

# Alternative Care for Children



## Workshop Report

8-9 December  
2016

This publication is protected by copyright. It may be reproduced by any method without fee or prior permission for teaching purposes, but not for resale. For use in any other circumstances, prior written permission must be obtained from the publisher.

**Year of Publication:** December 2016

**Compiled by:** Ms. Leena Prasad

**Layout, Design and Printing:** Mensa Design Pvt. Ltd.

**Udayan Care**

16/97-A, Vikram Vihar, Lajpat Nagar-IV

New Delhi-110024

Phone: +91-11-46548105/06

e-mail: [advocacy@udayancare.org](mailto:advocacy@udayancare.org)

Website: [www.udayancare.org](http://www.udayancare.org)



# Alternative Care for Children

## Workshop Report

December 8-9, 2016





# Contents

Acknowledgement	iv
List of Abbreviations	vi
Executive Summary	vii
Background	1
Chapter 1: The Context of Deinstitutionalization	5
Chapter 2: Gatekeeping and Prevention of Family Separation	8
Chapter 3: Alternatives in Non-Institutional Care	15
Chapter 4: Moving Forward	19
Annexe 1: Feedback from Participants	21
Annexe 2: Workshop Agenda	22

# Acknowledgement

“There is no alternative childhood for children.”

Activist at the International Conference on Alternative Care, Geneva, 2016.

All children, irrespective of their circumstances, need to be cared for and protected and not just looked after. With this firm belief, Udayan Care has consistently striven to work in the best interest of children and make young lives shine. Since 1994, our efforts have been to seek and disseminate adequate and authentic information on child rights that help all stakeholders to be well-informed on the situation of children in India. Time and again, through different platforms, we have emphasized on the single fact that irrespective of the type of care, it is important that the minimum standards of care are ensured keeping in mind the best interest of the child. Further, at Udayan Care, we strongly believe that measuring the impact of child and youth care services, continuous assessment of care programs and review/monitoring of childcare provisions acquire a place of paramount importance. Our forward thinking approach to childcare has led us to initiate the much required advocacy and research on different forms of alternative care for children. The launch of the academic journal in 2014 by the name of “Institutionalised Children: Explorations and Beyond” is one such example through which we are constantly exploring options of childcare that go beyond institutional care. Our experience of working with small group homes has certainly given us the insight into taking the discussion and debate to a larger platform. The institution of Biennial International Conferences, with a focus on South Asia, held so far in 2014 and 2016, has allowed us the opportunity of building a platform for cross-dimensional learning.

We gained further impetus to our efforts when I attended the International Conference in Geneva on Alternative Care along with Ms. Tannistha Datta, Child Protection Specialist, UNICEF, in October 2016. We were both totally inundated by the discussions that took place at this global forum on the subject of alternative care for children. Having listened to the highly developed perspectives and approaches to child care clearly gave us an insight and a direction on how to bring back the learning to our own country. Both of us felt we would be failing in our duty towards children if we did not take the child protection agenda forward in the right direction, always keeping the child in the centre of our work and thought process. This determination was the starting point for this workshop, which also served as the venue for the launch of our publication of ‘A Series of Booklets on Alternative Care. This publication was supported by UNICEF and I do hope that it will be useful to practioners of childcare on the ground.

This two-day workshop on alternative care for children was convened at a short notice of just a month. We have been fortunate to have received the positive response from a lot of experts and child care institutions, who are ever ready to come forward and support us. We were honoured to have had the honourable presence of Ms. Rashmi Sahni Saxena, Joint Secretary, MWCD at the workshop at such a short notice and I would extend my deep felt gratitude to her for sparing the time and initiating the deliberation at the workshop. I would also like to express my heartfelt thanks to Mr. Javier Aguliar, Chief of Child Protection at UNICEF for sharing his views on alternative care and inspiring all of us at the workshop.

A special thanks to all the panel members and moderators for sharing their expertise and points of view at the different sessions. The participation of NCPDR representatives, CARA, CWC members, DCPU officers from Delhi and officers from the State government of Rajasthan needs special acknowledgement. I also thank all the participants, the ones who joined us from Delhi as well as those who came all the way from different parts of the country at such a short notice. A special thanks to Tdh (Terre des homes) for sharing their FAQs on alternative care.

We would also like to extend special thanks to all guests and speakers for their contributions and for strengthening the collective contribution to the discussions on reinforcing child protection systems in India and pushing for a stronger system of Alternative Care for all Out-of-Home-Care children (OHC). I would also like to specially thank the young adults present at the workshop, Pooja from Udayan Care and Vijay from Bal Sahyog for sharing their real life experiences during transition and for creating a ray of hope in all of us through their success.

Last but not the least; I would like to thank the entire team at Udayan Care for their hard work and efforts in ensuring the success of the workshop.

**Dr. Kiran Modi**

Managing Trustee

December 2016



# List of Abbreviations

ACC	Alternative Care for Children
AIIMS	All India Institute of Medical Science
CWC	Child Welfare Committee
FSS	Family Strengthening Services
DCPU	District Child Protection Unit
DMRC	Delhi Metro Rail Corporation
DWCD	Department of Women and Child Development
IBHAS	Institute of Human Behaviour and Allied Sciences
ICANCL	Indian Child Abuse, Neglect and Child Labour Group
ICPS	Integrated Child Protection System
ICDS	Integrated Child Development Scheme
IEC	Information, Education and Communication
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015
MWCD	Ministry of Women and Child Development, Government of India
NCPCR	National Commission for the Protection of Child Rights
NIAC	Non-Institutional Alternative Care
OHC	Out of Homecare Children
Tdh	Terre des Hommes
UNCRC	Convention on the Rights of the Child, 1989
UNGACC	UN Guidelines for the Alternative Care of Children





# Executive Summary

This is a report of the first workshop on Alternative Care with special emphasis on deinstitutionalization organized by Udayan Care on the 8<sup>th</sup> and 9<sup>th</sup> of December 2016 at Mapple Express, New Delhi (referred to as the workshop hereinafter) and has been compiled in the form of a resource guide for future use. The workshop followed up on the momentum gained at the recent International Alternative Care Conference held in Geneva in October 2016. The workshop was also timed appropriately with the notification of the JJ Rules in October 2016 and the new Model Guidelines for Foster Care, 2016 on 11 November 2016.

The report is a combination of research work and what was stated at the workshop by different experts and panelists. While the content from the sessions were rich and in-depth and covered a spectrum of issues on alternative care for children, the report tries to supplement what was talked about, with research based information. An attempt has been made to put together all critical aspects in one document. The overall purpose of this document is to capture critical areas of concern in the area of alternative care for children and contextualize that in the Indian experience. It draws upon a lot of secondary research as well as sharings from the workshop itself to paint a wide-ranging picture of the realities in the area of deinstitutionalization, illustrating challenges faced by governments, civil society, the private sector and the international community, to prepare us as a country to move in the right direction, keeping every child in the centre, always.

The report begins with background information on the situation of children in alternative care, argues the need for workshops of this nature and then dwells into detailed aspects of what entails deinstitutionalization, global trends and key factors that led to its success in the other countries. The report captures the key policy and legislative framework on the subject internationally as well as the recent developments in India. Thereafter, the concept and approach on gatekeeping and preventing separation of children from families is explained. The need to support families to be able to take care of children is emphasized with a child-centric lens. Issues such as adoption, foster care and raising the standards of care for children staying in various forms of alternative care are also addressed in details. The report captures the experiences of good models such as Shishuadhar in Pune and the Palaanhaar scheme of Rajasthan. The other important aspects covered in the report include issues of inclusiveness, especially considerations relating to children with disability, concepts of mentoring for children and youth in alternative care as well as the criticality of including mental health aspects of children and young persons in alternative care. Put together, all of these work contribute to the growing up of a complete healthy and happy childhood and ensuring their holistic development as resilient young adults.

The report ends with capturing some of the key suggestions emerging from the workshop deliberations. The next step is to draw the attention of key stakeholders on the recommendations, continue the dialogue at State and local levels to pave the way for establishing a robust framework of alternative care for children in India. It is hoped that this report serves as the beginning of an initiative and dialogue between practitioners, academic community and policymakers on child and youth care and helps everyone in the field of alternative care for children to carry forward the agenda of family strengthening with a child lens focus in alternative care for children in the best interest of every Indian child.





# Background

“Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding”

- Preamble of the Convention on the Rights of the Child, 1989 (UNCRC)

## The Context

At 430 million, India has the largest child population in the world. Out of these, 170 million are children in need of care and protection and out of them 20 million are estimated to be orphans, who have lost one or more parents.<sup>1</sup> These children could be abandoned by their own families, missing or run away children or those whose parents cannot be found after making reasonable inquiry. Over 50% of these children have suffered verbal, physical or sexual abuse. These ‘out of home care’ children (OHC) are in immediate need of protection and alternative care. Estimates predict that by 2020, the number of orphans in India will be 24 million.<sup>2</sup> India faces a huge challenge to care and protect the rights of this large numbers of children and give them their rights and opportunities to grow to their full potential. A robust system on Alternative Care for Children (ACC) that works to restore, protect and reintegrate all such children is a pressing need of the nation. The child protection system covers all children but in reality, it has been seen that most OHC with multiple vulnerabilities often remain excluded. There is very less authentic data mapping the vulnerabilities of OHC children and not knowing the precise numbers is a big challenge while planning for their care and protection. Being most vulnerable to abuse, neglect, lack of stimulation and having already experienced extreme trauma and stress, OHC children need priority and attention in planning, programming and thinking processes of all stakeholders.

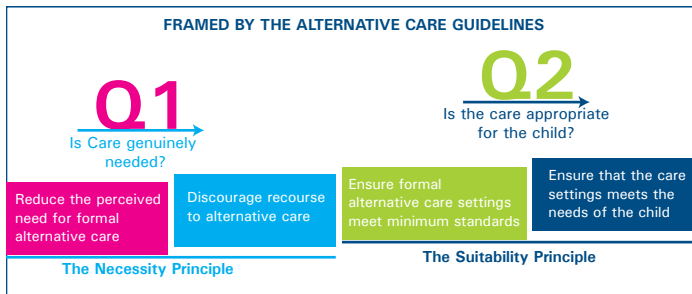
ACC is about how we respond to children without, or at risk of losing, parental care. Such OHC children are pushed to vulnerable situation because of poverty, war, internal conflicts, migration, loss of livelihoods, abandonment, sexual abuse, trafficking, domestic violence, death of one or both parents and many other reasons. Caring for OHC is a dynamic process. Each child’s situation needs age appropriate and individual assessment in the local, social context keeping in mind the cardinal principle of the best interest of the child. A range of options that can be explored include adoption, foster care and kinship care. Sending them to institutional setting should be avoided and always be the last and temporary resort. There is also need to exert extreme caution

### Key International Instruments on Alternative care for children

- UN Convention on Rights of the Child 1989
- UN Guidelines for the Alternative Care of Children (UNGACC) 2009
- “Moving Forward” Implementing the ‘Guidelines for the alternative care of children’ CELSIS, 2012
- “Tracking Progress”- monitoring tool (Resolution A/RES/64/142)

<sup>1</sup> Census 2011 and study by SOS children’s villages

<sup>2</sup> Ibid



### Guiding Principles to Alternative Care for Children

and periodic review and monitoring as providing the wrong care options can result in long-term damages for the child. Developing the right care plan, choices and option for the child prevents unwarranted family separation and ensures that a child in need of alternative care is looked after and protected in all ways possible so that they develop to their full potential.

The United Nations General Assembly Guidelines for the Alternative Care of Children (UNGACC) demand respect for two basic principles of ACC, 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**’). Accordingly, priority has to be laid on preventing

children from separating from their families, except when it is not in the best interest of the child. The value of UNGACC lies not only in its substance but also in the way the guidelines are brought to fruition. The guidelines are “desirable orientations for policy and practice”. The “Moving Forward” Report published in 2012 is meant to assist those involved, at all levels, to become familiar with the main principles of the UNGACC and must be studied closely by all stakeholders<sup>3</sup>. Further, there is an Implementation Handbook titled “Tracking Progress” has also been released to be used as a monitoring tool to determine the extent to which necessary ACC reforms are taking place in different countries.

An Act to consolidate and amend the law relating to children alleged and found to be in conflict with law and children in need of care and protection by catering to their basic needs through **proper care, protection, development, treatment, social re-integration, by adopting a child-friendly approach** in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided, and institutions and bodies established.

#### Preamble, JJ Act, 2015

Family Strengthening Services (FSS) are a must to ensure that children continue to be with their biological parents. However, circumstances where the biological parents are dead or not found despite all efforts or where the child has to be separated from their families due to neglect or abuse, also need to be addressed. In such situations, it becomes imperative to keep the child in an institution but this should be the temporary measure until the best form of care is decided by the authorities. Developing quality alternative care options is a dynamic process and should always be personalised keeping in mind the needs of the child. Quality ACC is about providing the most stable, nurturing and family-like relationship to the child with adequate review and monitoring of the process. Generally, all forms of ACC should be a temporary measure either while the family is supported with to enable the return of the child or during a more long term permanent solution such as adoption is found. It is undisputed that FSS and quality ACC deliver much better outcomes for children in the long run ensuring that all children grow up in safe and loving environments. Hence, it is clear that globally, there has been a renewed thinking on how to address the challenges of ACC and ensure preventive ways of keeping children with their families or if separated to undertake efforts to reunite them at the earliest and provide the best care in the interim.

### UNCRC Article 20

- A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.
- States Parties shall in accordance with their national laws ensure alternative care for such a child.
- Such care could include, *inter alia*, foster placement, kafala of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.

<sup>3</sup> Ms. Tannistha Datta, Child Protection Specialist, UNICEF



## The Indian Situation

Changes in India's socio-economic dynamics have manifested in multiple ways. There is increasing disintegration of joint family system leading to the weakening of the traditional support base for orphan children. Poverty, migration and loss of livelihood opportunities are pushing children to the margins. Internal conflict and disasters not only make children homeless but also inflict on them many kinds of trauma, leading to psycho-social disorientations. The Government of India has provided a strong legal and schematic framework for child protection through the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act 2015) and the Juvenile Justice (Care and Protection of Children) Model Rules, 2016. There is also the Integrated Child Protection Scheme (ICPS) in place. But what are the major changes in the new law? What is the potential of foster care in India? Do we know the true reasons and drivers behind the fact that a given child is placed or accepted in alternative care in India? Do all children in alternative care in India really need to be there? What is the Government of India doing to prevent separation and support families? What is the defining features of an "institution" vis-à-vis other residential care settings in India that can be considered suitable? Do we apply the continuum of care approach in child care? Is there a need for a mental health care plan in all the work we do on alternative care and if so how should it be planned? Do we need to plan differently to meet the needs of children with disabilities under alternative care? What are the key steps required to make transition smooth? What are the challenges we face? How do we intend to deal with the lack of training, supervision and education of caregivers involved in alternative care? Do we have a strong collective will and adequate budgetary and other resource investments required to make alternative care in its different forms of work in India? Together, we need to openly discuss, strategize and debate these questions. We need to find the key to successful Alternative Care Models that can be made to work in India. Perhaps we need to focus on understanding and developing quality of care rather than the type of placement. Global experience has clearly demonstrated that ACC in order to be successful and protect children's rights can be a highly complex and multi-faceted process. It requires careful planning at all levels and close involvement of all stakeholders and role players.

### National Policy for Children, 2013

#### Key priority for child protection

"To secure the rights of children temporarily or permanently deprived of parental care, the State shall endeavour to ensure family and community-based care arrangements including sponsorship, kinship, foster care and adoption, with institutionalization as a measure of last resort, with due regard to the best interests of the child and guaranteeing quality standards of care and protection."

## Objectives and Outcomes

The 2 days' workshop aimed to find answers to the above questions and possible solutions in a collective manner. Deliberations and discussions with experts, academicians, civil societies, government officials, legal professionals, social workers, practitioners, advocates and medical professionals helped take stock and chart the road towards a common agenda for a robust ACC system. A key myth busted at the workshop was that financial and material poverty, or conditions directly and uniquely imputable to such poverty, should not be the only justification for the removal of a child from parental care, for receiving a child into alternative care, or for preventing his/her reintegration, but should be **seen as a signal for the need to provide appropriate support to the family.**

Workshop Objectives	Expected Outcomes
Initiate discussion on strengthening Alternative Care options including small-group homes, foster care (from temporary care to long-term care), support to parents and extended family, and support to young adults living independently.	Improved understanding among stakeholders of the legal and regulatory framework of Alternative Care in light of the recent JJ Act of 2015 and the Rules thereunder of 2016.
Launch and disseminate the series of booklets on Alternative Care by Udayan Care	Ready reckoners available to understand the basic concepts

### The workshop deliberated on the following questions:

- What are the best holistic approaches and responses to identify families at risk and address their needs and prevent the removal of their children?
- How do we strengthen families to take care of children? If all fails, what are the best alternatives for out-of-home-care children?
- How can the different Alternative Care options be translated into practice?
- What is our preparedness in terms of both understanding and mechanisms for Alternative Care in India?
- Should the focus be on understanding and developing quality of care rather than the type of placement?
- In the rush to “deinstitutionalization”, are we sometimes compromising on the quality of care settings offered instead?
- What are the real-life experiences, expectations and demands of young people who have been in alternative care?
- How can states better support parents in their caregiving role?
- Do we have existing models that can be replicated?
- Do we actually include all children in policy making and programming? Do we consider issues about children with disability and their protection under the JJ Act?

## Release of Booklets – ‘A Series on Alternative Care’

Udayan Care’s most recent publication (IEC booklets) titled ‘**A Series on Alternative Care**’,<sup>4</sup> was released at the workshop. This compendium contains a set of **four booklets on Adoption, Foster care, Aftercare and Standards of care in childcare institutions**. These booklets cover the latest legal and policy framework on Alternative Care in India, which has been presented in an easy-to-understand style that makes them effective reference material to be used by all the stakeholders. All the four booklets in the



Series are updated according to the Juvenile Justice (Care and Protection of Children) Act, 2015, the Juvenile Justice (Care and Protection of Children) Model Rules, 2016, and the latest guidelines on foster care and adoption issued by the Government of India. The relevant provisions of the Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children (UNGACC) 2009 have also been kept in view while preparing the booklets.

<sup>4</sup> Information, Education and Communication material

# The Context of Deinstitutionalization

“The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.” (Paragraph 3 of UNGACC)

Removal of a child from the care of the family should be avoided and if necessary due to certain reasons, it should be seen as a measure of last resort and whenever possible, be temporary for the shortest possible duration. In the recent past, sending children in need of care and protection to Institutions without exploring other options had become a norm, without any individual attention to the needs of the child or exploring other alternate options that could have suited the child better. This resulted in often putting the child in regimented settings where the child had to relive trauma and neglect and was hence harmful and violative of the human rights of the child. The quality of care and minimum standards of protection were often ignored with no monitoring mechanism and hence often leading to abuse of the rights of the child in the care institutions themselves.

After the Second World War, global attempts were made to relook into this trend and shift away from sending children to large residential institutions for long years. In seeking alternatives, support from the community became imperative. In particular, there were three important movements that took place:<sup>5</sup>

- **The Independent Living Movement** began among people with physical impairments and has focused on providing personal assistance and adapted environments to enable people to live like anyone else in the community.
- **The Anti-Psychiatry Movement** began in mental health services, which focused on empowering service users and survivors to live in society and on the adoption of a social model of mental health rather than a medical model.
- **Deinstitutionalization and community living** became particularly important and it focused on the orderly abandonment of large institutions and their replacement by personal assistance and accommodation in the community.

Under the deinstitutionalization process, supporting OHC to live in the community as equal citizens has gained value as an issue of their human rights. Deinstitutionalization is not just closing the large institutions but is more

“We need to take the dialogue forward. We need to discuss in forums and come out with out-of-box thinking. For many reasons, the family care may not be the best protection at times. However, the story of Thomas Alva Edison is an example of how a mother’s love and father’s guidance can help children to achieve milestones despite hurdles. We need to be positive and learn from the fact that the key is smaller than the lock, yet it unlocks the door and the lock is smaller than the house but can lock the house. Similarly, a small idea may emerge from today’s discussion which could solve big problems we face.

*Ms. Rashmi Saxena Sahni,  
Joint Secretary, Ministry of Women and  
Child Development & Chief Guest at the  
workshop*

<sup>5</sup> Mansell J, Knapp M, Beadle-Brown J and Beecham, J (2007) Deinstitutionalization and community living – outcomes and costs: report of a European Study. Volume 2: Main Report. Canterbury: Tizard Centre, University of Kent.



about bringing about a **paradigm shift in the thinking and planning process for ACC**. There is a difference between simply ‘closing institutions’ and ‘achieving deinstitutionalization’: closing institutions hastily and without developing high quality alternatives can be very dangerous for children, and cause their rights to be further violated. The decision to move a child from an institution into a new placement is a delicate process that needs careful planning and support<sup>6</sup> and periodic review.

This means the child protection system has to be re-looked at and may be revamped in its entirety and that the basics of family strengthening must always be reinforced to prevent the separation of child from his/her family and, sending the child to residential or institutional care must always be the last choice always. When separation is clearly in the best interest of the child, such as in cases of death, neglect, violence or abuse, different Non-Institutional Alternative Care (NIAC) options should be explored, continuously reviewed and monitored.

The 2016 International Conference on Alternative Care in Geneva showed that steadily there is a growing consensus that efforts to improve individual institutions will not solve the problems of children in residential care and that **more efforts must focus on the underlying reasons for decisions to place children in care in the first place**.

Some examples of recent successes in other countries are depicted below:<sup>7</sup>

Global Practices of deinstitutionalization	
Bulgaria	1999: 35000 children in Institutions
	2016: 1318 children in Institutions
Rwanda	2012: 3323 children in Institutions
	2016: 2294 placed back in families
Uganda	1999: 50,000 children in Institutions
	2016: 1300 children in Institutions

The key factors that have worked in the above nations include the following:<sup>8</sup>

- Clear government leadership
- Legislative reforms on child protection
- Strong gatekeeping approach and preventive measures
- Funds invested in child protection and family strengthening programs
- Collective efforts of civil society and Government
- Networks formation for community services,
- Training of care givers and service providers and
- Monitoring the care system regularly and independently.

In India, Alternative Care (AC) was introduced under the Juvenile Justice Act of 2010, where it was mentioned that children may go to institutions as the last resort. Unfortunately, this remains only in the legislation. In reality, whenever a child comes to Child Welfare Centre (CWC), he or she is sent to any institution and the other options given in the Juvenile Justice (JJ) 2015 are not explored.<sup>9</sup> In this light, any forward moving plan will have to consider the following factors:

- Large number of existing Institutions which are still not under JJ system
- Lack of data about the number of children there

<sup>6</sup> [http://www.eurochild.org/fileadmin/public/05\\_Library/Thematic\\_priorities/06\\_Children\\_in\\_Alternative\\_Care/Eurochild/DI\\_Myth\\_Buster\\_web\\_use.pdf](http://www.eurochild.org/fileadmin/public/05_Library/Thematic_priorities/06_Children_in_Alternative_Care/Eurochild/DI_Myth_Buster_web_use.pdf)

<sup>7</sup> From the presentation of Dr. Kiran Modi at the workshop

<sup>8</sup> ibid

<sup>9</sup> Ms. Bharti Sharma, Ex CWC chairperson and child rights activist, Delhi



- Those existing also without standards of care maintained
- Alternative forms such as foster care still at nascent stage
- Adoption rates are abysmally low – in 2014-2015, only 4,362 children were adopted (CARA 2014-2015)<sup>10</sup>
- Informal kinship care arrangements are widespread but not necessarily well documented and supported by the government
- Lack of community-based support/stigma and mindset issues
- Invisible and unspoken issues such as children with disabilities and their special care

To conclude, there is no ‘one size fits all’ solution to decide what is best for each child. Every child has individual needs and in all cases the best interest of the child has to be factored and harnessed. The three-fold mechanism that should inform all cases of ACC include:

- Strong gatekeeping approach
- Individual and efficient case management approach
- Factoring in the local content and situations

“What works in South Africa may not work in India. Even comparing may not be possible.

We can say that we want to keep children in family environment, and address family issues such as violence but often there is a strong culture of punishment. This punishment is so obvious, but not always the best way to rehabilitate a child. There is a principle of accountability. It is true that a child who commits a crime has to be accountable, but harsh steps don’t help. A child in detention learns more about crime - not less and the need is to re-integrate them in a community environment.

Poverty should never be the only reason of keeping a child in Child Care Institute. We should try to support families to be able to take care of children and protect them”.

**Mr. Javier Aguilar, Chief of Child Protection & Guest of Honour at the workshop**

<sup>10</sup> CARA- Ministry of Women and Child Development, <http://cara.nic.in/InnerContent.aspx?Id=90#Adoption Statistics>

# Gatekeeping and Prevention of Family Separation

Gatekeeping is about having policies, procedures and services to restrict the flow of children into institutions and contribute to their onward progression back to families or substitute families.<sup>11</sup>

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.

Governments are under a CRC obligation to support parents to care for their children and to ensure that children are only removed from their parents when it is in the best interests of the child and the decision is subject to regular review. Gatekeeping is more a matter of attitude and philosophy rather than availability of resources. It is a recognized and systematic process to ensure that alternative care for children is used only when necessary and that children receive the most suitable support to meet their individual needs. If undertaken effectively, gatekeeping can result in:

- Preventing separation of children from families,
- Political commitment and accountability in ACC,
- Assessment and documentation of the child and family situation in a multi-sectoral context,
- Engagement with and empowerment of family members and community,
- Regular review and complaint mechanism, reunification with family, wherever possible,
- High quality, accessible, and affordable, services for all, targetted and specialised for those in need,
- Child budgeting, measuring the costs and social return of well-being of children,
- Supporting transition of children successfully,
- Placing children in alternative care in the best way possible and
- Monitoring all children in alternative care.

It is clear-cut mentioned in the UN Guidelines that anybody who works in Child Rights should be thorough in the guidelines. Emphasis from the Social Protection Act and Child Welfare are outcomes of private sector players. The UN Guidelines has 3 stages: Preventive Part, During Care and After Care. In order to prevent communities have to be strong. No child should be without the support of a legal guardian at any point of time. Many children do not have access or they do not know how visiting CWCs might help. These are important considerations to keep in mind.<sup>12</sup>

<sup>11</sup>Tolfree 1995 quoted by Bilson & Harwin

<sup>12</sup> Mr. Vikram Srivastava, Founder, Independent Thought, Delhi, at the workshop

## A Child-Centric Approach to Gatekeeping

A key component to any gatekeeping method should be the empowerment of families through a child-centered approach as has been successfully implemented by the organisation Shishuadhar- 'For the Child' based in Pune, India.<sup>13</sup> Shishuadhar has identified the causes of a low income family being in a crisis situation where a parent/parents are unable to perform the parental role due to:

- Death of one or both the parents, desertion by a parent, imprisonment, terminal/chronic illness, severe handicap of the parent/parents,
- Natural or man-made calamities

The above reasons increase the vulnerability of children in such families and chances of their getting exploited. These also become the reasons for dropping out of school, being pushed to child labour or becoming a child in conflict with law. Providing support, strengthening and empowering the family to care for the child and ensuring conducive environment for development of her/his full potential thus becomes imperatives in preventing the child's separation from their families or getting pushed into difficult conditions. Under the Shishuadhar program, **a family is treated as a unit and the approach is child centered**, family oriented and holistic, to lead to a preventive and community based care, with alternative care being considered as the last resort. Participation of the family in problem solving process is essential. The program works with the following objectives:

- Support family in crisis so that children do not become vulnerable and their rights are protected in the absence of biological parents or if biological parent(s) are unfit to care, encourage extended family to care for the child and offer support
- Enable the family to provide nurturing environment for development of full potential of child
- Create opportunities for holistic development of children and inspire them to bring out their best
- Enable the family to care for the child independently in due course of time.

Some other important considerations are the role of caregivers and psychologists in deciding the best alternative for child, the need to decipher the root cause of a child's particular behaviour and also keeping track of the status of the children even after reintegration with families.<sup>14</sup> During the empowerment process, the family as a whole is assessed with case work with parents and other important family members. There is financial assistance for care, education of the child through educational sponsorship and if parents are not available, or cannot care for the child, kinship care and offer support is encouraged. The other aspects of empowerment include creating access to various social protection schemes, networking and resource mobilization and financial assistance for starting/expanding Income-generation activity.

The outreach program covers aspects of undertaking sensitization of the state and non-state agencies such as community based welfare organizations, Integrated Child Development Scheme (ICDS) functionaries, CWCs and urban community development centers. Additionally, it also includes district women and child development officers, ASHA health workers, Government and municipal hospitals, ICTC (Integrated Counseling and Testing Centers) ART Centers, organizations working with persons with HIV/AIDS, networks of persons with HIV, organizations working with families of prisoners, residential care institutions, schools and district administration in case of natural/man-made calamities.

Shishuadhar has also developed a **model** to prevent institutionalization of children who are on the verge of getting into institutions by working closely with the CWCs. While profiling the families, the following factors are considered:

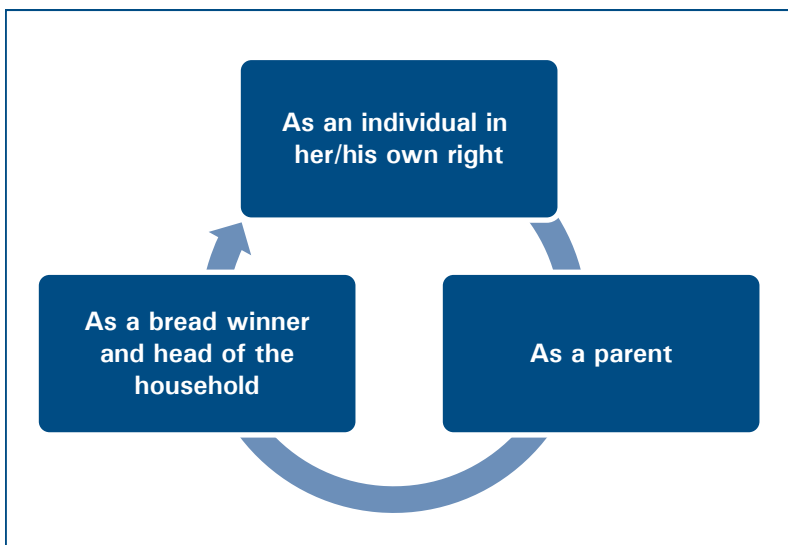
- Family status
- Education
- Occupation

<sup>13</sup> From the presentation of Bharti Ghate, Shishuadhar- 'For the Child' Pune, at the workshop

<sup>14</sup> Ms. Paromita Chowdhury, Child Protection Manager, Tdh at the workshop

- Income
- Housing
- Health
- Kinship care-by grandparents, relatives

To empower the family to care for its children, nurturing and conducive environment is provided along with independently caring for the child in due course of time and it is always ensured that the empowerment happens with reference to children. The empowerment of parents and caregivers is depicted in the diagram below:



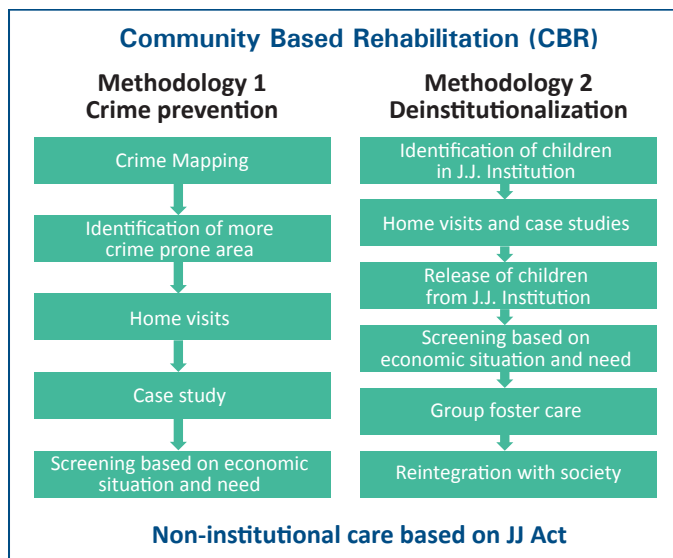
In most cases it has been seen that the empowerment program increases the feeling of self worth, confidence and having a positive self image in the beneficiaries along with enabling them to exercise better control over decisions affecting their life. The families become more assertive and hopeful and are able to overcome distress after being aware about their rights, relevant laws and responsibilities. As a parent, the process helps them understand the needs of children and developing skills to fulfill them along with effectively parenting adolescent children. Handling child sexual abuse, sharing status of HIV positive

illness and planning for future and caring of HIV positive children also becomes better. The head of the family receives help in the following areas:

- Enhancing income by skill development, training to become financially stable
- Developing saving habits participating in self help groups,
- Planning for future

## Community Strengthening

Prevention and family support through community based rehabilitation (CBR) followed at ECHO Bangalore is another good example of gatekeeping.<sup>15</sup> Under this model, strategy is developed at the community level to provide equity to children and weaker sections of society by organizing community members and resources to provide sustainability (empowerment) through equal participation. This builds the capacity of community members through tangible and intangible resources. The basic concept is focused in **decentralization of responsibility and resources both human and financial at the community level through regular follow-up and assistance**. The basic objectives of the CBR program are:



<sup>15</sup> Dr. Antony Sebastian O. Pream, Executive Director, ECHO-Center for Juvenile Justice, Bangalore, INDIA.

- To provide a home where the child gets, love, care, understanding and personal concern
- Creating awareness among families in the community about better child care practices and to promote interest among families to secure education for their children.
- Creating awareness in the community on the dangers of school dropouts, child labour, alcoholism, additions to substances, child marriages and trafficking
- Prevention of children getting into malpractices and crimes by providing “non-formal education” to those, who dropped out of schools and re-admit them in the schools.
- Helping girls to continue education through financial support and family counseling.
- Personality development programs and talent enhancement programs to ensure the holistic development of children.
- Evaluating healthy community attitudes to girl children.

Group Foster Home (GFH) is one of the innovative program of the organization for the children who are about to complete the rehabilitation period. The objective of the programme is de-institutionalization of the children and youth who are under institutional care. It is the next step towards their independence and the organisation provides them with rented house facilities and assists them in job placements. They manage the home and share the monthly expenses and participate in household chores as like in the regular home Youth are encouraged to undertake savings for a better future. The change in the children motivates them to remain back with their families or it may be vice versa either. Through GFH, children get back to society as a dignified citizen.

SOS Children’s Villages has a strong family strengthening program that help families stay together through material support, training, education, counseling and building parents’ capacities to care for their children.<sup>16</sup> Specifically targeted to the needs of each community and family, the program also offers nutritional and health care support for children and nursing mothers; children’s school fees, uniforms and materials; support to parents in establishing a steady income and stable home; training in parenting skills and household management; learning about children’s rights; and family counselling. Community members and decision-makers are involved and objective needs analyses are carried out to determine which families need help and what kinds of programmes will be most suitable.

## Initiative by State Government of Rajasthan and Family Strengthening Services (FSS)

It is not only the NGOs in India that have developed strong FSS but we also have strong examples from the state governments also. Rajasthan is one State that stands out in this regard. The **Palanhar scheme**<sup>17</sup> got started as a scheme to cover orphan children of Scheduled Caste in 2005 but today has been scaled up to cover orphan children of all caste and also covers children of parents serving life time imprisonment or death sentence, children of widows, children of legally remarried widow, children of leprosy affected mother/father or children of HIV/AIDS infected mother/father or children whose mother has gone to Nata,<sup>18</sup> or children having mother/father with disability (40% or above), children of abandoned/divorced woman.

The scheme reduces the vulnerabilities of children by strengthening the family base care and ensuring social, economic and overall development of children by providing financial support. The annual income of the family to be eligible under this scheme is that they should not earn more than 1.20 lakhs and it is mandatory for children of age group 3 to 6 years to attend Aganwadi and 6 to 18 years to attend school. The assistance provided under the scheme included Rs. 500 per month for a child (upto 6 years), Rs. 1000 per month for a child (age group 6 to 18 years) with an annual grant of Rs. 2000 per family.

<sup>16</sup> <http://www.sos-childrensvillages.org/what-we-do/family-strengthening>

<sup>17</sup> Mr. Bhagwan Sahay Sharma, Asst. Director, Social Justice & Enforcement Department, Government of Rajasthan

<sup>18</sup> Nata is traditional culture of Rajasthan in which after death of husband, woman stayed with others without legal marriage



Some of the other highlights of the scheme, over the years, include,

- Transit of scheme from offline to hassle free online system
- Altogether 1.14 lakh Palanhar and 2.16 lakh children have been covered till date.
- Online application submission, process and sanction make the process speedy.
- Online system ensure monthly payment to beneficiaries on regular basis
- Bhamashah and Adhar have included as mandatory documents
- Under the 'Mukhya Mantri Hunar Vikas Yojana' children upto the age of 18 are included and Rs. 40,000 is guaranteed for every sponsored child under the scheme.<sup>19</sup>

## Including Children with Disability

Besides, it is important to include the principle of inclusiveness while gatekeeping. The assistive living standards that are guided by a **democratic and participative independent living**<sup>20</sup> at **Muskaan** provides an opportunity of ownership and participative decision making in non-judgmental environment to children with disability. The healthy lifestyle covers overall wellbeing in a caring and safe environment that provides vocational orientation, discipline and moderation and celebrating life together. It fosters a sense of family within the facility. The training of caregivers is for 3 to 6 months with community involvement, family participation and a sense of community with the neighbours. To increase the number of caregivers, often security guards are recruited and then trained on the job as caregivers. One of the gaps in this area is that laws, policies and schemes keep only the person with disability in focus, and not the family of that PWD.

## Mentoring as an Innovative Tool in ACC

Studies have shown that 1 in 3 young people grow up without having a mentor.<sup>21</sup> Children in alternative care specially need mentors who can be their teacher, supervisor or coach and mentor them through a positive impact on their lives. Mentors often are role models, cheerleaders, policy enforcers, advocates, and friends and take on different roles during the life of the mentor-mentee relationship. All children in vulnerable condition need a "guide" during their young adulthood and among a variety of juvenile programs, reintegration is the most important one. Yet there are very few organizations focusing on this aspect of childcare.<sup>22</sup>

Mentoring<sup>23</sup> children and young persons' is essentially a process that exposes the beneficiary to a range of opportunities and co-plans the future of the beneficiary. It facilitates access to a range of services that includes financial, legal, health, life skills, and resilience building along with building capacities towards independence. A lot can be learnt from the private sector in this regard. In the mentoring model

"Losing family means a challenge. Now, I work with Genpact (in CSR). I lost my mother at the age of 1 and dad at the age of 5. Things were difficult for me and my siblings. All I wanted was good education. I was lucky and got the Udayan Care family at the age of 7. The transit from a small family to a massive one was challenging. However, the love, blessing and the feeling of belonging made me very happy. I was enrolled in a recognized school. I graduated in humanities. Dancing became my passion. After I left the Udayan Care I was provided with a solution to avoid isolation – I was encouraged to share flats. I learnt a lot on financial management and then I realised the hard work being done by the caregivers at the homes. During festivals we are encouraged to go to our biological families, but Udayan Care is our ultimate family."

**Ms. Pooja Udayan**  
**Alumni Udayan Ghar and Employee of Genpact CSR**

<sup>19</sup> Ms. Jyoti Bhardwaj, Program Officer, Department of Child Rights, Government of Rajasthan

<sup>20</sup> Presentation of Ms. Seema Chadha, Deputy Director, Muskaan

<sup>21</sup> <http://www.mentoring.org/get-involved/become-a-mentor/>

<sup>22</sup> Mr. Amod K. Kanth, General Secretary, Prayas and Former DGP & Chairperson, DCPCR at the workshop.

<sup>23</sup> From the presentation of Ms Aneesha Wadha, Mentor Mother and Trustee, Udayan Care at the workshop.



presented, every entrepreneur can be an individual with each one of them having different needs that require tailor made solutions and often resources can be maximized if we buy in the principle that all answers don't lie with just one person. It then becomes a community of mentors, encouraging peer support networks. A successful mentor will always keep the needs of the mentee at centre, harness the resources by enlarging the network of communities and also be updated with the most recent changes in technology and communication methods to keep alive to the mentee's ways of life.

Long-term relationship, permanency and a sense of bonding are key to any mentoring program. It can bring strong improvement in high-risk behavior of children who have experienced trauma due to abuse and abandonment. Mentees are more likely to love being regular in school, dreaming to explore the world and trusting human relationships to move forward in life. It can also help children and young adults to not take the route to drugs, substance abuse or crime and keep them integrated in mainstream society.

## Mental Health Care in Alternative Care

According to World Health Organization (WHO, 2014) mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”. Recently, mental health has been recognized and promoted as a necessary component of well-being for all human beings, including children. The mental health aspects of children living in alternative care becomes more pertinent in the light of the fact that they invariably go through trauma and abusive relationship in their early years of life and if unaddressed, this impacts negatively on their development in all spheres. The inclusion of mental health in the Sustainable Development Goals (SDG) which was adopted at the United Nations in 2015 is likely to have a positive impact on communities and countries where millions of people, including children will receive the much needed intervention.

WHO's comprehensive mental health action plan 2013-2020 has four major objectives as under:<sup>24</sup>

- Strengthen effective leadership and governance for mental health.
- Provide comprehensive, integrated and responsive mental health and social care services in community-based settings.
- Implement strategies for promotion and prevention in mental health.
- Strengthen information systems, evidence and research for mental health.

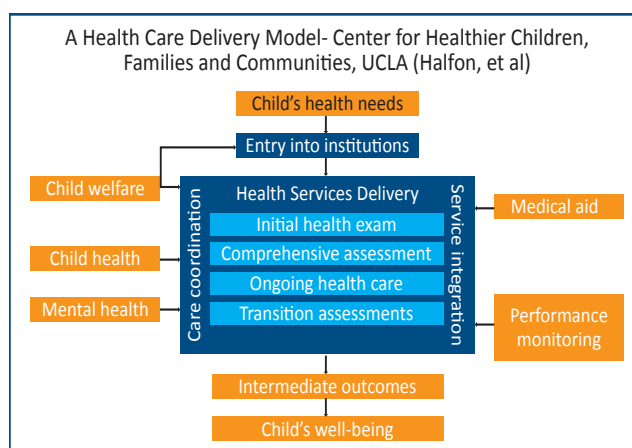
Research shows that half of all lifetime cases of mental illness begin by age 14.<sup>25</sup> Children living under different forms of alternative care as well as adolescents who have grown up in alternative care or institutions or in foster families also need support when they leave these living arrangements and take the step to become independent adults. Over half of all adults with mental health problems will have begun to develop them by the time they are 14 years. Approximately 10-20% of all children and adolescents have a diagnosable mental health disorder and 80-90% of these young people has not been offered or received any evidence based intervention. Earlier intervention increases the chances of preventing long-term negative outcomes.<sup>26</sup> The role of psychological well-being in child and adolescent, for their healthy social, physical, emotional, cognitive and educational development, is well defined. Good mental health can be achieved by providing a child with a safe and secure home; warmth and love; respect; caring and trusting relationship with the person who are living with them, friends and adults in the institutions; opportunity to talk about experience and feelings; time to play, learn, and succeed; encouragement and praise; and consistent and fair expectation with clear consequences for misbehaviour.

<sup>24</sup> [http://www.who.int/mental\\_health/action\\_plan\\_2013/en/](http://www.who.int/mental_health/action_plan_2013/en/)

<sup>25</sup> Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27.

<sup>26</sup> From the presentation of Dr. Rajesh Sagar, Professor of Psychiatry, AIIMS, New Delhi at the workshop.

It is sad that in India we still have not prioritized *mental health* in research studies and often *mental health* is confused with *Mental illness*. There is a difference between the two.<sup>27</sup> Mental Health Care for children and adolescents are so important yet actual clinicians don't experience many people talk much on mental care when they talk as on child care. In Australia the student-teacher ratio is remarkably inspiring but investing for children in India lags far behind.<sup>28</sup> Investing in the mental health care of children is critical for their development. Perhaps we have existing models which we need to understand, such as the success models of NIMHANS and at IBHAS and make them replicable in other hospitals. There is a need to build a band of trained professional, put in place enough documentation and perhaps use the word 'institutionalization' more positively.<sup>29</sup>



Thus, it is clearly evident that gatekeeping, mental health care and mentoring plays a critical role in strengthening family-based care and reforming ACC. Through gatekeeping, systematic procedures can be put in place that ensures ACC is used only when necessary, and that the type of care provided is suitable to the individual child. Perhaps, what is needed is a dedicated mechanism of experts who review individual cases and make recommendations; a legal and normative framework in line with international human rights practices and standards that supports both formal and non-formal gatekeeping mechanisms; availability of alternative care options; tools, protocols, and standards for gatekeeping that are tailored to the specific, local context; and increased political and financial commitment for approaches to provide community services and prevent unnecessary child-family separation.<sup>30</sup>

Wherever institutional care is used as a last resort, it is imperative that models of residential care that are small group care and follow best standards of care as prescribed under the international and national legal framework is explored and used. This form of care essentially has to be at places of safety, transit centres and family-like environment care facilities, including group homes. The JJ Rules of 2016 mandate that all such residential care adhere to medical care (Rule 34), mental health (Rule 35), education (Rule 36), vocational training (Rule 37) and recreational facilities (Rule 38).<sup>31</sup> Ensuring that every

child's right to be heard and to participate in all processes and decisions affecting her interest is most critical in such care settings.

<sup>27</sup> As presented by Dr. Deepak Gupta, Child & Adolescent Psychiatrist and Mental Health Consultant at the workshop.

<sup>28</sup> As presented by Dr. Rajesh Sagar, AIIMS, New Delhi at the workshop.

<sup>29</sup> As presented by Dr. Nimesh Desai, Director, IBHAS at the workshop.

<sup>30</sup> <http://www.bettercarenetwork.org/library/principles-of-good-care-practices/gatekeeping/making-decisions-for-the-better-care-of-children-the-role-of-gatekeeping-in-strengthening-family>

<sup>31</sup> As presented by Rahul Sharma at the workshop

# Alternatives in Non-Institutional Care

Non-Institutional Alternative Care (NIAC) for OHC ensures and upholds their right to a family, as guaranteed to them under the CRC and the UNGAAC. All forms of this service try to strengthen the family as a unit and prevent separation of children from their biological families. Mobilizing resources within the local community is also a core component of NIAC so that the innate capacities of the people are developed, leading to people's participation in child protection issues. Adoption is regarded as the best form of NIAC as it provides for permanent family-like environment for the child. The other ways are foster care, sponsorship and kinship programs.

## Foster Care, including Group Foster Care (GFC)<sup>32</sup>

Foster care is a non-institutional family-based placement of a child, by the Child Welfare Committee (CWC) in the domestic environment of a family, other than the child's biological family, for the purpose of alternate care. Here the child lives with a non-biological family but with identical cultural, tribal and/or community. This form of care is meant for Children in Need of Care and Protection (CNCP). In India, the JJ Act 2015 prescribes foster care as a measure for rehabilitation and social reintegration of children in need of care and protection. Section 44 of the Act deals with different aspects of foster care that include, inter alia, selection of foster family, monthly funding, responsibilities of foster family and inspection of foster families. Rule 23 of the Model Rules, 2016 deals with various aspects of foster care like role of DCPU and CWC, preconditions to be confirmed by foster care families, criteria for selecting group foster care setting, duties of foster carers, and other procedural matters. ICPS also strongly advocates family-based care of children and deals with procedures for sanction and release of funds under foster care programme, foster care fund and foster care approval committee.

### Types of Foster Care

Foster care can be individual foster care or group foster care (GFC). GFC is a family-like care in a fit facility that provides personalized parental care in a family-like environment to a group of unrelated children in a community setting.

- **Short Term Foster Care** - For not more than one year. Two foster children can live in a foster family, unless in the case of siblings which may be more than two in order to keep siblings together.
- **Long Term Foster Care** - Exceeding one year or more and until the child reaches the age of 18 years. Two foster children can live in a foster family; unless in the case of siblings which may be more than two in order to keep siblings together.
- **GFC** - A family-like care in a fit facility for children in need of care and protection who are without parental care with the aim to provide personalised care and a sense of belonging and identity upto 18 years and maximum of eight children can live in a Group Foster Care home including the caretaker's biological children.

All children are eligible for foster care as declared by CWC. The District Child Protection Unit (DCPU) is the nodal authority for implementing the foster care programme in a district and the CWC has been given the power to take

<sup>32</sup> From the presentation of Mr. Ian Anand Forber Pratt, National Program Director, CERl at the workshop

all decisions related to placement of a child in foster care. The law also sets up a Sponsorship and Foster Care Approval Committee (SFCAC) to review and sanction sponsorship and foster care fund. Financial support of not less than INR 2,000 per month per child is available to foster parents and group foster care if requested and duly approved by SFCAC.

If both the spouses are Indian citizens or both are willing to foster the same child and both are 35 years and more and in good health, they can foster a child. Normally this foster family should have enough income with to meet the needs of the child. The foster parents are also obliged to follow rules laid down including regular visits to doctors, maintenance of child health and their records and also attend foster care orientation programs organized by the DCPU. Not more than 4 children including their own children shall be placed in family foster care. Siblings should preferably be placed together in a single family or same fit facility and where relevant and necessary, biological parents' consent is required in foster care.

For GFC, the DCPU is responsible to identify Fit facility for GFC and register the organisation under the Act. The CWC has to recognize the organisation as a fit facility for placement of children in GFC. The organisation has to be also registered on the NITI Aayog website, it should have a child protection policy in place and have updated files of all medical reports of its caregivers. The accommodation should be sufficiently spacious for a group of eight children to reside and ensure privacy of children and the caregivers should not have any criminal conviction or indictment in the past.

The law also stipulates that the GFC home should have the look and feel of a house providing a family environment, rather than an institutional setting and be located within an existing neighborhood to encourage local interaction and the organisation should be ready to attend pre service training provided by DCPU. It should have provident fund and retirement policy for caregivers;

The DCPU or an NGO or social worker identified by DCPU must:

- Visit foster families least once a week for the first month;
- Visit monthly for next six months;
- Visit bi-annually after 7 months;
- Create and maintain Individual Case Files for each child in foster care;
- Monthly visits to schools to ensure his education continues for a period of 1 year;
- Formats for complaints and investigation are available as annexure with the guidelines

NGOs play a very important role in spreading awareness on foster care, short listing of eligible children from the community, prepare Individual Care Plan for each child and conduct child study report and home study reports.

## Adoption

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.

### Laws Governing Adoption of Children in India

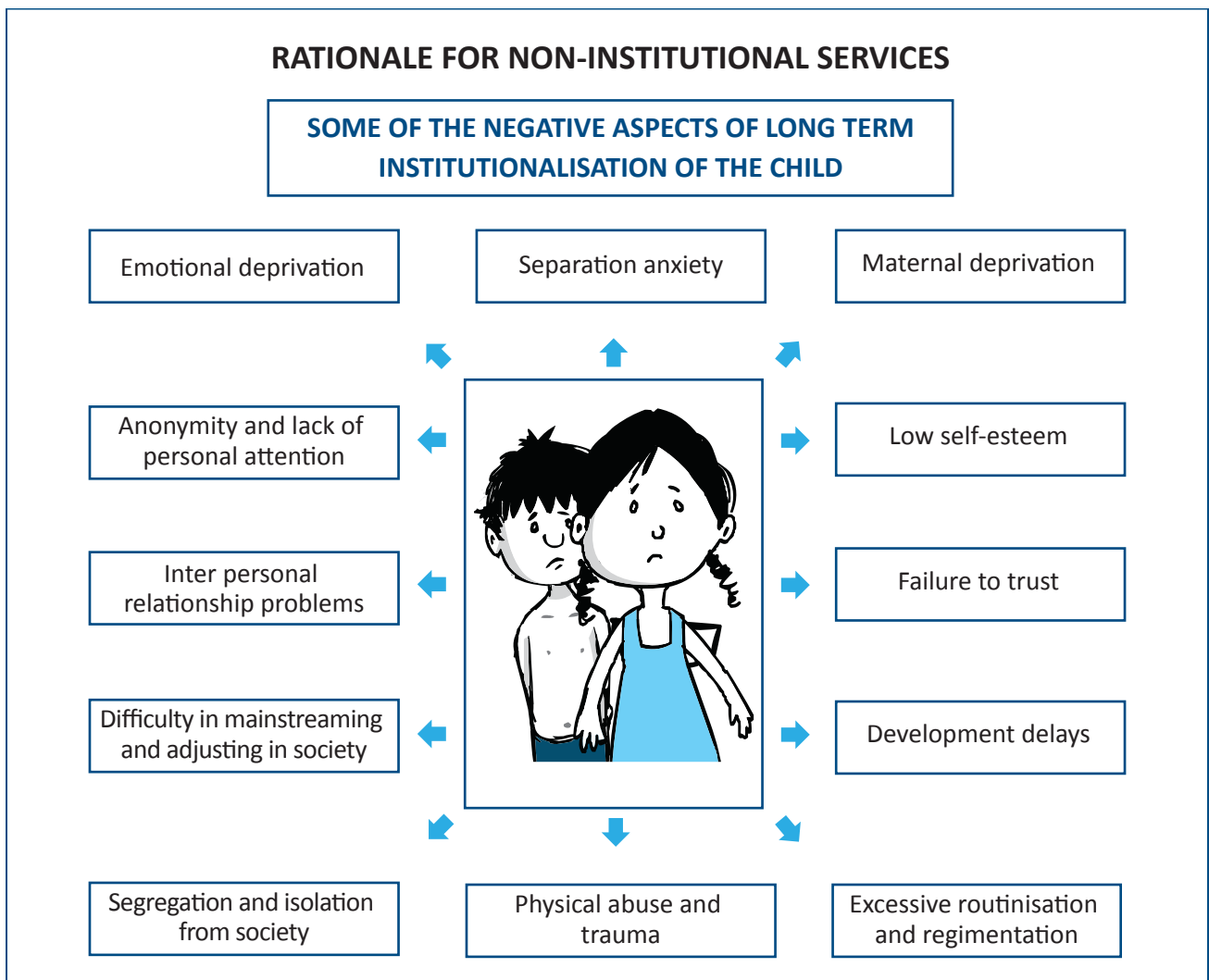
- Guardians and Wards Act, 1890 (GW Act, 1890)
- Hindu Adoption and Maintenance Act, 1956 (HAM Act, 1956)
- Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015)

CARA is the nodal agency under the Ministry of Women and Child Development, Government of India for dealing with adoption of orphan, abandoned and surrendered children. It is also designated as the Central Authority to deal with inter-country adoptions under provisions of the Hague Convention on Inter-country Adoption, 1993 which was ratified by Government of India in 2003. SARA deals with adoption issues at the state level under the guidance of CARA.

Under the JJ Act, 2015 procedures for declaring a child legally free for adoption is laid down and the responsibility for making such a declaration lies with the district Child Welfare Committee (CWC). While adoption can also happen under other laws such as HAMA and GWA, it is always recommended that adoption under JJ Act is encouraged as this ensures child centricity and child participation as opposed to the other legal ways where the wishes of adoptive parents are paramount.

**The Fundamental principles governing adoption:<sup>33</sup>**

- The child’s best interests shall be of paramount consideration, while processing any adoption placement;
- Preference shall be given to place the child in adoption with Indian citizens and with due regard to the principle of placement of the child in his own socio-cultural environment, as far as possible;
- All adoptions shall be registered on Child Adoption Resource Information and Guidance System and the confidentiality of the same shall be maintained by the Authority.



*Illustration from Dr. Nilima Mehta’s book on ‘child protection and juvenile justice system for children in need of care and protection’, published by childline India Foundation.*

<sup>33</sup> From the Presentation of Mr. J. Pati, Director, CARA at the instant workshop

There have been a number of initiatives taken by the GOI in the recent times to increase the low rates of adoption. These include an online adoption process, simplified and transparent procedure in adoption process and referral based system. Greater transparency has been achieved with introduction of CARINGS. Despite this, the challenges remain as follows:

- Less children reaching adoption agencies.
- Less number of children available in proportion to large number of registered waiting parents.
- Informal and illegal adoptions.
- Delays at various level in the adoption process

The roadmap for CARA is to ensure 100% hassle-free adoption process with the help of online system and reach all adoptable children deprived of family care through.

- Capacity building and sensitization activities
- Promotional activities
- Helpdesk and counseling centre

## Sponsorship

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.

NIAC reflects the shift in childcare from the “Welfare” to the “Developmental” and from the “Needs” to the “Rights” and from “Institutional Care” to “Non-Institutional Alternative Care”. A collective and co-ordinated approach that focused on family and community based care for children and youth is a step in the right direction of child protection.



# Moving Forward

To implement the transition from a system of long-stay in large institutions to a system of family-based and community-based care and alternatives requires a sustainable strategy, based on evidence based research and focused action plan. It requires careful planning and coordinated approach with all key stakeholders and role players so that no child suffers and no child is left behind. Some of the key learnings at the workshop were:

- **Childcare is a dynamic and continuum process:** The situation and reality check of each child in alternative care needs to be constantly reviewed and changes made to meet the changing needs and situation of the child. The care providers have to keep in mind that it is neither a one time decision nor something that can be forgotten about. It is their duty to ensure that the care is provided such that it meets the needs and desires of the individual child and, more importantly, that it continues till the child is confident and grows as an independent and resilient young person. There cannot be a cut off age for taking care of children especially in alternative care. Like in a family, the child living in alternative care too should always have the confidence of receiving support at any point of time in her life.
- Recognizing the **individuality of each child** is of paramount importance. The individual care planning of every child should keep in mind the social and cultural context of the child and the child should be always consulted while drawing and reviewing such care plans. There cannot be one size fits all in alternative care for children.
- **Documentation and scaling up** of successful models of prevention and good practices across the spectrum of ACC from across the world. **Child-centric family strengthening models** need to be studied and scaled up at State levels. Investment should be made not only for children but also in their families, with increased family strengthening and community support services keeping child centricity in mind.
- **Effective Gatekeeping** approach at community level is a must to prevent children entering alternative care. The focus must always be on prevention of separation of child from his/her family. Efforts for an increased understanding of gatekeeping and case management approach and its application in all child care programming in India is required.
- **Training and capacity building** of caregivers and practioners along with decision makers such as CWC, JJB members and DCPU officers is a must along with orientation of families on child care to ensure rights of children in families as well.
- **Research, evidence, disaggregated data** on number of children in alternative care, number of homes in India, number of young adults leaving alternative care annually are necessary to ensure that deinstitutionalization does not do any harm to children in India.
- **Deinstitutionalization** is about a change in approach and a process that leads to all stakeholders understanding that long term stay in institutions is not right and that the situation has to be reviewed and the child has to be provided family or family-like care in all circumstances. Merely placing a child in institutions is not to be encouraged. But at the same time, it is important to note that closure of child care institutions without having parallel developed care systems in place is not the right way forward. Keeping local context to arrive at strategy and plan is important. Deinstitutionalization should not be a goal; rather, it should be the result of a process which requires:



- o All key stakeholders should arrive at a shared philosophy, aims and framework on ACC in India
  - o There needs to be a clearer Government responsibility and leadership on this front
  - o Deinstitutionalisation only after ensuring parallel systems and mechanisms are in place so that no child is left behind and no child falls out of the safety net.
  - o There needs to be more coordination and dialogue across different organizations on how to take forward this agenda in India and the Government must drive this.
- Keeping **mental health aspects** at the core in all child and youth care programs is necessary to ensure holistic development of children and youth.
  - Stringent **monitoring systems** in all forms of ACC is a mandatory requirement.
  - **Aftercare** as a continuum of care needs more priority and attention from the government for ensuring continued support into adulthood through effective aftercare policies, programs and services.
  - The concept of **mentorship** is critical to child and youth care and needs more attention and development as a community that can immensely contribute to the sector.

## SOME IMPORTANT ASPECTS TO REMEMBER WHEN TAKING DECISIONS IN RELATION TO CHILDREN

- The ‘Best Interest of the Child’ is the guiding principle in all work with children.
- A ‘rights oriented’ approach is taken in all the decisions and rehabilitation plans for children.
- The child’s ‘Right to Participation’ is respected and the child is consulted while making decision in all matters that impact his/her life.
- All efforts must be made to ensure that the child grows up in his own family and in a nurturing environment.
- Prevention of family breakdown and destitution of children, and strengthening of families ‘at risk’ through supportive services is therefore the first priority and form of intervention.
- If the child’s own family cannot look after the child then other family based, community oriented alternatives should be considered.
- Long term institutional care as a form of rehabilitation (like commitment to an institution till 18 years) should be the very last alternative for a child.
- When handling matter related to Children in Need of Care and Protection and Juveniles in Conflict with Law we have to ensure that all proceedings are conducted in a sensitive and child friendly environment, and with a “Child Centered” approach.

*Dr. Nilima Mehta’s book on ‘child protection and juvenile justice system for children in need of care and protection’, published by Childline India Foundation.*

# Annexe 1: Feedback from Participants

The workshop was almost anti-alternative care - the focus was really on finding ways to avoid alternative care. Perhaps we need to acknowledge this dilemma.

The workshop was amazing. The first day had a bit of a lack of focus due to the presenters' content and some other challenges. The second day was magical in the amalgamation of points and the presentation of information.

Alternative Care is a huge arena - a broad discussion is extremely needed, but if some time could be dedicated to what kind of capacity building needs are there for the stakeholders, strategies to address the needs etc., tools that can be developed, hearing from stakeholders not only good practices but bottlenecks then would be very interesting.

Though the sessions were very interesting, the sessions lacked in giving directions as to how to create a workforce on the ground to be able to identify and respond to emotional needs of children.

The session on mentoring was simply excellent!

The workshop was very helpful in disseminating information on the basic concepts of child care and I learnt a lot for the first time. I wish to attend more such workshops to enhance my understanding and be able to lead a life of purpose while attending to children!

# Annexe 2: Workshop Agenda

## Workshop on Alternative Care in India

Dec. 8-9, 2016

### Agenda (Day 1)

Thursday, December 8, 2016			
Time	Session / Topic		Speaker
<b>09:30 Registration</b>			
<b>Welcome, Release of Booklets and Address by Chief Guest</b>			
10:00	Welcome and Introduction		Dr. Kiran Modi, Managing Trustee, Udayan Care
<b>Release of 'A Series on Alternative Care'</b>			
10:10	Adoption	Foster Care	Ms. Rashmi Saxena Sahni, Joint Secretary, Government of India, Ministry of Women and Child Development
	Standards of Care in Child Care Institutions	Aftercare	
10:20	Address by Guest of Honour		Mr. Javier Aguilar
10:30	Address by Chief Guest		Ms. Rashmi Saxena Sahni
<b>10:45 Tea Break</b>			
<b>Setting the Context</b>			
11:15	Moderator		Ms. Bharti Sharma, Child Rights Activist
11:25	Alternative Care for Children (Sharing learnings from the recent International Alternative Care Conference, Geneva)		Ms. Tannistha Datta, Child Protection Specialist, UNICEF & Dr. Kiran Modi
11:55	The new Juvenile Justice Act and the Rules relating to Alternative Care		Advocate Vikram Srivastava, Founder, Independent Thought
12:15	Understanding Diversity : Inclusion of People with Disabilities		Ms. Seema Chadha, Dy. Director, Muskaan
12:35	Open Floor		
<b>Understanding Alternatives</b>			
12:45	Moderator		Dr. Rajeev Seth, Chairperson, ICANCL
12:50	Foster Care in India (+Group Foster Care)		Mr. Ian Anand Forber Pratt, National Program Director, CERI
01:10	Standards of Care in Child Care Institutions		Mr. Rahul Raja Sharma, Manager, Udayan Ghar, Udayan Care

01:30	Adoption and Challenges in India	Mr. Jagannath Pati, Director, CARA
01:50	Open Floor	
<b>02:00 Lunch</b>		
<b>Gatekeeping: The 'Necessity Principle': Prevention and Family Support</b>		
03:00	Moderator	Mr. Vikram Dutt, Child Rights Activist
03:05	Family Strengthening Methods	Ms. Paromita Chowdouri, Child Protection Manager, Tdh, Kolkata
03:25	Sponsorship as Family Strengthening Measure	Ms. Bulu Sareen, Associate Director, World Vision
03:45	Community based Rehabilitation Programs for Strengthening Families	Father Anthony, Founder and Executive Director, ECHO, Bangalore
04:05	Open Floor	
<b>Gatekeeping: The 'Necessity Principle': Prevention and Family Support (Contd.)</b>		
04:20	Moderator	Mr. Premoday Khakha, Assistant Director, Government of Delhi
04:30	Child-centred Empowerment of Families in Crisis	Ms. Bharti Ghate, Executive Director, Shishuadhar, Pune
04:50	Palanhaar Scheme for Strengthening Family Care in Rajasthan	Mr. Bhagwan Sahay Sharma, Asst. Director, Social Justice & Enforcement Department, Government of Rajasthan
05:00	Schemes for Non-Institutional Care in Rajasthan	Ms. Jyoti Bhardwaj, Program Officer, Department of Child Rights, Government of Rajasthan
05:10	Open Floor	
<b>05:30 Tea</b>		

## Agenda (Day 2)

<b>Friday December 9, 2016</b>		
Time	Session / Topic	Speaker
<b>Psychology Framework and Considerations</b>		
10:00	Moderator	Dr. Deepak Gupta, Child and Adolescent Psychiatrist
10:10	Mental Health Care as a Cross Cutting Issue	Dr. Rajesh Sagar, Professor of Psychiatry, AIIMS
10:30	Mental Health for Children and Youth	Dr. Nimesh Desai, Director, IBHAS, New Delhi
10:50	Open floor	
<b>11:15 Tea</b>		
<b>Continuum of Care Framework and Considerations</b>		
11:45	Moderator	Mr. M.M. Vidyarthi, Deputy Commissioner, Person with Disabilities, Government of Delhi & Hony. Secy, SAMARTH
11:55	Experience from Field on Reintegration	Mr. Amod Kanth, General Secretary, Prayas
12:15	Developing Mentors for Aftercare	Ms. Aneesha Wadhwa, Trustee, Udayan Care
12:35	Challenges in Leaving Care	Ms Pooja, Young Adult, Udayan Care Mr. Vijay, Young Adult, Bal Sahyog
12:55	Open floor	
01:15	Summing Up & Way Forward	Dr. Kiran Modi, Udayan Care
01:25	Vote of Thanks	Mr. Arun Talwar, COO, Udayan Care
<b>01:30 Lunch</b>		

# Udayan Care

“Udayan” is a Sanskrit word meaning “Eternal Sunshine”. We aim to bring sunshine into the lives of underserved sections of society that require intervention. **Registered in 1994** as a Public Charitable Trust, Udayan Care works to empower vulnerable children, women and youth, in **14 cities across 9 states** of India.

## VISION

To Regenerate the Rhythm of Life of the Disadvantaged.

## MISSION

A nurturing home for every orphaned child, an opportunity for higher education for every girl and for every adult, the dignity of self-reliance and the desire to give back to society.

## THEORY OF CHANGE

There are millions of orphaned and abandoned children in India, girls from weaker sections of society do not get an equal opportunity to continue their education, and professional skills and attitudes are lacking among disadvantaged communities to become economically self-reliant.

By engaging individuals committed to helping the disadvantaged, Udayan Care is able to provide homes to orphaned children, give girls financial and developmental support to pursue higher education and offer communities vocational training.

## Our Programmes

**Udayan Ghars:** Based on the belief that a loving home and family is the right of every child, Udayan Ghars are long term residential homes that nurture children who are orphaned, abandoned or at-risk, in a simulated family environment through a strategy called L.I.F.E – Living In Family Environment. There are single and multi-unit Udayan Ghars, wherein 12 children (6-18 years) constitute a unit to give individual attention to each child. This ‘Group Care Homes’ model ensures children are loved and cared by a group of Mentor Parents – socially committed individuals (volunteers), who groom these children with the help of a team of social workers, care givers and supervisors.

**Udayan Shalini Fellowships (USF):** Making a conscious choice to support the higher education of girls, Udayan Care began Udayan Shalini Fellowships in 2002 in Delhi with 72 girls. Since inception, USF has supported over 5000 girls from economically-disadvantaged backgrounds. Today, many of our girls, whom we call Shalinis (Dignified Women), are pursuing fields like Engineering, Medicine, Chartered Accountancy and Computer Science, among others.

**Udayan Care Information Technology and Skill Centres:** Our IT & Skill Centres, initiated in 2004, enable underserved youth and adults improve their livelihood options and offers certificate and diploma courses in basic as well as some advanced computer applications.

We also offer **volunteering and internship options** allowing everyone to contribute to the change process. Our **Advocacy, publication & Training** division enable civil society members and organisations to take responsibility to improve the situation of vulnerable sections of society.

Udayan Care also publishes an academic, bi-annual journal, **“Institutionalised Children: Explorations and Beyond”** since March 2014. This ICEB Journal addresses the gaps in research, knowledge and counselling practices, prevalent in working with institutionalised children, in 8 South Asian countries. It also addresses issues in other forms of alternative care. Since then, 6 issues of ICEB have come out to much public acclaim.

**In 22 years, we have directly impacted the lives of over 16,700 children and youth as well as many more indirect beneficiaries through advocacy, training and outreach efforts.**

# An Udayan Ghar (Sunshine Home) Child

## Promila

At age 5, Promila lived with her parents in Nepal, her father working in the paddy fields and her mother, a housewife. A road accident, far from her village, left her and her mother in the hospital with Promila fracturing her hand and her mother slipping into a coma. She recovered from her injury but her mother, sadly, passed away. Unfortunately, she did not know her father's name or the name of her village in Nepal.

Without an organized missing children network in India, it is improbable for children such as Promila to be reunited with their families. At age 7, she was brought to an Udayan Care Ghar to begin a new life with loving mentor parents, Anjana and Amita and seven new sisters.

In 2<sup>nd</sup> grade, she showed such hard work and dedication that she was soon sent to one of Noida's best private schools where she continues to excel. Despite her strong academic record, Promila suffered from low self-worth.

Promila was given the tools to boost her confidence via Udayan Care's Mental Health Program, led by Dr. Deepak Gupta, which plays an integral part in the psychological development of Udayan Care children. Most often, they have experienced a significant trauma in their young lives and need the support and understanding of a caring adult to help them cope.

Today, Promila is a role model to the other girls in the home. Like a typical teenager, she loves to dance, sing, draw, and listen to music. Promila aspires to be in hotel management or politics, but whichever path she decides, she has a bright future ahead.



## Shivam

Shivam's first home was the jail cell he shared with his mother. He fondly recalls playing with his mother within the prison walls as an infant. However, a court order separated him from his mother and he was sent to live with his aunt where he faced physical abuse. After much suffering, at the age of seven, Shivam escaped and worked in a restaurant for his survival where again, unfortunately, he fell into the hands of abuse. Desperate for a safe haven, he resorted to living on the streets and stealing to fulfill his basic needs.

Shivam remained on the streets for a year after which a policeman brought him to live with the loving family at an Udayan Care Ghar. His life soon changed for the better. With constant support, love and care from his Mentor Mothers, social workers and the doctors in Udayan Care's Mental Health Program, Shivam began to realize his potential, academically and athletically.

Shivam is currently in the 10<sup>th</sup> grade and has a deep passion for karate. He is currently a brown belt and will soon be appearing for his black belt exam. His karate medals include the Inter-School Gold and a State Level First Prize in the Medium Weight Category but his most outstanding achievement was a Silver Medal in an international karate competition in Nepal. Shivam hopes to turn his love of karate into a career where he can earn a livelihood and make a name for himself.





16/97-A, Vikram Vihar, Lajpat Nagar-IV  
New Delhi-110024  
Phone: +91-11-46548105/06  
e-mail: [advocacy@udayancare.org](mailto:advocacy@udayancare.org)  
Website: [www.udayancare.org](http://www.udayancare.org)