

# FAMILY-BASED ALTERNATE CARE FOR CHILDREN (FBACC)

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The 27th General Assembly of the United Nations reviewed the progress achieved by member states during the previous three decades in implementing the UN Convention for the Rights of the Child (UNCRC), 1989. Their Resolution no. 74/395 highlighted the common concern for children who are deprived of the full and harmonious development of their personality for want of an opportunity to grow up in a family environment. In fact, a full segment of the Resolution is solely devoted to emphasising the importance of the family environment for the full enjoyment of the child's basic right to development.

Ensuring this basic right for every child has been a matter of serious and constant concern in implementing the UNCRC. Even as early as a decade ago, UN Resolution no. 64/142 of 2009 endorsed detailed guidelines on how alternate care should be given within a family environment to children who have been separated from their families. Both these resolutions highlight the emphasis given to the family as the primary caregiver in the UNCRC 1989, the need to progressively eliminate institutionalisation as a means of providing care to needy children, and to rehabilitate them in suitable home environments at the earliest. Resolution no. 74/395 of 2019 urges all member states to act on priority to achieve this objective, and thereby protect the best interests of children separated from their homes.

Children are separated from their families for a plethora of reasons. Therefore, the task of providing them with a fair chance to live in a family environment, often not necessarily their own, is a complex challenge. In India, different states have tried to address these challenges in various ways. Although social, economic, and cultural differences exist among them, and the scale of their problems are varied, many elements of their situations are common; consequently, there is much to be learnt from their differing experiences in tackling them, to mutual benefit.

With the support of UNICEF, the Government of Kerala organised a workshop on “De-institutionalisation and Family Based Alternative Care” in September 2022, where they, four other states, viz. Tamil Nadu, Madhya Pradesh, Odisha, and Uttar Pradesh, as well as an international organisation, ‘Hope and Homes for Children’, shared their experiences in addressing these challenges.

The discussions were both fruitful and insightful, and many significant takeaways emerged from this workshop regarding deinstitutionalisation and the provision of family-based alternate care for children.

## **1. Importance of commitment at the highest level to deinstitutionalization**

It is widely acknowledged that there is a need for change from the traditional approach of providing care and protection to children through institutions. This issue has assumed urgency from an understanding of the damage caused to children by institutionalising them. Studies have shown that the stress level suffered by them is 6 times that suffered by victims of PTSD and that 80% of them will suffer severe cognitive and mental health problems. The Juvenile Justice Act 2016 also statutorily requires that institutionalisation be the last option for any child needing care and protection.

The first significant takeaway from the discussions with the states was that no matter what the differences may be in the scale and size of their challenges in addressing deinstitutionalisation, they have all recognised the importance of commitment at the highest level in the state to this cause. It was also equally clear that this level of commitment played a crucial role in the progress they have all made so far in implementing measures to promote this objective. In Tamil Nadu, this commitment has been publicly articulated through a State Child Safety Policy, while in Odisha, the state has tried to assure its continued commitment to child protection through an MOU with UNICEF. Other states like Tamil Nadu, Kerala, and Madhya Pradesh have resorted to Strategic Action Plans with time-bound outcomes while Uttar Pradesh has put in place plans for family-based alternate care in all 75 districts. Even in the preparation of Action Plans the approach has been varied with some following a top-down approach while others opted for a bottom-up approach from the district level, which is thereafter consolidated at the state level. The common experience was that such public articulation of commitment helps in ensuring better cooperation and coordination between the many stakeholders, within and outside government, who are involved in the complex task of deinstitutionalising children and providing them with a suitable family environment.

## **2. Factors that will ensure a paradigm shift from deinstitutionalisation to providing alternate care to children in a family environment**

### ***2.1. Change the approach towards providing care:***

Efforts to deinstitutionalise child care call for a paradigm shift at many levels from the way care is currently being provided to children who are separated from their families. In such situations, placing a child in an institution is required to be the last resort, and if unavoidable, only as an interim arrangement till the child is placed once again in a family environment. This message, which is clearly articulated in the JJ Act and Rules, must be reinforced at every level through capacity development starting with the Child Welfare Committees (CWCs), in ensuring more regular and sustained monitoring and follow-up, and through effective preventive strategies. An intriguing issue that came to notice during the discussions with the states was that some of the bigger states like Uttar Pradesh and Madhya Pradesh had fewer children in Child Care Institutions than smaller

states like Tamil Nadu and Kerala. There is a need to understand the reasons for this dichotomy in both categories of states.

During discussions, it was noted that one of the reasons for these larger numbers is the emphasis being given by many families to ensuring more convenient access for their children to better educational facilities than available from their homes. Their sole objective is to ensure that their children have an opportunity for a better future with better education. There is also the presence of a large number of children from single-parent families in many of these institutions. This indicates the concern of these single parents about the safety and security of their children when they are away at work. It was also noted that there were more children in institutions managed by NGOs than in those managed by the government. Since all CCIs are required to be registered under the JJ Act 2016, and children are being placed in these homes through the CWCs, the reason for this anomalous situation in NGO-run institutions is yet another factor that needs to be addressed to eliminate the institutionalisation of children. For meaningful and effective deinstitutionalisation, the concerns that brought the children to these institutions in the first place have also to be effectively addressed.

## *2.2. Strengthen follow-up and support services for deinstitutionalised children:*

A key area that needs to be addressed in the context of deinstitutionalisation is the availability of an effective and regular follow-up mechanism and support services for the child, as well as the family into which the child is rehabilitated, as part of family-based alternate care. Although this requirement is emphasised in the JJ Act and Rules, there is much that remains to be done to provide such handholding support when children are exposed to the external world and have to negotiate everyday life.

During the Covid period, children in CCIs were ordered to be sent back to their homes. Thereafter, states have undertaken an exercise to re-evaluate the case of each child, to assess whether they need continued institutional care, before bringing some of them back. This effort has helped to substantially reduce the number of children currently in institutions. This situation provides us with an opportunity to understand the factors that caused the reinstitutionalisation of those children who were brought back. It also provides an opportunity to understand why many of the deinstitutionalised children were retained in institutions before the covid period when they could have been rehabilitated in the home environment. Studies on these subjects, for which data is now available with states, will provide valuable insights for formulating effective gatekeeping strategies to ensure that children do not become CNCs (Children in Need of Care and Protection) needing institutionalisation, or return to institutional care once again.

With so many children deinstitutionalised at one go during covid, it is also important to strengthen the follow-up and handholding support being given to these children, whether they have returned to their own home environment, or been placed in alternate homes through foster care or sponsorship. This is a key area of concern. It is also necessary to examine whether the current systems for such follow-up are effective and adequate or

whether they need to be strengthened. Although the JJ Act and Rules lay down the basic framework for follow-up after deinstitutionalisation, the systems at the grass root level for implementing these provisions are yet to stabilise, because there is a mismatch between the task at hand and the resources available to undertake it effectively. This has affected the best interests of these children and resulted in some of them returning to the state's protection system. Therefore, this aspect of following up on the deinstitutionalisation done during covid needs to be addressed with urgency.

Different states have adopted different strategies to address this gap between needs and available resources. In this context, the initiative undertaken by Kerala to provide hand-holding support to both Children in Conflict with Law (CCL) and Children in Need of Care and Protection (CNCP) as well as their families after deinstitutionalisation, provide skill development to the children, and even provide them with suitable placements, resulting in a substantial reduction in recidivism, was noted as a model worthy of consideration. In Tamil Nadu, the support of the police has been leveraged to ensure the continued safety of deinstitutionalised children in vulnerable areas through regular visits, to ensure that they have a safe space to reestablish themselves in society. In Madhya Pradesh, the Juvenile Justice Committee plays an important and active role in monitoring follow-up activities. Madhya Pradesh and Odisha have also provided a forum for care leavers by setting up Care Leavers Associations where common issues can be articulated. Government and NGOs provide support to this association. In Madhya Pradesh, an SHG for care leavers has also been set up under NRLM. Odisha and Home and Homes for Children, an NGO, mentioned their experience of harnessing locally placed community-level workers like the Anganwadi workers, to enhance the monitoring network by providing them with adequate training and by inducting technology to facilitate speedy reporting. Providing toll-free numbers for easy access has also been attempted in some states like Odisha. The need to continue to explore options to improve the quality of monitoring to effectively manage the transition from institutions into society was emphasised by all the states.

A related issue is a need to address the anxiety that children in CCIs have about their future. In this context, it was noted that all the states in the workshop have taken cognizance of this problem in varying ways. Measures have been initiated to address the issue by providing them adequate support by imparting appropriate skill and life skills training, assistance with placements with a minimum assured remuneration to ensure financial independence, and even accommodation during this transition period, as seen from the Kerala model. Where the child shows aptitude and inclination for pursuing higher studies, provisions are being made not only for financial support but also for ensuring aftercare beyond 18 years till they complete their education. Madhya Pradesh, Odisha, and Kerala have provisions for supporting higher studies while Uttar Pradesh has enhanced their support for the aftercare of orphans up to the age of 23 and Tamil Nadu offers a higher level of financial support to deinstitutionalised children under a sponsorship programme, and that too for an additional period of two years. This focus on aftercare beyond 18 years is a new and encouraging trend that will help in effectively rehabilitating deinstitutionalised children.

### 2.3. *New options to promote deinstitutionalisation:*

From the experiences shared by various states, it was clear that many of them had made a serious effort to expand the scope of the existing options to provide family-based alternate care. Adoption, foster care and sponsorship are the three options prescribed in the JJ Act and Rules to ensure that children separated from their own homes are provided with an alternate family environment. In the case of adoption, there was some concern regarding the need to curb illegal activities that were experienced, primarily due to the gap between demand and supply of children fit for adoption. There was also a concern about ensuring that these tendencies are curbed when the new statutory provisions for adoption are implemented. States mentioned measures already taken to streamline the process of adoption to avoid unnecessary complications and to ensure a smooth transition from institutions. A related issue that came to notice is the initiative being taken in Kerala, with the help of an NGO, to provide basic life skill training to children with disabilities living in institutions to ready them for adoption into homes, both in India and abroad. The aim is to ensure that these children are not constrained to live their entire lives in institutions.

In the matter of sponsorship, it was noted that a significant effort has been made by states to promote sponsorship. In Tamil Nadu, not only has financial support been enhanced but it has been extended for an additional two years. In Madhya Pradesh, private contributions are also being used to support the sponsorship programme. In J&K it was learnt that their sponsorship programme is supported by funding raised locally at the village/panchayat level for this purpose.

One area where some innovation has happened is in the matter of foster care. By implementing focused initiatives at the panchayat level, Odisha has attempted to ensure that children who would have been otherwise institutionalised, are taken care of under foster care in their own panchayats. A major Right to the Family campaign was first implemented across the state and training was provided to panchayat heads and other functionaries at the district, sub-district, and panchayat levels to improve service delivery. Panchayats were also incentivised in various ways for their efforts. The state's focus is to address this issue from the perspective of the child and to ensure minimum dislocation in their lives. In Kerala, various variants of foster care have been introduced to promote this option for alternate care. In addition to short-term and long-term foster care, a concept called Vacation foster care was introduced for children to spend vacations with identified families, thereby avoiding institutionalisation during this period. It has also helped to break down to some extent the hesitancy in society about the concept of foster care both with the families of the institutionalised children, as well as with the families who provide the foster care. It has often resulted in both parties being ready to repeat the experience and, at

times, entering the regular foster care programme once the child and foster parents established compatibility during vacation foster care. Kinship foster care and group foster care are also spin-offs attempted as modes of providing alternate care.

The NGO, Hope and Homes for Children, spoke of their international experience in foster care in Nepal, and Moldova. An interesting initiative in Moldova involved a scheme where children with disabilities are given in foster care for a period of 45 days to give parent(s) some respite from care responsibilities and thereby continue to give children the uninterrupted benefit of the home environment. It was noted that other models of family-based alternate care developed by NGOs like Plan International and Save our children are also available for consideration. The fact that there are challenges in promoting the concept of foster care in our country was widely acknowledged. It is still to gain popular acceptance and much work remains to be done to successfully adapt this concept to the Indian context.

#### *2.4. Strengthen “Gatekeeping” to ensure that no child becomes a CNCP:*

A key issue in addressing the challenge of deinstitutionalisation is to address the root causes that bring a child to an institution in the first place. Lack of resources has always been a key factor and it has become an even bigger concern after covid. Due to enhanced levels of poverty after covid, funds are scarce even to meet basic needs like food. This has resulted in enhanced stress in families leading to an increase in domestic violence, migration, and more mental health problems. Social protection measures like cash transfers by the Central and State Governments for those children affected by a death in the family due to covid, and by some states for deaths that occurred during the covid period but not due to covid and similar support through various other programmes have certainly helped alleviate the situation, especially the atmosphere within families.

However, a mere cash transfer will not address the situation adequately. It is important to look at all the available social protection measures and explore how best existing schemes can be better harnessed and linkages provided to needy families. Similarly, there is an option to optimally utilise existing functionaries at the grass root level to improve gatekeeping to protect children. It is also an opportunity to leverage village and local level committees to address issues that affect child rights. In fact, deinstitutionalisation can be used as a means to backtrack to the root of the cause of the vulnerability and to address them.

The presentations made by states showed that some headway has been made in this regard. Besides cash support, states have taken up the issue of vulnerability mapping with defined parameters (families affected by poverty, single-parent families, orphans, etc.), to link them to various social protection schemes including those managed by other departments, started initiatives for family strengthening and improving parenting skills (like the Parenting clinics stated in Kerala), sensitizing adolescents, providing premarital counselling, trauma counselling (in Uttar Pradesh) etc. When addressing these linkages, it is also important to address the needs of children of migrants who constitute a large segment of the vulnerable population and whose needs often fall by the wayside when formulating policies and programmes.

### 2.5. Create a social behaviour change:

It was universally acknowledged that if deinstitutionalisation has to be scaled up, there is a need to bring about a widespread behaviour change in society. This is required to ensure “buy-in” from all stakeholders in government, panchayat and grass root level workers, voluntary organisations, as well as the community at large, particularly in their stigmatising attitude to children who have been rendered CNCs at some juncture but have since been rehabilitated, to concepts like foster care, and the important role that family and its environment plays in the overall development of a child. Odisha’s efforts through the Right to the Family campaign were noted as one such initiative. The initiative in J&K where a village becomes responsible for its children rendered vulnerable is yet another fine example of the entire local community being involved in the provision of care and protection.

It is also necessary to create a change in the widely prevalent approach in society to charity-based institutional care because the number of inmates in institutions managed by faith organisations and NGOs continues to be large. This is a critical issue because any attempt to eliminate deinstitutionalisation would counter these stakeholders' interests. Therefore, it is necessary to explore options that can utilise the experience and facilities available in such institutions in the best interest of children without going counter to the interests of the former. One possible option is to consider converting these institutions into community resource centres where daycare and a safe space can be provided for children who are not safe in their home environments after school or while parents are away at work. This is a sensitive issue that needs to be addressed through dialogue and sensitisation, placing the child’s best interests at the centre of this initiative.

Though these changes in approach among all stakeholders are necessary to ensure deinstitutionalisation, they can come about only if there is a behaviour change in society's attitude to this issue and a willingness to accept change.

## **3. Resource Management**

### 3.1. New options for resource generation:

One of the biggest challenges in addressing the issue of deinstitutionalisation and family-based alternate care of children is the lack of adequate resources. Funding from the government cannot be the sole source to meet these needs but it can be enhanced if resources under various government schemes are leveraged and optimally used to address these requirements. In this context it was noted that many of the participant states have made strides in that direction and have also addressed options like tapping corporate sponsorship, crowdfunding, setting up a special Juvenile Justice fund to attract corporate and public support for the benefit of children in need of care and protection, and creating websites, QR codes etc. to facilitate public involvement in this endeavour. As mentioned previously, in J&K, sponsorship support is being raised locally at the local community level so that



they are self-sufficient in their sponsorship programme. In Madhya Pradesh, it was learnt that the courts had chipped into this effort by diverting funds collected by them as fines.

### *3.2. Need for a shift in the utilisation of existing funds:*

A major change required in this context is the question of how, to what extent, and how soon resources that are currently being used to support CCIs can be diverted to support the new approaches to family-based alternate care of children and creating better access to facilities to prevent children from having to be institutionalised. This is a very crucial issue because substantial funds are currently being utilised to support the institutions and they cannot be wished away until there is a common understanding about why the new approach suits the best interest of the child better, to what extent institutional care will need to be provided in special cases as well as for meeting interim needs, and how best and how quickly these institutions can be repurposed to suit the new approach to care. What is important is to recognise the need for this paradigm shift and initiate the process considering the situation in each state.

## **4. Capacity building**

A key area that needs to be addressed relates to the capacity building of stakeholders because that constitutes a critical component not only in deinstitutionalising but also in providing quality care to children who have to be institutionalised, albeit for a brief while, and ensure effective follow up and better gatekeeping. Every stakeholder, be it the members of the CWC and the District Child Protection Unit, the staff in CCIs, the police, or the community and panchayat level stakeholders, are required to be given not only the appropriate level of training but also in a timely manner and their skills and knowledge regularly updated. Capacity building is required even for the institutionalised children who, after long spells in them, are reluctant to embrace change and leave their four walls. They need to be apprised of the reasons for such change, and its benefits, and thus encouraged to embrace alternate care. It was noted that Tamil Nadu has made significant progress in the training of key functionaries and stakeholders by setting up an integrated training institute for social empowerment and has developed very useful knowledge products and other documents to address the needs of different categories of stakeholders. Odisha and Madhya Pradesh have also developed master trainers who undertake capacity building from the district level right down to the grass root level. Uttar Pradesh has created a resource pool of trauma counsellors who have helped to manage the situation during the covid. In Kerala, in addition to the training given to various stakeholders, an e-learning facility has also been created on all key aspects of juvenile justice and child rights that all stakeholders can access.

A common area of concern is the lack of training among stakeholders regarding the preparation of crucial documents relating to any child that comes before them such as the child's case history and Individual Care Plan (ICP). There is also a gap noted in their use of these documents when providing care and protection for



children. Given the importance of ICP in deinstitutionalising children, providing follow up and in their final rehabilitation, capacity building needs to address the question of training all stakeholders, starting with the CWCs who are required to use them when arriving at decisions regarding the care and protection of these children, on how they must be prepared and effectively utilised.

## **5. Use of Technology Interventions**

The general consensus at the discussions was that technological interventions could play an important role in improving the quality of services provided to children in need of care and protection. A pilot project was noted to have been launched in Odisha for IT-based intervention surveillance of vulnerable children. Jharkhand too used a specially developed app during the covid period to keep track of vulnerable children and to respond effectively to any child in need. With technology intervention, it is possible to increase the manpower available for monitoring and follow-up of children in the community using other available community-level staff. Mere reporting can be managed by them even without expertise in providing care if appropriate training is given to identify any vulnerability and report it with the aid of some form of technological intervention. Thereafter, further support through experts can be speedily reached to the needy.

The use of technology can make a substantial improvement in the quality of services provided, be it in the surveillance of vulnerable children or in monitoring institutions to ensure timely deinstitutionalisation, as is being done today in the case of adoption. Discussions also revealed that states are exploring the use of technology for ensuring public participation in supporting these initiatives through direct contributions to the Juvenile Justice fund or through crowdfunding. Capacity building is yet another area where technology intervention can play a very important role in future, especially through e-learning facilities. Therefore, technology was unanimously recognised as a very useful enabling tool to maintain, improve, and expand the quality of services that can be provided to children in need of care and protection.

## **6. Management Information Systems and Documentation**

Management of the information system and documentation are two areas that were recognised during the discussions as requiring more attention. Be it documentation as required under the JJ Act and Rules about every vulnerable child or the data that will facilitate better manage the implementation of the programmes and service delivery including follow-up of both institutionalised and deinstitutionalised children, it was acknowledged that there are many gaps to be addressed at every level in the system. These gaps need to be closed through capacity building and close monitoring if the quality of services has to be ensured. Similarly, there is a dearth of information about the various initiatives undertaken by many states to successfully tackle different challenges, which can be valuable input for learning and emulation by others. Therefore, it was felt that all such initiatives

need to be consciously documented and that UNICEF can perhaps facilitate the states to initiate action in this regard.

## 7. Conclusion

Deinstitutionalising children in CCIs and ensuring that circumstances that lead to their institutionalization are minimized are both very challenging yet critical issues for the future of all children. This requires commitment, collaborative effort, and a common understanding of its importance by and among all stakeholders. That is a major challenge, but it needs to be addressed. It was heartening to note that the states who participated in the discussion were ready to do so, as reflected in the draft action plans that they developed at the end of the deliberations for final approval by their states.

The covid experience showed that when there was a change needed in the dimensions of care to be provided, the states were able to respond to the new stressful situation and manage it. Many valuable lessons were learnt especially in the case of deinstitutionalisation which encourages them to address the possibility of its progressive elimination. However, the discussions also stressed the importance of not rushing the process without ensuring the quality of the after care to be provided. Major challenges in this regard include the need to ensure that the factors that brought children into institutions in the first place, which include lack of access to education and safety are suitably addressed, that institutions that currently depend on inmates for their existence are suitably incentivised to deinstitutionalise them and to strengthen monitoring and follow up as well as gatekeeping activities.

Finally, there is the key issue of addressing poverty, particularly in post covid times. Efforts to tackle this root cause effectively will be most critical for empowering families and ensuring that children are not separated from their families. For this, a serious collaborative effort to plug the gaps through a partnership with other departments and agencies and by linking families to existing schemes and resources has to be done. Most importantly, it needs to be ensured that the child, and the child's best interests, are at the heart of every initiative that is taken up to deinstitutionalise children and provide them with family-based alternate care.