Hello,

Dear Colleagues,

We are happy to bring to you the 12th issue of the IACN Quarterly. It covers a range of family-based care interventions focused on facilitating the participation of children and strengthening gatekeeping mechanisms in the rural and urban contexts. Another write-up highlights work with faith-based organisations in protecting children and improving outcomes for families in need. The case studies demonstrate the effective implementation of non-institutional forms of alternative care, such as kinship care, foster care and aftercare in rehabilitating children without parental ties. The issue also brings out the role of Master Trainers in transforming family-based alternative care in India. Please check the Events and Announcements section to read about the webinar organised by IACN and Miracle Foundation India on Gatekeeping as a Systematic Process and important upcoming events. We appreciate everyone who helped make this newsletter edition possible. If you wish to share resources or information for the IACN website or quarterly or would like to discuss any issues of mutual concern, please reach out to us at iacnsecretariat@iacn.in. We look forward to your continued support.

Sincerely,
IACN Secretariat

Updates from the Field

Learnings and experience shared by our fellow members

Strengthening Communities, Preventing Family Separation | Anita Sinha, Child in Need Institute

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Bal Panchayat (Children's Parliament): The Journey of Child Participation in the Community-Level Prevention Project in Gujarat | Sonal Chauhan and Geeta Desai, Miracle Foundation India

Ensuring Child Participation: Assessment Tool for Children in Residential Care | Gurneet K. Kalra, Udayan Care

Faith for Children - Stories of Inspiration from Tamil Nadu | Changing the Way We Care Team, Catholic Relief Services

Voices from the Field

Role of Master Trainers in Transforming Family-Based Alternative Care in India | Minu Kumari, DCPU, Purnea District, Bihar

Events and Announcements

Catch up on the latest updates on webinars, trainings and conferences from our network

Webinar: Gatekeeping as a Systematic Process: Preventing Child's Separation | IACN and Miracle Foundation India

Advancing Family Strengthening and Family-Based Alternative Care: Key Outcomes of the Deliberation Meeting with Stakeholders | Miracle Foundation India

Graduation and Induction Event - Learning in Fellowship Together | Udayan Care

5th Biennial International Conference on Alternative Care for Children in Asia (BICON) | Udayan Care

UNICEF/UN0377847

Knowledge Resources

NEHALPATEL/B6N8LVZFB2W/UNSPLASH

Assessment of Strategies to Develop Resilience in Children in a Residential Child Care Model of India

bit.ly/3WlYTf8

PHOTO CREDITS: RAILWAY CHILDREN INDIA

'Kinship Care in India- A Case Study Documentation

bit.ly/43ZdhO5

For Every Child, A Family

Resources

'Kinship Care in India- A Case Study Documentation

IACN

India Alternative Care Network (IACN) recently published a research report titled **'Kinship Care in India- A Case Study Documentation'**. This report emerged from the strong conviction of IACN that growing up in a family is essential for the emotional, physical, and cognitive growth of children. Hence efforts should be made to provide family-based care to children without parental care, and institutionalisation should be a measure of last resort for the optimum development of children.

Statistics from across the world demonstrate the claim that kinship care is the most prevalent form of care for children without parents. India is no exception to this as kinship care is a traditionally followed practice and is flourishing albeit without any formal legislative or operational framework. The understanding of kinship care remains that since children's own extended families take responsibility for them, they don't need (nor should they ask for) support and that it is their moral obligation to do so. The rationale behind this study is therefore to initiate conversation around recognising kinship care at a legislative and policy level in the country. The study aimed to do so by documenting the lived experiences of children and families who are already in such arrangements as well as of the CSOs who work in the field.

The case studies were put together in four states with the assistance and support of Miracle Foundation India in Tamil Nadu, Child in Need Institute (CINI) in Jharkhand, Family Service Centre in Maharashtra, and the District Child Protection Unit (DCPU) in Assam. This report has drawn on the experiences of eight families in kinship care arrangements and the children placed with them. The documentation generated qualitative data as a possible start to further research in the area, eventually building enough evidence to qualify formal recognition of the practice of kinship care. **To read the full report, click here.**

PHOTO CREDITS: RAILWAY CHILDREN INDIA

Assessment of Strategies to Develop Resilience in Children in a Residential Child Care Model of India

Udayan Care

The recent paper titled, **"Assessment of Strategies to Develop Resilience in Children in a Residential Child Care Model of India" by Gurneet K. Kalra, Anna D. Bartuska, Kiran Modi, Michael Belden, Sumedha Ariely,** was published in the Journal of Social Work and Social Development, 2023. This study aimed to investigate a longitudinal 5-year sample of 121 children without parental care, living in group residential homes, Udayan Ghars, established by Udayan Care, a non-profit organisation based in India. Preliminary analysis suggests that despite past adverse life experiences, these children without parental care have developed sources of resilience that can help mitigate the ongoing mental health risks and have above average ego-resilience and average self-concept. Using a biopsychosocial framework, with tenets of Erikson's theory of Psychosocial Development (1968) and Bronfenbrenner's Ecological Model (1979) applied to the TIC care model, the discussion is framed in the context of the person-in-environment model of development and in understanding the ways care providers can use sources of resilience as tools to bolster support structures for children without parental care.

Click here for the paper

NEHALPATEL/B6N8LVZFB2W/UNSPLASH

Updates from the Field

Learnings and experience shared by our fellow members

Strengthening Communities, Preventing Family Separation

Anita Sinha, (Team Lead – Child Protection),
Child in Need Institute (CINI)

Background and Context

Large proportions of the population in India live in difficult socio-economic conditions. Many families do not have the capacity to cater basic needs of their children and provide them with a conducive environment to nurture, leaving a considerable proportion of children at risk. Such families are likely to be dysfunctional with the socio-economic problems leading to alcoholism and domestic violence, which in turn result in the exposure of children to abuse, negligence, violence and in many cases leading to abandonment or children running away. Seasonal economic migration by families also put children at risk of being exposed to violence including being left alone and getting lost on public transport or in crowded public areas. If children migrate with their parents, then again there is a threat of violations of their rights in the unknown, unorganised work set-up. These are some of the underlying reasons for children ending up in Child Care Institutions (CCI).

However, many societal influences like lack of community-based workers/mechanisms for local case management, lack of vulnerability assessment, insufficiently targeted interventions for families at high risk, lack of well-established alternative care systems etc. too have led to the development of institutional care for children. Long-term care in CCIs is detrimental to the well-being and development of children. Decades of research show that institutional care cannot cater to the developmental needs of children. Lack of attachment to a primary caregiver in institutional care has many immediate and long-term damaging effects on the lives of children and may result in severe impairments. Children in institutions are highly vulnerable to abuse and neglect and are among the most marginalised in society.

The Juvenile Justice (Care & Protection of Children) Act, 2015 aims to cater to the "basic needs" of the children alleged or found to be in conflict with law and children in need of care and protection through proper care, protection, development, treatment, social reintegration, by adopting a child friendly approach in the best interest of children. It recognises and prioritises community and families as the primary care providers for children.

Problem Statement

There are 2,245 institutions hosting 76,118 children in India (Ministry of Women & Child Development, Govt. of India, March 2022). By the order of the honourable Supreme Court, the mapping and review of the status of CCIs across the country was undertaken by the Government of India. The report specifically mentioned the need to have adequate staff and infrastructure to offer better care to the children. The quality of care being offered to the children in the CCIs can be improved by offering them need-based counselling, life skills, vocational training, education and health support. The institutions in the country need to function as a measure of "last and short-term resort", hence engaging with children to facilitate their early and safe reintegration and supporting the deinstitutionalisation is crucial. There should be a robust security and safety mechanism in the CCI to check the sexual, physical and emotional abuse of children. Such concerns have led to India joining the growing global consensus on the need to promote family-based alternatives to institutional care for children. Hence, it is imperative to strengthen community gatekeeping and emphasize the preventive approach.

Child in Need Institute (CINI) is working towards strengthening community gatekeeping for promoting deinstitutionalisation and family-based care in select districts of Jharkhand. The exposure to ground realities by working with the communities at rural as well as urban set-ups led to the understanding that there is a need to address the structural and procedural gaps for strengthening community gatekeeping to prevent unnecessary family separation and sustain reintegration.

CINI's Strategy

CINI adopts the child rights-based methodological model. "The CINI method" to programming for children involves primary duty-bearers, service provisions and the family. It provides participatory and preventive responses with an integrated approach. The CINI Method aims to build Child-Friendly Communities for all children upto the age of 18 years, irrespective of their socio-economic, cultural, gender, ability and other status to fulfil their rights to survive, be healthy, develop to their full potential, be protected and cared for and participate in decision-making processes that shape their lives. It seeks to strengthen partnerships between children, their parents, communities, service providers and local

urban and rural self-government bodies for implementing children's rights in development practice.
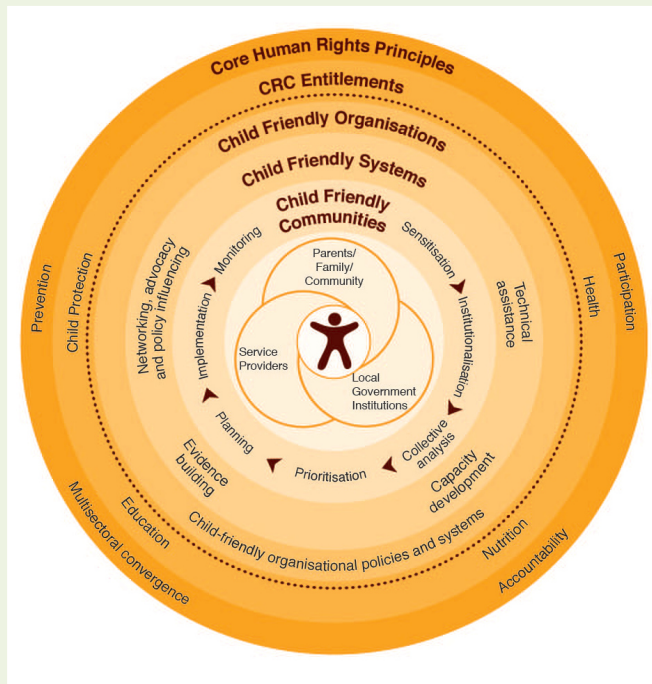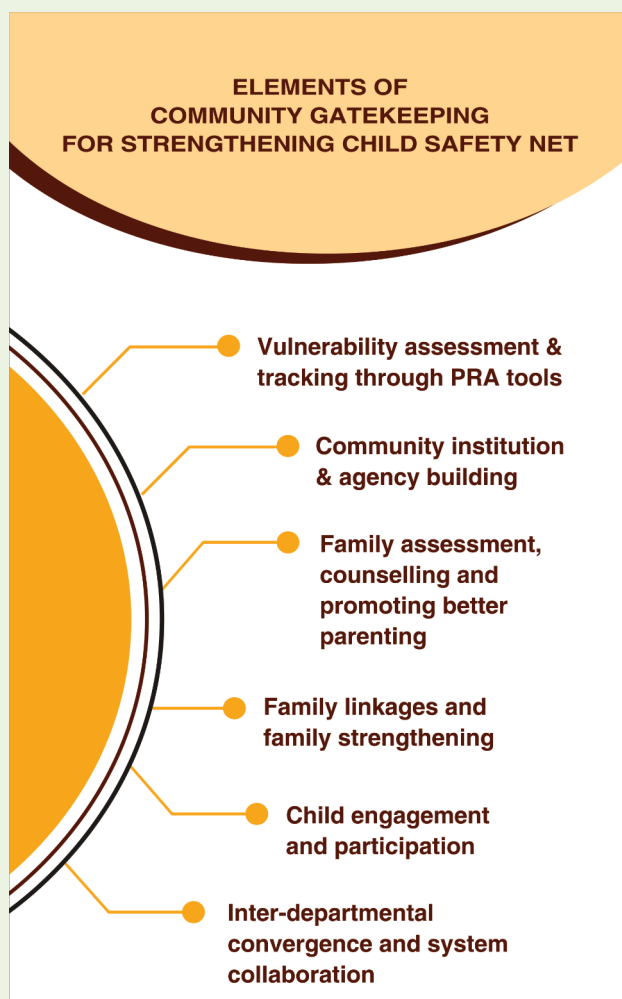

Programmatic Approach

CINI focuses on strengthening the existing system by building its capacities and enhancing responsiveness to cater to the need of the community/children on a priority basis. To strengthen community gatekeeping "multi-stakeholder convergence model" has been demonstrated in selected geographies to emphasise collective actions in preventing unnecessary family separation. CINI works together with communities (including children, adolescents, and women), local self-government, service providers and other actors to develop a safety net for children and adolescents to ensure their well-being, prevent them from falling into situations of risk and violence and support the children slipped through the cracks. Our interventions emphasise maximising the preventive approach and minimising the institutional approach.

Strengthening gatekeeping is a critical task, and requires building a resilient community which responds to the needs of the children and comes forward to ensure child protection and child rights.

The process of gatekeeping within the community has the following core elements:

- The Participatory Rural Appraisal (PRA) techniques are used for vulnerability assessment and tracking of the children in need of care & protection from the community.

- Based on the findings of the vulnerability assessment, the families of each vulnerable child are reached to understand the family situation, the reason for the vulnerability and the support required to address it.

- Need-based counselling is also offered to the parents and child to promote better parenting and improve parent-child communication. They are also linked with existing social welfare schemes to address their vulnerabilities.

- CINI emphasizes building the capacities of community institutions to enhance their knowledge and responsiveness to the situations.

- Multiple sessions on child rights, child protection, issues of children and the community's roles and responsibilities in addressing those issues and concern etc. are conducted on a regular basis. This helps them in providing guidance and strengthens them with the knowledge to deal with a particular situation.

- The Safe Spaces for children have been established in the spaces provided by the community (community buildings, schools or any other government building in the locality) within the reach of the community to facilitate mutual learning and sharing among peers. Apart from the academic support, sessions on life skills, health, nutrition, non-communicable diseases, child rights, child protection, gender based violence etc. are conducted to equip children with appropriate information, knowledge and better negotiation skills.

- Children's participation is vital in decision-making processes that affect their lives. CINI strives to ensure the meaningful participation of children in ways appropriate to their age and maturity. It empowers them with knowledge. The confidence gained by the children through child engagement sessions empowers them to raise their voices and improve their negotiation skills.

- The key actors of the community gatekeeping i.e. representatives of respective government departments, PRIs/ ULBs, children, local level institutions like Gram Sabha, Child Protection Committees, School Management Committees etc. are brought on the common platform for discussing and dealing with the issues of child protection.

**ELEMENTS OF
COMMUNITY GATEKEEPING
FOR STRENGTHENING CHILD SAFETY NET**

- Vulnerability assessment & tracking through PRA tools
- Community institution & agency building
- Family assessment, counselling and promoting better parenting
- Family linkages and family strengthening
- Child engagement and participation
- Inter-departmental convergence and system collaboration

framework.

- A convergent platform at the district and state level to facilitate the dialogue on community gatekeeping, effective reintegration, and deinstitutionalisation can help in bringing a paradigm shift in the approach.

- Investing resources in the community and system strengthening, improved access to existing government schemes and community-led actions to deal with child vulnerabilities can help in preventing unnecessary family separation.

About the Author

Anita Sinha

A social sector professional with more than 20 years extensive experience of working on the issues of adolescent, women empowerment, and child protection in Jharkhand which includes 18 years of prominent experience working with the Department of Women, Child Development and Social Security, Government of Jharkhand. For the last 4 years, she has been associated with CINI. She strongly advocates strengthening community gatekeeping mechanisms to promote family-based care for children to minimise the risk of violations of their rights.

Conclusions and Learnings

The years of experience working with communities and children have established the fact that family is the best place for the child and that institutionalisation should be the measure of last and short-span resort. The efficient gatekeeping mechanism not only prevents children from slipping out of the safety net but can also ensure sustainable reintegration. Hence, there is a need to establish an efficient and responsive system, build the capacities of the PRIs/ULBs to deal with such soft issues and increase community and child participation. The involvement of male members of the community in dealing with child protection issues (identification, case management, follow-up i.e. strengthening of preventive approach) also becomes very important in creating an enabling environment. The key learnings gained during the course of implementation can be summarised as:

- There is a dire need to generate a common understanding and build perspective on the importance of family-based care and the adverse impacts of long-term institutionalisation among all the systemic actors within the Juvenile Justice

Railway Children India's Early Gatekeeping Efforts

Lopamudra Mullick, Senior Manager Programme and Strategic Alliance, Railway Children India

Railway Children India (RCI) is a registered national-level non-government organisation working at transport terminals towards early gatekeeping and protecting unaccompanied, at-risk children and preventing them from victimisation, re-victimisation and slipping into street life through a multi-convergent approach with the railways, roadways, and the existing child protection mechanisms since 1996 in India.

RCI's overarching vision is a world where no child has to live on the streets. It is guided by its mission to create and enable sustainable change for children living alone and at risk on the streets and railway stations.

The presence and the interventions protect about 7000 vulnerable children annually through its early gatekeeping and multi convergent efforts with the railways, roadways, and the existing child protection mechanisms along the transport corridor in strategic railway stations and bus terminals, which has no dedicated child protection system.

Anand Vihar Interstate bus terminal, Ghaziabad railway station, Delhi Sarai Rohilla, and Delhi Cantonment (Cant.) railway stations are in the Kanpur-Delhi section of the Howrah Delhi mainline, which is a railway line connecting Delhi and Kolkata crossing northern and eastern India. Owing to its unique geo-socioeconomic position, this track is widely used for migration as well as human trafficking.

Vulnerable children travel as far as 2000 kms, across the Howrah Delhi Mainline, including the Grand Chord Line, away from their homes to the destination stations and bus terminals of Anand Vihar Interstate bus terminal, Ghaziabad railway station Delhi Sarai Rohilla and Delhi Cantonment.

Last year we protected 1357 children, which is on average around four children per day. We witness the maximum footfall of boys, which accounts for almost 88% of 1357 children, and most of them are aged between 13 to 18 years. The vulnerability of these children varies in nature ranging from fear, anger issues, sexual abuse, emotional abuse and neglect, children returning from work or going to work, child marriage and child trafficking cases.

RCI through its intensive outreach in the railway stations spread across three shifts (morning, afternoon, and night) ensures that no unaccompanied and vulnerable children are left behind but are protected. About 39 trains pass through these two stations connecting the states of Haryana, Rajasthan, Bihar, West Bengal, Uttar Pradesh, Mumbai, and Assam. RCI's outreach is also aligned with the train timings.

Support from the station-based stakeholders such as the Railway Protective Force (RPF), the Government Railway Police (GRP), the Ticket Checkers, the vendors, the porters, and the Station Managers aids in making the outreach robust and intensive. Prioritisation of early identification and prevention also ensured that these children do not slip into the dangers of street life.

The uniqueness of our early gatekeeping intervention in strategic locations along the transport corridor that lacks a dedicated child protection mechanism consists of:

24-hour Outreach: 24-hour outreach at the railway stations and bus terminals in three shifts (morning, afternoon, and night) by the RCI team members along with the support of the station-based stakeholders aided in identifying 1357 vulnerable and unaccompanied children between April 2022 to March 2023. Efforts are made to register the cases in the GRP through a Daily Diary entry.

24-hour Child Help Desk: Three Child Help Desks and one mobile Child Help Desk are functional in the railway stations and bus terminals. After establishing rapport with the identified vulnerable children, they were escorted to the Child Help Desk, where following their best interest and their need, food, clothing and emotional guidance- were provided. Interaction with these children helped to identify the reasons which forced them to gravitate away from home and arrive at the railway stations.

Family Reunification and Post Family Reunification Support: RCI believes that Family is the best place for the child. Detailed conversations are held with the child and with the family members to understand and verify the gravity of the vulnerability, previous history of abuse and child safeguarding concerns. Based on the information collected, an individual childcare plan is prepared and the child is produced before the Child Welfare Committee, which is the competent authority to take decisions related to children in need of care and protection.

Accordingly, 1286 children were either reunified with their families or placed in kinship care arrangements with their families with the support of the stakeholders, both the Child Welfare Committee and the District Child Protection Unit.

For the children from other states, 453 children were referred for short-term stay in the childcare institutions for understanding why they had travelled approximately 1532 km along the Howrah Delhi line, and even further from the north-east, contacting their parents, ascertaining details for

Railway Children India's Early Gatekeeping Efforts

home tracing and finally process their family reunification.

A robust follow-up mechanism spanning over 190 days is in place to ensure that the children are retained within the safety net of the follow-up. Telephonic and physical follow-ups are conducted, where effort is made to determine the status of the child, and the further needs of the child and address them accordingly, which is an integral part of RCI's family strengthening initiative. A total of 2211 follow-ups were conducted from April 22 to March 23, with all the 1357 children who were protected last year along with 654 children, who were protected in previous years. Among these, 47% of children were continuing their studies and staying at home, 17.5% children were found working and 35.5% of children were staying with their family and not engaged in any studies or work. Efforts are being made to follow up on the children.

Training and Sensitisation: Training and sensitisation of railway authorities, Railway Protective Force (RPF), Government Railway Police (GRP) and the wider station community and liaisoning with the District Child Protection Unit and District Administration is a crucial activity to make them aware of the need to protecting unaccompanied children in the railway stations and also in moving trains. Efforts were made to sensitise passengers and ensure the continuity of the convergent station-based Child Help Group, responsible for the protection of children arriving alone at the railway stations. From April 2022 to March 2023, RCI trained 5057 railway officials through 56 training sessions across railway training institutes, who in turn have protected 1767 children from moving trains and those who were roaming alone and unaccompanied in the railway stations.

PHOTO CREDITS: RAILWAY CHILDREN INDIA

Running Away from Schoolwork – Suresh's story

Introduction:
Children are often scared of their schoolwork and need help from their parents or elders to conquer their fears. If proper attention is not paid, some children take drastic actions too.
This is the story of Suresh, who ran away from home due to his incomplete schoolwork.

12-year-old Suresh (name changed) roaming alone at platforms 1-2 at Ghaziabad railway station was observed by the RCI team. The team asked him about his family, and he said: *"Mujhe nani ke ghar jana hain." – "I want to go to my grandmother's place."*
After offering food and water and ensuring that he was comfortable, the RCI social worker enquired about his family with him. He mentioned that he belongs to Azamgarh, but since childhood, he lives in Sanjay Nagar, Ghaziabad. His father is a fruit seller, and his mother helps his father. He has two siblings, and both are studying.

Upon asking about the reason for leaving his home, the social worker got to know that he was not able to cope with his studies.

Suresh's schoolwork was pending as he had visited his village for a month. He realised that running away was a better option as he was scared and unable to finish his work. He planned to board a train to his Nani's place in Azamgarh from Ghaziabad Railway Station.

How Railway Children India became the catalyst
He later shared his father's contact number, through which the team traced his family, and his father was called to the Child Help Desk. Suresh's mother arrived at the Child Help Desk, and the RCI team spoke to her and encouraged her to pay special attention to Suresh and help him reduce his schoolwork stress. Suresh was restored to his mother through GRP and completed the process of restoration to his family with verification of all documents and taking orders from Child Welfare Committee.
The RCI team conducted a follow-up after 15 days and connected with Suresh's mother.

She told the team that the child is attending school regularly and had completed his schoolwork and she is paying special attention to her son and not undermining his need.

Upon visiting and interacting with the family, our team learned that Suresh is attending school regularly. His mother was now motivated by the team to communicate and encourage her child regarding his studies and spend quality time with her children so that they don't take such actions again.

Case Study: Aftercare Group Homes at Snehalaya

Joyce Connolly, Director,

Snehalaya

Aftercare is the final stage in a continuum of care for institutionalised children that facilitates their rehabilitation and social reintegration after they age out from Child Care Institutions (CCIs).

The time when a youth 'leaves care' is a huge milestone as they explore their identity, connection to society and self-worth. Having missed out on developmental milestones and being institutionalised makes them more vulnerable when trying to live independently. Care leavers are more likely to experience unemployment, psychological stress, physical and mental illness, homelessness, dependency, addiction and trafficking.

Snehalaya

Snehalaya provides support to children up to age 18 in need of care and protection who have been placed in our CCI by order of the Child Welfare Committee (CWC) and includes high-risk groups such as children of sex workers, children living with HIV/AIDS and Protection of Children against Sexual Offences (POCSO) Act cases.

In 2018, we established our Family-Based Care (FBC) project to create a replicable model for alternative care at the district level. Since then, we have significantly improved our adherence to the JJ Act, ensuring correct and timely preparation of Social Investigation Reports (SIRs) and Individual Care Plans (ICPs). To date, we have supported the transition of nearly 100 children from our CCI, with many being reintegrated into their biological families and kinship care.

Until 2022, we offered extended institutional care within our shelter homes and our support for those leaving the institution after 18 had been focused on returning them to their families, further education and vocational training. While Snehalaya had an ever-growing portfolio of options available to over 18s there was no provision for their transition to living independently in the community.

In a study of children leaving our care, we found many were struggling to adapt to life outside the institution, especially when it came to Anti-Retroviral Treatment (ART) adherence, finding employment and forming relationships. Wishing to better prepare them, we are developing a curriculum of personal development and life skills.

We have also developed group aftercare homes that facilitate care leavers' transition to independent living within the community. Our purpose is to provide accommodation, financial and psychological support through live-in mentors and our FBC team until they are ready to live independently, ideally within 1-2 years.

Snehalaya's Aftercare Provision

We realised that providing beyond 18 support in our shelter home was only delaying their transition to independence. This was particularly apparent in our over 18 males who had become comfortable with earning an income with no financial responsibilities to bear.

We also knew that those who did leave our care were struggling to adapt to the outside world. In extreme cases, this manifested in resistance to their ART medication adherence leading to many returning with critical health issues. Many children also approached us years after leaving our CCI to seek educational and financial support. Conversely, some care leavers had a perception that we no longer had a duty of care and they could not approach us for help.

Research

In order to understand this more we conducted a survey of care leavers who left the CCI up to 2022. We were able to connect with 100 care leavers aged between 12 and 41.

The study aimed to:

- Study the socio-economic status of former beneficiaries
- Reconnect with former beneficiaries
- Identify the success of Snehalaya's intervention

While 65% of the care leavers had achieved a 12 standard plus level of education, they struggled to find well-paid employment due to lack of support. Only 17% of them were married, again citing a lack of support in finding a marriage partner, particularly for those living with HIV/AIDS. Other issues included:

- HIV+ children resistant to taking ART
- Bad memories of their care experience

Although this study went some way towards understanding our care leavers, a further study is underway to try to engage all care leavers and fully understand where we can support them better.

# Case Study: Aftercare Group Homes at Snehalaya

Group Aftercare Homes

Recognising that it is essential that care leavers are supported during their transition from institutionalised care to independent living we decided to open our own aftercare home in the community in 2022.

Having the ambition to establish group foster care homes, we decided to follow the state guidelines for those when planning our aftercare home. This is enabling us to pilot a group home and address any challenges and issues with over 18s before we apply it to under 18s. Our timeline ensured adequate preparation of the facilities, aftercare plans, care leavers and their families.

It took time to identify a suitable space in Ahmednagar city which would be secure and safe. Once found we set about refurbishing the premises, involving the boys who would be living there. They painted and decorated their new home, choosing their own designs.

While the Maharashtra aftercare guidelines dictate six to eight care leavers per home, there are no other specifics related to facilities therefore we followed the foster care group home guidelines which contain more detail such as number of toilets, rooms, etc and meet those standards.
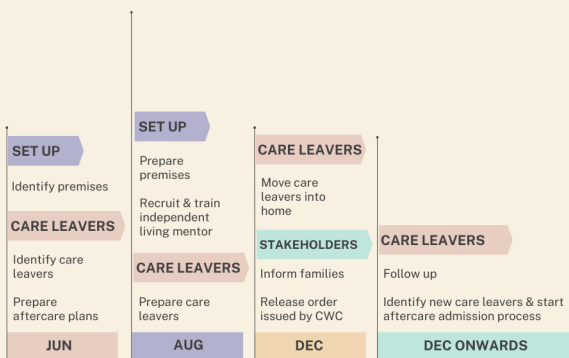
Group Aftercare Timeline 2022

Preparation of Care leavers

We initially identified six girls and eight boys aged 17+ for our aftercare homes who were unable to return to their families , lacked parental ties, or they or their families were unwilling or unable to be reunified. Each child has one counsellor and one case manager who discussed their histories and ambitions with them to develop ICPs, based on their best interests and adapted into 'Aftercare Plans'. These are discussed with and agreed by the children before consulting with their families and presenting to our CCI Case Review Panel which gives final approval to present their cases to the CWC.

Group and individual counselling included family counselling where possible so all agreed on the decision and their roles and responsibilities. Identifying gaps in their development, we also developed a curriculum to provide information and support on living independently and building successful lives, including:

- Vocational training
- Career guidance
- Budgeting and money management
- Cooking
- Being responsible housemates and neighbours
- Healthy relationships
- Nutrition
- Staying healthy
- Who and when to ask for support

We also facilitated them deciding their own house rules, including responsibilities such as cooking and cleaning, visitors and security.

Independent Living Mentors

To fully support care leavers, we established residential independent living mentors to act in the role of 'big brother or sister' in aftercare homes. Their role is to guide care leavers and support their transition to independence. It is essential that they have grown up in a family and the community to impart their experience and knowledge.

In an institution where care and protection are at the fore, proper preparation and training need to be provided to mentors to ensure they know the boundaries of their role. It is important that they do not do things that the care leavers can do for themselves or act as a rule enforcer, however they can offer guidance and share other knowledge. We are clear that any issues identified should be raised with counsellors and case managers who discuss them with individuals and groups in an environment where they are empowered to find and agree on their own solutions.

To help in the training and preparation of our mentors we developed an Independent Living Mentor training module and mobile app to help consolidate and refresh their learning with Marathi audio translation available.

Challenges

While the Maharashtra Aftercare Guidelines provide for aftercare funding, the state stakeholders do not have a clear understanding of the fund stream process. This becomes a challenge in receiving funding for aftercare. In our continuous efforts to avail aftercare funds, we will create and present the "quarterly reports" of each aftercare leaver

Case Study: Aftercare Group Homes at Snehalaya

to the District Child Protection Unit, DCPU, (as dictated by the aftercare guidelines) to encourage them in following the process.

Many of our older girls have court cases pending under POCSO while others have mothers still working in the sex industry posing added security risks when selecting girls for aftercare. Our short-term strategy is to prioritise orphans and people living with HIV and AIDS and learn from their experience to find solutions for all girls. We plan to open our first girls' aftercare home in July 2023.

Success

Having established send-off programs for all children leaving our care, we conducted a group event for our first aftercare leavers. This provided an opportunity to celebrate leaving the institution and for us to reinforce they are still part of the Snehalaya family and we are always there to support them if required. We were also able to gift them photos of their time in CCI and provide the opportunity to say their goodbyes to their friends and staff.

Our first batch of above 18 boys moved into their aftercare group home on 3 December 2022. They quickly adjusted to their new environment, supporting each other as a 'family' and proving themselves to be responsible neighbours with no significant issues to date. We supported them to find full or part-time work to cover their living expenses, some while continuing their studies. At the start of May 2023, they also paid their first full month's rent. We do continuous follow-up and reviews of their aftercare plans to ensure their successful reintegration into the community.

Endnotes

Anti-Retroviral Treatment (ART) involves taking a combination of HIV medicines (called an HIV treatment regimen) every day. ART is recommended for everyone who has HIV. ART cannot cure HIV, but these medicines help people with HIV live longer and healthier lives.

You can access our Independent Living Mentor role description and training module at: https://www.snehalaya.org/aftercare

You can access our Independent Living Mentor training app at: https://link.edapp.com/pW8qIB93txb

About the Author

Joyce is originally from the UK but has been living and serving as a director at Snehalaya for over seven years. Under guidance from international experts, she helped introduce the concept of family-based care to Snehalaya and continues to drive the project to transform care for children living in Ahmednagar District.

Kinship Care to Ensure Safe Childhood in Gujarat- Meenal's Story

Shilpa Vaishnav,
District Coordinator,
(UNICEF Project) and Director Samvedana trust

Hemalee Leuva
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Samvedna Trust Introduction

'Samvedna Trust' was set up 20 years ago to empower tribal and rural brethren of Gujarat through their active participation, based on Gandhian Principles, and aims to bring about comprehensive transformation in the lives of marginalised, through peaceful means, irrespective of caste, creed, or religion. The Samvedana Trust has been actively involved in various socio-economic and educational programs in tribal villages of Amirgadh taluka in District Banaskantha located in North Gujarat, adjacent to Rajasthan. This area is strangled to some extent due to deep-seated societal practices and addictions. Innumerable families in these villages are too unfortunate to have two times meals and a roof to shelter their family members. The Trust had also set up 20 non-profit schools which were handed over to the Government to be run under the 'Sarva Siksha Abhiyan'.

Samvedana Trust has been a partner of UNICEF to implement child rights and child protection projects at the grassroots and community levels since 2010. The Trust has so far implemented various projects on nutrition, health, education, child rights and child protection-related programs such as strengthening village child protection committees, life skill education training covering over 5000 children, child protection response during COVID-19 and establishing Children and Adolescence Resource Center in the district supported by UNICEF.

About the UNICEF-Samvedna Partnership Program in Collaboration with the District Administration of Banaskantha

In Banaskantha during COVID-19, in partnership with the District Administration and UNICEF, Samvedana began the implementation of a program focused on strengthening linkages of vulnerable families with

kinship care, family-based alternative care and relevant social protection schemes.

The program objective is to facilitate last-mile linkages to complement existing government schemes. Under the program, Samvedana identifies vulnerable children and families through door-to-door mapping in collaboration with front-line workers and community leaders and members. The next step is facilitating linkages of these families to relevant schemes and services based on the eligibility criteria. This is done through upstream and downstream support.

Under this program, the block coordinators and staff members of Samvedna Trust conducted door-to-door mapping to identify vulnerable families and children. The team identified some children who have lost their parents and living with their extended family members.

The team supported the identified families in collecting various documents (such as the child's birth certificate, copy of the death certificate of the child's parents, affidavit/ Certificate of Marriage Registration/ certification by *Talati*[1] in case of death of the father of the child and remarriage of the mother, income certificate of caregiver, opening bank accounts, Aadhar card of the child, ration card, etc.) to be able to avail state's support for kinship care. After collecting relevant documents required for the kinship care scheme, the team facilitated to establish linkages between identified families and the district administration team for submission of documents, follow-up visits to government offices, getting approval for the scheme from the district office, providing handholding support to the families, opening bank accounts of the children (those who didn't have a bank account) till the families have started receiving the benefit of the scheme. The team continued providing mentoring support to the families to ensure that the basic services such as food, health, nutrition and education are being taken care of for those children by their extended families. Several advocacy meetings were conducted with Aanganwadi workers, Supervisors, School Principals, Taluka Development officers, Chief District Education Officer, and District Child Protection Officers to be able to reach out and extend support to vulnerable families and children in the Banaskantha District during the COVID-19 pandemic.

This program in addition to family strengthening and alternative care, has a strong cash-plus element of mentoring & counselling of children, adolescents, community and Child Protection Committee members and leaders. The program has also initiated over the last couple of years a community-led Mental Health and Psycho-Social Support (MHPSS) with a strong programmatic focus on prevention and response to core child protection issues of child marriage and child labour. Program coordinators in collaboration with district and front-line functionaries, are working extensively with the children to promote their well-being and provide a space for their emotional expression.

During the pandemic, many children lost their parents. One such child, Meenal[2] from Dhanpura, Banaskantha District was identified through a survey conducted by Samvedana Trust in Banaskantha. Meenal and her four sisters felt abandoned after her father passed away and her mother remarried when she was seven years old.

Caring for five children would have been a challenge for Meenal's grandparents due to financial constraints. However, supported by the Palak Mata Pita Yojna (PMPY) which is State's kinship care scheme, Dhabi Thavarabhai Kimabhai and Dhabi Sajiben Kimabhai, Meenal's grandparents are able to provide care and support to Meenal and her sisters. They have been able to provide for the basic needs of Meenal and her sisters such as food, clothes, school supplies and medicines. Money is solely used for the siblings' welfare and development.

PMPY is a kinship care scheme introduced by the Government of Gujarat in 1978 for all children till the age of 18 years who have been orphaned; and for children whose father is no more and whose mother has remarried and left them in the care of extended family. Under the scheme, the extended family member who becomes the primary caregiver for the children is given INR 3000 per month per child to support the educational, nutritional, health and other development-related needs of the child. The scheme aims to ensure that children stay and grow in their own families; decreases instances of institutionalisation of the child in keeping with the principle that the family is the best place for the child. Since the scheme is contingent on the child's enrollment in school and/or Aanganwadi, it also ensures improved retention and decreased drop-out rates. The scheme effectively incentivizes the natural and traditional bonds between the community and family members in the state. This scheme has helped Meenal and her sisters continue their education, ensuring their care and protection from abuse and discrimination.

Kinship Care to Ensure Safe Childhood in Gujarat- Meenal's Story

Meenal's aunt lives with her grandparents and is a primary caregiver of Meenal and her sisters. Her aunt ensures that Meenal is involved in daily routine activities and studying well and loves Meenal and her sisters like her own children. Over a period of time, she has been able to develop a friendship-like bond with Meenal and her sisters. The members of the Village Child Protection Committee, who live near their home, have also been assigned the responsibility of looking after the siblings. Meenal, now 11-year-old is studying in class 6th and is one of the brightest students in her class.

Watch the case documentary here :

Kinship Care and Safe Childhood - Meenal's Story

Family-based Care Solutions through Foster Care

Family-based Care Solutions through Foster Care

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Foster Care Society's primary mission is to establish and model best practices for foster care organisations seeking to help foster youth and their parents throughout India. The society was registered in Udaipur, Rajasthan in January 2017 as a non-governmental organization (NGO). Building on previous work done by Foster Care India, the Foster Care Society set out to move children from Child Care Institutions (CCIs) to individual families. Foster Care Society believes that "Every Child deserves a family that can provide love and support."

Currently, the society is working with 28 foster families and children in Udaipur and the surrounding districts. The Foster Care Society works directly with government stakeholders in the effective implementation of the foster care process. Major services provided by the society are awareness, identification, orientation, assistance in the placement process, pre-service and post-service training, matching, monitoring, counselling, and documentation. It also provides case monitoring and support for behavioural, educational, and other transitional concerns after the placement of the child into the foster family. It ensures that the transition process is a positive and life-changing experience for the child and the family. While placing the child into the family, society fully ensures the best interest of the child.

Some of the best practices followed by the society are:

- Ensuring that the potential families understand the difference between adoption and foster care before submitting the application form.

- Pre-placement training (preparing families to deliver the best parenting skills during fostering a child).

- Developing a tool kit for the foster families (tool kit helps families to understand the child and helps in better adjustment).

- Focussing on the process of matching (where the child and potential families are counselled for foster care).

- Taking consent of the child above 7 years.

The below case studies reflect how these practices are aligned with the best interest of a child principle, while placing them in foster care arrangements.

Family-based Care Solutions through Foster Care

Case Study- Rohan[1]

Introduction

At the tender age of three, a child named Rohan was reported to Childline as he was found begging on the streets. The police department registered the child on the missing children's portal. When this case came to the notice of the Child Welfare Committee(CWC), they asked the police and Childline team to locate the child's biological parents. Subsequent investigations confirmed that the child met the eligibility for foster care.

A couple from Udaipur got to know about the Foster Care Programme through the CCIs and reached out to the Foster Care Society for more information about the programme and the process.

The couple thought of raising a child under foster care *(Vatsalya Yojana[2])*. The potential father, aged 61, has retired from a government department and has consistently been engaged in social work within the community. The potential mother, aged 54, explains her previous experiences in raising multiple children within the neighbourhood, further expressing her desire to improve the life of a single child now. The couple believes that their instilled values will contribute to the holistic development of the foster child.

The couple approached the Foster Care Society to understand the *Vatsalya Yojana.* Once their doubts were cleared, they promptly started preparing their documents with the help of the Foster Care Society, which provided support throughout the process. The foster family diligently completed all documentation within one month. Subsequently, the Foster Care Society started identifying a suitable match for them.

Matching Day

On the day of matching, the potential father felt emotional upon laying eyes on Rohan and decided to take him home. He enquired if Rohan would consider him a father. To his delight, Rohan responded affirmatively, addressing him as 'father'. This heartfelt interaction fostered a sense of affection and attachment in the potential father in the first meeting itself. The potential mother was emotional as well. Prior to the official placement, the potential foster parents undertook three separate visits to Rohan, during which they brought along numerous gifts and chocolates in an effort to establish a sense of comfort and familiarity with him.

Life in Foster Care

Before welcoming Rohan into their home, the foster family took him for visits to temples and made prior arrangements within their home environment like stocking biscuits, chocolates, chips, etc. to ensure the child's comfort and provide a welcoming atmosphere.

Following Rohan's transition from the CCI, where he had been enrolled in the first grade, the foster parents enrolled him in Arena English Medium School. However, after a few days, they understood that Rohan was weak in academics, lacking fundamental knowledge. To address this, the foster parents made the informed choice to have him repeat classes, necessitating his admission to a lower class. In order to improve Rohan's knowledge, the foster parents adopted various techniques. They affixed chart papers to the walls of their home and utilised them to facilitate everyday learning. They also started tuition classes for Rohan nearby their house.

Rohan is very fond of outdoor playing and cycling. During the evenings, he plays with other children within the colony. The foster father thoughtfully bought a bicycle for him, so that he can play alongside his friends in the colony. Rohan's foster mother keeps regular check on his health, providing him with nutritious food every two hours. She believes it is crucial to offer fulfilling and nourishing food at frequent intervals as children burn lots of energy.

The Foster Care Society conducts monthly monitoring and supervision to ensure the well-being of both the foster family and Rohan. Regular communication is held by the Foster Care Society with the foster family and Rohan, as per their requirements. Foster Care Society further extends support through effective counselling sessions to the foster family. The foster family is taking good care of Rohan, providing him with an abundance of love, care, and attention.

Family-based Care Solutions through Foster Care

Case Study- Akshay[3]

Introduction

Akshay was about 1 year and 2 months old when his biological mother died due to some physical ailment. After the death of his mother, Akshay stayed with his biological father. In the next 6 months, the father observed some physical and mental issues in Akshay.

The biological father was not able to take care of Akshay properly, so he presented Akshay to the CWC, which placed Akshay in a CCI. Officials at the CCI got Akshay's check-up done and he was diagnosed with developmental delay and hearing impairment issues. On further diagnosis, Akshay was diagnosed with Cerebral Palsy.

Journey from CCI to Foster Care

From the first day onwards, a health worker at the same CCI started taking care of Akshay and the child also got very attached to the health worker. The health worker and her biological daughter started liking Akshay and developed a soft corner for him. Since there weren't any proper homes for cerebral palsy children in the city, the CWC of Banswara decided to shift Akshay to Jaipur. The health worker accompanied Akshay to Jaipur, but he was reluctant in leaving her when she was returning and started crying. So, the health worker bought him back with her. The health worker decided to take Akshay to her home and thus contacted the CWC who suggested that she take Akshay in Foster Care. She contacted the Foster Care Society and with their support, started preparing her documents and within a month's time, she completed all the requirements. With the technical support of the Foster Care Society and in the presence of the CWC and the Protection Officer of the District Child Protection Unit (DCPU), Akshay was placed with his health worker.

Life in Foster Care

The foster mother is a single mother and she has a 12 years old biological daughter. Initially, Akshay was not able to move by himself, he lay on the bed, and all his routine activities were done only on the bed. He was not able to make any movement. But the care and love given by the foster mother and her daughter brought so many improvements in the foster child.

During the monthly monitoring, the Foster Care Society saw many changes in the foster child. Gradually, the foster child got adjusted into the family and learned so many novel things in a short time. He can grasp things, walk with the help of a walker and eat small bites by himself. He knows everyone in the family and becomes silent in the presence of an outsider. He walks through a walker in the house. The foster child started expressing himself through various movements. When he goes out, he waves his hand to everyone. He slowly gets down from the bed. Akshay can also speak a few words now, like *Jija* (Sister). His tongue trembles if he tries to speak something, but he understands good, bad, right and wrong things.

The Foster Care Society is very attentive towards monitoring and supervision of the foster child. The foster parents give all the details about the child's development and also discuss the future plan monthly. Living with this foster family is in the best interest of Akshay, and his foster mother is trying every possible step to help the foster child in improving his health. The Foster Care Society visits the family and takes counselling sessions as per the need of the foster mother, her daughter and the foster child. Foster Care Society connected the foster families with the benefits of the *Vatsalya Yojana* as well as with sponsorships.

Endnotes

[1] Name changed
[2] The implementation of the Rajasthan Government Vatsalya Yojana was started by the District Child Protection Unit, Jaipur to ensure upbringing and care in a family environment to the children in need of care and protection in Jaipur.
[3] Name changed

Bal Panchayat (Children's Parliament)

The Journey of Child Participation in the Community-Level Prevention Project in Gujarat

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All children have the right to be protected from harm and have their welfare promoted, regardless of who they are or where they come from. Child participation in matters that affect them is their key fundamental right. Those working in organisations that interact with children have a responsibility to ensure their safety and well-being. Children can play an active role in safeguarding themselves.

The journey of Bal Panchayat sheds light on the efforts, initiatives, and experiences of children in establishing community-based child protection mechanisms through active participation. It serves as a valuable resource for government and NGO social workers, panchayat members, village institutes, volunteers, community children, and members of protection committees of children, as well as Child Welfare Committees (CWCs) in strengthening prevention and gatekeeping mechanisms. This document aims to provide an overview of the concept and objectives of Bal Panchayat, the process of its formation and operation, the initiatives undertaken, the challenges faced, and the way forward for our pilot project in Chhota Udepur, Gujarat. The project is a joint partnership between the Department of Social Justice & Empowerment (SJE), Gujarat, UNICEF, Miracle Foundation India, and implemented by Deepak Foundation.

Location

The project "demonstration of a scalable and replicable pilot model of family strengthening as a measure of gatekeeping and deinstitutionalisation aimed at reunification and social reintegration" was implemented in the Dumali group Panchayat, covering four villages in the Chhota Udepur district- a tribal-dominated district. A situational analysis and needs assessment were conducted to understand the community's issues and social demographics in Chhota Udepur. Poverty, alcoholism, lack of sustainable livelihood resources, limited access to education, school dropouts, migration, farm labour involvement, physical abuse, health concerns, nonfunctional protection committees for children, and absence of child participation were identified as key issues affecting children in the community. The assessment revealed that children, along with other vulnerable groups, are often neglected or unheard of in decisions affecting their lives made by parents or the community.

To address these issues, it was crucial to engage children and understand their perspectives on potential solutions. While some children actively participated, differently-abled children and adolescent girls faced certain inhibitions due to existing social barriers. Community Volunteers (CVs) acted as bridges and played a pivotal role in creating a trustworthy and inclusive environment for differently-abled children and adolescent girls. Through the mobilisation process initiated by the CVs, children were encouraged to express their thoughts and perspectives. There was a recognised need to establish a strong and sustainable platform for child participation, which led to the introduction of the Bal Panchayat concept and facilitate its formation in respective villages.

Concept of Bal Panchayat

Bal Panchayat (Children's Parliament) is a platform that brings children together, enabling them to share their views, concerns, and perspectives. It provides representation for children from the entire community, irrespective of hamlets, castes, status of school enrollment, engagement in labour, or children with special needs. Two children (one boy and one girl) from the Bal Panchayat serve as representatives on the protection committee for children, ensuring that their inputs and views are considered in decisions that impact them. The protection committee collaborates with other village institutions and stakeholders to address child protection issues. The Bal Panchayat coordinates with the Bal Sabha (Children's Assembly) and discusses child protection issues, identifying feasible solutions from their perspective.
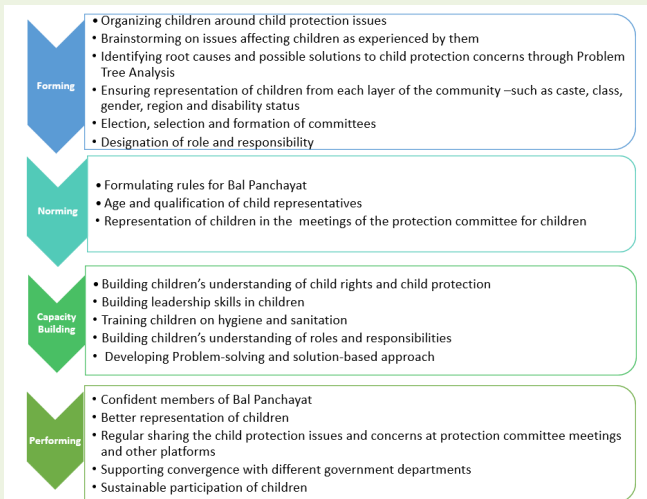
Objectives of Bal Panchayat

- Establish a safety net for children in the community, in line with the child rights declared by the United Nations Convention on the Rights of the Child (UNCRC).
- Enable children to participate in the decision-making process on issues that affect them, resulting in better outcomes for children and families.
- Create a platform for children to voice their issues at the local level.
- Develop leadership skills among children, empowering them to become advocates for other children in the community.
- Address child rights issues such as neglect,

exploitation, child abuse, school dropout, child labour, and map child protection-related concerns in the community.

- Enhance self-confidence and dignity among children while fostering a child-friendly environment.

Process of Forming Bal Panchayat

Forming
- Organizing children around child protection issues
- Brainstorming on issues affecting children as experienced by them
- Identifying root causes and possible solutions to child protection concerns through Problem Tree Analysis
- Ensuring representation of children from each layer of the community –such as caste, class, gender, region and disability status
- Election, selection and formation of committees
- Designation of role and responsibility

Norming
- Formulating rules for Bal Panchayat
- Age and qualification of child representatives
- Representation of children in the meetings of the protection committee for children

Capacity Building
- Building children's understanding of child rights and child protection
- Building leadership skills in children
- Training children on hygiene and sanitation
- Building children's understanding of roles and responsibilities
- Developing Problem-solving and solution-based approach

Performing
- Confident members of Bal Panchayat
- Better representation of children
- Regular sharing the child protection issues and concerns at protection committee meetings and other platforms
- Supporting convergence with different government departments
- Sustainable participation of children

Five Bal Panchayats were formed in Nani Dumali, Moti Dumali, Gungawada, and Jaloda villages of the Dumali Group Panchayat. A total of 35 children, comprising 18 girls and 17 boys, were democratically elected. Based on the children's needs and issues, various child ministers were elected, including the Child Protection Minister, Health and Hygiene Minister, Education Minister, De-addiction Minister, Sports Minister and Cultural Minister. The Bal Panchayat members advocate for the concept of child-friendly villages.

PHOTO CREDITS: MIRACLE FOUNDATION INDIA

Initiatives of Bal Panchayat for Children in the Community

- A survey was conducted by the Bal Panchayat to identify the reasons for school dropout. One of the major reasons identified was the lack of transportation to nearby villages for higher secondary education. To address this issue, an application was submitted to the Education Department, Regional Transport Office, and school authorities to explore possibilities for arranging

transportation. Ongoing efforts are being made, with VCPC members regularly following up with the relevant departments.

- Bal Panchayat members visited the village head and presented child protection issues, seeking support to address problems such as alcohol addiction, child marriage, and child labour. The village head assured the children of full support in resolving these issues.

- Representatives from the Bal Panchayat attended a meeting chaired by the District Collector of Chhota Udepur, where they presented current child protection issues in the community and sought support from government officials. They also appealed for transportation arrangements for school-going children pursuing higher education from the Dumali Group Panchayat and the eradication of alcohol-related problems from the villages. The confidence and advocacy skills displayed by the children impressed and convinced the collector, who assured them of her full support.

PHOTO CREDITS: MIRACLE FOUNDATION INDIA

Results Achieved

- Bal Panchayat performed street plays, supported by the protection committee members and community leaders, to raise awareness about eliminating discrimination, addiction, child labor, and child marriage. Public places were selected, and slogans highlighting the importance of education, child rights and protection, motherhood, and the role of Bal Panchayat were showcased. Consequently, one child marriage was stopped and one child was rescued from a brick kiln with the support of child protection committee members.

- Children presented their issues before the District Collector.

- Counselling and support were provided to eight

children who had dropped out of school due to a lack of interest or family issues. As a result, four children were successfully re-enrolled in school through the efforts of Bal Panchayat members.

- Children worked with the State Child Protection Committee to address the de-addiction issue in their village.

PHOTO CREDITS: MIRACLE FOUNDATION INDIA

Voices/Testimonials from Members of Bal Panchayat

"I learned about one of my friends who had dropped out of school and was helping her parents with farming work. I met her parents multiple times and explained the importance of education for their daughter. Initially, they resisted, but eventually, they agreed to send her back to school. My friend has finally been enrolled."

-Bhavna, Bal Panchayat member, Moti Dumali Village.

"With the support and counseling from Bal Panchayat members, I overcame my fear of the dark and wild animals, and now I am fearless."

-Ankit, Bal Panchayat member, Moti Dumali Village.

Challenges

- Due to COVID-19, children from the five Bal Panchayats could not gather in one place for a year. To mitigate this challenge, children started holding regular meetings in their respective hamlets and villages.

- Children studying in higher secondary schools in nearby villages faced difficulties attending monthly meetings regularly due to their school timings. To address this issue, meetings were organised on weekends or in the evenings.

- High attrition rate: Each year, Bal Panchayat members who pursue further education leave, necessitating regular replacements and capacity building.

Way Forward for Bal Panchayat

- Establish strong alignment between Bal Panchayat and Bal Sabha to encourage child participation and identify children's issues through brainstorming and facilitation.

- Build the capacity of children to promote their views and perspectives through increased participation.

- Maintain regular interactions with children and escalate grassroots issues to protection committees, Taluka Development Officer, and the Collectorate, involving all aligned stakeholders at the district level to enhance the scale from village to district level.

- Support nearby villages in forming Bal Panchayats, expanding the reach and impact of child participation initiatives.

The Bal Panchayat project in Gujarat aims to empower children and promote their participation in decision-making processes, ensuring their rights and welfare are protected. By providing a platform for children to express their views, address child protection issues, and collaborate with stakeholders, the project contributes to building child-friendly communities and fostering leadership skills among children.

About the Author

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Sonal has completed a Master's in Human Resources Management and English Literature along with a degree in law and has around a decade of experience working with women, children, and persons with disability in various organizations.

Geeta Desai *: State Head Gujarat,Miracle Foundation India*

A dedicated social worker awarded by the governor of Gujarat in 2013 for contribution to work in school education of the migrating community of deprived section in our society. A professional with 21 years of rich and varied grassroots and management level experience in working with Government, NGO partners, and community. She believes strongly in equality in gender, caste, class, and religion in every sphere of her life.

Ensuring Child Participation: Assessment Tool for Children in Residential Care

Dr. Gurneet K. Kalra, Manager, Research and Advocacy, Udayan Care

Globally, several studies have outlined the importance of child participation in matters concerning them, more so when they are in an alternative care system (Bouma et al., 2018; Havlicek et al., 2018). Toros (2021) in his study on child participation in decision-making, indicated that the child participation model which is often used on the ground including informing, listening and involving the child, is not well implemented in practice (Dillon et al., 2016). Although child participation is considered important in the child protection system, opportunities for children in the care system to express their needs and views are often non-existent or less prevalent. Child welfare stakeholders often expressed difficulty in engaging and bonding with children in care homes, particularly with younger children, which led to their assumption that children should be shielded from difficult conversations, i.e. preventing children's participation in decision-making (Schiller et al., 2023). However, various studies revealed that children perceive themselves as active and intelligent recipients of welfare services and are very well capable of understanding appropriate and inappropriate participation (Dillon et al., 2016). As a means to increase participation, any of the government regulations and guidelines should be accompanied by a greater emphasis on skill development and communication with the child protection stakeholders (Van Bijleveld, 2015).

A nation with one of the largest child populations, India, has approximately 23 million children without parental care, requiring alternative forms of care, amongst which almost 470,000 are in institutional care (MOSPI, 2018). But there is a lack of data regarding the health, educational, and emotional needs of children in these institutions. Literature indicates that the voices of children in residential care homes are not heard and that they are not provided with the right to participate or freely express their views (Bajpai, 2019). There is a crucial need for assessment of the quality of life and care which is provided in residential care, which cannot be achieved without taking into consideration children's perception of their physical, social, and emotional life. Regular assessment provides a parameter to evaluate mental health problems, challenges and needs of the children in residential care homes (Rogers et al., 2014).

Udayan Care, an NGO based in Delhi, India, has an innovative group care model for children in need of care, implementing the indigenously developed LIFE (Living In Family Environment) strategy in its 16 Udayan Ghars (Sunshine care homes). Five pillars of the model include; small numbers of children per home, a trained carer team, community orientation and involvement, education, vocational, and life skills training, and child participation. The carer team for each home consists of full-time, resident care staff (2-3 for every 12 children); a psychologist and a child and adolescent psychiatrist; social workers for every 24 children; part-time counsellors, and a unique feature, mentor parents who are long-term, committed volunteers, bringing parenting and social exposure to the children.

A Questionnaire to Assess the Needs of Children in Care (QANCC) was developed as a longitudinal study by Udayan Care in 2011, with child participation as a core pillar that takes into consideration the socio-cultural learnings of the Indian setting. Developed by a cadre of professionals, this tool was conceived to ascertain whether children in the Udayan Ghars felt that their rights were being fulfilled and their needs were being addressed and how can the existing interventions be improved further. With the "meaningful participation" of children stipulated by the United Nations Convention on the Rights of the Child, the objective of this longitudinal research since 2011 was to develop an evidence-based indicator tool to assess whether the rights of children are being met or not, from their own perspective. QANCC, a self-assessment, standardised tool consists of 50 questions and 80 statements to assess the four dimensions of needs including basic/fundamental, emotional, educational, and interpersonal needs, on a four-point Likert rating scale. Assessment of each of the needs individually, and together provides a holistic approach towards improving care and quality of life individually as well as in the residential care home; and is linked with their enhanced health, development, and school performance.

Longitudinally, every year, data from each Ghar is being conducted from all children between 10 to 18 years of age who have lived at the Ghars for a minimum of 6 months through an informed accent. Each of the needs assessed highlights the cores that are required for the physical and mental development of children in care homes, leading to their overall development. The questions are framed in a manner to describe feelings experienced, activities undertaken, participation of children in group activities, self-realisation, and their interaction with staff. So far till the year 2021, the longitudinal results showed that, on average, 76.8%

of children felt their needs were being met. Upon identifying areas of unmet needs, several interim measures were taken to improve the quality of care, including enhanced psychosocial support, establishing specialised committees to address children's education, health and aftercare needs, workshops and life skills training and revision of care plans for children. The targeted interventions demonstrated a rise in mean scores of the met needs of children as stated by the children themselves (Modi et al., 2022). Two research papers[1] have been published so far highlighting the conception, application and impact of QANCC as a standardised tool for residential care children in India.

The findings from this tool should not be used to determine that child care institutions are better settings for children without parental care than family or community-based settings but rather even if institutional care is the last resort for the child, his/her quality of life and care should not be compromised

Endnotes

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Faith for Children - Stories of Inspiration from Tamil Nadu

Faith for Children - Stories of Inspiration from Tamil Nadu

Changing the Way We Care team, Catholic Relief Services

Changing the Way We Care (CTWWC), a global initiative of Catholic Relief Services (CRS) and Maestral Foundation, was launched in October 2018, to prevent the separation of children from their families and end institutionalisation using a family-strengthening approach. CTWWC works in several countries including Kenya, Moldova, and India to create sustainable systemic changes for around 2-8 million children in residential care institutions. This movement is referred to as '*care reform*'.

In the demonstration countries, CTWWC works with partners to support families with aid to keep them strong and intact. When it is not possible to keep family together, the initiative works to provide alternate family-based care for these children, like *kinship* or *foster care*[1]. CRS in India has been implementing the CTWWC project to promote family-based care for children who are either at risk of separation from families or transitioning from Child Care Institutions (CCIs). Through evidence-backed programming, learning, and influence, we hope our work can grow and change the way we care for children.

Working with Faith

Faith-based organisations (FBOs) have a rich history of caring for the most vulnerable. Churches have long-standing credibility in their communities and have large networks through which funds and resources are mobilised. Given

their aligned values of supporting families, they are well-positioned to partner with child protection agencies to protect children and improve outcomes for families in need.

In Tamil Nadu, our partner Tamil Nadu Social Service Society (TASOSS) along with four diocesan partners in Kanyakumari, have engaged with key Church stakeholders to influence their approach to care and protection of vulnerable children and orient faith structures to become primary influencers for promoting family values, advocate for child protection and family strengthening[2], and act as a bridge between child protection programmes and the people. Focused interventions with the community such as campaigns, case management for long-term support, psychosocial support and parenting sessions have been integral to our programme to strengthen families and prevent child-family separation.

Stories from the Ground

Role of the Parish

Sheela, 28, (name changed) hails from the Vavathurai village in Kanyakumari and is a single mother of a four-year old girl child. Her husband passed away three years ago, and Sheela, who is parentless herself, and her child have since been living with her mother-in-law and brother-in-law. Her mother-in-law stays at home while her brother-in-law has hearing and speech disabilities, making it difficult for him to work.

"I have to look for odd jobs - domestic work, cleaning and washing up at nearby restaurants, just to bring in little to feed my family. As income is insufficient, I work several nights a month to make ends meet," she says. Blaming herself for being unable to care for her child, she placed her daughter in an unregistered CCI nearby.

A Field Case Manager (FCM) of CTWWC discovered this during a home visit and talked to Sheela on how the best place for the child to grow up is at home, and not in a CCI. "I told her she can care for her child herself and provide good education, we will be there to support her", says Abinsha, the FCM. With her new-found confidence, Sheela decided to bring her child home. However, the staff of the CCI did not believe her and refused to send her child back home.

The FCM reported the issue to Fr. Ligorious of the Roch Church, the parish priest of Vavathurai. He immediately approached the parish priest of Chinnamuttam, where the CCI was located, to work together in bringing the child home. He explains, "It was important to act soon as this is an unregistered CCI, and they do not work with the Church in

the area - we cannot be sure how safe our child is there. I advised Abinsha to help the mother in keeping her daughter at home and not send her back." He supported Sheela in admitting her child to school.

At the village-level, parish priests play a key role in guiding children into CCIs, making it essential to work with them and promote behaviour change towards gatekeeping, prevention of family separation, and reintegration of children into safe family-based care. This story is a great example of the results of the involvement of parish-level faith-based structures, and more priests have also slowly started changing their attitude to appreciate our initiatives.

With continued efforts in faith-based engagement - orientations with parish priests, councils and commissions, sensitisation meetings with parish members, involvement of key parish stakeholders in project implementation and raising awareness on the state of destitute families in their parishes - we believe that further positive change is possible. The project will continue to endeavour in increasing the meaningful participation of the faith community to address the needs of vulnerable children.

Creating Champions for Children

Some key influencers we work with include parish priests, parish council leaders, diocesan-level commission members, and Bishops, whom we identify and promote as champions for our project. The Champions for Family Care development project has been engaging with 25 champions to strengthen the Church's commitment and actions to create social change towards family strengthening.

Sister Margaret Marial is a Senior Case Manager with the Kuzhithurai Integral Development Social Services (KIDSS) for CTWWC in Tamil Nadu and has been at the heart of efforts to give at-risk children a new lease of life. In 1994-95, she supervised a CCI for street children in Murasankodu village in Tamil Nadu. She was seen as a mother to the children there, ensuring that they are given proper care during their stay.

In 1996-97, when she became the Superintendent, she understood how institutionalisation was having a detrimental impact on the children. "Children with parental ties do not wish to stay in CCIs. When I counselled some children, I realised they were being problematic on purpose so they would get sent home", says Sr Margaret.

With some support, she realised the families can take good care of their children, thus preventing family separation altogether. Often during meetings with parents, she would advise them to not place children in CCIs. Though the

community and the Church began accepting her perspectives, her motivation to promote deinstitutionalisation inspired her to resign from her job at the CCI.

Since then, she is working to strengthen families by linking them with different support services. Some of her incredible feats include working tirelessly during the COVID-19 pandemic to identify children who lost one or both parents to COVID-19. Sr Margaret will continue working with communities and church structures to promote a future of non-institutionalised care for children and explore innovative solutions to their safety and protection issues.

Sr Margaret at Neyyoor Government School, orienting children on the impacts of drugs

She interacts with more than 300 children every month through engagement with faith structures such as Bible Schools. She proudly adds, "The kids and I organise comics and skits on the themes of family strengthening every time we meet. When I ask them what happens when a child they know loses a parent, they all tell me they will take care of their friend and never let them be sent away."

Father Maria Arputham has been a priest for the last 42 years, holding various positions in the Marthandam diocese in Kanyakumari. He was the founder of Matrix Illam, which has been functioning for more than 25 years. It was originally started to take in boys who dropped out of school to work in cashew processing factories or brick kilns around Marthandam.

His vision was not just to provide shelter for them, but to also support their wholesome development, turning them into responsible citizens. The staff at Matrix Illam allow the children to mingle with families outside the home. "This sensitizes community members to the plight of the destitute children. We also give awareness to the community on the effects of alcoholism and how it affects family, especially children" says Fr Maria.

He worked with broken families to bring them back together

- by providing counselling and organising financial and other support, such as housing and employment. Rehabilitation support is also referred to by the home, working with women's groups, SHGs and refugee homes in the area. He strongly adds "It is very important that the community realise their responsibility, especially in caring for the weak and vulnerable. The change cannot be brought about by few individuals alone."


Fr. Maria Arputham of Matrix Illam, Attoor, Tamilnadu

Fr Maria, through the Marthandam Integrated Development Society (MIDS), became a champion for CTWWC. Together, MIDS and Matrix Illam are now reaching out to families, relatives and community members to rehome the boys or place them in kinship care. Fr Maria's efforts have resulted in the reintegration of 17 boys over the years, and he is keen to continue his work through CTWWC.

Endnotes

[1] https://www.changingthewaywecare.org/
[2] To help families become self-reliant and strong by providing cash plus care support, linking to government schemes and to church based services and programmes

Voices from the Field
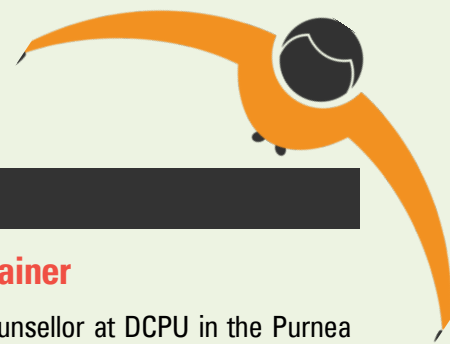
Role of Master Trainers in Transforming Family-Based Alternative Care in India

Master Trainers are the expert cadre of District Child Protection Unit (DCPU) officials who are trained in the technical details in the sphere of family-based and alternative care, and act as peer support for their colleagues and other key stakeholders. They have emerged as a resource pool in their respective districts.

Inception of Master Trainer Program

In the classroom or virtual training for DCPU officials conducted by Miracle Foundation India, it was time and again emphasised by the officials that the successful application of the capacity-building program in their role depends on their commitment and ownership to the same. The joint effort of the State Governments (Maharashtra, Gujarat, Bihar and Jharkhand), Miracle Foundation India and UNICEF India in these states, led to the creation of a group of Master Trainers from the same pool of the DCPU officials undergoing training to ensure ownership and sustainability in the program.

Roles and responsibilities

The key roles and responsibilities envisioned for the Master Trainers include a thorough understanding of the curriculum discussed during the Family Strengthening and Family Based Alternative Care training focussing on fundamental areas of prevention, gatekeeping, reunification, reintegration, as well as upholding the standards of care within a Child Care Institutions (CCIs). Furthermore, the ability to develop the district-level way forward plans and their implementation in consultation with their respective DCPU team is crucial.

Criteria for Selection

The officials selected for Master Trainer Program are those who actively participate in the training process follow-up & mentoring calls by the team. The other criteria include good communication skills and fluency in local languages, good rapport building and coordination with concerned stakeholders as shown during the training and in the follow-up and mentoring calls, sound understanding of their roles and responsibilities towards child protection as per the JJ Act, 2015, Mission Vatsalya Scheme, and basic knowledge of theory, practice, methodology of family-based & alternative care.

Voice of a Master Trainer

Ms. Minu Kumari is a Counsellor at DCPU in the Purnea District, Bihar and has been a part of the Master Trainer Program. She shares her journey and experience as a Master Trainer.

Motivation to Join the Master Trainer Program

I saw this as a platform to gain knowledge and skills in the area of child protection and pass it on to my colleagues, CCI staff and others to enable them. Promoting child protection requires teamwork and good leadership. Through this training, I wanted to enhance my leadership and technical skills.

The Process

I began my training in 2019. Those who are selected for the program are first provided with classroom training which focuses on building an understanding of family-based alternative care for children in risk situations, gatekeeping and prevention of family separation. This is followed by immersion visits for the Master Trainers to learn about varied practices and models of providing care to vulnerable children in different states across the country and to explore and understand how these practices could be implemented in their state's context. During the pandemic, the training sessions were conducted online, preventing any discontinuity in learning.

Essential Learning

I learnt many things, the training sessions focused on promoting family-based care for vulnerable children and ensuring CCIs as the last resort on paper as well as in practice. In terms of technical skills, I learnt about important tools prepared by Miracle Foundation, India including Thrive Scale (for children in the community and children in CCI), and Individual Care Plan (ICP) Addendum, to systematically plan interventions for children and their families, assessing children's development, and follow-up.

One thing that stood out for me during immersion visits was the effective aftercare program where children/youth were trained in vocational skills and also offered hands-on experience by working in the stores/ outlets or exhibitions within the premises of the aftercare home. I would also like to implement this in my district.

Role as a Master Trainer

I see my role as a guide to support my colleagues and CCI staff to learn and follow clear steps in preventing the

separation of families, rehabilitating vulnerable children into their families or family-based alternative care like foster care and kinship care, and linking them with government schemes. I see myself in a position to orient my team to use relevant tools and procedures to facilitate the assessment and planned rehabilitation of children in families and regular follow-up support to them and their parents and caregivers.

UNICEF/UN0238955/VISHWANATH

Role of Master Trainers in Transforming Family-Based Alternative Care in India

Events and Announcements

Webinar: Gatekeeping as a Systematic Process: Preventing Child's Separation | IACN and Miracle Foundation India

The Webinar "Gatekeeping as a Systematic Process: Preventing Child's Separation" was organised by India Alternative Care Network (IACN) in association with Miracle Foundation India, on 28 April, 2023, from 11.00 am to 12.30 pm on the Zoom platform. It was attended by participants from across the country. The webinar was organised with the objective to understand gatekeeping with a vision of getting acquainted with the components, tools, mechanisms, stakeholders and their role in gatekeeping and learning some promising practices at the Primary and Secondary levels of gatekeeping.

The panellists included experts who have been extensively involved in implementing child protection, family-based care, and gatekeeping in different states in India- Rathva Rusanbhai Avasingbhai, Village Child Protection Committee (CPC) Member, Jaloda, Gujarat; Nicole Menezes, Co-Founder, Leher; Surendra Nath Tiwari, Member Child Welfare Committee (CWC) Bench Sahebganj, Jharkhand; Geetarani Lourembam, Program Manager, Deinstitutionalisation and Gatekeeping, Prerana, Mumbai. The session was moderated by Sharmila Ray, Child Protection Specialist, UNICEF, Gujarat.

After the opening of the webinar, Maninder Kaur, the National Coordinator of IACN established the rationale for family-based care for children and the need for gatekeeping in preventing the vulnerability of children and separation from their families. Parul Patle, Manager, Family Strengthening and Family- based Alternative Care, Miracle Foundation India, introduced Gatekeeping and the various levels it operates at in detail.

The panel discussion on the Role of Stakeholders at Different Levels of Gatekeeping (Primary and Secondary) began soon after this. The first session focussed on the Role of CPCs at the Primary Level of Gatekeeping (Community-level Early Gatekeeping) including the identification of families at risk, supporting and strengthening these families, creating a safety net for children and promoting their participation through Bal Panchayat.

In the second session, the Role of CSOs at the Primary Level of Gatekeeping (Community-level Early Gatekeeping) the speaker discussed the systematic approach of not only working with vulnerable families but also identifying hot spot areas by looking at HDI indicators, migration, and poverty, for focused secondary-level interventions for the entire community and forming platforms like CPCs and Children's groups to identify issues of child protection and vulnerabilities in the community.

Session three, the Role of CWCs at the Secondary Level of Gatekeeping focussed on the need to thoroughly investigate the reasons for the child's separation and give priority to reintegrating the child into family-based care and the relevance of properly prepared and regularly reviewed Social Investigation Report and Individual Care Plan, and timely provision of counselling and other relevant support to children and their families.

For the final session, the Role of CSOs at the Secondary Level of Gatekeeping, the speaker discussed good practices such as the Helpdesk system in CWC premises serving as a single window for providing support to stakeholders, CWC to ease out the caseload to CWCs. Other interventions include direct social work for positive linkages of families to various government schemes and services, Psycho-social support and direct financial support.

The floor was open for discussion and a question-answer followed after this. The audience posted their questions related to gatekeeping which was duly taken up by the speakers. The chair shared key highlights from the session and summed up the webinar. She concluded that child protection is a holistic issue and covers a range of challenges and various issues around the same cannot be seen in isolation. All the sessions maintained that the role of family and community is very important in child protection, reiterating the need to include the community and the idea that it takes a whole village to raise a child. To sum it all up, the chair shared that the work of all the stakeholders in child protection needs to be child-centric and all the other layers around it would start fitting in. To read the full report of the webinar, click here.

GATEKEEPING AS A SYSTEMATIC PROCESS : PREVENTING CHILD'S SEPARATION

DATE: 28 APRIL 2023 (FRIDAY)
TIME: 11:00 AM TO 12:30 PM
PLATFORM: ZOOM

Advancing Family Strengthening and Family-Based Alternative Care: Key Outcomes of the Deliberation Meeting with Stakeholders| Miracle Foundation India

Introduction: A deliberation meeting focusing on Family Strengthening (FS) and Family-Based Alternative Care (F-BAC) was organized on 12 May 2023 in collaboration between the Women and Child Development Department (WCD), Indore Division, Miracle Foundation India, and AARAMBH under the guidance of Ms. Sandhya Vyas, Joint Director, Department of Women & Child Development, Indore division. The meeting brought together esteemed individuals and stakeholders from WCD, ICPS, Child Care Institutes & Childline invested in the welfare of women and children in Madhya Pradesh's Indore division. This article highlights the key outcomes of the meeting, emphasising the significance of empowering families and promoting family-based care.

1. Enhanced Understanding: The deliberation meeting served as a platform for participants to deepen their understanding of the importance of family strengthening and family-based alternative care. Through insightful presentations, case studies, and engaging discussions, stakeholders gained valuable insights into effective strategies, best practices, and evidence-based approaches in these areas.

2. Alignment of Goals: A shared understanding and alignment of goals were established among the stakeholders during the meeting. Participants recognised the significance of collaborative efforts to address challenges faced by vulnerable families and children, including child marriage, child labour, and education dropouts. This alignment lays the foundation for coordinated actions and collective impact in the future.

3. Identification of Key Actions: The meeting provided a platform for brainstorming and identifying key actions to strengthen family-based care and support families in need. Participants collectively identified priorities such as expanding community-based interventions, developing comprehensive support services, promoting education and skill-building opportunities, and advocating for policy changes to protect the rights and well-being of children.

4. Formulation of Recommendations: Based on the discussions and insights generated during the meeting, participants formulated recommendations aimed at firming up the Family Strengthening and Family-Based Alternative Care Program. These recommendations include adopting a holistic family/child-centred approach, strengthening community-based interventions, emphasising early intervention and prevention, fostering collaboration and coordination, promoting family-based care, and prioritising education and skill-building. These recommendations, rooted in the collective expertise and experience of the participants, will be shared with relevant government authorities and policymakers to influence policy formulation and program development.

Conclusion: The deliberation meeting on Family Strengthening and Family-Based Alternative Care successfully fostered knowledge exchange, experience sharing, and collaboration among stakeholders. It resulted in an enhanced understanding of the importance of empowering families and promoting family-based care. The meeting facilitated goal alignment, identified key actions, and formulated recommendations to strengthen the program. These outcomes will contribute to the development of effective policies, interventions, and initiatives that prioritise the well-being and development of children within the Indore division of Madhya Pradesh. By working together, stakeholders can create a nurturing and safe environment that supports the holistic growth of children and empowers families in need.

PHOTO CREDITS: MIRACLE FOUNDATION INDIA

Graduation and Induction Event - Learning in Fellowship Together | Udayan Care

PHOTO CREDITS: UDAYAN CARE

Learning in Fellowship Together (LIFT) is a one-year program, focused on developing and nurturing Care Leavers in India as agents of change who will further the cause of improving the overall situation of care leaving in India. A collaborative initiative of Udayan Care and UNICEF, LIFT aims to empower care leavers in the 8 domains of aftercare as laid out in the Sphere of Aftercare.

With 8 fellows having successfully completed their fellowship in Year 1 and 12 fellows selected from 10 states in India for Year 2, a combined Graduation and Induction event was held in Jaipur, on the 11th and 12th of May, to celebrate the achievements of the first batch of LIFT and provide a platform for the second batch of fellows to get to know each other and bond with their first batch peers. Three Youth Ambassadors from the Miracle Foundation were also participants. The event was held at HCM RIPA, Jaipur, with the support of the Child Resource Centre.

The event was graced by the presence of esteemed guests such as Dr. Samit Sharma, Secretary, Department for Child Rights, Government of Rajasthan, Mr. Chandrashekhar, Deputy Director, SARA, Department for Child Rights, Government of Rajasthan, Ms. Rajesh Yadav, Retd. IAS officer and Senior Fellows at the Child Resource Centre, as well as representatives from UNICEF, such as Ms. Sangita Bhatia, Mr. Sanjay Nirala, and Mr. Manna Biswas.

PHOTO CREDITS: UDAYAN CARE

The first day involved showcasing the achievements of Batch 1 Fellows, keynote by our Guests of Honour, the graduation ceremony for Batch 1, presentation and discussion on the community project ideas of Batch 2, as well as taking the pledge by the Batch 2 Fellows, led by the Batch 1 Fellows.

The second day was centered around workshops, with the Genpact Jaipur team leading a Design Thinking workshop for all participants, followed by a workshop on a National Care Leavers Network, led by Ms. Nupur Pande from Aide et Action. The design thinking workshop led to a deeper understanding of the processes of project planning and implementation, as well as a unique perspective on how to create effective projects. The workshop on a National Care Leavers Network sought the ideas and thoughts of the participants for the structure and implementation of such a network, as well as the different methods of representation, priorities, etc.

Over the two days of action-packed agenda, connections were formed, a lot of learning took place and the celebration of strengths and achievements led to the pool of 20 fellows emerging as strong champions for driving the care reform agenda in India.

5th Biennial International Conference on Alternative Care for Children in Asia (BICON) | Udayan Care

Since 2014, BICON has been a leading conference focusing on the rights of children and young people without parental care. BICON is an inter-agency cooperation of 8 leading international NGOs focused on alternative care for children, including Better Care Network; Family for Every Child; Forget Me Not, Hope and Homes for Children; Lumos; Save the Children; SOS Children's Villages; Udayan Care.

The 5th BICON will be hosted both in person and online over two days, on 6th – 7th September, 2023, in Kathmandu, Nepal. This will be an opportunity for practitioners, government representatives, academicians, and care leavers to come together to discuss challenges, best practices and explore emerging trends in care reform and children's rights in Asia. More than 300 delegates from across the globe will participate in a series of plenaries and panel discussions, with opportunities for informal networking. A final report will feature recommendations for action that reflect the conference discussions.