SOS Children’s Villages of India is a Child care organization committed to providing a nurturing environment for children without parental care. Our family based care program has pioneered this innovative child care model implemented through the Children’s Villages across the country at 32 locations. Through this program the settled youth have done us proud and we have many young adults integrated into main stream society in professions such as management, engineering, doctors, artist, journalism, teaching, paramedics, vocational traits etc. leading independent and fulfilling lives.

In our efforts to gather momentum around ‘Alternative Care’ in the country we have also been actively engaging with the government as ‘working group’ members for bringing in changes in policies and programs for such children. We have also been providing platforms for debates and discussions around the issue of ‘Alternative Care’ in the country. These platforms in the form of seminars, organized jointly with Tata Institute of Social Sciences (TIISS), brought a sharp focus to the status of Alternative Care in the country. This booklet is an endeavor to capture the ‘Alternative Care’ in the country and hope that it will be an important resource for people working in that area.

Together our efforts can ensure ‘A loving home for every child’.

Anuja Bansal
Secretary General
SOS Children’s Villages of India
March 2017
The care and protection of children has always been considered as the primary responsibility of the family. However, when families themselves are not in a position to take care of their children, substitute or alternative forms of care become necessary. Alternative care includes adoption, foster care, sponsorship, family based group care, after care and other community based interventions. Alternative care for children and young persons has gained greater prominence in the recent years. SOS Children’s Villages of India has been providing family based group care to orphan and other vulnerable children for over 50 years in different parts of the country. To generate greater dialogue and advocacy on non-Institutional services or alternative care, SOS Children’s Villages of India in collaboration with the Tata Institute of Social Sciences, have organized three State Seminars on Alternative Care (during 2013-2015) in Hyderabad, Mumbai, and Pune. This document aims to raise further awareness and promote ‘Alternative Care’ as among the most ideal forms of care of children who are bereft of family or family support. The document also endorses that Institutionalization of children must be the last resort.

The document has two parts; Part A presents a brief overview on alternative care with a special focus on foster care. Part B highlights a few current models and practices of organizations working in the field of Alternative care. Part B does not include all organizations who may have done pioneering work in this field. A modest attempt has been made to understand a few diverse alternative care practices in the field.

It is hoped that this document will be useful for gaining some basic information on alternative care as well as generate greater awareness, interest, and sensitivity about alternative care and current models of practice.

Mohua Nigudkar, Ph.D.
Tata Institute of Social Sciences
March 2017
ACKNOWLEDGMENT

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Ms Vibhavari Kavle, Research Officer on this project visited different organizations and interacted with some of the key personnel/social workers to understand the field experience of Alternative Care. Ms Kavle has also assisted in literature review and documentation. We acknowledge her sincere efforts and thank her for her enthusiasm and commitment.

We are thankful to all the organizations who have spared their time and shared with us about their work related to Alternative Care. This has enriched the document as it includes some of the contemporary models/practices in this important sector of child rights and child protection.
## ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>CNCP</td>
<td>Child in Need of Care and Protection</td>
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<td>CCL</td>
<td>Child in Conflict with Law</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>DCPU</td>
<td>District Child Protection Unit</td>
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<tr>
<td>Guidelines</td>
<td>United Nations Guidelines for the Alternative Care of Children</td>
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<td>ICPS</td>
<td>Integrated Child Protection Scheme</td>
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<td>JJ System</td>
<td>Juvenile Justice System</td>
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<td>JJ Act</td>
<td>Juvenile Justice (Care and Protection of Children) Act, 2015</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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PART A

AN OVERVIEW OF ALTERNATIVE CARE
All children have the right to grow in a family environment, in an atmosphere of happiness, love and understanding — National Policy for Children, 2013

Family is essential for a child wellbeing especially during the formative years. In a nurturing and stable family, a child grows well. The child learns about the self and the world, develops self-confidence, positive relationships, and ability to trust. Through care, guidance, and support, the child is able to mature into a secure and happy adult. The United Nation Convention on the Rights of the Child (CRC) mandates that every child has a right to a family and that “children have the best chance of developing their full potential in a family environment”.

Unfortunately for large numbers of children, having a happy and supportive family is like a distant dream. Due to different reasons like death, desertion, poverty, abuse at home, children are often without family and/or family support. Kochuthresia (1990) has classified “broken” family situations into three categories. They are: a) physically broken: either or both parents are physically absent from home due to death, illness or separation; b) psychologically broken: parents are physically present but unable to satisfy emotional needs of children due to strained relationship and c) materially broken: there is material deprivation due to economic reasons.

Better Care Network and UNICEF (2009) report that “across the world, children continue to be separated — temporarily or permanently — from their families. Many factors contribute to this, such as conflict and displacement, HIV/AIDS, endemic poverty, emotional or behavioural difficulties, family conflict and breakdown, abuse and neglect, and migration” (pp: 7). National and International Reports have consistently enumerated the above mentioned factors as causes for family breakdown and separation. Moreover the State and society too have inadequate and/or inappropriate child protection responses. This further exacerbates child vulnerability, rendering large groups of children without any care and support.

POVERTY AND ITS IMPACT ON CHILDREN

A study conducted by ATD (2004) in six countries (Guatemala, Haiti, Burkina Faso, Philippines, United Kingdom and United States of America) documented the different ways in which poverty separates children from their parents. Parents are compelled to take decisions and make choices that lead to separation and severe hazards for the child (such as child labour, child left unattended in unsafe places while parents go for work, perils of street life, trafficking, etc.).
Poverty has some of the most adverse consequences for children. Scholvinck (2004) elaborates that children and families especially in poverty, experience ‘lack of income and productive resources sufficient to ensure sustainable livelihoods. This gets linked to hunger and malnutrition, ill health, and limited or lack of access to education and other services. There is increased morbidity and mortality from illness. Homelessness and inadequate housing, unsafe environments further compound the problem. Lastly due to all of these there is social discrimination and exclusion. Scholvinck pertinently notes that while these ‘physical manifestations are readily visible’, poverty is also ‘characterized by lack of participation in decision making and in civil, social, and cultural life. Poverty affects people unequally, but its consequences are always detrimental to human development and well-being’. Mere poverty eradication programmes are inadequate if people living in poverty are not involved in democratic processes and decision making in critical areas impacting their lives and families (Scholvinck, 2004).

A child growing up in such a situation is vulnerable, neglected, and marginalized. Majority of the children who come within State or NGO care or within the juvenile justice system are primarily victims of child poverty. They are separated from their families/guardian and several experience trauma, hardship, and/or abuse.
II. CHILD VULNERABILITY AND STATE RESPONSE

While family is ideally best suited for a child, in the absence of family or family support, the State is mandated to provide care and protection to the child. The State has to initiate appropriate measures through laws, policy, schemes, and programmes. Within the current system of care, options for vulnerable children are the following:

- Institutional Care Institutions or Residential Homes for children.
- Non Institutional Care or Family based alternatives
- School and Community Outreach Programmes
- After Care facilities for children.

In India, as well as globally, safe and appropriate biological family is identified as the best place for children. The next option is Non Institutional Care followed by Institutional Care (Mishra & Mehta, n.d).

INSTITUTIONAL CARE: A LAST RESORT FOR CHILDREN

Due to the large number of children requiring care vis-à-vis the services available for them, institutionalization is still one of the main forms of substitute care. Several research studies have shown negative impacts of the long term institutionalization on the child. Some children have shown traits such as low self-esteem, failure to trust etc. which constitute what is known as the Institutional Child Syndrome. This is the result of continuous regimentation and impersonalized care given at the Institution (Mehta, 2015).

Foster Care India and Centre for Law and Policy Research (2014) in their document critique that the lack of one-on-one human contact, lack of play facilities, poor nutrition, overcrowding, and lack of access to medical care are commonly observed problems in institutional care. These deficiencies lead to physical, behavioural and cognitive problems of various kinds. The child is separated from the family and often experiences trauma. Children in institutional care do not experience warmth and positive relationships with caregivers or other significant adults. Children are also vulnerable to abuse from other children and staff which may not get addressed adequately. The feeling of isolation from the outside world, lack of bonding among the children or with the staff impacts the child’s sense of belonging, happiness, and emotional security. Institutions also become sites for neglect, abuse and exploitation. Moreover, some children continue to remain for long periods in the Institution due to lack of family tracing. Often there are very few attempts to achieve
family reintegration. There is very little periodic review of the child’s stay in the Institution, exploring of other alternatives, and preparation for life after leaving the facility (The Centre for Excellence for Looked After Children in Scotland, 2012).

DEINSTITUTIONALIZATION: AN ONGOING PROCESS

In India active efforts towards deinstitutionalization have begun and need to be further accelerated. The primary principle behind Deinstitutionalization or Alternative Care is that children who cannot live with their parents should still grow up in a loving home and enjoy all their rights (FICE Youth, 2010). Deinstitutionalization includes the process of:

a) unnecessary admission and retention of children in Institutions,

b) finding and developing appropriate community based alternatives for children who need not be in institutions, and

c) improving conditions, care and treatment for those who need institutional care.

(Segal, 1987)

Deinstitutionalization is a multi-pronged approach and the above-mentioned three areas need to be addressed simultaneously. In western countries, deinstitutionalization started several years back. Foster care as a State measure is prevalent in United States, United Kingdom, and most of the European countries. In Eastern Europe the process towards deinstitutionalization has started. Some of the countries in Africa too have formulated guidelines for alternative care.

III. WHAT IS NON INSTITUTIONAL OR ALTERNATIVE CARE?

Alternative care refers to the “spectrum of services available to children whose parents are no longer able to provide adequate care. Children outside parental care often live with their extended families in kinship care arrangements or in other types of alternative care, such as adoption and foster care and many other variations of family and community based care” (Mehta and Mascarenhes, 2015:7).

Non Institutional Care or Alternative Care can largely be practiced in four ways: adoption, sponsorship, kinship care, and foster care (Foster Care India & Centre for Law and Policy Research, 2014). This could include:

KINDS OF ALTENRATIVE CARE

There are two distinct kinds of alternative care. They are:

- **Informal Care**- Kinship care, community-based care, and other family-based care arrangements wherein the caregivers (relatives, guardian, neighbours, volunteers, persons close to the family, etc.) have informally reached out to take care of the child. They could be related or non-related adults and have no official mandate or sanction to offer care. While this informal arrangement may work out for some children, Roby (2011) in his discussion paper, *Children in Informal Alternative Care* cautions that

1. Permanent family for the child through adoption

2. Financial assistance and other support to single parents or relatives through Kinship support to manage a crisis situation. This prevents the child from being institutionalized.

3. Family-based and Community-based intervention programmes as preventive action that strengthen families and enables them to take care of their children

4. Monetary support through sponsorship programmes in the arenas of health, education, and vocational guidance to support the family in meeting expenses. This also encourages families to take primary responsibility for their child along with supplementary assistance.
specific attention needs to be given to children in informal care to ensure that they too are adequately benefitting from State measures of child rights and protection.

- **Formal Care**—Formal care includes all placements with a recognized care giver. This second group includes all foster care and residential care arranged by a third party, whether government or a private agency. They include foster care (kin/non kin), group care, residential or institutional Care which have been ordered or authorized by an administrative or judicial authority or a duly accredited body (Better Care Network & UNICEF, 2009:7). Such arrangements come under the purview of the relevant laws and procedures.

### TYPES OF ALTERNATIVE CARE

The Centre for Excellence for Looked After Children in Scotland in their Manual on Implementing the UN Guidelines (2012) (Guidelines have been elaborated later in the document) state that the two types of alternative care are alternative care in an existing family and other care settings.

1. **Alternative care in an existing family could be:**

   - **Kinship care:** 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. Kinship care is the spontaneous arrangement of care for a child within his or her extended family, and it represents the primary response to children outside parental care. Kinship care often protects child’s identity through the preservation of family relationships, cultural norms, and social networks. However Mehta & Mascarenhes (2015: 7) observe that living with relatives could remain unsupervised and provides no guarantee of a child’s protection while in care. Most countries are making these care arrangements more formalized in nature to monitor and regulate care

   - **Foster Care by authorised couples or individuals:** They offer foster care to a range of children under supervision of the concerned authority. Based on the needs of the child and duration, such care could be:

     - **Short-term foster care:** to cover a temporary crisis (small children left alone at home or parents not being able to give attention for different reasons: searching for job, rescue after disaster, crisis at home, hospitalization of family member, disability, etc.)

     - **Medium-term foster care:** family tracing may be required, greater support to parents or extended family to overcome their crisis situation

     - **Long-term foster care:** for children who have not got adopted or they have no family/family support

   - **Within an existing family setting,** there could be other forms of family-based care wherein a family may give temporary foster care to certain children such as those transitioning from an Institution.

   (The Centre for Excellence for Looked After Children, 2012)

2. **Other Care Settings** are ‘Family-Like’ settings where family-like environment is created in the setting wherein smaller groups of children live together with a caregiver with roles and responsibilities like any other family.

### Other Forms of Care

- **Drop In/ Open Shelters:** These shelters are meant for children who do not require residential care but can nonetheless come to these Centres for food, study, education, play, and recreation. These Centres can either be located in communities or could be part of schools, and near railway stations.
Children from marginalized communities, street connected children, child labour, children in begging, can avail the facilities of these centres till other facilities or family strengthening programmes are made available to them.

- **Residential Facilities**: Residential camps can be made available to children. Developmental, therapeutic work, training and vocational guidance can be undertaken for different age groups.

  [https://www.childwelfare.gov/topics/out of home/group-residential-care/](https://www.childwelfare.gov/topics/out of home/group-residential-care/)

- **Adoption**: is the process by which a child is adopted by a family. The child is legally mandated to exercise all rights and privileges that any child is entitled in a family, including the right to family property. Adoption is considered as the ideal form of substitute care for children without parents. The Child’s right to a family gets fulfilled.

  The adoptive family too receives the joy of having a child of their own. While the child is awaiting adoption, pre adoption foster care is one form of alternative care. After the process is complete and the child becomes the lawful child of the adoptive parents, such a child is no longer under the ambit of ‘alternative care’.

- **Aftercare**: some children require care and adult support even after they complete eighteen years of age and have to leave Institutional care. In the continuum of care and holistic rehabilitation these young persons need both financial and emotional support for some time till they become independent. Thus making provision of aftercare to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years is crucial to enable them to join the mainstream society and lead secure and stable lives.
The State, community, and family are expected to provide optimal opportunities to facilitate each child’s growth and development, and to ensure the fulfillment of child rights. The Constitutional Provisions of India pertaining to child protection and development is the overarching framework guiding India. Over the years, Non institutional services or alternative care have been incorporated in important policy documents, laws, and schemes. The Juvenile Justice System, governed by the Juvenile Justice (Care and Protection of Children) Act, 2015 as well as the Integrated Child Protection Scheme (introduced in 2009) have nationally outlined several mandatory provisions for alternative care. Further, some States in India have developed their own schemes and programmes specially focussed on alternative care. Effective implementation is the key challenge as it necessitates provision of resources and commitment at all levels.

India’s First National Policy on Children: The National Policy for Children, 1974, the first of its kind in India, emphasized that “Children’s programme should find prominent part in our national plans for the development of human resources, so that our children grow up to become robust citizen, physically fit, mentally alert and morally healthy, endowed with the skills and motivations provided by society”. The Policy further emphasized that “equal opportunities for development to all children during the period of growth should be our aim, for this would serve our larger purpose of reducing inequality and bring social justice”. Though this Policy did cover many areas of child needs, there was no separate mention of the family or substitute care. Since the first national policy, many developments have happened in the child sector and has led to a new national policy.

The new National Policy for Children, 2013 has integrated alternative care in its policy. The Policy commits (Section 4.10) that to ‘secure the rights of children’ temporarily or permanently deprived of parental care, the State shall endeavour to ensure Family and community-based care arrangements including sponsorship, kinship, foster care and adoption, with institutionalization as a measure of last resort, with due regard to the best interests of the child and guaranteeing quality standards of care and protection’.
At the State level, Maharashtra’s draft Child Welfare Policy, 2013 too endorses the significance of the family and the strengthening of alternative care.

The Legal Context in Alternative Care
In the Indian context, even today, if children are or orphaned or without the care of their family, the child’s relatives or extended family usually take on the responsibility. Thus informal fostering has always been valued as a culturally accepted practice in India. Formal interventions such as adoption and sponsorship too have been prevalent since some of the earliest schemes and programmes in India. Nonetheless to give an impetus to non-Institutional measures, the Juvenile Justice (Care and Protection of Children) Act, 2000, incorporating several provisions of the CRC¹, included a separate chapter on Non-Institutional services or alternative care. Thereafter the Central Juvenile Justice Rules (Rule 34, 35, and 36), and the Maharashtra Rules, 2011 (Section 25, 79, and 80) too had criteria for alternative care. However despite these provisions, alternative care did not expand to the desired extent.

The scope has been now further enhanced. The new Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act, 2015) is the primary legislation governing alternative care in India. Adoption is governed by other relevant laws as well as the Juvenile Justice Act.

The Juvenile Justice (Care and Protection of Children) Act, 2015 and Key Terms of Alternative Care

The JJ Act, 2015 has defined some of the key terms pertaining to alternative care:

- **Foster care** means placement of a child, by the Committee for the purpose of alternate care in the domestic environment of a family, other than the child’s biological family, that has been selected, qualified, approved and supervised for providing such care.

- **Foster family** means a family found suitable by the District Child Protection Unit to keep children in foster care under section 44.

- **Group foster care has been introduced as a new category under foster care and it means a family like care facility for children in need of care and protection who are without parental care, aiming on providing personalized care and fostering a sense of belonging and identity, through family like and community based solutions.**

- **Open Shelter** means a facility for children, established and maintained by the State Government, either by itself, or through a voluntary or non-governmental organization.

- **Sponsorship** means provision of supplementary support, financial or otherwise, to the families to meet the medical, educational and developmental needs of the child.

Section 44 of the JJ ACT, 2015 provides details about the requirements for foster care and the role of the Child Welfare Committee, District Child Protection Unit (DCPU), and the State.

The new JJ Act, 2015 has several sections that focus on alternative care such as adoption, foster care, sponsorship, group foster care and after care (See Section 36, 37, 38, 40, 44, 46, 57, 58, 61, 63, 66, 80, 101, 110 of the JJ Act, 2015)

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¹Convention on the Rights of the Child (CRC) was adopted by the General Assembly of the United Nations in 1989. It is till date the most comprehensive International Document on different aspects of rights of the child and has been ratified by almost all countries of the world. Each member State (country) is expected to incorporate the CRC in their national legislations, policies, and schemes to ensure the fulfillment of child rights.
Section 45 of the JJA, 2015(1) mandates the State Government to make rules for the purpose of undertaking various programmes of sponsorship of children, such as individual to individual sponsorship, group sponsorship or community sponsorship. This section also includes the criteria for sponsorship. Thus, within the juvenile justice legislation itself, safeguards for the child have been included by incorporating the kind of service, purpose, and role of the concerned authority in sponsorship.

NATIONAL AND STATE SCHEMES RELATED TO ALTERNATIVE CARE

The Integrated Child Development Scheme (ICPS), 2009, initiated by Ministry of Women and Child Development, Government of India has provided a stronger impetus to Non Institutional services or alternative care. Under the overarching framework of child protection, the ICPS endeavours to pursue a shift to family-based care and the focus of the ICPS is “to promote and strengthen non-institutional family-based care options for children deprived of parental care, including sponsorship to vulnerable families, kinship care, in-country adoption, foster care and inter-country adoption, in order of preference”. One of the Guiding Principles of the ICPS affirms that institutionalization needs to be the last resort for the care and protection of the child. The ICPS is also supposed to strengthen the effective delivery of the juvenile justice system by coordinating with the Child Welfare Committee and the Juvenile Justice Board.

The formal Foster care service was first initiated in the 1960s by the central government. In 1994 the Government of Maharashtra took over the Scheme from the Central Government and renamed it as Bal Sangopan Yojana. The programme was effective and orphaned/destitute children were rehabilitated among their own extended families or community. They were not uprooted from their social-cultural milieu and sent away to other places or cities for adoption or Institutionalization.

The Bal Sangopan Yojana of the Government of Maharashtra is an effective foster care scheme based on the belief that a family is the best environment for raising a child. A foster family is a temporary family for a child whose birth family is unwilling or unable to assume full responsibility for the child. The goal of foster care is to return the child to his or her own family as soon as possible. It is thus, a programme whereby substitute family care is provided for a temporary period to children whose parents are unable to care for them. The foster families and NGO anchoring the foster families are supported through grants from this Scheme.

The Maharashtra Model was further replicated in Gujarat after the earthquake in Bhuj, 2001. The process of adoption was not hastened. The Government decided to give priority to first placing children with their own extended family or community. The Gujarat programme, titled 'Bal Asha Kiran Project', was intended to undertake rehabilitation of orphans and mainly place them with their extended families or
neighbours who will take care of the child with Rs 500 as assistance from the state government per month (Wallia & Iyer 2001). Around 350 children were rehabilitated with their relatives and neighbours in the community.

In the late 1990s Karnataka implemented a foster care scheme focused on destitute children. In a few other States such as Delhi, Goa, Karnataka, and Rajasthan too there are alternative care or foster care related Schemes.

STRENGTHENING FOSTER CARE AS A SIGNIFICANT AREA IN ALTERNATIVE CARE

The Centre for Law and Research and Foster Care India (2013), in their policy brief had put forth the following recommendations for Foster care:

- A broader definition for foster care is required, which can be included in the JJ Act.
- Foster care must be provided for juveniles in conflict with the law as well as children in need of care and protection.
- Revise classification of foster care in order to include emergency care and other short-term care, as well as long-term care.
- Develop training standards and programs for foster families, government officials and other stakeholders involved in the process.
- Plan and implement an effective complaint and dispute resolution procedure.
- Prepare guidelines for termination of foster care.
- Define care for children with special needs of such as those with disabilities or those affected by HIV/AIDS.
- Engage voluntary organizations and Non-Governmental Organization’s by giving them stronger decision making powers but backed by a framework of regulation, accountability and transparency
- Increase government involvement in the processes of budgetary allocation, awareness programs, mandatory quality checks, and monitoring the effectiveness of the programs.

The Centre for Law and Research and Foster Care India (2013) further note that “if the rights of the child to family care are to be provided, then the current methods in India, focusing largely on adoption are certainly not adequate and not in conformity with international conventions such as the CRC, or the UN Guidelines for Alternative Care, 2009. In order to support systems of alternative care for children as opposed to institutional care, a robust foster care program needs to be developed by state governments, which keep a central focus on the best interests of the child and the right to of a child to family care” (Foster Care India & Centre for Law and Policy Research, 2013).

THE MODEL GUIDELINES FOR FOSTER CARE, 2016

The Model Guidelines developed by the Ministry of Women and Child Development, Government of India, has outlined the different definition relevant to Foster care including the new category ‘Group Foster care’, criteria for foster care, roles and responsibilities of different stakeholders and other operational mechanisms to effectively implement the Juvenile Justice Act.

The Guidelines have been based on the “section 44 of the Juvenile Justice (Care & Protection of Children) Act 2015, Rule 23 of the JJ Rules, 2016 and the United Nations Convention on the Rights of the Child (1989). These Guidelines do not include pre adoptive foster care as
Regulations for Adoption 2016 framed under JJ Act, will apply in such cases. The States/UTs may adapt or adopt these Guidelines to suit their socio-economic and geographic needs”.

The Model Guidelines for Foster care, 2016 “aim to protect the well-being of children who are deprived of family care or who are at risk of being so. Such children in need of care and protection are to be placed in unrelated family foster care or group foster care”.

“Foster Care” means placement of a child, by the Committee for the purpose of alternate care in the domestic environment of a family, other than the child’s biological family, that has been selected, qualified, approved and supervised for providing such care

(2.A(xiii) of the Model Guidelines for Foster Care, 2016)

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

(2.A(iv) of the Model Guidelines for Foster Care, 2016)

**Principles of Foster Care:** As per the Model Guidelines for Foster Care, 2016, the fundamental principles of Foster Care are:

- Family or family like environment is most conducive for a growing child
- Every attempt must be made to reunite the child with biological family
- All decisions must be made in the best interest of the child and the principles of necessity and appropriateness
- Child’s right to participation and views must be ensured and participation of family/guardian where available
- Siblings and twins to be placed together while planning for alternative care

**SCOPE OF ALTERNATIVE CARE: WHICH CHILD IS ELIGIBLE?**

Within the Juvenile Justice System in India and the JJ Act, 2015, both children in need of care and protection as well as children in conflict with law are entitled to alternative care, if required.

As per ICPS the categories of the children requiring care include, but not limited, to:

- children of potentially vulnerable families and families at risk,
- children of socially excluded groups like migrant families,
- families living in extreme poverty,
- scheduled castes, scheduled tribes and other backward classes,
- families subjected to or affected by discrimination,
- minorities,
- children infected and/or affected by HIV/AIDS,
- orphans,
- child drug abusers,
In addition to the above children, special groups such as missing children, children with disability, children aged 0-3 years, children in child headed households, unaccompanied and separated children, children of prisoners, child victims or survivors of disaster situations too can benefit from alternative care services.
V. CHILD RIGHTS, CHILD PROTECTION, AND ALTERNATIVE CARE

The Convention on the Rights of the Child (CRC) specifically recognizes the right to family care and alternative care. The CRC also mandates the role of the State to facilitate the required processes. Alternative Care is not merely substituting Institutional Care. Alternative Care is based on the Rights based framework of:

- Best interest of the child
- Holistic child protection
- Child’s right to family care and nurturance
- The responsibility of the family in caregiving
- Prevention of separation of child from family
- Institutionalization as the last resort

Child protection and child rights are closely interlinked. Child protection works towards the realization of child rights. Child protection works towards preventing or addressing four critical areas: violence, exploitation, abuse, and neglect. Child protection includes working with victims/survivors as well as undertaking preventive work. Alternative care is intended to provide protection, well-being and stability while a permanent arrangement is made. It should ensure that a child can exercise all their rights, including access to education, health and other services, the right to identity, freedom of religion or belief, language and protection of property and inheritance rights. The care arrangements should not separate children from their siblings unless there is a clear risk of abuse or other strong reason. (Fice, 2010:10)

CRC AND ALTERNATIVE CARE: HIGHLIGHTS

- Article 20 (1) of CRC: A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State.

- Article 20 (2) of CRC: States Parties shall in accordance with their national laws ensure alternative care for such a child.

- Article 20 (3) of CRC: Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child’s upbringing and to the child’s ethnic, religious, cultural and linguistic background.

- Article 21: States Parties that recognize and/or permit the system of adoption shall ensure that the best interests of the child shall be the paramount consideration

- Article 40 of CRC makes provisions for alternative as an option for children in conflict with the law too
VI. INTERNATIONAL DEVELOPMENTS: THE UNITED NATIONS GUIDELINES ON ALTERNATIVE CARE

The Convention on the Rights of the Child (CRC) seeks to protect children who are unable to live with their parents or remain in a stable family setting. However, the CRC does not describe in any depth what measures should be taken (The Centre for Excellence for Looked After Children in Scotland, 2012). The UN Committee on the Rights of the Child recognizing the “gaps between the rights of children and the reality of implementation on the ground, initiated its 2005 Day of General Discussion on the topic of Children without Parental Care”. As a result of this day, the Committee made a key recommendation calling on the international community of States, United Nations agencies, NGOs, experts, academics and professional organizations to come together to develop a set of international standards that would ultimately give expert guidance to States and other duty-bearers on the implementation of the UNCRC*. (Lee, 2009, Chairperson, UN Committee on the Rights of the Child, as cited in Guidelines for the Alternative Care of Children: A United Nations Framework).

The Government of Brazil took the lead in convening the process. “The Guidelines are intended to help everyone who has a responsibility for looking after children living in difficult circumstances. They explain how children who cannot live with their parents, or risk being separated from them, should be looked after. If they are followed, they will help to make sure that all children enjoy the rights written down in the Convention on the Rights of the Child and other international laws” (Fice Youths, 2010: pp 5).

The Guidelines for the Alternative Care of Children, adopted by the United Nations General Assembly in 2009, outline the need for relevant policy and practice with respect to different aspects of alternative care:

✓ scope and kinds of alternative care,
✓ protection to the child,
✓ eligibility to offer care,
✓ role of the formal care arrangements,
✓ mechanisms of monitoring and accountability, and
✓ care in emergency situations.

The Guidelines refer to two key principles: necessity and appropriateness. Removing any child from his/her family should be a measure of last resort, and before any such decision is taken, a rigorous participatory assessment is required to determine the necessity. Concerning appropriateness, the Guidelines for the Alternative Care of Children define a range of suitable alternative care options (Pichler & Ayoub, 2009).

Significance of the Guidelines: The Guidelines are a non-binding International Instrument. Each country is expected to use
THE UN GUIDELINES ON ALTERNATIVE CARE: HIGHLIGHTS

- Best interest of the child shall be of paramount consideration while choosing most suitable alternative care service for the child.
- Removing child from the family shall be the last resort.
- Poverty alone is never the primary justification for children being removed from their family and placed in alternative care.
- Ensure that comprehensive criteria are used to assess the capacity of the family to care for the child when a risk to the child in that family has been identified.
- Recognition of formal care and informal care by relatives or others as prime valuable care options.
- Guarantee that parents and children fully participate in the decision-making process and are kept informed of their rights, particularly their right to appeal against a decision to remove a child.
- Provide for parenting education, and other relevant supports to parents in particular, for example, adolescent parents, to prevent child abandonment.
- Necessity of keeping siblings together.
- Keeping the child as close as possible to their relatives/community of origin.
- Protection of the child from any kind of abuse, neglect and exploitation is most important.
- Guarantee that any placement of a child in alternative care is subject to periodic reviews to assess the continuing necessity for a placement outside the family, and the possibility for reunification with the family.

them as a frame of reference to develop their own policies and programmes accordingly. Though non-binding, UN-approved set of principles is important in itself. It can serve, among other things, as a basic reference for the CRC Committee when they are making their Concluding Observations on States’ compliance with the relevant provisions. (The Centre for Excellence for Looked After Children in Scotland, 2012).

Emphasizing the role of the State: Article 4 of the Guidelines states that “Every child and young person should live in a supportive, protective and caring environment that promotes his/her full potential”. Children with inadequate or no parental care are at special risk of being denied such a nurturing environment.” In Article 5, it is stated that “Where the child’s own family is unable, even with appropriate support, to provide adequate care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities and duly authorized civil society organizations. It is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided.”

Necessity and Suitability/Appropriateness Principle: ‘Pillars’ of the UN Guidelines

The Centre for Excellence for Looked After Children in Scotland in their Manual on Implementing the UN Guidelines (2012) state that the Guidelines have been created to ensure respect for two basic principles of alternative care for children, namely:

- that such care is genuinely needed (the ‘necessity principle’), and
that, when this is so, care is provided in an appropriate manner (the ‘suitability principle’/appropriateness).

The above two points can be put into practice by ensuring:

1. Assessment, well informed decision making, and ‘Gatekeeping’: ensuring that children are not being unnecessarily brought within the ambit of formal State care and that other informal measures, day care options have been explored.

2. Planning for appropriate intervention and matching the needs of children with care options. Monitoring quality of care and strict adherence to child rights and child protection.

As per United Nations Guidelines for the Alternative Care of Children, “children without parental care”, “Unaccompanied” (children not being cared for by other relatives and adults responsible for doing so), “separated children” also come within the ambit of alternative care.

The Guidelines further enumerate that Alternative Care may take the form of informal care (family, community and kinship care) or through Formal care (mandated bodies and Institutions set up by the State). The Guidelines further state that alternative care may be:

- Kinship care: 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;
- Foster care: situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children’s own family that has been selected, qualified, approved and supervised for providing such care;
- Residential care: care provided in any non-family-based group setting, such as places of safety for emergency care, transit centres in emergency situations, and all other short- and long-term residential care facilities, including group homes;
- Supervised independent living arrangements for children;
- Other forms of family-based or family-like care placements;

The Guidelines also pertinently note that children who are awaiting adoption can come under ‘Alternative Care’ only till the process of adoption is completed. Thereafter the children will be with their adoptive parents and in a family of their own.

Though the Guidelines have excluded children who commit offences or juvenile offenders, within the Indian context, alternative care can be designed for child in conflict with law as per the Juvenile Justice Act.

The Care Providers: The Guidelines refer to two distinct groups of formal care providers: Agencies that organize alternative care placements and Facilities that are establishments providing residential care to children.
VII. PLACING CHILDREN IN ALTERNATIVE CARE

Every child’s situation and needs have to be properly and carefully assessed before a placement is made. According to Fice (2010), assessment needs to take into account the child’s attachment to his/her parents and siblings, the family’s capacity to safeguard the child’s well-being and development and the desirability of the child remaining within his or her community and country. Any temporary placement must be reviewed -preferably at least every three months, taking into account notably the child’s personal development and any changing needs, developments in his/her family environment, and the adequacy and necessity of the current placement. The child should be prepared in advance for all changes of care settings.

CHECKLIST FOR ASSESSMENT AND DECIDING ON ALTERNATIVE CARE

The Centre for Excellence for Looked After Children in Scotland (2012) in their operational Manual on the UN guidelines have examined that while assessing the child’s situation for deciding on alternative care, the following areas to be covered:

1. The child’s own freely expressed opinions and wishes (on the basis of the fullest possible information), taking into account the child’s maturity and ability to evaluate the possible consequences of each option presented.

2. The situation, attitudes, capacities, opinions and wishes of the child’s family members (parents, siblings, adult relatives, close ‘others’), and the nature of their emotional relationship with the child.

3. The level of stability and security provided by the child’s day-to-day living environment (whether with parents, in kinship or other informal care, or in a formal care setting):
   a) Currently (immediate risk assessment)
   b) Previously in that same environment (overall risk assessment)
   c) Potentially in that same environment (e.g. with any necessary support and/or supervision)
   d) Potentially in any of the other care settings that could be considered.

4. Where relevant, the likely effects of separation and the potential for family reintegration.

5. The child’s special developmental needs:
   a) Related to a physical or mental disability
   b) Related to other particular characteristics or circumstances.

6. Other issues as appropriate. For example:
   a) The child’s ethnic, religious, cultural and/or linguistic background, so that efforts can be made, as far as possible, to ensure continuity in upbringing and, in principle, maintenance of links with the child’s community
   b) Preparation for transition to independent living.

7. A review of the suitability of each possible care option for meeting the child’s needs, in light of all the above considerations.

(Source: The Centre for Excellence for Looked After Children in Scotland, 2012)
The term “best interests” broadly describes the well-being of a child. Such well-being is determined by a variety of individual circumstances, such as the age, the level of maturity of the child, the presence or absence of parents, the child’s environment and experiences (UNHCR Guidelines on Determining the Best Interests of the Child, 2008). Though the UNHCR Guidelines are primarily meant for unaccompanied, separated and refugee children, the principles apply to other groups of vulnerable children as well. Two terms used are ‘Best Interest Assessment’ and ‘Best Interest Determination’.

The responsibility to implement the best interest principle is first and foremost that of a State, stemming from its international legal obligations. Within the framework of their respective child protection systems, States should utilize appropriate procedures for the consideration of the child’s best interests, which ensure adequate child participation and the involvement of relevant experts, in order to determine and assess the best option (UNHCR Guidelines on Determining the Best Interests of the Child, 2008).

A “Best Interests determination” (BID) describes the formal process with strict procedural safeguards designed to determine the child’s best interests for particularly important decisions.
affecting the child. It should facilitate adequate child participation without discrimination, involve decision-makers with relevant areas of expertise, and balance all relevant factors in order to assess the best option. A “Best Interests Assessment” is an assessment made by staff taking action with regard to individual children, except when a BID procedure is required, designed to ensure that such action gives a primary consideration to the child’s best interests. The assessment can be done alone or in consultation with others by staff with the required expertise and requires the participation of the child.

Source: UNHCR Guidelines on Determining the Best Interests of the Child, 2008

CHECKLIST TO DETERMINE BEST INTEREST OF THE CHILD

The checklist prepared by UNHCR, 2008 highlight the following factors to be considered while determining the Best Interest of the Child during decision making:
“Inadequate care environment can impair a child’s emotional and social development, and leave children extremely vulnerable. They are at high risk of violence, exploitation, abuse and neglect and their well-being is often insufficiently monitored”(Mehta & Mascarenhes, 2015:7). Better Care Network & UNICEF (2009) have developed a set of 15 indicators to determine quality in Formal Care systems (residential care). The indicators are quantitative indicators as well as policy/implementation indicators. The quantitative indicators pertain to different aspects of children living in formal care and the extent to which alternative care is being practiced. The policy/implementation indicators include the parameters for determining whether there is an overall framework for formal care and mechanisms for regulation of care. The following indicators can be a useful tool of measurement for both governmental and non-governmental organizations.

### VIII. INDICATORS OF CARE IN FORMAL SYSTEMS

#### QUANTITATIVE INDICATORS OF QUALITY CARE
1. Children entering formal care
2. Children living in formal care
3. Children leaving residential care for a family placement
4. Ratio of children in residential versus family-based care
5. Number of child deaths in formal care
6. Contact with parents and family
7. Existence of individual care plans
8. Use of assessment on entry to formal care (gatekeeping)
9. Review of placement
10. Children in residential care attending local school
11. Staff qualifications
12. Adoption rate

**Source:** Care Network & UNICEF (2009)

#### POLICY/IMPLEMENTATION INDICATORS
1. Existence of legal and policy framework for formal care
2. Existence of complaints mechanisms for children in formal care
3. Existence of system for registration and regulation

**Source:** Care Network & UNICEF (2009)
Though non-institutional alternatives have been existing in India for several years, it is gaining prominence and being actively advocated by State and civil society. Advocacy, networking and sustained partnership between government and the civil society is required for greater awareness, coordination and convergence of micro and macro level work. Moreover, the core principle of best interest of the child, and the overall rights-based framework must be adhered both in policy and practice.

According to Mehta (2015), there is an urgent need for a paradigm shift from needs to rights approach, from welfare programmes to empowerment of children, from residential care to non-institutional family-based alternatives, from merely keeping children in confinement and custody to holistic development with a goal of mainstreaming each and every child. Better Care Network & UNICEF (2009) emphasize that both social policy and child welfare practice should aim to help families remain together, promote family reunification or legally secure and stable placements with an alternative family (referred to as permanency), and show preference for family-based alternatives when separation is unavoidable.

The Integrated Child Protection Scheme (ICPS) has a strong component on preventive work. Systematic planning and intervention is required in three areas; promoting parental care, preventing family separation, and promoting family reintegration. Strengthening these areas of work will prevent the need for alternative care and separation of the child from family. However, in situations where the child does require formal care, alternative care needs to take precedence over institutionalization.
X. REFERENCES


PART B

MODELS AND PRACTICES OF ALTERNATIVE CARE
This part of the document covers eight different models and practices of eight organizations/projects. These organizations/projects are based in Mumbai, Pune, Karjat, other parts of Maharashtra and one illustration is from Rajasthan. An attempt has been made to identify a few diverse alternative care models/practices catering to a range of children. The interventions include family based substitute care, community based alternatives, foster care, adoption, sponsorship, after care and working with each individual child and family.

Children and young persons covered within these Models are orphaned/destitute children, children in crisis situations, family in difficulties, after care for older youth, street connected children, children with disability, and children in conflict with law.

The Models/practices emphasize the need to network, engage with the Juvenile Justice System, and other stakeholders towards ensuring effective implementation of the legislation and schemes pertaining to Alternative Care.

The content provided about the Models and practices is based on interactions with key person(s) from each organization and the information that they have shared and/or documents forwarded. The views expressed are solely that of the organization. Contact details of each organization has been provided.

The view and opinion expressed by organizations in this section of the document are not necessarily that of the Tata Institute of Social Sciences or SOS Children’s Villages of India.
1. SHISHU-ADHAR-‘FOR THE CHILD’

Strengthening Child’s Right to a Family and Deinstitutionalization

About the Organization:
Shishu-Adhar-‘For the Child’ (Hereafter referred to as Shishu-Adhar) started in 1985 focusing upon in-country adoption of orphaned children. Being recognized as an Adoption Coordinating Agency, Shishu-Adhar undertook measures to promote domestic adoption to protect child’s right to family and smooth assimilation of the child in the family and society at large.

A different Conceptualization of ‘Alternative Care’:
The Executive Director of Shishu-Adhar, puts forth a different understanding of ‘Alternative Care’. According to the Executive Director, “Family Based Care is the prime option of care for every child as family is the primary unit for a child’s development. Therefore family based care: Foster care, Kinship care, Sponsorship, and Adoption should be termed as ‘Primary Care Service’ and not Alternate Care Services as it is not alternative to Institutionalization but prior to Institutionalization. Therefore Institutionalization being last resort for child’s care should be termed as Alternate Care”

Working with the Juvenile Justice System and Preventing Institutionalization: In 1993, Shishu-Adhar initiated a programme of supporting and strengthening the families in extremely difficult circumstances in collaboration with the Child Welfare Committee (then known as Juvenile Welfare Board). Since then the organization is coordinating with the Child Welfare Committee (CWC) within the JJ System. Children from crisis families are vulnerable and are at the risk of dropping out of school, getting exploited, being admitted to institutions; and thus getting uprooted from the family, sent as child labour etc. Their right to family, development and health are likely to be violated. Shishu-Adhar identifies children of families in crisis such as sudden death, chronic illnesses, a disability which is impacting capacity to earn, sudden disappearance of parent(s), bedridden parents, victims of accidents, natural calamities and also children of prisoners. The interventions are based on the assessment and investigation of the crisis and its impact on child. The assets and liabilities of families, insurances, health status, number of dependents, strengths and weaknesses, physical and mental capacity of the parents, needs of the children, housing status are assessed which help the organization to plan interventions with the children.

“Financial status or amount of earnings cannot be the only criteria for selection of children. There could be a family earning 10,000/- per month but have much more liabilities and also difficulties in parenting, health issues etc. Such families and their children can’t be overlooked merely because they earn enough as per general understanding. Unique needs of the family and child requires greater focus”.

- Executive Director, Shishu-Adhar
From “I can’t” to “I will try”: The journey towards non-Institutionalization was not so easy, says Executive Director. Families were more comfortable with the option of institutionalization (and so did the CWC). With continuous efforts, convincing, assurance, and making parents realize the importance of family based care, parents slowly started to move from “I can’t” to “I will try”.

Advocacy and Networking: Shishu-Adhar social workers attend CWC sessions, interact with children and their parents, identify children and request CWC to refer them to Shishu-Adhar for providing support to the family and prevent institutionalization. Shishu-Adhar in the past few years has created a network of resources for awareness building as well as seeking support. Along with the CWC, Shishu-Adhar is in contact with State and non State hospitals (where terminally ill parents, accident victims are admitted), Aanganvadi Sevikas (who have a wide reach in the community), lawyers specialized in accident claims, ICDS, NGOs, ART centres at Taluka level (providing treatment for HIV patients), schools, organizations working with child labour, observation homes, residential institutions, organizations working with persons with HIV, and prison officers etc. According to the organization these places are generally the first contact point of the vulnerable families and children. Shishu-Adhar has conducted sensitization sessions with these persons/organizations and have requested them to refer the children in difficulties to Shishu-Adhar.

Holistic Development of the Family: Once the children are identified, their needs are understood. The services could be in terms of daily child care which can be addressed through ‘Bal Sangapan Yojana’ or there could be need for sponsorship for education. Shishu-Adhar look at the family as a unit and believes in supporting the entire family rather than merely the child. Therefore it works with the family at individual level to sort out the family problems and to address the crisis. The services are preventive and supportive in nature. For instance a child in the family is assisted financially for education, health related needs of the ill members of the family are addressed and the woman in the family is given opportunities for empowerment through training her to initiate small scale business. Further, skill development, assistance for income generation, saving habits, financial planning, linking family with various government schemes are some of the most essential interventions. Parent’s empowerment is also ensured through trainings on the issues of single parenting, understanding emotional needs of children, communication, handling adolescents, rights of girls in the family, parenting skills, art of living, mental health awareness sessions etc. Women in the family are also supported towards stress management, legal rights, and right to leisure.

‘Child centered, family oriented, supportive services is the special feature of Shishu-Adhar. Minimum level of functioning as parent is necessary. It is not in the best interest and welfare of the child to be dependent on bed ridden, mentally ill, mentally challenged, very old and incapacitated parent. Whether it is in the best interest of the child to continue living with the parent needs to be assessed. Family care in itself is not enough. The child needs to have a stable, nurturing and loving family that can give a sense of security.”

- Executive Director, Shishu-Adhar
Working with Children:
Interventions with the children include goal setting with parent’s consent, language development coaching, summer and winter camps with children consisting of many recreational activities, Christmas party celebrations etc. Shishu-Adhar ensures that children always have positive role models around them. Issues such as sexual harassment, appropriate age for marriage, parenting are discussed in groups with children.

Bal Sangopan Yojana post disaster: In 1995 Shishu-Adhar was entrusted with the responsibility of rehabilitating children who had lost their parent(s) in the devastating earthquake in Latur and Osmanabad district of Maharashtra. Although during the initial phase of relief operations many children were admitted to Institutions, many of them were taken back by surviving parents or relatives in case of orphaned children (under Kinship Care). Many of these families needed assistance for child care which was offered under Bal Sangopan Yojana of Government of Maharashtra. The organization worked closely with all these families giving case work services and mobilizing resources for family strengthening. The rights of widow mothers and children on their family owned land (property rights) were protected by listing their names in the Government records. The organization also worked as liaison between the Government Departments and the families and children for availing several schemes of Government for affected families. The mothers were helped to raise their income by giving them training such as goat rearing, pot making etc. and also offered financial assistance for starting or expanding Income generation activity. Various activities were organized for children in villages to bring normalcy in their lives.

Shishu-Adhar- ‘For the Child’ is committed to protecting the child’s rights to family, education, and development by supporting, strengthening and sustaining the families. It believes that the family is the primary unit to ensure child’s development and therefore maximum efforts shall be made to ensure child’s right to have family.

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2. FOSTER CARE INDIA

Expanding Awareness and Scope of Foster Care

About the Organization: Foster Care India was founded in May 2012 and started functioning in Udaipur, Rajasthan. The focus was on non-institutionalization care providing family-based care, home environment, individual care, exposure to cultural practices, integration with society as well as inculcating a sense of responsibility among children.

According to the organization foster care services in India were largely defined and implemented only as a pre-adoption option. As Indian system primarily focuses on institutionalization, creating awareness about non-institutionalization among society at large and even among government officers working with children was considered the most crucial step. Thus Foster Care India created IEC material, wrote books and undertook various awareness campaigns about non-institutionalized care; also aimed at recruiting foster families and educating them about every child’s right to a family. The strategies have ranged from an ‘sms’ (text message) campaign, to community meetings, to billboard messages. Such mass awareness was essential as effectiveness of foster care services depends on the active participation of the society.

Foster Care Guidelines: Along with awareness campaigns, continuous efforts were made to draft the Rajasthan Foster Care Guidelines, 2014 and participate in the National Foster Care Guidelines, 2015.

‘Family Connection Centre’: Soon after starting the organization it was realized that a comprehensive foster care system is inherently connected to family preservation, kinship care, and adoption. Thus, in addition to foster care, Foster Care India’s services include a ‘Family Connection Center’ to ensure family preservation in low-income areas of Udaipur, advising services and resources for families considering kinship care or adoption, and an after care program for youth. Social workers identify the families at risk of separation and provide with family preservation services. 356 families with 740 children were identified at risk of separation in the community and were connected with the ‘Palanhar Yojana’ of Rajasthan government which provides Rs. 1000/-per child per month if the child is enrolled and regularly going to Aanganwadi (Government pre-school nursery at community level) or school. Such families were selected only after extensive assessment and home study.

Identifying Foster Families and Foster Homes: Foster Care India presently has around four foster homes where children are placed with foster parents. These foster parents, identified by the organization, were those who were without children. The case workers built rapport in the community, met families who are potential adoption families, made them aware about the provisions for foster care. The prospects for foster care were communicated through various techniques such as ‘Chai Chat’ (informal tea time chats) and foster families were thereafter enlisted.

Working with the System: The organization wanted to work closely with the government systems who too have a responsibility towards promoting non institutional care. Therefore the final selection of the foster families, matching family with the child was done by the Child Welfare Committee (CWC). As the CWC along with other authorities such as government State Adoption...
Agency (SAA), District Child Protection Unit (DCPU), Juvenile Justice Board (JJB) had never practiced foster care earlier, they were given extensive training on foster care, family based care, non institutionalization and the connection between child rights, child protection with non institutionalization. Post trainings, the CWC with the support of Foster Care India shortlisted potential foster families. CWCs also called for a list of eligible foster children (such as those who cannot go for adoption as they need temporary care, children older than 5 years of age are often overlooked for adoption, and biological parents are not in position to give consent for adoption) from various Institutions and matching of most suitable family for child was done.

**Process of Foster Care:**
The process of foster care involves some crucial steps such as frequent meetings between children and foster families before shifting into foster care, and support to foster families before and during foster care. The follow up meetings of Foster Care India social workers are quite frequent in the earlier stage which are then slowly reduced to weekly and thereafter monthly visits. The foster family or child can contact the social workers or government officers (involved in the process) for any kind of discussion and guidance. The families who need financial support are supported by government after scrutiny. The order for foster care is given for 6 months by the CWC which can be renewed periodically, if required.

**Operationalizing the Provisions in the Juvenile Justice Act:** Presently Foster Care India is demonstrating the practice of foster care to the government and society and working towards the government actively taking it over. The Foster Care Guide lines give detailed action steps of Foster Care Process where the DCPU may identify carers (caregivers), invite their applications, short list them based on selection criteria, interview them, short list again, verify, and send the list of finally shortlisted carers to the CWC. The CWC then may order DCPU for home study. Based on DCPU’s recommendation, CWC may initiate the process and after necessary steps prepare the Final Order of placement. The entire process of foster placement is in harmony with the provisions of the Juvenile Justice Act.

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“Non-governmental organizations can fill in the gaps in implementation of the law. We need to demonstrate best practices, involve government right from the beginning and handover the practices to Government. NGOs can support government but not take over their duties. It is a long term process but is surely more sustainable”

- Founder and Interim Director, Foster Care India
3. FAMILY SERVICE CENTRE

**An Integrated Family and Community-Based Model of Alternative Care**


**About the Organization:**
*Family Service Centre* implements the socio-economic model of social work wherein they believe that an individual’s personality, behavior and actions are influenced by the interactions and relationship with his family, peers, neighbors and society at large. Hence to bring about change in an individual or a child’s life, it is necessary to intervene with all the important stakeholders in his and/or her life. This model is replicable and sustainable as it envisages participation of the people in their own growth and development. The model is implemented as follows:

The programmes of *Family Service Centre (FSC)* are Adoption, Foster Care/Bal Sangopan Yojana (BSY), Sponsorship for Education, and Community Development Initiatives.

**Adoption:** The adoption programme makes sure that any child placed under *FSC* for rehabilitation through adoption gets the love and nurturance of a permanent family. During the adoption formalities the child is placed under foster care for a temporary period. This helps the child to adjust in a new family without much trauma. The entire process is legal and ensures child rights (Mehta, N. & Mascarenhes, N. 2015).

**Foster Care/Bal Sangopan Yojana:** This scheme is meant for families facing crisis; alternate family care for affected children are sought through the support of relatives and neighbors till the crisis is over. Counseling and rehabilitation mechanisms are employed to get the family back to original state and children

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2 The Organization had forwarded the above mentioned book and had suggested that it could be excerpted while preparing this write-up about their work
are reintegrated into the family of origin. Here the emphasis is on identifying the strengths of the family and building their capacities to handle the problems faced by them. The social workers play an important role as the families in crisis need a support system to get back to normalcy. Networking with different systems is important to see that the child does not lose out on other needs. This being a government programme, the organization gets the support of the government (Mehta, N. & Mascarenhes, N. 2015). The social workers play an important role as the families in crisis need a support system to get back to normalcy. Networking with different systems is important to see that the child does not lose out on other needs. This being a government programme, the organization gets the support of the government (Mehta, N. & Mascarenhes, N. 2015).

**Sponsorship for Education:**
This support is extended to children and families in difficult circumstances who are struggling to make two ends meet and where education of children does not get priority. This is a very challenging situation for the social workers as they take on becoming the guide, facilitator and friend of the families they are dealing with. Their interventions range from motivating and building aspirations in children to helping their mothers to budget the family income, saving, as well as helping them to handle issues such as alcoholism and domestic violence. All these are done through individual counseling and group interventions. Networking with sponsors and engaging with other systems to facilitate upward mobility of children completing higher secondary and graduate level is also an important function of social workers. All these interventions go a long way to bring a positive change among families and children (Mehta, N. & Mascarenhes, N. 2015).

**Community Development Initiative:** Bringing about change in the environment where children reside is a challenge as *FSC* is dealing with different kinds of people with diverse needs. The organization intervened in community health needs (seasonal diseases, life style diseases, TB, HIV, reproductive and child health). This gained acceptance with the community. It was addressed through awareness building, treatment and well being. Para-professionals trained by *FSC* were the community outreach workers. The target group is in the age range of new born to senior citizens (Mehta, N. & Mascarenhes, N. 2015).

**Other Community-based Initiatives:** Toddlers are covered under the preschool programme to prepare them for formal schooling. Older children are members of the Children’s Club and Adolescent group. Children are engaged in different activities like debates, discussions, exposure visits, educating community about child rights, ‘Shramdan’, and coastal cleanup. Gender sensitization, facilitation for girls’ enrollment and continuing education to postponing their age of marriage are the key areas of intervention (Mehta, N. & Mascarenhes, N. 2015).

**Engaging with Women:**
Women are very important stakeholders in family as they are primary care givers. Women groups, Self Help Groups are formed in communities to bring about bonding and prepare them to avail of their rights. Monthly meetings, taking loan from group fund at minimal interest rate, support group to work on garbage issue, water problem, rationing issue are some of the initiatives in the women’s groups. They have been empowered to handle their saving accounts in banks, take care of children’s health and education, postponing the age of marriage of girls etc. *FSC* also undertook trainings on women for housekeeping, tailoring, and beautician’s course to enable women towards better job opportunities and better salary (Mehta, N. & Mascarenhes, N. 2015).

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**4. SNEHASADAN**

**A Family Based Substitute Care Model for Street Connected Children**

**About the Organization:**
Snehasadan provides shelter to homeless, run away, orphans, and destitute children who roam around, stay on streets, railway stations etc. Snehasadan do not say ‘No’ to any child for admission in the shelter. Snehasadan believes that children face rejection at the hands of many and we need to accept a child that needs to and/or wants to stay at Snehasadan Homes. Therefore children with special needs, differently abled children are also admitted without any kind of discrimination. Snehasadan has 15 Homes; 10 for boys and 5 for girls.

**Family Based Care Model - The House Parenting System:** 20 children stay in each ‘House’ along with a married couple who is appointed as ‘House Mother’ and ‘House Father’. The House Mothers are employees of Snehasadan and they stay back at home to take care of children. House Fathers like other families go out for their work and return in the evening to spend remaining time with the children. This couple may have their own children staying in the same House. These unique houses/homes function like any other family/extended family.

**Unique Features of the House/Homes:**
An interesting and significant feature of these Homes is the location. “All Homes are situated in the communities and not aloof or outside the society”, says Director, Snehasadan. This helps children to mingle with the community right from the beginning which further helps for smooth reintegration.

**Age Group of Children:** Each Home has children from different ages which create a family or joint family like environment where all siblings of different age stay together, take care of each other, play and help smaller ones in study etc.

**Gender-wise Segregation:** Earlier girls and boys were staying together just like any family. However gender wise segregation has become mandatory. Senior social worker at Snehasadan has a differing view “Safety of the smaller and girl children can be ensured even though they stay with elder boys. Our regular families raise children of different age and gender together. Then why the law shall limit the right to family of these children? ”.

**Holistic Rehabilitation and Social Reintegration:** Once the child completes his class X/XII; Individual Rehabilitation Plan is prepared based on child’s interest, staff’s observations, aptitude test, marks obtained in examination etc. Higher education can be taken from formal or open universities. Children not interested in further studies can opt for vocational training. IQ tests for differently abled children are conducted to make special individual specific plans for them. Holiday camps are organized twice a year, and deaddiction facilities are some of the other services provided to the children.

**Integrating Aftercare for Older Children:**
Children seeking higher education or vocational course are then prepared to take up the jobs. Children who are above 18 years of age and are not studying full time are involved in some work and also prepared to inculcate the habit of saving money for their future. Education, work experience, saving habits helps children towards smooth independent life. Children who complete their education/course and get job gradually move in the community.
independently with the constant support of Snehasadan. Children can meet their siblings, house parents and Snehasadan staff anytime. Marriage counseling is also provided to youth. Children’s rights to confidentiality and dignity is strictly maintained. Children’s past and personal life situations are not disclosed with educational or vocational institutes or any other, without the knowledge of the child.

Working with the CWC: All children admitted in the Snehasadan Homes are referred by the CWC. Snehasadan also have Day Care Contact Centres at two large railway stations of Mumbai. Snehasadan’s staff at these Contact Centres also refer children who are found in the railway station. If any child has run away from home, a FIR is lodged. In accordance with the JJ Act, Snehasadan immediately informs about the same to the CWC.

Open Shelter System vis-à-vis Closed Institution: Snehasadan Homes are Open Shelters where children are free to go out for education, training, job, and recreation. All children go for their schools or colleges which are government or private. The house mothers just like in any family are informed about their schedules. Children can also leave the Home if they want, with or without informing the staff. They are usually given readmission if they choose to return. However efforts are made to make the atmosphere child friendly and family-like where there is less possibility of children running away or leaving the Home.

“Children always seek support from us in different difficulties. We follow up with them regularly, organize yearly reunions of all children and many children come specially to attend the same. However once the child is independent, any kind of financial assistance is avoided. Any kind of guidance, sharing job opportunities and help in medical emergency or illness is offered to those who need it.”

- Director, Snehasadan.

Temporary Shelter or Alternative Care for children in Difficult Situation: There could be some children (run away/ lost children) or child victims of sudden emergency in the family who may need temporary shelter till their family is identified. All such children stay in the Snehasadan Homes for temporary period of time. Snehasadan does counseling of the children and parents and try their best for reuniﬁcation of the family. Snehasadan facilitates the availing of sponsorship, other schemes of the government, for education and well-being of the family. The families and children are monitored and interacted frequently to ensure the benefits and development of the children.

“Children coming to Snehasadan or any other institution for that matter are most vulnerable, burnt out with life experiences. They come with varied experiences and baggage of different emotions and turmoil within them. There could be thus a few who are not comfortable living at one place for longer time. The law should not be that stringent to forcibly confine them within four walls of an Institution and add to their vulnerability. These children may leave shelter but don’t have to ‘run away from shelter’. In that case there are many chances of them
getting in touch with us time and again and also come to shelter for a couple of more short stays. We have to understand the fact that they may do well even though are not in any Institution. Follow up with them can assure protection of their rights even though they are living in community on their own. Institutionalization any ways is not an option for them”

- Senior Social worker, Snehasadan

Emphasizing Non-Institutionalization: Senior social worker comments: “Our entire system is so preoccupied with the concept of ‘Closed Institutionalization vis-a-vis Child Rights Protection’ that Open Shelters like us are also sometimes forced to function as Closed Institutions which is not always in the best interest of the child. The focus should be on strengthening the capacities of the staff to handle the emotions and deal with the issues of children sensitively, rather than confining children for further deterioration. Child rights can be best protected if children’s emotions are understood better and dealt better. Non-institutionalization is the best option for dealing with the children as they surely know that they are free but at the same time will get support as and when needed.”

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5. UMANG, BAL ANAND

After Care and Long Term Alternative Care for Children with Disability

About the Organization: Bal Anand is a registered public trust working with orphan children since 1984. Bal Anand works in coordination with the CWC for adoption of children. However there are a few children who are differently abled and may not get adopted. Bal Anand runs a residential Institution for them for their capacity building till they complete 18 years of age.

Umang and Long term Care: Once children complete 18 years of age and are in after care for another three years, they are out of the purview of the JJ system. However the differently abled children, especially those who are orphaned, need extended support even though they are able to do many of the personal care and household chores on their own with some assistance. They also learn many skills related to craft and create marketable pieces of art. In spite of these capacities they need safety, shelter, guidance and company. Based on this need of the children, the founder, Bal Anand initiated Project Umang especially for differently abled adults with the ‘abilities of children’. The project is a Home for Children with Disability who need shelter and care even after they become adults. The Home is located over 6 and half acres of land at Karjat (Raigad district; Maharashtra).

Schedule in the Home: The residents follow a well-designed schedule which begins from waking up, exercise (special yoga mattress for each child is kept), breakfast, going to classroom and learning to make decorative pieces till lunch break. After lunch break they resume their work. The work is under guidance and supervision of the educators. Music is constantly played in the background because that increases concentration, says founder, Project Umang. Every individual has his/ her own music player which they love to have. In the evening all gather at the veranda of main office for high tea, accompanied with staff and their favorite pets cat and a rabbit.

Home Beyond home: 15 residents (children/young adults) with the abilities of children are presently staying in this Home along with the superintendent, care givers and educators. Around four residents share a big room with attached toilet and bath, separate cupboards and a large veranda surrounded with beautiful trees and garden. All are taught and expected to look after their belongings with assistance if required. The rooms are spacious enough to allow all residents (with physical impairment; persons using wheel chair) to move safely. Each structure has support railings which residents can hold for support while moving around. Rooms and porch are decorated with different designs, paintings and frames which gives it a pleasant look. All residents are taught to wear footwear all the time as they stay in a farm house.

“Animals around children help to inculcate an approach of caring and affection”
- Founder, Project Umang

Vocational Skills and Self Sufficiency: The products made by residents are house decorations, such as Rangoli, Mala, and decorative wax. Outside the farm house they have a small shop which is managed by one of the residents where all decorations are kept for sale. A person not only sells the products but also
keep accounts of the same and submits it to the authority every evening. All of them love this job and want to sit in the shop daily. Therefore rotation system has been introduced. Along with craft, children interested in painting are provided with drawing books, colors, and crayons. They not only draw different pictures but feel a sense of pride while showing it to visitors. Organic farming is one of the most important activities in this Home. Different vegetables, fruits, spices, roses and other flowers are produced here. These fruits and vegetables are used for residents’ meals and remaining is sold. Umang is now working towards expanding the marketing and sale of all their products.

**Emphasizing Dignity and Participation:** Residents here are able to communicate in three languages; Marathi, Hindi and English. This is possible as they are always engaged in communication and conversation. The residents with severe impairments like cerebral palsy or those who are bedridden are given special care by care givers. They are brought out of their rooms every evening for gatherings.

Interests and aptitude of all the residents is of paramount consideration. There could be a resident helping the staff in cooking, another painting the veranda grills, or measuring vegetables and giving it to visitors, plucking fruits, looking after main office by inviting visitors, and passing messages from one person to other. They are involved in these activities as per their wish. This increases the sense of belonging, pride, and confidence. Residents’ birthdays are very special occasions in Umang. It’s their day and they have a special privilege to decide the menu for all meals on that day and ask for a gift too. Though otherwise too they participate in many decisions but this day is the ‘individual decision day’ which all enjoy.

**Integrating with Society:**
Umang strongly believes in public participation through constant interactions between outside society and the residents so they do not live detached or isolated from the world. With this purpose there is also an accommodation provision for volunteers who can spend their days with the residents and help the staff.

It has been six years since Umang has been started and the organization is looking forward to many more years of enriching work.

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6. SOS CHILDREN’S VILLAGES OF INDIA

Family Like Care Model for ‘Children without Parental Care’ and After Care

About the Organization. After World War II moved by the plight of children who had lost their parents in Europe, Dr. Herman Gmeiner conceptualized the SOS model of care for children without Parental Care which is based on four principles:

- The mother: each child has a caring family
- Brothers & Sisters: Family ties grow naturally
- The House: Each family creates its own home
- The Village: The SOS family is part of the community

This model of child care has now been established in 132 countries including India. In India there are 32 children’s villages across the country providing long term family care to children in need of such care. The belief that every child needs a nurturing family environment to obtain his full growth & development potential formed the basis of the Family Based Care Program of the organization. This unique model of care for ‘children without parental care’ advocates for the ‘Right to a loving home for every child’. The SOS Children’s Village’s concept is aligned with the UN Guidelines for Alternative Care. SOS Children’s Villages of India has two Flagship Programs:

Family Based Care (FBC) which is curative in nature reaches out to over 6,700 once parentless or abandoned girls and boys in 32 SOS Children’s Villages across India. Each children’s village has 12-15 family homes, with every home consisting of 10 children on an average along with an SOS mother who provides care to these children. All round development including education, nutrition, health and psychological development is taken care of till the children are settled in their lives. The main objective is to make children and youth more independent through peer group learning, personal management and building their resilience power. Under this programme, children of different age groups live together in a family as brothers and sisters with a ‘mother’. Every family lives in its own house and is given a family budget to meet its household needs and requirements. What sets it apart is that it offers an environment akin to that of a regular family. With the children and mother staying together, sharing responsibilities as well as sadness and joys, they have a sense of belongingness. The house thus becomes a home! SOS Children’s Villages of India maintains a 1:8/10 mother to child ratio. In addition the Children’s Village has educational co-workers who are residential staff and support the mother in her parenting role. The Village Director is the administrative head and a father figure in the Children’s Village. He also resides in the Village along with his family.

SOS Family Strengthening Programme (FSP) is preventive in nature. This program works directly with the most vulnerable families and communities to help them protect and
care for their children. It does this by not only taking care of the education and healthcare needs of the beneficiaries but also by building sustainable livelihoods for caregivers. SOS India works in partnership and cooperation with local authorities and stakeholders so as to prevent crisis and to empower families so as to prevent child abandonment. The children in difficulties are identified through a cluster based identification of vulnerable families. After assessment of the families and identifying their needs, capacity building process starts through exploring various livelihood options for them. Support of education, nutrition, health is extended to children by networking with various NGOs and government schemes. Families are supported to gain benefits of the Widow Pension Scheme, Old Age Pension, Housing Schemes like Aavas Yojana for concrete and longer support. The support is for five years which can be extended for two more years if required. Self Help Groups of the families have been established cluster wise. People from the community work as the ‘Animators’ of these Self Help Groups. SOS-India reaches out to 17,435 children and 5,120 families through this program.

Youth Care Program & SOS After Care Program.

While the young girls continue to stay in the SOS Children’s Villages, the boys at the age of 12-14 years are shifted into a youth facility. Each youth home has 10-15 youths living together under the guidance of Youth Care Worker. These Youth Homes are an extension of the SOS Children’s Village and families.

The key features of the Youth Program are:

- Youth Development Programs
- MIMN (Multiple Intelligence & Multiple Nature) Test
- Child Protection and Cyber Safety Modules
- Soft Skill Development Programs
- PYD (Positive Youth Development) Activities
- Listening to Youth Exercise

There are three phases in the SOS Youth Home Programme:

**Phase 1- Arunodaya (13-18yrs):** In this phase school going children between ages of 13-18 are under supervision of a SOS Youth co-worker. This phase prepares children towards smooth integration in the society and helps them to acquire skills — social, emotional and educational for meaningful settlement.

**Phase 2- Sopan (18-22 yrs.):** After completing the age of 18 years, boys move into the Sopan facility. Both boys and girls pursue their professional/vocational education. The process of integration continues in ‘Sopan’ and weaning off happens during in the ‘Gharonda’ stage by which time the youth enters the guided living program before becoming independent. This is the phase where children join junior college or vocational skill training and decide their own path for their career. Children are given career guidance, provided with interpersonal skills, personality development guidance.

**Phase 3- Gharonda (22-25yrs):** The phase where children are now young adults and staying in the community with more independence to take their own decision. In this phase youth start to earn by themselves and start saving for their independent life.

**The Aftercare program:** It is the care program for boys and girls beyond the age of 18 years and is an integral part of the SOS Children’s Villages

Family based care program. The youth at 18 are entering into a vulnerable stage of life and need guidance and support to choose their careers,
build knowledge, and gain experience so as to become a contributing members of society. The SOS Children’s Villages has detailed and planned program for youth after 18 yrs, which helps them to stand on their feet and live independent and successful lives. Interventions tailored for the youth are undertaken so as to hand hold them during this transitional period of their lives.

“A child should grow up in a nurturing family environment, in an atmosphere of happiness, love and understanding, all our efforts should ensure that no child grows alone”

- Secretary General, SOS Children’s Villages of India

Majority of the children who have stayed at SOS Children’s villages have benefited through the programme and are living their lives with dignity, respect and independence.

SOS Children’s Villages of India has also additionally participated during natural disasters and man-made calamities and responded with immediate relief operations to provide medical, nutritional and humanitarian care. They also provide assistance in rebuilding lives of those children who are homeless, vulnerable and helpless.

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Non Institutional Approach for Children in Conflict with Law

About the Organization: Resource Cell for Juvenile Justice (RCJJ) is a Field Action Project of Centre for Criminology & Justice, School of Social Work, Tata Institute of Social Sciences, Mumbai. This project functions in six districts of Maharashtra with a primary aim of rehabilitation and reintegration of ‘Children in Conflict with Law’. The project is functioning since last 6 years with the permission of Hon’ble High Court, Mumbai.

The Non Institutional Approach and Child Offenders: RCJJ firmly believes that the non-institutional or alternative care is an important option for majority of the children who come in the juvenile justice system. Such care may provide better and most suitable opportunities for children towards rehabilitation where the authorities can monitor the development of the children and guide on the same instead of keeping children in the Institutions.

Help Desk: RCJJ runs Help Desk in the premises of Observation Home, Mumbai; in proximity to the Juvenile Justice board. They reach out to children immediately at the time of their entry in the JJ System. RCJJ after building rapport, discussions with the children, parents and authorities, appear before the JJB during the process of ‘bail’. The bail application consists information about the background and needs of the child and suggests suitable ‘conditions’ for the bail if needed. The ‘conditions’ could be attending deaddiction treatment, continuing with education, joining vocational course or seeking psychiatric help for mental assessment, if needed, while the child is on bail. RCJJ believes that instead of keeping children in the Institution, they can be in mainstream society with constant supervision and guidance. This also helps to begin the process of rehabilitation with the involvement of the parents and family.

Monitoring is the Key: The child is under constant supervision of the Probation Officer or RCJJ staff and seeks guidance through frequent meetings, and phone calls. RCJJ staff undertake periodic home visits and discuss about the interests, experiences, progress, difficulties with the child and parents. This interaction not only furthers the process of rehabilitation but also creates a positive relationship and bonding between RCJJ and the child.

Kinship Care vis-à-vis Special Home: Children who are found to have

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3 All young persons who are alleged to have committed an offence and have not completed eighteen years of age come within the purview of the Juvenile Justice (Care and Protection of Children) Act, 2015. These children are termed as ‘Children in Conflict with Law’.

4 All children in conflict with law are eligible for bail. They can be released on bail and permitted to stay with their family/guardian during the period of inquiry of the case.
committed an offence and have no parents/family support are usually sent to the Special Home\(^5\) for rehabilitation. However after discussion with the relatives and child about scope for non-institutionalization, RCJJ advocates for Kinship Care, avails the benefits of foster care policy of the government for the relatives and ensures child’s stay in the family. This is a better option than Institutionalization says Program Manager, RCJJ.

Working with the JJB: JJB’s formal order plays a crucial role as it puts responsibility of meetings and rehabilitation measure (attending school, etc) on the child, parents/relatives as well as on the Probation Officer / NGO/RCJJ who is supervising the child. Juvenile Justice Act provides for various kinds of rehabilitative final orders for the children who are proved to have committed an offence under the law. The Orders can include measures such as directing the juvenile to engage in ‘Community Service’ or participate in ‘Group Counselling’. RCJJ identifies the needs of the children through detailed discussion with all stakeholders, study of the case and child’s background. RCJJ does a detailed Social Investigation of the child and drafts Rehabilitation/Individual Care Plan for the child. For instance if a child is severely addicted and committing offences, he can be ordered for de-addiction and also attending group counselling sessions regularly. An Order for Community Service is requested instead of sending the child to a ‘Special Home’.

Encouraging Child and Family Responsibility: RCJJ also supports children by partly financing their education, vocation or small business. RCJJ has a provision of Seed Money for

Rehabilitation. For example, a child willing to start a small business in fishing was assessed by RCJJ and helped financially to start the same. RCJJ believes in partly supporting the child and motivating him and his family to take the remaining responsibility. This kind of support has proved to be successful for children. RCJJ also conducts children’s meetings and parents’ meetings to ensure prevention of further offences, enhancing parenting skills, motivating children and family for considering better rehabilitation opportunities. This prevents recidivism and further institutionalization of the children.

“The focus needs to be more on skills and interest of the child, scope for family support while identifying most suitable rehabilitation opportunities for the child and not only on the nature of offence the child is alleged to have committed”

- Program Manager, RCJJ

Earlier the Children in Conflict with the Law were kept in the Institutions for longer period. However non-institutionalization helps better in terms of availing individual specific services to children leading towards rehabilitation. RCJJ advocates that determination of the child, support of the family, supervision and support by the JJ System, positive participation of all stakeholders can ensure a successful non institutionalization approach even for children in conflict with law.

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\(^5\) Special Home is residential closed Institution specifically for children in conflict with law within the purview of the JJ Act
Family Based Intervention with Children in Conflict with Law

**About the Organization:**
Prayas is a social work demonstration project of the Centre for Criminology and Justice, Tata Institute of Social Sciences. Established in 1990, Prayas primarily works towards the rehabilitation of the women and under trial prisoners coming out of or vulnerable to crime and their families (children of women prisoners left out while mothers are in prison.) In 2008, Prayas initiated interventions in the Juvenile Justice System. Prayas functions at the Observation Home, Mumbai with the permission of the Juvenile Justice Board (JJB) and authorities of the Observation Home.

Addressing factors in Juvenile crime: Senior social worker of Prayas comments: “There could be many reasons for children committing crime. If those are assessed and addressed well in time rehabilitation of children may begin. For instance a child under peer influence can be engaged positively in training/job/community work/education which will help in reduced contacts with the peer. Strengths and energy of the children needs to be channelized properly. Engagement of child/parents/guardian and society plays a crucial role in this process. There are very few children whose rehabilitation is possible only through institutionalization. Every child has the capacity to do better if guided and supervised properly.”

Efforts towards Non Institutionalization: Prayas’s efforts towards non institutionalization begins right from the entry of the child into the JJ System. Building rapport with the child, understanding background of the child and family, meeting family members is the initial process while child is in the Institution (Observation Home). Identifying support systems within the family for the child is essential. If the child was attending school before coming into the JJ System and have interest in education then the efforts are to restart the education rather than keeping child in Institution. If the child has dropped out of school due to financial difficulties, his education is continued with sponsorship. Constant supervision helps to understand whether child is regularly attending school and progressing well. Reports of the same are submitted to the JJB periodically as the child is released under the supervision of Prayas by the JJB.

“I broadly divide Juvenile in Conflict with the Law (JCL) in four categories:

1. **a) Child who is a repeater and both family and child are in difficulties**,  
2. **b) Child is good but family is in difficulty,**  
3. **c) Child and family both are in difficulties and circumstances are also not supportive,**  
4. **d) Child who has no family.”**  
-Senior Social Worker, Prayas

After Care and Rehabilitation: If the child is about to complete 18 years of the age and has interest in vocational course or work then his aptitude and interest is assessed to identify a suitable vocational option.

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*An Observation Home is a temporary closed Institution for children in conflict with law who are apprehended by police. Children stay in the Observation Home till they are released on bail or by other suitable Orders of the Juvenile Justice Board.*
the age and has interest in vocational course or work then his aptitude and interest is assessed to identify a suitable vocational option. Prayas has its own training centres and also has networked with some of the vocational centers/NGOs for providing professional training to the children. The fees for the same are provided by Prayas if family is not in position to do so. Along with the vocational course the children also need to undergo basic literacy program if they are illiterate. If the children are educated then they are expected to be engaged in the office work of the Institute/organization which is providing them the training. The purpose of the same is to keep the child constructively occupied in different activities and thereby reduce the scope for his engagement with negative influences. The training Institutes also facilitate jobs after the training is successfully completed.

Individualized Work with Every Child: The child is also guided towards investments/savings. Prayas guides children for opening Bank Accounts, obtain Identity Certificates/Documents such as Aadhar Card and Ration Card. In some cases Prayas seeks help of the respective police station for ensuring that the police do not send disqualifying reports for future job placements or embroil the child unnecessarily in other offence charges. If child is in addiction, the child’s family and the child is convinced for deaddiction. Such children are then sent to suitable deaddiction centres. Prayas also organizes recreational trips for the non-institutionalized children. Children without parents or children and parents unwilling to stay together are placed under kinship care as far as possible; generally placing child in the care of grandparents. Institutionalization is always seen as last option for the child.

Senior Social Worker of Prayas shares his experiences: “Determination of the child and family’s support is most crucial in the rehabilitation of the child. Alternative care or any other rehabilitation plan therefore needs to be based on child’s interest, motivation and determination and not merely on the alleged offence “sections” or charges.” A child may repeat the offending behaviour but one needs to support him/her as the repeat offence could be because the most suitable plan is yet to be explored by us. Instead of blaming the children, we need to change our interventions. It certainly helps. Every child’s needs are different and one needs to understand those in great details before making any plans. Participation of the child and family is must”.

“One also needs to know that social workers are to support the children and families and strengthen their capacities and not to take over their lives. Proper orientation, scope for exploring various innovative options, networking with various service providers such as vocational trainers, educational institutes, job placement cells, livelihood opportunities is crucial to ensure non institutionalized rehabilitation of the children”, says senior social worker, Prayas.

NGO Placement: Prayas also practices ‘NGO Placements’. It is an intervention where children are placed in some NGO for full time work and are given stipend by Prayas. This not only helps them to get introduced and used to the formal setting, take up responsibilities, practicing accountability but also strengthens their understanding about the society as they are engaged in social work settings. There have been incidences where the children were thereafter recruited as employees of those NGOs where they were placed earlier.

Working with the Family and Social Reintegration: Prayas believes in holistic development and therefore supports the family to ensure rehabilitation of the child. Prayas’s social workers interact with the family and provide family counseling if needed.
They also give support to the siblings of the child who have become vulnerable due to family situation and the child’s offence related involvement. The support could be in the form of sponsoring their education, health facilities etc. *Prayas* believes that the family improves if the children’s situation is improved and therefore provides stipend of Rs. 3000 to some of the children in conflict with law. This amount helps the child to meet with the basic family expenses and support his family. The stipend is paid till the child settles down and becomes monetarily independent. The financial support is slowly reduced and removed over a period of time. However the guidance continues and the child can contact the social workers anytime.

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