



# IACN

# QUARTERLY

Issue 11/ March 2023

## Hello,

Dear Colleagues,

The 11th issue of the IACN Quarterly brings to you case studies projecting relevant field interventions to enable families and communities in preventing children's separation from their parents, kin, and their roots. The interventions highlight the crucial role of community-based mechanisms in supporting children and families in crises. In the section 'First Person', a youth shares his lived experience in the care system and voices out the need for all children to grow up in a safe and nurturing family. In 'Updates from the Field', you can find the framework for a global kinship care guidance to be developed this year. Check out the report of the Twitter chat on "Deinstitutionalisation: The What and Why" under 'Events and Announcements' section. We are grateful to everyone who made this quarterly edition possible. If you wish to share resources for the IACN website or quarterly, or wish to discuss any issues of mutual concern, please reach out to us at [iacnsecretariat@iacn.in](mailto: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*

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**Role of the Community in Realising Family-based Care for Children: A case of Jammu and Kashmir** | Aadil Farooq, Human Welfare Voluntary Organisation

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*Commentary, analysis and insights*

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## Events and Announcements

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**Deinstitutionalisation: Decoding the 'What' & the 'Why'** | Prerana and IACN

## First Person

*Interview with Care Leavers*

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PHOTO CREDITS: UNSPLASH/AMOL SONAR

## Knowledge Resources



**Protocol for Restoration and Repatriation of Child**

<https://bit.ly/3ZkFTOU>



**Udayan Care Aftercare Outreach Programme (AOP)**  
**Aftercare Outreach Program - Intervention for Youth Leaving Care in India**

<https://bit.ly/3TBXWPF>

For Every Child, A Family



# Resources

Some key additions to our fast growing resource data base

## Protocol for Restoration and Repatriation of Child

NCPCR, Govt. of India, Dec, 2022

Protocol for Restoration and Repatriation of Child  
<https://bit.ly/3ZkFTOU>

The National Commission for Protection of Child Rights has developed and launched a portal called **Ghar - Go Home and Re-Unite** (Portal for Restoration and Repatriation of Child).

Since the JJ Act came into effect, numerous challenges and gaps impeding the process of child rehabilitation have come to light. The JJ Act, 2021 and associated Rules, 2022 are being implemented with the primary goal of encouraging the child to remain in a family-based system by offering alternative means of rehabilitation and using institutionalisation of children as a last resort. Through the protocol for restoration and repatriation of children, efforts are being made to remove the challenges that authorities in repatriation encounter, to send a maximum number of children to their native place with their families or kin.

As per the protocol, a portal has been developed to facilitate the restoration and repatriation of children. It will help in digitally tracking and monitoring children who are in the Juvenile Justice system and have to be repatriated to another Country/State/District by digitally transferring cases of children to the concerned Juvenile Justice Board/Child Welfare Committee of the State.

This would contribute to the effective implementation of the JJ Act and Rules as well as bring a considerable decrease in the number of children languishing in CCIs.



## Aftercare Outreach Program - Intervention for Youth Leaving Care in India

Dr. Kiran Modi, Dr. Gurneet Kaur Kalra and Ms. Leena Prasad

Aftercare Outreach Program  
<https://bit.ly/3TBXWPF>

Udayan Care runs an aftercare programme that bridges the gap for its care leavers between the ages of 18 and 21, and sometimes up to 23, and offers continuous rehabilitative services along with scattered housing to enable these young adults to complete education, pursue vocational training, prepare for a job, gain financial literacy, and learn independent living skills.

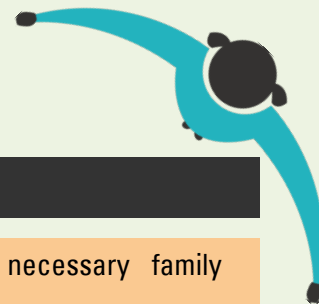
The difficulties and experiences of care leavers encouraged Udayan Care to offer extended support to care leavers from other CCIs as well, who may not have access to support and are expected to survive on their own once they reach adulthood. The Aftercare Outreach Program (AOP) was established by Udayan Care based on concerns, research, and years of experience as practitioners. It provides financial assistance as well as mentoring and close hand-holding support to care leavers for obtaining educational and vocational skills, housing, and other basic necessities, as well as skills leading to gainful employment.

Additionally, it intends to create a demonstrable aftercare model to support the rights and entitlements of care leavers and enhance the aftercare ecosystem in India.

The AOP intervention has also driven these youth to join the Care Leavers Association and Networks (CLANs). This serves as a support system and has emerged as a collective voice for their cause.



# Updates from the Field



Learnings and experience shared by our fellow members

## It's Time to Talk About Kinship Care!

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

### **Love, Care and Concern Supersede all odds: A Case Study**

*“(The) sponsorship money was saviour for us during the COVID-19 pandemic enabling us not only to cater for Rohan’s needs, but to take care of our other children too”,*

*Rita Devi, Rohan’s Maternal Aunt*

Rohan<sup>1</sup> was just two years old when he lost his father in 2009. Due to the trauma of losing her husband, Rohan’s mother struggled to cope and eventually was not able to take care of Rohan. As Rohan was too young to take care of himself, his maternal aunt came forward and took responsibility. Rohan started living with his maternal aunt, uncle and his three cousins in one of the slums in Ranchi, but the family was facing an acute economic crisis and their income was too meagre to cater the needs of all four children. In the year 2019, CINI started working in the area where Rohan and his aunt, uncle and cousins lived. A slum-level Child Protection Committee (CPC) was formed and they initiated a ‘vulnerability assessment’ exercise. Rohan and his cousins were identified as vulnerable and in need of care and protection. During the process of case management, CPC members visited the family and identified that although both Rohan’s aunt and uncle were doing their best to care for the children, some additional financial assistance was needed to support the family. CPC members decided to link Rohan with the government ‘Sponsorship Scheme’ and CINI supported them in preparing the necessary documents and application for support from the scheme.

With joint efforts of CINI and CPC members, the application was submitted to the District Child Protection Unit (DCPU), Ranchi who agreed to support the family. Rohan was linked with the scheme and the family started receiving Rs.2000 per month. The money was a great relief for the family. Money was used for school fees,

nutritional food and other necessary family expenses.

Rohan’s aunt said that “I am thankful to CINI and CPC members for helping us get the sponsorship support...The quarterly follow up visits by CINI guided me how to utilize support money effectively for better care of Rohan.” Rohan is now doing well and growing in an enabling family environment and is continuing his studies.

Children get separated from their parents for a variety of reasons including lack of household resources, natural disasters, diseases, abuse, neglect, social exclusion, death of either or both parents, imprisonment of parents and parents suffering from trauma and mental health issues. While all efforts should be made to support children to remain safely with their parents, sometimes that is not possible. When a child is living without parental care and protection, he/she is vulnerable to exploitation and has various unmet emotional needs like love, care and support. Children need a family-like environment for healthy nurturing and growth, with research showing that a family is the best place for a child to grow up. All efforts should be made to support children who are deprived of parental care to be placed into a family, rather than an institution (CCI).

Kinship care is often the most appropriate form of care for children who cannot live with their parent(s) for the reasons listed above (<https://iacn.in/images/resources/e77b13fd8259d0e4603da401011a40b8.pdf>). Kinship care is an arrangement, formal or informal, in which children are cared for by their blood relatives. Formal arrangements are those which are monitored and supervised by the Child Welfare Committee (CWC). It aims to ensure that children who cannot live with their parent(s), grow up with their own extended family members or close family friends. It also aims, where possible, to minimise disruption to their educational, cultural, and social lives. Additionally, kinship care is often a very effective short-term care option for children while the situation with their own parent(s) is resolved, again limiting disruption and keeping the child within their own family.

Kinship care is not new to Indian culture as it is evident from the case study that it is already widespread throughout society. While the case study of Rohan



## It's Time to Talk About Kinship Care!

demonstrates that kinship care was the best option for him, especially due to the sponsorship support, many carers across India do not have access to such support which puts a strain on their family and is a barrier for more families who want to offer such care to the children of their relatives/ friends. Also, while kinship care is often the best option for children who cannot remain with their parent(s), many children in kinship care are being exposed to various forms of violence, harm, abuse, exploitation or negligence. We have seen incidents where children in kinship care are being mistreated and used as domestic workers, which is under-reported and often invisible.

There is an urgent need in India for more research into kinship care. We also need to put in better regulations and monitoring of children in kinship care, at community level, to ensure that children's rights are not violated. Families who look after children of their relatives should also be sensitised as to the importance of kinship care, the rights of the child in kinship care and what support is available to them.

It is widely accepted that community and kinship care is a part of our culture and tradition. Now is the time to strengthen these social customs and develop them further, with support from the government through policy, funds and improved monitoring mechanisms. NGOs can also contribute to strengthening family and community gate-keeping mechanisms, promoting good parenting practices and enhancing community involvement in kinship care. Kinship care needs to be strengthened to become a robust and promising contributor in ensuring that children are supported in families and not exposed to risks associated with

separation such as child labour and exploitation, trafficking, or institutional care.

### Endnotes

*\*Pseudonyms have been used*

### About the Author

#### Anita Sinha

*A social sector professional with 20 years extensive experience of working on the issues of adolescents, women empowerment and child protection in Jharkhand. She holds an enriching experience of working with the Department of Women, Child Development and Social Security, Govt. of Jharkhand at various key positions and leading many government initiatives pertaining to adolescent & women empowerment. She strongly advocates strengthening community gatekeeping mechanisms to promote family-based care for children to minimize the risk of violations of their rights.*



PHOTO CREDITS: CINI

## Role of the Community in Realising Family-Based Care for Children

### Role of the Community in Realising Family-Based Care for Children: A Case of Jammu and Kashmir

*Aadil Farooq, Program Manager,  
Human Welfare Voluntary Organisation*

Human Welfare Voluntary Organisation (HWVO) is a not-for-profit, voluntary developmental organisation based in Jammu & Kashmir. The organisation was founded in 2009 and since its inception, has worked on building

community-based sustainable solutions to the issues and problems being faced by the communities. The organisation strongly believes in engaging with the system, working with the people, and developing localised solutions through collaborative, inclusive and humane approaches. The organisation is growing with the belief of putting people first, where the communities are put on the driver/lead seat and facilitate the process of change and transformation, building relationships to harness the energy of collaboration, and working towards strengthening participatory good governance.

## Role of the Community in Realising Family-Based Care for Children

With support from UNICEF, HWVO has initiated a program that aims at establishing and working with Community Based Child Protection Groups (CBCPGs)<sup>1</sup> to strengthen family-based care and prevent unnecessary separation of children from their families. The group works for enhancing child protection scenarios in their villages and has emerged as a mechanism to establish standards of care within the community and a measure to prevent the institutionalisation of children. The group members who are well-known in the community and have the zeal to work for their respective communities were identified as key community gatekeepers from a particular village. These members were oriented on multiple aspects and their knowledge of child protection is enhanced through systematic engagement, including regular monthly interactions and training programs. The members were trained in preventing and responding to child protection issues that they may witness or encounter in and around their villages. Their understanding of child rights, child protection, alternative forms of care, the Juvenile Justice Act and the 'Best Interest of Child' is constantly developed so that they can resort to the best options when and where the need arises (while adhering to the principles enshrined in Juvenile Justice Act and United Nations Conventions on the Rights of Child).

The two case studies reflect the involvement of community-based groups in supporting children and families in risk situations and in preventing unnecessary child-family separation and protecting children deprived of parental care.



PHOTO CREDITS: HWVO

### Case study 1

The death of any family member is often devastating for the whole family, particularly when any household loses its only bread earner it leaves the family vulnerable and on the verge of destitution. A similar case was encountered in one of the intervention villages in the district of Pulwama in Jammu and Kashmir. Under the project, the local child protection group introduced HWVO to two siblings- Farzan Ahmad (name changed) and Ayaz Ahmad (name changed). Farzan is 11 years old and is studying in sixth grade at a local Government School, while Ayaz is five years old and was also enrolled in a government school. The family was living quite happily until their father was detected with a dreadful disease. Their father Mansoor Ahmad (name changed), was managing all the family affairs and their mother<sup>2</sup> was a homemaker. Mansoor was working as a labourer in a joinery mill and had even constructed a small two-room house. In December 2021, Mansoor developed some complications and was detected with a life-threatening disease. With no source of income, the family was devastated and even the savings were spent on his treatment.

Since the treatment costs were quite high, the local structure (Village/Mohalla Committee)<sup>3</sup> also came to their refuge and provided around one lakh fifty thousand rupees for Mansoor's treatment. The local Committee also provided the family with basic ration kits at times. On one hand, the family was suffering to cope with the daily expenses, and on another to deal with the medical expenses of Mansoor.

Unfortunately, Ayaz's father lost the battle of life and died in the month of March 2022. With his death, the family was in utter destitution and was vulnerable. Ayaz's mother states, *"after the death of my husband I was devastated. I experienced it as if the whole world has fallen. I was stuck and without any support. Being a non-local, I didn't even have a family to approach. I was thinking of how to raise my children without any source of income"*. It was during one of the monthly meetings of CPG that their case was highlighted.

The team<sup>4</sup> approached the family and initiated the process of awareness wherein the mother was provided information about various government schemes. Since the CBCPG had been trained on the prerequisites of applying under different schemes, the members initiated the process of applying and gathering the necessary documents and later submitted them to different departments (Social Welfare for the widow pension and Mission Vatsalya for the sponsorship of children) so that the family can avail benefits. Keeping in view the requirements of the family and the delay in getting the required support through government schemes, the CBCPG initiated the process of support. Ayaz<sup>5</sup> was admitted to a local private school and all his educational expenses was managed by the group. Besides Ayaz, Farzan was registered under 'community sponsorship', providing him financial support with an amount of Rs. 1000 per month to help the family meet his food, health and education needs. The support was started in April 2022 and is assured for a period of seven years or until the family gets any sustainable income source. Such community sponsorship assistance is generated through the mobilisation of resources locally by CPGs in their respective communities and maintained under a 'Child Fund'<sup>6</sup> in the bank, which is used to support the children in need of care.

### Case study 2

With continuous engagement and training, community-based structures often prove to be the first responders in tackling any protection issue. One such case was encountered from one of the interventional areas of district Shopain in Jammu & Kashmir. Saif (name changed), currently 11 years old, was deprived of parental care and was at the risk of enduring physical, psychological, emotional and social harm that might have caused negative consequences in his life. At a tender age, he was subjected to neglect and physical and emotional abuse. Without parental care, Saif was a child at risk and was on the verge of being sent to an institutional setup. It was observed that he needs a warm, caring and nurturing environment for his holistic development.

Saif was only five years old when he lost his father to some chronic ailment. With his father's death, things started to change. Soon after his father's death, his mother who was otherwise caring and affectionate started acting differently (she became uncaring and neglected and abused him physically). According to his neighbours, "Saif's mother hit him often and he was subjected to abuse and neglect. Seeing Saif as a burden, she ran away with a person and got married, leaving Saif behind at the mercy of his neighbours. Saif was young and couldn't grasp the things that were happening around him". Saif's uncle couldn't bear this and he took him in his care and protection. Life was going well for the child as he was enrolled in a nearby school and all his other needs were catered to by his uncle. For three years, he happily lived in the care of his uncle who, unfortunately, developed some serious health concerns<sup>7</sup>.

Saif's story got highlighted during one of the CBCPG meetings and the team decided to visit the family in order to minimise the risk surrounding the child and identify alternative mechanisms of care without putting the child at risk of getting institutionalised.

Since the community was aware of the consequences of institutionalisation, they acted promptly and engaged with the extended family to prevent the child's separation from his family and unnecessary institutionalisation. The CBCPG along with implementing partners of UNICEF encouraged the extended family to ensure kinship care arrangements for a child without parental ties. In doing so, the team approached another uncle of Saif, who was also aware of the situation and lived in another village with his family. The team (CPG as well as staff members of HWVO) started to engage with him and made multiple visits to build rapport with his uncle and at the same time to develop his understanding regarding the issue. During each visit, the team used to brief his uncle regarding the need for the involvement of family members in caring for the child and minimising the dependency on Child Care Institutions. He was made aware that institutionalisation comes at a price which is



## Role of the Community in Realising Family-Based Care for Children

often inconsistent with a child's well-being. The team observed that after thorough deliberations with his uncle, he started developing an interest in taking care of Saif. Eventually, his uncle moved back to his native village to take care of Saif. As stated by Saif, "I stay with my uncle and aunt, I love playing with my cousins. We often play in our orchards; we study together as well". During monthly follow-up, it was observed by the team that the child is currently enjoying the company of his other cousins and is leading a healthy life.

The team, under case management also encouraged Saif's uncle to visit the Child Guidance and Wellbeing Centre (a specialised centre for child mental health set up at the Institute of Mental Health and Neuro Sciences with support from UNICEF) so that the aspect of psychoeducation can be dealt. His uncle ensured that Saif attended those sessions which in turn enhanced their bonding and well-being. Currently, Saif is being regularly followed up under the case management approach to ensure smooth progression and to intervene in hurdles impeding his well-being.

### Endnotes

<sup>1</sup>CBCPG is group which is gender balanced and wherein 10 to 15 community members are identified, who are enthusiastic to work for their respective communities. These often comprise elective members from PRI (sarpanch, panchs), Imams numberdar, ASHA, AWW, teachers, concerned and respectable citizens etc

<sup>2</sup>She is a non-local (a native of West Bengal and having all her family and relatives in her native place) who was married to Mansoor.

<sup>3</sup>A local committee (socio-religious structure) is associated with mosque, and contains 5 to 10 members who head the affairs of the local mosque, besides having a jurisdiction in the surrounding area (area/neighborhood that surrounds the mosque and can cover a whole village at times). The committee works primarily on socio-religious aspects and crises intervention in their respective areas (thus invoking the sense of child protection is pivotal as it helps in building a safety net around the child). At times they engage in resolving community level disputes as well.

<sup>4</sup>The team comprises, implementing partners (which is staff members of HWVO) along with CBCPG members.

<sup>5</sup>Ayaz was earlier attending KG section of a local government school and after his father's illness he started skipping school.

<sup>6</sup>A community driven funding source to meet the basic needs of children in need of care.

<sup>7</sup>Saif's uncle was suffering from a chronic disease and was unable to take care of him. With huge costs incurred on his treatment, his family was considering of sending Saif to an orphanage.



## Preventing Re-entry into Institutional Care

### Preventing Re-entry into Institutional Care: A Case Study of How a Family in Delhi was Supported to Ensure Children Remain with Families Post Restoration from Institutions

Ranjana Srivastava, Assistant Director,  
Alternative Care Programs  
and Shristi Dogra, Counsellor, FIT Project  
Udayan Care

#### Facts of the case

The FIT Families Together initiative was started in October 2021 in one district of Delhi with the specific purpose of working to reintegrate children restored to their families during the pandemic by doing follow-ups post restoration and supporting the family. Most

families where children were restored were found to be living with the presumption that these restorations from 'hostels' was only a temporary measure due to the pandemic and as soon as the situation would 'normalise' they would be sending their children back to institutional care. Most children spoken to at the start of this intervention were found confused and not prepared to be living with their families and missed their friends they had left in the institutions.

In partnership with Martin James Foundation (MJF), this initiative is now in its 2<sup>nd</sup> year with lots of learning, on ground challenges and a long-term vision that works to keep children in families by supporting the families in a child centered enabling approach. The initiative has also received the support of Children's Emergency Relief

## Preventing Re-entry into Institutional Care

International (CERI) in its second year to build the model to scale and work with systems strengthening approach. As of now, 50 families in five pockets of the South District of Delhi are being supported. Farzana and her family are one of them.

Farzana<sup>1</sup>, a 14 year old girl lives in Delhi with her family. At present, she and her five siblings live with their parents in this family. Today, the family resides in a small two-room rented house in Delhi. Her mother is a homemaker and her father is visually challenged, but together the couple manages a small shop out of their rented home, which is their primary source of livelihood. The amount they earn on a daily basis is not adequate to provide three meals a day nor is it enough to pay the medical bills for the children.

Farzana is back to her family after having spent 10 years in a Child Care Institution in the South District of Delhi. Poverty was the key push factor for the family in deciding to put their three daughters in the institution, even though they were as young as six years of age. Even as the sisters grew up in institutional care, the parents went ahead having more children.

Farzana and her sisters were amongst the many children in Delhi who were sent back to their families during the rapid restorations during COVID-19. Today she is battling for her life in a Delhi government hospital.

### Post restoration developments

Farzana has a playful personality and loves to spend time with her siblings and her parents. Initially, she showed arbitrary mood swings and minor adjustment problems with her father, but this improved with time. She was enrolled back to her neighbourhood school and was happy attending school with her sisters, doing well in her studies.

But suddenly one day, information was received that her father wanted to send her back to the institution. After a couple of meetings with the family and the child, it was found that she was falling ill too frequently and the family suspected that she was suffering from tuberculosis and some intestinal infection. Farzana visibly appeared very weak.

### The Interventions

The case was prioritised and after a conversation with the Child Care Institution (where the child stayed for ten years), the medical history of the child was examined and the case was presented to the concerned Child

Welfare Committee (CWC) as a follow-up matter. An appeal was made to the CWC to get her family financial support for her medical services and to prevent her re-institutionalisation. With the orders of the CWC bench, she was immediately hospitalised and her treatment was started which is continuing to date. She has been diagnosed with severe intestinal infection along with chronic typhoid and tuberculosis. In a convergence model, the CWC also ensured that the family gets immediate dry ration support through the Railway Children India, an NGO working in Delhi. The NGO which manages the CCI where she grew up has been directed by the CWC to take care of all her medical expenses. The FIT Families Together project being implemented by Udayan Care in partnership with CERI and MJF is working closely with all partners, CWC and the family to ensure other siblings in the family continue to attend school and do not drop out, along with making efforts to raise private sponsorship and livelihood support to the family. Udayan Care has been directed to coordinate with all the stakeholders and submit progress reports for the case to CWC from time to time. The family has received a one-time ration. Farzana's first surgery has also been successfully completed. The project team is in continuous touch with family and doctors to ensure proper medical treatment of the child.

This gatekeeping, which is a case managed multi-stakeholder convergence approach is evidence of the interventions needed to keep children in families and to work on family strengthening at the community level. The FIT Families Together initiative hopes to build evidence-based approaches to family support as the learnings from each intervention are being put together.

### Endnotes

<sup>1</sup>Name changed



PHOTO CREDITS: UDAYAN CARE



### Family-based Care for Children of Migrant Workers

*Subhrata Jena, Programme Manager, Family Based Care Project,  
Parambrahma Tripathy, Communication Expert,  
YCDA*

For Goutami<sup>1</sup> (13), living alone for more than six months a year was a regular thing. Both of her parents are distress migrant labourers. Subsidised rice from the government and a meagre amount of money sent by her parents was her source of living. Though just 13, she was on her own. Her interest to study more inspired her not to accompany her parents to the brick kiln. However, living on her own at this growing age was not easy. She was exposed to all sorts of vulnerabilities. Things started to change after the intervention of the Youth Council for Development Alternatives (YCDA). From health guidance to career counselling, producing her before the Child Welfare Committee (CWC) to ensuring a safe protective environment for her, things have changed significantly now. She lives with her nearby relatives and is taken care of with the supervision of the protection committee and YCDA staff.



PHOTO CREDITS: YCDA

However, Goutami is neither a case study nor a stand-alone case. In this report, we delve into the dynamics of issues related to children and distress migration, and how YCDA as an organization is addressing these issues by highlighting our models of intervention and its impact.

In the context of distress migration, a family migrates together out of state and is bound to stay there for at least six to eight months, which may extend up to two years or even more. Like their parents and other family members, the children reside in extremely unhygienic conditions and are vulnerable to child labour, abuse, trafficking & many other threats. Though villages in Balangir still practice caste-based community living, with depleting livelihood sources it is hard to practice sharing and caring. Only a few can afford to feed an extra mouth and look after their needs. Therefore, the

migrating parents cannot think of leaving their children behind with relatives or neighbors. The migrant children (who migrate either independently or as dependents) are the most unrecognised and vulnerable groups among internal migrants.



PHOTO CREDITS: YCDA

In the process of distress migration, a family migrates for anywhere between eight months to two years (or even more in some cases), and their children are found to be the most vulnerable and silent victims. They are invisible and get excluded from accessing education, health care, nutrition, and a healthy environment. Instead of learning in classrooms and dreaming of a secure future, these children help their parents by attending to household chores or working as child labourers at the worksites. When families migrate together, children are compelled to drop out of school. Cramped and unhygienic living conditions also rob them of health care, nutrition, and social protection which is available to non-migrant children at their homes. Child migrants forgo critical inputs necessary for their physical, psychological, and intellectual development during their formative years. This has an irreversible impact on their emotional and cognitive development.

YCDA works with the government and child protection system and strengthens community-level service delivery structures to create a safe & protected environment for children. We believe that families are at the heart of our intervention. A safe and caring family can provide the most stable start to the child and equips the child to live a fulfilling life.

We explore various alternative care options, which include foster care and kinship care as effective ways of providing care and protection to children in the temporary absence of parents or primary caregivers. YCDA promotes family-based support for the time period that parents are away from their children so that migration doesn't become a reason for children's institutionalisation and separation from their families.

We work with children and adolescent migrants in the villages who are migrating along with their parents and

## Family-based Care for Children of Migrant Workers

dropping out of school. The YCDA team carries out counselling sessions with the parents, children and stakeholders engaged in the child protection mechanism. We produce them before Child Welfare Committees (CWC) and make the best arrangement for a child who is placed in kinship & foster families.



When the migrating season begins, the committee along with YCDA starts to identify the children at risk through vulnerability mapping and database creation. They prepare the family members & parents through regular counselling and by educating them about the benefits for children who live in a family. The Village Child Protection Committee plays a key role in the process of selecting families for foster care or kinship care and monitoring the children and family. From time to time, linkages are established to provide services to both families & children.

YCDA reaches out to children of age group 6-14 years who, while migrating along with their parents, drop out of school and/or sometimes live independently engaged in household chores. While placing these children in care models, YCDA engages with the children and with the school authorities to bring them back to school. Day-to-day visits are done to track the mainstreaming of children in the village schools.

While children are in kinship care and foster care arrangements, we ensure that they are regular in attending schools, getting regular meals, are ensured basic health check facilities, etc. Apart from this, they also attain separate counselling and other sessions where they learn life skills, leadership, and psychosocial and mental health support. Some children are also provided with counselling support to manage the trauma of living without parental care.

YCDA's efforts have been directed towards bringing the caregivers together in a forum to meet on a monthly basis. This helps them to prioritise issues they wish to address and work as a support group to get the solutions for their concerning areas. This is done through sharing their learnings and experiences together and helping each other to meet the needs of the children.

The staff keeps educating the caregivers in practising good parenting skills and monitors them to manage the education, health, and care needs of a child for their well-being.

Another crucial aspect of YCDA's interventions is to create better living conditions for distress migrant labourers and ensure an alternative way of livelihood for them through vocational training, different income generation activities, linkages of various social security schemes and health & nutrition services to the children.



### Conclusion

Balangir is the hub of distress migration and children are at the receiving end of it. During this period, we have identified child vulnerability cases in our operational areas of Belpada of Balangir district where parents migrate and children become victims of dropout, abuse, exploitation, and other vulnerabilities. YCDA started exploring family-based care approaches and mobilisation of parents and community members to place the children in kinship or foster care arrangements. We are working closely with Statutory bodies like CWCs and service delivery structures like District Child Development Units (DCPUs) to make all these family-based care options possible for migrant children. With the support of DCPUs, we have produced the children before the CWC, and due to approval of the care arrangement we provide the required support and other assistance to keep the children happy in their families till the parents return and take their children.

Compared to large-scale residences, kinship care & foster care are considered to be more effective in providing children with a nurturing environment and addressing their individual needs, while their parents are away during the migration period. They shouldn't have to drop school or be discriminated against. They should be able to feel at home – wherever they find themselves and wherever home is.

### Endnotes

<sup>1</sup>Name changed

### Global Inter-agency Guidance on Kinship Care

*Lopa Bhattacharjee, Director of Programmes,  
Family for Every Child*

Family for Every Child is a global network of 46 local CSOs working to ensure that children can grow up safe and protected in families, or be provided with a range of quality care choices when needed.<sup>1</sup> Family for Every Child has initiated a process for developing global inter-agency guidance on kinship care aimed at policymakers and programme managers. The guidance is being designed to convince Governments, UN agencies and NGOs about the need to prioritise support for kinship care. The guidance will outline the key components of this support, providing examples of promising practices. The guidance is needed as evidence from across the world shows that kinship is widely neglected, with kinship carers often left to look after highly vulnerable children with no or minimal assistance.<sup>2</sup> When those engaged in care reform do acknowledge the importance of supporting kinship care, they are often unsure about how to offer this support. There is a tendency to provide simplistic solutions which do not acknowledge that kinship carers may need different types of support or different needs across the range of kinship care arrangements. The guidance will draw on extensive research carried out by Family for Every Child on kinship care across the world.<sup>3</sup> It will also build on the [Guidelines for the Alternative care of Children](#), welcomed by the UN in 2009. These suggest that kinship care should always be considered as an option for children who cannot be cared for by parents and that many families need further support to care for children well.

#### What will be included in the guidance?

A draft outline for the guidance is included below.

#### 1. Introduction

- Rationale - why focus on kinship care
- Definition
- Forms of care and how it differs from other forms of care

#### 2. Creating an enabling environment to support kinship care

- Data and research
- Promoting kinship care/ legal recognition of

kinship care

- Policies and guidance to support kinship care
- Strengthening the workforce to support kinship care
- Coordinating responses to kinship care
- Role for children, kinship caregivers and communities
- Monitoring and accountability
- Financing for kinship care
- Social norms and kinship care

#### 3. Services and support for kinship care

- Cross-cutting principles in providing services and support
- Case management processes
- Gate keeping and supporting decision making on kinship care (including encouraging child participation in decisions about their care)
- Preventing placement into kinship care
- Social protection
- Mental health
- 'Parenting' support and caregiver support groups
- Reintegration into kinship care
- Managing contact with birth families/ reintegration to parents
- Keeping connections with the wider family
- Accessing education
- Accessing health care
- Child protection services for children in kinship care
- Supporting other children in the household
- Care leavers from kinship care
- Legal aid/ legal recognition

#### 4. Dilemmas in supporting kinship care

- Formalising kinship care
- Kinship care vs foster care (similarities/ differences, should we treat them the same?)
- Kinship care vs parental care (similarities/ differences, should we treat them the same?)

#### 5. Support for particular groups

- Services for children with disabilities in kinship care
- Support for particular groups (ethnicity, type of caregiver etc.)
- Kinship care during covid/ emergencies
- Kinship care across borders

#### 6. Conclusion



### How the guidance will be developed

Family for Every Child has established two groups to develop the guidance. The drafting committee determines the process for developing the guidance and the content of the guidance and will comment on each draft. This is a small group of 10-15 experts. The reference group is a larger group of experts who will provide insights into particular aspects of kinship care and comment on one draft. The reference group is based on the [Changemakers for children platform](#), and all members of the Changemakers [group on kinship care](#) will be given opportunities to input into the guidance (currently around 300+ individuals).

### The process for developing the guidance includes the following

1. Establishing a drafting committee to guide the process for guidance development and provide detailed comments on all drafts of the guidance. This group has around 15 members of national and international NGOs and UN agencies.
2. Agreeing on a TOR and membership of a wider reference group and inviting agencies to join the reference group. The group will include national and international NGOs (including faith-based organisations), UN agencies, regional bodies and the government. Efforts are being made to balance those with solid practical knowledge of supporting kinship care on the ground, with those with policy influence. The role of this group will be to provide insights on kinship care and over-arching comments on a draft of the guidance. The reference group will have around 30 members from different regions of the world.
3. A review of the literature and key informant interviews. Examples of promising practices in supporting kinship care from across the world are being identified, with a focus on selected countries and issues.
4. A series of workshops with practitioners and policymakers to discuss the guidance. There will be two workshops; one to determine the content of the guidance and one to review a draft. Some workshops will take place online and others face-to-face.
5. Drafting an outline of the guidance and sharing it

with the drafting committee for comments.

6. Consultations with children and caregivers.
7. Developing 2-3 drafts of the guidance and sharing with the drafting committee/ reference group for comments.
8. Seeking official endorsement of the guidance from the drafting committee and reference group members.
9. Dissemination and advocacy.

Family for Every child is collaborating with the consultancy firm, Child Frontiers, which is supporting the development of the guidance. Child Frontiers will carry out literature reviews and key informant interviews, facilitate and support workshops, draft the guidance and incorporate comments.

### Time Frame

The Guidance is expected to be ready in October 2023.

### Endnotes

<sup>1</sup><https://www.familyforeverychild.org>

<sup>2</sup><https://www.familyforeverychild.org/the-paradox-of-kinship-care?locale=en>

<sup>3</sup><https://www.familyforeverychild.org/the-paradox-of-kinship-care?locale=en>

### Growing up in the Care System : My Story, My Voice

Kamal Bhargav



Hi, my name is Kamal and I want to share my experience with the care system since I have spent a significant time in a Child Care Institution (CCI) in Jaipur, Rajasthan. This experience has been a huge learning in my life. But I will start my story by talking about my family and my childhood days first.

I was born in a village known as Sikar which most people might not have even heard of. I lived with my small family there, comprising my parents and an elder brother. We both attended regular school and everything was quite good. But time introduced some major changes in our lives. Changes are sometimes good but sometimes they are very painful. I remember I was four years old when one day, like any other normal day, my brother and I were returning from our school. We saw a lot of people standing outside our house. We tried to understand the situation, but my mom's tears explained everything. That day we both lost our father - the strongest pillar of the house. This incident became the reason for me to leave my family and move to a CCI for my studies. My elder brother started working at the age of eight in a small shop.

It was very difficult to adjust to the care system and it took me quite some time to learn to live without my family. But I found lots of children there who had similar stories as mine and eventually I adjusted to the place. The CCI had a fixed routine- there was a certain time for eating, playing, studying, etc. It became my first learning, of how to bring discipline into one's life. I started liking it and everything was going well.

When everything was fine, what exactly was the concern? Well, let me tell you. While in the CCI, I spent my entire time with my friends there and totally forgot about my family, my real roots and my culture. At that time I never really wanted to return to my actual home. Again, time introduced me to some painful changes. I learnt that my elder brother had passed away. My mom and I lost one more pillar of the house. But strangely, I did not feel the actual loss at that time as my friends at the CCI were more important to me than my birth family. Being the first batch of children in the CCI, we were unaware of the rules for leaving the institution at age of 18. As a naïve 14-year-old, I thought I will spend all my life with my friends at CCI. When I turned 18, it was time to step out from the CCI and be on my own. It was then that the pain of losing my father and my brother, and the disconnect with my mother hit me the most. I terribly missed my family.

After moving out of the CCI, I rented a place with a friend rather than moving with my mother to my native place. I felt that I had lost the connection that I had with my mother, so I did not feel like going back to her. During this time, I experienced some ups and downs with my job, finances, and health and really missed having a family to fall back on.

There are so many Kamals living in CCIs - who get separated from their parents, siblings and extended families. A CCI can provide children with support for studies and health, and help them develop skills. But only a family is capable of providing a long-lasting support system. When you are living with your family, you don't have to worry about turning 18 and not knowing what will happen next. In a family, one gets to learn about their culture, participate in festivals, and get support during the highs and lows of life. Growing up in the care system made me realise and voice out that every child should be able to stay with their own families so that they can learn the actual art of living in this world.

### Responding to the Adverse Impact of Institutionalisation with Restorative Processes

Written by Himani Verma, Counsellor,  
Restorative Justice and Practices Program,  
Counsel to Secure Justice

With the support of Arti Mohan and inputs from Kuhu,  
Nimisha Srivastava and Urvashi Tilak

In this article, I write about my experiences working with children in conflict with the law (CiCL), including the pre-existing vulnerabilities that push them into the juvenile justice (JJ) system as well as the adverse impact of the institutionalisation. I then share about restorative reintegration circles and how these processes attempt to counter both the pre-existing vulnerabilities and the adverse impact of institutionalisation, and promote children's rehabilitation and social reintegration.

**Counsel to Secure Justice (CSJ)**, a non-profit based in Delhi, was founded in 2012 in response to high levels of child sexual abuse. CSJ expanded its work in 2017 to provide counselling services and restorative spaces to CiCL (children who are alleged or found to have committed an offence and who have not completed 18 years of age on the date of commission of the offence)<sup>1</sup>. In 2022, CSJ, with the support of UNICEF and the Department for Child Rights (DCR), Rajasthan, implemented the project **NAYI PAHAL: Holistic Rehabilitation of Children in Childcare Institutions (CCIs) of Rajasthan** with a vision to improve the quality of institutional care for children and promote children's rehabilitation and reintegration, by focusing on mentoring the CCI staff and contributing to effective case management to address children's needs.

As a counsellor in CSJ's Restorative Justice and Practices team, I provide mental health support to CiCL and hold restorative circles in Observation Homes (OHs) of Delhi (institutions where children are deprived of liberty while the inquiry is pending)<sup>2</sup>. In the Nayi Pahal project, my role involved facilitating training on trauma-informed practices and restorative reintegration circles, as well as supporting team members in facilitating restorative circles. As such, I have witnessed the adverse impact of institutionalisation on the child and the need for restorative processes for the child and their family.

### Impact of the Juvenile Justice System on a Child's Mental Health

**Pre-existing vulnerabilities:** Several research studies have focused on pre-existing vulnerabilities such as poverty, unemployment, an unstable household involving parental conflicts, and violence at home and how these result in children entering the legal system<sup>3</sup>.

Not only do the children who come into the legal system already have existing vulnerabilities, the juvenile justice system, and particularly institutionalisation, have been seen to further compound the vulnerabilities<sup>4</sup>.

**Impact of being in the institution:** Research has demonstrated the adverse impact of institutionalisation on children and stated it could lead to long-term mental health concerns, including anxiety, depression, and suicidal ideation<sup>5</sup>. In my fieldwork, I have observed some of the same impact, including isolation and feeling unsafe. Some children feel highly unsafe due to the heightened sense of danger, stemming from the fear that other children might bully or hit them, or the staff might use violence. Away from their family and friends, I have observed children experiencing isolation and losing interest in day-to-day activities, further increased by worrying about their family members.

Further, another adverse impact of institutionalisation is the aggravation of pre-existing trauma. Multiple children in CCIs have experienced adverse life experiences, including the experience of trauma<sup>6</sup>. These children need mental health support and trauma-informed care, i.e., care that reduces the chances of re-traumatisation, fosters trust, and creates a predictable environment to help children feel safe in the CCI. Providing trauma-informed care can be beneficial in improving the outcomes for those affected by trauma. However, the lack of adequate mental health care and the absence of a trauma-informed approach within the CCI compounds the challenges, leaving children with intensified experiences of trauma vulnerabilities.

**Impact and experience of the Juvenile Justice system on the child's family:**

There is significant evidence<sup>7</sup>, corroborated by my field observations, that when a child comes in contact with the legal system, the challenges or consequences are experienced not only by them but by their entire family, including:



**1. Financial impact:** The financial strain of the legal system adversely affects many families of CiCL. In my experience, even children who are not institutionalised are impacted financially. I have observed that some children often miss their hearing date before the Juvenile Justice Board (JJB) and the counselling session with me due to financial constraints. In many instances, I have observed that parents work in the informal sector and cannot afford to miss their daily wages. As a result, it becomes difficult for them to attend the hearing date or visit the Observation Home to meet their child. The multiple hearings force them to incur unaffordable expenses. I have also observed that the distance of the JJB from their home becomes a barrier to visiting the child. For one child I work with, it takes their family four hours to visit the Observation Home, along with the significant financial costs. In addition to the travel cost of the visits, I have noticed the families of two children had to go to great lengths to arrange the money required for the bail bond (the money required to be deposited as surety for the child's presence on the date of hearings). Hence, a CiCL's family has to endure substantial financial costs.

**2. Emotional impact:** Another adverse impact of institutionalisation is the emotional toll on families. When I've spoken to parents about the emotional difficulties they are going through because of the case, they share multiple complex thoughts and emotions. This includes a recurring theme of thoughts around having failed as a parent, grief, loss, feeling overwhelmed, and distancing themselves from society.

**a. Anger and strained relationship with the child:** Often, I have observed the family experiencing anger towards the child. In the case of one child, the family was so furious with the child that they refused to visit the child in the Observation Home. At times, anger stems from the disappointment the family experiences on discovering that their child engaged in wrongful behaviour and their disapproval of their child's actions. They often blame the child for the consequences faced by the family, including the social stigma incurred. In some instances, distant family members break ties with the child and their family.

**b. Blaming themselves for the harm the child has done:** In my experience of working with the parents

of CiCL, I have witnessed many parents experiencing self-blame and questioning their parenting skills. Often, they feel responsible for letting their child down. For instance, one parent said they felt at fault for not being educated enough to provide better opportunities for their child, while another shared regret over letting the child leave the house on the day of the incident. I have also observed that in single-mother households, the mothers experience intensified guilt, often questioning their decision to work.

**c. Stigma:** The stigma faced by the child and family often manifest in the form of stereotyping, labelling, and police harassment, all of which are additional, invisible forms of punishment. This not only hampers the reintegration and rehabilitation process of the child but is also quite challenging for the family. In one of our cases, a 16-year-old boy had to relocate to his friend's place because of stigma and police profiling. The mother of the child also had to move away because of the harassment by the police and the community. Relocating to somewhere new entails an additional financial burden on the family.

**d. The stigma also extends to family members.** Often, siblings of the CiCL also face bullying and name-calling in their school, which impacts their studies and puts them in a place where they feel angry and isolated.

### Importance of Social Support for CiCL:

The social support theory (Cullen,1994)<sup>8</sup> stresses the significance of having social support and how it, directly and indirectly, affects an individual's health and well-being. Social support is particularly relevant for children and adolescents. A study showed that the more positive and sustained support the family provides to adolescents, the lower the risk of their involvement with the legal system<sup>9</sup>. Another study found that the children most likely to make improvements or experience a reduction in aggressive encounters during deprivation of liberty are the ones who have the most significant access to social ties<sup>10</sup>. A study (for adults) sheds light on how having sustained family support helps the reentry of the individual into society and reduces recidivism<sup>11</sup>. However, institutionalisation and its adverse impact often limit the social support a CiCL receives, hampering the possibility of reintegration.

### Reintegration Circle Processes:

Seeing the impact of the justice system on the CiCL and their family, CSJ has perceived it necessary to focus on the needs of both to address the adverse impact of institutionalisation and promote the child's reintegration and social rehabilitation. As a result, CSJ, as a part of its restorative practices' programs, offers children restorative reintegration circle processes and tries to create ways to meet children's needs through the reintegration circle process. So far, CSJ has conducted 25 reintegration processes across Rajasthan and Delhi. I have been involved in the preparation for these processes.

The process involves the child, family, and, at times, community members. It helps to explore and address the needs of both the child and parents, ensuring the child is supported in being accountable, connecting the child to their family and other social support networks, and processing and reflecting on the impact of the institutionalisation on the child and family. Before the process, and after receiving the consent of the child and the family, facilitators meet several times with them separately to identify their needs and support them in preparing for the conversation. Several preparatory sessions might be required to explore needs, see risks and ensure that the process does not cause further harm. This involves discussions on risk assessment and mitigation. During the process, we create space for the child and family members to come together and have a conversation facilitated by the facilitators. We have witnessed a range of emotions in these processes, including guilt, regret for actions, sadness, struggles, happiness, and a sense of connection and hope within the reintegration circle process. This expression of emotions allows participants within the circle to process the feelings around the incident and encourages the healing process<sup>12</sup>. An example of such emotional expression is when a child's mother thanked us and said, "Since my child came back home, it was very difficult for me to talk to him because I was angry and had many questions. But through the reintegration circle process, I feel that our relationship, which had become weak, will be repaired." The process also helps the other participants in the circle. For instance, in one case, the child's sibling started sharing his struggle and expressing his needs to his parents; he shared that the circle empowered him and gave him a voice to express himself. The process usually ends with an outcome plan,

co-created by all participants and voluntarily agreed to plan for the child's future and ensure support.

In a reintegration circle process with a child in Bhilwara, Rajasthan, facilitated by two other social workers, the child expressed his need to be trusted again. The child's advocacy for their own needs and expression of hope to be trusted made the circle process quite empowering. The child shared that the circle process enabled him to tell his narrative and voice his needs.

Institutionalisation has a significant adverse impact on the child and the family. Reintegration circle processes could be a valuable tool, complemented by other interventions, by providing a safe and supportive space to both child and family members to share the legal system's impact on them, their emotions and experiences, and attempt to rebuild their relationships and their future.

### Endnotes

<sup>1</sup>Juvenile Justice Act (Care and Protection), 2015 (JJ Act), Section 2(13).

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<sup>11</sup>Berg, M. T., & Huebner, B. M. (2011). *Reentry and the ties that bind: An examination of social ties, employment, and recidivism. Justice quarterly, 28*(2), 382-410.

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# Events and Announcements

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## The Journal Institutionalised Children Explorations and Beyond (ICB) |

### *Completing a decade of academic engagement*

*Dr. Gurneet Kalra, Research Lead,  
Udayan Care*

ICB is an international, multi-disciplinary, peer-reviewed academic journal on alternative care for out-of-home-care (OHC) children and youth and family strengthening focused on the South Asia region, started by Udayan Care in 2014. Along with addressing issues that can influence policy reforms, decision-making and improve practices and standards of care, ICB, in partnership with SAGE publications, aspires to strengthen research, knowledge, and counselling practices currently prevalent in the region. Published electronically and in the print version, twice a year (March and September), every issue of ICB presents original research papers, good models of care practices, comprehensive desk review papers, editorial and foreword, expert opinions, important reprints, interviews, and book and movie reviews.

This year, ICB is successfully completing a decade of academic engagement. In these ten years' journey, ICB has published approx. 150 papers capturing and generating evidence through research articles focussed on South Asia, best practices, and international perspectives providing an overview of the alternative care and family strengthening scenario across the globe. On this jubilant occasion, the 20<sup>th</sup> issue of ICB is presenting an enriched resource to understand the full spectrum of alternative care from different angles and its evolution and progress in all the SAARC countries over a decade. We are delighted to share that this issue will have Mr Ian Forber-Pratt, Deputy Executive Director, CERI, as the Guest Editor, who is also one of our Editorial Board members, and an expert in the alternative care space. The issue focuses on the following themes, family strengthening & gatekeeping; foster care; adoption; aftercare/care leaving and work with care leavers; kinship care; sponsorship; child care institutions or residential care (as the last resort), where perspectives and concerns about mental health and caregiving and concerns of the children would be the sub-themes cutting across every major theme. This issue will also be capturing the direct voices, challenges, experiences and recommendations of care leavers from the SAARC region.

To know more about ICB, click here: <https://journals.sagepub.com/home/ICB>

## Deinstitutionalisation: Decoding the 'What' & the 'Why'



On 21<sup>st</sup> February, Prerana in collaboration with IACN hosted a Twitter Chat on Deinstitutionalisation: Decoding the 'What' & the 'Why' with the objective to build and share an understanding on Deinstitutionalisation (DI), demystify it, and facilitate knowledge sharing around it. Sector experts including Catalysts for Social Action (CSA), Child in Need Institute (CINI), Miracle Foundation India, Udayan Care, and UNICEF India, who are all working towards DI and family-based care, partnered for the event. The platform emerged as a collective voice towards DI and family-based alternative care under the campaign #LetsTalkChildCare, and fostered cross-learning between diverse voices in the sector. Global voices such as Hopes and Homes for Children and Family-Based Solutions also participated in the event and shared key resources on the immediate need for DI and importance of family-based alternative care.

The event was held in a Q&A format and key insights were shared on DI, its demystification and the way forward towards it. Key questions that were discussed during the chat included,

1. What is Deinstitutionalisation? [Read responses here](#)
2. What are some myths and misconceptions around Deinstitutionalisation? [Read responses here](#)
3. Why is Deinstitutionalisation an emerging need for the holistic development of children? [Read responses here](#)
4. How do the current legal frameworks and guidelines reflect the significance of Deinstitutionalisation? [Read responses here](#)
5. Going forward, what measures can be taken up to mainstream Deinstitutionalisation in the child protection system? [Read responses here](#)

Given the collective dedication to mainstream DI and family-based care, #LetsTalkChildCare will be utilised further through more such platforms to build an understanding of DI, family strengthening and alternative care services. [To read the full report around the twitter chat, click here.](#)