Photo: Butterflies

COMPENDIUM ON FAMILY STRENGTHENING AND ALTERNATIVE CARE PROGRAMMES PRACTISED ACROSS INDIA

JUNE 2022

INDIA ALTERNATIVE CARE NETWORK

Changing THE WAY WE care

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- Child in Need Institute (CINI)
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FOREWORD

Every child has the right to live with his/her family. Article 9 of United Nations Convention on the Rights of the Child (UNCRC) states that, "Children should not be separated from their parents unless they are not being properly looked after..." India has ratified the UNCRC in 1992 and through legislations like the Juvenile Justice (Care & Protection of Children) Act, 2015 and schemes like Integrated Child Protection Scheme (ICPS), now known as Mission Vatsalya, the country has upheld the ideals and principles of the UNCRC.

In India, about 31 million children are reported to live without parents[1] and at least 377,000 children are institutionalized[2] in more than 9,500 Child Care Institutions (CCIs) impacting 1.8 million family members.[3] It is also alarming to learn that majority of the children living in the CCIs have one or both parents living. The reasons which push these children to live isolated lives in institutions are many including poverty, misguided perceptions of CCIs providing basic needs like food, clothing, shelter, education, and safety. The CCIs run by faith groups also enjoys the reputation of a boarding school which many parents and guardians prefer for their children as they are seen as hostels providing education. Research study shows that institutionalisation has a negative effect on the social skills and behaviour of children and they also struggle to form emotional attachments. It also reflects that institutionalisation leads to poor cognitive development which leads to learning being negatively effected.[4] International legal and human rights standards have reiterated the importance of keeping children with their families or placing children in alternative family care but, the implementation of family-based care services for children has been very challenging in the country. The key challenges in this regard include inadequate resources both in terms of human and financial, the limited perspective of the workforce on the significance of family strengthening and family-based care, preference of rehabilitation over prevention in child protection programming.

The *Changing the Way We Care* (CTWWC) initiative that aims to promote safe, nurturing family care for institutionalized children or children at risk of child-family separation started in India in 2017 with 3 CCIs and 20 villages in the Ganjam district of Odisha. The initiative has now scaled up to 9 additional districts of Odisha and to the state of Tamil Nadu. The focus has been on strengthening families, gatekeeping mechanism, workforce development, strengthening the child protection system and influencing both key stakeholders and policy at state and national level.

The "Compendium on Family Strengthening and Alternative Care Programme Practiced Across India" documents existing practices around family-based care implemented with the support of the state and civil society organisations across the country. The Compendium was initiated, as the absence of documented evidence on family-based care practices in India was identified as a need at the National Round Table on alternative care that was organised by CTWWC in 2019. In response to this need, CTWWC India commissioned the compilation of the Compendium through the India Alternative Care Network (IACN)[5]. IACN coordinated the process by constituting a Steering

1 2020 Orphan report, INSAMER <https://insamer.com/en/2020-orphan-report_2928.html> Accessed on 21st May 2021

2 Save the Children. Keeping Children Out of Harmful Institutions (2009). It should be noted that due to poor data on children in care and children at risk of separation figures like this are likely much higher.

3 Based on current government statistics, this is believed to be largely under reporting the true impact.

4 Browne K, Hamilton-Giachritsis C, Johnson R, Ostergren M. Overuse of institutional care for children in Europe. Child-Care Health and Development. 2006;32(4):502.

5 https://iacn.in/

Committee consisting of child rights experts and practitioners, academicians, and organisations with expertise in the realm of non-institutional care for children. The Committee offered the required technical guidance towards designing and documentation of the Compendium.

The Compendium, I believe, offers us not only a glimpse of the specific approaches adopted by various agencies through the 23 examples documented in the Compendium, it also offers us the hope that it is indeed possible to strengthen families and that family-based care options can be promoted with little resources and creativity. I do hope the Compendium also marks the starting point for a serious discussion on the subject and helps raise the need for better resource allocation, improving access of families and communities to government services, better support networks and strengthening of community-led child protection mechanisms.

Our sincere thanks to the NGOs who have contributed to the Compendium, members of the Steering Committee, IACN, the consulting team of Leher and the CTWWC global team for their contribution, technical input, and guidance that led to the development of this Compendium.

In appreciation

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ABBREVIATIONS

AC	Alternative Care
ANM	Auxiliary Nurse Midwife
AWC	Anganwadi Centre
BCPC	Block Child Protection Committee
CBO	Community-Based Organisation
CCI	Child Care Institution
CCL	Child in Conflict with Law
CG	Children's Group
CL	Care Leaver
CNCP	Child In Need of Care and Protection
CP	Child Protection
CPS	Child Protection Scheme
CPC	Child Protection Committee
CWC	Child Welfare Committee
CWPO	Child Welfare Police Officer
DCPU	District Child Protection Unit
DNA	District Need Assessment
FGD	Focus Group Discussion
FS	Family Strengthening

IAP	Individual Aftercare Plan
ICP	Individual Care Plan
IDI	In-depth Interview
IEC	Information, Education and Communication
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015, amended 2021
JJB	Juvenile Justice Board
LSE	Life Skills Education
MWCD	Ministry of Women and Child Development
NCC	Night Care Centre
POCSO	The Protection of Children from Sexual Offences Act (POCSO Act), 2012
PRA	Participatory Rural Appraisal
RLA	Red Light Area
SFCAC	Sponsorship and Foster Care Approval Committee
SHG	Self Help Group
SIR	Social Investigation Report
SOP	Standard Operating Procedure
SJPU	Special Juvenile Police Unit
UG	Udayan Ghar
VCPC	Village Child Protection Committee

EXECUTIVE SUMMARY

India has 472 million children between the ages of 0–18 years, accounting for 39% of the population.[1] It is estimated that around 170 million or close to 40% of India's children are vulnerable or are experiencing difficult circumstances characterised by their specific social, economic and geo-political situations.[2] A 2016 UNICEF report[3] pegs the number of orphans at 29 million. A recent MWCD study states that there are 7,422 CCL and 370,277 CNCP across CCIs/Homes in India. The study also found that 184,195 were children of unfit/incapacitated parents/guardians, 56,198 orphans[4] and the others included victims of sexual abuse, child pornography and child marriage, trafficking, homeless, children with special needs etc.

Both global and national policy dictates that every child has the right to thrive in a safe and nurturing family environment. There is increased advocacy to shift from relying on institutions as the first option for care and protection of vulnerable children to promoting family-based care and family strengthening (FS) to reduce the risk of separation in the first place. This advocacy is supported by:

- Decades of research that demonstrates the adverse effects of institutionalisation on children's development and wellbeing
- Lack in quality of standards of care and safety of children in CCIs
- Provisions under JJ Act 2015, amended 2021, promoting institutionalisation as a last resort
- Recent resolution adopted in the UN General Assembly (2019) to progressively replace institutionalisation with quality family-based care
- Restoration of 64% of CNCP and CCL to their families as a precautionary measure following directives from the Honourable Supreme Court reiterated the existence and importance of families.[5]

The pandemic induced rapid restoration of children. While it indicates the possibility of children having the option to live with their families, the restoration process itself needs to be well thought out.

The process of deinstitutionalisation must be complemented with wider care system reform, with a strong focus on enhancing care at the family and community level. Recognising the current gaps in the child protection system and that family-based programmes are mostly isolated, there is a need for India to plan and pace this transition from institutional care carefully.

This increasing focus on the importance of a safe and nurturing family environment and the adverse effects of institutionalisation along with the need to identify the challenges and opportunities in promoting family-based care brought CTWWC India, to organise

1 2011, Census of India
2 https://wcd.nic.in/sites/default/files/annual-report-2015–16.pdf
3 https://www.unicef.org/media/50076/file/UNICEF_SOWC_2016-ENG.pdf
4 5,931 – 0 to 6 years, 50,267 – 7 to 18 years – https://wcd.nic.in/sites/default/files/CIF%20Report%201.pdf
5 https://www.ndtv.com/education/64-children-in-childcare-institutions-sent-home-unicef

National and State level round-table discussions between 2018 and 2019. One of the key recommendations that emerged from these discussions was the need to document existing practices around family-based care, and prevention of separation and family strengthening across the country so that these may serve as a resource to practitioners of alternative care as well as help inform the advocacy towards promoting care reform in India. It was recognised that, while there are several practices on alternative care being implemented with the support of the state or through civil society action, there is no consolidation of these practices. As an outcome of the round table discussions, CTWWC approached India Alternative Care Network[6] (IACN) to develop a Compendium of existing practices on family strengthening and alternative care in India to help disseminate the same among academicians and care reform practitioners at both government and non-government levels. Taking this forward, IACN Secretariat formed a Steering Committee which guided the development of the Compendium on Family Strengthening, and Alternative Care Programmes practised across India.

The Compendium documents alternative care practices that are non-institutional and support families to stay together, prevent separation of the children from their families and community settings. It mainly comprises of practices on family strengthening, restoration, kinship care, foster care and aftercare. This report maps the family strengthening and alternative care practices across 14 organisations and provides an overview into a number of elements including nature of care, target, coverage, intervention, the longevity of care, linkage to the child protection system, access to sponsorship provided by the State, challenges in implementing the programme, among other aspects.

The Compendium highlights the need to promote family strengthening measures to prevent separation of children from at risk families. Effective family strengthening measures along with an accompanying protective environment at community level will go a long way in preventing institutionalisation of children. For the children leaving the care of institutions upon attaining the age of 18 years, the compendium highlights the need for a well thought out aftercare programme, that will help the children to transition out of institutions to lead an independent life. With regard to foster care, the document highlights the need to explore the role of community-led child protection (CP) mechanisms in identifying the foster child and family, assess the preparedness of the child protection system to identify, process and track the safety of every child placed in foster care, and understand the support system in place to assist the foster child's transition to independent living on turning 18 years. Most importantly, it draws attention to the significant role of communities as effective gatekeepers in preventing children from falling out of the safety net, building a protective environment for their children, raising child protection issues, in providing support to children and families to access entitlements and child protection services, and in building support networks, among others. It emphasizes the need to include community-led child protection mechanisms as part of the continuum of child care.

Thus, this Compendium attempts to provide a glimpse into the existing family strengthening and alternative care practices across the country. It is an exercise in mapping the existing practices that promote non-institutional alternative care approaches in India with a view to highlight the fact that with the necessary support and an enabling environment, it is indeed possible to ensure that every child has the opportunity to be nurtured by a family.

6 https://iacn.in/

Photo: CTWWC

INTRODUCTION

Every child has the right to grow up in a healthy, safe and nurturing environment.[7] The family has the primary responsibility of creating an enabling and protective environment essential for a child's well-being, care and development. The community plays an important role in fostering a sense of belonging, self and connection[8] in the child. However, there are times when children do not have family units[9] at the outset itself, due to the death of parents, when children are abandoned, or separated due to natural disasters or other emergencies, epidemics (such as HIV/AIDS), parental

7 https://www.unicef.org/thailand/press-releases/every-child-has-right-grow-safe-and-nurturing-family-environment

8 Benefits of Community Involvement in Early Childhood https://www.all4kids.org/news/blog/benefits-of-community-involvement-in-early-childhood/

9 Nuclear family, joint family, extended family, kith and kin.

imprisonment, armed conflicts, wars, forced migration, etc.[10] There are also times when families themselves lose the ability to take care of their children. In such cases temporary or long-term family strengthening and alternative forms of care become necessary. Children who are temporarily or permanently deprived of their 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.[11]

India has close to 29 million orphaned children, as reported by UNICEF's State of the World's Children Report 2016.[12] A study[13] undertaken in 2016 by the Ministry of Women and Child Development records 3,70,227 Children in Need of Care and Protection (CNCP) and 7,422 Children in Conflict with Law (CCL) across 9,589 CCIs/Homes (registered/ unregistered). It is likely that the actual number of children in need of alternative care would be far higher, considering that there is a lack of awareness in public about the systems and structures that could be reached out to when a child/family needs support (in circumstances of death, abandonment, abuse, displacement, financial instability, etc.). The Child Welfare Committees (CWC)[14] in each district, though restricted in reach and accessibility to local populations, receive large numbers of cases of CNCP. CHILDLINE 1098, the national crisis helpline for children, records 9 million calls[15] for assistance per year. The pandemic has led to increase in vulnerabilities of at risk families, including the loss of livelihood, loss of primary caregivers of children and health concerns in the form of long COVID. With large numbers of children losing one or both parents, (as per the Lancet report, February 2022, approximately 19 lakh children lost one or both parents to COVID-19), there is a likelihood of increased number of children being separated from their families and getting placed under child care institutions or experiencing protection failures.

While the Indian Constitution provides an overarching framework for child development and protection, the National Policy for Children, 2013, commits especially to safeguarding the rights of children who are temporarily or permanently separated from their parents. The policy encourages the state to ensure that these children receive family and community-based care, such as sponsorship, kinship care, foster care, and adoption, with institutionalisation as a measure of last resort. Children in need of alternative care are protected under different sections under the Juvenile Justice (Care and Protection) Act 2015, amended in 2021 – the primary legislation governing alternative care in India, the JJ Model Rules 2016, the CARA guidelines, the Protection of Children from Sexual Offences (POCSO) Act 2012,[16] and the Model Guidelines

10 https://www.unicef-irc.org/portfolios/general_comments/GC7.Rev.1_en.doc.html

11 https://www.udayancare.org/sites/default/files/Workshop-Report_17–02–2017.pdf

12 https://www.unicef.org/media/50076/file/UNICEF_SOWC_2016-ENG.pdf

13 https://wcd.nic.in/sites/default/files/CIF%20Report%201.pdf

14 The CWC is a body constituted under the JJ Act , 2015 (amended 2021), to ensure care, protection, appropriate rehabilitation or restoration of children in need of care and protection, based on the child's individual care plan and passing necessary directions to parents or guardians or fit persons or fit facility in this regard.

15 https://www.childlineindia.org/uploads/files/20200316091126_childline-india-annual-report-2018–19-eng.pdf

16 Rule 4, POCSO.

for Foster Care, 2016.[17] Additionally, the Integrated Child Protection Scheme(ICPS) 2009 now named Mission Vatsalya,[18] a centrally sponsored scheme, promotes family-based care that includes adoption, foster care, sponsorship and aftercare for vulnerable children. Further, states across the country have introduced and have been implementing schemes to provide family-based care to children who are deprived of temporary or permanent parental care.[19] These schemes and provisions have reached out and assisted numerous families.[20]

Over the years, there has been increasing reportage of abuse and lack of quality standards of care in CCIs.[21] In December 2019, the UN General Assembly adopted a Resolution on the Rights of the Child, where member states agreed to "*progressively replace institutionalisation with quality alternative care, including, inter alia, family and community-based care and, where relevant, redirecting resources to family and community-based care services, with adequate training and support for caregivers and robust screening and oversight mechanisms, to prevent and combat the trafficking and exploitation of children in care facilities*". It additionally urges states to take effective action to provide support to families and prevent the unnecessary separation of children from their parents by "*prioritizing investments in child protection services and social services to support quality alternative care, including families and communities in order to prevent the separation of children from their families...; developing and strengthening inclusive and responsive family-oriented policies and programmes for poverty reduction, also designed to promote and strengthen parents' ability to care for their children, and to confront family poverty and social exclusion*"... .[22] India being a signatory to the Resolution, is expected to work towards the same.[23]

17 The guidelines outline definitions relevant to foster care, criteria for foster care, roles and responsibilities of different stakeholders and other operational mechanisms to effectively implement the Juvenile Justice Act.

18 The ICPS was implemented by the Ministry since 2009-2010. The scheme was then renamed as "Child Protection Services" Scheme in 2017. The CPS Scheme has been now subsumed under Mission Vatsalya from 2021-22 onwards. https://wcd.nic.in/acts/guidelines-mission-vatsalya

19 BOSCO Mane. n.d. Foster Family Renewed Hope and a New Life: A study on the practice of Foster Care for Children in India. India: BOSCO National Research and Documentation Centre. https://bettercarenetwork.org/sites/default/files/attachments/Foster%20Family%20Renewed%20 Hope%20and%20New%20Life%20-%20A%20Study%20on%20the%20Practice%20of%20Foster%20 Care%20for%20Children%20in%20India.pdf

20 https://pib.gov.in/PressReleasePage.aspx?PRID=1602395

21 Human Rights Watch. 2013. Breaking the Silence: Child Sexual Abuse in India. USA: Human Rights Watch. https://www.hrw.org/sites/default/files/reports/india0113ForUpload.pdf

22 United Nations General Assembly Resolution No. A/74/395; https://undocs.org/A/74/395; Last accessed 1 February, 2021.

23 Jain, Vipul, Deepesh Chouske, and Satyajeet Mazumdar. 2020. Does De-institutionalisation always serve 'best interest'of the child? : A study of the ground realities of restoration of Children in Need of Care and Protection in India. India: Catalysts for Social Action. https://csa.org.in/wp-content/uploads/2020/06/Does-DI-serve-best-interests.pdf

Thus, while India increases its focus and efforts towards deinstitutionalisation, and strengthening family and community-based child care services, there is also a need for it to chart its own journey. It is important to pace and plan this transition, keeping in mind the existing gaps, the urban-rural divide in terms of access to institutions/support systems/availability of organisations and that there is no 'one size fits all solution'.

Though segregated by caste and class, large sections of Indian society have historically derived a sense of community and collective purpose from people's movements and also the joint family structure. The Panchayati Raj system of decentralised governance creates platforms for communities to engage in dialogue and decision making, and for development. It is this sense of common cause, community and belonging that extends into families where informal arrangements at the community level have evolved as a significant practice to provide care for children who have lost their parents. Recognising this, there have been significant efforts in different states of India to support families and communities to care for their children in the last few decades.

Family strengthening and alternative care services are a critical component of child care and the child protection system, and India offers several examples of this ongoing and developing body of work. This must be taken into consideration while working towards strengthening community-based care and support for children as an alternative to care in residential institutions. Recognising that the information about the ongoing and developing alternative care practices is fragmented, and drawing from the 2018–19 national and state round-table discussions, the need to document existing practices around family strengthening and family-based care across the country was identified.[24] This led to the development of the Compendium.

It is hoped that this Compendium will help to build and strengthen the discourse on family strengthening and alternative care in India.

24 Refer to page number 3 (Para. 5).

Photo: Udayan Care

WORKING DEFINITIONS

- **Aftercare:** It is the provision of support- financial or otherwise- to persons who have completed the age of eighteen years, but have not surpassed twenty-one years, and have left any form of institutional care or foster care to join the mainstream society.[25]
- **Alternative care:** It could be defined as any arrangement, formal or informal, temporary or permanent, for a child who is deprived of their family environment. With respect to the environment where it is provided, alternative care maybe,

25 Derived from Sec.2(5) of JJ Act 2015, amended 2021.

kinship care, foster care, other forms of family-based care placements, residential care provided in any non-family based group setting, supervised independent living arrangement for children. For the purpose of this compendium, alternative care refers to only non-institutional care options.[26]

- **Care leaver:** A young person, who has left a formal alternative care placement. He or she may be entitled to assistance with education, finances, psychosocial support, and accommodation in preparation for independent living.[27] Therefore, a care leaver is a former child in need of care and protection (CNCP) or child in conflict with law (CCL) who has moved out of institutional care or foster care upon completing the age of 18 and who might be provided continued care or support for a transitional period in order to prepare them for independent living once they leave the child care institution.[28] For the purpose of this study, young adult and CL will be used interchangeably (as per organisational terminology).
- **Child Care Institutions:** It includes children's home, open shelter, observation home, special home, place of safety, Specialised Adoption Agency and a fit facility recognised under the Juvenile Justice (Care and Protection) Act 2015, amended 2021, for providing care and protection to children who are in need of such services.[29]
- **Deinstitutionalisation:** It entails the entire process of planning, transformation, downsizing and/or closure of residential institutions while establishing a diversity of other child care services regulated by rights-based and outcomes-oriented standards. These standards ensure that residential care as an alternative is chosen only when all family-based options have been exhausted, and when it is in the child's best interests, it meets their specific needs at the time and is provided under adequate conditions.[30] Deinstitutionalisation promotes the return of children to the community from institutional settings and prevents their re-entry into institutions.[31]
- **Formal care:** It includes all care provided in a family environment that has been ordered by a competent administrative body or judicial authority, as well as all care provided in a residential environment, including private facilities, whether or not as a result of administrative or judicial measures.
- **Foster care:** It is the placement of a child with a family, other than the child's biological family, that has been selected, qualified, approved and supervised for providing such care by the CWC for the purpose of alternate care.[32]
- **Family-based care:** It is the short-term or long-term placement of a child into a family environment, with at least one consistent parental caregiver; a nurturing family environment where children are part of supportive kin and community.[33]

26 Sec 29, UN Guidelines for the Alternative Care for Children, 2010.

27 https://bettercarenetwork.org/toolkit/glossary-of-key-terms#C

28 Derived from ICPS and Guidelines for the Alternative Care of Children.

29 Sec.2(21) of JJ Act 2015, amended 2021.

30 UNICEF. 2010. At Home or in a Home? Formal Care and Adoption of Children in Eastern Europe and Central Asia. Geneva: UNICEF. https://www.socialserviceworkforce.org/resources/home-or-home-formal-care-and-adoption-children-eastern-europe-and-central-asia

31 https://www.unicef.org/eca/media/13271/file

32 Sec.2(29) of JJ Act 2015, amended 2021.

33 https://bettercarenetwork.org/toolkit/glossary-of-key-terms#F

- **Family strengthening:** It aims to strengthen parenting skills and child's relations within their whole family. It aims to relieve psychological stress and alleviate material deprivation, by connecting families to formal and informal support networks, so that parents are better equipped to care for the children and meet their needs. This, in turn, prevents neglect, violence and abuse of children, and the potential risk of child-parent separation. Family strengthening typically involves a combination of counselling and mediation on behalf of children and/or parents to ensure access to mainstream services such as health care, education and, when needed, social welfare (financial assistance), as well as specialist services, in cases where children or parents need specific support and material assistance.[34] Family strengthening services aim to address the causes of and the need for subsequent alternative care arrangements by providing interventions that promote the safety and well-being of the child and family. Such services may include – family support interventions, health and nutrition programmes, education programmes, psychosocial support, and household economic strengthening programmes.[35] The overall aim of family strengthening is to enhance the resilience of families.
- **Individual Care Plan:** It is a comprehensive development plan for a child based on age, gender-specific needs and individual case history, prepared in consultation with the child, to restore their self-esteem, dignity and self-worth, and nurture them into responsible citizens. Accordingly, the plan addresses the following-including but not limited to needs of a child, namely: (a) health and nutrition needs, including any special needs; (b) emotional and psychological needs; (c) educational and training needs; (d) leisure, creativity and play; (e) protection from all kinds of abuse, neglect and maltreatment; (f) restoration and follow-up; (g) social mainstreaming; (h) life skill training. [36]The template for the ICP has been prescribed in JJ Rules 2016 in form 7.
- **Informal care:** It includes any private arrangement provided in a family environment, whereby a child is looked after on an ongoing or indefinite basis by their relatives or friends (informal kinship care) or by others in the individual capacity at the initiative of the child, their parents or other people, without this arrangement having been ordered by an administrative or judicial authority, or a duly accredited body.[37]
- **Kinship care:** It is 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.[38]
- **Open Shelter:** It is a facility for children, established and maintained by the State Government, either by itself or through a voluntary or non-governmental organisation that shall function as a community-based facility for children in need of residential support, on a short-term basis, The objective is to protect children from abuse or keeping them away from a life on the streets.[39]

34 UNICEF. 2018. Strengthening Vulnerable Families: Windows of Opportunity. Belgrade: UNICEF Belgrade. https://www.unicef.org/serbia/sites/unicef.org.serbia/files/2018-10/Strenthening_Vulnerable_Families.pdf

35 https://bettercarenetwork.org/library/strengthening-family-care/strengthening-family-care

36 Rule 2(ix) of JJ Model Rules 2016.

37 GA A/RES/64/142. Guidelines for the Alternative Care of Children, https://bettercarenetwork.org/sites/default/files/Guidelines%20for%20the%20Alternative%20Care%20of%20Children%20-%20English.pdf

38 GA A/RES/64/142. Guidelines for the Alternative Care of Children.

39 Sec. 43 of JJ Act 2015, amended 2021.

- **Post-release/restoration report:** It is the release plan prepared by the Probation Officer, child Welfare Officer, Case Worker or social worker, two months before a child is due to leave the Child Care Institution. The plan recommends aftercare for such children as per their needs and submitting the same to the CWC or the Juvenile Justice Board (JJB) Such a plan is monitored by the CWC or JJB to examine the effectiveness of the aftercare programme, particularly to see if it is being utilised appropriately, and the progress made by the child as a result of such after-care programmes. This report would document details that include – bank account details, and the first interaction report of the Probation Officer/Child Welfare Officer/Case Worker/social worker/non-governmental organisation identified for follow-up with the child post-release, as well as the report of the second and third follow-up interaction with the child after two months and six months respectively. It also entails the status progress made by the child with reference to Rehabilitation and Restoration Plan, a report on whether the child has been admitted to a school or vocation, and the family's and community's behaviour towards the child.[40]
- **Pre-Release Report:** It is the report prepared 15 days prior to the release of a CNCP/CCL. This report, which is part of the ICP submitted, provides details on the place of transfer, the training the child has undergone, the date of release/ transfer/repatriation, details of Probation Officer/NGO post-release follow-up, MOU with NGO identified for post-release follow-up, medical examination report, the rehabilitation and restoration plan of the child, etc.[41] The template for the pre-release plan has been prescribed in part C of the ICP in Form 7 of the JJ Model Rules 2016.
- **Rehabilitation:** As per Section 39 of the JJ Act 2015, amended 2021, the process of rehabilitation of a child should be based on their ICP and should be done through the child's placement in family-based care, such as by restoration to family or guardian, or through adoption, or foster care. According to the JJ model Rules, 2016, imparting education and vocational training to the child are essential components of rehabilitation and should be initiated from the date of the first production of the child itself.[42]
- **Restoration:** It is a planned process by which children in the Juvenile justice system are reunited with their families at the earliest and are restored to the appropriate socio-economic and cultural status that they were in, before coming under the purview of the Act, unless such restoration and repatriation are not in his best interest of the child. Section 40, JJ Act 2015, amended 2021, states that the restoration and protection of a child shall be the prime objective of any children's home, Specialised Adoption Agency or open shelter and that the CWC shall have the powers to restore any CNCP to his parents, guardians or fit person, as the case may be, after determining the suitability to take care of the child and give them suitable direction. The Model rules 2016, mandate that the consent of the child should be taken during the restoration process and the child should not be coerced to go back to their

40 Rule 25(4) and 25(5) of JJ Model Rules 2016.

41 Form 7 (Part C), JJ Model Rules 2016.

42 Derived from Sec.39.(1), JJ Act 2015, amended 2021, and, Rule 19(4) and Rule 19(12) of JJ Model Rules 2016.

family. As per the rules, post restoration, follow up reports should be prepared, assessing the situation of children after they have returned to their families.[43]

- **Safe Space:** It is a place or environment which allows participation, fosters a sense of security, belonging and agency, and promotes the overall development of children.
- **Social reintegration:** As per Section 39 of the JJ Act 2015, amended 2021, the process of rehabilitation of a child should be based on their ICP and should be done through the child's placement in family-based care, such as by restoration to family or guardian, or through adoption, or foster care. As per the Model Rules 2016, for CCL the process of rehabilitation and social integration should be started in the observation homes if they are not to be returned on bail or placed with a fit person by the order of the Board. For CNCPs who are not placed with families, and for any reason placed in an institution registered under the JJ Act, or with a fit person or facility the process of social reintegration shall be undertaken where they are placed. The rules mandate that CNCPs or CCLs who are leaving special homes or place of safety upon turning 18 years, should be provided with support for education, employment skills, accommodation etc. to help them reintegrate into society.[44]
- **Social Investigation Report:** It is the detailed report prepared for a child containing relevant information about their circumstances, their economic, social, psycho-social situation, and other relevant factors, and any recommendation thereon.[45] The template for the social investigation report has been prescribed in form 22 of the JJ Rules 2016.
- **Sponsorship:** The provision of supplementary support, financial or otherwise, to the families to meet the medical, educational and developmental needs of the child. As per the JJ Act, 2015, amended 2021, the sponsorship support will be provided where the mother is a widow or divorced or abandoned by family; where children are orphans and are living with the extended family; where parents are victims of life-threatening disease; where parents are incapacitated due to accident and unable to take care of children both financially and physically. The ICPS defines the purpose of rehabilitation as preventive and rehabilitative. Preventive sponsorship support is provided to a family to enable a child to continue to remain in the family and continue their education. This aims at preventing children from becoming vulnerable, running away, being forced into child marriage, child labour etc. The rehabilitative aspect is aimed to support children restored to their families with sponsorship assistance.[46]

43 Derived from Sec.40(3) and Sec.3(xiii); JJ Act 2015, amended 2021, and Rule 82(3),(8),(9) of JJ Model Rules 2016.

44 Derived from Sec.39.(1),(2),(3),(4) JJ Act 2015, amended 2021, and, Rule 19(4) and Rule 19(12) of JJ Model Rules 2016.

45 Rule 2 (xvii) of JJ Model Rules 2016.

46 Sec. 2(58), Sec. 45 (2) of JJ Act 2015, amended 2021, Chapter 10, C(3) ICPS.

Photo: CTWWC

METHODOLOGY, SCOPE AND LIMITATIONS

A Steering Committee, consisting of academicians, practitioners and representatives of organisations who have been working on issues of children without parental care and at risk of separation, have guided the development of this Compendium on Family Strengthening and Alternative Care Programmes practised across India.

As described below a systematic approach was adopted by IACN and the researchers towards developing the compendium:

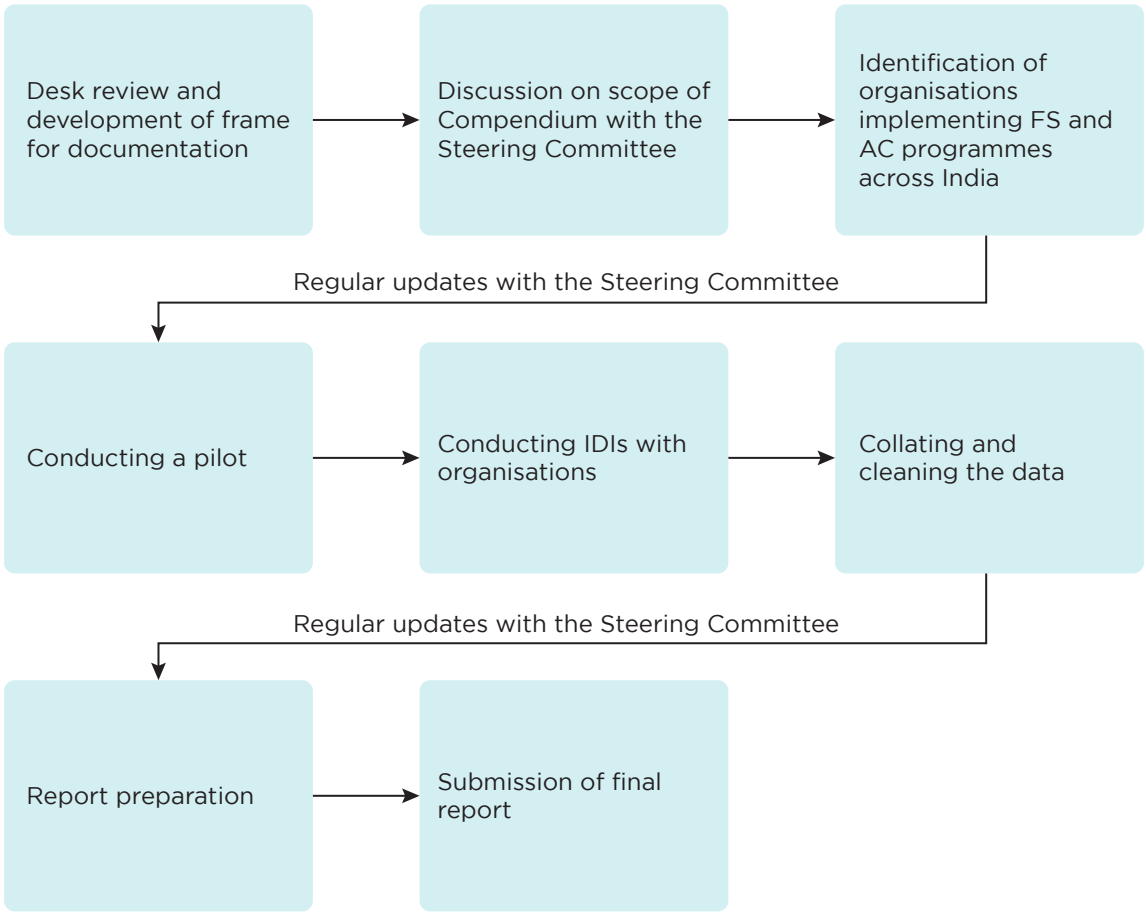
- **Desk review and preparation of a framework for documentation:** A review of national and international reports, studies and articles was conducted to identify a range of practices in India that fall under the umbrella of alternative care. Based on the desk review, a framework for documentation was prepared by the researchers and finalised with inputs from the Steering Committee.
- **Discussion on the scope of the Compendium with the Steering Committee:** It was discussed that the scope of the Compendium on alternative care services will include community-based support services for children such as foster care, sponsorship, kinship care, aftercare and family strengthening services. Family-based care options was the central focus of the compendium and hence practices related to institutional care (such as group foster-care homes and residential homes) is not included in this document. It was discussed that this report will not include collation of social welfare schemes and programmes implemented by Central and State Governments for supporting families to prevent family separation considering that there is a lot of already existent literature and, studies conducted on the same.
- **Identification of organisations implementing alternative care programmes across India:** Through desk research and references from members of the Steering Committee, 34 organisations[47] implementing alternative care across the country were identified and a list was compiled.
- **Conducting a pilot:** A pilot was conducted by reaching out to three organisation implementing alternative care to gather and document information in the framework to assess the extent to which the framework can capture information about the alternative care programmes.
- **Regular updates with the Steering Committee:** The Steering Committee was periodically updated on the process and the progress being made with regard to the information being collected.
- **Conducting In-Depth Interviews (IDIs) with organisations:** Based on the secondary review of literature, representatives from across 19 organisations were reached out to, with the purpose of understanding and gathering information on the alternative care programmes being implemented. Of these organisations, 14 were willing to participate in the IDIs. The information documented over 2–3 rounds of in-depth discussion was shared back with each organisation for further details and input. Each organisation validated the data recorded.

The data was collected during a three month period from July 2020 to October 2020.

- **Collating and cleaning data:** The data was collated, and gaps in documentation were addressed. The data was cleaned and formatted to ensure that it can be used as a resource sheet to review community-based alternative care programmes across the country.

47 Annexure 1.

- **Report preparation:** The chapterisation process was planned and discussed with the Steering Committee, after which the report was prepared and finalised.



SCOPE OF THE COMPENDIUM

Since the focus of the Compendium was to map prevailing practices around family based care option, it was agreed

- that the Compendium would document family strengthening and alternative care-related practices that are non-institutional and are in support of helping families stay together to prevent children from falling out of their family — and community-care setting. This would be inclusive of — kinship care, foster care and aftercare as forms of alternative care.
- to exclude a collation and analysis on social welfare schemes and programmes being implemented by central and state governments focused on preventing family separation as there is already existent literature, studies, and analyses on the same.

LIMITATIONS

- Owing to the pandemic, it was difficult to collect the required data within a three month period. Hence it was decided to limit the mapping of alternative care practices to the ones that are being implemented by the CSOs. Many informal community-based family strengthening programmes which are supported by faith based groups could not be covered in the Compendium. The alternative care practices that are supported by the government have also not been included.
- The organisations identified for the Compendium through desk research and information shared from the IACN are primarily based in urban regions and do not cover the expanse of programmes and interventions being implemented by different civil society organisations in India.
- The Compendium does not include special initiatives that could fall under community-based alternative care for children in difficult circumstances such as conflict and disaster, children with terminal illnesses, children with special needs etc. A study of services such as child-friendly spaces, relief camps and refugee camps can become subject matter for further studies.

The Compendium reflects practices that were in place till October 2020 as data collection was completed by then. However the pandemic resulted in a delay in finalising the document.

EXISTING PRACTICES FROM ACROSS INDIA

Type of Care services	Serial No.	Name of Organisation
Family Strengthening	FS 1	Child in Need Institute (CINI)
	FS 2	Empowerment of Children and Human Rights Organisation (ECHO)
	FS 3	Family Service Centre (FSC)
	FS 4	Leher
	FS 5	Miracle Foundation India
	FS 6	Prerana
	FS 7	World Vision India (WVI)
	FS 8	Youth Council for Development Alternative (YCDA)
Restoration	R 1	Child in Need Institute (CINI)
	R 2	Empowerment of Children and Human Rights Organisation (ECHO)
	R 3	Miracle Foundation India
	R 4	Youth Council for Development Alternatives (YCDA)
Kinship Care	KC 1	Youth Council for Development Alternative (YCDA)
Foster Care	FC 1	Bangalore Oniyavara Seva Coota (BOSCO)
	FC 2	Family Service Centre (FSC)
	FC 3	Youth Council for Development Alternatives (YCDA)
Aftercare	A 1	Association for Promoting Social Action (APSA)
	A 2	Bangalore Oniyavara Seva Coota (BOSCO)
	A 3	Catalysts for Social Action: A Family for Every Child (CSA)
	A 4	Empowerment of Children and Human Rights Organisation (ECHO)
	A 5	Make a Difference (MAD)
	A 6	Prerana
	A 7	Salaam Baalak Trust (SBT)
	A 8	Udayan Care (UC)
	A 9	Youth Council for Development Alternatives (YCDA)

Photo: CTWWC

FAMILY STRENGTHENING

S.no	FS 1	**Duration**	Short term
Name of organisation	Child in Need Institute (CINI)	**Target**	CNCP as identified under section 2(14) of the JJ Act 2015, amended 2021, along with the children who are school dropouts, have migrated for work, and those falling under sponsorship guidelines criteria.
Type of AC	Family Strengthening	**Year of initiation**	1999
Zone	East	**Contact details**	
State[48]	West Bengal, Jharkhand	**Website**	www.cini-india.org
FS and AC services provided by the organisation	Support Services for Children Restoration and Repatriation	**Coverage**	Estimated average of 9,993 children are directly reached per year through CINI's Child Protection Programmes.

NEED FOR FS AND AC PROGRAMMES

Many families are unable to support and care for their children owing to numerous limitations that push the family and child into a vulnerable position, often leading to separation within the family. CINI's preventive child protection model aims at preventing any form of separation of children from their families by addressing the root causes of child abuse and neglect. It works towards preventing a situation where the child enters a CCI by keeping children with either their own family or within alternative family care.

OBJECTIVE OF THE PROGRAMME

- To promote rights-based preventive programming at the community level within the CPS framework.
- To promote the principle of institutionalisation as a measure of last resort. This can only happen through effective gatekeeping and restoration of children with family or with alternative care mechanisms at the community level.

DESCRIPTION OF PROGRAMME

CINI works with communities (including children, adolescents, their parents and other community-based institutions), local self-governments, duty bearers and other actors to develop a safety net for children and adolescents to ensure their well-being. They work to prevent children from falling into risky situations. This work includes (a) Strengthening Village level Child Protection Committee (VCPC), bringing families together, and organizing forums where panchayat and community members can discuss issues prevalent in the village. (b) Offering short/medium-term interventions for at risk groups in an effort to prevent victimisation and institutionalisation. This

48 West Bengal: Darjeeling, New Jalpaiguri Uttar Dinajpur, South-24-Parganas, Kolkata, Jharkhand: Ranchi, Khunti.

is done through the provision of integrated community-based services that include facilitating access to education, health and nutrition etc (c) Promoting prompt restoration and long-term restorative interventions aimed at preventing re-victimisation.

Process (for identifying and working to build the capacity of vulnerable families):

- **District Need Assessment:** DNA is conducted to identify and assess the vulnerable blocks/ panchayats and the status of child protection services in the district so that the most vulnerable communities can be identified. The DNA tool used for the exercise is the one already developed by the Ministry of Women and Child Development.
- **Capacity Building:** Once DNA has been conducted and the vulnerable blocks/panchayats have been identified, resources are invested in building the capacities of stakeholders[49] that include members of VCPCs, along with other members of the community. The VCPC members are apprised of their roles and responsibilities in prevention, prioritization of issues and responding to problems. The VCPCs are handheld and guided from inception.
- **Vulnerability Mapping:** While the capacities of VCPCs are being built; a vulnerability mapping is conducted to identify the children/families in need of support. The Families are identified through
  - discussion with PRIs
  - consultation with village-level stakeholders
  - collation of data on single mothers from Self Help Groups (SHGs)
  - assessment of the status of access to schemes for adolescents girls from AWCS
  - girls with anemia identified by the ANM
  - the number of out-of-school girls/boys identified from school.

The profile of vulnerable households mainly includes families where children have dropped out of school, are affected by HIV, single parent-child, those who live with and are being cared for by their grandparents, where the child is at risk of getting married etc. The data collated is analysed and CNCP cases are forwarded to the Block Child Protection Committee(BCPC) for referral purposes.

- **Case Tracking and other Preventive Steps:** Vulnerable families that have been identified are reached out to and linked to social protection schemes,[50] provided with counselling (as per need), tracked/ followed-up periodically, referred to specialised services etc., by the VCPC and provided with support by the organisation. The VCPC monitors progress on each case, and identifies, presents and escalates the issue, if necessary, at the block and district level. In cases where there is physical or emotional abuse, and the child shares that they prefer to stay with their grandparents, kinship care is encouraged. In such cases, children and the kinship care family are provided support by linking the child to sponsorship service (only if required).[51] The identification, intervention, support, and tracking of vulnerable children/ families is a continuous process. The VCPC is guided by the team from CINI throughout the process, right from the community-block-district level.
- Each member of VCPC[52] is associated with different departments and have their own set of targets.

49 Anganwadi worker, ANM, teacher, SHG member, PRI member, etc.

50 MNREGA, PDS, widow pensions, disability schemes, etc.

51 All cases recognised as CNCP (child sexual abuse, child labour) are presented before CWC, other cases such as school dropout may not be presented.

52 Anganwadi worker has to ensure in her community that there are minimum incidences of child marriage while, for ANM there should be minimum cases of teenage pregnancies.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- Establishing and facilitating a safe space for children in the community that has been designed for their overall empowerment and to promote life skills, career planning, effective engagement with parents etc.
- Providing support services to children living in the red-light areas of Rambagan in Kolkata and Khalpara in Siliguri. This includes evening creche for children (2–5 years) from 6–9 pm and evening educational support centres for children (6–18 years). Additionally, Special Guidance Centre for advanced learning for 18 years and above are provided.
- Tracking the system to monitor and assess the progress of each case using a Vulnerability Assessment Tool (VAT) developed by the organisation[53]. Tracking and follow-up continue till the child is no longer at risk.
- Mitigating vulnerabilities and meeting needs through intensive counselling sessions, home visits, and telephonic follow-ups.
- Linking children to NGO or CINI run community centres for their developmental needs like education and recreation, and linking the child and family to different social welfare schemes by approaching panchayat members and government offices at the block level.

PROCESS OF TRANSITION OUT OF FS AND AC

The VAT tool is used to assess if the family is ready to live without CINI's support. Eventually, follow-ups are reduced as the family's situation improves.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- VCPC
- Family/community are made aware of the formal child protection system that can be reached.

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes presentation of cases for sponsorship before Sponsorship and Foster Care Approval Committee (SFCAC) and assisting in the formation and strengthening of VCPCs and BCPC as per CPS.

CHALLENGES

- In some villages, VCPCs, despite years of being in operation, lack awareness regarding the full extent of their roles. It takes time for the community to recognize the VCPC as a body, that focuses on child protection.
- At the Gram Panchayat level, there is no child protection structure.
- Owing to the lack of budget for VCPC work, panchayat members pay less attention to work related to child protection.

53 To evaluate if a particular child has moved from red dot/danger zone to yellow or the green dot/safe zone.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- **Open Shelters:** Running open shelters in Siliguri (for girls) and in Kolkata[54] (2 for boys) which are categorised under CCIs within the Juvenile Justice (Care and Protection of Children) Act 2015, amended 2021.
- **Childline:** Operating 5 Childlines and 2 Railway Childlines in the districts.[55]
- **Children's Home:** Running registered Children's Home for boys and girls in Kolkata.
- **Safe spaces for children (West Bengal, Jharkhand, Odisha, Assam):** Set up 539 safe space platforms across rural areas, urban slums, red-light areas, streets etc. where children and adolescents between the ages of 10–19 years can learn and interact freely with peers.
- **Capacity Building[56]:** Imparting training to government and non-government functionaries on several key areas such as health, nutrition, education, child protection, gender, WASH, life skills etc. since 1975.
- **Research and Advocacy:** Actively participating and providing inputs on policies, legislations, manuals etc. at numerous state and national forums.

S.no	FS 2	**Duration**	Short-term (Case-to-case)
Name of organisation	Empowerment of Children and Human Rights Organisation (ECHO)	**Target**	Families of children identified through the vulnerability mapping exercise.
Type of AC	Family Strengthening	**Year of initiation**	2005
Zone	South	**Contact details**	
State	Karnataka	**Website**	http://echoindia.org/
		Email	Info.echoindia@gmail.com
FS and AC services provided by the organisation	Sponsorship Restoration Aftercare	**Coverage**	140 families in poor socio-economic areas which are part of Bangalore Urban.

NEED FOR FS AND AC PROGRAMMES

Observing that families lack awareness on the significance of education and the means to support the child's education, ECHO initiated a sponsorship programme.

54 In Pottary Road and Sealdah station.

55 South 24 Parganas, Murshidabad, Kolkata, Darjeeling, Uttar Dinajpur, Railway Childline in Sealdah railway station and New Jalpaiguri railway station.

56 CINI has been accredited as a Master Trainer at the state level and a District Level Resource Person at the district level for rolling out community-based child protection committees as envisioned under the ICPS.

OBJECTIVE OF THE PROGRAMME

- To provide awareness and basic support to vulnerable families in need.

DESCRIPTION OF PROGRAMME

- Crime and Vulnerability mapping exercise is done on an annual basis. Based on the data analysed, areas (communities) where a high number of cases are being reported to the JJB are identified, and ECHO initiates work in those areas. This mapping exercise is done on an annual basis.
- Based on the mapping and review of JJB records, a primary household survey is conducted to understand the needs of vulnerable families. This is undertaken by social work students and senior social workers.
- Thereafter, as per the need and depending on the availability of funds, the family is provided with some support (by the organisation) annually. The staff encourages and assists in linking the child to formal/non-formal educational opportunities.
- Quarterly visits are conducted by the staff to check on the selected families.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- In order to ensure the needs of family strengthening and alternative care are met, basic support is provided in terms of ration as well as some monetary support, depending on the availability of funds (Rs. 14,000 annually).
- Quarterly visits are conducted to assess the situation of the family and the child is encouraged to attend school. Children are provided with guidance in exploring career options and offered options for vocational training by ECHO (hotel management/traffic programme etc.).

PROCESS OF TRANSITION OUT OF FS AND AC

Sponsorship is provided generally for two years, during which the organisation counsels and guides the family/child. Quarterly visits are conducted to review the situation of the family, and as the situation improves, ECHO reduces its support. This is done on a case-to-case basis.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation's staff

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system entails that ECHO work closely with the JJB/Special Juvenile Police Unit (SJPU)/CWC etc., for its other programmes. Hence, in case any support is needed, it reaches out to these bodies.

CHALLENGES

- Acquiring funding is a challenge, which in turn impacts sponsorship.
- There is a lack of passionate and committed staff.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- **Special Home:** Running a centre which engages CCLs in educational, vocational and agricultural activities.
- **Transitional Home and Rehabilitation Centre:** Providing informal education, vocational training, job placements and follow-ups to monitor released juveniles. They also assist CNCP/CCL through legal aid, counselling etc.
- **Capacity Building:** Conducting training on the JJ system for police, magistrates and government officials.

S.no	FS 3	**Duration**	Long term
Name of organisation	Family Service Centre (FSC)	**Target**	Children and families in difficult circumstances who struggle to make ends meet and where the education of children is not a priority.
Type of AC	Family Strengthening	**Year of initiation**	1962
Zone	West	**Contact details**	
State	Maharashtra	**Website**	http://www.fscmumbai.org/
FS and AC services provided by the organisation	Sponsorship Programme Foster Care	**Coverage**	2018–19—assisted 483 students through the Educational Sponsorship Programme.

NEED FOR FS AND AC PROGRAMMES

The need for an educational support programme was felt after it was identified that many children in the community were first-generation learners and that there is a lack of necessary educational environment at home, often leading to a decreased focus on education, and an increased likelihood of school dropouts.

OBJECTIVE OF THE PROGRAMME

To empower the child with knowledge and skills, and provide financial support to families to meet the educational and other needs of the children, with the overall view of improving their quality of life.

DESCRIPTION OF PROGRAMME

- FSC has been working in the community (Colaba, Cuff Parade) amongst the migrant population and families with low socio-economic status. Families that need support are identified through the community field workers.[57]
- The family is visited by FSC staff who conduct an assessment (as per the frame developed by FSC) to understand the financial situation, access to health, the child's academic status etc.
- Post assessment and vetting of the family, FSC initiates the process of sponsoring the child's education by transferring an amount of Rs. 500 every month. The financial support is provided by private funders who are continually updated on the progress of the child. This sponsorship continues typically till graduation. In addition to this, the child is encouraged to attend the tuition support provided in the student centres set up in the community. Also, parents are required to attend programmes and workshops organised by FSC periodically that guide them on good health practices, the importance of education etc. Failing to attend these, as well as failure to ensure attendance of the child in school, and lack of commitment on the part of parents, can result in termination of the sponsorship. The sponsorship support provided by FSC is an entry point to intervention with the family and assistance in improving their situation.
- Visits are conducted on a monthly basis, which includes a meeting between the social worker and the family, where progress and continuity in education are tracked. Providing counselling, conducting school and home visits, offering educational support services etc, are important goals of the visits. Social workers encourage children to focus on education, help mothers budget household income plans and increase savings, and help families handle issues such as alcoholism and wife battering, etc. Over the past decades, many children have done well in their lives and are now giving back to the society by becoming sponsors.
- The aim is to empower children to develop their skills through vocational training and formal schooling in order to be in better positions to navigate their lives as adults.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

The field team assesses continuity of education by monitoring visits to the home, school, and interactions with the family. Other issues identified are worked on by providing counselling, organising workshops, networking, linking families with other organisations that provide specific services, etc.

Financial support (Rs. 500) is provided to families to meet the educational, medical, nutritional and other needs of the children to improve their quality of life.

PROCESS OF TRANSITION OUT OF FS AND AC

The VAT is used to assess if the family is ready to live without FSC's support. As the family's situation improves, follow-ups reduce over a period of time.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Bal panchayat
- Field team

57 Selected from the community itself.

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with CWC and DCPU includes:

- providing support to CWC in placing children in foster care.
- preparing ICP, Child Study report, Home Study Report, monitoring reports and presenting progress to CWC.

CHALLENGES

- Ensuring continuity in funding and the need for continually identifying new sponsors for programmes becomes a challenge.
- Ensuring that progress reports and regular feedback reach the private sponsors is a tedious process.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- **Counselling unit:** Assistance is provided to children with ADHD, learning disability, academic pressures, delinquency etc.
- **Vocational training:** Skills training on making handmade products is provided to women in the community. As part of the vocational training initiative, children have been referred for training and job placements etc.
- **School Intervention Programme:** Weekly sessions are conducted with children in 4 BMC schools to impart to them values[58] while in their formative years.
- **Community Interventions:** Includes developmental projects that were initiated in 1997 in the urban slum pockets of Mumbai for support and sustainability in the community through information dissemination, guidance and hands-on support to the community dwellers. The three prominent focus areas of FSC's interventions revolve around women's empowerment, children's overall well-being, and the general health of community dwellers.
- **Child-Oriented Programmes:** Runs Balwadi, Balmandal in the community.[59]
- **Capacity Building Initiatives for Women:** Initiative is taken to organize self-help groups, vocational training, income-generating programmes and on-the-job training for Community Health Workers.
- **Health Interventions:** Runs T.B. Project, ANC-PNC Project, HIV outreach programme, medical camps, awareness rallies, coastal clean-up, information dissemination on Reproductive and Child Health etc.
- **Adoption support:** The agency provides handholding of PAPs and helps them through the process of documentation, home study, placement and follow-ups.

58 Some of the topics covered in these sessions are-group bonding, friendship, respect, honesty, appreciation, discipline, good habits, positive thinking, conflict, health and cleanliness, etc.

59 Balwadi (preschool for children providing food supplements, regular monitoring of health, recreation and assisting entry in formal school), Balmandal (activities conducted for children during summer/winter camps, Diwali).

S.no	FS 4	**Duration**	Long term
Name of organisation	Leher	**Target**	Children who have been identified to be at-risk, vulnerable, lacking family support as well as those who are unable to access social entitlements etc. as identified by the Children's Group (CG) and VCPC.[60]
Type of AC	Family Strengthening	**Year of initiation**	2014
Zone	East	**Contact details**	
State	Bihar[61]	**Website**	www.leher.org/
		Email	contact@leher.org
FS and AC services provided by the organisation	Strengthening community-led child protection mechanisms	**Coverage**	Site coverage currently includes 36 villages—a total population of 100,000 people reached through direct engagement with 720 individuals who form part of 36 VCPCs and 36 CGs. From 2018-19, 66 children were linked to Parwarish.

NEED FOR FS AND AC PROGRAMMES

The current child protection system is curative (reaching out to children post harm/abuse), with structures and services largely concentrated at the state and district level, with nearly nothing at the block and village level. Recognising this, a need was felt to focus on preventive child protection services at the community level. Hence, a community-led child protection pilot programme was incubated, with the aim to strengthen and equip communities with the necessary tools and skills so that they join hands in keeping their children safe, therein strengthening families and preventing the likelihood of family separation.

OBJECTIVE OF THE PROGRAMME

To strengthen and equip communities with the tools, skills and knowledge required to come together to keep their children safe (therein strengthening families and preventing a situation of family separation).

60 Children who are irregular to school/ seen gambling/ whose marriage is being arranged/ who lacks access to social protection schemes/ excluded and discriminated against etc.

61 Pandaul, Bisfi, Rajnagar blocks in Madhubani District

DESCRIPTION OF PROGRAMME

Establishing the need for community-led child protection mechanisms: Leher, in collaboration with its field partner, conducted a DNA to understand the situation and status of child protection in the district and identify the blocks/villages where the pilot would be initiated (with inputs from the administration). Based on DNA, FGD's were initiated with the community. The discussions focused on the felt need for families and communities to come together to form an effective mechanism for community-led child protection (being best positioned to identify and speak up for its children). Building on a need to come together as a group, VCPCs and CGs were equipped with knowledge, skills and tools to identify, prioritise, take action, track progress, escalate issues etc. by the field facilitator.

Nature of work: Meeting on a monthly basis since 2015, the VCPCs and CGs have been taking up issues impacting children in their community. The scope of work has grown to include assistance to families in obtaining entitlements through social protection schemes, generating awareness and peer support, improving village level infrastructure, responding to and supporting individual cases of protection violation, referral to the child protection system, keeping watch on the community, and liaising between families and government departments.[62]

Identifying vulnerable families and children at risk of family separation: As part of their routine (above) work, the VCPCs and CGs identify children/families who are particularly vulnerable. This is followed by linking these families/children to social protection schemes that can support them. Since community members are aware of the work and presence of the VCPC across the village, they also approach the VCPC on their own, seeking assistance.

Linkage to support: The children identified are (i) linked[63] to the Parwarish[64] scheme. The process involves identifying, filling, submitting and tracking the application. During which the VCPC maintains confidentiality of the applicants to ensure no stigma/rumour spreads in cases of a sensitive nature (HIV/AIDS). (ii) The child is linked to the sponsorship benefit[65] provided under CPS. The VCPC also assists the family in the process of annual renewal under such cases. This is in addition to the other social protection schemes the child/family may be linked to.

Routine monitoring: The support also includes the VCPC and CG making periodic home visits to check on the child/family. They provide counselling and ensure that the child does not discontinue his/her education. In case a risk is observed, Childline/CWC is reached out to for further steps.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

Continued engagement with members in the community, and being observant of occurrences in the village, help the VCPC members identify children/families in need of support. Routine meetings are conducted by the VCPC every two months where members of the community are invited to participate and hear the work being undertaken. These meetings help non-members understand the role of the VCPC and reach out to them when in need. A basic document structure was developed that assists the VCPC in documenting, tracking, and following up on

62 Social protection schemes: PDS, Scholarship scheme, Disability pension, IAY etc.; peer support (parent to parent, young person to young person); village amenities – e.g.: mending road to school; keeping watch: routine visits to services (School, AWC), observing and identifying children out of school, families faced with sudden emergency needing support etc.

63 VCPC member collates the details and assists the family in filling the application form which is submitted to the Anganwadi Kendra. Post which considered by Sevika and forwarded to the CDPO, then the SDO and finally DCPU.

64 Parvarish implemented by Bihar state govt. through SCPC under which a grant is provided to the orphaned children, destitute children, children suffering from acute diseases, children of disabled parents in order to encourage their non-institutional supervision. Under this scheme Rs 900 and Rs 1000 is provided to children in age group 0–6 years and 6–18 years respectively which is directly transferred to joint account opened in name of beneficiary and the guardian.

65 The financial benefit under this scheme has only recently (2020) been initiated. Processing has gotten delayed owing to pandemic.

cases on their own. A desktop software application (MIS) has been designed to ease the process of documentation, and monitoring routine work and cases being taken up.[66]

By monitoring the visits to homes, schools and interactions with family, teachers, neighbours etc., the VCPC can continually assess the needs of the family and assist in linkage to schemes/services and, when required, seek support from the formal child protection system.

The VCPC is equipped with the knowledge and skills needed to identify cases, collate requisite information, and fill, submit, and follow-up on the application form.

PROCESS OF TRANSITION OUT OF FS AND AC

The process of capacitating and equipping the VCPC and CG with skills and tools (since 2015) by the organisation/field team has prepared them to take the lead and become claimants of their own.

Follow-up reduces over a period of time as the position of the family improves. The VCPC and CG, through their presence in the community, continue to keep track of the child and family.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- VCPC
- Organisation's field team

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes:

- identification, collation of information, and submission of application to the block-district office
- reaching out for case intervention support
- assistance in the formation and strengthening of VCPCs and BCPC as per CPS
- escalating issues from the community at block/district level forums and bringing them to the attention of child protection.

CHALLENGES

- Challenge in measuring change: It is difficult to measure, quantify preventive work and present the
  - (i) harm/ill-experience/trauma[67] that the child may have had to experience (if not for the preventive intervention)
  - (ii) cost saved by the State in cases that may have otherwise entered the formal child protection system[68]
  - (iii) attitudinal change in behaviour bringing about change in perception and reducing trend of the issue.

66 The organisation is working to convert the desktop application to a mobile application, where a VCPC member could directly enter and track data on the mobile.

67 E.g.: A single parent unable to take care and meet household expenses, stops sending their child to school and sends the child to work; Parents diagnosed with HIV/AIDS are discriminated against and excluded from accessing AWC, school, social entitlements etc. for the family.

68 The time and resources that would have been spent by the system (CHILDLINE/statutory structures/ Police/ CCIs etc.) in reaching out to the child, processing the case, providing care, restoring the child/ identifying alternative care etc.

- Establishing community-led child protection mechanisms requires long-term investment of time, resources etc and raising sustained funding is a huge challenge.
- While VCPCs reach out to the administration for linkage to social welfare schemes, it is observed that processes are still not streamlined causing huge delays in processing of applications submitted and multiple follow-up visits by the VCPC and family to the block-district office at its own cost. Officials are often prejudiced and avoid giving time/ paying attention to the issues raised by community members.
- Limited coverage under ICPS (sponsorship): In addition to being a tedious process of application for sponsorship, the budget under the DCPU has a limited coverage, while the need is far larger. Also, the extent of support is limited to Rs 2000 which is a small amount in comparison to expenses the family incurs.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Strengthening Community-Led Child Protection mechanisms: Supports a community-owned pilot child protection initiative in Madhubani, Bihar. This promotes the expansion of child protection services to focus on prevention at the community level. The learnings from this pilot initiative informs state and national advocacy on preventive child protection. Further, they are used to build capacity and mentor peer organisations on the same.

Knowledge development: Developed methodology and tools for participatory child protection DNA in order to bring communities into the centre stage of district child protection planning.[69] Taking the Madhubani learnings forward, Leher also developed a virtual companion tool kit[70] for capacity building and scale-up of VCPCs[71] in collaboration with UNICEF and the State Government of Maharashtra.

Public engagement on Child Protection: Developed a method for communication (campaigns[72], blogs, infographics etc.) as an attempt to break through the challenges of engaging with people on child protection issues in languages and mediums they understand and are familiar with.

Capacity building on Child Protection: For stakeholders (DCPUs, CSOs) across state/districts.

Technical support for Child Protection programmes/systems: Undertakes evaluations, assessments, audits, development of IEC, SOP, manuals on child protection etc.

Networks and alliances for Child Protection: Active participant in national civil society coalitions.

69 Leher has led these DNAs in 8 districts across urban, rural and semi urban landscapes across diverse states including Maharashtra, Bihar, Assam, Jammu and Kashmir, and Ladakh.

70 The VCPC toolkit comprises 8 films and 5 IEC materials which speak to VCPC and community members. It also includes a training manual with more than 30 hours of training for trainers who have the opportunity to train, interact, and orient VCPC such as the District Child Protection Units (DCPU) staff, community mobilisers from NGOs/government, youth volunteers, and VCPC members themselves.

71 https://leher.org/blog/why-community-led-child-protection-cannot-wait-any-longer-2/

72 https://www.instagram.com/projectminor/, https://www.instagram.com/apalamchapalam/, https://www.instagram.com/leherindia/

S.no	FS 5	**Duration**	Short-term
Name of organisation	Miracle Foundation India	**Target**	Child at risk of family separation as identified by the tool.
Type of AC	Family Strengthening (PILOT)	**Year of initiation**	2019
Zone	North, East, West, South	**Contact details**	
State	Telangana, Karnataka, Maharashtra, Tripura, Tamil Nadu, Kerala, Madhya Pradesh	**Website**	https://miraclefoundationindia.in/
		Email	smishra@miraclefoundation.org
FS and AC services provided by the organisation	Identification and support to children and families at risk Capacity Building of stakeholders Reintegration and Restoration Advocacy and knowledge building on family-based alternative care	**Coverage**	Gujarat: 125 children (direct reach from 57 identified families); Maharashtra: 115 children (direct reach from 40 identified families). The indirect reach increases as the programme strengthens the community.

NEED FOR FS AND AC PROGRAMMES

Many families cannot support and care for their children due to numerous limitations that push the family and child into a vulnerable situation, sometimes leading to family separation. Necessary support provided to families can prevent the situation from worsening, thus avoiding separation in the family.

OBJECTIVE OF THE PROGRAMME

To support children and families in order to prevent family separation and institutionalisation of children. The programme follows a preventive approach.

DESCRIPTION OF PROGRAMME

- **Identification of community:** A mapping tool[73] is used to identify the project area. This includes reaching out to the district administration, statutory structures and staff in CCIs to discuss and identify the areas from where cases are being received. Based on this, further information and data are sought for the respective locations, and field visits are conducted to understand communities and incidences of children's separation from their families.

73 Preliminary identification of potential Communities for the Family Strengthening Pilot Project.

- **Identification of families at risk and planning intervention:** Data is collated through PRA, FGDs, Key Informant Interviews, Risk Assessment, and Thrive Scale™. The data is scored, and vulnerable families[74] are identified. Post this, an assessment is conducted to understand the status of the family (living conditions, family and social relationships, physical and mental health, education and household economy). Thereafter, a support plan is developed using a placement plan and risk assessment tool, which puts down stage-wise aims with agreed upon time frames, laying out the roles of all involved. The intervention includes linking families to social protection schemes and sensitising families on numerous issues (anger management decision making, parenting skills etc).
- The plan is to continually collect data on the progress made by the families using Community Case Management Tool and review the progress made after three months in order to plan the next period. Work with a family is concluded when the family is able to live independently without the organisation's support.
- **Setting up community support system:** This supports families (identified as vulnerable) in following the plan and assisting them in the process of accessing social welfare schemes. Volunteers are identified and recruited to assist them in the process. Miracle Foundation India's implementing partner, under the guidance of the organisation, is working with the volunteers to identify and list the documents available with families. The plan is to slowly begin linking these families to social welfare schemes and sensitise them on numerous issues Miracle Foundation India's vision is to guide the capacity building of this support system for upto two years.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- The Community Case Management Tracker Tool helps in identifying vulnerable families. Based on the needs and information collected through the tool, the intervention plan is prepared and followed up.
- Support is provided to children and families through linkages with social protection schemes and existing programmes of implementing field partners and technical experts (Leher, iCALL)
- Tools are developed to assist in the above processes and capacity building of the DCPUs across four states.[75]
- The organization actively participates at state and national forums, organising knowledge-building workshops etc. to facilitate the dialogue on family-based alternative care.

PROCESS OF TRANSITION OUT OF FS AND AC

This pilot programme is in the initial phase of being established. The programme's vision is to support families in mitigating their vulnerability in order to prevent the occurrence of family separation. The idea is to build capacity amongst mentor volunteers and the VCPC in the community so that they can play the supportive role for vulnerable families when the organisation withdraws.

74 Some of the indicators on which information is collected are the following – *Parent or caregiver lacks self-esteem, poor impulse control i.e.; urge or impulse that may harm self or others; lacking self-control *Parent or caregiver seems indifferent or hopeless: Appears overwhelmed or indifferent *Parent or caregiver experienced or witnessed violence or abuse as a child.*Parent or caregiver involved in criminal activities which are harmful to domestic functioning or child care, or harmful adult relationships inside the home not at the level of domestic violence* Parent or adult in household in a harmful relationship involving domestic violence* Parent or caregiver lacks parenting skills.

75 In a project with UNICEF the organisation targets reach to 5000+ children and families conducting TOTs across 126 CCI in standards of care with long term efforts for CCIs towards following Family Based Alternative Care in Bihar, Jharkhand, Maharashtra, Gujarat.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- VCPC and Ward level CPCs
- Volunteers identified

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with child protection system includes engaging and coordinating with DCPU for the formation of VCPC and Ward level CPC in both the states of Gujarat and Maharashtra respectively. Additionally, as part of linking families to social protection schemes, cases are presented for sponsorship to SFCAC.

CHALLENGES

- It was challenging to conduct a need assessment, collect information and identify families at risk during the COVID-19 pandemic.
- The process of ensuring active participation of volunteers in the village to take a lead in exercises and interventions can be difficult.
- A high level of handholding support required by the partner organisation's team to conduct activities becomes a challenge.
- Collating information on available social protection schemes can be a time-consuming task.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- **Awareness and capacity building workshops:** Conducts training on child protection and numerous issues, laws, legal compliances etc. and providing educational resources to chief functionaries of the institutions, childcare workers, caregivers etc. Additionally, computer literacy programmes, career counselling, LSE workshops etc. are organised for children in CCIs.
- **Knowledge development:** Develops tools[76] to guide and assess the well-being and health of children, and assist CCI staff in tracking cases effectively and routinely.
- **Child Participation and Youth Advocacy Programme:** Strengthens current child participation systems, such as Children's Committees (CCs), and utilises external resources so that children are empowered to propose and work towards issues related to children's rights at an individual and community level, especially the right to have a family.

76 CCI Thrive Scale™, Case Management Tracker – to help finalise the families who would actually receive the intervention and track the progress of those families over the course of the project period – interventions needed, received, and how they're doing once received with continued follow-up.

S.no	FS 6	**Duration**	Long term care
Name of organisation	Prerana	**Target**	Children (till 18 years of age) in the red-light areas (project area) who are directly/ indirectly vulnerable or exposed to the dangers of sexual exploitation/trafficking/ environment of the community.
Type of AC	Family Strengthening	**Year of initiation**	1988
Zone	West	**Contact details**	
State	Maharashtra[77]	**Website**	https://preranaantitrafficking.org/
FS and AC services provided by the organisation	Support services for children (non-shelter based) Aftercare services (Group Homes)	**Coverage**	3,648 children have been formally registered in the Night Care Center (NCC) from 1988–2019 across 3 NCCs. Only the children who stay in the NCC for a week or more are mentioned in the above data.

NEED FOR FS AND AC PROGRAMMES

The programme was initiated as a response to an expressed need for the safety and well-being of the children of women living in the brothels of the red-light area.

OBJECTIVE OF THE PROGRAMME

To provide comprehensive care to children in the red-light area so that when their mothers are soliciting/are at work, their children can be provided with a safe space. The aim is also to eliminate inter-generational trafficking.

DESCRIPTION OF PROGRAMME

- **Services provided:** In 1988, Prerana started the first NCC offering mothers a safe place to protect their children from the dangers of the red-light district during critical night hours. The NCC services include protected shelter, meals served four times a day, free medical and health facilities, and safe sanitation options. The programme began by providing 16 hours (6 pm to around 10 am the following day) of service which, over a period also provided day-care services during an emergency. Additionally, the organisation;

77 Mumbai, Thane, Palghar, Raigad, Pune.

- conducts life skill sessions twice every month covering topics such as decision-making, creative thinking, interpersonal relationship skills, building self-awareness, empathy, coping with stress, personal safety, and awareness sessions on numerous issues.[78] Keeping in mind the differing needs of children as they grow older, the above sessions are conducted for two age categories (9–12 years and 13–18 years). The life skill sessions are conducted, based on the topics suggested by children.
- links children to the Educational Support Programme which provides educational scholarships to school-going children and to students who wish to pursue advanced or professional degrees.
- conducts group counselling and refers a child for individual counselling when needed.
- refers a child to a CWC when a mother fears for the safety of their child. In case the child is shifted to a CCI, follow-ups continue.
- assists in the process of applying and following up on social security documents.
- conducts monthly check-in meetings with the mothers on various issues.[79]
- conducts community outreach on almost a daily basis to assess the situation of children in the community, since not all children attend the NCC. Outreach also helps the team identify new children. This outreach also includes meeting/interacting with children and visiting their schools to check on their progress.
- tracks the progress (education, health) of each child and documents it every quarter, and if any issue[80] is observed, necessary steps are taken such as referral to a counsellor, discussion with child/mother/staff of Prerana etc.

- **Location:** Prerana runs four NCCs, which are located in/near the red-light areas of Kamathipura.[81]
- **Process of identification of cases:** Through outreach conducted, word of mouth, and years of working in the community, mothers have become aware of the NCC, and many reach out for NCC support and also refer other children.
- A case file is created and maintained for each new entrant, based on information gathered about the mother, immediate relatives and basic information about the child. It is updated quarterly based on the inputs given to the child and the progress made. As a practice, Prerana produces a child before CWC and initiates the process of placing them in a CCI when the mother fears for the safety of her child, falls seriously ill or is hospitalised/dies.[82] The organisation continues to follow up if and when the child is shifted to CCI.[83]

78 Health, safety, empathy, understanding discrimination/non-discrimination, legal and civil rights, etc.

79 Parenting skills, financial management, health, hygiene, nutrition and current affairs.

80 Child's interpersonal relationships with peers/staff/caretakers, school performance, child's participation levels in activities.

81 NCC-1 is located in Kamathipura and is for both boys and girls from 1.5–12 years. NCC-2 is located in the Falkland Road RLA and is for both boys and girls from 1.5–12 years and it is the same for NCC-3 which is in Vashi- Turbhe. The boys NCC located in KP is for boys above the age of 14 years.

82 For this the team talks to the mother and assists her to write an application to the CWC In the absence of the mother, Prerana social worker submits the application , along with the case history of the child.

83 The Institutional Placement Programme team follows up on children who are placed in CCIs.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- Provision of basic services such as protected shelter, wholesome and nutritious meals served four times a day, free medical and health facilities, safe sanitation options, education support, safe play options, opportunities for skills development[84], awareness sessions, creating platforms where children's voices are heard, career guidance, mentoring opportunities and a comprehensive platform for holistic personality development and growth are ensured.
- Non-shelter-based services such as referrals to other shelter-based services, vocational support, educational sponsorship, mentorship, mental health support, etc. are offered.
- Regular home visits are conducted and children are referred for counselling when a behaviour change is observed or when they appear to be troubled, or if the child themselves shares that they would want to meet the counsellor.
- Children are referred to formal child protection system in case of CNCP/emergency.

PROCESS OF TRANSITION OUT OF FS AND AC

The children are supported to pursue their education and guided towards financial independence. When the child/young adult (generally at 18 years) chooses to move on, an exit session is conducted where the child/young adult is provided with the contacts of a support network and possible linkages (vocational/employment). The child/young adult is encouraged to approach Prerana without any hesitance whenever they need support.

In cases where the child/young adult moves out of the community, they are assisted by linking them to other organisations/services in the new area.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Night Care Centre staff

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system involves reaching out to Childline/ Police/ One-Stop Crisis Centre /DCPU in situations where a child is identified as being at-risk/ abused/child is in need of rescue or needing long term care. Since the NCCs have been registered as Open Shelter in 2020, a list of the children, and the services being provided to them are shared with the CWC every month. A daily report documenting the number of residential and non-residential staff and children coming to the NCCs is shared with the DCPU. The CWC, DCPU and DWCD also visit the NCC.

84 Children are encouraged and supported to complete 10th grade education before taking up vocational training. However, it depends on the child's aspiration and aptitude.

CHALLENGES

- Lack of space in the NCC located in Kamathipura presents a challenge.
- Often, mothers do not remember the date of birth of their child or do not have requisite identity documents which presents a considerable challenge when applying for schemes for the children, or while enrolling them in school.
- Inculcating a non-violent response and behaviour amongst children is a time-intensive and slow process, especially since they have been exposed to violent behaviour regularly.
- While the NCC is registered as an Open Shelter under JJ Act, it remains open for a specific period only.
- The NCC has evolved as per the need of the community and as a safety net to protect the children from slipping into the ambit of the JJ Act. Extending the number of hours of care to 24*7 and structuring services according to the standards stated by the JJ Act 2015, amended 2021, becomes a challenge as this would mould the structure of the NCC similar to a CCI hence affecting the essence of a community-based care centre.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- **Educational Support Programme (ESP):** Involves organisation of study classes, providing scholarships for children to pay school/tuition/extra coaching fees/professional degrees.
- **Institutional Placement Programme (IPP):** Involves collaborations with the JJ System to ensure shelter-based protection and rehabilitation of vulnerable and at-risk children.
- **Runs a Children's Home (Naunihal):** Initiated in 2001, Naunihal provides a safe space for children in distress, providing shelter, care arrangements, educational programmes, medical check-ups etc.
- **Post Rescue Operation:** Involves working with minor victims of commercial sexual exploitation and sex trafficking and assisting the state in the process of rehabilitation of victims to prevent re-trafficking.
- **Anti-Trafficking Centre:** This online Resource Centre is a knowledge hub focusing on research, documentation, training, advocacy, and policy in the context of the anti-human trafficking domain.
- **Aarambh:** The programme involves
  (i) follow-up and facilitation of psychosocial and legal support and short-term and long-term rehabilitation of child victims of sexual offences.
  (ii) training various stakeholders in specialised modules on prevention and awareness of child sexual abuse.
  (iii) resource centre (www.aarambhindia.org) on child sexual abuse.
- **Sanmaan:** This enables children found begging on the streets to access their rights to well-being and dignity, and break the intergenerational cycle of backwardness and begging in Mumbai and Navi Mumbai.

S.no	FS 7	**Duration**	Long term 12–13 years
Name of organisation	World Vision India	**Target**	Families who rank lowest against a checklist (based on family assets, livelihood, nutrition, child education, household characteristics, dependency, disability).[85]
Type of AC	Family Strengthening	**Year of initiation**	2015
Zone	North, East, West, South	**Contact details**	
State	25 states and 2 Union Territories	**Website**	www.worldvision.in/
FS and AC services provided by the organisation	Area development programme	**Coverage**	A total of 27,224 families have been strengthened through the Ultra poor Graduation model across 15 states.

NEED FOR FS AND AC PROGRAMMES

The organisation initially began by focusing its work on CCIs. Over a period of time, it recognised the need to work with families and communities to prevent children from entering CCIs in the first place. This directed the organisation to start its 'area development—capacitating community and families programme' to ensure that children are better educated, healthier and protected.

OBJECTIVE OF THE PROGRAMME

To ensure the sustained well-being of all children living in poverty by empowering vulnerable families. The programme (Graduation approach) equitably builds household capacity and empowers families to interact with the local economy and community in productive and positive ways. As households begin to move out of poverty, children start to lead safe, secure, and stable lives. Investing in children, their families and communities has proved to be the best way to impact sustained progress in children's lives.

85 This would include households headed by women, children, or elderly people; households with school-going aged children who are involved in manual labour; households with minimal landholding, no high-value productive assets, or no steady income; and households where one or more members suffer from chronic illness or have a disability.

DESCRIPTION OF PROGRAMME

The Graduation programme approach builds the households' capacity and empowers families to interact with the local economy and community in productive and positive ways. As ultra-poor households begin to move out of poverty, children start to lead safe and stable lives and have hope for a positive future.

INTERVENTION

- **Identifying areas with the highest poverty incidence:** A vulnerability mapping[86] is conducted to identify the district blocks and communities to initiate the Area Development Programme. Through a series of participatory discussions with members of the community, the situation/status/needs of the community are assessed and a collaborative plan based on the community's vision for its children is framed.
- **Identification of vulnerable families and their needs:** Using PRA methods and a set of criteria, such as assets, livelihood, nutrition, child education, household characteristics (dependency, disability, vulnerable families/children are identified. This is a transparent process involving the entire community to ensure that there is no bias in the identification of families. A poverty scorecard – Probability of Poverty Index (PPI) – is used to determine the eligibility of families. Households that score the lowest are selected as part of the programme. The total number of families is determined by the programme budget. The final list of families identified is shared with the community.
- **Working with and strengthening families identified:** Post identification of family and needs assessment, a plan is developed alongside the family and the interventions are carefully sequenced. This is delivered at the household level over a period of 18–24 months. The plan assists the family to track its progress and identify deviations and issues that need to be addressed**.** The interventions include:
  - **Social Protection:** It includes preventive, protective and promotive mechanisms to support basic income security such as consumption support,[87] crisis relief, and access to health and education.
  - **Livelihood promotion:** Identified families are connected to livelihoods[88], provided technical and business skills training, linked to markets and support services and formal employment, thereby assisting the family/households to generate adequate income to cover their expenses.
  - **Financial inclusion:** Women and men are provided knowledge, skills, financial literacy and access to financial services. This helps in ensuring that identified families have an increased economic capacity and the ability to provide for their children.
  - **Social empowerment:** Conducting life skills training[89] through regular group workshops, mobilising the community to convene every 12 months as village committees-SHGs, VCPC, CGs, School Management Committees (SMC), *Village Health Committee,* to ensure that the households that have been identified as vulnerable are integrated and are able to receive support from the community if needed.

86 Using poverty maps, based on the HDI, ranking of districts across the country, with special focus on the child vulnerability indicators.

87 Consumption support is provided to enable families to address immediate food and basic household needs. It can take the form of a cash grant, staple food items or a combination. Is provided for a set period.

88 Livestock, agriculture, skilled service (tailor, soap making), petty trade.

89 Social and health issues, sexual and reproductive health, reflections on gender norms and other negative norms and mindsets that are prevalent in the community.

- **Other support:** Assistance in the overall development of vulnerable families:
  (i) Education – ensuring children have access to education, infrastructural support, remedial education programmes and strengthening of SMCs;
  (ii) Nutrition – work to address issues of malnutrition, conduct emergency feeding programmes, training for health workers, infrastructure development at AWCs;
  (iii) Disability support service – facilitating better infrastructure for children with disabilities and creating forums for them to advocate for their rights;
  (iv) Water, sanitation and hygiene programmes.

- **Monitoring:** Regular household visits, group discussions, and record books allow each household to monitor progress relative to their own goals. This nature of reviewing and tracking helps to identify challenges and deviations and work out how best to get back on track. A checklist template[90] is used as a guide to ensure that mechanisms are in place for households to continue to learn, build networks, expand livelihoods, and access financial opportunities. This is a means of slowly weaning support so that the previously vulnerable family can start managing on its own.

The Graduation approach is delivered at the household level over a period of 18–24 months.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

Once the needs of vulnerable families are identified, a plan is developed alongside the family that needs assistance. This plan involves building their capacity to interact with the local economy and community in productive and positive ways, thus improving their position with respect to consumption support, linkage to social protection schemes, access to programmes promoting livelihood, financial literacy, etc. and referring CNCP cases to the formal child protection system.

With a focus on ensuring that the well-being of children is sustained even after WVI leaves the area, the organisation invests in the community, provides support to the vulnerable families by capacitating and equipping families/communities to ensure that children are better educated, healthier and protected (preventing their separation from family).

PROCESS OF TRANSITION OUT OF FS AND AC

The progress of the family is continually reviewed against the plan developed. Additionally, the family's readiness to manage things independently is assessed through a checklist template. As the family starts reaching this stage, the support is slowly weaned.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

In addition to the direct intervention, the programme team works towards establishing and ensuring active functioning of village-level committees (SMCs, Village health committees, SHGs, etc.) while working in the community. These committees are encouraged to take up issues and support families. They then become the support system for families after the direct support of the organisation is withdrawn. Additionally, families are provided awareness and knowledge on the various support/referral systems they can reach out to in case of need.

90 Example: Social protection—What support (if any) will participants need to continue to access basic services including health, education, social care and clean water? • Do they have necessary documentation to be able to access services? • Have participants been made aware of and been linked to all social entitlements that they are eligible for? Have they been linked to any other government or NGO-delivered programmes that they can benefit from? • How will households continue to support children's welfare, well-being and development?

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage to the child protection system is limited in the case of CNCP referrals.

CHALLENGES

- Often families are focused on receiving the benefits being provided, rather than building their capacity and acquiring knowledge and skills that would enable them to manage on their own.
- It is a challenge to get families to think and identify local solutions.
- Ensuring continued, long-term funding becomes a challenge.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- **Emergency relief:** Provides long-term rehabilitation, helping communities affected by natural disasters or conflicts get back on their feet.[91]
- **Family level livelihood support through Area Development Programme:** With the aim to ensure that families stay together, the programme focuses on capacitating families to improve their situation by providing support in the form of agricultural inputs to marginal farmers, skill development training and employment, assistance for small businesses, support for skill-based production, etc.
- **Anti-Child Trafficking Project:** To help children see the different opportunities life can offer, WVI has opened the Child-Friendly Learning and Recreation Centres in the red-light areas of West Bengal.

91 World Vision India has responded to every major disaster, starting from the cyclone in Machilipatnam, Andhra Pradesh, in 1977, tsunami in 2004, Uttarakhand floods in 2013 to the most recent Ockhi cyclone in Kerala and Tamil Nadu.

S.no	FS 8	**Duration**	Long term (3+ years)
Name of organisation	Youth Council for Development Alternatives	**Target**	The most vulnerable families identified during the mapping exercise (low financial capacity, lack of access to schemes and services, legal documents etc.).
Type of AC	Family Strengthening	**Year of initiation**	2010
Zone	East	**Contact details**	
State[92]	Odisha	**Website**	www.ycdaindia.org/
FS and AC services provided by the organisation	Identifying and supporting children and families at risk Kinship Care Restoration Foster Care (Individual and Group), Aftercare Research And Advocacy	**Coverage**	YCDA has demonstrated a community and family-based care model for children without parental care, and they have reached out to 1,500 children and families. YCDA programmes have covered 16,472 backward families from 126 villages in Boudh and Balangir districts to ensure their access to social security schemes. 11,233 households in these villages have been linked to different social security schemes.

NEED FOR FS AND AC PROGRAMMES

Boudh and Balangir are predominantly tribal areas. Balangir being a hub for migratory workers, pursuing education is a challenge for the children in these districts. Considering this, YCDA started working with a focus on primary education and gradually moved to work on livelihoods and alternative care.

OBJECTIVE OF THE PROGRAMME

To support families who are at risk of separation. The focus is on family strengthening; exploring various alternative care options for children deprived of a family; working with the government on child protection; strengthening community-level service delivery structures.

92 Odisha: Khordha, Puri, Balangir.

DESCRIPTION OF PROGRAMME

Initial assessment: YCDA identifies communities that are backward or vulnerable, based on government data and requests made by the administration to initiate work in a certain area. Post identification of the village, vulnerable families are identified through a series of discussions conducted in the village, home visits, and assessing the family's financial capacity/access to schemes and services/ownership of legal ID documents etc. Cases are also identified by the community members themselves.[93]

Providing support and linking families to support: The vulnerable families identified are provided awareness on schemes and linked to poverty alleviation and other social welfare schemes,[94] income-generating activities, and technical and skills training to build their capacities. They are also linked to the Care Givers Association[95] which provides small loans from the revolving support amongst families. They are also assisted in preparing business plans and linked to SHG to start small business activities and develop valuable support networks.

Case management: For the first two months, YCDA visits and checks on the family every week, linking them to schemes and services, followed by visits every month. The staff conducts follow-up visits with the teachers in school, the panchayat members, and other related community-level stakeholders to monitor the progress and well-being of the child/family, and assess if any additional intervention is required. An internal record is maintained on each family identified and supported. This nature of handholding is provided for three years during which the family's capacity (which ranges from parenting skills to setting up a business) is built and strengthened. The family is encouraged to save and contribute towards education, nutrition, and the health needs of the child. In case a risk is observed, the child is brought before the CWC for further steps.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- The needs of families in vulnerable situations are identified and a plan is developed alongside the family to assist and build their capacity to improve their position.
- The families are assisted with linkage to social protection schemes, programmes promoting livelihood, financial literacy, etc., and referring CNCP cases to the formal child protection system.
- Continual follow-ups are conducted along with documentation and review of progress. The organisation also assists in addressing the challenges identified.

PROCESS OF TRANSITION OUT OF FS AND AC

Support is gradually withdrawn after assessing the progress made with regard to the plan developed. Parameters of progress include gauging the family's access to schemes and services, livelihood, ability to live without support, etc. The period of support varies on a case-to-case basis, but it is normally provided for a period of three years.

93 YCDA has been working for more than a decade across 800 villages.

94 The five main programmes which provide a semblance to the social security architecture in India—Public Distribution System (PDS), Integrated Child Development Scheme (ICDS), Mid-Day Meal Scheme (MDMS), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and pensions for widows and elderly.

95 Loans below 10k are provided without any interest charges. The members of the association are the caregivers themselves. It functions similar to the SHG but the members in the association can extend 20 persons unlike SHG.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Families are in the position to reach out to the community volunteers in case of support.
- Organisation's staff

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkages with the child protection system includes reaching out to the child protection system for referring CNCP cases and cases of children requiring sponsorship support.

CHALLENGES

Due to a lack of identity documents, it can be difficult to connect families to social security schemes. Families may not have residence proof and identity documents that are necessary for such linkages.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- **Educational programmes (early and primary education):** Strengthens the learning experiences of young children in their early years through intervention in Anganwadis and at the school level, and focuses on ensuring enrolment and retention of children in schools.
- **Adolescent life skills and sexuality education:** Focuses on adolescent life skills and sexuality education at school and community level across the three districts.
- **Child Protection:** Creates awareness on child protection issues amongst CGs, VCPC, community members, capacity building of teachers and other stakeholders on the subject.
- **Livelihood Promotion:** Creates awareness among communities on existing government schemes to subsidies, and supports SHG based entrepreneurship development programme.
- **Changemakers[96]:** Encourages and inspires children to become agents of change by identifying and acknowledging children who have brought about a change in their community.
- **Skill development:** Provides youth with career guidance and links them to skill training programmes offered by government and non-government institutions.
- **Resource Centre:** Works with the government to provide technical/knowledge support in Odisha

96 in collaboration with 'Kid's Rights' NGO.

Photo: CINI

RESTORATION

S.no	R 1	**Duration**	Short-term
Name of organisation	Child in Need Institute (CINI)	**Target**	All CNCPs as mentioned under section 2(14) of JJ Act, 2015, amended 2021.
Type of AC	Restoration	**Year of initiation**	1999
Zone	East	**Contact details** **Website**	 www.cini-india.org
State[97]	West Bengal, Jharkhand	**AC services provided by the organisation**	Refer to page : 20
Coverage	Estimated average of 4,000 children per year since 1999 and during the last 5 years 18,332 children.		

NEED FOR AC PROGRAMME

The need for the programme arose from the understanding that institutional care is not the best option for children. In light of this, the significance of early reintegration and restoration was focused on.

OBJECTIVE OF THE AC PROGRAMME

- To reduce the period of institutionalisation of children and to expedite restoration and repatriation.
- To enhance capacities of various government and non-government actors and provide technical assistance to strengthen implementation of the JJ Act, 2015, amended 2021.

DESCRIPTION OF AC PROGRAMME

The process of restoration and repatriation involves:

- **Receiving the case:** When CINI receives a case of CNCP, it provides Overnight Protective Custody (24*7) until the child is produced before CWC. Cases are also referred by the CWC, CCIs where CINI is providing handholding support.[98]
- **Conducting of SIR and ICP:** CINI coordinates with stakeholders[99] for medical check-ups and prepares SIR and ICP for receiving a child's case. While examining the case, the background, as well as the severity of the situation, is assessed and necessary counselling/steps are planned.
- **Tracing family:** In cases where a child belongs to a different district/state, CINI coordinates with the local CWC and DCPU, and when a child has come from across international borders,

97 West Bengal: Darjeeling, New Jalpaiguri Uttar Dinajpur, South-24-Parganas, Kolkata, Jharkhand: Ranchi, Khunti.

98 In CCIs, it facilitates stock taking of status of all children through the Home Management Committee Meetings and highlights instances where address is available and family can be traced. This helps to hasten restoration.

99 CWC, Childline, police, parents, etc.

the repatriation process is initiated in coordination with the West Bengal Task Force formed under the Directorate of Child Rights and Trafficking. Alongside, counselling is provided to the child to begin the process of healing.

- **Preparing restoration calendar and handover:** This involves preparation of documents and reports, and their submission to the CWC for restoration authorization (details on mode of transport, assigning a responsible team member to restore the child, authorization letters etc.). The child is then produced before the CWC in the district and is restored to their family with a restoration order**.** CINI facilitates conversations between the child and their parents to assist in the healing process and help both sides in understanding each other.
- **Follow-up post restoration:** Follow-ups are conducted telephonically if the child is from a district where CINI does not have a presence. An effort is made to inform the DCPU, local organisation and VCPC (where it exists) to support and check on the child and family.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- The restored children are provided with intensive individual/group counselling to initiate the healing process.
- In POCSO cases, legal aid is provided. In cases where a child is rescued from labour, the local CBO from the child's native village is contacted to understand the background and context of the child and accordingly, interventions are designed in the best interest of the child.

PROCESS OF TRANSITION OUT OF AC

Post restoration-follow-ups are made with children telephonically or through home visits where the organisation has a presence. The local DCPU, VCPC (where it exists) is informed of the case to assist in follow-ups, and in supporting the child and family.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING TRANSITION

- Organisation's staff (in case of any emergency)
- Local DCPU

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes coordination with CWC, Childline, Police, SJPU, DCPUs, representatives of local self-government, VCPCs etc. as part of the restoration process. This includes the preparation and submission of reports, the tracing of family, etc.

CHALLENGES

- Inadequacies and an overburdened system present some significant challenges. The unavailability of women police personnel during the time of restoration is an obstacle in the process. Additionally, Child Welfare Police Officers (CWPO) are overburdened, there are delays in the sharing of significant information and case details, there is a lack of sensitised and committed staff who are aware of their roles, and the organisation is responsible for end-to-end restoration.
- Limited vocational training and skill-building opportunities make it challenging to link restored children to training as per their interests.
- Lack of budget affects the restoration processes. Low/non-existent budgets to support the SIR, placement, follow-up, etc., delays and dilutes the quality of restoration.

- In cases of Rohingya children placed in the CCIs, there is a lack of directions from central authorities.
- While RTE has put an emphasis on supporting the education of children in CCIs, it has been observed that education remains a barrier due to lack of teachers, classes being held up etc. The disruption often translates into gradual distancing and eventually dropping out of school once the child returns home.
- Some children do not want to disclose their home addresses which can become a hurdle in the process of restoration.
- Often the child's family does not want to take the child back.
- It is a challenge to obtain the requisite documents of parents necessary for the reunification process.
- Initially, owing to the lockdown, the restoration process slowed down.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 23

S.no	R 2	**Duration**	Short-term
Name of organisation	Empowerment of Children and Human Rights Organisation (ECHO)	**Target**	CNCP and CCL
Type of AC	Restoration	**Year of initiation**	2005
Zone	South	**Contact details** **Website** **Email**	 http://echoindia.org/ Info.echoindia@gmail.com
State	Karnataka	**AC services provided by the organisation**	Refer to page : 23
Coverage	Currently, 200 children are restored in a year. Approximately 10,000 since the year 2000 (CCL-3,700, CNCP-6,300).		

NEED FOR AC PROGRAMME

The need for this programme became apparent as recidivism was prevalent in children and their reintegration into the community was challenging.

OBJECTIVE OF THE AC PROGRAMME

To provide care and protection to ensure that the child returns to the community as an empowered citizen.

DESCRIPTION OF AC PROGRAMME

The process of restoration includes:

- **Preparation of SIR and ICP for each case referred by JJB/ CWC/ SJPU**
- **Preparation programme:** As part of the programme counselling sessions, career guidance, personality development, meditation, and therapeutic treatment through dance, music, theatre, and art are organised. Children are encouraged to complete their education (formal/ non-formal). Life skills education is also imparted to help them understand the ethos and ethics of human life so that they can better adapt to society. Additionally, Bal Panchayat is facilitated to offer the children a platform for participation in decision making and familiarise them with ownership and civic responsibility.
- **Linking the child to a vocation:** As part of this programme children are
  (i) linked to vocational training: such as computer skills, farming, ITI, traffic police assistance programme, hotel management programme, tailoring, screen-printing, driving etc. that equips them for the post-institutional life
  (ii) those above the age of 15–16 years are given an offer to join ECHO's traffic police assistance or hotel management programme. In cases where children opt for something different, they are referred to other organisations.
- For each child a file is prepared, updated and maintained internally.
- After the child has completed the duration of stay as ordered by CWC/JJB, the child is restored to the community. In instances where the environment in the community is not congenial (if there is a threat to the child's life), the parents/family are encouraged to shift residences. In cases where the child is not accepted back by the family, the child is referred to a CCI for long-term care (as ordered by JJB/CWC). Children continue to pursue the programme/vocational training, get placed in a job and start earning an income. Often observing this positive change, parents come to take their children back.
- Children who have been through ECHO can always reach out in case any support is needed. They are invited to an annual event (ECHO Hubba) where they can share their progress as well as their challenges. Over a period of time, a WhatsApp group has also grown, through which children have been keeping in touch.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- ECHO conducts quarterly telephonic follow-ups of the children who have been restored. Physical visits are conducted when it is observed that the child is in need. These quarterly follow-ups are undertaken for two years post restoration for every child.

PROCESS OF TRANSITION OUT OF AC

The daily routine and ECHO's programmes are designed to prepare the child for mainstream society. Further, counselling and discussions are conducted prior to restoration to prepare the child for the change.

SUPPORT/REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation's staff

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes receiving cases by CWC/ JJB; preparing, developing and submitting ICP, SIR, any other requisite report to CWC/JJB; running a Special Home registered under JJ Act, and restoring children under JJB/CWC orders.

CHALLENGES

- Unwillingness of the family to accept their child due to stigma is a challenge and an obstacle to reintegration.
- Additionally, a lack of funding inhibits the smooth running of the programme.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 25

S.no	R 3	**Duration**	Short-term
Name of organisation	Miracle Foundation India	**Target**	CNCP in CCIs, where Miracle Foundation India is supporting the Children's Homes in upholding the rights of children while they await family placement .
Type of AC	Restoration	**Year of initiation**	2018
Zone	North, East, West, South	**Contact details**	
		Website	https://miraclefoundationindia.in/
		Email	smishra@miraclefoundation.org
State[100]	Telangana, Karnataka, Maharashtra, Tripura, Tamil Nadu, Kerala, Madhya Pradesh	**AC services provided by the organisation**	Refer to page : 32
Coverage	2019–2020, 266 children were formally restored to families. In two of these cases, the child has been placed in foster care.		

NEED FOR THE PROGRAMME

Recognising the long-term impact of institutionalisation on children, the need was felt to focus on the deinstitutionalisation and restoration of children, as well as the need to support families to care for the child systematically and sustainably.

100 Telangana: Mahbubnagar; Karnataka: Belgavi; Maharashtra: Mumbai, Nandurbar, Parbhani, Devrukh, Ratnagiri; Tripura: Agartala; Tamil Nadu: Coimbatore, Erode, Dindigul, Trichy; Kerala: Trivandrum; Madhya Pradesh: Indore.

OBJECTIVE OF THE AC PROGRAMME

The mission statement of the programme is 'Family for Every Child in Our Lifetime'. Miracle Foundation India's work in the past was grounded in helping orphaned and vulnerable children have a better quality of life but it has since evolved to also ensure that every child has an opportunity to grow up in a family. Its focus is to reintegrate children with their birth families, including kinship care, and explore other family-based alternative care options, when possible, instead of residential care.

DESCRIPTION OF AC PROGRAMME

The process of reintegration involves:

- **Intake and assessment:** Collating and preparing documents (Form 17 and Form 22 -SIR, of the JJ Rules, within 15 days), child's history (Form 43 within one month), ICP Part A (for assessing needs of the child in Form 7) within one month. This is followed by determining whether family placement is possible.
- **Planning and Implementation:** This includes assessing the risk of abuse/neglect, family situation etc., through the Home Thrive Scale™ Tool. Assessment is conducted to assess the desire of the child and the family to live together, the safety of the child if restored, and access to resources in terms of food, safe water, stable housing, health care, and education, based on which, an intervention plan is developed. The family and child are also prepared for placement during this time by trained counsellors and social workers. In case the child is placed in alternative care (kinship care, foster care etc.), the prospective family makes visits to the CCI while the child is there, and the social worker observes the bond between family and child. Multiple discussions regarding the placement are conducted with the child to ensure that they are comfortable. If family placement is not possible, the child remains in CCI, and other alternative care options are explored, and if that option becomes available, steps towards planning begin.
- **Placement orders from CWC:** The caseworker ensures timely submission of SIR (3 months before) and ICP Part C, (15 days before the restoration/placement), followed by preparation of a placement plan after the home visit is conducted (within three months) to ensure that interventions have been successful. At the time of placement, the Home Thrive Scale™ tool is used to assess the needs and identify the support needed by the family to mitigate any risk of separation. Based on this a plan is developed. This, in turn, becomes the template against which a case is monitored and progress is evaluated. This support may be in terms of linking the family to social welfare entitlements or one-time interim support etc. (*During COVID, the families were provided monetary support for ration*).
- **Follow-Up and Evaluate:** Weekly follow-up calls are made for the first month, monthly calls for the period between the second to the fifth month and quarterly calls for the period after the sixth month. The risk assessment and thrive scale template is reviewed and updated on each follow-up visit. In cases where a child has been restored in another district, a proper transfer order through the CWC to the concerned CWC/DCPU of the particular district is sent along with the case documents. Although the CCI social workers continue to follow up on the case telephonically, physical visits are made in special cases (dependent on funds available from CCI/provided by the organisation). All follow-ups are documented and shared with the local CWC under whose jurisdiction the child is currently placed and also with CWC, which transferred the case. *If case support is needed beyond 1.5–2 years, the above is repeated.

- **Case Closure:** Monitoring continues for 1.5 years (for cases where children are restored within the district). Thereafter the social worker prepares a pre-release report presenting the situation/status of the child for the CWC to review. Note: Miracle Foundation India has been using 'Form Assembly Software'[101] to assess and document the progress in each case and gets the scoring of cases based on five domains under the Home Thrive Scale™ Tool.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- The Home Thrive Scale™ helps to identify and assess the needs of children while they are in the CCI and post-restoration as well. It is based on the information collected through this tool that an intervention plan is developed.
- Numerous workshops are conducted to create awareness on issues. In addition to the provision of counselling services, support groups are formed for the youth to open up and share their feelings and anxieties, learn from the experiences of others, and collaborate on ideas to get the services they need etc.
- Interim/Emergency support is also provided as per need.[102]
- Tools are developed to assist in the above processes and build the capacity of the DCPUs across four states.[103]
- The organization participates actively at state and national forums, organise knowledge-building workshops etc. to elevate the dialogue on family-based alternative care.

PROCESS OF TRANSITION OUT OF AC

- Each child is prepared for the change in care arrangement that may occur with the biological family/any other alternative care option.
- Follow-up (remotely and physically when required) is conducted for a period of 1–1.5 years for children restored in the district to ensure that the child is settling down well. As the child settles and this is reviewed in the follow-ups conducted, the follow-up reduces over a period of time. But in case a need/risk is identified, the child is referred to a counsellor or the case is presented again before the CWC.

SUPPORT/REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- The children, while in CCIs, are made aware of the formal child protection system that they can reach out to in case of need.
- Alternatively, they can also reach out to the staff in the CCI.

101 This is an application to collect and analyze data across various tools. It follows high security and compliance standards. Form Assembly provides access to the following Miracle Foundation tools including Thrive ScaleTM and Child Care Institution Thrive ScaleTM.

102 Education support by providing tablets, remote coaching, higher education and vocational training and material support. Before restoration, during the pandemic, children were tested for Sickle-Cell anemia, since there is a prevelance of the blood disorder in the area. This testing was done with support from Anganwadi and Local PHCs.

103 In a project with UNICEF the organisation targets reach to 11,000+ children and families conducting TOTs across 126 CCI in standards of care with long term efforts for CCIs towards following Family Based Alternative Care in Bihar, Jharkhand, Maharashtra, Gujarat.

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes mentoring government CCI staff on how to identify, prepare case reports and documents to present before CWC; conduct placement; follow-up; update progress reports, etc. Organizing learning exchanges in partnership with the DCPUs, identifying sponsorship cases and working with departments to ensure the child is able to avail the benefits.

CHALLENGES

- It is sometimes difficult to ensure the quality of restoration. Sometimes CWC makes sudden orders for reintegration irrespective of whether the child or family is ready for the same. When there is a lack of preparation for the child and family, there is an increased likelihood of placement breakdown.[104]
- Lack of or incapacitated child protection structure at the district-block-village level to support, track and monitor the situation of child and family pose hurdles in the programme.
- Lack of funding limits the follow-up visits to telephonic check-ins, through which it is difficult to assess the situation of the child. Also, accessing schemes is a tedious process that involves multiple follow-up visits, and this becomes especially hard to do in cases where the child is restored outside the district. Additionally, monetary support offered under Bal Sangopan Yojana is limited.
- Lack of sensitivity and awareness among staff on child rights and-family- based alternative care practices, JJ processes etc. are a hurdle in the running of the programme.
- Sometimes adjustment issues may crop up in cases, e.g., due to a caregiver's death. There are also instances where the child returns after many years, making it difficult for both the family and child to adjust.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 34

S.no	R 4	**Duration**	Short-term
Name of organisation	Youth Council for Development Alternatives (YCDA)	**Target**	CNCP in CCIs
Type of AC	Restoration	**Year of initiation**	2012
Zone	East	**Contact details** **Website**	 www.ycdaindia.org/
State[105]	Odisha	**AC services provided by the organisation**	Refer to page : 43
Coverage	15–20 children are restored every year in each of the intervention districts.		

104 The children who are placed in CCIs for longer duration, often lack exposure to the outside world, their education is interrupted, and very often are not provided any life skill education when in CCI. This makes adjusting and re-integrating back in the community/family difficult.

105 Odisha: Khordha, Puri, Balangir.

NEED FOR THE AC PROGRAMME

After running a massive campaign in 2013–14 along with the government for shutting down unregistered CCIs in the state, close to 70% CCIs were closed down over a period of 2–3 years. Recognising this need to identify alternative care arrangements for many children from the CCIs that were shut, YCDA initiated work in this area.

OBJECTIVE OF THE AC PROGRAMME

The objective of the programme is the deinstitutionalisation of children.

DESCRIPTION OF AC PROGRAMME

The process of restoration involves:

- **Case Identification:** Cases are referred by CWC/DCPU/CCIs. The organisation facilitates the process of restoration in districts where it is operational and provides technical assistance in others where it is not.
- **Initial assessment:** This includes a home visit and assessing the family's financial capacity, access to schemes and services, legal identification documents, etc. The information collected is used to prepare and submit SIR, ICP and placement plan to the CWC.
- **Providing support and linking families to support:** When the child is restored to their home the organisation provides the family with awareness on poverty alleviation and other social welfare schemes[106], income-generating activities, technical and skills training etc., to build their capacity. The family is connected with the Care Givers Association which provides small loans from the revolving support amongst families and technical assistance in preparing business plans. They are also linked to SHGs to obtain loans to start small business activities and develop valuable support networks.
- **Monitoring the case:** For the first two months, YCDA visits and checks on the family every week, linking them to schemes and services, followed by visits every month. Observations and progress reports are shared with the CWC (for cases referred by them) every quarter, and records of other cases referred are maintained internally. The staff conducting follow-up visits checks up with the teacher in school, the panchayat member, and other related community-level stakeholders to ensure if the child is doing fine and progressing in different aspects and if any required intervention needs to be made. This nature of handholding is provided for 1.5 years. To ensure the child does not face vulnerable situations again, YCDA also sensitises the stakeholders in the community to take responsibility and ensure that the child is cared for, safe, and their developmental needs are being met. In case a risk is observed, the child is brought back before the CWC for further steps.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- Services include developing an intervention plan based on the needs of the child that have been identified and linking the family to schemes, income-generating activities, SHGs etc. The services, systems and tools in place are meant to assist the family to ensure they are in a better position to care for their child.

106 The five main programmes which provide a semblance to the social security architecture in India—Public Distribution System (PDS), Integrated Child Development Scheme (ICDS), Mid-Day Meal Scheme (MDMS), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and pensions for widows and elderly.

- Continual follow-ups, documentation and review of challenges and progress etc. are conducted. If a child who has been restored is observed to be at risk, assistance is provided towards mitigating risk.

PROCESS OF TRANSITION OUT OF AC

Monitoring visits reduce over a period of time as the family is better able to support the child. While the nature and period of support is different on a case-to-case basis, it is normally provided for a period of 1.5 years.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Community volunteers
- Organisation's staff

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes providing organisational assistance to the CWC/CCI in the process of restoring the child to their home and conducting follow-ups. It also helps in identifying cases where the family needs additional support and creates linkages with the DCPU and the SFCAC for review and approval.

CHALLENGES

- The sponsorship support covered by the state is limited but the YCDA is expected to provide sponsorship support to many more children. This impacts the continuity of care that YCDA is providing.
- There are cases where children have to stay in the CCI for a prolonged period because there are no schools in the community. However, the recent order to restore all children who have parents back in the community has resulted in many such children entering the labour market owing to a lack of infrastructural facilities and services.
- Sometimes, CWC rushes to order the reintegration of a child with their family irrespective of whether the child or family are ready for the same. Lack of preparation of child and family might lead to placement breakdown.[107]

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 45

107 The children who are placed in CCIs for longer duration, often lack exposure to the outside world, their education is interrupted, and very often are not provided any life skill education when in CCI. And this makes adjusting and re-integrating back in the community/family difficult.

Photo: CTWWC

KINSHIP CARE

S.no	KC 1	**Duration**	Long term (3+ years)
Name of organisation	Youth Council for Development Alternatives (YCDA)	**Target**	Children at risk of being separated.
Type of AC	Kinship (informal)	**Year of initiation**	2010
Zone	East	**Contact details** **Website**	 www.ycdaindia.org/
State[108]	Odisha	**AC services provided by the organisation**	Refer to page : 43
Coverage	Close to 1,200 children have been placed in kinship care. And many of these children have returned to their biological families post YCDA's capacitating and support provision.		

NEED FOR AC PROGRAMME

There are a number of children who are at risk of being separated from their families. Being placed with extended family/relatives could give these children a sense of normalcy, safety, and identity as against moving them to CCIs.

OBJECTIVE OF THE AC PROGRAMME

To support and ensure a safe space for children to grow up amongst extended family (preferably the family known to the child) to prevent institutionalisation.

DESCRIPTION OF PROGRAMME

- **Initial assessment:** Organisation's field staff and community members in the project area identify cases where the child is at risk of family separation owing to different vulnerabilities and crises. Post which, the staff in discussion together with the biological parents and the child, identify an extended family with whom the child is comfortable, feels safe and can stay for a temporary period while the crisis in the biological family is addressed. An assessment is conducted with the relatives to understand their willingness and capacity (financial capacity, access to schemes and services, ownership of legal ID documents). Once the extended family meets the criteria, the child begins to reside with the relatives.
- **Providing support and linking families to support:** The biological family and the relatives identified are provided awareness on and linked to various poverty alleviation and other welfare schemes,[109] income-generating activities, capacity building and technical and skills training. They are also linked to the Caregivers' Association[110] which provides small loans from

108 Odisha: Khordha, Puri, Balangir.

109 The five main programmes which provide a semblance to the social security architecture in India—Public Distribution System (PDS), Integrated Child Development Scheme (ICDS), Mid-Day Meal Scheme (MDMS), Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and pensions for widows and elderly.

110 Loans below 10k are provided without any interest charges. The members of the association are the caregivers themselves. It functions similar to the SHG but the members in the association can extend 20 persons unlike SHG.

the revolving support amongst families. They are also assisted in preparing business plans and linked to SHGs to start small business activities and develop valuable support networks.

- **Case management and monitoring:** For the first two months, YCDA visits and checks on the kinship family as well as the biological family, linking them to schemes and services every week. Thereafter, this is followed by visits every month. The staff conducts follow-up visits with the teachers in school, the panchayat members, and other related community-level stakeholders to monitor the progress and well-being of the child/family, and assess if any additional intervention is required. An internal record is maintained on each family identified and supported. This nature of handholding is provided for a period of three years during which the capacity of the biological family is built and strengthened. The family is encouraged to save and contribute towards the education, nutrition and health needs of the child. In case a risk is observed, the child is brought before the CWC for further steps.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- After determining the need of the biological family as well as the relatives who will offer kinship care, a plan is developed in collaboration with the family to assist and build their capacity to enhance their situation and prepare them for the new arrangement. This support includes linking them to social protection schemes and programmes, promoting livelihood, providing financial literacy etc. and referring CNCP cases to the formal child protection system.
- Continual follow-ups are conducted, documentation is done and a review of progress is made, and assistance is provided to address challenges.

PROCESS OF TRANSITION OUT OF AC

Support is slowly withdrawn based on progress made with regard to the plan developed after gauging the family's access to schemes and services, access to livelihood, ability to live without support etc. The period of support differs for every case, but it is usually provided for three years. As the situation of the biological family improves, the child returns home.

SUPPORT SYSTEM TO ASSIST DURING THE TRANSITION

- Community volunteers
- Organisation's staff

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage to the child protection system includes reaching out to the child protection system for referring CNCP cases and cases of children requiring sponsorship support.

CHALLENGES

- A significant challenge faced while handholding and providing end-to-end support to these families is the difficulty in connecting them to social security schemes due to a lack of identity documents. Families may not have residence proof and identity documents which are necessary to link them to a scheme.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 45

Photo: CTWWC

FOSTER CARE

S.no	FC 1	**Duration**	Case-to-case basis
Name of organisation	Bangalore Oniyavara Seva Coota (BOSCO)	**Target**	Orphans, CNCP without/ in need of parental support.[111] CNCPs who have been in CCIs for long period. From the beginning, BOSCO's work has been with male children but the organisation has started to work with girls too and offer foster care placement.
Type of AC	Foster Care	**Year of initiation**	2012
Zone	South	**Contact details**	
State[112]	Karnataka	**Website**	https://boscoban.org/
AC services provided by the organisation	Foster Care[113] (Group and Individual) Aftercare Advocacy	**Coverage**	28 children placed in foster care Ten are in individual foster care. Out of the 28 foster care placements, 24 were boys and 4 were girls.

NEED FOR THE AC PROGRAMME

A need for the programme was felt after observing the number of children who were without the care of a family being placed in CCIs for long periods of time. BOSCO decided to initiate work in this area, extending its support to children in CCIs across private and government homes.

OBJECTIVE OF THE AC PROGRAMME

To place CNCP with foster parents who will provide a safe space and a nurturing environment for the child to grow up in.

111 Single parent, parents with terminal illness, parent/s in jail and incapacitated to provide care.

112 Karnataka (10 districts): Bidar, Gulbarga, Yadgir, Raichur, Ballari, Chitradurga, Davangere, Mysuru, Ramanagara, Bengaluru(Urban and Rural). Note: Except for Bangalore, for rest of the districts the foster care work was initiated recently (7 months ago) Note: Except for Bangalore, for rest of the districts the foster care work was initiated recently (7 months ago).

113 Individual foster care - currently 10 are placed; Group foster care - 8 children in group foster care within 2 families wherein in 1 family there are 8 children while in another there are 6 children inclusive of the biological children; Kinship foster care - 1.

DESCRIPTION OF AC PROGRAMME

The process of placing children in foster care involves:

- **Identifying children for foster care:** Cases are referred by CWC, or from the CCI run by BOSCO or other CCIs or those that are received through community outreach.[114] To begin the process, the child is transferred from other CCIs to the CCI run by BOSCO. In instances where BOSCO directly receives a foster care case, it places the case before the DCPU so that the DCPU can take the process of foster care ahead, or as directed by it. In parallel, BOSCO continually works across the ten districts creating awareness on foster care and identifying possible foster parents. Families who are willing to provide foster care are guided with instructions on how to fill in the application and make a submission to the DCPU.
- **Preparing SIR, Home Study Report and filling up Form 31 (Child Study Report):** A report containing a detailed social background of the child being placed in foster care and the prospective foster care family,[115] and the consent of the child and the biological parents etc., are presented before the CWC along with BOSCO's opinion and observations. Throughout the process, the willingness of the child to be placed in foster care is assessed.
- **Preparing for foster care:** Preparatory sessions[116] with the prospective parents and the foster child are conducted individually as well as jointly to clarify expectations and prepare them for the new care arrangement. The latter gives both a chance to get to know each other and, for BOSCO, the chance to observe the bond between the two (BOSCO ensures that the foster child is placed with foster parents practising the same religion and culture and that the foster child is placed within the same district they come from).
- **CWC assessment of the case:** The CWC interacts with the prospective foster care parents and assesses the family's situation and their capacity based on the reports submitted by BOSCO, and when satisfied, they deem the family fit to provide foster care to the child concerned.
- **Follow-up:** Children placed under foster care are followed up regularly by a social worker who conducts home and school visits and interacts with neighbours at least every month and through telephone check-ins. During this, the staff assesses and makes a note of the continuity in education, any tension/challenges the child/foster parents may be facing etc. Additionally, foster parents are invited to attend sessions on various topics organised by BOSCO on an annual basis. *In instances where the child has their biological parents, BOSCO tries to ensure continued contact between the child and his biological parents by bringing them together occasionally and through telephone check-ins or when the child expresses that they want to meet his/her parents.*[117] The follow-up reports are shared with the CWC on a quarterly or a half-yearly basis when the child is also produced.
- **Renewal of the placement:** The care placement is renewed after 6 months or one year (as per CWC orders), based on the follow-up reports that BOSCO presents to the CWC. Note: If a child in foster care cannot adjust to the family, they can also be withdrawn from that care setting through CWC's order. (In one such case where the child was unable to adjust and ran away. He was immediately found and brought back to the BOSCO centre. He continues to reside there.)

**BOSCO's work has focused on placing boys. However, in cases where siblings have been placed, BOSCO has ensured that the brother and sister are not separated.*

114 The organisation creates awareness regarding foster care among different stakeholders – ASHA workers, teachers, religious groups, etc. through a staff placed in each of the 10 districts. With this awareness, community duty bearers assist the staff identifying prospective parents and children who might need foster care. BOSCO maintains a record of the prospective foster care families.
in instances where parents are in prison, or incapacitated or are unable to provide care to the child

115 Age of foster parents, their financial situation, willingness provide such care, education support they could offer the child

116 Parents – parenting, ensuring education, how to cope with stress; Foster child – what the new arrangement would be/ what to expect

117 Out of the 28 cases of foster care so far there have been only 2 cases where the children have parents, while the rest are orphans

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- Preparatory sessions are conducted to orient and prepare prospective parents and foster children for the new care arrangement. This preparation period helps both parties get familiar, share their fears/inhibitions, and for the child to provide consent.
- Monthly follow-ups to check on the well-being (education, health etc.) of the child are conducted through home and school visits and discussions with foster children, foster parents, neighbours, etc.
- The children placed in foster care, on reaching 18 years of age, are also provided aftercare on a need basis. The organisation provides aftercare in the form of group homes for boys above 18 years of age.

PROCESS OF TRANSITION OUT OF AC

Each child being placed in foster care is prepared for the new arrangement. Once a child placed under foster care turns 18 years, aftercare is provided on a need-to-need basis.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation staff (in case of any emergency)

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes referral of cases by CWC/DCPU/CCIs; matching, preparing and presenting case files on foster children and prospective parents before CWC for approval; presentation of cases for renewal; maintaining follow-up reports for CWC to review. DCPUs in ten districts have been directed to collaborate and work with BOSCO with regard to foster care.[118]

CHALLENGES

- DCPUs do not assist in identifying prospective parents, or with collating information, preparing reports, conducting SIRs or follow-up visits or creating awareness on the issue. Their lack of interest and commitment can adversely affect the programme.
- The concept of foster care is still relatively new, and therefore, communities and families are still understanding and differentiating between foster care and adoption.
- Identifying and matching a child with a foster family is a tedious process.
- Sometimes foster parents refuse to make their quarterly check-in with the CWC. They feel that the routine visits to CWC takes away from the family they are trying to build.
- Some children find it challenging to adjust to the new care arrangement.
- Under CPS, there is a need for greater clarity on funds allocated specifically under foster care.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

- Support services to children at-risk[119]

118 The work on foster care apart from Bangalore began around 6 months ago

119 Children living on the streets, child labourers, abandoned / orphaned children, victims of drug abuse, victims of child abuse, children engaged in begging, rag pickers etc.

- Staff are present at various areas and Railway stations in the city of Bangalore to rescue the children who need care and protection. The rescue booths in KSR Railway station and City Bus stand help in reaching out to the needy children.
- Tracking the family details of the children who are rescued and tracing the children whose missing complaints have been received.
- The rescued children are counselled and produced before Child Welfare Committee for further restoration and rehabilitation process. When parents come to take the children, they are also counselled.
- Children are placed back to their families.
- Managing District Childline and Railway Childline in the city of Bangalore for receiving emergency calls and for further follow up of the cases identified.
- Providing short stay facility in the open shelter for the rescued children.
- Providing education and skill training through our rehabilitation centers.
- Rescuing child labourers in the city with the help of the labour department and police department.
- Providing social workers and being part of the SJPU to assist the children who are in conflict with law.
- Children who have completed the education and skill training are given job placement and accommodation.
- Providing health care to children.
- Ensuring the rights of children by creating awareness and through advocacy efforts.
- Documentation and publication.
- Formation of Child Rights Clubs in government schools to empower the children of their rights.

S.no	FC 2	**Duration**	Case-to-case
Name of organisation	Family Service Centre	**Target**	Children who have been orphaned, HIV infected/ affected; children of families affected by chronic illnesses.
Type of AC	Foster Care	**Year of initiation**	2012
Zone	West	**Contact details**	
State	Maharashtra[120]	**Website**	http://www.fscmumbai.org/
AC services provided by the organisation	Refer to page : 25	**Coverage**	40 children in 2018–19

OBJECTIVE OF THE AC PROGRAMME

Strive towards providing a supportive and enabling family environment to children in crisis through Bal Sangopan Yojana (BSY).

120 Maharashtra: Mumbai (Colaba, Cuffe parade).

DESCRIPTION OF AC PROGRAMME

Placement of children in foster care consists of the following process:

- Cases are identified by FSC field staff from the community (project area) and the CWC.
- For approval under the scheme, applications are filled and submitted to the CWC, after which a '*Dakhal Adesh*' is issued by the DWCD Officer for one year and is periodically renewed.
- A child is mostly placed with their extended family or with close friends of the family who are known to the child. The financial help of Rs. 425 provided to children under the BSY programme forms only the tangential portion of the whole assistance. The focus is to help the child and family to tide over the crisis. This is primarily done by strengthening the families by providing them with counselling, guidance, emotional support, and helping them plan a course of action that will lead them to be independent and self-supportive.
- ICP is prepared for every child, and the family aid is periodically reviewed and adjusted according to the needs and best interests of the child.
- Prior to placing the child in foster care, sessions are conducted with both the foster parents and the child to prepare both for the new living arrangements. Follow-ups are conducted every month.
- FSC enrols families who are sensitive to the needs of the child, to provide the service of foster care thus developing a resource pool in the society.
- In pre-adoptive foster care (largely involving the care of infants), the social worker conducts regular weekly visits to ensure the needs of the infant are met. In case of any health issues, the help of a paediatrician is sought.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- The social worker ensures that the child's needs are met through regular monitoring visits conducted to see that the child is being nurtured and taken care of.
- If a child placed under foster care is unable to adjust, the reasons for the same are looked into in detail and counselling is provided. If despite this, the problems persist, FSC considers shifting the child to a new foster home.
- Families in difficult circumstances continue to be assisted under the BSY. BSY is a Maharashtra state government foster care programme, which the FSC has been implementing since 1994.

PROCESS OF TRANSITION OUT OF AC

From the start, the foster families are prepared for the temporary nature of the placement and the fact that it can be terminated for various reasons such as the child being placed in adoption, restoration or transfer to another foster family. Further, based on the observations made during the monitoring visits, foster care in the same setting may continue or be discontinued[121]. In case of the latter, the child is counselled and prepared for change/termination in the current care arrangement.

SUPPORT/REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation staff (in case of any emergency)

121 Unforeseen city/state transfers, travel, child unable to adjust/ cope – are some of the reasons for foster care arrangement terminating.

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with child protection system includes providing support to CWC in placing children in foster care, preparing ICP/Child Study report/Home Study Report, monitoring reports and presenting progress to CWC.

CHALLENGES

- Inadequate financial allocations for child care and administrative cost are a challenge; a monthly amount of Rs. 425 is not sufficient to cater to the needs of a child.
- The caregivers are themselves financially unstable, and caring for additional children burdens them further.
- All members of a caregiver's family might not accept the children placed with them.
- Bureaucratic delays slow the process and leads to delays in the release of grants.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 27

S.no	FC 3	**Duration**	Case-to-case
Name of organisation	Youth Council for Development Alternatives (YCDA)	**Target**	Children without/in need of parental support.
Type of AC	Foster Care	**Year of initiation**	2013–14
Zone	East	**Contact details**	
State[122]	Odisha	**Website**	www.ycdaindia.org/
AC services provided by the organisation	Refer to page : 43	**Coverage**	100 children have cumulatively been placed in foster care in 2019-2020.

NEED FOR PROGRAMME

Several children have been/are separated from their families. These children need a sense of normalcy, safety and identity that comes out of being a part of the family unit, as against living in a CCI.

OBJECTIVE OF THE AC PROGRAMME

To place CNCP with foster parents who will provide a safe space and a nurturing environment for the child to grow.

122 Odisha: Boudh, Khordha, Puri, Balangir.

DESCRIPTION OF AC PROGRAMME

The process of placing children in foster care includes:

- **Case identification:** Cases of children to be placed in foster care may be referred by the CWC/ DCPU, or identified in the community.[123]
- **Foster Home Screening:** YCDA identifies and maintains a record of families who are ready and willing to provide foster care in the communities where they work. The application of shortlisted parents is forwarded to the CWC for review along with the declaration of being fit for fostering.
- **Preparation of documents for presentation to CWC:** The organisation prepares ICP, child study report and Home Study Report of the prospective foster family as required under JJ Act and presents the same before the CWC for review. This includes producing the child and foster parents before CWC to initiate the matching process and ensure placement order.
- **Foster parent training:** The organisation conducts preparatory sessions to prepare both child and foster parents for the new care arrangements. In addition, YCDA also conducts periodic training on child protection, good parenting skills etc. When the child is being placed with the foster parents, YCDA ensures access to basic services such as education, health and recreation. Additionally, the organisation also provides financial support to the foster families if there is a need (normally 3 years). Simultaneously, efforts are made to improve the position of the family to access financial resources and include biological children in the organisation's other programmes[124] etc.
- **Monitoring:** The organisation staff visit each family at least once a week for the first month, followed by monthly visits. The visits include interactions with the child, foster parents, neighbours and community members etc., to ensure the child is safe. YCDA invites DCPU/ CWC for joint monitoring visits. The organisation shares the list of children in foster care with the CWC. Additionally, every quarter, case follow-up reports are presented before CWC. However, YCDA internally prepares the case progress reports monthly, which are also available to the CWC when required.
- **Family strengthening:** To equip families, foster families are linked to income generation activities and government schemes.
- Each foster care case is reviewed and renewed after the first three months followed by a six-month review and then on completion of a year.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

At the time of placement, the organisation conducts sessions to prepare both the child and foster parents for the new care arrangements. The organisation ensures that the foster child has access to essential services (education, health etc.) and conducts regular monitoring visits that include interacting with the foster child, foster parents, neighbours etc. to assess the well-being of the child and the treatment meted out to them in the new care arrangement. The visits are also meant to track progress and identify any difficulties. Additionally, the organisation works on equipping the foster family to be in a better position to take care of the foster child by linking them to income generating activities and government schemes.

123 YCDA takes up such cases that fall within its operational area and in those falling outside, it assists by providing technical knowledge and guidance to the PO-NIC (DCPU).

124 Offers access to training/ other programmes. YCDA provided aftercare to the 3 biological children of the foster parents and linked the foster mother with the SHG. The foster family now is much more financially independent and also ready to foster more children in need of care.

PROCESS OF TRANSITION OUT OF AC

YCDA conducts sessions both with the child and with the foster parents to prepare each for the new stay arrangements. The organisation conducts routine monitoring visits to assess the situation of the child, and in case it observes/hears from the child/foster parent that things are not working, it presents the case before the CWC for review. When care is terminated, the child is brought to the CCI under CWC orders and counselled, and when the child is ready, the process to identify new foster parents begins.

SUPPORT/REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

Support is limited to routine visits made by the staff where the child/foster parent can share their issues. The staff have been trained to observe behaviour/non-verbal communication etc. to identify issues (if any).

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system includes providing support to CWC/DCPU in placing children in foster care; preparing ICP/child study report/Home Study Report, monitoring reports and presenting progress to CWC; submitting the list of children placed in foster care to DCPU; facilitating the process of renewal after first three months and then after six months and then on completion of the first year.

The process of releasing funds for foster care has not been initiated by the DCPU.

CHALLENGES

- The lack of financial support is a challenge. Although there is a SFCAC in Odisha, the money under foster care remains unspent since as per the DCPU they do not have orders from the state office directing the utilisation of these funds.
- Lack of awareness on foster care can impede the running of programmes. Foster care is yet to be popularised in the state and many people know about it.
- Identifying foster families is a tedious, lengthy process that can fall through at any point.[125]
- The lack of state guidelines and lack of government ownership of alternative care poses a challenge for CSOs implementing alternative care programmes in the district. Even after several rounds of meetings with government functionaries, to date, state guidelines have not been drafted.
- There are no guidelines/templates for families who have been taking care of a child for more than five years under foster care and want to adopt the child being fostered.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 45

125 Issue of child not belonging to same caste is identified as an issue by prospective foster parents.

Photo: CSA

AFTERCARE

S.no	A 1	**Duration**	Short-term
Name of organisation	Association for Promoting Social Action (APSA)	**Target**	Young women (only) over 18 years of age who come from difficult circumstances.[126] Most of the CLs (80–90%) under the aftercare programme are those who were placed in APSA's CCI, and a few of the other girls (young adults) are referred by other organisations/CCIs.
Type of AC	Aftercare	**Year of initiation**	1997
Zone	South	**Contact details**	
State	Karnataka	**Website**	https://apsabangalore.org/
		Email	projects@apsabangalore.org
AC services provided by the organisation	Aftercare	**Coverage**	50 children every year Aftercare support to approximately 750 girls since the inception of the aftercare hostel.
Size of AC programme as against other programmes in the organisation	APSA aftercare project is smaller than the other projects. While it covers 30–50 young adults annually in its aftercare programme, it also caters to close to 300 children as part of a project like Nammane. However, the aftercare project is a crucial component as it prepares young girls for adulthood.		

NEED FOR THE AC PROGRAMME

It was observed that children (orphaned, abandoned, lacking parental care and support, from dysfunctional families) who were being provided long-term care were ill-equipped or unable to cope with stressors/vulnerabilities and needed help – with functional efficiencies, education, technical and soft skills etc. The aftercare programme was initiated as an essential final stage in the continuum of care.

OBJECTIVE OF THE AC PROGRAMME

To equip young adults (women) with value-added inputs that will strengthen and prepare them for independent living.

126 Orphaned, from single parent families, from alcohol-based or gender-based domestic violence or similar situations/do not have family support.

DESCRIPTION OF AC PROGRAMME

The process includes:

- **Preparation for life outside APSA Home:** Children between 14–18 years who have been in long-term care are encouraged to focus on formal/non-formal education. During this period, sessions on health, hygiene, sexual health, life skills, financial literacy, orientation on fundamental workplace rights, role and responsibilities as citizens, harms of addiction, computer training, etc. are provided.
- **Development of a customised plan for each child and provision of vocational training:** A plan is developed for each child providing career guidance by understanding the child's interests along with other aspects. During this process, the child identifies the trade they would pursue at APSA's Kaushalya Skill Training Centre.[127] In case the trades being offered do not appeal to the child, they are free to pursue an alternate option in another institution/ organisation. This vocational training usually lasts for six months to a year. It is ensured that each child has basic literacy (read and write) and attends spoken English classes as part of the preparation process to get a job.
- **Process of identification:** The organisation offers an aftercare programme to those girls who have completed their skill training and apprenticeship at the organisation's Skill Training Centre and have secured their first jobs and those who are referred by government CCIs/ CWCs as needing support.
- **Job placement and shift into Navjeevana Nilaya Girls Hostel:** The young girls who are placed in jobs are offered accommodation at Navjeevana Nilaya Girls Hostel.[128] While management and expenses remain the shared responsibility of residents, the facility has a full-time caregiver, a cook and a coordinator to guide the CLs. Each care leaver contributes Rs. 500–800 for their one year stay in Navjeevana from their salary and is encouraged to save the remaining wage so that they have some savings when they move out. All the above is part of the process of instilling responsibility and assisting CLs in their transition towards taking on adult responsibilities and readying themselves for their independent lives. A case review is conducted on a monthly, six-monthly and annual basis (progress, level of dependence etc.)
- **Transition from Navjeevana Nilaya Girls Hostel to independent living:** After one year, the organisation assists the CLs to move into paying guest, independent accommodation or group living arrangements and also assists them in covering initial costs (mattress, gas etc.). Follow-up is conducted telephonically for 2–3 months (as per need). Those who are not able to cope with their jobs stay back in the hostel for an extended time period.[129]
- **Support system:** The CLs are aware that they can reach out in case of any emergency. An alumni event is conducted annually, where CLs visit, participate and share their progress. APSA also helps with conducting background checks on the prospective groom and his family and assisting CLs with their marriage ceremonies.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- Workshops and sessions are conducted to create awareness on health, hygiene, sexual health, life skills, financial literacy, orientation on basic workplace rights, role and responsibilities as citizens, harms of addiction etc. CLs provided knowledge and are equipped for independent living.

127 Vocational training – screen printing, two-wheel mechanics, beautician, computers and electronic courses, graphic designing, coding, and tailoring health care courses, housekeeping.

128 This provision was made post APSA recognising in the initial year that conflicts, resentment was building amongst those not having a job in the Home and those who had a job and hence had the ability to buy things, dress differently etc. Recognising this, those who were placed in a job were moved into Navjeevana Nilaya.

129 There are cases of young adults needing longer period of support who have stayed back in Navjeevana and whose families were not ready to take them back or accept them.

- Accommodation is provided at Navjeevana and basic expenses for initial set-up to live independently are covered.
- A care leaver can reach out to any staff/mentor parent in case of any issue.

PROCESS OF TRANSITION OUT OF AC

The organisation provides for a hostel facility for a nominal fee for a year, encouraging the care leaver to save and assisting her in moving into independent living. Monthly monitoring is limited to 3–4 months as part of phasing out and reducing support. This step of group living (without APSA support) again acts as a system of peer support living before CL decides whether they will continue to stay together or live separately with new friends.

SUPPORT/REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation staff (in case of any emergency)

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system is limited to referral of cases by CWC and the initial requirements of preparation of ICP, SIR, pre-release and post-release etc. After that, an internal case record is maintained and made available to CWC when requested. The organisation has not yet initiated the process of linking CL to the aftercare support under CPS.

CHALLENGES

- It is challenging to get a good infrastructure for the aftercare facility. APSA has been able to provide the aftercare facility to CLs only through donations received.
- Tracking and assessing the progress of CLs presents a challenge. This is primarily because CLs are engaged with work/enrolled in programmes that have extended hours or are sometimes even married and have relocated to another town or state. Due to this, regular interventions in terms of education about sexual health and providing life skills continuously becomes difficult, especially once they start living independently.
- Raising and ensuring continued funding is a challenge.
- The girls' hostel that is located close to APSA and in the community sees miscreants from time to time, therefore ensuring security can be difficult (APSA administration immediately steps in, in case of any issue).

ADDITIONAL INFORMATION

- Assistance for male youth leaving CCIs is limited to hostel accommodation for outstation trainees enrolled at APSA's Kaushalya Training Centre. Once the training is completed, the youth are placed in jobs, and APSA supports them in finding paying guest accommodation or group living arrangements.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE AC SPECTRUM

- **'Dream School' (*Kanasina Shaale*):** Provides education to children in crisis (including those rescued through the Child Helpline, street children etc.) between 3 to 18 years.
- **Nammane Open Shelter (currently functioning as Children's Home):** Registered as an Open Shelter under the JJ Act. These shelters are residential and learning quarters that provide

food, clothing, shelter, medical and counselling support, non-formal education, life skills education, recreation etc for CNCP[130] and CCL.

- **Suraksha Open Shelter**[131]: Rehabilitates adolescent girl survivors of abuse, providing shelter, care, medical, counselling, wellness practices, education and creative therapies etc. and assisting them in overcoming their life traumas, and building self-esteem, self-worth and dignity as survivors.
- **Childline:** APSA runs Childline, a 24-hours toll-free helpline for children in distress, for over 20 years.
- **Skill Training and Livelihoods:** Provides job-oriented vocational training for disadvantaged youth from urban slums to enable them in accessing decent employment opportunities.

S.no	A 2	**Duration**	Short-term
Name of organisation	Bangalore Oniyavara Seva Coota (BOSCO)	**Target**	Children who lack parental care, orphaned, abandoned, and those coming from dysfunctional families.
Type of AC	Aftercare	**Year of initiation**	2015
Zone	South	**Contact details**	
State	Karnataka	**Website**	https://boscoban.org/
AC services provided by the organisation	Refer to page : 61	**Coverage**	137 youth have received aftercare support since inception.

NEED FOR THE AC PROGRAMME

At the age of 18 years, children/young adults leaving CCIs are usually ill-equipped in terms of functional efficiencies, technical skills and soft skills etc. Hence, the aftercare programme was initiated to ensure smooth rehabilitation and reintegration of CNCPs as they start living independently.

OBJECTIVE OF THE AC PROGRAMME

To assist the children residing in BOSCO's Homes to prepare and equip them before their rehabilitation into society.

130 With backgrounds of child labour, street children, school dropouts, victims of child marriage, child survivors of domestic violence, etc.

131 In Kanakapura taluk near Bengaluru since 2014.

DESCRIPTION OF AC PROGRAMME

The process includes:

- **Preparation for life outside BOSCO Home:** BOSCO is working to prepare these children residing in its homes for a life outside the home by encouraging children between 14–18 years of age to focus on the formal/non-formal education and vocational training that is being provided. During this period, sessions on health and hygiene, life skills, career guidance etc are also provided.
- **Developing a customised plan with the child:** A plan is developed for each child, focusing on providing career guidance and understanding the child's interests etc. The child also chooses the vocational training he would be pursuing from the range of trades offered by BOSCO.
- **Shift to BOSCO Life Skill Training Centre (Vocational Training, Alternative Education):** At this training centre, the children/young adults pursue a trade (carpentry, welding, bookbinding, tailoring and two-wheeler mechanics etc.). They assist in the kitchen and maintain the centre. Sessions on financial literacy, life skills, and preparation for interviews are conducted. At this stage, these young adults observe and learn group living and taking up responsibilities. Also, work towards setting up a bank account, getting Aadhaar and, if possible, driving license, is done.
- **Room placement:** 3–4 young adults nearing the age of 18 years or above who have been placed in a job are assisted in procuring a separate rented room outside BOSCO's residential facility. These young adults live together, pay the rent jointly and take up the responsibilities of maintaining the room. The BOSCO staff monitors and checks on them weekly. These young adults move out as and when they feel they can live on their own completely. BOSCO, at this point, assist the young adults in meeting the initial expenses of buying basic amenities (mattress, gas etc.). They continue to keep in contact with the BOSCO staff. An alumni event is conducted annually, where the young adults who have started to live on their own, visit, participate and share about their lives.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- Workshops and sessions are organised to create awareness and knowledge on issues and to equip CLs for independent living.
- A CL can reach out to staff in case of any issue arising.

PROCESS OF TRANSITION OUT OF AC

Children move from the BOSCO home to the BOSCO's Training-residential facility and then to a rented room for independent living. At each stage, the child becomes more responsible and in a better position to start living independently. The number of months spent in each stage differs from case to case, as each child may require a varied extent of support.

SUPPORT/REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation's staff (in case of any emergency).

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with child protection system includes reaching out to Childline/CWC/Police in case a situation arises. Also, a file is maintained on each child internally to track progress and is made available, in case CWC/DCPU wants to review a case. The organisation has not yet initiated the process of linking CL to the aftercare support under CPS.

CHALLENGES

Children find it difficult to cope, adjust and live independently and need emotional backing.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page: 63

S.no	A 3	**Duration**	Short-term
Name of organisation	Catalysts for Social Action: A Family for Every Child (CSA)	**Target**	CL's from CSA's partner CCIs, CL's from CSA's non-partner CCI's, CLs placed in government run Aftercare homes.
Type of AC	Aftercare	**Year of initiation**	2016
Zone	East, West	**Contact details**	
State[132]	Maharashtra, Goa, Odisha, Madhya Pradesh (31 districts)	**Website**	https://csa.org.in/
AC services provided by the organisation	Aftercare Adoption support services	**Coverage**	The Bridge to Adulthood (B2A) programme, which is a comprehensive life skill development and vocational training program focusing on the specific and most critical needs of youth who have grown up in CCIs, has supported 327 CLs from July 2016 to December 2019. 140 of the 327 CLs are female. Currently, CSA is working with 87 institutions in the four states. The CLs are from – Goa (18), Madhya Pradesh (96), Odisha (74), Maharashtra – Pune (68), Maharashtra – Mumbai (71).

NEED FOR AC PROGRAMME

Drawing from its 14 years of work in the sector, CSA identified that even though the JJ Act mandates that CLs should be rehabilitated and reintegrated into society, no organisation was

132 Maharashtra: Thane, Mumbai, Raigad,Palghar, Vasai; Dahanu District, Pune; Goa; Odisha; Madhya Pradesh, 31 districts.

catering to their needs. In 2016 CSA was working with 60 partner CCIs and it was realised that a more structured programme was required to support the CLs, at least until they reached the age of 21 years. Hence, an Aftercare programme was initiated.

OBJECTIVE OF THE AC PROGRAMME

The primary focus of the intervention is to empower every CL to live independently. Currently, CSA is trying to actively reach out to more CLs from other CCIs in the four states it is operational in and provide aftercare to these children.

DESCRIPTION OF AC PROGRAMME

The aftercare intervention involve:

- **Case identification:** Aftercare is offered to children in the CCIs where CSA is operational. Additionally, cases are referred by CWC, DCPU, other organisations, as well as CLs who have already left care and are in aftercare homes.
- **Preparatory Programme:** Imparting knowledge, skills and training to children who are 14 years or above in CCIs. This includes different module –
  - Adolescent Healthcare Programme and Healthy Life Choices;[133]
  - Life Skills training[134] focusing on self-awareness, effective communication, critical thinking;
  - Vocational courses;
  - Career guidance and counselling;
  - Financial literacy;
  - Computer literacy etc
- **Career Exploration and Exposure:** Recognising the limited exposure to possible vocations and career options, CSA, through its 2hr "Flight@18"[135], provides an introduction to various careers. Additionally, a situation assessment is conducted wherein the personality of the young adult, family situation, practicality, aptitude etc., are assessed while guiding them. The organisation assists in enrolling the CL in various courses[136] and encourages the CL to take up a job from six months to one year of completion of higher education course. For each CI a case file[137] is created and maintained.
- **Formulation of Plan:** Post counselling, a plan is developed based on the interests of the child and shared with the child, parents (if in contact) and trustees of the CCI where the child has grown up. Based on inputs, the plan may be altered till all are in agreement. CSA supports CLs for both for vocational training and higher education. The choice is made on the basis of the educational background of the CLs, their interest and aptitude. Since the programme is focused on employability, CLs are generally discouraged from entering regular undergraduate programmes like Bachelors in Arts, which do not ensure employment. Instead, they are encouraged to undergo a short-term/long-term vocational training programs which can ensure job placement,

133 It is a 30-hour training and awareness programme, delivered in 15 sessions over a period of 3–4 months. Objective-to equip youth with appropriate knowledge around body changes, menstrual hygiene, relationships, substance abuse, and to build competencies to effectively deal with these situations.

134 This module is designed for youth in the age group of 14–15 years. It is a 50-hour programme delivered in 25 weekly sessions. The aim -to help youth improve their self-esteem and confidence. This module includes baseline and end-line evaluations of the participants. The sessions are delivered through various interactive activities and reflective circles.

135 Flight@18 is a 2-hour program which provides an introduction to various careers to CLs. It is conducted for CLs in a group. The age of the CLs attending this 2-hour program can range from 16–21 years. Field trips are also organised to get exposure to different careers and educational institutions.

136 Nursing, computer, fashion designing, beauty and wellness, etc.

137 Contains all the details about CLs, including their history, age, their academic details, and their present location.

and financial stability. They are supported to take up further education, once they are employed. CSA tries to network with different organizations/enterprises where CLs could be placed for skills training and jobs. CLs who have the aptitude and interest in courses such as BE, 5-year Law programme, BBA, BSW etc. are encouraged and supported in pursuing the same.

The organization enters into an agreement with the CL where it commits to provide support (higher education, vocational training, financial literacy, career counseling, assistance in identifying job, accommodation etc.) and where the child commits to taking up responsibilities (attendance and diligence to the course entered into). If the CL quits the course enrolled into, they have to return the fee amount paid by organisation to the education institute (more to ensure CL takes the course seriously). The time period from initial discussions with a CL to getting them enrolled in a program typically takes 2–3 months CLs are encouraged to obtain skill training and employment and are supported in their desire to continue further education once they are employed. CSA tries to network with different organisations/enterprises where CLs could be placed for skills training and jobs.

- **Implementation:** Based on the plan devised, the CL is enrolled either in a higher education course or in vocational training. This stage involves the identification of the institute/training centre and accommodation facilities for the CL. The CL is fully supported for course/training fees, uniforms, lodging and boarding, and other miscellaneous daily essentials. An attempt is made to leverage all available resources—living arrangements with guardians/Aftercare homes and enrolment in free training institutions, etc., in order to manage costs. CL may enroll for short-term skill training for three to six months (Sales, General Admin, Hospitality), long-term skill training for up to two years (Paramedics, Graphic Design, Fitter, Auto Mechanic), and higher education (graduate and post-graduate level). Additionally, CL is supported with required legal identification and documentation.
- **Job Placement:** Post completion of the course, the CL is assisted in the process of identifying employment[138] options. CSA continues to support the CL for living expenses for three months. An Aftercare kit is also provided to the CL, containing items required for attending interviews and to help them develop self-confidence.
- **Mentoring:** CLs are supported and mentored for two years after job placement to ensure that they are firmly on the path to self-sufficiency. Programme Officers (POs) keep in touch with the CL to know about their whereabouts and support them where necessary.
- **CL Peer Support Network:** CSA facilitates a peer support network that allows CLs to remain in touch with each other and offer career advice, opportunities and support to each other.
- **Monitoring:** Once the training/course starts, the PO coordinates with the institute/training facility to ensure that training sessions and classes are consistently attended by the CLs on a monthly basis. Monitoring also involves field visits and phone calls with the CLs once a month. This frequency of checks would increase as per the need. During monitoring, if it is found that the CL is irregular with classes, then they are counselled by the PO. The record of the CL is maintained on a quarterly basis to track salary growth and well-being of the CL and to serve as a referral for future cases which are similar.

Currently, CSA has tied up with more than 15 Aftercare Homes.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD IN AC ARE MET

- Services provided by the organisation include a preparatory programme designed to equip the child. Life skills education, digital literacy[139] programme, financial literacy[140] programme, career, counselling and planning, are imparted as part of the programme.

138 Resume review and job interview training.

139 CSA has tied up with NIIT which has designed curriculums under Digital Literacy Program (DLP).

140 CSA's Financial Literacy Program – "JaaduGilli Ka" in tie up with Vodafone where the company itself provides sessions on financial management and accounting, and talks on wants and desires and how to prioritize needs. This curriculum is imparted by Vodafone free of cost to the children in CCI.

- Support for stay, food and daily essentials are provided to the CL. In Madhya Pradesh, The CL is linked to the aftercare provision[141] by DWCD where Rs. 2,000 is provided every month; assisting in case of an emergency.[142]

PROCESS OF TRANSITION OUT OF AC

The aftercare support is provided till the age of 21 years.[143] CSA continues to follow-up on the CL two years after he/she starts living independently. During the two years of follow-up the CLs are provided support through mentoring and addressing any issue that they face. Most of the CLs keep in touch with the organisation through POs and Location Heads and this way, a rapport and relationship is built and sustained.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation staff (in case of any emergency)
- Alumni Network[144] can be reached out to for any support.
- CL is referred to a counsellor on a need basis.

LINKAGE WITH CHILD PROTECTION SYSTEM

- Linkage with child protection system involves receiving referrals from CWCs, DCPUs and other organisations in cases of CLs in need of aftercare (informs CWC of these cases). CSA keeps CWC informed of the number of children being transitioned to its aftercare programme and provides an update on the status of CLs on a yearly basis.
- CSA has received an official letter from the MP government to work with any CCI in the state with aftercare home in Bhopal.[145]
- Currently, in Madhya Pradesh, 20 CLs are availing monthly aftercare sponsorship, and a list of another 100 CLs has been submitted.

CHALLENGES

- The daily expenses, education fees, accommodation etc. all add to a huge bill. Raising funds is challenging.
- Challenges exist in identifying diverse vocational training options for young adults with/ without basic education.
- CCIs lack programmes that expose and prepare children for life after leaving CCI.
- It is challenging to provide continuous emotional support to CLs (especially CLs without parental ties).

141 Currently 20 are availing this benefit, and a list of another 100 has been submitted.

142 During the lockdown 50–60 mobile phones have been distributed to the young adults while 100+ have been attending spoken English and personality development courses.

143 In some cases, it may stop earlier depending on the financial stability the CL has been able to reach.

144 To establish a good network for support for the CLs, b. To improve scope for career growth c. To perpetuate entrepreneurial start-up d. To provide mentorship to the CL (although, staffs are also trained to do such mentorship). Currently there are 5 such networks.

145 In M.P, Maharashtra and Odisha it is trying to get the Govt. to provide the entitlement to CLs by way of providing them sponsorship.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE AC SPECTRUM

- **Health and Nutrition:** Ensures that children have access to good health and nutrition.
- **Education and child development:** Ensures a healthy learning environment for children. It covers:
  - (i) out-of-school academic support through tuition training for language and mathematics and recruitment of tuition teachers
  - (ii) bi-yearly training on innovative teaching and learning practices
  - (iii) provision of educational material
  - (iv) support with school fees
  - (v) life skills education[146] to children aged 14 years or above
  - (vi) adolescent health education as well as sexual health awareness
  - (vii) educational visits to historic places and learning through extracurricular forums and hobby classes.
- **Capacity building and advocacy:** It covers:
  - (i) Helping children to get into the adoption stream
  - (ii) Building capacity and capability of CCIs
  - (iii) Building awareness among stakeholders about children in CCIs and adoption.

S.no	A 4	**Duration**	Short-term
Name of organisation	Empowerment of Children and Human Rights Organisation (ECHO)	**Target**	Boys turning 18 years of age who lack family support and have been released from ECHO's Special Home.
Type of AC	Aftercare	**Year of initiation**	2005
Zone	South	**Contact details**	
State	Karnataka	**Website**	http://echoindia.org/
		Email	Info.echoindia@gmail.com
AC services provided by the organisation	Refer to page : 23	**Coverage**	Currently 200 children in a year. Approximately 10,000 children since 2000

NEED FOR AC PROGRAMME

An aftercare programme is needed because there is a lack of aftercare support, especially for CCL.

OBJECTIVE OF THE AC PROGRAMME

To provide the initial support for young adults leaving CCIs to start living on their own.

146 Communication, Self-Awareness, Critical Thinking, Collaboration and Self Esteem.

DESCRIPTION OF AC PROGRAMME

The aftercare intervention involves:

- **Preparation programme:** Linking the child to a vocation such as computer skills, farming, ITI, tailoring, screen-printing driving etc. in order to equip them for a life outside the CCI. Children above the age of 15–16 years of age are offered ECHO's traffic police assistance programme, hotel management programme, or in cases where children opt for something different, they are referred to other organisations. A file is prepared, updated and maintained internally on each child.
- **Intervention:** When the child turns 18 years of age, and if the child does not have a support system outside ECHO, the CL is placed along with two to three CLs in a space taken up by ECHO on rent. The CL pursues his training/education, and when they begin to work, a small sum (Rs 5,000) is deducted from his monthly earnings and given to him to meet his daily expenses. The remaining amount is saved in the CL's account to inculcate the habit of saving and to start preparing for a time when the CL would move out to live on their own. The staff continually speaks to and counsels the CLs to be diligent and committed to their training programme and/or the staff check on the well-being and progress with regard to work through surprise spot checks or through information received from the other peers in the house. CLs who were enrolled in ECHO's programme can always reach out in case of any emergency/ need. They are invited to an annual event (ECHO Hubba) to share their progress/challenges; and over a period of time, a WhatsApp group has also grown, through which CLs keep in touch.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- A preparatory programme is run to equip CLs to live independently.
- The organisation covers CL's expenses towards a living arrangement[147] for the initial period of independent living.
- The organisation assists the CLs in maintaining and increasing savings. This saving, in turn, becomes the start-up money for when CLs start to live on their own.
- Visits are made to assess the well-being of the CL or prevent deviant behaviour.

PROCESS OF TRANSITION OUT OF AC

The organisation assists in the transition process by covering a portion of the living expenses and leaving the rest to the CL to cover and learn to manage their income. The staff assesses the financial position of the CL post-employment and gradually withdraws support.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING TRANSITION

Organisation's staff (in case of any emergency)

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system involves receiving cases of CL from CWC/JJB. An internal case record is maintained and made available to JJB/CWC when requested. The organisation has not yet initiated the process of linking CL to the aftercare support under CPS.

147 Where an apartment is taken in ECHO's name.

CHALLENGES

- Lack of funding required to support programmes presents a considerable challenge.
- Difficulties are encountered in identifying passionate and committed staff.
- Sometimes, families are not prepared to accept the child back fearing stigma and shame in the community.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 25

S.no	A 5	**Duration**	Long term care. 18–23 years (medium touch) till 28 years (light touch)
Name of organisation	Make a Difference (M.A.D)	**Target**	CNCP completing 18 years leaving CCIs where M.A.D has been working and in need of support (M.A.D has offered support to children with terminal illnesses. Not received cases of children with disabilities yet).
Type of AC	Aftercare	**Year of initiation**	2016
Zone	North, East, West, South	**Contact details**	
State	Uttarakhand, UP, Delhi, MP, Gujarat, Maharashtra, West Bengal, AP, Tamil Nadu, Karnataka, Kerala[148]	**Website** **Email**	https://makeadiff.in/ contact@makeadiff.in
AC services provided by the organisation	Aftercare	**Coverage**	2018–19: 195 young adults in the aftercare programme. 2018–19: 110 Youth provided with housing support.

NEED FOR AC PROGRAMME

It was seen that CLs lack support systems, have limited exposure, poor social skills and low self-confidence caused by a combination of institutionalisation and traumatic past life experiences. The

148 Uttarakhand: DehraDun, Uttar Pradesh: Lucknow; Delhi; Chandigarh; M.P: Bhopal, Gwalior; Gujarat: Ahmedabad; Maharashtra: Mumbai, Pune, Nagpur; West Bengal: Kolkata; Andhra Pradesh: Visakhapatnam, Hyderabad,Guntur, Vijayawada; Tamil Nadu: Chennai, Coimbatore, Vellore; Karnataka: Bangalore, Mysore, Mangalore; Kerala: Cochin, Trivandrum.

organisation thus recognised the need to initiate a long-term mentoring and personal support system to help CLs overcome these issues as they transition to living on their own/with family/community.

OBJECTIVE OF THE AC PROGRAMME

To build a long-term holistic intervention that ensures that CLs leaving CCIs have the necessary support, resources, networks and guidance to ensure that they don't fall back into the cycle of poverty.

DESCRIPTION OF AC PROGRAMME

- **Transition Readiness Programme:** A comprehensive programme that includes academic support, life skills sessions, career counselling workshops and guidance to the child in planning for the future.
- The organisation identifies children who need aftercare support in CCIs. An assessment is done to understand a number of factors, including existing family support and the financial situation of the family (if any), to determine the nature of support required.
- **Aftercare is provided at two levels:**

  Aftercare Level 1: CLs from the ages of 18 years to 21 years are supported in their career through university, vocational training or job placements. This includes –

  - Financial Support for

    (i) logistics/housing

    (ii) educational/vocational/skill-building.

    The organisation enters into a scholarship agreement with the CLs committing to support/cover expenses and ensures that the CLs commit to living responsibly (attendance of the course signed up for, keeping accommodation clean, staying in touch with volunteers, reporting progress every month).

  - Ensuring that CLs have all the essential legal identity documents and an active bank account.
  - Digital literacy for all CLs is ensured.
  - Supporting the CL in forming their own support system—emotional, financial and through relationships. To operationalize support and monitor the same, each CL is-

    (i) paired with an aftercare mentor/trained volunteer who is responsible for engaging and interacting with the care leaver periodically (monthly). The mentor's role is to help the care leaver cope and overcome social and economic challenges

    (ii) connected to a network of self-support groups consisting of 10 CLs, respective volunteers/mentors and City Manager, where the latter two help mentor and support the groups.

  Additionally, each CL is required to report every month to the City Coordinator with an update about class/work, stay, health and challenges, etc. If a CL stops doing this or other things committed to in the agreement, they are put on probation for six months. As the CL settles into adulthood and life outside the CCI, the extent of intervention tapers off.

  Aftercare Level 2: By this stage, CLs have completed education/training, and the financial assistance towards housing is scaled down. Hence, this final stage of intervention extends till the age of 28 years. The organisation actively reduces support, encouraging CLs to improve savings, drive themselves at work and participate/provide their input as members of Self Support groups. They are also encouraged to be buddies with other younger children in the support system.

  Some interventions to be introduced next year are:

  - upscale the self-support group meetings in all cities,
  - increase monthly stipend support to cover more youth,

- to formally introduce an academic support intervention for youth attending university in all aftercare cities,
- introduce them to real-world finance management.

Volunteers play a significant role in the organisation's aftercare intervention. Hence a lot of time and effort is put into creating awareness on the programme across colleges through social media, to invite, screen and identify volunteers, and to sensitise and train them (about the programme, teaching tools, crisis management, how to escalate issues and child protection policy). Each volunteer has to sign a child protection policy and commit to 6–7 hours a week for at least a year. The volunteers are mainly in the age group of 20–30 years. M. A. D has a volunteer retention rate of 60%.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

There is an internal system is in place where a volunteer and City Manager check on the CL on a monthly basis. These checks include assessing the emotional well-being, social networks, physical health, finances (earnings, savings, debts), housing (ability to contribute towards expenses), and legal and identity documents. This is documented and checked on by the volunteer attached to each CL. Additionally, the CL can reach out in case of any additional support needed or when experiencing any challenge.

The organisation provides personal and financial support up to the age of 23. However, until the age of 28, the scheme ensures that the CL is supported in a phased-out manner.

PROCESS OF TRANSITION OUT OF AC

The aftercare plan for each CL is designed and worked on, keeping in mind that the CL should be in a position to live independently from 21 years to 23 years of age. However, the programme ensures support to the CL in a phased-out manner until 28 years of age. During these latter years, the financial support is reduced. CLs are encouraged to participate in self-support groups and to form their own support networks.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Aftercare mentor attached to each CL
- Self-Support Group

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system involves working in some semi-government CCIs and also offering aftercare support to children referred by the CWC. It reaches out to the police and other stakeholders in case of any additional support/emergency. However, presenting an ICP, SIR, progress reports etc., to a CWC remains the organisation's responsibility that runs the CCI. The organisation has not yet initiated the process of linking CL to the aftercare support under CPS.

CHALLENGES

- Raising funds for aftercare work is a challenge in this area.
- There is a dearth of committed volunteers who are willing to give their time to this work.
- The aftercare support can be provided only in the city where M.A.D has a presence. If a CL from city A wants to move to City B, where M.A.D does not have a presence, M.A.D is unable to offer aftercare support.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE OF THE AC SPECTRUM

- **Supporting children in CCIs:** Providing foundational skills,[149] educational support and programmes to prepare for life outside the CCI to children in 268 CCIs including 80% NGO run CCIs and 20% semi government run CCIs.

S.no	A 6	**Duration**	Long term care 18–21 years
Name of organisation	Prerana	**Target**	Children turning 18 years of age, who have entered the JJ system and lack family support; children who are orphaned or those who do not want to be reunited with family or where it is unsafe for the child to be reunited with the family; children who are in their later adolescent years and need time to heal.
Type of AC	Aftercare	**Year of initiation**	2016
Zone	West	**Contact details**	
State	Maharashtra[150]	**Website**	https://preranaantitrafficking.org/
AC services provided by the organisation	Refer to page : 35	**Coverage**	2020-January 2021: 15 young women adults are being supported (4–5 in each of the 3 Homes) through direct services, and 19 through other non-residential support services.

NEED FOR AC PROGRAMME

The need for the programme was felt as Prerana observed that often, many of the minor girls who were victims of child sexual abuse and trafficking:

(i) suffer from a variety of mental illnesses such as anxiety, depression, PTSD, aggression etc. Further, the healing process (physical and psychological recovery) of the victim is gradual and sometimes extends beyond the time the minor turns 18 years.

149 This would include functional literacy/numeracy, sessions on life skills and emotional health, general exposure, self-esteem.

150 Mumbai, Thane, Palghar, Raigad, Pune.

(ii) are referred to the system when they are in their late teens, leaving them little time in the CCI to heal, prepare and equip themselves for a life outside of the institution.

(iii) leave the CCI preferring not to return to their homes fearing rejection, stigma and discrimination, lack of family support etc.

(iv) find it difficult to find a safe place to live on their own. In 2003 in collaboration with another organisation, Prerana began a field-based intervention through Group Aftercare Homes.

OBJECTIVE OF THE AC PROGRAMME

To provide aftercare in extreme cases of vulnerabilities or to those who come into the JJ system in their latter adolescent years. Prerana believes in early intervention to ensure minimal support is needed by young adults transitioning out of care.

DESCRIPTION OF AC PROGRAMME

Interventions under the aftercare programme:

- **Preparatory Phase:** Supporting CCIs, Prerana works with children (above 15 years) to prepare them for a life outside the CCI. This includes developing a care plan[151] in consultation with the child, conducting workshops on career guidance,[152] life skills,[153] and awareness on various issues to guide and provide the knowledge required to equip children for a life outside the CCI.
- **Identification of beneficiaries:** Cases are identified from the following:
  - cases referred by social workers in CCIs and CWCs
  - cases from Naunihal.

  These are institutionalised children who are close to turning 18 years and do not have family support or will need support when they leave the CCI. These children go through an orientation on aftercare and the functioning of a group home, which is externally assisted by Prerana. Each young adult leaving the CCI (where Prerana is providing support) goes through an exit discussion to ascertain if they want to be part of the programme.
- **Induction Orientation for Group Home:** Through workshops, the CLs are
  (i) informed of the services (Counsellor, Peer Mentor, Life Skill Education, etc.) offered and the expenses that would be covered for the initial period.
  (ii) informed of their role and need to share responsibilities when staying in the group home.
  (iii) guided in the formulation of rules and regulations of the group home.[154]
  (iv) oriented on the steps/processes that would need to be followed to stay in the home.[155]
  (v) informed about the aftercare plan developed and how it would continually be updated based on progress.
  (vi) provided information on the community resources[156] around the group home.

151 The social workers from Prerana provide assistance to social workers from CCIs in developing the care plans of children.

152 Provided information on what are the available career options and are linked to the National Skill Centres and other NGOs for their vocations/higher education.

153 Problem solving, decision making, safe healthy relationships etc., how to apply for services, make payments, etc.

154 Curfew, barring entry of any men inside the Group Home flat, ensuring clean space at all times.

155 Submission of photo identity to the police station in case the aftercare programme is being run from rented premises.

156 E.g., police station, hospital, grocery store, transport service systems, welfare services. etc.

(vii) informed about the records[157] they would need to maintain to instil discipline and a sense of responsibility.

- **Identification of location for group home:** Based on the availability, rent, distance from education institute/workspace, and proximity of persons who can be reached out to in case of emergency, a space is identified. In addition to physical security checks conducted prior to finalizing a place, the staff meets the neighbours, maps the amenities/community resources and maintains contact with the landlord/real estate agent.
- **Detailed case history:** A detailed case history[158] of each CL is maintained. Based on this, an aftercare plan for each CL is developed in consultation with her.
- **Support provided:** Prerana provides direct and indirect assistance to CLs, leaving CCIs.
  - **Direct shelter-based services:** This involves providing assisted living facility (externally assisted group home) for four to six girls in a flat. This includes covering rent for one year, daily expenses, ration for the first two months and guiding the girls in developing independent living skills.[159] In addition, psychosocial support, sessions on soft skills, financial management, career planning and guidance, linkages to job opportunities and educational courses through distance learning are also provided. After the initial period, the organisation slowly weans support so that the CL can learn and transition to living independently. The CLs in group homes are encouraged to save in the bank accounts opened, and to apply and save for a health insurance policy.
  - **Non-residential based support services** are provided to young men (identified under Prerana's IPP) and women exiting the JJ system. These services include referrals to shelter-based services, educational sponsorship, mental health support, linkages to vocational training courses, job opportunities and any other needs-based support that the young adult might need.
- **Availing Identity Documents:** The organisation ensures that the CLs have their legal documents.[160] They also assist in the process of application and procurement for those who do not have them.
- **Monitoring and follow-ups:** As part of the monitoring process, there is a time set for returning to the group home. The staff calls every night to check that the CLs have returned before the said time, for the first few months. Group meetings and visits are conducted to assess the well-being, progress and challenges faced by the CLs. Further, the staff also meets the office bearers of the housing society in which the group home is located at least once a month and maintains regular contact and ensures that there are no issues. This follow-up transitions from in-person interactions to telephonic follow-ups every week on a monthly and then quarterly basis. Slowly, financial assistance is also discontinued as the CL becomes more independent. Updates/follow-up reports are submitted to CWC in case there is a CWC order mentioning/expecting follow-ups.
- **Assessment of each case:** Assessments are conducted every three to six months on procurement of legal documents and the ability to avail the following services—medical, legal, law enforcement, banking, and public transport. Level of financial independence, mental health needs, and level of social and civic independence are also assessed.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

A number of systems and processes have been put in place to ensure that the needs of a child in aftercare are met. This includes seeking regular feedback from the CLs, reviewing a needs

157 a. Incoming and outgoing registers-visitors, groceries, other household supplies etc.; b. Movement registers for RGs; c. Account register; d. A register monitoring the menstrual cycle of RGs - self monitoring as many girls have PCOD and they may not remember their menstrual cycle days; e. Visitors register-for noting address /contact details of visitors. (These registers are prepared voluntary, maintained by the resident girls themselves and for their self-monitoring and wellbeing.

158 Latest photograph, medical report-including; blood group, any history of epilepsy, any other medication condition, disability, allergies, if any, education institute/ workplace details etc.

159 Purchasing groceries, cooking, travelling independently.

160 Aadhar card, PAN card, bank account, and school-leaving certificate.

assessment document periodically, covering CLs' accommodation and daily expenses for the initial period, and linking the CLs to education courses/vocational training, and covering their fees for the same. Life skill education is imparted to help the CL live independently[161]. Assistance is provided in acquiring legal documents and the CL is familiarised on how to access services (health, ration/ PDS) and support systems. A platform for emotional support and guidance through peer counselling is also created and a point person is assigned to each CL to guide and support her.

PROCESS OF TRANSITION OUT OF AC

The follow-up gradually changes from in-person interaction to telephonic check-ins every week, to a monthly, and then quarterly basis. Slowly, financial assistance is also withdrawn as the CL becomes more independent. Prerana maintains contact with the young CLs until they exit the group home, and keeps the option open for need-based contact.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation staff/point person (can be reached in case of any emergency)
- CL is made aware of essential helpline numbers.

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system involves taking up cases referred by CCIs, CWCs and sometimes the DCPU. The organisation also updates the CWC on cases where CWC has passed a follow-up order. The team also networks with the DCPU and other service providers to mobilize resources for the CLs as required. The organisation has not yet initiated the process of linking CL to the aftercare support under CPS.

CHALLENGES

- Apart from the difficulty in identifying a low-budget property in a safe, regularised area in over-populous Mumbai that is also equipped with basic amenities, there are several other challenges as well. Landlords are often not keen on leasing the property to single women. It is also difficult to extend the lease, past the initial 11 months due to incremental costs that the residents might not be able to afford.
- It can be challenging at times to help young residents understand vulnerabilities and risks that they might face while staying independently (trafficking, exploitation, re-trafficking, etc.).
- There are certain challenges in getting documents for establishing legal identity and entitlements. In cases where original copies of the identity documents are not available, it is a challenge to establish identity or eligibility. The absence of basic supporting documents also makes it almost impossible to procure new documents.
- Certain mental health concerns can cause serious adjustment issues in group living, challenging the viability of group living. Additionally, mental health services are often inaccessible due to the costs involved and requires the resident to undertake a certain number of sessions before seeing any progress. Mental health support being expensive can also dissuade them from accessing the service.
- Limited resources posit a serious challenge as it is cost-intensive and difficult to design programmes or arrange teachers/trainers who would cater to the differing needs of a smaller number of girls in group homes.

161 Through career workshops, linking them to short -term courses, trainings, guiding in CV preparation and job interviews, etc.

- It is challenging to guide CLs in choosing more sustainable vocational options over short-term glamorous and unsustainable options.[162]
- There is difficulty in availing the monthly aftercare sponsorship of Rs 2,000 provided under the CPS for CLs.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE THE FS AND AC SPECTRUM

Refer to page : 38

S.no	A 7	**Duration**	Short term (case to case basis)
Name of organisation	Salaam Baalak Trust	**Target**	CNCPs (boys and girls) in the SBT CCI, turning 18 years are offered aftercare on a case-to-case basis.
Type of AC	Aftercare	**Year of initiation**	
Zone	North	**Contact details**	
State	Delhi	**Website**	www.salaambaalaktrust.com/
		Email	contact@salaambaalaktrust.org
AC services provided by the organisation	Aftercare	**Coverage**	The aftercare facility can accommodate 7–8 CLs at a time. 140 CLs rehabilitated through vocational training and job placement (annual report 2018–19).

NEED FOR THE AC PROGRAMME

The programme is needed in order to ensure that children leaving the CCI at 18 years can transition out smoothly.

OBJECTIVE OF THE AC PROGRAMME

The objective of the programme is the reintegration of children who have grown up/turned 18 years of age into mainstream society.

162 Residents tend to gravitate towards roles like a counter salesperson or restaurant servers in air-conditioned malls, wearing a uniform and a cap, with a cell phone because it's more attractive.

DESCRIPTION OF AC PROGRAMME

The aftercare support provided to children leaving SBT CCI is on a need-basis. It includes:

- **Preparing the child for a life outside the CCI:** When a child turns 16 years of age, a plan is developed based on discussions the staff has with the child on their careers. In addition to encouraging the child to work towards the plan that is developed, workshops and sessions are conducted to prepare the child for a life outside the CCI.
- **CWC Intimation:** When the CL leaves the CCI on turning 18 years of age, SBT presents the release form before the CWC informing them of the status of the child (academics, skills etc.).

SUPPORT DURING THE TRANSITION FROM CCI TO INDEPENDENT LIVING:

- **Accommodation and other initial support:** Girls who are in long term care in SBT, needing support[163] when turning 18 years, continue to stay in the CCI (in a separate dormitory) with special permission from the CWC. This continues till the girl secures a job and earns a minimum of Rs 10,000 per month. For boys needing similar support, the organisation provides accommodation and food at the aftercare facility.
- **Higher education/vocational training:** CLs are encouraged to pursue higher education/ vocational training in areas such as animation, computer classes, cooking, or building on skills to get a job. The organisation assists them by covering the whole or partial fees, facilitating the admission process, supporting the pursual of advanced courses etc. SBT CLs are required to manage their daily chores, unlike when they were in the children's home, where their needs were taken care of by the home staff. The young adults in the stay facility are mostly those who are yet to get placed in a job.
- **Role model interaction:** In addition to the provisions mentioned above, the adults who previously passed out from SBT and have established themselves are invited to visit, interact and share their experiences and challenges, and guide the children who are leaving the CCI. These interactions encourage the children as they can relate to the CLs.
- **Support post getting a job:** Post securing a job, SBT assists the CL in identifying and moving into a PG/hostel/other facility. They also cover the expenses for basic requirements (ration for a month, utensils, bedding) to start living independently. The team also keeps in touch with employers for a minimum of six months to ensure that rehabilitated CLs have adjusted to the new work environment. Due to some unforeseen circumstances, if a rehabilitated CL quits their job, the team begins a process of identifying a new workplace for the CL.
- **Support in an emergency:** In cases of medical/other emergencies, etc., SBT provides them assistance till five years after their rehabilitation.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- Preparatory programme is in place to equip the child for life outside the CCI (detailed above).
- There is provision for support/covering expenses such as accommodation, food, essentials, and course fees.
- Assistance is provided in preparing and assisting CL to secure a job.
- Personal and financial support is provided up to the age of 23 years, and need-based mentoring up to 28 along with interventions on transition readiness for children from the ages of 15 to 16 years.

163 Orphans/lack any family support.

PROCESS OF TRANSITION OUT OF AC

During the process of transitioning into independent living, the CL is provided help with opening a bank account and setting up the kitchen. They are provided with the first month's rent, ration, clothes, toiletries etc. Telephonic follow-ups are conducted to track and check on the CL. When observed that the CL is unable to cope, they are provided counselling by volunteers.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- Organisation's staff

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system entails that organization presenting the pre-release report of a child from 6 months to a year before they turn 18 years of age along with the plan for a vocation/course/job to the CWC. Only those cases of CLs are presented before the CWC who avail some kind of an aftercare service from SBT. The organisation has not yet initiated the process of linking CL to the aftercare support under CPS.

CHALLENGES

- It is a challenge to follow up as, after a point, the CLs want their freedom and do not want to be monitored or tracked.
- There is an issue of over-dependence that develops among CLs towards the organisation. There have been instances when after leaving aftercare, a CL has not committed to his job and left it, knowing that SBT is there to support them.
- Sometimes CLs are not able to cope or get accustomed to the professional set-up or living independently.
- Vocational training courses are not always available as per the choice of the CL. Often CLs have to settle for vocational courses that are available rather than what they want to pursue.
- There are limited funds to support CLs.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE OF THE AC SPECTRUM

- **Residential care programme:** Runs two Children's Homes for Girls, two Children's Homes for Boys and three Open Shelters for boys providing 24/7 care and protection services.
- **Childline:** Provides Childline service (in two districts and one railway station covering Central, New Delhi districts and Old Delhi Railway Station).
- **Community programmes:** Provides contact points, and community points where children have access to education, medical assistance, healthy meals, life skills training and opportunity etc. The mobile school programme covers children in select urban slum areas.[164] The programme also provides mental health services as well as preventive health and nutrition programmes, education and performing arts.

164 Van spends two hours in activities including non-formal education, creative arts, counselling on health, hygiene, social skills, and child rights.

S.no	A 8	**Duration**	Long-term support for life as well as short-term care that is case based.
Name of organisation	Udayan Care	**Target**	For Udayan Ghar (UG) Aftercare: All children in care of UGs, once they turn 18 For AOP: Children turning 18 and exiting from other CCIs in the city
Type of AC	Aftercare	**Year of initiation**	UG Aftercare- 2010 AOP- 2020
Zone	North	**Contact details**	
State	UG Aftercare: Delhi,[165] Uttar Pradesh, Haryana, Rajasthan AOP: Delhi and Gujarat (Vadodara)	**Website** **Email**	www.udayancare.org/ advocacy@udayancare.org
AC services provided by the organisation	Aftercare Aftercare Outreach Programme (AOP) Research, Advocacy (Bi-annual academic journal on AC- Institutionalised Children Explorations and Beyond) and Capacity building of stakeholders Facilitating formation and strengthening of peer-led networks of CLs Deinstitutionalisation (counselling, educational sponsorship, restoration and post-exit follow-up)	**Coverage**	UG Aftercare: average of 35 youth each year AOP: 54 in 2020

NEED FOR AC PROGRAMME

Having nurtured children in UGs in a L.I.F.E.(Living in Family Environment) approach, it is imperative to continue supporting them in aftercare till they are fully mainstreamed.

After the successful interventions towards transitions of CLs in UGs and the milestone research- 'Beyond 18', AOP was started in 2020 to support youth leaving other CCIs towards their education, skilling, employability and empowerment.

165 Delhi: South East Delhi, South Delhi, East Delhi; Uttar Pradesh: Ghaziabad, Gautam Budh Nagar; Haryana: Gurugram, Kurukshetra, Faridabad; Rajasthan: Jaipur.

OBJECTIVE OF THE AC PROGRAMME

- UG Aftercare program: to provide CLs with a family for ever and ensure they become resilient independent citizens who contribute to society.
- AOP: to enable CLs through a one year intensive mentoring, skilling and coaching to become self-sufficient, join the CL networks and become peer mentors.

DESCRIPTION OF AC PROGRAMME

Interventions under the aftercare programme:

- Children in UG turning 18 years as well as the children referred by the CWC who need support are provided aftercare services. The preparation for transitioning from CCI for children in UG begins at around age 15. As part of this preparation, sessions on life skills education, awareness on numerous issues etc. are conducted.
- A pre-release report (JJ requisite) is prepared and presented before the CWC.[166] At this stage, UC also prepares an Individual Aftercare Plan, which contains details on dates and duration of stay at CCI, background, reasons for institutionalisation, details on the CL, available legal docs, financial, health, and academic details, aftercare provisions and arrangement etc. All this information is collated based on the Sphere of Aftercare developed by UC, covering education, financial literacy, identity documents, individual living skills, vocation/internships, jobs, etc., of CLs.
- At the time of this transition from the CCI, an agreement is entered into by the UC and CL where the CL commits to attending class/training/job, be available for quarterly assessments, save earnings, adhere to rules of stay, conduct etc. and the organisation commits to supporting the CL for three years up to a maximum of five years on a need basis. Udayan Care, through its advocacy efforts, has been able to get aftercare sponsorship for four of their CLs who are currently being provided Rs. 2,000/- per month by the state (Haryana).
- Aftercare support at Udayan Care includes covering fees towards education,[167] vocational training, conducting life skills, career counselling sessions, mental health support, assistance in securing a job, covering expenses on commuting, clothing, housing, medical, marriage ceremonies, etc. (if they so desire). The residential support includes:
  - Aftercare homes in Greater Noida (girls) and Gurugram (boys) where CLs living in these homes manage household chores independently and are supervised from a distance and provided support by the social workers as per need
  - Group housing/independent living set-ups, where the UC team takes quarterly updates from the CLs and keeps a check on their progress while assisting them in addressing the challenges they face.
- Based on UC's Individual Aftercare Plan (IAP), a post-release report (JJ requisite) is prepared and submitted to the CWC.

Monitoring:

- Concerned social workers, mentor parents etc., have monthly and quarterly meetings in which the CL's progress and challenges are reviewed. The mentor parents (long-term volunteers associated with UGs) play a crucial role as they continue to check in and guide the CLs as they transition into the aftercare programme. The monthly visits made by the CLs to the UC office to clear bills, enable the team to have a check-in with them regularly.

166 Containing personal details; education, trainings/ skills acquired; accommodation details; job/ internship details; rehabilitation plan, legal docs available, medical info etc.

167 Supported to undertake higher education courses including from colleges such as NIFT, GD Goenka College.

- While in most cases, the CL receives support till the age of 21 years, depending on the case, the support may continue or stop earlier. In cases where the CL starts working and can begin meeting their expenses, the organisation slowly starts reducing financial assistance and supervision. Youth are assisted in identifying internships and part/full-time jobs. A one-time amount of Rs. 10,000/- on exiting aftercare is given besides other household items. Marriage support is also provided to every CL, even after years of departure from the organisation.
- All CLs are made a part of the alumni network. This becomes a platform where CLs can reach out for support or guidance.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- **Aftercare:** These services are offered through two group homes (Gurgaon- boys, Greater Noida- girls). The Aftercare Manual along with the Aftercare Committee (which also includes CLs) guide the decision making process of UG Aftercare.
- **AOP:** These services support youth leaving other CCIs by using the Sphere of Aftercare as a comprehensive framework.[168]
- **Research, Advocacy and Capacity building:** This involves organizing consultations and workshops and actively participating in various state, national and international forums providing inputs on policy, legislation, and manuals**.** Additionally, the organisation builds the capacity of child protection stakeholders on aftercare and family-based care.
- **Care leavers' Network:** this includes facilitating the formation and strengthening of peer-led networks of CLs in multiple cities of India, and advocacy with international CL networks to form the Global CL community.
- **Deinstitutionalisation:** This is done by tracing families, providing family strengthening services such as counselling, educational sponsorship etc., restoration and post-exit follow-up.
- **Demonstrable Care Models:** These models on AC are being implemented in Bihar and Madhya Pradesh in partnership with the State Governments. The models focus on transition planning and Aftercare. Knowledge products and IEC materials are generated along with skilling sessions for CLs.

PROCESS OF TRANSITION OUT OF AC

- When the CLs exit the aftercare programme, they are provided with a minimum of Rs 10,000 and support to cover expenses towards other essential household items and daily expenses to begin independent living. During this period, the CL is guided on how to plan and manage expenses and household responsibilities. The staff and mentor parents, assist them in this process.
- The process of transition involves continuous assessment of the IAP, where the staff assess the financial and employment stability, completion of vocational training, emotional stability, the status of ownership of legal documents etc. Based on this assessment, the level of support is gradually withdrawn. Alumni Committee and Aftercare Committee meet regularly to take decisions on a case-to-case basis, and CLs are also members of these committees.
- In all programmes, the window to come back in times of emergency is kept open for all CLs to prevent vulnerability.

168 AOP also uses indigenous tools such as Needs Assessment Baseline Survey and a three level selection criteria for extending support. Mentors are oriented and assigned to each youth for guidance. Through the work-life readiness modules, life skills and independent living skills are ensured.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING THE TRANSITION

- UG staff and AOP project team
- Mentor parents in UG and Aftercare; Mentors and Peer Mentors in AOP
- Alumni and CL network members
- Other partners and service providers

LINKAGE WITH CHILD PROTECTION SYSTEM

Linkage with the child protection system entails the following:

- CWC refers cases of CNCPs who are subsequently provided care in UG and aftercare upon reaching 18 years of age.
- Follow-up reports of the child who has transitioned out of UG, for a duration as specified by the Committee in the exit order is submitted to the CWC.
- Aftercare facilities provided by the organisation are visited by DCPU/ CWC during home inspection visits.
- Quarterly progress reports of the young persons (who are provided with Aftercare Sponsorship under the ICPS) are submitted to the DCPO.
- When a young adult exits the aftercare programme Udayan Care (as a part of good practice) shares with the CWC, the release order, job appointment letter, and address proof of the young adult where they would be residing.

CHALLENGES

- Running of homes includes the cost of covering accommodation, daily expenses, education fees of young adults, staff salaries, etc., which all add to a huge bill. It's a challenge to raise funds, especially in the times of COVID, owing to the impending changes in FCRA and CSR rules.
- Institutional living poses a barrier to independent living. Since the children leaving CCIs are dependent on caregivers for fulfilling all their needs they often find it difficult to adjust and cope when they leave the CCI.
- There is lack in implementation of laws that can pose certain challenges. The laws and rules are not implemented by child protection authorities in their totality. There is no review/input on reports/assistance extended in the aftercare being provided by the organisation.
- Often, representatives from the DCPU and CWC are not aware of their roles and responsibilities, especially related to aftercare. There is a lack of understanding of the emotional-mental trauma CLs carry with them and hence, the need for additional support to help them transition.
- Lack of monitoring by CWC and DCPU poses a challenge. DCPUs in many districts do not keep records of the number of CLs in aftercare, their progress, their status post-exit from aftercare, etc.
- There is a lack of aftercare guidelines describing the manner of provisioning support services and fund disbursal, access points for CLs and measures to make aftercare service providers accountable through a robust monitoring and evaluation process[169].

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE OF THE AC SPECTRUM

- **Small-Group Home model:** Runs 17 residential, small group homes (Udayan Ghar 'UG'), providing long-term care and protection to vulnerable children between the ages of 6–18 years across four states, for boys and girls separately.

169 Udayan Care. 2019. Beyond 18 Leaving Child Care Institutions, Supporting Youth Leaving Care: A Study of Aftercare Practices. India: Udayan Care. https://www.udayancare.org/upload/Reports/2019-20/Full%20report_%20Beyond%2018.pdf

- **Udayan Shalini Fellowship Programme:** Provides support and mentoring to young girls from select communities for five years across 23 cities of India, focusing on their higher studies and economic empowerment.
- **Skill Development Programme:** Offers a range of vocational training options for youth, through 17 centres in Delhi aimed at livelihood and job readiness. The skilling centres for women from the communities in Greater Noida, UP, Srinagar, Uttarakhand provide training on digital education, tailoring, beauty therapy, block-printing, graphic designing, photography etc.
- Volunteers and internship programmes are conducted round the year.

S.no	A 9	**Duration**	Short-term (case-to-case basis)
Name of organisation	Youth Council for Development Alternatives (YCDA)	**Target**	The CNCP cases either placed in foster care or in the CCI are offered aftercare once they turn 18 years old.
Type of AC	Aftercare	**Year of initiation**	2013
Zone	East	**Contact details**	
State[170]	Odisha	**Website**	www.ycdaindia.org/
AC services provided by the organisation	Refer to page : 43	**Coverage**	20 Children living in institutional care started the community rehabilitation and are living an independent life under the aftercare arrangement.

NEED FOR THE AC PROGRAMME

Children leaving CCIs need support to live independently and therefore need an effective aftercare programme.

OBJECTIVE OF THE AC PROGRAMME

The objective of the aftercare programme is to assist the CNCP leaving CCI at 18 years of age to reintegrate into society and start living independently.

DESCRIPTION OF AC PROGRAMME

- **Case identification and preparatory programme:** The organisation maps children in CCIs who have reached 16 years across three districts and offers a preparatory programme (life skill education, career counselling, vocational education) to equip them for a life outside the CCI. Tracking the children who are turning 18 years of age from the mapping exercise, the CCI is contacted, and the child is offered entry to the aftercare programme.

170 Delhi: South East Delhi, South Delhi, East Delhi; Uttar Pradesh: Ghaziabad, Gautam Budh Nagar; Haryana: Gurugram, Kurukshetra, Faridabad; Rajasthan: Jaipur.

- Recognised by the government, YCDA provides aftercare support and runs three aftercare homes in Balangir, Khordha and Puri, that function as transit homes. Aftercare support is provided till the age of 21 years. Two to eight CLs stay in a home at a time.
- This stay/residential facility is provided for 2–3 months, during which CLs are helped in securing a job and in moving out to live independently. YCDA encourages CLs to stay with their peers/friends in a paid hostel. This helps them to learn to form their own networks to support each other and ensure they do not remain dependent on the organization. These Homes are headed and managed by the CLs themselves.
- **Linkage to support:** Organisation links CLs to the vocational institutions and thereafter assists them in the preparation process and in identifying job opportunities. Through online training, other skill development opportunities are also provided apart from assisting them in securing a job. YCDA assists in continued growth**.** CLs (250 in number) who left CCIs have received benefits of the aftercare support in Bolangir and Khordha districts under the JJ Act 2015, amended 2021. Among them, 50 CLs have become independent after job placement with Rs 14,000 per month as an average income.
- **Monitoring:** The homes are strategically located near a YCDA staff's residence. This helps the team to check on and reach out to the CLs whenever they are in need. Additionally, Aftercare Coordinators from the organisation conduct visits to the aftercare homes once a week. Post 2–3 months of shifting from aftercare homes, although the CL starts staying independently, they are checked up on through telephone follow-ups for three months. CLs can reach out for support till the age of 21 years. If during monitoring, a CL is observed to be at risk, they are provided with counselling support.
- **Care Leavers Association:** All youth in aftercare are registered as members of a Care Leavers Association.[171] While the association meets annually, the members remain in touch with their peers throughout the year and assist in implementing the aftercare programme, especially w.r.t to helping their peers with a job and linking them with schemes and services. Additionally, the Association has a Council made of CL representatives who meet every month to review the support and status of other CLs. YCDA provides technical support as and when required.

SERVICES/SYSTEMS/PROCESSES/ TOOLS IN PLACE TO ENSURE THE NEEDS OF A CHILD ARE MET

- The organisation conducts the preparatory programme[172] to equip children for life after leaving CCI.
- There is the provision of accommodation space for the initial months. Assistance is provided in identifying a safe space in the community/society and covering rent for the initial months when the CL moves to live independently. There is also provision for one-time financial assistance[173] to cover basics (ration, mattress, clothes etc.).
- The CL is linked to vocational training; and assistance is provided in securing a job to help them start living independently.
- The organisation follows up with CLs regularly.
- The CL is linked to the aftercare sponsorship benefit.
- CLs are supported and guided by CL's Association. Follow-up with them is conducted by the Association on a half-yearly basis, although CLs can reach out at any time.

171 Registered as a Trust.

172 Life skills education, career guidance, awareness on issues.

173 Rs. 5,000-6,000 is provided to every CL when they leave the programme.

PROCESS OF TRANSITION OUT OF AC

- The CLs are encouraged to start living independently within the first few months of leaving care. It is ensured that the CL secures a job, which gives them the confidence to start living on their own.
- All CLs are registered as members of the CLs' Association, which becomes a peer support group that the CLs can reach out to in case of a need, challenge or support.

SUPPORT/ REFERRAL SYSTEM TO ASSIST DURING TRANSITION

- Organisation's staff
- CL's association (Peer support group).

LINKAGE WITH CHILD PROTECTION SYSTEM

The linkage with the child protection system includes:

i. referral of cases from CWC/CCIs
ii. interaction at the time of submission of ICP, pre-release report etc. and Aftercare Home inspection visits
iii. submission of a list of CLs under the aftercare programme to the DCPU.

CHALLENGES

- Non-coordination of stakeholders including CWC and DCPU becomes a challenge.
- Running an aftercare programme is cost-intensive, and state support is limited. Raising funds on a continued basis for the programme is challenging.
- Children leaving CCIs often lack educational qualifications, awareness of issues, and skill training, making it challenging to secure a job and adjust to independent living.
- Rs 2,000 as aftercare sponsorship is a low amount that is insufficient to cover even a portion of the CL's education fees, accommodation, travel, food, etc.
- The state government promotes CCIs to provide aftercare services, allowing the CL to extend their stay in the CCI itself until 21 years.[174] This also happens as there is a lack of aftercare facilities in Odisha. But this may affect the transition of CL by preventing them from learning how to live independently once support is withdrawn at 21 years.

OTHER SERVICES PROVIDED BY THE ORGANISATION OUTSIDE OF THE AC SPECTRUM

Refer to page : 45

174 A circular has been disbursed by the state govt. which states that a child who is placed in a CCI when turns 18 can extend his stay in CCI for another one year on attaining majority.

Photo: CTWWC

REFLECTIONS

Over the years there has been an increase in advocacy to shift from relying on institutions as the first option for care and protection for vulnerable children to promoting family-based care and family strengthening to reduce the risk of separation in the first place. This advocacy comes about after decades of research on the impact of institutionalisation on children which has shown an adverse effect on their development and wellbeing. The development of this Compendium contributes to generating a body of evidence and literature in the area of family strengthening and alternative care in India. It captures practices related to family strengthening, restoration, kinship care, foster care and aftercare across 14 organisations.

FAMILY STRENGTHENING

Family strengthening is a preventive approach with the objective to ensure that children live with their families by strengthening the families through awareness, knowledge, and skill-building, linking them to different services and opportunities. The approach focuses on numerous aspects like household economic strengthening, improved parenting, robust community structures which would ensure safety and development and family support. The community level child protection structures have a very strong role in this realm as they are involved in gatekeeping, identification of vulnerable families and children, reporting issues, monitoring the progress of complaints, raising awareness etc.

The Compendium captured the different family strengthening efforts made by the CSOs in their intervention areas. District Need Assessments and Vulnerability mapping are the common processes conducted by most organisations to identify the vulnerable families and households to ensure that the ones who are most deprived are not left out from the benefits and services. The organizations have developed and are using tools like the Vulnerability assessment tool, and Community Case Management Tracker Tool for the identification and monitoring of vulnerable families after they are linked to services. The identification is followed by linking the families to different social welfare schemes, poverty alleviation schemes, skill-building and income generating trainings and opportunities The strengthening of community-based child protection mechanisms like VCPCs, panchayats, etc is a very common and prominent work done by almost all the organisations to strengthen the vulnerable families. It involves the formation of VCPCs, capacity building of its members, relationship building with other key players at the village, block and district level, handholding in the form of conducting regular meetings, identifying issues and vulnerable families, filing complaints, raising concerns and monitoring etc are being facilitated by the organisations. Leher also developed a virtual companion tool kit for capacity building and scale-up of VCPCs in collaboration with UNICEF and the State Government of Maharashtra.

The challenges range from lack of methods to measure the resilience of families, sustainability of approaches to family strengthening to non-existing and non-functioning VCPCs in most places. Low budget allocation for sponsorship support, tedious follow-ups and lack of streamlined processes for availing schemes, leads to difficulties in accessing them. The challenges identified presents the opportunity to reflect on the existing gaps and come up with sustainable solutions.

RESTORATION

Restoration and reintegration of children abide by the principle of institutionalisation should be the last resort for every child and to ensure the same, the child protection system with the support of the CSOs are restoring children to their biological parents, birth families through kinship care or to various other forms of family care arrangements. It is also facilitating the process of reintegrating the children into the mainstream of society by linking them to various services and programmes.

The document captures the extensive legal procedures followed by the organization with the child protection system to ensure that the children identified are safely restored to their families or suitable family care arrangements are made. It also records the different services and programmes that the organization provides to these children like meditation, career counselling, therapies like art, dance, music and theatre, life skill training, livelihood opportunities etc. to ensure a smooth transition into the external world. It is also reflected in the document that most of the CSOs are deciding the proper care arrangement and services for the children after a thorough assessment of the children and their families. It is either captured in assessment plans or through tools, like the Home Thrive Scale used by Miracle Foundation. A proper process of follow up of the children restored and linked to services and programmes is a common good practice followed by most organizations as captured in the document.

The challenges are generally centered around the lack of good quality vocational training and other varied livelihood opportunities for the young adults to aspire and work for. Low budgetary allocations and unskilled and unaware child protection functionaries on child protection and family-based care options for children, further discourage effective implementation of the process of restoration. The most disheartening has been that many parents/families refuse to accept the children back for varied reasons primary among them being the lack of infrastructural or financial resources to support the child. The restoration and reintegration process to be effective, a lot of service systems and processes must be streamlined, and people involved made aware and capacitated. The element of convergence must be urgently strengthened.

KINSHIP CARE

For children without parental ties or those whose parents are incapable of providing care to them, kinship care offers a sense of normalcy, safety and identity that comes out of being a part of the family unit, as against living in a CCI.

The existing practices captured in this document highlight the involvement of children and birth parents in identifying the extended family for kinship care, and the relevance of conducting assessments to understand the willingness and ability of the extended family to provide for the child. They bring out the focus on strengthening the biological and extended family through poverty alleviation schemes, skill training, and income generation activities, thereby enabling them to provide care for the children and to facilitate the reunification of the child to their birth family, once the family's situation improves. The regular follow up visits are conducted by involving panchayat members, teachers and community stakeholders and are viewed as necessary to track the well-being and progress of the child and their family.

The document highlights that lack of identity documents is a challenge in linking the birth and kinship families to the Social Security Schemes. This pose barrier to strengthening kinship care arrangement and enabling birth families to resume care for their child.

Although known to be a widely used practice in India due to its cultural and historical sanctity, kinship care, is still an underused option for children without adequate

parental care by organisations. The discourse on kinship care in India deserves a nuanced conversation to understand the experiences of children and caregivers, and the role of community, civil society organisations and child protection mechanisms at different levels.

FOSTER CARE

Foster care programmes address the needs of children without the care of a family and who are placed in CCIs for a long term. The document reveals programmes and practices which help in making the care arrangements useful for the children in foster care. These include the involvement of the Child Welfare Committee and DCPU in the role of supervisory bodies, and the active participation of the stakeholders including the child, birth parents and foster parents throughout the process. The CSOs facilitate this process, and also conduct preparatory sessions to orient and prepare prospective parents and foster children for the new care arrangement; helping them to become familiar and develop a bond. Another essential component is monitoring, where CSOs conduct follow-up visits to the child's foster home, neighbourhood and school to check on the child's well-being, education, and relationship dynamics in the foster care family, and to identify any challenges faced by the child. Alongside, interventions are made to enable families, aiming at restoring the child to their birth families.

The document brings out organisations' existing practices including a focus on placing siblings in the same foster care arrangement to ensure that siblings are not separated. The regular review of the Individual Care Plan of the child is useful in identifying the interventions needed by the child and the aid required by the family. The practice of keeping a record of the families willing to provide foster care facilitates the process.

The document highlights the challenges which come in the way of successful implementation of foster care for children. It is observed that foster caregivers themselves are financially unstable, and caring for additional children burdens them further. The regular protocols do not allow foster care arrangements to be family-like. For instance, routine visits or quarterly check-ins with CWC diminishes the essence of a family that foster parents are trying to build. Some foster parents refuse to make their quarterly check-in with the CWC.

AFTERCARE

This Compendium documents aftercare support programmes for the former CNCP and CCL. It has been recognised that at the age of 18 years, children and young adults leaving CCIs are not equipped in terms of functional efficiencies, technical skills and soft skills etc.

Hence, they require handholding for their smooth rehabilitation and reintegration as they start living independently. The aftercare programme is viewed as the essential final stage in the continuum of care.

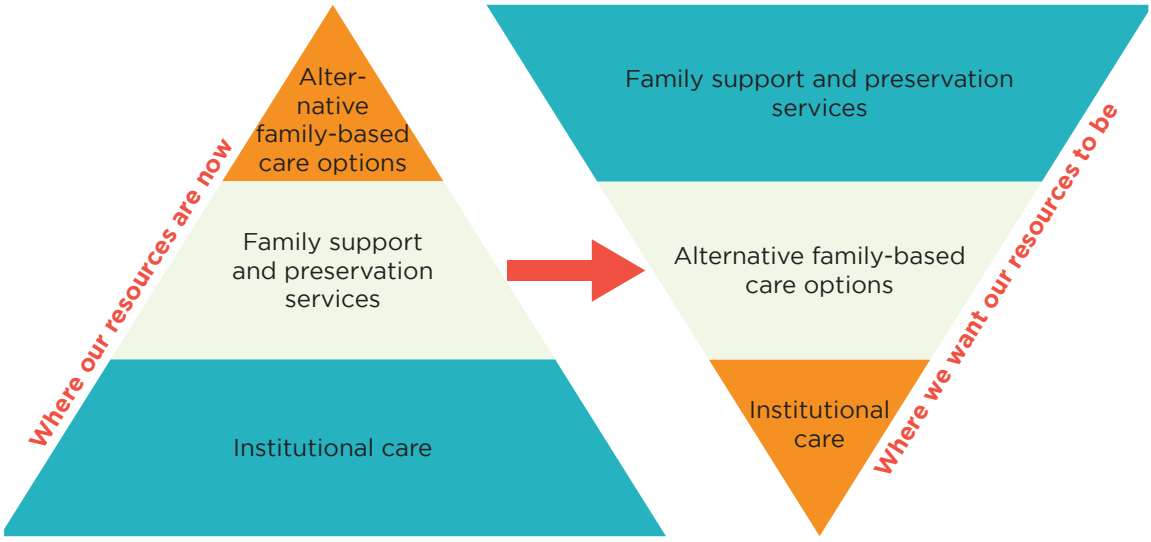
As documented, the aftercare programmes have a provision for accommodation, vocational programmes, life skills training and health. They are customised to the aptitude

and interest of the children or youth and are implemented through individual plans made for children and youth. Career guidance and support for higher education form part of the aftercare practices of some of the organisations running these programmes. The document highlights some of the promising practices of aftercare which include, focus on group living to help youth learn to assume responsibilities associated with adulthood and to assist their transition out of care. Youth are supported in finding employment and prepared to appear in job interviews and develop self-confidence. They are helped to avail their entitlements and other legal documents and familiarised on how to access government schemes related to health, ration etc. The practices outline an optimal way of weaning, by slowly phasing out aftercare support, rather than sudden withdrawal of support which can leave youth vulnerable. Some CSOs provide handholding to youth at time of their exit from Children's Home or Aftercare home in the form of financial support. Organizations conduct alumni events, providing a platform for care leavers to meet and share their life experiences. The care leavers are encouraged to reach out to the organisations in case of any need. The CSOs follow up with the care leavers to check on their financial status, physical health and emotional well-being.

Some of the challenges faced by organisations while working on After Care practices include lack of acceptance of the CLs by families and community due to stigma, finding support system for CLs in case they migrate from one city to another, difficulty in accessing schemes and procuring legal or identity documents such as Aadhaar, Pan card etc. in cases where the CLs do not have any other identify proof. Further accessibility to affordable mental health services and diverse vocational training options for young adults without basic education also pose challenges. CSOs running aftercare support experience challenges in terms of raising /ensuring continued funding, the availability of physical space to build aftercare facilities that can cater to the needs of children and finding and retaining skilled staff. These challenges become even greater when there is a lack of support from the government and a lack of understanding of the roles and responsibilities of the government bodies overseeing the aftercare process.

Photo: CTWWC

CONCLUSION



The current discourse regarding the care of children in India recognises the harm of long-term institutionalisation on children and the importance of growing up in families. This is further reflected in the JJ Act, 2015, amended 2021. and other existing policies on child protection. The shift from institutional care to family-based care should be part of a larger strategy that requires political will and re-allocation of resources in order to support policies and the implementation of programmes that promote care for children in families and prevent family separation. This needs to be complemented by the allocation of budget and investment in services that keep children and families together and promoting family-based alternative care. It also requires investing in understanding the experiences of children and caregivers, mechanisms to support children and families in the prevention of separation, and consistent support to children in alternative care.

In 2010 the Integrated Child Protection Scheme (now known as Mission Vatsalya) guided the setting up of voluntary, informal community-led child protection committees at the village, block and district levels to work towards building a protective environment for children. The field reality shows that the Child Protection Committees are largely non-functional due to lack of awareness regarding their roles and inadequacy of resources. This affects the services and systems supporting communities in keeping the families together and promoting alternative care. Furthermore, the child protection system and services largely focus on post harm interventions as compared to prevention and early interventions.

The evolving child protection discourse calls for strengthening community-led preventive and rehabilitative child protection at the primary level for all children. This includes community-led monitoring and oversight for children's issues and community-based family strengthening and alternative care services to support families and communities. These initiatives could contribute significantly to a protective environment where children grow in their own families and communities thereby shrinking the need for residential care institutions for children over time and reducing institutionalisation of children as a measure of last resort in the real sense.

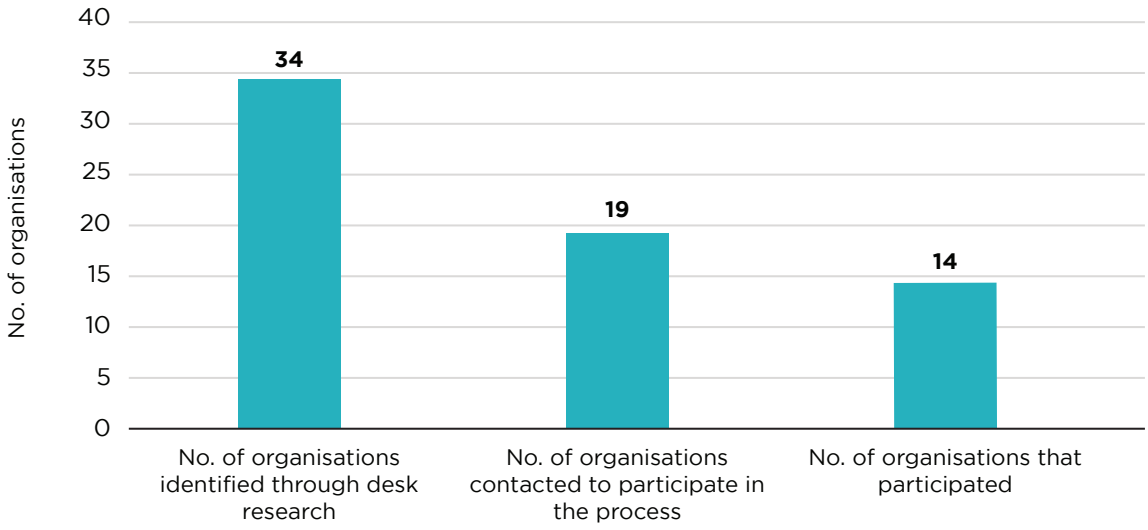
The documentation of practices and discussions in the Compendium highlights the following reflections to ensure children grow up in safe and nurturing families

- The role of community-based child protection mechanisms cannot be stressed enough in gatekeeping and prevention of separation in communities where the reach of the formal systems of child protection is often limited.
- There is a need for convergence between community-based child protection mechanisms and other stakeholders of child protection for timely referral and decisions that are in the best interests of the children.
- Restoration of children to their families and communities should be planned, safe and sustainable.
- There should be the development of policy guidelines and schemes that support family-based alternative care and make the implementation more robust. Awareness and knowledge of programmes and schemes on family-based alternative care are essential for wider reach.
- There should be capacity building of the child protection workforce to support and encourage children and families to prioritise family-based alternative care and facilitate better transition and well-being of children in care.
- There is a need to regulate the standards of care in different alternative care arrangements with clearly defined processes for assessment of needs, transition into care, facilitating care, monitoring and follow-up.
- Aftercare services should go beyond ICP and look at transition with a comprehensive lens that would enable young people with experience in care to become independent and well-adjusted adults in the communities.
- The scope of aftercare services should be expanded to all children with experience in care irrespective of the type of care arrangement.
- Adequate budgetary allocation should be present to ensure standards of care and to support children in transition to independent living.

Family strengthening and family-based alternative care should be considered as a basket of services that are available to children and families in crisis as per their needs and thus, require a multi-sectoral convergence at all levels. The Compendium, which is a collection of existing practices, offers us a glimpse into the approaches adopted by the various agencies. It serves as a good resource to both practitioners as well as policy makers, for it offers us insights into what works well and aspects that are currently posing a challenge requiring solution. It is evident that only by transforming the approach to care for vulnerable children, can we ensure that all children enjoy a nurturing family. The Compendium highlights the fact that this is possible if concerted efforts are made towards reforming the care approaches to children in need of care and protection.

ANNEXURE 1: SAMPLE

Compendium preparation: Organisation participation



S. No	Organisation	
1	Association for Promoting Social Action (APSA)	
2	BOSCO	
3	Catalysts for Social Action: A Family for Every Child	
4	Child in Need Institute	
5	ECHO	
6	Family Service Centre	
7	Leher	Participated
8	Make a Difference	
9	Miracle Foundation India	
10	Prerana	
11	Salam Balak Trust	
12	Udayan Care	
13	World Vision India	
14	Youth Council for Development Alternatives	

S. No	Organisation	
15	Centre of Excellence in Alternative Care	Contacted, but were not able to participate
16	Indian Association for Promotion of Adoption and Child Welfare (IAPA)	
17	Prayas	
18	Snehasadan	
19	SOS Children's Villages of India	
20	Aina Trust	Collected base information
21	Basundhara	
22	Children's Emergency Relief International	
23	Divya Disha	
24	Foster Care Society	
25	National Resource Centre for Foster Care, Jamia Millia Islamia	
26	Plan India	
27	Sarthi	
28	Shishu-Adhar-'For the Child'	
29	Srijan	
30	Vaagdhara	
31	Vathsalya Charitable Trust (VCT)	
32	Vinimay Trust	
33	Rama Krishna Mission	
34	Society of St. Vincent De Paul	

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