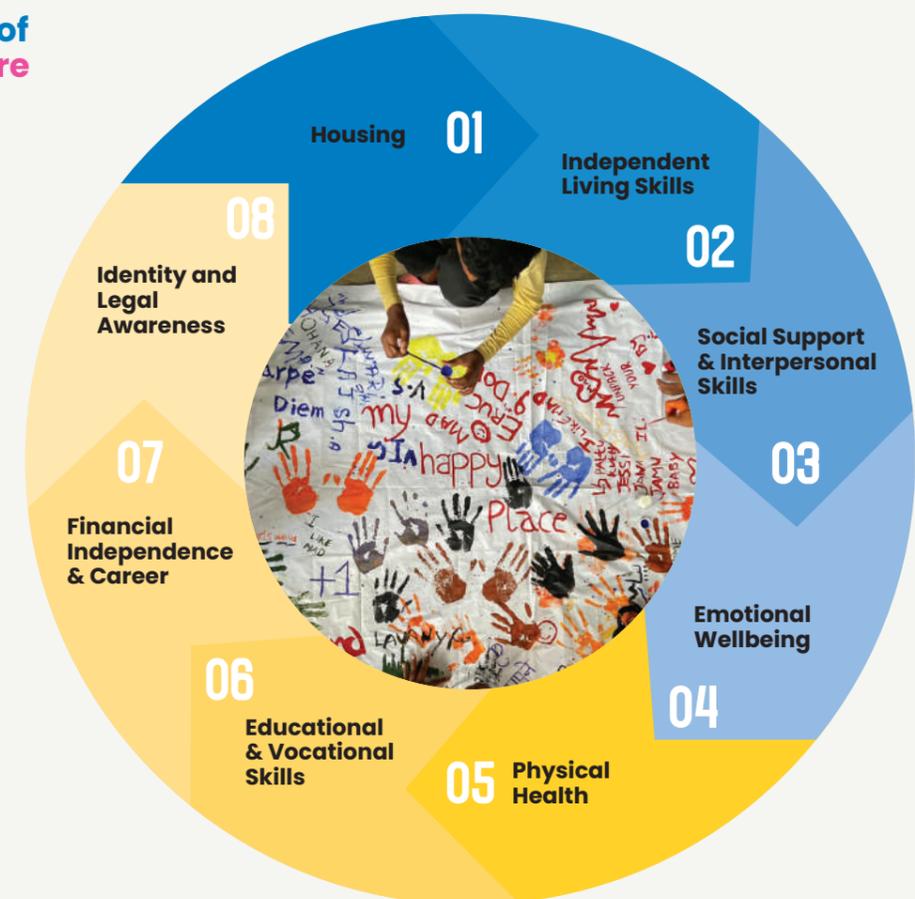


Photo Credit: Make A Difference

## The Indian Landscape of Interventions

INTERVENTION	SCOPE
<b>Education /Employability</b>	<ul style="list-style-type: none"> <li>• Support employment or entrepreneurship to ensure sustainable livelihoods</li> <li>• Enable access to education, career counselling, vocational training, skill development</li> <li>• Run resource centers to provide longitudinal support to care leavers on need basis</li> <li>• Emphasize on holistic age-appropriate care and support to youth from institutions</li> </ul>
<b>Socio-emotional support</b>	<ul style="list-style-type: none"> <li>• Enable access to social support and counselling services to aid care leavers in navigating transition into society</li> <li>• Create and operate peer support groups and mentorship networks for care leavers</li> </ul>
<b>Access to residential care &amp; services</b>	<ul style="list-style-type: none"> <li>• Provide aftercare residential facilities and/or group homes for care leavers and support with independent housing</li> <li>• Provide awareness and access support to secure financial independence, and identity and legal awareness</li> </ul>

### Landscape of organisations in this focus area (indicative representation)

This landscape is not meant to be exhaustive and lists organisations encountered/studied specifically for the purposes of this report only



## CASE STUDY

1.

### Make A Difference

Providing mentorship and sustenance support to care leavers



• **Founded:** 2006 • **Headquarter:** Bangalore • **Geography of Operations:** Pan India • **Website:** www.makeadiff.in

MAD aftercare program's objective is to ensure 90% of the care leavers earn INR 20,000 a month before the age of 24 and have a peer-to-peer safety net to overcome future life-crisis.

A scalable community-powered model operating in 18 cities, MAD delivers impact through a combination of one-on-one mentoring, progression support, and self-help-group facilitation.

One-on-one mentoring focuses on transition readiness, documentation, career counseling, stakeholder engagement, and college application support leading to 70% of the

care leavers joining college and 90% pursuing higher education.

Progression support offers scholarships, living stipends, tuition support, crisis support, job placements & career planning support leading to 95% of care leavers completing their course, getting a job in the formal sector within 6 months of graduation with a starting salary ranging from 10,000 to 18,000.

The self-help group supplements these efforts with an emotional safe space and positive peer support that becomes a lifelong community most valued by care leavers.

2.

### Catalysts for Social Action

Facilitating transition of care leavers out of child care institutions



• **Founded:** 2002 • **Headquarter:** Mumbai • **Geography of Operations:** Maharashtra, Madhya Pradesh, Odisha, Goa • **Website:** www.csa.org.in

CSA has chosen a two-pronged approach towards its aftercare program – 1) Preparatory program; 2) Aftercare & livelihoods program.

The Preparatory program caters to children under the age category of 14-18 years while the child is still under institutional care and aims to prepare them better for the life outside.

This program offers various developmental opportunities for every child regardless of the courses they opt for including digital learning, financial literacy, life skills, and vocational training.

CSA's Livelihood and an Aftercare program

supports Care leavers aged 16 to 21 (and above under exceptional conditions) and facilitates improvement in their career skills, job readiness/placements, along with constant monitoring, mentoring, and alumni support.

The program has a customized approach that fits into every CLs' interest, aptitude, personality, and family realities. CSA also gets in touch with CLs for 2 years post completion of the course to ensure that the youths are leading their lives with dignity and confidence.

Since inception of the program, CSA has counseled with 1200+ youths and 840+ youths have been selected & enrolled in the program.

## Priority Area of Action 5:

### Build and collectivize the ecosystem surrounding the child

In addition to programmatic priorities to strengthen service provision, it is critical to foster an inclusive and supportive environment to ensure positive life outcomes for children across all stages in their journey through the child protection system. Ecosystem building work of this nature is usually top-down, with focused efforts at the macro level that have a trickle effect towards the microsystem surrounding the child.

Data & Evidence: 	Funding 	Media & Public Awareness 	Collective Action 
<p>The transition towards family-based care needs to be seen to work in the context where reform is being targeted. We must demonstrate that this shift is possible, and necessary and that it can drive reform of the child protection and care system. Frameworks such as the Miracle Foundation's THRIVE scale are useful tools to measure and track progress and direct impact of family-based care on child development outcomes.</p>	<p>The transition from a child protection and care system dominated by institutions to a family and community based system is underpinned by the development of services, soft skills and infrastructure. Funding any transition must include sufficient financial commitment to the development and running of quality family and community based care, and availability of additional external funding to cover transitional costs. This requires careful consideration of how government, development partner and private finance can be allocated within the new child protection and care system both during the transition and in the long term. Developments such as the British Asian Trusts recently launched child protection fund to develop school safety nets through child-friendly village models is a step in the right direction.</p>	<p>Media also has a significant role to play in this sector. By sensitizing the public at large on issues of child protection, and showcasing stories of inspiring persons with lived experiences, the media can influence mindsets and alter the narratives. Furthermore, the media can also catalyze public will and awareness towards nascent models of family-based care such as foster care and adoption and create a positive and informational narrative to dispel the stigma that surrounds these models.</p>	<p>The importance of working together to address the needs of children, youth, and their parents and caregivers, and to build strong families and communities is well established. Child welfare and other human services systems, as well as schools, early childhood organizations, health care providers, family resource centers, first responders, and businesses all have a role in creating safe, stable, and nurturing relationships and environments for children. Existing networks such as Aarambh India and Indian Alternative Care Network are working to collectivise the child rights sector at large to rally together to protect and secure the best interests of children across the country.</p>

#### Upcoming sector efforts: Introducing the NEEV Collective

The ecosystem for collective action is expanding with upcoming initiatives including NEEV – a collective impact program supported by UBS Optimus Foundation as part of its global Transform Collective, with Dasra acting as the backbone. Transform aims to demonstrate a systems change model of collective impact determined on keeping children within families or family-based environments; by implementing and codifying interventions in prevention and family-based alternative care.

## CASE STUDY

### 1. UNICEF

Building an Effectual Child Protection Ecosystem



• **Founded:** 1946 • **Headquarter:** New Delhi • **Geography of Operations:** Pan India • **Website:** www.unicef.org/india

#### Brief Description of Intervention:

UNICEF is committed to enabling every child in India to have the best start in life, thrive, and develop to their full potential. A key area of work is building an effective and sustainable child protection ecosystem. UNICEF collaborates with the central and 17 state governments, the judiciary, academia and civil society organizations to strengthen preventive and responsive child protection systems and services to protect children and adolescents from harm, abuse, neglect and exploitation; prevent family separation and enable family-based alternative care; end violence against children and harmful practices like child marriage.

UNICEF advocates and partners with Government for framing guidelines for effective implementation of child protection legislations and schemes, child protection workforce strengthening including capacity building and linking evidence generation with programming.

During the pandemic, interventions include developing effective family strengthening, family based alternative care models like kinship care, foster care that integrate social

protection and sponsorship schemes; legal aid and psychosocial support as well as community-based preventive measures.

UNICEF employs evidence-based strategies for engagement with children and community members through social, behaviour change and collaborative platforms for public-private partnerships and alliances for child protection.

Since 2018, UNICEF's collaborative work for family strengthening and family based alternative care has led to:

- Strengthening preventive and rehabilitative services in more than 300 districts across 15 states
- Capacity development of over 50,000 child protection and care workforce on family based alternative care and case management
- Development of sponsorship and foster care guidelines in eight states, Guidelines for Aftercare in some states
- Enabling access of more than 30,000 children to sponsorship schemes.



Photo Credit: Save The Children India

**CASE STUDY**

**2. Indian Alternative Care Network (IACN)**

Bringing practitioners together to create a shared knowledge base and facilitate exchange of proven models



• **Founded:** 2019 • **Headquarter:** New Delhi • **Geography of Operations:** Pan India • **Website:** www.iacn.in

IACN is a collective committed to promoting the exchange of learning and dissemination of knowledge on issues related to children without parental care or at risk of separation. The collective strives to improve care solutions for family strengthening and alternative care through building and sharing knowledge, capacity building of stakeholders and influencing policy and actions. The IACN Secretariat is hosted at Butterflies in New Delhi and is supported by UNICEF India. It runs under the leadership and guidance of a steering committee comprising academicians and practitioners with rich and diverse experience of working on the care and protection of children in different contexts.

IACN is dedicated to the goal of raising awareness, understanding, and knowledge about issues affecting children without parental care or who are at risk of being

separated from their parents. It has a wide outreach with over 100 general members in the capacity of individuals and organizations. The collective has brought together a diverse array of academicians, practitioners, and policy advocates working on the wellbeing and protection of children.

Through its website, social media presence and quarterly newsletter, IACN disseminates knowledge on the emerging and pressing issues regarding the care of children. In collaboration with its partner organizations, IACN is developing information and educational resources in the form of FAQs and a compendium on family strengthening and alternative care practices across the country; and preparing a situational analysis report on the data and responses on children who have lost parent (s) and caregivers to COVID-19.

The pivot towards prevention and family-based alternative care is the need of the hour and as indicated by the organization cases presented earlier in this chapter, the India child protection ecosystem is off to a strong start in this direction. Moving forward, focused resource allocation and concentrated efforts across policy and practice are needed to expedite the mission of family for every child.



Photo Credit: Make A Difference



Overview of Global Trends in Child Protection with Dr. Delia Pop

Progress over the past 25 years

Over the past 25 years, countries have been reforming their child protection and care systems, implementing a range of measures to change policies, practices, and funding for the alternative care of children. Such reforms led to significant structural changes of the national systems:

- Policies rationalizing the use of institutional care for children
- Action plans to transition children from institutions to families and communities
- Stronger and more supported national social workforces
- Increased range of family-based alternatives
- Stronger gatekeeping mechanisms aimed to prevent the unnecessary separation of children from their families in the first place.

The United Nations Convention on the Rights of the Child (UNCRC) recognised the central importance of family for child development and wellbeing.

The UN Guidelines for the Alternative Care of Children set out an objective for the gradual elimination of institutional care for children within the wider context of developing systems where the alternative care for children should be provided in family-based settings.

In 2019, non-governmental organisations across the world, highlighted key recommendations to inform the UN General Assembly Resolution on the rights of the child, including - an increased focus on families and prevention of separation, importance of quality alternative care for those children who need it, and importance of strong care and protection systems - informed by monitoring and evaluation systems and well supported by competent professional workforces

In 2020, a systematic and integrative review of evidence regarding effects on development in the case of institutionalisation and deinstitutionalisation of children, by the Lancet Group Commission\* contributed to strengthening the evidence base we have. The review found compelling evidence that institutional care is associated with negative developmental outcomes and recommended to end the practice of institutionalisation.

Setting the direction for the next 15 years

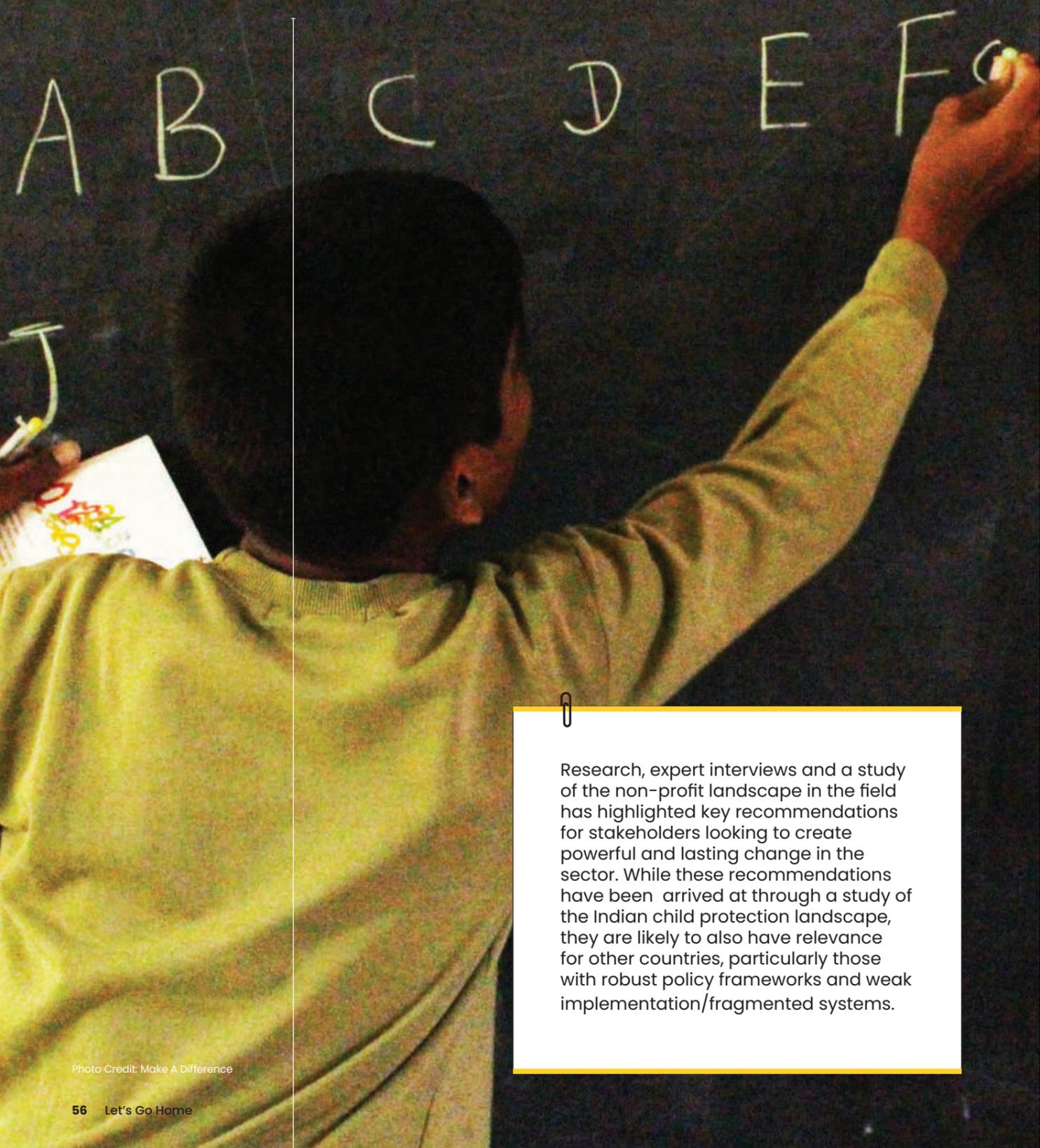
If we want to accelerate the change we set in motion and continue to deliver positive outcomes for children, over the next 15 years of care reform at global level we must deliver a paradigm shift in the way we care for children. We need to double our efforts on strengthening families so children and their families can access the services and support they need to thrive. We need to develop systems which focus on the wellbeing of children and families.

Such an approach requires investment in children and families, and the promotion of child rights. It demands a deep understanding of who are the children at risk and those without parental care and of their circumstances, so we can provide better gatekeeping and family focused services to prevent the separation of children.

It necessitates strong multi-stakeholder collaboration, unlocking resources away into communities and families, in addition to the continued development of quality family based alternative care, steeped in the positive traditions of care in each country. It needs building strong public will for change, a mindset shift and changes of social norms and expectations. We need to embrace parents as allies, as positive change agents for their children, and to ensure children and young people with lived experience of care are valued and supported to help lead the change.

\* Published Online June 23, 2020, [https://doi.org/10.1016/S2352-4642\(20\)30060-2](https://doi.org/10.1016/S2352-4642(20)30060-2)

# KEY RECOMMENDATIONS



Research, expert interviews and a study of the non-profit landscape in the field has highlighted key recommendations for stakeholders looking to create powerful and lasting change in the sector. While these recommendations have been arrived at through a study of the Indian child protection landscape, they are likely to also have relevance for other countries, particularly those with robust policy frameworks and weak implementation/fragmented systems.

## WAY FORWARD

Over and above priority interventions highlighted in section 4, this review also identifies key paradigm shifts that can help the child protection space in India make big strides in realizing its vision of family for every child.

Theme #1	Theme #2	Theme #3
<b>Unpacking the child protection landscape in the context of child-sensitive social protection</b>	<b>From inclusion in intent to inclusion in outcomes</b>	<b>Design for intersectional vulnerabilities and in best interest of child</b>
<p>The child protection landscape can be significantly expanded by re-envisioning the sector from the current predominantly post-harm child-exclusive programs to include child-sensitive social protection programs that adopt a lifecycle approach. Child-sensitive social protection addresses a number of underlying vulnerabilities such as poverty and deprivation that children face, by removing economic and social barriers that prevent access to services and an adequate standard of living. In this way, it also complements investments across sectors, resulting in more equitable outcomes. Such programs that tackle the economic and social vulnerabilities children share with their families and communities can help entire societies increase equity and social justice and enable children and adults realize their full potential.</p>	<p>While existing policy frameworks are sound in articulating commitment towards inclusion of all children everywhere, simplification of processes for children and caregivers to access their rights and benefits is required to translate this intent to actual outcomes for children. Current processes to access welfare schemes and other entitlements are often intimidating with taxing documentation and limited handholding support at the last mile. Streamlining nation-wide policy frameworks and schemes, and increasing access to simplified information on how to access these can catalyze progressive realization of universal coverage of all rights for all children.</p>	<p>2 key design principles to be prioritized upfront when devising programs are – 1) consideration of intersectional vulnerabilities of caste, class, gender, region and so on that affect children differently and require contextualized solutions; 2) operationalization of the UN CRC principles of best interests of the child, currently limited largely to court deliberations, by all child protection and allied practitioners that interact with and determine course of action for children in preventive and protective situations.</p>

## Actionable Recommendations For Stakeholders

All stakeholder groups have distinct roles to play for the child protection landscape to make progress in the way forward, as described above. The section below outlines actionable recommendations for key stakeholder groups in this regard.

### For Practitioners

- **Integrate a child protection lens into allied systems for more effective preventive and protective action**

While there is a tremendous amount of research and academic material on the benefits and strategies for convergence, a stronger push to bring it into every aspect of the child's ecosystem is recommended. In addition to bringing this lens to non-profit organizations' programs, this means advocating with the multiple government bodies to incorporate a child care and protection lens into all community-based allied systems that interact with children viz. education, healthcare, sanitation.

- **Advocate for participation of children in matters relating to their well-being**

A call for family-based care for all children must necessarily include more voices of advocates, particularly persons with lived experiences. Advocacy by child protection actors can go a long way to bring the voices of children to the fore of mainstream discourse on child protection and create more platforms for them to bring their perspective to government decision-making. Organizations may also focus on developing innovative means to identify and empower persons with lived experiences who can prove to be the most powerful spokespersons for the sector.

- **Demonstrate models of family-based alternative care and transition from institutions at scale**

A key factor limiting the child protection

system's uptake of family-based models of alternative care is the absence of proven models with documented evidence at scale. While CSOs are operating pilots of models such as foster care and kinship care, these are typically limited to a few hundred children at most. There is a need for district and state-wide models that are able to successfully navigate micro socio-cultural nuances to successfully provide family-based care for all children. Additionally, there is a need for nonprofit interventions to demonstrate and codify proven models for transition of children from institutions to family-based care. It is also recommended that such models provide solutions for repurposing institutions to continue to act as safe spaces for children, for example by converting these into daycare centers or temporary residential shelters.

- **Expand and systematise data collection to ensure constant monitoring of all children**

The lack of reliable estimates for key figures such as number of children in CCIs points to the dire need for an improvement in quality and effectiveness of data collection systems in the sector. CSO interventions can support the government in deployment of long-term, cost-efficient and easy to operate technology solutions to make every child 'visible' in every CCI across India. Such technology may be used for shelter home management and government processes to ensure good data-based decisions about the child's welfare, such as moving eligible children to the legal adoption pool. Support by CSOs in this regard can also be directed towards building capacity of the child protection workforce in operating and sustaining use of such technological solutions.

- **Build local networks**

At its core, child protection is essentially a local issue. Therefore, there is a need to develop state or district level networks with flat structures to address local challenges. These networks need to be flexible enough to include organizations that do not currently

operate conventional child protection specific programs such as those working in the education, health and livelihood sectors. These must also involve other stakeholders, including funders and local government, so as to understand different perspectives and conduct sector-level discussions regarding challenges and opportunities.

### For Funders

- **Provide patient capital**

Donors looking to support organizations working in the space may consider increasing their focus and directing more funding upstream. Donors may also support research and innovative interventions that seek to improve outcomes for children in evidence-based ways, and build upon existing efforts by government and the sector at large. The pivot towards family-based care requires funding to be directed towards supporting systems approaches that address the root causes of family separation. In order to create sustainable change, such approaches also often require longer term and patient capital.

### For the Sector At Large

- **Integrate the work of different government departments**

There are numerous branches of the government that work on children's issues. Implementation is often affected when the responsibility for service delivery does not lie with any single department. There is a need for convergence between ministries and government departments for efficient and consistent service delivery for children. Such convergence could be akin to that between the Department of Women and Children (DWCD) and the Department of Health and Family Welfare (DHFV). While both departments work on maternal and child health, they have streamlined their efforts to ensure minimal overlap, with the DWCD's anganwadi worker operating at the village level and working with

the DHFV's auxiliary nurse midwife (ANM) who oversees 3-5 villages.

- **Strengthen public will and awareness surrounding child protection issues**

Public awareness of key child protection mechanisms such as Childline 1098 and acceptance of models such as foster care is crucial to strengthen quality of care and support provided to children at the community level. Strategic media partnerships can also play a pivotal role in this regard, by promoting and mainstreaming content around child protection provisions. The power of the media is reflected in the success of movements like Breakthrough's Bell Bajao campaign (to call on men and boys to take a stand against domestic violence) that reached over 130 million people in three years and trained more than 75,000 rights advocates to become agents of change. Mainstreaming issues of child protection in a similar fashion could help propel rapidly the idea of family-based care for all children from discourse alone to reality on the ground.

### About this report and acknowledgements

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For any queries regarding this report, please write to [transformcollective@dasra.org](mailto:transformcollective@dasra.org).

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# Appendix

## Appendix I: Key Definitions & Regulatory Frameworks

### Who is a child?

A child is defined in India as any person below the age of 18 years except in case of heinous crimes, where the age group of 16–18 years is also considered an adult. The key Indian ministry for matters related to children is the Ministry of Women and Child Development

### Defining Child Protection in India (Ministry of Women and Child Development, 2006)

Child Protection means creation of a protective environment in the home, school, community and society so that children are protected from all kinds of harm and harmful situations. It means providing a safety net for all those children who are more vulnerable than others and who need special care and protection. It must be understood that a child's right to protection is part of each and every other right and is not possible to ensure other rights without ensuring protection.

### Constitutional Articles For Children

- Equality before law [14]
- Prohibition of discrimination [15]
- Abolition of Untouchability [17]
- Protection of life and personal liberty [21]
- Right to education [21(A)]
- Prohibition of traffic in human beings and forced labour [23(1)]
- Prohibition of employment of children under 14 in factories, mines or any hazardous environments [24]

### The National Policy for Children,

2013 recognizes a child as any person below the age of 18 years acknowledging and uplifting the four rights of children irrespective of religion, caste, class, creed and gender. These rights are:

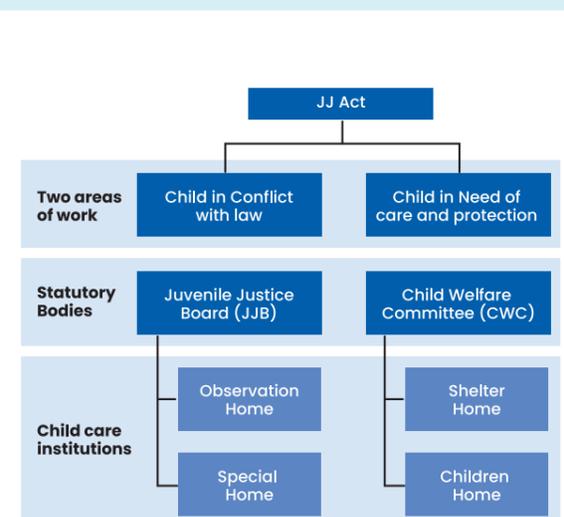
- Survival, Health and Nutrition
- Education and Development
- Protection
- Participation

Declared by the Government of India in 1974, The National Policy for Children ensures that programmes for children are incorporated in the National Plans for development. In order to realize the full potential of the children, strengthening family ties and community environment are focused upon in this policy.

**The Juvenile Justice (Care and Protection of Children) Act, 2000** (also known as the JJ Act) establishes the principles, systems, processes and related statutory bodies to cater to the basic needs of children through proper care, protection, development, treatment and social reintegration. The current JJ Act is a highly progressive legislation that has as its primary focus, the principle of best interest of the child.

**The Act** follows a two pronged approach with the Juvenile Justice Boards (JJBs) being the competent authority for Children in Conflict with Law (CICL) and Child Welfare Committees (CWCs) being the competent authority for Children in Need of Care and Protection (CNCP). Commonly known as the JJ Act, it has been amended thrice (2006, 2011, 2015).

In a nutshell, the JJ Act outlines the principles, systems, processes and related statutory bodies to cater to the basic needs of children through proper care, protection, development, treatment and social reintegration. The legislative outline for both the non-institutional care and institutional care has been clearly segregated under this act. The JJ Rules 2007, based on the JJ Act chart out the standards of care for institutions in detail. The main statutory bodies defined under the JJ Act are Juvenile Justice Board (JJB) to deal with children in conflict with law and Child Welfare Committee (CWC) to deal with children in need of care and protection. JJ Act follows 14 principles including the principle that institutionalization of children is the last resort i.e. when all means of providing care and protection to a child, direct, foster or alternative have been exhausted, only then can institutionalization be considered. The Integrated Child Protection Scheme (ICPS) and Protection of Children from Sexual Offences (POCSO), 2012 establish further safety nets and protection systems.



**The “Child Welfare Committee”** is the sole authority to deal with matters concerning children in need of care and protection. One or more Committees have to be constituted for each district, and consist of a chairperson and 4 other persons, at least one of whom should be a woman.

The Committee has the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of the children as well as to provide for their basic needs and human rights but does not have the authority to give a child up for adoption.

Any police officer, any public servant, CHILDLINE, voluntary organisation, any social worker or a public spirited citizen or the child themselves, can contact the CWC and produce the child before it.

**The Integrated Child Protection Scheme (ICPS)**, a Centrally Sponsored Scheme under the Ministry of Women and Child Development, with the primary aim of establishing a safety net of dedicated and quality personnel, structures and services for Child Protection at Central, State and District levels, across the country, was approved for implementation in 2009. As envisaged in the Juvenile Justice (Care and Protection of Children) Act, the ICPS sees through the Child Protection Programmes and the financial allocation for the target group of children in need of care and protection, children in conflict with the law, children in contact with the law (as witness or victims) and any other vulnerable child.

### Types of Child Care Institutions under the JJ Act

CCIs can be established and maintained by the State Government itself or through voluntary/non-governmental organizations. All types of institutions for children have to be mandatorily registered under the 7 appropriate sections of the JJ Act.

There are 3 types of child care institutions based on funding:

- Government-aided institutions,
- Government-run institutions
- NGO-run institutions (private institutions).

**Children Home:** for the placement of children in need of care and protection for their care, treatment, education, training, development and rehabilitation

**Open Shelter Home:** a community based facility for children in need of residential support, on short term basis, with the objective of protecting them from abuse or weaning them, or keeping them, away from a life on the streets

**Observation Home:** for temporary reception, care and rehabilitation of any child alleged to be in conflict with the law, during the pendency of any inquiry under JJ Act

**Special Home:** for rehabilitation of those children in conflict with law who are found to have committed an offence and who are placed there by an order of the Juvenile Justice Board

## Endnotes

- 1 van IJzendoorn, M., Bakermans-Kranenburg, M., Duschinsky, R., et al., 2020. Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *Lancet Group Commission*. Available at: [https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(19\)30399-2.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(19)30399-2.pdf)
- 2 Global Reference Group on Children Affected by COVID-19: Joint Estimates and Action, 2021. *Children: The Hidden Pandemic 2021*. USCDC, USAID, The World Bank, World Health Organization, University of Oxford, University College London, Imperial College London, University of Cape Town. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/orphanhood-report.pdf>
- 3 Goldman, P.S., Bakermans-Kranenburg, M.J., Bradford, B., et al., 2020. Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors. *Lancet Child Adolesc Health*. Available at: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30060-2/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30060-2/fulltext)
- 4 Hope & Homes for Children, n.d. End the Silence: The Case for the elimination of institutional care of children. Available at: <https://www.hopeandhomes.org/wp-content/uploads/2016/12/End-the-Silence-Policy-Paper-Final-Copy.pdf>
- 5 Global Reference Group on Children Affected by COVID-19: Joint Estimates and Action, 2021. *Children: The Hidden Pandemic 2021*. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/orphanhood-report.pdf>
- 6 van IJzendoorn, M., Bakermans-Kranenburg, M., Duschinsky, R., et al., 2020. Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *Lancet Group Commission*. Available at: [https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366\(19\)30399-2.pdf](https://www.thelancet.com/pdfs/journals/lanpsy/PIIS2215-0366(19)30399-2.pdf)
- 7 Global Reference Group on Children Affected by COVID-19: Joint Estimates and Action, 2021. *Children: The Hidden Pandemic 2021*. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/orphanhood-report.pdf>
- 8 van IJzendoorn, M., Bakermans-Kranenburg, M., Duschinsky, R., et al., 2020. Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development. *Lancet Group Commission*. Available at: [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30399-2/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30399-2/fulltext)
- 9 van IJzendoorn, Marinus H., et al. (2008). IQ of Children Growing Up in Children's Homes: A Meta-Analysis on IQ Delays in Orphanages. Available at: <https://www.jstor.org/stable/23096249>
- 10 van IJzendoorn, Marinus H., et al. (2008). IQ of Children Growing Up in Children's Homes: A Meta-Analysis on IQ Delays in Orphanages. Available at: <https://www.jstor.org/stable/23096249>
- 11 Goldman, P.S., Bakermans-Kranenburg, M.J., Bradford, B., et al., 2020. Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors. *Lancet Child Adolesc Health*. Available at: [https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642\(20\)30060-2/fulltext](https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(20)30060-2/fulltext)
- 12 van IJzendoorn, M.H., Palacios, J., Sonuga-Barke, E.J., et al., 2011. Children in Institutional Care: Delayed Development and Resilience. *Monogr Soc Res Child Dev*. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4130248/>
- 13 Hope & Homes for Children, n.d. End the Silence: The Case for the elimination of institutional care of children. Available at: <https://www.hopeandhomes.org/wp-content/uploads/2016/12/End-the-Silence-Policy-Paper-Final-Copy.pdf>
- 14 Hope & Homes for Children, n.d. End the Silence: The Case for the elimination of institutional care of children. Available at: <https://www.hopeandhomes.org/wp-content/uploads/2016/12/End-the-Silence-Policy-Paper-Final-Copy.pdf>
- 15 Makeadiff.in. n.d. #NeverTooLate | Make A Difference. [online] Available at: <https://makeadiff.in/cncp>
- 16 Udayan Care.(2019). Supporting Youth Leaving Care: A Study of Current Aftercare Practices in Maharashtra. Available at: [https://www.udayancare.org/upload/Reports/2019-20/Maharashtra\\_Report\\_13.08.2019\\_LR.pdf](https://www.udayancare.org/upload/Reports/2019-20/Maharashtra_Report_13.08.2019_LR.pdf)
- 17 Hindustan Times, 2020. 64% children in childcare institutions sent home: UNICEF. [online] Available at: <https://www.hindustantimes.com/education/64-children-in-childcare-institutions-sent-home-unicef/story-LazOv7qAjoMUKoHs2JjUPP.html>
- 18 Wilke, N., Howard, A. and Goldman, P., 2020. Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations. *Child Abuse & Neglect*, 110, pp.104712. Available at: <https://www.sciencedirect.com/science/article/pii/S0145213420303677#sec0025>
- 19 Fry, D., 2021. Child Protection System Strengthening during the Time of COVID-19: UNICEF Partnership with the Judiciary in India. UNICEF. Available at: <https://www.unicef.org/rosa/media/14111/file/Case%20Study%20-%20India%20-%20Child%20Protection%20System%20Strengthening%20during%20the%20Time%20of%20COVID-19.pdf>
- 20 Bajpai, A., 2017. A Child's Right to a Family: Deinstitutionalization – In the Best Interest of the Child. *Journal of the National Human Rights Commission*, 16, pp.199-216. Available at: [https://bettercarenetwork.org/sites/default/files/nhrc\\_journal\\_2017.pdf](https://bettercarenetwork.org/sites/default/files/nhrc_journal_2017.pdf)
- 21 Child Help Foundation, 2021. Role of Child Care Institutions (CCIs). Available at: <https://childhelpfoundation.in/cii-blog/posts/Role-of-Child-Care-Institutions-CCIs>
- 22 Mazumdar, S., 2020. Forgotten children. [online] *India Development Review*. Available at: <https://idronline.org/forgotten-children/>
- 23 Sharma, Y., 2022. One year of Covid pushed 230 million Indians into poverty: Azim Premji University. *The Economic Times*, [online] Available at: <https://economictimes.indiatimes.com/news/economy/indicators/one-year-of-covid-pushed-230-million-indians-into-poverty-azim-premji-university/articleshow/82408369.cms?from=mdr>
- 24 UNICEF, 2018. Parenting Matters: Examining Parenting Approaches and Practices in Early Childhood Years. Available at: <https://www.unicef.org/india/media/3776/file/Key-Findings-Parenting-Study.pdf>
- 25 Bajpai, A., 2017. A Child's Right to a Family: Deinstitutionalization – In the Best Interest of the Child. *Journal of the National Human Rights Commission*, 16, pp.199-216. Available at: [https://bettercarenetwork.org/sites/default/files/nhrc\\_journal\\_2017.pdf](https://bettercarenetwork.org/sites/default/files/nhrc_journal_2017.pdf)
- 26 Joining Forces For Children-India, 2019. Child Rights in India: An Unfinished Agenda. Available at: <https://www.savethechildren.in/news/joining-forces-for-children-india-child-rights-report-launch/#:~:text=Videos-,Joining%20Forces%20for%20Children%20India%3A%20CHILD%20RIGHTS%20IN%20INDIA%2D,AN%20UNFINISHED%20AGENDA%20Report%20Launch&text=NEW%20DELHI%2C%2003%20July%202019,violence%2C%20neglect%2C%20and%20abuse.>
- 27 Panda, R.K., Mullick, L., Adhikari, S., Basu, N. and Kumari, A., 2020. Essence and Scope of Strengthening Community-Based Preventive Child Care and Protection Systems in India. *Institutionalised Children Explorations and Beyond*. Available at: <https://journals.sagepub.com/doi/10.1177/2349300319894866>
- 28 Women and Child Development Department, Govt. of Maharashtra, 2020. Revised Guidelines of ICPS Scheme. Available at: <https://wcdhry.gov.in/revised-guidelines-of-icps-scheme/>
- 29 National Commission for Protection of Child Rights and Child Rights and You, 2013. Child Welfare Committees in India: A comprehensive analysis aimed at strengthening the Juvenile Justice System for children in need of care and protection. Available at: [https://www.academia.edu/6825476/CHILD\\_WELFARE\\_COMMITTEES\\_IN\\_INDIA\\_A\\_comprehensive\\_Analysis\\_Aimed\\_at\\_Strengthening\\_the\\_Juvenile\\_Justice\\_System\\_for\\_Children\\_in\\_Need\\_of\\_Care\\_and\\_Protection](https://www.academia.edu/6825476/CHILD_WELFARE_COMMITTEES_IN_INDIA_A_comprehensive_Analysis_Aimed_at_Strengthening_the_Juvenile_Justice_System_for_Children_in_Need_of_Care_and_Protection)
- 30 National Commission for Protection of Child Rights, CRY India. (2013). Child Welfare Committees in India – A comprehensive analysis aimed at strengthening the Juvenile. Available at: <http://14.139.60.153/bitstream/123456789/8029/1/A%20Comprehensive%20Analysis%20Aimed%20at%20Strengthening%20the%20Juvenile%20Justice%20System%20for%20Children%20in%20Need%20of%20Care%20and%20Protection..pdf>
- 31 Roy, S., 2021. Restructuring Institutional Care: Challenges and Coping Measures for Children and Caregivers in Post-COVID-19 Era. *Institutionalised Children Explorations and Beyond*. Available at: <https://journals.sagepub.com/doi/full/10.1177/2349300320973825>
- 32 Udayan Care, 2019. Beyond 18, Leaving Child Care Institutions – A Study of Aftercare Practices in Five States of India. Available at: [https://www.udayancare.org/upload/Reports/2019-20/Full%20report\\_%20Beyond%2018.pdf](https://www.udayancare.org/upload/Reports/2019-20/Full%20report_%20Beyond%2018.pdf)
- 33 Sudeshna Roy. (2020). Restructuring Institutional Care: Challenges and Coping Measures for Children and Caregivers in Post COVID-19 Era. Available at: <https://journals.sagepub.com/doi/pdf/10.1177/2349300320973825>
- 34 Nicole Rangel Menezes.(n.d.). Child Protection in India. Available at: <https://leher.org/wp-content/themes/leher/images/new/child-protection-in-india-nicole-rangel-menezes.pdf>
- 35 Hope & Homes for Children, n.d. Beyond institutional care. UNICEF. Available at: <https://www.unicef.org/lac/media/19666/file/beyond-institutional-care.pdf>
- 36 BOSCO, n.d. Foster Family, Renewed Hope and A New Life: A Study on the Practice of Foster Care for Children in India. National Research and Documentation Centre. Available at: <https://bettercarenetwork.org/sites/default/files/attachments/Foster%20Family%20Renewed%20Hope%20and%20New%20Life%20-%20A%20Study%20on%20the%20Practice%20of%20Foster%20Care%20for%20Children%20in%20India.pdf>
- 37 Udayan Care, 2019. Supporting Youth Leaving Care: A Study of Current Aftercare Practices in Maharashtra. Available at: [https://www.udayancare.org/upload/Reports/2019-20/Maharashtra\\_Report\\_13.08.2019\\_LR.pdf](https://www.udayancare.org/upload/Reports/2019-20/Maharashtra_Report_13.08.2019_LR.pdf)



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