

UBS Optimus  
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# Re-affirming Family-Based Care

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A National Consultation

27<sup>th</sup> and 28<sup>th</sup> February 2025 | Pune, Maharashtra, India





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## Organised by



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# Opening Session

The National Consultation on Re-Affirming Family-Based Care, held in Pune on February 27-28, 2025, marked a significant milestone in India's ongoing efforts to reform child care systems. Organized by UNICEF in partnership with UBS Optimus Foundation, and supported by technical partners India Alternative Care Network and Transform Neev Collective, the consultation brought together over 100 key stakeholders including senior government officials from 17 states, leading child protection experts, civil society champions, youth care leavers and global practitioners. Designed as a platform for reflection and forward planning, the consultation focused on assessing progress in policy and practice and deliberating on a strategic roadmap to advance family-based care. This consultation signalled a strong and unified commitment to shift from institutional care towards more nurturing, community-rooted alternatives that uphold every child's right to grow up in a family environment.



## Welcome and Introduction to the National Consultation

### **Ms. Vandhana Kandhari,** Child Protection Specialist, UNICEF India

Ms. Vandhana Kandhari opened the national consultation by extending a warm welcome to the dignitaries and participants. In her inaugural address, she underscored the critical importance of promoting family-based care over institutional care, highlighting its better child development outcomes and greater cost-effectiveness. She emphasized the need for investments in families and communities to yield long-term, sustainable benefits for children.

Ms. Kandhari highlighted the success of community-based care models, particularly in contexts of distress migration and other vulnerable situations, and advocated for the integration of social protection schemes with Mission Vatsalya to better support at-risk families. She called attention to the need for improved data collection on children in institutional care, to direct resources more effectively. The critical need to scale up alternative care programmes through strong, and coordinated partnerships between government agencies and civil society organizations was underscored.

Ms. Kandhari also emphasized the prioritization of aftercare services, particularly for marginalized groups including children with disabilities, girls, and those aging out of institutional care. In conclusion, Ms. Kandhari expressed her hope that the consultation would serve as a pivotal step toward reinforcing family-based care in India, contributing to a more responsive, inclusive, and child-centric care system.



## Opening Remarks

### **Ms. Nayana Gunde, IAS,** Commissioner, Department of Women and Child Development (DWCD), Government of Maharashtra

Ms. Nayana Gunde commended UNICEF and its partners for convening a timely and critical dialogue on strengthening family-based care systems in India. She highlighted Maharashtra's proactive initiatives in this domain, notably the Bal Sangopan Yojana, which provides targeted support to vulnerable children, such as those of single mothers, incarcerated parents, and terminally ill caregivers through community and family-based care arrangements.

She cited the state's effective response during COVID-19, where the majority of orphaned children were successfully placed with extended family members rather than in institutional



settings. This approach, she noted, was underpinned by systematic case management that enabled the identification of at-risk families and their linkage to relevant social welfare schemes and livelihood opportunities.

Ms. Gunde noted the low levels of awareness around foster care, even among frontline officials, and stressed the urgent need for widespread advocacy and sensitization. Reaffirming Maharashtra's commitment to family-based care, she emphasized the state's ongoing efforts to expand awareness campaigns and institutionalize structured case management practices across the child protection system. She concluded by calling for strengthened inter-departmental collaboration

to embed family-based care as a central, mainstream component of child protection services, reducing reliance on institutional care.

## South Asia Commitments on Family-Based Care

**Mr. Vedasto Nsanzugwanko,**  
Regional Advisor, Child Protection, UNICEF



Mr. Vedasto Nsanzugwanko presented UNICEF's strategic three-pillar approach to advancing family-based care: preventing unnecessary family separation, prioritizing family-based placements over institutionalization, and ending reliance on residential care facilities. He emphasized the critical role of kinship care and community-based interventions in enhancing family resilience and creating stable, nurturing environments for children.

Reaffirming UNICEF's commitment to placing families at the centre of child protection systems, Mr. Nsanzugwanko called for stronger integration between child protection services and social welfare schemes. He underscored

the urgency of deinstitutionalization efforts, particularly for children with disabilities and unaccompanied children, who are disproportionately affected by systemic gaps.

He further stressed the importance of data-driven decision-making to improve outcomes, advocating for the documentation, evaluation, and replication of effective models. He noted these should inform both policy development and the design of scalable, context-responsive programmes to strengthen family-based care across the region.

## Collaboration for Transformation in Care Reforms

### Ms. Sarah Veilex, Programme Director, UBS Optimus Foundation

Ms. Sarah Veilex highlighted the strategic role of philanthropy in advancing family-based care reform, emphasizing global efforts of UBS Optimus Foundation to prevent family separation and promote systemic care transformation. She underscored that families do not operate in isolation but require comprehensive, multi-systemic support encompassing health, education, social protection, and economic empowerment.

Ms. Veilex shared examples of successful collaboration between philanthropic institutions and grassroots organizations, particularly in mobilizing resources to strengthen families and prevent separation. She stressed that such partnerships are critical to achieving sustainable and scalable impact. Ms. Veilex also emphasized the value of cross-country learning and the importance of adapting global best practices to India's diverse socio-economic and cultural contexts. She noted that a key challenge lies in ensuring the long-term sustainability of family-based care programmes, an objective that demands consistent investment, multi-sectoral coordination, and policy alignment.

In conclusion, she advocated for the exploration of innovative financing mechanisms and deeper cross-sector collaboration to strengthen family-based initiatives.



## Special Remarks

### Ms. Bhavana Saxena, IPS, Chief Executive Officer, Central Adoption Resource Authority (CARA), Ministry of Women and Child Development

Ms. Bhavana Saxena provided a comprehensive overview of India's adoption and foster care frameworks governed by the Central Adoption Resource Authority (CARA). She highlighted a key challenge in the adoption landscape. Despite significant demand, only approximately 3,000 children are currently declared legally free for adoption. This underscores the need to address systemic gaps in identification, legal processing, and referral mechanisms.

She emphasized the critical importance of enhancing legal awareness, streamlining adoption procedures, and investing in the capacity-building of child welfare professionals to strengthen the implementation of alternative care systems.



Ms. Saxena introduced recent reforms initiated by CARA, including the rollout of updated foster care guidelines aimed at encouraging family-based placements, and the deployment of digital platforms such as the Caring System, which is designed to facilitate and expedite adoption and foster care applications.

Addressing the persistent challenges in transitioning children from institutional care, she drew attention to the unique vulnerabilities of older children, who often exhibit hesitancy or resistance toward reintegration into family settings. To support this group, Ms. Saxena underscored the need for targeted mentorship, psychosocial support, and structured transition planning to enable successful placement in family-based care.

## Special Remarks

**Ms. Harjot Kaur Bamhrah, IAS,**  
Additional Chief Secretary, Department of Social Welfare,  
Government of Bihar

Ms. Harjot Kaur Bamhrah emphasized the importance of addressing the needs of both children outside of family care and those living within families who remain at risk due to neglect, abuse, or entrenched social disadvantages. She advocated for a preventive and early intervention approach to child protection, highlighting that system responses must go beyond crisis management to address root causes and build long-term resilience within families and communities.

She identified the current gap in psychological and transitional support for children moving from institutional settings to family-based care and stressed the need for specialized, child-focused services to support this transition.

Ms. Bamhrah recommended the adoption of more rigorous assessment criteria for foster parents to ensure suitability and stability of placements. She further called for expansion of alternative care models to recognize and support older caregivers, such as grandparents, who often serve as primary caregivers in informal kinship care arrangements. For older children, she suggested the establishment of structured mentorship programmes, acknowledging that this cohort often requires guidance, life skills, and emotional support rather than full-time foster placements.

Concluding her remarks, Ms. Bamhrah underscored the critical role of inter-sectoral coordination in the effective implementation of child protection interventions, emphasizing that collaboration across departments is essential to deliver holistic and sustainable care solutions.



# THE GLOBAL JOURNEY OF CARE REFORM: Systems Transformation and Scaling-Up Strategy

## Speakers

**Dr. Delia Pop**, Founder, A Little Light

**Topic:** Global Trends in Child Care Reform

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**Ms. Beth Bradford**, International Expert

**Topic:** Scaling Up - An Enigma: Practical Frameworks and Tools for Scaling Family-Based Care

## Moderator

**Mr. Prabhat Kumar**, Child Protection Specialist, UNICEF India

## Highlights of the Discussion

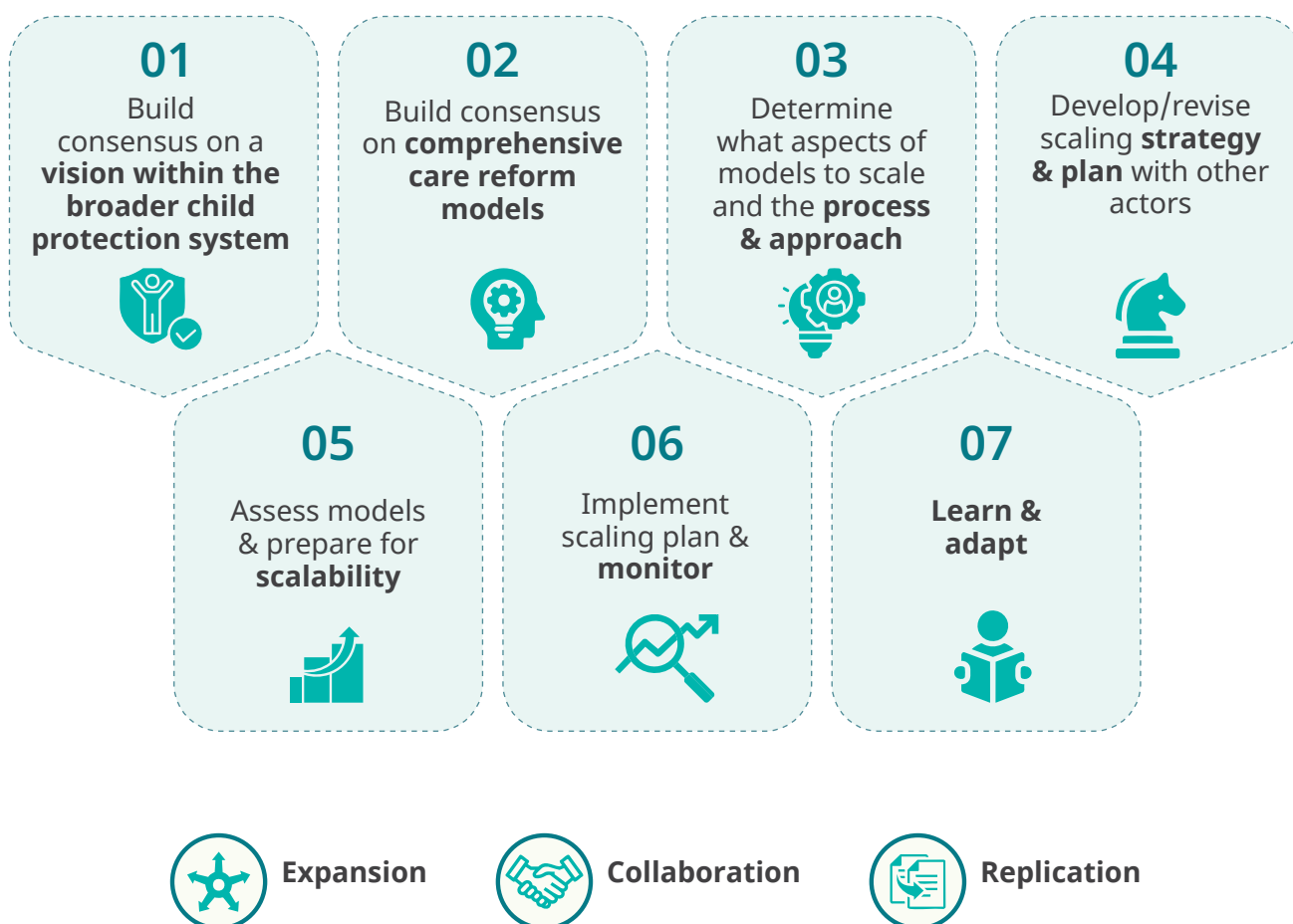
- The global child protection sector has made measurable progress in transitioning from institutional care to family and community-based care services. This transition is driven by mounting evidence on the developmental harm caused by institutionalisation and the long-term benefits of nurturing and stable family environments.
- Rates of institutional care placements are steadily declining across many regions, accompanied by increased investment in kinship care, foster care, and other family-based alternative care. Public and philanthropic funding is gradually being redirected towards prevention and family-strengthening initiatives.
- Legal and policy reforms are taking shape across regions to regulate family-based alternative care, establish minimum standards, and prioritise family-strengthening responses.
- Public attitudes are evolving, with increased acceptance of care reforms, although deeply rooted cultural and systemic resistance still impedes progress in many settings.
- Civil society organizations have played a catalytic role in piloting innovative models, demonstrating feasibility, advocating for system-level change. Their role is especially critical in bridging administrative and service delivery gaps.

**Diagram 1:** Lessons from Global Practice, Presented by Dr. Delia Pop



- ⦿ International cooperation and knowledge exchange have been powerful accelerators of reform. Cross-country learning such as insights from Kenya's Kafaalah model and European foster care expansion has helped share adaptable, locally grounded interventions.
- ⦿ Innovative care models are emerging such as integrated foster-kinship community approaches which blend global best practices with local cultural and social realities.
- ⦿ Communication and public messaging around care reform is gaining importance. For reforms to take root, strategies must be relatable, culturally resonant and aspirational.
- ⦿ For scaling, India requires a predefined destination: a structured national strategy and state-wise roadmaps that integrates kinship care, foster care, and community-based interventions into policy and practice. Cost estimation of the proposed reform and a plan for financial sustainability is critical.

**Diagram 2:** Scaling Conceptual Framework, Presented by Ms. Beth Bradford



## Key Challenges

- 01 Children with disabilities**, children in street situations, and other marginalised groups are often left behind in mainstream care reform efforts. Their specific needs are not adequately addressed in policy or programme design, reinforcing systemic exclusion.
- 02** While funding is shifting, **public financing remains insufficient** to support large-scale family-based care systems. Many programmes still rely on donor funding, raising sustainability concerns.
- 03** Prevailing attitudes often stigmatize poverty and single parenthood, fuelling unnecessary separation. There is **limited understanding** of the value of kinship care and of keeping families together.
- 04** Effective care reform requires alignment across child protection, health, education, and social welfare systems. However, **siloe functioning** across departments hinders integration and sustained outcomes.

## Key Recommendations



**Prioritise Prevention and Family Strengthening.** A preventive, family-first approach must be at the core of all care reform strategies. This includes early identification of at-risk families, community-based support, and linking families with social protection schemes to reduce the need for alternative care placements.



**Institutionalise Kinship and Community-Based Care Models.** Kinship care, when safe and appropriate, should be the first line of response. Recognition, financial support, and case management mechanisms should be built into national child protection systems to support kin caregivers and communities.



**Ensure Inclusive and Targeted Interventions.** Reform efforts must intentionally reach children with disabilities, children from minority groups, and those in remote geographies. Programme design should be equity-focused and responsive to intersecting vulnerabilities.



**Leverage Civil Society and Lived Experience.** Civil society organizations are critical drivers of innovation, risk-taking, and on-ground implementation. Their experience, along with those of children, youth and caregivers, must be integrated into policymaking, implementation, and monitoring processes.



**Foster Multi-Sectoral and Inter-Ministerial Convergence.** Effective reform demands coordination between child protection, social welfare, education, health, and financial sectors. Dedicated governance structures such as inter-agency task forces, can ensure policy alignment and programme coherence.

## Session 1: Plenary

# POLICY AND LEGAL FRAMEWORK

to Promote Family Strengthening and  
Family-Based Care (FBC) in India

### Speakers

**Dr. Nilima Mehta**, Child Protection Consultant

**Topic:** Demystifying Terminologies on  
Family-Based Alternative Care

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**Thiru Mr. A. Alfred David**, Chief Probation Officer and Joint Director, i/c TNCPCR,  
Department of Children Welfare and Special Services,  
Government of Tamil Nadu

**Topic:** Government Initiatives on Using Policy Framework  
for Making State Plan of Action on Family-Based Care

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**Ms. Bharti Ali**, Child Rights Defender

**Topic:** Reflections on Family-Based Care under Juvenile  
Justice (Care and Protection of Children) Act 2015 and  
Rights of Persons with Disabilities Act 2016

### Moderator

**Mr. Prabhat Kumar**, Child Protection Specialist, UNICEF India

## Highlights of the Discussion

- ◎ Significant legal reforms were noted, particularly in the transition from the Juvenile Justice Act of 2000 to the Juvenile Justice Act 2015 (as amended in 2021), and from the Integrated Child Protection Scheme (ICPS) to Mission Vatsalya. These changes reflect a stronger emphasis on family-based care and preventive interventions.



*There is a paradigm shift from a needs-based to a rights-based approach to child protection. Children are no longer viewed as passive recipients of welfare but as rights holders entitled to protection, participation, and development. This shift is reflected in India's evolving legal and policy landscape, including the Mission Vatsalya scheme, which draws on inputs from international and national legal frameworks. There is a need to invest and promote initiatives that support children thrive within their families and communities.*

**Dr. Nilima Mehta**, Child Protection Consultant



- ◎ The discussion highlighted the importance of prioritizing prevention within the child protection system. Gatekeeping mechanisms were underscored as a fundamental strategy to effectively assess the child's need for care and protection. Gatekeeping ensures that family strengthening, and family-based alternatives are prioritized, and children are admitted into Child Care Institutions (CCIs) only when all family-based care options have been exhausted.
- ◎ Gatekeeping at the CWC level was identified as a critical point of intervention. Effective gatekeeping requires rigorous assessment procedures, critical analysis of institutional admissions and family strengthening support.
- ◎ Panelists stressed the need to support services that prevent family separation. These include promotion of family strengthening initiatives, such as economic assistance, parenting support, and social protection linkages. Such services are integral for vulnerable families to protect and nurture their children.
- ◎ State representatives shared examples of effective Government-CSO collaboration in developing Standard Operating Procedures (SOPs) for deinstitutionalization, preparing families for child restoration, and providing capacity building support to child protection functionaries. These partnerships enhance capacity and ensure that policies are grounded in practical realities.

- ⦿ Proper implementation of family-based care requires in-depth assessments, well-developed care plans and regular reviews. Concerns were raised regarding the adequacy of child protection functionaries and their skills for case management.
- ⦿ Discussions emphasized that sponsorship, particularly preventive and rehabilitative sponsorship, must be used to strengthen families at risk and to support the reintegration of children into families from institutional care.
- ⦿ With regards to preventive sponsorship, it was felt that children need not come in contact with the juvenile justice system. Administrative mechanisms like DCPUs and SFCACs (Sponsorship and Foster Care Approval Committees) are empowered to determine the necessity and appropriateness of sponsorship as a preventive measure to family-child separation.
- ⦿ The evolution of policy and programming on family-based care in the country reflects institutional maturity and provides a foundation for meaningful systemic reform. There was consensus that it is an opportune time to review and streamline processes, define roles, and improve accessibility of family-based care services.



*Tamil Nadu showcased substantial progress in transitioning from institutional to family-based care. From 2017 to 2024, the state achieved a 47.1% reduction in the number of Child Care Institutions (CCIs) and a 69.4% reduction in the number of children placed in institutional care. This indicates a proactive and successful shift toward Family Strengthening (FS) and Family-Based Alternative Care (FBAC) models. Tamil Nadu uses a robust Information Management and Monitoring System (IMMS) that enables the tracking of children from the point of admission to discharge. This system also facilitates real-time identification of children eligible for adoption, foster care, and sponsorship, enhancing timely decision-making and resource allocation. The adoption of a data-driven approach marks a significant improvement in the governance of child protection systems.*

**Thiru Mr. A. Alfred David**, Chief Probation Officer and Joint Director, i/c TNCPCR, Department of Children Welfare and Special Services, Government of Tamil Nadu



**Tamil Nadu** showcased substantial progress in transitioning from **institutional to family-based care**.

From 2017 to 2024, the state achieved a **47.1%** reduction in the number of Child Care Institutions (CCIs) and a **69.4%** reduction in the number of children placed in institutional care.



**Diagram 3:** State Initiatives on Family Based Care and After Care, Presented by Ms. Bharti Ali

Until the JJ Act of 2015 came into force, Sponsorship, Foster Care and Aftercare programmes were left to the state governments.

Many states initiated their own programmes on family-based alternative care, though sponsorship was initiated in some states in the context of children in institutional settings, defeating its very purpose.

Absence of guidelines for sponsorship on the lines of Foster Care Guidelines has also been a challenge.

### Family-based Care: Sponsorship Schemes

- » Palak Mata Pita Yojana (Gujarat).
- » Parvarish Yojana (Bihar).
- » Bal Sangopan Yojana (Maharashtra).
- » Palanhar Yojana (Rajasthan).
- » Kinship Foster Care (DWCD, Kerala).
- » PM Cares for children who lost both parents/legal guardians to COVID-19.

### Aftercare

- » Mukhyamantri Hunar Vikas Yojana (Rajasthan).
- » Mukhyamantri Bal Ashirwad Yojana (Madhya Pradesh).
- » Mukhyamantri Bal Uday Yojana (Chattisgarh).
- » Mizoram Guidelines for Aftercare Programme.
- » Odisha State Guidelines for After Care of Children under Child Protection Services.
- » Guidelines for Aftercare Programme (DWCD Maharashtra).

Source: Kaur, M., Mehta, N., Adhikary, S., & Viswanath, A. (2023). Tracing the Evolution of Alternative Care for Children in India in the Last Decade and the Way Forward. Institutionalised Children Explorations and Beyond, 10(2), 141-153. <https://doi.org/10.1177/23493003231187209>

## Key Challenges

- 01** Concerns were raised regarding the **procedural clarity related to kinship care**. The Model Foster Care Guidelines 2024 do not use the term 'Kinship Care' but adopt the definition of JJ Act 2015 (as amended in 2021) and JJ Model Rules 2016 (as amended in 2022) and Adoption Regulations 2022 which allow foster care placements in extended family, other than the biological or adoptive family. While kinship care has been considered for sponsorship support, there remains a lack of standardized procedures to identify, assess, and provide support services to such caregivers and children.
- 02** **Children in Conflict with the Law (CiCL)** remain largely excluded from both government-aided and private-aided rehabilitative sponsorship schemes. This is a significant gap, especially considering that many CiCL are from vulnerable backgrounds and need support for reintegration, family strengthening, and aftercare.
- 03** The Individual Care Plan (ICP) format prescribed under the Model JJ Rules is designed primarily for children in the JJ system. There are concerns about **its applicability for children identified for preventive services or for those not institutionalized**. This indicates the need for flexible case management frameworks that can be adapted for use in non-judicial preventive and rehabilitative settings.
- 04** The use of **multiple terminologies**, such as "children in difficult circumstances", "vulnerable children", "children at risk" across policies, programmes, and legal instruments results in confusion over eligibility, overlaps or gaps in services. This often leads to children falling through the cracks, becoming "nobody's children".
- 05** There remains **inadequate policy focus on aftercare services** for children placed in family-based care. While the JJ Act mandates aftercare for children leaving institutional care, the needs of those in non-institutional care settings are not sufficiently addressed.
- 06** In situations such as a child living on the streets, there is a tendency for child protection functionaries to produce the child before the CWC, rather than connecting them and their families to education, health, and social protection services. This **reflects a limited vision for family strengthening** and non-institutional care services.



## Key Recommendations



### **De-Link Child Protection Responses from Over-Reliance on the Juvenile Justice System.**

Develop protocols for early identification and support to vulnerable children and families in-crisis through education, health, and social welfare systems, thereby reducing harm.



### **Institutionalize Preventive Family Strengthening Services Without Requiring Legal Gateways.**

A formal notification is necessary for preventive sponsorship, foster care and rehabilitative services requiring children to be produced before the Child Welfare Committee (CWC) or declared CNCP. Instead, the District Child Protection Units (DCPUs) and Sponsorship and Foster Care Approval Committees (SFCACs) can be empowered to act independently based on field assessments, in line with the preventive focus of Mission Vatsalya scheme.



### **Strengthen Case Management Capacities of Child Protection Functionaries.**

Institutionalize training on the casework management approach, including individual care planning, risk assessment, family assessment, restoration planning, and continuum of services. Equip child protection personnel with the tools and capacities to manage cases over time, especially for children in non-institutional settings. Promote multi-sectoral case conferencing to address complex vulnerabilities holistically.



*Along with implementation of the law, we must also invest in social, behavioural and cultural change with respect to areas such as higher education for girl children, enhance understanding on adolescents and adolescents sexuality and strengthening family relationships.*

**Ms. Bharti Ali**, Child Rights Defender



### **Leverage Juvenile Justice Fund Reforms to Mobilize Philanthropic and CSR Contributions.**

The Juvenile Justice Fund remains largely underutilized. Enable the acceptance of private sector contributions and harness the increasing interest of philanthropy and CSR in supporting child protection initiatives. This could help scale up successful community-based interventions and pilot models for family-based alternative care (FBAC) and Family Strengthening (FS).



### **Ensure Integration of Child Protection and Social Protection Systems.**

Embed child protection objectives within broader social protection frameworks, including livelihood schemes, food security, housing, and health insurance. This would help families become economically and socially stable, reducing the likelihood of separation and improving reintegration outcomes for children. Convergence mechanisms at the district and state levels must be actively facilitated and monitored.

## Session 2: Plenary

### FAMILY STRENGTHENING

Prevention of Family Separation and Approaches to Working with Vulnerable Families and Communities

#### Speakers

**Mr. Rishad Surti**, Manager, Dasra

**Topic:** Opening Remarks and Introduction to the Session

**Ms. Nicole Rangel**, Co-Founder, Leher

**Topic:** Showcasing Video: Voices from the Ground  
Promising Practices, Challenges, Way Forward

**Mr. Pradeep Narayanan**, Advisor, Praxis Institute of Participatory Practices, India

**Topic:** Family Strengthening and Prevention in the Context of Conflict, Civil Strife, Climate Change, Disability, and Rural/Urban Approaches

**Ms. Harjot Kaur Bamhrah**, IAS,

Additional Chief Secretary, Department of Social Welfare, Government of Bihar

**Topic:** Udaan Initiative with Focus on Adolescent Development and Empowerment with Multi-Pronged Strategy for Addressing Vulnerability

**Dr. Delia Pop**, Founder, A Little Light

**Topic:** Global Experiences and Examples of Family Strengthening in Different Contexts including Conflicts and Strife

**Dr. C.K. Mathew**, IAS (Retd.),

Former Chief Secretary, Government of Rajasthan

**Topic:** Role of Social Protection and Family Strengthening and Preventing Family Separation and Related Risks: Opportunities, Challenges and Key Leads for Policy Influencing

#### Moderator

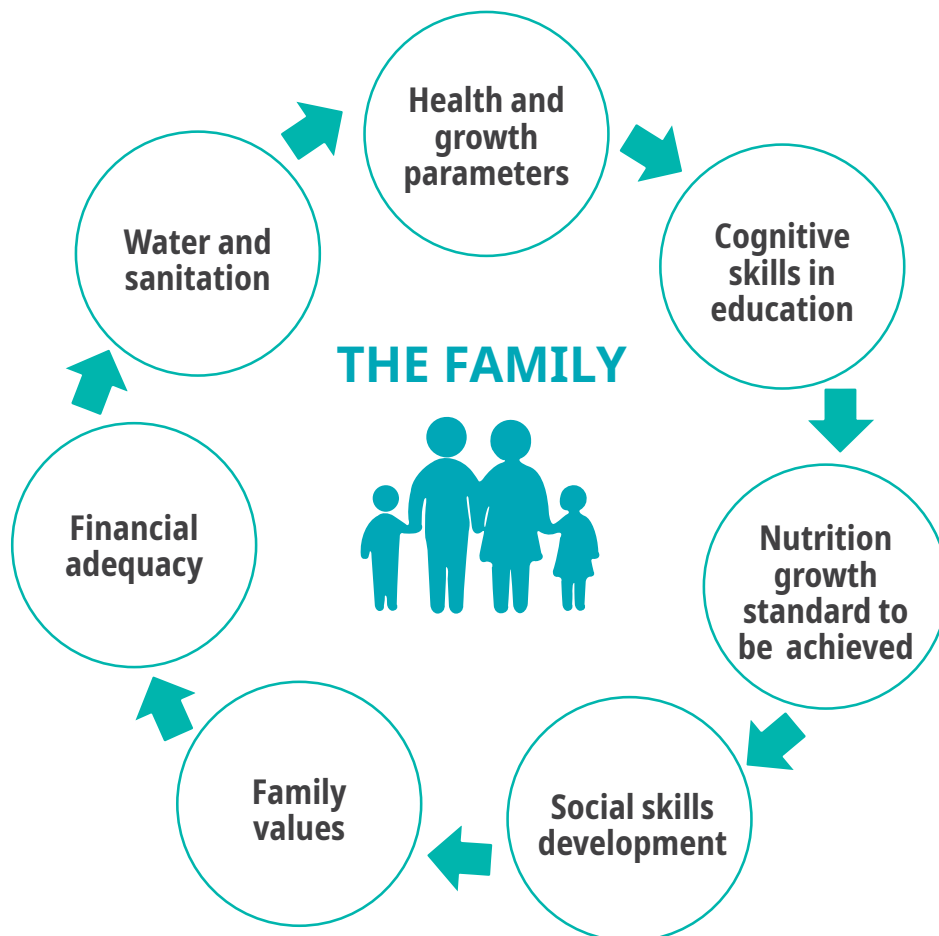
**Mr. Lolichen Pullempavil**, Child Protection Specialist, UNICEF Madhya Pradesh

## Highlights of the Discussion

- The session opened with an emphasis on the need to strengthen families as the primary and most crucial safety net for children. The UN Guidelines on Alternative Care for Children call for every child's right to grow up in a family environment, with institutional care to be used only as a last resort.
- A shift of focus towards preventive measures was advocated, calling for a multi-sectoral approach that includes involvement of education, health, rural development, and social justice departments.



**Diagram 4:** Keeping Family at the Centre, Presented by Dr. C.K. Mathew



- In India, many families continue to face compounded vulnerabilities due to poverty, caste-based discrimination, climate-induced displacement, distress migration, addiction, and intergenerational exploitative practices involving children and adolescents. These stressors increase the risk of neglect, abuse or children being pushed into hazardous situations.
- Families from tribal and nomadic groups, upon settling in urban and semi-urban areas, often lose access to rural social safety nets. Their children are left without stable caregivers or supervision, heightening the risk of abuse, trafficking, and early child labour.
- Local governance structures can serve as engines for child rights realization, by contextualizing SDG indicators (especially those related to health, education, and protection) and using community platforms for monitoring.
- A video compiled by Leher with support from UNICEF and NEEV Collective, titled [Voices from the Ground](#) was presented, illustrating the integration of child-friendly approaches within local governance systems. The video showcased the extensive work being carried out across the country by local governments, community stakeholders, and civil society organizations in support of child protection and family-based care.
- It was highlighted that families surviving conflict, climate shocks, or caste-based exclusion often develop resilience. Programmes must recognize and build on these protective traits rather than focusing solely on deficits.

A shift from risk-based approaches to protective factor-based strategies was recommended. Protective factors, as presented by Dr. Delia Pop, consists of:

- Parental resilience developed through adversity
- Knowledge of parenting and child development
- Social and emotional competence of children
- Concrete support in times of need
- Strong social connections and community networks

- Community-based daycare models and volunteer networks such as the Bal Mitras of Maharashtra were highlighted as promising practices that support working families, reduce unsafe childcare practices, and ensure children remain in nurturing environments.



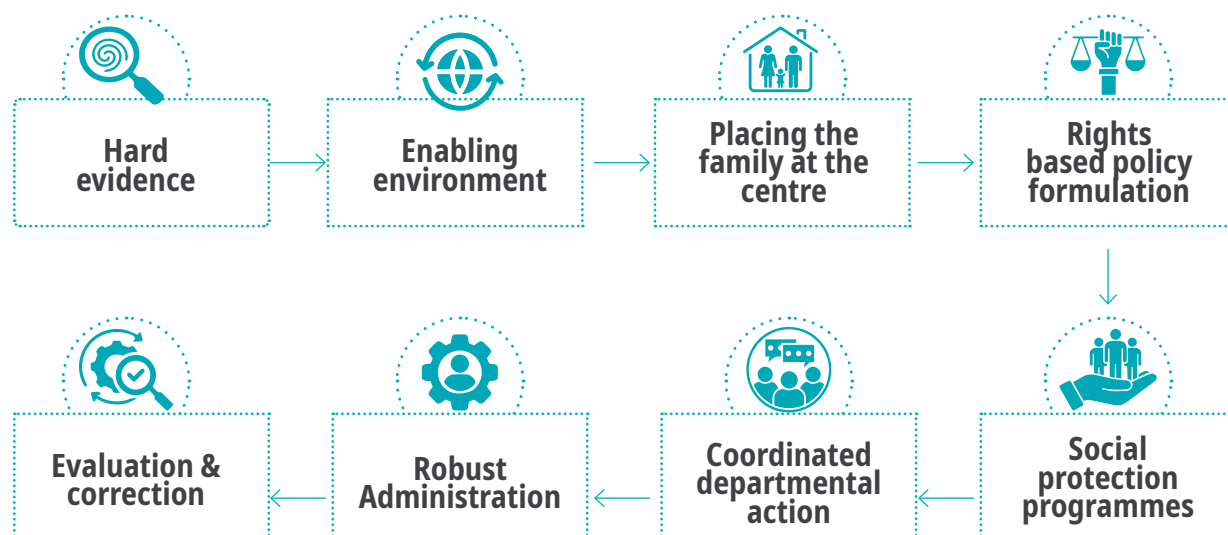
*Now is the moment to invest in community-led family strengthening solutions.*

**Mr. Pradeep Narayanan, Praxis**



- ⦿ Successful family strengthening efforts go beyond financial aid. They integrate community support, linkages to schemes and services, parenting education, mental health services, and skills development through a case management framework. The cash-plus approach was identified as a key strategy to enhance family resilience.

**Diagram 5:** Pre-requisite for a Better World, Presented by Dr. C.K. Mathew



- ⦿ The underrepresentation of men in childcare, parenting programmes, and family welfare initiatives was raised as a significant gap. Interventions must actively engage fathers, male caregivers, and boys to promote positive masculinity and shared caregiving responsibilities.
- ⦿ There was consensus on the need for decentralized data systems to enable localized decision-making, improve monitoring of child well-being indicators, and ensure responsive programming. Disaggregated data of caste, gender, geography, etc., was considered essential for identifying and addressing vulnerabilities.



*We need to build capacities of local stakeholders to access, collate and understand available data and use data effectively.*

**Dr. C.K. Mathew, IAS (Retd.)**



## Innovative Models Highlighted During the Session:

### Udaan Adolescent Empowerment Project, Government of Bihar presented by Ms. Harjot Kaur Bamhrah, IAS.

The Udaan initiative by the Government of Bihar exemplifies an integrated approach to adolescent engagement, gender equality, and child protection. This programme actively involves both boys and girls through a variety of participatory platforms, such as Baal Panchayats, career fairs, “Kids Take Over” radio programmes, sports events, and other district-level activities. The initiative has prioritized outreach to adolescent groups from marginalized communities, particularly those belonging to Mahadalit groups.



### European Union Child Guarantee – A Promising Model, presented by Dr. Delia Pop

The European Union’s Child Guarantee initiative was presented as a best practice model. This initiative aims to prevent and address social exclusion by ensuring that children in need have effective access to a core package of essential services, including:



Free early childhood education and care



Free education, including school-based activities and at least one nutritious meal per school day



Free healthcare



Healthy nutrition



Adequate housing

## Key Challenges

- 01** **Sectoral silos, lack of inter-departmental communication, and inconsistent implementation** were highlighted as systemic issues weakening comprehensive family strengthening efforts.
- 02** Children of **seasonal migrant workers, nomadic communities, urban homeless populations, and families affected by climate-induced displacements** often fall outside formal service delivery systems. They lack access to identification, birth registration, school enrolment, healthcare, and food security, which increases their risk to various vulnerabilities, such as abuse, trafficking, early marriage or child labour.
- 03** **Socio-cultural practices and community norms may contradict child protection principles** such as acceptance of child marriage, child labour, or violence as a form of discipline. Without culturally sensitive engagement, these norms are hard to shift and may undermine formal interventions.
- 04** The **emotional and psychosocial well-being of children and caregivers** remains largely unaddressed, particularly in disaster- or conflict-affected areas. This gap undermines recovery and sustainable development outcomes.
- 05** **Inadequate attention to adolescent vulnerabilities** including lack of life skills, career guidance, sexual and reproductive health education, and mental health support places youth at risk of harm.
- 06** While large volumes of data exist, there is **limited capacity at the local level to analyse and use this information** for child protection planning and service delivery.

## Key Recommendations



Family strengthening efforts must adopt a holistic approach that goes beyond financial assistance. This should include community support, linkages to schemes and services, parenting education, mental health services, and skills development. Implementing a **cash-plus strategy** is key to enhancing family resilience and promoting sustainable outcomes for children and their caregivers.



**Strengthening interdepartmental convergence** and civil society engagement can contribute to adaptive and coordinated programming.



*The success of innovative initiatives hinges on the convergence of government, communities, and civil society organizations.*

**Ms. Nicole Rangel, Leher**



**Target Intergenerational and Caste-Based Vulnerabilities.** Prioritize interventions with communities engaged in exploitative or caste-based occupations, such as intergenerational sex work and manual scavenging. Targeted livelihood, education, and legal empowerment strategies must be grounded in a **culturally sensitive, rights-based approach**. Frontline workers and community leaders can be trained to navigate harmful social and gender norms constructively through dialogue and behaviour change methods.



Localizing child protection through **Panchayati Raj Institutions (PRIs)** is critical for responsive and community-driven interventions. This involves institutionalizing child protection planning at the Gram Panchayat level using child-friendly approaches that include children's participation.



**Invest in Gender-Transformative, Adolescent-Centred Programming.** There is a need to strengthen the role of fathers and actively engage men in caregiving and family decision-making.



**Enhance Data Systems for Local-Level Planning and Monitoring.** Invest in building local capacity to collect and use disaggregated data for evidence-based child protection responses.

## Session 2: Parallel Session 1

### PREVENTION APPROACHES

to working with vulnerable families and communities; urban and rural protection mechanisms & their role in prevention of family separation, family and community-based care services

#### Speakers

**Mr. Feroze Ahmad**, Human Welfare Voluntary Organization, Jammu & Kashmir

**Topic:** Preventive Strategies, Safe Spaces and Services to Support Families

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**Ms. Tasha Koshi**, Head, Programme and Research, Leher

**Topic:** Insights from Transform Neev Collective on Prevention and Family Strengthening

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**Ms. Geetarani Lourembam**, Senior Programme Manager, Prerana, Mumbai

**Topic:** Reflections and Learnings on Case Management and Gatekeeping

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**Ms. G.K. Sunanda**, Joint Director,  
Women Development and Child Welfare Department, Government of Telangana

**Topic:** Telangana's Initiatives on Family-Based Alternative Care: Prevention, Protection and Community Engagement

#### Moderator

**Ms. Nicole Rangel**, Co-Founder, Leher

## Highlights of the Discussion

- ◎ **Community engagement emerged as a central strategy** for preventing unnecessary family separation. Experiences from conflict-sensitive contexts like Jammu & Kashmir highlighted the formation of Child Protection Groups, establishment of child fund accounts, and localized planning as effective measures to strengthen child protection at the grassroots level.
- ◎ The **Transform Neev Collective**, a multi-partner initiative operating in Maharashtra, brings together organizations working across various dimensions of child protection with a shared vision: that every child and youth is protected and thriving in safe, nurturing families and communities. The initiative has identified 17 districts for focused interventions and is guided by a four-pillar framework for family strengthening. These pillars include:
  1. Empowering families
  2. Strengthening existing community-based safety nets
  3. Equipping nodal points within the child protection system, and
  4. Establishing local models of family-based care.
- ◎ **Community-level case management** should be strengthened as an effective approach to connect vulnerable families with relevant support systems, ensuring access to mental health, education, healthcare, and social protection schemes. These linkages are critical for supporting children's continued education, stability, and preventing family separation.
- ◎ Innovative models for creating safe spaces in the communities, such as **day care centres, and community learning centres** were highlighted as cost-effective and replicable approaches to prevent child neglect and support working or single caregivers.

Some achievements from states shared during the discussion:

- **In Jammu & Kashmir, over 110 Child Protection Groups were established across 46 villages, supported by trained mentors and youth volunteers.** These groups conducted vulnerability mapping and developed Village Child Protection Plans, leading to proactive identification and mitigation of child protection risks.
- The Department of Women Development and Child Welfare, **Government of Telangana** showcased a model for government-led alternative care, offering adoption help desks, counselling centers, district-level Bal Raksha Bhavans, and services for children with disabilities. **The state supported more than 7,000 children through its sponsorship scheme and facilitated documentation for over 28,000 children.**

- **In Neev Collective's operational areas in Maharashtra, more than 2,000 children accessed safe spaces and received sensitization on child protection issues.**

Additionally, 52% of Child Protection Committees (CPCs) engaged with Gram Sabhas, enabling child protection concerns to be addressed in local governance and village-level planning.

- **In Mumbai, 1200+ children were prevented from entering institutional care** through structured case management, linkages to schemes, sponsorship support, family support groups, life skills sessions, learning circles, and helpdesks at both Child Welfare Committee (CWC) and community levels.



- Changing stakeholder mindsets towards family-based care through sustained narrative-building, deepening engagement with key stakeholders, such as CWCs, DCPUs, CCIs, and CSOs, and incremental capacity strengthening were emphasized. Strategies included exposure visits, mentorship, supportive supervision, and structured training, all contributing to improved case management for kinship care, foster care, supervised independent living, and aftercare. Complementary IEC materials, training modules, and outreach tools were also being developed to support implementation and raise awareness.



*Progress has been made. Now it is crucial for others to take it forward and expand upon it. Pilots reflect our vision, but they are not always scaled effectively. We must generate enough evidence to demonstrate what truly works.*

**Dr. Delia Pop, A Little Light**



- While capacity-building of frontline workers and district-level actors continues, there was a shared call to **leverage technology** to extend service reach and increase accessibility. Empowering community leaders with appropriate tools and information was seen as essential for embedding child protection in everyday community functioning.
- Collectivisation and peer learning** were emphasized as strategic approaches to reinforce child protection systems. The power of collective voice whether through national forums, state-level platforms, or peer exchanges was recognized as key to raising visibility for family-based care and influencing policy. Participants highlighted efforts to co-create evidence-based knowledge products and the strategic use of digital and social media platforms to share lived experiences, good practices, and learnings within and across communities.

## Key Challenges

- There remains a critical lack of **accessible and affordable community-level infrastructure** like day care and night care centres, particularly in urban and peri-urban settings. Facilities which are essential for supporting working parents or single caregivers, are limited in both number and coverage. This gap significantly weakens preventive approaches and increases reliance on institutional care.
- Social protection documentation** barriers continue to be a major challenge, particularly for families on the move. Migrant and informal workers frequently lack the necessary identity and residence proofs required to access schemes and services, resulting in the systemic exclusion of their children from essential safety nets.
- Many child protection systems are **overburdened and under-resourced**. CWCs in densely populated districts are struggling with excessive caseloads and limited administrative, paralegal, and logistical support. Similarly, social workers and caseworkers face professional burnout due to inadequate staffing and heavy workloads, compromising the quality of case management.
- Sponsorship** is often understood as a scholarship initiative rather than a holistic intervention to prevent separation and restore family functioning. Moreover, family strengthening is typically treated as a post-restoration measure rather than an ongoing, preventive strategy embedded across the continuum of care.
- Parenting support programmes** critical for building resilient families, remain underfunded and underutilized across most states.
- The child protection and allied systems continue to operate in **silos**, with limited coordination between health, education, social welfare, and women's development departments. Even when there is overlap in mandates, such as in cases involving domestic violence or poverty-induced neglect, there is often poor convergence, leading to duplication, delays, or outright gaps in intervention.



*Under the Right to Education Act, School Management Committees (SMCs) must include parents from socially and economically marginalized communities. This enables early identification of vulnerable children and families, helping prevent school dropouts and linking families to social protection schemes.*

**Ms. Rita Panicker, Butterflies**



## Key Recommendations



**Strengthen and Scale Community-Based Child Protection Mechanisms.** Expand the formation and institutional support of Child Protection Groups (CPGs), Village Child Protection Committees (VCPCs), and safe community spaces such as day care centres. Promote the engagement of trained mentors and volunteers at the village level to sustain community-led preventive child protection efforts.



**Leverage CSR and Philanthropic Funding for Family-Based Care Models.** Strategically direct Corporate Social Responsibility (CSR) and philanthropic investments towards preventive child protection services, including sponsorships, parenting support programmes, community infrastructure, and case management services. Encourage investment in scalable, replicable models of family-based care.



**Institutionalize Gatekeeping within Standard Child Protection Protocols.** Embed structured and standardized case management practices into Child Welfare Committees (CWCs) and community-based child protection systems to ensure timely, appropriate, and needs-based responses for children and families. This includes the development and use of SOPs, TORs, and safeguarding policies.



**Undertake Institutional Reforms and Strengthen Policy Frameworks.** Reimagine the structure and functioning of Child Protection Committees (CPCs) with clear mandates, accountability mechanisms, and community representation.



### **Strengthen the Role of District-Level Child Protection Functionaries.**

Enhance the capacity of the District Child Protection Units (DCPUs), the CWCs and the VCPCs to implement gatekeeping strategies. Integrate family strengthening and structured parenting programmes as core elements of child protection responses, supported by sponsorship, community-based safe spaces, and peer support networks.



### **Define Clear, Measurable Indicators for Child Protection Outcomes.**

Link funding allocations to these child-centric results. Adopting a “money follows the child” approach will ensure that resources are directed where they are most needed and impactful, promoting outcome-based programming.



### **Improve Accessibility and Portability of Social Protection Schemes.**

Simplify documentation processes and harmonize eligibility criteria to ensure inclusive access to government schemes, particularly for migrant and informally employed families. Prioritize the portability of entitlements across state and district boundaries to protect the rights of mobile populations.



### **Promote Evidence Generation and Strategic Communication.**

Develop and disseminate research, data visualizations, and knowledge products to advocate for effective models of care. Scale the use of digitized case data to inform planning, monitoring, and policy decisions. Use visual and digital media to communicate impact and mobilize public and political support for family-based child protection solutions.

## Session 2: Parallel Session 2

# SPONSORSHIP, SOCIAL PROTECTION, MULTISECTORAL APPROACH

Education, Health, Rural Development and Panchayati Raj Initiatives and Other Care Services: Promising Practices, Pathways for the Future for Prevention of Family Separation and Family Strengthening

### Speakers

**Dr. Vineet Kapoor**, IPS, DIG, Community Policing, PHQ, Government of Madhya Pradesh

**Topic:** Multi-sectoral Safe City Initiative (Urban Governance), a Preventive Model

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**Mr. Puneet Mishra**, Deputy Director, Mission Vatsalya, Department of Women and Child Development, Uttar Pradesh

**Topic:** Convergence with RDPR on Child Protection, Prevention and Family Strengthening

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**Dr. K. Syamala**, Chairperson, Center for Child Rights, NUSRL, Jharkhand

**Ms. Priti Srivastava**, Child Protection Specialist, UNICEF Jharkhand

**Topic:** Family Strengthening through State Livelihood Mission

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**Ms. Bharati Ghatge**, Shishu Aadhar, Maharashtra

**Topic:** Family Strengthening through Bal Sangopan Yojana

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### Moderator

**Ms. Advaita Marathe**, Child Protection Specialist, UNICEF Gujarat

## Highlights of the Discussion

### Sponsorship and Family Strengthening:

- ① **Preventive sponsorship** was discussed as a critical approach to family strengthening by providing financial assistance for childcare to families in crisis, either for short or long duration, thus preventing unnecessary child-family separation.
- ① Adopting a **Cash-Plus Approach in Sponsorship** is seen as important. Cash-plus models enable family strengthening by empowering families to address their distress, which could be socio-economic, psycho-social or health-related. Case work interventions support families to stabilize and strengthen their capacities for childcare. Significant efforts need to be made so that preventive sponsorship can reach last mile, vulnerable and marginalized communities on account of individual or systemic factors, such as disability, terminal illness, intergenerational exploitation, natural calamity, etc.

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*When working with families in crisis, mere financial assistance is ineffective. There must be a cash-plus approach, which includes combining financial aid with interventions, such as parenting education, life skills, resilience development of parents (individual and group-based), and vocational skill/livelihood opportunities. These components contribute to the nurturing care environment required for the child's development. Financial assistance can be withdrawn gradually once the family stabilizes. When we implemented Bal Sangopan Scheme of Maharashtra in such a manner, we witnessed significant progress and were able to prevent family-child separation.*

**Ms. Bharati Ghate**, Shishu Aadhar, Maharashtra

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- ① **CWCs as gatekeepers play a significant role** in preventing children from entering the juvenile justice system through effective assessment and timely family-strengthening interventions. In Maharashtra, the CWCs work alongside DCPUs and NGOs for case management, ensuring appropriate services such as sponsorship and suitable care arrangements where necessary.

### Innovations in Convergence:

- ◎ The Government of Uttar Pradesh recognized the low level of awareness and limited community engagement for child protection. Therefore, emphasis was placed on **interdepartmental convergence from the state to the village level** by integrating child protection indicators into Gram Panchayat Development Plans (GPDPs), leveraging community-based institutions such as Village Child Protection Committees (VCPCs) and fostering collaboration across departments such as Women and Child Development (WCD), Panchayati Raj, Rural Development, Education, and Social Welfare.

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*Integrating child protection indicators into the GPDP enabled active monitoring of vulnerable children and families. Collaboration with self help groups supported social action for family strengthening, while convergence meetings at state, district, and block levels enabled organizations to collectively review progress on child protection.*

**Mr. Puneet Mishra**, Deputy Director, Mission Vatsalya,  
Department of Women and Child Development, Uttar Pradesh

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- ◎ **The Safe City Initiative in Bhopal**, launched by UNICEF and Government of Madhya Pradesh, focuses on preventive and rehabilitative child protection measures. The interventions include mapping child protection risks and linkages to family strengthening and social protection initiatives. Operational in all 85 wards of Bhopal Municipal Corporation (BMC), this initiative strengthens community-based structures, such as Ward Child Protection Committees and Nagar Suraksha Samitis. Capacity building of urban governance structures, elected representatives and ward officers enables them to monitor and address child protection risks. A multi-sectoral child protection plan is anchored by the Mayor's office, with quarterly review meetings.
- ◎ **Srijan, Madhya Pradesh Police's Community Policing Programme** is a holistic empowerment initiative for adolescent boys and girls from disadvantaged communities facing intersectional disadvantages to develop resilience, self-defence skills and self-esteem. The programme empowers youth with the skills and confidence they need to thrive and become change agents in their communities. Both programmes complement each other and rest on coordination between government, UNICEF and civil society organizations.

**Diagram 6:** Child Protection and Women's Safety and Security Programmes Undertaken by Madhya Pradesh Police, as Presented by Dr. Vineet Kapoor, IPS, DIG, Community Policing, PHQ, Government of Madhya Pradesh

**Child Protection and Women's Safety and Security, Adopted by Madhya Pradesh Police in Bhopal to Achieve SDG 5, 11 and 16**



Community Link	Interagency Link	Civil Society Link	Police Institutional Mechanisms
<ul style="list-style-type: none"> <li>• <b>SHAKTI samiti</b> for women</li> <li>• <b>Citizens peace committees</b></li> <li>• <b>Raksha samiti</b>-Security committees</li> <li>• Girls groups-<b>SRIJAN</b></li> <li>• Boys groups-<b>Abhimanyu</b></li> <li>• College students <b>groups-Internships</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>SAHYOG Program</b> for interagency coordination with WCD on women and child security</li> <li>• <b>Convergence Golmez Platform</b> for interaction with Civil Society Organizations</li> <li>• <b>Organizations devoted to Victim Support and Rehabilitation Work</b> with Judicial and Quasi Judicial Bodies and</li> <li>• <b>Connect with TRAINING Institutions</b></li> </ul>	<ul style="list-style-type: none"> <li>• Connect with the <b>NGOs working in women's security</b></li> <li>• Connect with <b>NGOs working in Child protection</b></li> <li>• Connect with <b>Child Care Institutions'</b></li> <li>• Regular Updates/ Forum with Like minded CSO.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>URJA Help Desk for women</b> at every Police Station</li> <li>• <b>Child Friendly Corner</b> in each Police Station</li> <li>• <b>Revamped Mahila Thana</b> for improved access to justice</li> <li>• Sensitized <b>Dial 100 first response</b></li> <li>• <b>Trained and Victim Justice Oriented Staff</b></li> <li>• <b>Revamped SJPU Buildings</b> and Systems of Practice</li> </ul>

**Livelihoods-based family strengthening** was presented by Dr. K. Syamala, Chairperson, Center for Child Rights, NUSRL, Jharkhand. It was acknowledged as a promising initiative towards strengthening family-based care.

The Jharkhand State Livelihood Promotion Society (JSLPS) has embedded a child lens within its women's self-help group (SHG) networks. Their approach supports family resilience through microcredit, livelihood generation, and parenting support.

JSLPS staff and community cadres are trained on child protection, enabling them to be first responders. They are made aware of child protection legislations, various social protection schemes and services. This helps them in identifying vulnerabilities and taking actions to prevent harm, abuse, neglect and exploitation of children. This demonstrates how state programmes for women empowerment and child protection can converge, thereby realizing the vision of Mission Vatsalya.

## Key Challenges

- 01** Frequent delays in monthly financial disbursements undermine the impact of sponsorship schemes that support basic needs, such as food, education and healthcare, potentially increasing risks for children. There is also limited supportive supervision mechanisms and weak oversight on how funds are used to improve child well-being.
- 02** The current design of preventive sponsorship schemes is often rigid and administrative-heavy, making it inaccessible for families in urgent need of support. Procedures can be lengthy and burdensome, and coverage remains limited due to narrow eligibility criteria.
- 03** While some districts and states have demonstrated effective inter-departmental convergence in addressing child protection priorities, this is not operationalized at scale. Lack of clarity on institutional roles and responsibilities, and absence of accountability mechanisms, hinder convergence.
- 04** Village and ward-level CPCs, intended to serve as frontline structures for early identification and referral of children at-risk, are often non-functional or underutilized. In many areas, these committees lack the necessary training, resources and guidance to perform their roles effectively. As a result, children and families in distress remain invisible to the system until situations escalate. Revitalizing and capacitating CPCs can strengthen the child protection safety net from the ground up, enabling timely and community-driven interventions.



## Key Recommendations



**Develop and implement standardized guidelines for CWCs to ensure robust gatekeeping**, which will safeguard children against unnecessary institutionalization and promote family strengthening and family-based alternative care.



**Expand the cash-plus approach across states** to integrate financial support with essential services, such as day care, psychosocial counselling, parenting and livelihood support. Design tailored transition plans that phase out direct cash assistance as family resilience improves, while addressing barriers faced by families in accessing different schemes.



**Simplify procedures for preventive sponsorship schemes** to remove administrative barriers and ensure timely access to support. Establish real-time fund flow tracking and embed supportive supervision mechanisms for effective usage of assistance in enhancing child well-being.



**Institutionalise multi-sectoral convergence.** Formalize coordination structures and planning platforms at state and district levels to bring together key departments working on child protection, livelihoods, social security, health, education, and law enforcement. A systemic approach to identifying nodal agencies and replicating learnings from successful state and district-level models is needed.



**Empowering adolescents as change agents.** Institutionalize community-driven, peer-based approaches in child protection by integrating adolescent-led initiatives into existing government programmes and policies, ensuring sustainability.



**Child-friendly panchayats** can serve as a vital platform for ensuring convergence of services and support at the community level, specifically aimed at addressing child protection risks and promoting the well-being of children and families.

## Session 3: Plenary

# INNOVATIONS IN NON-INSTITUTIONAL CARE: Enhancing the Transition from Institutional Care to Family-Base Care

### Speakers

**Mr. Otto Sestak**, Head, Learning and Engagement, Hope and Homes

**Topic:** Elements and Process of Transition—Self Transition, Systemic Transition and Managed Process Flow

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**Ms. Haleema K**, Joint Director, Mission Vatsalya, Directorate of Child Protection, Government of Karnataka

**Topic:** Journey from Institution to Family: Restoring Children to their Families or in Family-Based Alternative Care

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**Ms. Nikita Sanjay Mane**, Youth Care Leaver

**Topic:** Experience Sharing by Care Leaver

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**Mr. Satyajeet Mazumdar**, Director, Advocacy, Catalysts for Social Action

**Topic:** Evidence Supporting the Transition of Care Services Highlights the Need for an Integrated Approach, Combining Child Restoration, Family Strengthening and Aftercare Support

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**Dr. Kiran Modi**, Founder, Udayan Care

**Topic:** Key Challenges and Solutions in Reintegrating Vulnerable Children and Families Including Service Gaps and System Preparedness, Particularly for Children with Disabilities

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**Ms. Kusum Mohapatra**, Chief Executive Officer, Miracle Foundation India

**Topic:** Innovations being made in the Local Context for Improving the Quality of Care for Vulnerable Children and Families

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### Moderator

**Mr. Prabhat Kumar**, Child Protection Specialist, UNICEF India

## Highlights of the Discussion

- ◎ The session focused on the complex process of transitioning from institutional care to family-based care in India. Speakers including policymakers, practitioners, researchers, and care leavers emphasized that while the policy intent to reintegrate children into families is strong, successful transitions require greater investment and coordinated efforts.
- ◎ Effective implementation of family-based care depends on coordination between government bodies, civil society, communities, and families. It must be supported by skilled social work professionals, adequate financial and psychosocial support for both children and caregivers, and continuous monitoring.
- ◎ Discussions highlighted how post-COVID reforms accelerated deinstitutionalization, but significant gaps remain, especially in case management and aftercare services. Children leaving Child Care Institutions (CCIs) often face challenges, such as poor access to education, weak support systems for case management and follow-up, limited social protection and livelihood opportunities for families

A study done by Catalysts for Social Action on “Deinstitutionalization and Restoration of Children in Maharashtra during the COVID-19” with 254 children and presented by Mr. Satyaajeet Mazumdar, Director, Advocacy highlighted:

- a. Poverty and lack of caregivers are often the main reasons children enter institutional care.
- b. Most children in CCIs maintain family contact.
- c. 4 out of 5 children indicated that they were happy returning home from the CCIs.
- d. Lack of financial support for education, shortage of trained professionals and inconsistent follow-ups were some of the key challenges.

- ◎ Care leavers shared personal stories of transitioning out of institutional care, pointing out the importance of career guidance and ongoing support. Many stressed that successful independent living requires structured assistance and strong support networks.

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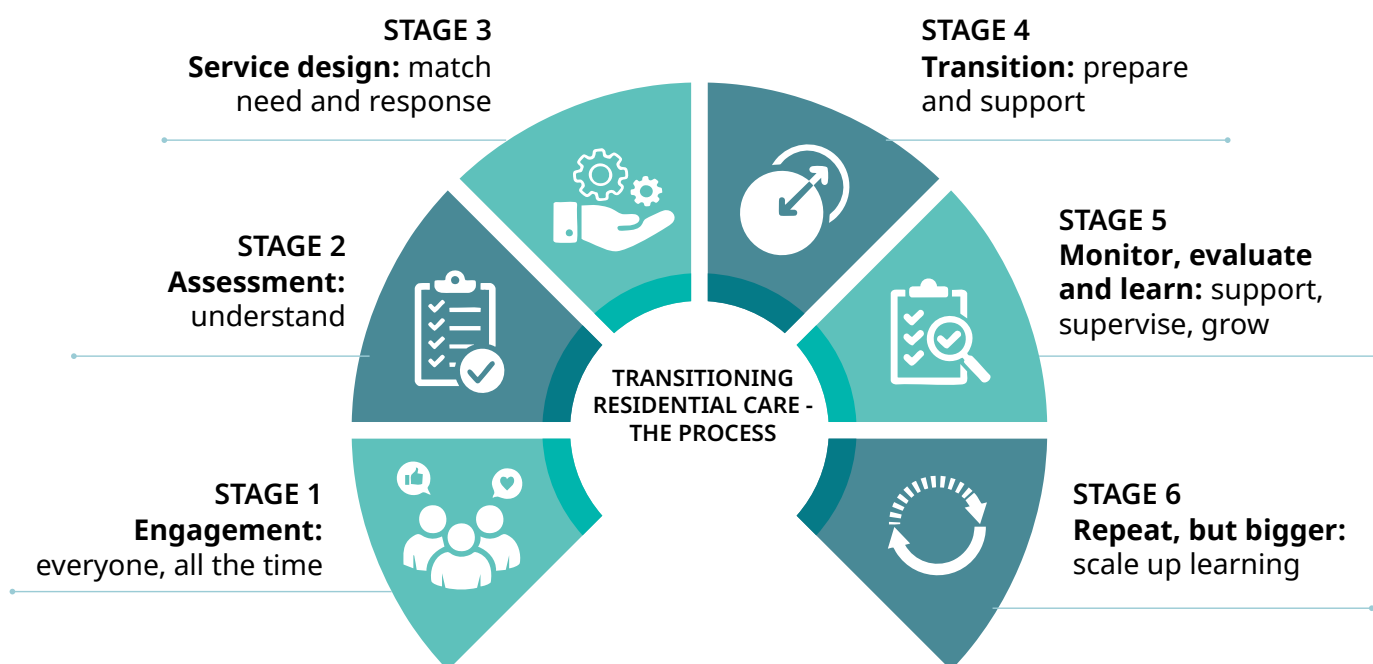
*Transition readiness should begin very early during a child’s stay in a CCI and a support system through the transition period is crucial for reintegration and independent living.*

**Ms. Nikita Sanjay Mane**, Youth Care Leaver, Maharashtra

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- Families, especially those caring for children with disabilities, often struggle financially after reintegration. The lack of trained counselors and special educators hampers the creation of individual care plans (ICPs) and their implementation.
- The model developed by Hope and Homes for Children outlines six key steps in the transition process: Engagement, Assessment, Service Design, Transition, Monitoring, and Scaling Up. Care reform cannot happen in isolation; it requires joint efforts from families, communities, and service providers. (Diagram 7)

**Diagram 7:** Six Key Steps for Transitioning Children from Institutional to Family-Based Care, Presented by Mr. Otto Sestak



- The session also underlined the need for capacity building and strong case management to support reunification. The need for structured transition frameworks—driven by data and collaborative planning—was repeatedly stressed.

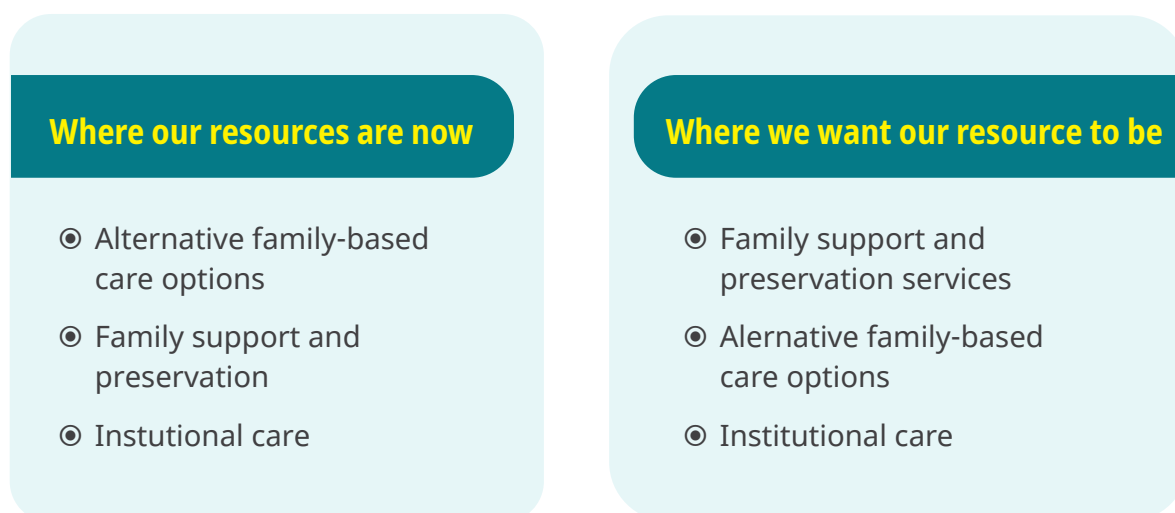


Some practices that contribute to effective restoration in Karnataka, as presented by Ms. Haleema K, Joint Director, Mission Vatsalya, Directorate of Child Protection, Government of Karnataka:

- A data management system, 'Tharini Portal' helps in tracking admission and restoration of children from CCIs on an everyday basis. The portal assists in case management and in maintaining updated records of children and their progress.
- Capacity building and handholding support on case management and case file documentation is provided to child protection functionaries and CCI staff. They are also equipped with skills of assessing and responding to risks faced by children.
- Sponsorship support and psycho-social services are provided to restored children and their families.

- Technology is also playing a growing role. The Thrive Scale, developed by Miracle Foundation India, offers a free, easy-to-use app that helps monitor a child's well-being across five key areas: physical & mental health, education, family & social relationships, household economy, and living conditions. It allows social workers and government officials to track family progress, make informed decisions, and provide timely support ensuring children not only return to families but thrive in safe, nurturing environments.
- Speakers emphasized that deinstitutionalization should not be seen simply as closing institutions or meeting numerical targets. Instead, deinstitutionalization is about transforming the entire childcare system to prioritize safe, stable, and family-based alternatives. This includes building community support, reforming child protection services, and ensuring long-term well-being for each child.

**Diagram 8:** Shifting the Care Reform Pyramid, Presented by Ms. Kusum Mohapatra



Source: Compendium on family strengthening and alternative care, IACN



*The closure of institutions is not the goal of transition, it is about family-based reintegration and bringing about reformative change. The outcome is that more family and community-strengthening services are created by repurposing resources and redirecting finances. Transition, as an outcome, also creates more workforce opportunities.*

**Mr. Manoranjan Dash**, Catholic Relief Services



## Key Challenges

- 01 Resistance from CCIs to transition children back to family-based care:** In India, many CCIs resist transitioning children to family-based care due to financial dependence on institutional funding and fears of reduced relevance or closure. Institutional staff often lack training or resources to support reintegration into families or communities. Additionally, there is a deep-rooted belief that CCIs provide better safety and structure, leading to reluctance in embracing alternative family-based care models. So, the mindset change of each stakeholder is very important.
- 02 Lack of structured follow-up and monitoring mechanisms post-reintegration:** The absence of structured follow-up and monitoring systems after reintegration leaves children vulnerable to neglect, abuse, or re-entry into institutional care. Government and child protection systems often lack the human and financial resources to ensure consistent post-placement support. This gap undermines the long-term success and stability of family-based care. Proper Individual care Plan (ICP), Social Investigation Report (SIR) and follow up are important.
- 03 Financial and psychological challenges faced by reintegrated families:** Reintegrated families in India often face financial strain, making it difficult to meet the child's needs, along with psychological stress from adjusting to changed family dynamics. These challenges can lead to breakdowns in care and risk of re-institutionalization. To address this, targeted financial support and sponsorship, counselling services, and community-based assistance programmes must be integrated into the reintegration process.
- 04 Insufficient trained professionals to support individualized care plans:** In India, there is a critical shortage of trained professionals, such as social workers, counsellors, and case managers to design and implement individualized care plans for reintegrated or at-risk children. This hampers the ability to address each child's unique needs, increasing the risk of failed reintegration or separation. Investing in capacity-building, standardized training, and recruitment of child protection professionals is essential to ensure effective, child-centred care and support.

## Key Recommendations



**Strengthen Case Management and Follow-Up Systems:** Establish robust case management systems with trained personnel to create and monitor individualized care plans. Ensure regular follow-ups to track children's well-being and provide timely interventions post-reintegration.



**Repurpose Institutional Staff for Family Support Roles:** Retrain and reassign existing CCI staff to roles in community-based care, such as caseworkers, outreach coordinators, or family support workers ensuring their experience continues to benefit children within family settings.



**Increase Funding for Alternative Care and Family Support:** Allocate dedicated budgets for family-based care models, including kinship care, foster care, and sponsorship programme. Financial support and linkages to social protection should be sustained and targeted to meet the unique needs of reintegrated families.



**Implement Comprehensive Capacity-Building Programmes:** Invest in capacity-building for social workers, caregivers, and educators with specialized training in trauma-informed care, child development, reintegration processes, and psychosocial support.



**Develop Standardized Transition Guidelines:** Create clear, practical, and uniform guidelines for Child Care Institutions (CCIs), Child Welfare Committees (CWCs), District Child Protection Units, and NGOs to follow during the transition process. These should cover pre-reintegration assessment, preparation, and post-reintegration monitoring.



**Promote Multi-Stakeholder Coordination and Data Management Systems:** Foster collaboration among government bodies, civil society organizations, communities, and families to ensure a cohesive, accountable, and child-centred approach to care reform. Ensure real-time monitoring and reliable data systems for tracking reintegration progress, ensuring accountability, and supporting sustainable outcomes.

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*As family-based care continues to evolve rapidly, India stands at a critical juncture where investments in robust documentation, research, and data systems are essential to drive evidence-based reforms and ensure sustainable impact.*

**Dr. Kiran Modi**, Udayan Care

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## Session 4: Plenary

# PROMOTING

## Family-Based Alternative Care

### Speakers

**Dr. Mohua Nigudkar**, Assistant Professor,  
Tata Institute of Social Sciences, Mumbai

**Topic:** Indian Context: Bring Focus on Changes in Foster Care Guidelines and Opportunities for Advancing Family-Based Alternative Care

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**Ms. Monisha Banerjee**, IAS, Director,  
ICDS & Social Welfare Department, Government of Odisha

**Topic:** Sharing of State Experiences, Opportunities, Challenges and Gaps

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**Dr. Nandlal Choudhary**, Joint Director,  
Department of Women and Child Development, Government of Chhattisgarh

**Topic:** Sharing of State Experiences, Opportunities, Challenges and Gaps

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**Dr. Delia Pop**, Founder, A Little Light

**Topic:** Global Practices - What has been the Journey of Informal and Formal Family-Based Alternative Care - Promising Practices, Challenges and Way Forward

### Moderator

**Mr. Sanjay Kumar Nirala**, Child Protection Specialist, UNICEF Rajasthan

## Highlights of the Discussion

- ◎ The New Foster Care Guidelines (2024) has broadened the concept of family-based care to include kinship care arrangements, **prioritising cultural stability and contextual relevance**, in close alignment with the United Nations Convention on the Rights of the Child, United Nations Guidelines for the Alternative Care of Children, the Juvenile Justice Act 2015 and Mission Vatsalya (2022).
- ◎ The session emphasized that the **concept of “family” in child protection is contextual and not limited to biological ties**.

“

*Children’s perceptions of family, particularly those residing in Child Care Institutions (CCIs), are shaped by emotional bonds formed with caregivers and peers. Recognizing these attachments is crucial in planning reintegration or family-based alternative care. Moreover, labeling parents as “unfit” can be reductive. Families exist in shades of complexity and require ongoing assessment and support rather than fixed categorizations.*

**Dr. Mohua Nigudkar**, Faculty, Tata Institute of Social Sciences, Mumbai

”

- ◎ There was an emphasis to **prioritize family preservation and strengthening** before considering out-of-home placements.

“

*When we address the vulnerabilities of adult caregivers, particularly women, we also reduce the risks faced by children. Recognizing this, the Government of Odisha has introduced multiple schemes aimed at supporting women and adult caregivers.*

**Ms. Monisha Banerjee**, IAS, Director, ICDS & Social Welfare Department, Government of Odisha

”

- ◎ **Odisha’s** schemes, such as Mamta, Subhadra, and Aashirvad provide critical financial and healthcare support to women and children, indirectly bolstering caregiving capacity and reducing the risk of separation. Further, vulnerability mapping and orphan identification enabled effective outreach of services.
- ◎ **Chhattisgarh** has augmented sponsorship of Mission Vatsalya, foster care, aftercare and adoption services through state schemes, such as Umang, Udaan, Umeed, and Ujiyara that combine mental health, education, and reintegration services for children and care leavers.

- Global trends show a **shift from institutional care to foster care**, with countries in Europe, North America, and parts of Africa leading in reform. **Key insights** included the importance of targeted recruitment of foster carers, the role of financial and emotional support, and the significance of cultural adaptation in foster placements.

**Diagram 9:** Insights from Global Foster Care Practice, Presented by Dr. Delia Pop, A Little Light



### Insights on Recruitment

- Targeted recruitments works better than general appeals
- Financial and emotional support increases retention "buddy system, respite care, financial support"
- Cultural and community based approaches matter – recruiting within ethnic, religious and linguistic communities
- Kinship and extended family care should be prioritised kinship care allowances
- Speed and simplicity in the process are key (paperwork, training access, fast tracked approvals)



### Insights on Retention

- Strong ongoing support prevents burnout – casework, help desk and therapeutic services
- Financial security – flexible funding for school, home adaptations, paid models for higher needs
- Respite and peer network
- Recognition of the value of foster carers
- Stability and trust in the system-reduced caseworker turnover

- Speakers underscored the necessity of engaging communities in the foster care process, recognizing that **sustainable care reform requires active collaboration** between government, civil society, academia, and private actors.
- The critical role of academic institutions in informing child protection policy and practice was discussed. Capacity-building efforts must **go beyond operational training** to include theory, law, and multi-disciplinary perspectives. Training must challenge personal biases and include **nuanced understandings of family, attachment theory, and child development**.



## Key Challenges

- 01 Foster care remains underdeveloped** and continues to require capacity building, systemic support, and greater public awareness. **Kinship care is formally recognized under the revised foster care guidelines**, but its operationalization and integration into child protection systems need strengthening.
- 02 Cultural and emotional complexities** must be given adequate attention. Emotional expectations of foster parents and children may go unmet, primarily due to inadequate counselling, preparation, and support systems.

“

*Family is not static. It is relational, evolving, and culturally contextual. Our child protection frameworks, including approach to foster care, must reflect this dynamic.*

**Dr. Nandlal Choudhary**, Joint Director, Department of Women and Child Development, Government of Chhattisgarh

”

- 03** The current approach to categorizing families is **often simplistic and moralistic**, using binary labels, such as “fit” or “unfit”, which fail to reflect the complex realities of family life.
- 04 Training for child protection professionals** is inadequate in addressing psychosocial, legal, and cultural aspects of care. There can be more clarity on what capacity-building efforts aim to strengthen whether it is knowledge, skills, attitudes, or system-level practices.

“

*We must stop seeing foster care as merely a service delivery mechanism, it is a relationship that needs emotional, legal, and financial scaffolding.*

**Dr. Mohua Nigudkar**, Faculty, Tata Institute of Social Sciences, Mumbai

”

- 05** There is a need for **strong yet child-friendly safeguards** in foster care placements. Regulation must be balanced with respect to the child’s rights and dignity. Effective safeguards require clear communication channels with children, robust vetting of foster carers, and continued support for both the child and caregiver. Concerns were raised about the lack of clarity regarding children’s participation in placement decisions, particularly in foster care.

## Key Recommendations



**Recognition of Informal Kinship Care.** There is a need to recognize the extensive practice of kinship care. The policy framework should empower District Child Protection Units (DCPUs) and Sponsorship & Foster Care Approval Committees (SFCACs) to extend family strengthening and non-institutional care services to kinship carers.



**Strengthen Programming through Participatory Approach.** Foster parents and children should be consulted regularly to inform the design and refinement of family-based care programmes. Feedback loops will not only improve programme quality but also build a sense of ownership among caregivers and children.



**Reform Capacity-Building Approaches.** Capacity-building programmes should be redesigned to incorporate theoretical and practical understanding of family dynamics, attachment, and trauma. Clear objectives must be established to define whether capacity-building aims to enhance individual knowledge, practical skills, or broader systemic transformation.



**Promote Ethical and Balanced Messaging.** Communications on family-based care must be ethical, realistic, and sensitive to local values. Institutional care should not be universally portrayed as negative; rather, focus should be placed on expanding care choices and supporting children through transitions. Messaging should uphold the dignity of every child and care environment while emphasizing long-term planning and preparedness.



**Safeguard Children in Family-Based Care.** Child protection protocols must be specifically adapted for foster care settings. Regular contact between caseworkers and children must be ensured to monitor well-being. Accessible grievance redressal mechanisms should be designed in a child-sensitive manner. Safeguards should balance regulation with care and provide long-term support structures for both foster children and caregivers.



## Session 4: Parallel Session 1

### KINSHIP CARE – Formal and Informal Care

#### Speakers

**Mr. Sandeep Kumar**, Joint Director, Department of Child Rights,  
Government of Rajasthan

**Title:** State Experiences on Kinship Care

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**Ms. Advaita Marathe**, Child Protection Specialist, UNICEF Gujarat

**Topic:** State Experiences on Kinship Care

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**Mr. Govind Beniwal**, Child Protection Officer, UNICEF Maharashtra

**Topic:** Learnings from Kinship and Community-Based Care for  
Children Affected by Distress Migration

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**Ms. Gargi Banerjee**, Programme Manager, Praajak, West Bengal

**Topic:** Evidence and Learnings on Kinship Care for  
Children in Conflict with Law

#### Moderator

**Ms. Chetna Desai**, Child Protection Specialist, UNICEF, Chhattisgarh

## Highlights of the Discussion

- ◎ The session opened with an emphasis on the growing recognition of kinship care as an essential form of caregiving for children who have lost parental care or are at risk of being separated from their families.
- ◎ Kinship care often emerges as the most preferred form of alternative care owing to a combination of relational, emotional, and structural factors, as presented by Ms. Gargi Banerjee, Programme Manager, Praajak:



### **Inherent Preference and Cultural Alignment**

Kinship care is often the most immediate and culturally resonant option, especially in contexts where extended family systems are deeply rooted.



### **Placement Stability**

Kinship arrangements typically result in long-term, stable placements with minimal risk of disruption or replacement.



### **Emotional and Psychological Security**

Children benefit from a strong sense of belonging, emotional continuity, and psychosocial stability.



### **Preservation of Relationships and Identity**

Kinship care enables continuity of familial and community ties, contributing to the child's sense of identity and cultural connectedness.



### **Perceived Safety and Protection**

Familiar caregivers often offer a heightened sense of safety and trust, which is critical for children recovering from trauma or loss.



### **Environmental Familiarity and Comfort**

Remaining within known social and physical environments reduces transitional stress and enhances well-being.



### **Strong Reciprocal Attachments**

The caregiving relationship in kinship care tends to be characterised by mutual affection and enduring emotional bonds.

- ◎ Many state-driven assistance programmes to childcare extend support to children residing with a single biological parent or within kinship care arrangements.
- ◎ Diverse state-level models demonstrate the adaptability of kinship care across varied socio-economic and cultural contexts in India.

## PALANHAR

### Scheme of Rajasthan

- Financial assistance is provided to various categories of children, including orphans, children whose parents are incarcerated, and those affected by terminal illness, to reduce dependence on institutional care. 60% of the beneficiaries belong to SC/ST communities, primarily children of widowed mothers.
- The financial assistance, ranging from ₹750 to ₹2500 per month, takes into account the needs of children based on their age as well as the absence of both or one parent.
- 684,172 children were supported as of 2023, with a budget of ₹1,100 crore, translating to ₹60,453 per child annually.
- The scheme is digitised and integrated with platforms, such as Jan Aadhaar Database, Social Security Pension Portal, and Shala Darpan Portal to ensure eligible children and families are automatically linked to other entitlements and schemes seamlessly, minimising the need for multiple applications or burdensome paperwork.

“ .....

*All children deserve equal care and protection, regardless of their circumstances.*

**Mr. Sandeep Kumar**, Joint Director, Department of Child Rights, Government of Rajasthan

..... ”

**684,172** children were supported as of 2023, with a budget of **₹1,100 crore**, translating to **₹60,453** per child annually.



## PALAK MATA PITA Scheme of Gujarat

- Financial support provided for children who have lost both parents or in case of death of father and remarriage of mother.
- Assistance provided to the caregivers: INR 3000/- per month.
- Minimum annual income thresholds are set at ₹27,000 in rural areas and ₹36,000 in urban areas.
- Children must attend school or Anganwadi centres to remain eligible. **As of 2023, around 15,000 children are supported under this scheme.**



“

*Kinship care provides a sense of stability and belonging for orphaned children, and its success depends on clear guidelines, effective monitoring, and community support.*

**Ms. Advaita Marathe**, Child Protection Specialist, UNICEF Gujarat

”

## KINSHIP AND COMMUNITY-BASED CARE for Children of Seasonal Migrant Workers in Maharashtra

- Family-based alternative care arrangement for children of seasonal migrant workers, who stay back under the care of their kins when parents migrate.
- The Kinship and Community-Based Care Model works in convergence of frontline functionaries, such as the Child Protection Committees, school teachers, and Anganwadi workers.
- Balmitras (youth volunteers) are trained and engaged to conduct after-school activities for children, ensure children are continuing education, facilitate access to health, mental health and psychosocial support (MHPSS), nutritional services, medical aid and social protection schemes.
- Tools like the Village Migration Register and the Maharashtra Migration Tracking System are employed to identify and support migrating families.
- Currently operating in 258 villages, this model supports 5,810 children, with 60.23% being cared for by grandparents or relatives.



*Programming is effective when rooted in the local and cultural context. Effort must seek to identify local solutions to everyday challenges that families experience.*

**Mr. Govind Beniwal**, Child Protection Officer, UNICEF Maharashtra



Currently operating in **258 villages**, this model supports **5,810 children**, with **60.23%** being cared for by **grandparents or relatives**.

## KINSHIP CARE FOR CHILDREN IN CONFLICT WITH LAW - West Bengal

- ⦿ Facilitates informal kinship care arrangements for children in conflict with the law, without direct financial assistance. The emphasis is placed on building psychosocial resilience and fostering trust-based relationships with extended family members.
- ⦿ Children are typically placed with maternal or paternal relatives, and in some cases, with trusted neighbours. These placements have been associated with improved emotional well-being, perceived safety, and continuity in care.
- ⦿ The primary drivers for opting kinship care include the child being an orphan, abandonment by one or both parents, acute poverty, preference for living with grandparents, and better access to education.
- ⦿ While these kinship arrangements remain largely outside the purview of formal child protection framework, they are widely perceived as a child-sensitive and community-rooted alternative to institutionalisation. District Child Protection Units (DCPUs), legal aid services, and local civil society organizations play a facilitative role by supporting families and addressing protection needs on a case-to-case basis.



*Kinship care offered children a chance of stability and peace. The kinship carers become a source of support and care for the children without any conditions attached.*

**Ms. Gargi Banerji**, Programme Manager, Praajak, West Bengal



- ⦿ Across multiple states, NGOs and community-based organizations have provided **family strengthening services** facilitating kinship placements and advocating for policy recognition.
- ⦿ **Case management** approaches help in the assessment, placement, and follow-up of children in kinship care. Some interventions include linking caregivers to pensions, food security schemes, and education entitlements.

## Key Challenges

- 01** Existing state programmes face significant **gaps in monitoring child well-being**. Child protection functionaries, such as DCPU, Child Welfare Police Officers, etc., lack sufficient capacity and resources to oversee care arrangements effectively.
- 02** Many kinship care arrangements **operate without financial aid** and access to care services. Caregivers lack access to education, health, and psychosocial support for children.
- 03** The prevailing understanding of care tends to be narrowly focused on physical provisions, such as food, shelter, clothing and education with **limited prioritisation of mental health as a core component** of holistic child development.
- 04** Mobility of kinship caregivers across districts can disrupt the stability of care and the child's well-being. In particular, when a child's access to social protection schemes is linked to district-specific schemes or services, **relocation** often results in the discontinuity of entitlements and essential benefits.
- 05** Despite kinship care being a widely accepted and culturally embedded practice in India, the discourse on **reintegration with biological families remains limited**. Systematic efforts toward strengthening the biological family and reintegration planning aimed at safe and timely reunification are currently underdeveloped and require attention.



## Key Recommendations



### **Recognise Informal Kinship Care.**

Develop a framework that recognizes and supports informal kinship care while preserving the organic nature of these arrangements.



### **Scale Up Community-Based Care Models.**

Promote and replicate successful community-driven initiatives, including youth volunteerism, school-based interventions, child protection committees, and linkages with local governance bodies.



### **Strengthen Follow-up and Monitoring Without Disrupting Family Dynamics.**

Introduce innovative, non-intrusive follow-up and monitoring mechanisms to ensure child safety. Engage local governance structures and frontline workers in periodic visits and community-based monitoring.



### **Conduct Evaluations and Studies.**

Encourage comprehensive evaluations of state-level kinship care programmes to generate evidence-based recommendations and foster adaptive improvements. Include voices of caregivers and children to better inform design and delivery of services.



### **Expand Financial and Non-Financial Support.**

Broaden the scope of assistance to include not only cash transfers but also access to education, healthcare, mental health and psychosocial support, food security, and other care services.

## Session 4: Parallel Session 2

# FOSTER CARE AND GROUP FOSTER CARE

### Speakers

**Dr. Vasundhra Om**, Managing Director,  
Centre for Excellence in Alternative Care of Children, New Delhi

**Title:** Learnings from the Field: Good Practices and Challenges

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**Dr. Shilpa Mehta**, Founder, Foster Care Society, Rajasthan

**Topic:** Learnings from the Field: Good Practices and Challenges

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**Ms. Manisha Biraris**, District Women and Child Development Officer,  
Pune, Government of Maharashtra

**Topic:** Sharing of State Perspective –  
Journey of the Beginnings in Foster Care

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**Ms. Karthika Anna**, District Child Protection Officer,  
Women and Child Department, Government of Kerala

**Topic:** Sharing of State Perspective –  
Journey of the Beginnings in Foster Care

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**Ms. Nafisa Ali**, Senior Programme Officer,  
State Child Protection Society, Government of Assam

**Topic:** Sharing of State Perspective –  
Journey of the Beginnings in Foster Care

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**Ms. Bharti Ali**, Child Rights Defender

**Topic:** Understanding Policy around Foster Adoption

### Moderator

**Dr. Mohua Nigudkar**, Assistant Professor, Tata Institute of Social Sciences

## Highlights of the Discussion

- ◎ Representatives from Chhattisgarh, Rajasthan, Maharashtra, Kerala, and Assam presented current practices, key challenges, and strategic recommendations to strengthen foster care systems across India. The presenters also showcased contextually rooted models including kinship care, group foster care, and vacation foster care.
- ◎ Recognizing that children are central stakeholders, the importance of preparing children in CCIs before transition was emphasized. Through structured orientations, guided conversations, and facilitated visits to the prospective family or school, children were supported to engage meaningfully and make informed decisions. The importance of providing safe spaces for children to ask questions, raise fears, or opt out was highlighted.

“

*Living with a foster family gave me love and education. But it wasn't always easy. I struggled to adjust initially, especially because my foster siblings were doing so well academically, and I felt like I had to prove myself. At one point, I even wanted to go back to the CCI out of fear of letting my foster parents down. But my foster parents made me feel special and the social workers really listened and helped me through it. What helped me most was knowing I mattered. Foster care can be hard, but with the right help, it can change our life.*

A video message of a **17-year-old boy from Chhattisgarh**

”



- Regular contact of the child with biological families should be maintained, where possible. For children likely to return to families, short-term and kinship placements could be prioritized to maintain continuity and reduce emotional dislocation.
- Speakers reiterated that foster care is deeply relational and demands emotional labour, time, and commitment from families. Therefore, the system must recognize this through investment in caregiver well-being, emotional support, and appropriate incentives.



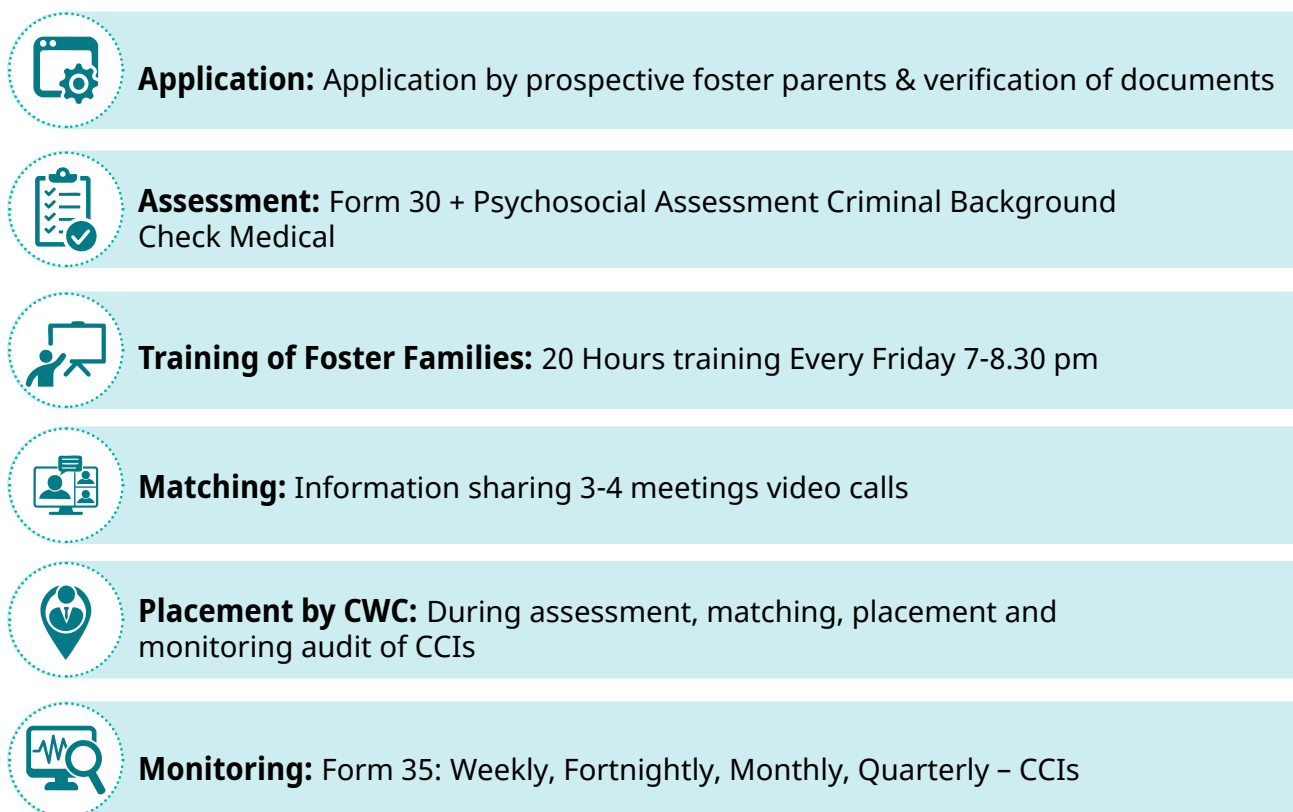
*When we first started the work on foster care, parents who came in touch with us preferred children of younger ages as they wanted children to be with them for a longer duration. Regular engagement and awareness were instrumental in helping parents shift their outlook towards foster care. There are many parents who are now open to fostering older children as they understand children's right to be in family and community environment, and are willing to provide that support.*

**Ms. Nafisa Ali**, Senior Programme Officer, State Child Protection Society, Government of Assam



- Foster family networks have served as knowledge-sharing and psychosocial support hubs. Group sessions were found to be helpful for foster children especially those transitioning from institutional care to ease the adjustment process, develop peer bonds, and reduce feelings of isolation.
- Regular check-ins and support meetings (e.g., weekly Friday meetings with foster parents) are a crucial support and help prevent disruption. Financial support, counselling, and re-training were provided to families facing difficulties, including during illness, bereavement, or child behavioural issues.
- Training emerged as a cornerstone of foster care implementation. States introduced regular training cycles for CWCs, DCPUs, NGOs, and frontline workers. Parallely, structured pre-placement and ongoing training modules were developed for foster families and children to ensure informed participation, proper matching, and stability of placements.
- Beyond the use of Form 30 of the JJ Rules, some states are pursuing comprehensive psychosocial assessment to explore emotional availability, caregiving history, discipline styles, extended family dynamics, and potential trauma triggers. This enables more informed matching and reduces risk of disruption.
- Strong partnerships between government departments, CWCs, DCPUs, UNICEF, and civil society organizations have been instrumental in identifying potential foster families, conducting vulnerability assessments, and managing placements. A standardized process covering application, screening, psycho-social and socio-economic assessments, training, matching, and placement orders are followed in several states.

**Diagram 10:** Foster Care Implementation Process as Presented by  
Dr. Vasundhra Om, Managing Director, Centre for Excellence in Alternative Care of Children



- Inter-state learning was found to be highly effective. For example, visit to Rajasthan by officials from Maharashtra were described as pivotal in shaping implementation strategies. Peer learning allowed states to replicate adaptable practices suited to their context.
- Several states reported using integrated MIS systems to manage application, assessment, training, placement, and monitoring data in real time. This ensured accountability, minimized delays, and allowed for targeted intervention where risks were identified.
- Mass awareness campaigns using community vans, FM radio and local newspapers were employed to introduce foster care concepts to communities. ICDS frontliners have enhanced outreach on foster care. IEC materials were also developed in local languages.



*The vacation foster care initiative in Kerala enabled children without parental care to stay with foster families during their school vacation. This built the readiness of both the child and foster parents, that eventually led to long-term foster care placement.*

**Ms. Kartika Anna**, District Child Protection Officer, Women and Child Department, Government of Kerala



- Implementation was significantly strengthened through partnerships with NGOs and academic institutions, who provided technical support in developing training modules, MIS tools, assessments, and evaluation frameworks. These collaborations also enabled quicker adaptation to challenges and contextualization of global standards.

**Diagram 11:** Supportive Role Played by Civil Society Organization in Foster Care Implementation, Presented by Dr. Shilpa Mehta, Founder, Foster Care Society, Rajasthan

#### Limitation of State in implementing the Programme

- Human intensive work
- Skilled human resource required
- Timely uninterrupted resource allocation required
- Dedicated follow up and handholding
- Relatively new concept – massive awareness required, Helpline Number, Foster Care Cell required

#### FCS role in addressing some of limitation

- Awareness programmes
- Orientation of potential foster family
- Trained workforce
- Assistance to sustain the placement
- Assistance to department for documentation
- Smooth transition of child from CCI to family

- For foster care programmes to function effectively, states highlighted the importance of a strong legal and policy framework, a trained child protection workforce, robust interdepartmental coordination, and integrated information systems. The application of the “necessity” and “suitability” principles was noted as foundational for determining appropriate alternative care options.



*It's not about how many children we place, it's about how well we do it. Foster care demands a thoughtful, sensitive approach. Every step must be taken with care, guided by safety and the best interest of the child, if we truly want lasting and successful placements.*

**Ms. Manisha Biraris**, District Women and Child Development Officer, Pune, Government of Maharashtra



## Key Challenges

- 01** Children who transition to family-based alternative care often **lack adequate social protection documents**, which hinders their access to entitlements, such as health insurance, education subsidies, etc.
- 02** Many prospective foster families and frontline staff see **foster care as a route to adoption**, leading to unrealistic expectations and disruptions when foster care does not result in legal adoption. This is compounded by communication gaps in public messaging.
- 03** **Target-driven approach** carries inherent drawbacks. Measuring the success of foster care purely by the number of placements risks promoting rushed decisions that may not prioritise the best interests of the child, ultimately hindering meaningful rehabilitation.
- 04** **DCPUs and CWCs are often burdened** with multiple responsibilities without dedicated personnel for foster care, affecting their capacity to support families, conduct regular monitoring, and intervene during disruptions
- 05** Points were also raised around the **categorization of children as “hard-to-place”**. Stakeholders highlighted the risk of discriminatory practices, particularly against children whose parents have disabilities, mental health issues, or a history of incarceration. Such categorization risks reinforcing stigma and might violate the principles of non-discrimination



## Key Recommendations



**Expedite the gazette notification of foster care guidelines and ensure harmonization** of national and state foster care provisions under a unified framework of Mission Vatsalya scheme.



**Broaden the scope of support to foster families** beyond cash transfers to include education, healthcare and emotional well-being services for caregivers and children. Dedicated case workers, family support counsellors and support groups for foster families and children can help navigate challenges.



Given that foster care is at a nascent stage of development, it would be helpful to hold inter-state learning opportunities, document and share good practices and learn from failures. **Systematic investment in learning** over the next few years will help to build foster care services in India.



**Implement structured and mandatory training modules for all stakeholders.** Modules for foster families could address trauma-informed care, adolescence, disability inclusion, child rights, and differentiate between adoption and foster care.



**Child's voice must be systematically integrated into every stage**, from placement preference to periodic reviews. Children should be supported to express their opinions in safe, informed environments.

## Session 5.1: Plenary

### CONNECTING THE DOTS

– Key Links and Learnings to Transforming Family-Based Alternative Care with Focus on Child Protection System Building for Care Reforms

#### Speakers

**Thiru Mr. A. Alfred David**, Chief Probation Officer and Joint Director, TNCPCR, Department of Children Welfare and Special Services, Government of Tamil Nadu

**Topic:** Opportunities and Challenges in the Implementation of Workforce Strengthening Strategies

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**Dr. Sanghamitra Barik**, Joint Director, Child Protection, National Institute of Public Cooperation and Child Development, New Delhi

**Topic:** Approaches to and Perspectives of NIPCCD on Social Service Workforce Strengthening Towards Family Based Care

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**Mr. Hugh Salmon**, Director, Global Social Service Workforce Alliance

**Topic:** Building a Professional Workforce for Child Protection

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**Ms. Arlene Manoharan**, Co-Director, Restorative Practices, Enfold Trust India

**Topic:** Creative and Effective Approaches for Systematic Capacity Development

#### Moderator

**Mr. Laxminarayanan Nanda**, Child Protection Specialist, Assam

## Highlights of the Discussion

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The number of children approved for sponsorship, foster care and adoption has seen an impressive increase of **272% (62675 to 170895 children) from 2022-23 to 2024-25** respectively. This reflects a positive shift towards Non-Institutional Care in India.

**Dr. Sanghamitra Barik**, Joint Director, Child Protection, National Institute of Public Cooperation and Child Development, New Delhi

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- ◎ The session focused on workforce strengthening as a central pillar for transitioning from institutional to family-based alternative care (FBAC) under Mission Vatsalya. Discussions explored policy advancements, workforce models, training innovations, and systemic barriers, offering both national and state perspectives.
- ◎ The transition from the Integrated Child Protection Scheme (ICPS) to Mission Vatsalya represents a structural overhaul requiring integrated planning, inter-ministerial coordination, and sustained investment. With convergence expected across 13 ministries, clear governance, role clarity, and funding mechanisms are essential at national, state, district and village/ward levels.
- ◎ Policy changes empower District Collectors/Magistrates to convene key child protection stakeholders. This provides a critical entry point for fostering cross-sectoral collaboration and oversight at the district level, enhancing integrated service delivery.

- Decentralized planning under Mission Vatsalya was identified as a key opportunity for systemic reform. The scheme encourages district-level action plans, cross-sector partnerships, and institutionalization of incremental training modules.



*Family-based care is only as strong as the workforce that supports it. We must recognize, train, and retain them.*

**Mr. Hugh Salmon**, Global Social Service Workforce Alliance



- A three-pronged framework for workforce strengthening: **developing, planning and supporting** was shared to guide systematic professionalization. Structured supervision, peer learning, and interdisciplinary training were emphasized to improve child protection workforce competence and resilience.

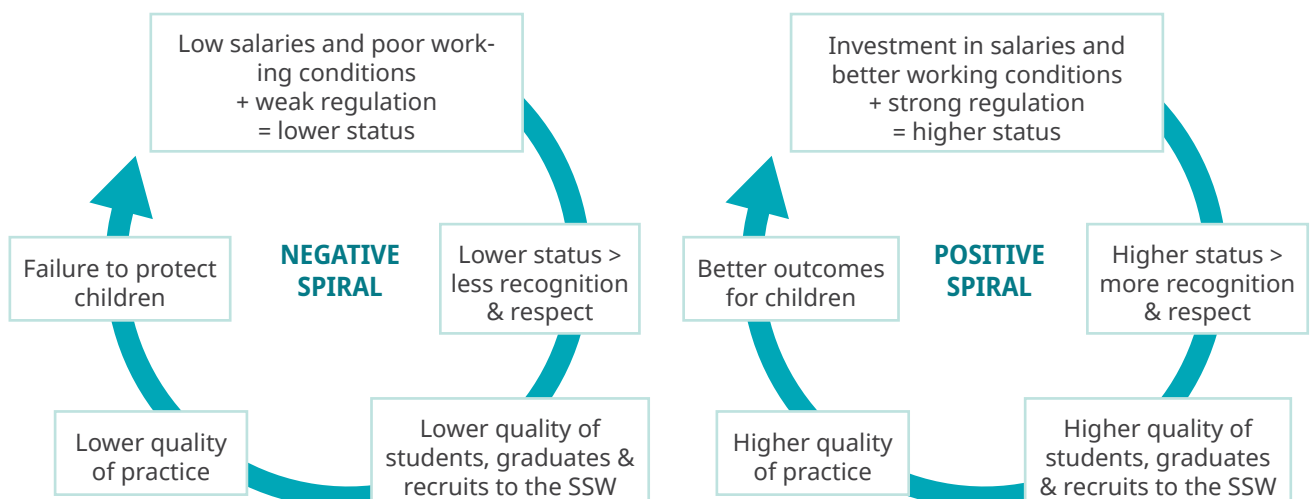
**Diagram 12:** Social Service Workforce Strengthening Framework, Presented by Mr. Hugh Salmon





- Training becomes impactful when they are interactive, use scenario-based learning and field-based tools. These have enhanced workforce capacity in implementing Individual Care Plans (ICPs) and responsive case management. Child and caregiver participation were advocated as integral to improving reintegration success.
- Caseworker well-being was identified as a critical concern. Without structured supervision and mental health support, staff face role fatigue, reducing the effectiveness of FBAC programming.

**Diagram 13:** Key to Achieving Positive Outcomes for Children, presented by Mr. Hugh Salmon



## Key Challenges

- 01 Workforce expansion under Mission Vatsalya has not been matched by systematic investments in training, supervision, and accreditation. There is limited access to trauma-informed or child-friendly training for frontline workers, including police, ASHAs, and community volunteers.
- 02 Key stakeholders in child protection such as the DCPUs continue to depend on contractual staff with no assurance of continuity or benefits. Emotional strain, lack of recognition, and absence of structured mentorship contribute to burnout and role fatigue, which undermine sustained and effective engagement.
- 03 Despite policy provisions for convergence, implementation at the frontline remains siloed. Children reintegrated into families often return to institutions due to absence of case management follow-up, family strengthening support, and lack of cross-sectoral coordination (health, education and social welfare).

“

*Tamil Nadu has launched the ‘Visit Incentive Scheme’, a state-funded initiative that covers travel expenses for families visiting their children in child care institutions. This effort is designed to strengthen family bonds and ensure a smoother transition of children back into family.*

**Mr. Alfred David**, Chief Probation Officer & Joint Director, SCPCR, Government of Tamil Nadu

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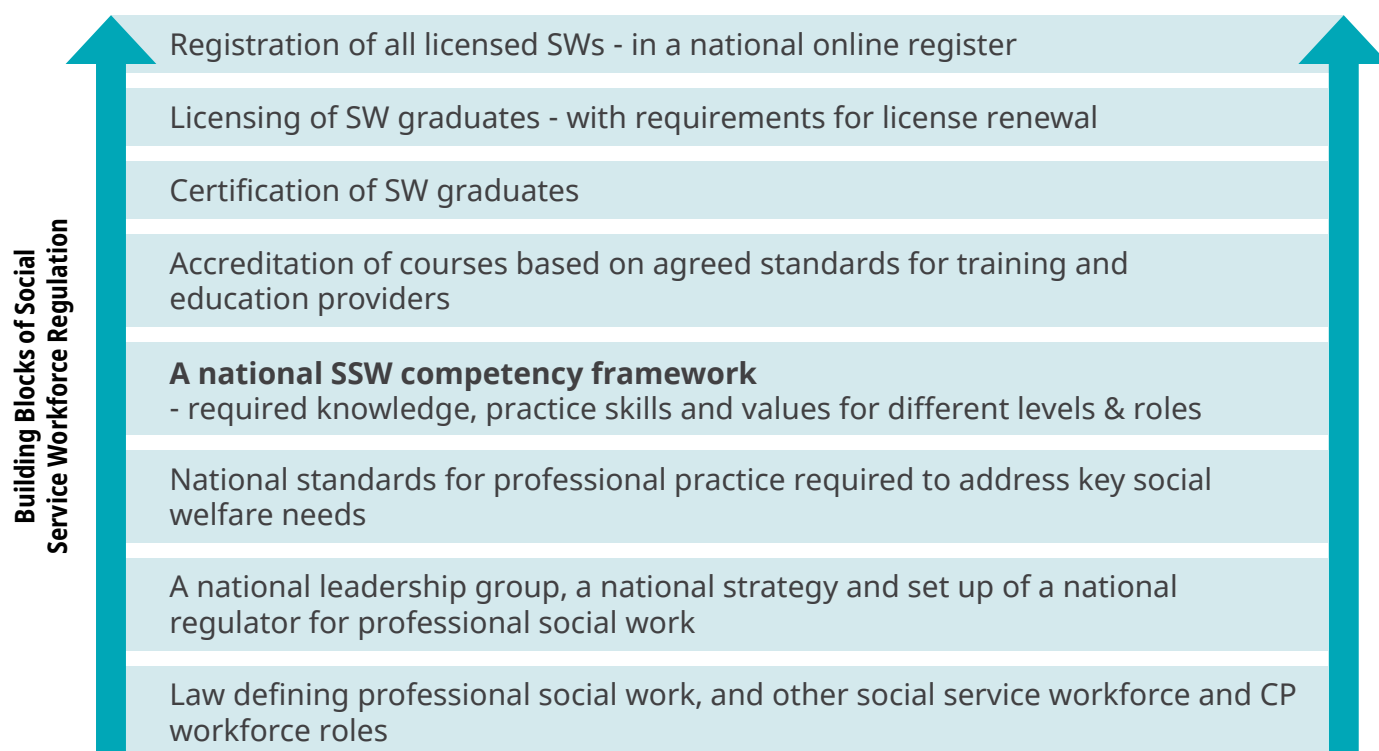
- 04 Lack of integrated data systems between child protection, education, health, and social welfare departments hinders tracking of child-level outcomes and reduces accountability in reintegration efforts.

## Key Recommendations



**Institutionalize a Professional Social Service Workforce Cadre.** Create a permanent, accredited cadre of child protection professionals with formal service rules under Mission Vatsalya. Standardised certification-based training in collaboration with academic institutions and CSOs can contribute to strengthened workforce. Introduce structured career progression pathways with secure remuneration, induction programmes, and performance-linked upskilling.

**Diagram 14:** Pathway to Create Social Service Workforce Regulation, Presented by Mr. Hugh Salmon



### **Institutionalize Reflective Supervision and Peer Learning Systems.**

Introduce monthly structured supervision sessions at the DCPU level for caseworkers to reflect on practice, receive mentoring, and build resilience. Peer mentoring systems and quarterly district-level learning forums for staff would be effective to resolve implementation challenges.



### **Operationalize Multi-Stakeholder Coordination at District Level.**

Give impetus to District Child Protection Committees (DCPCs) under the leadership of the District Magistrate, with representation from key departments, such as education, health, police, labour, legal, and social welfare.



*Our children are not just case files. Their well-being requires emotional investments, not just administrative commitment.*

**Ms. Arlene Manoharan, Enfold Trust India**



## Session 5.2: Plenary

### PUBLIC FINANCE

for Children and Measurement for  
Improving Family-Based Care

#### Speakers

**Ms. Beth Bradford**, International Expert

**Topic:** PF4 Child Protection: Insights from Costing  
Studies on FBAC from India and Other Countries

**Ms. Mamta Jha**, Joint Director, Social Welfare Department, Bihar

**Topic:** CPMIS – Mission Vatsalya

**Dr. Vikas Choudhary**, Sr. Vice President, Sambodhi

**Topic:** A Case for Measurement on Prevention of Family Separation

#### Moderator

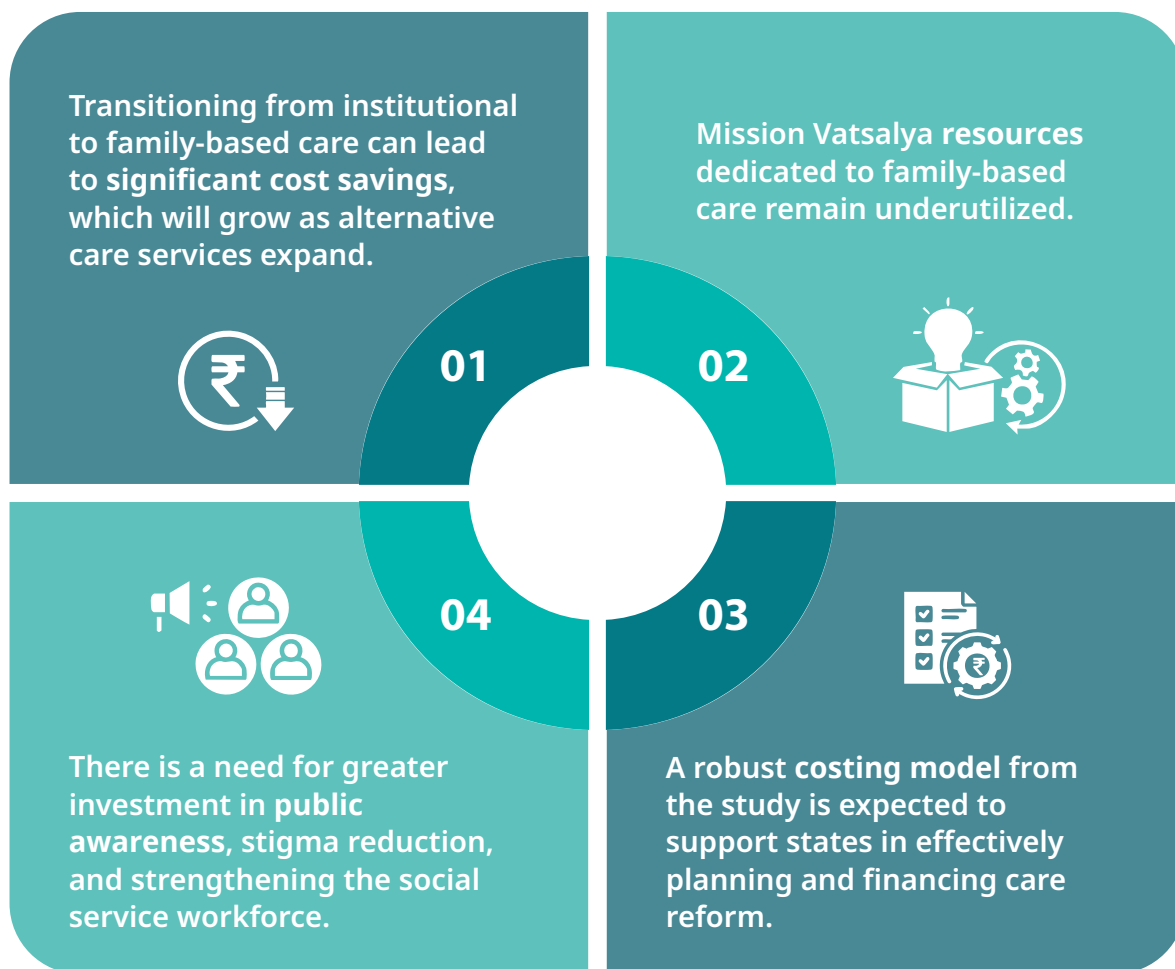
**Mr. Prabhat Kumar**, Child Protection Specialist, UNICEF India



## Highlights of the Discussion

- The session explored the intersection of public finance, data systems, and measurement frameworks in strengthening family-based alternative care (FBAC) within India's evolving child protection landscape. It emphasized the need for sustainable financing, responsive data systems, and a shift towards prevention and reintegration.
- Globally, an estimated US\$1.3 trillion is spent annually on addressing the effects of Adverse Childhood Experiences (ACE), including violence, abuse and neglect. The presenters stressed that this level of expenditure necessitates long-term, impact-driven investment strategies that prioritize prevention and family strengthening over institutional care.

Ms. Beth Bradford, International Expert, presented key findings from a national study on the cost analysis of institutional and family-based care in India, conducted by Cornerstone Economic Research, CBGA, Maestral, and UNICEF across six states: Maharashtra, Karnataka, Odisha, Tamil Nadu, Uttar Pradesh, and Kerala. The study aimed to examine public budget trends for children's care, compare cost investments between institutional and family-based care, and build evidence to guide care reform. The findings revealed:



- ◎ Discussions emphasized that investments should focus not just on service delivery but on measurable child well-being outcomes, such as placement stability, emotional resilience, family functioning, and long-term reintegration. Measurement systems must track not only reintegration numbers but also outcomes related to health, education, mental well-being, and prevention of re-institutionalization.
- ◎ Effective pilot innovations across Indian states demonstrate the potential of localized, family-centred models that need scale-up and mainstreaming. Participants called for financial reorientation towards services that prevent family separation and support reintegration, such as parenting programmes, psychosocial support, livelihood schemes, and community-based care.
- ◎ The need to redefine and contextualize “vulnerability” was highlighted. Standard classifications often fail to capture local realities. A participatory and human-centred approach incorporating inputs from children, families, and frontline workers was seen as crucial for accurate vulnerability mapping, risk assessment and service planning.

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*“Without data, we are blind. Without community insights, we are deaf. We need both to protect children effectively.”*

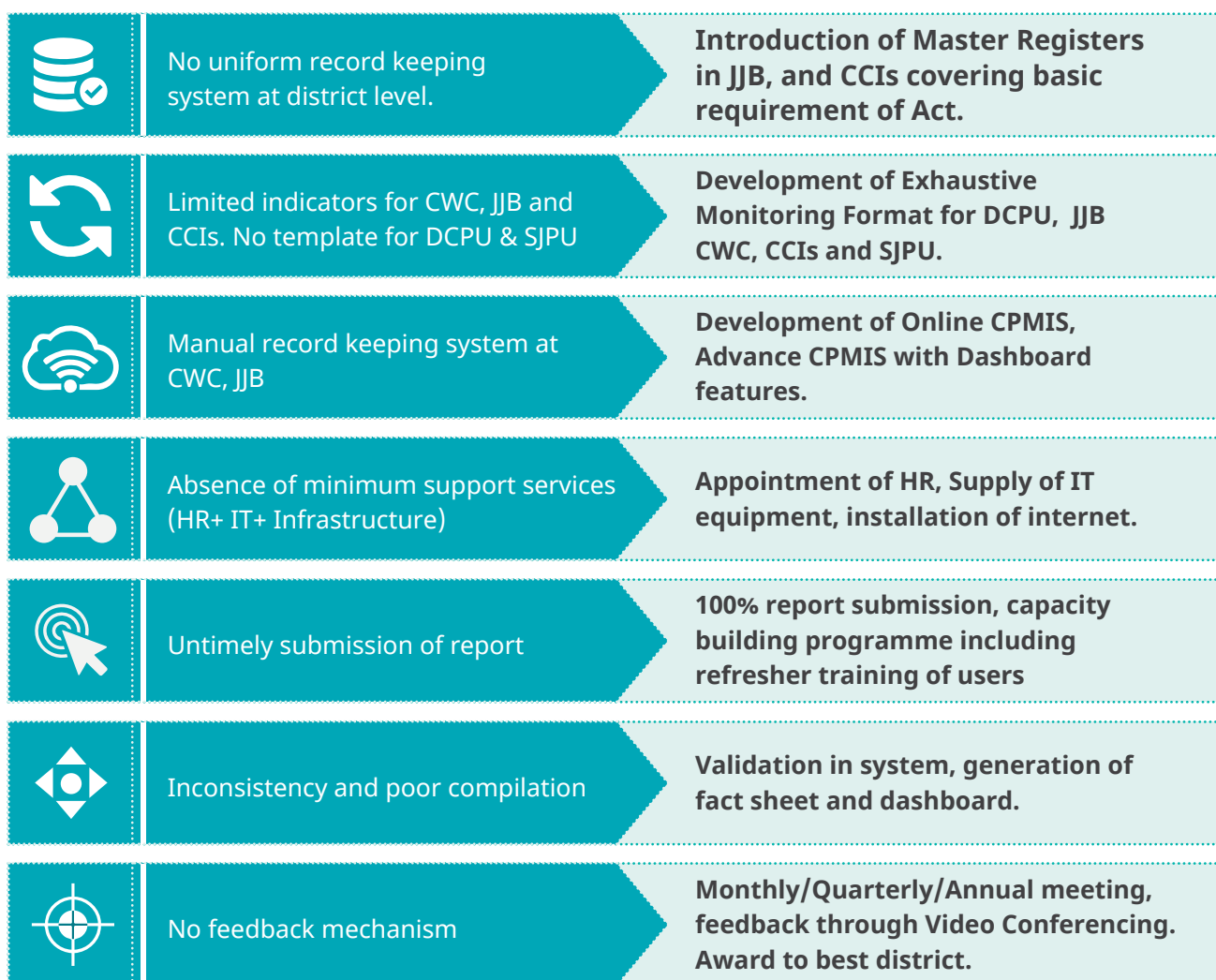
**Mr. Vikas Choudhary, Sambodhi**

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- ◎ Bihar’s experience with digitizing child protection data through the Child Protection Management Information System (CPMIS) was presented as a model. Developed with support from UNICEF, CPMIS includes modules such as the Child Labour Tracking System and the Home Management Information System (HMIS), which allow real-time tracking of children in both family-based and institutional care. This digital shift has improved data accuracy, accountability, and case follow-up.

**Diagram 15:** Bihar's Approach to System Transformation, Presented by Ms. Mamta Jha, Joint Director, Social Welfare Department, Bihar



- ◎ The session also reiterated the importance of a professional and accountable workforce in achieving measurable outcomes. Training in data interpretation, case documentation, and monitoring tools must accompany financial and technological investments.



## Key Challenges

- 01** While India has numerous funding channels, including grant-in-aid mechanisms, allocations under Gram Panchayat Development Plans (GPDP), and over 2,000 social protection schemes, they remain underutilized due to reasons, such as low awareness and procedural bottlenecks.
- 02** The lack of a standardized and contextualized vulnerability framework results in under-identification of at-risk children. Data tools often fail to capture qualitative dimensions, such as emotional distress, care preferences, and family context.
- 03** Many states continue to operate with outdated, manual data systems, leading to delays, data loss, and inaccurate reporting. Limited interoperability between child protection databases and those of allied sectors (health, education, social welfare) restricts a comprehensive view of child well-being.
- 04** Frontline workers and local governance bodies often lack the training and resources to collect, analyse, and act on data. Poor documentation and analysis limit the ability to demonstrate success, adjust interventions, or inform policy reforms.

## Key Recommendations



**Prioritise funding and increase investment specifically for family strengthening, prevention of family separation and family-based alternative care.** Leverage available government, CSR and philanthropic funding towards preventive child protection services. Encourage investment in scalable, replicable models of preventive family-based care. Develop annual expenditure plans for effective use of Juvenile Justice Funds.



**Embed measurement frameworks for reintegration and system effectiveness.** Develop a national reintegration outcomes framework with indicators, such as family stability, educational continuity and emotional well-being. Mandate annual outcome reviews within state and district protection plans, disaggregated by categories like children with disabilities and care leavers. Encourage third-party evaluations and academic partnerships to generate robust evidence on reintegration success and cost-effectiveness.



**Expand and interlink child protection data systems with allied services.** Strengthen CPMIS by integrating modules on foster care, kinship care, aftercare, and referrals. Ensure user-friendly, multilingual, and offline-compatible mobile interfaces for real-time data entry and alerts. Enable interoperability with health, education, and social welfare databases to develop a child-centric integrated dashboard.

# Closing Session

## Speakers

**Ms. Vandhana Kandhari**, Child Protection Specialist, UNICEF India  
**Topic:** Presentation of Key Takeaways and Way Forward

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**Mr. Sanjay Singh**, Chief, UNICEF Maharashtra  
**Topic:** Concluding Remarks

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**Ms. Tripti Gurha**, Additional Secretary, MWCD, Government of India  
**Topic:** Special Address

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**Ms. Aditi Varda Sunil Tatkare**, Hon'ble Minister, Department of Women and Child Development, Government of Maharashtra  
**Topic:** Valedictory Address



## Presentation of Key Takeaways and Way Forward

**Ms. Vandhana Kandhari,**  
Child Protection Specialist, UNICEF India

Ms. Vandhana Kandhari summarized the outcome of the national consultation, highlighting the shift in policy and programming towards care reform, moving away from institutional care and advancing family strengthening and family-based care. The consensus across sessions affirmed that children thrive best in stable, nurturing family environments, and that a “family-first” approach must be central to all child protection efforts.

The consultation re-affirmed the following:

- The programmes, policy and interventions show that Child Protection needs to be universal and inclusive
- Family strengthening and supporting parents in their child-care role, promotes well-being and prevents family separation
- India has positive, traditional practices, where families and communities come together to take care of their children. Building on kinship care practices is an opportunity moving forward
- Context-specific, multi-sectoral, community-based models directed at family strengthening and social protection, contributes to the prevention of family separation
- There are many best practices and models of work, by the State Governments and civil society, which are models for scale up and replication
- Working together of governments, NGOs, CBOs, and academia has strengthened and complemented family-based care.
- Participation of children and young people has demonstrated sustainable change.

Ms. Kandhari summarized the policy recommendations emerging from different sessions that can catalyze the growing movement of family-based care in India:

- Put in place State Specific Plan of Action for Family-Based Care, with critical milestones and indicators that are monitored periodically at the highest level of governance.
- Create operational mechanisms to ensure inter-ministerial/departmental convergence for services and social protection for vulnerable families
- Build synergy and synchronization between different sectoral data systems to inform programmes and policies (Eg: Health, Education, Nutrition and CPMIS)

- Knowledge Management and Documentation of best practices and innovations (Govt & CSOs) for evidence generation, replication and scale up
- Financial Assistance (Social Protection) should be augmented with Plus components, such as MHPSS, parenting, building parental resilience, life skills, vocational skilling, livelihood opportunities and others
- Further investment in the Child Protection Workforce, with independent cadre till the block level/enhancing the role of existing FLWs for better delivery of CP services, prevention and effective monitoring; and incentivize community-based child protection workforce.
- Create social innovation hubs, providing opportunities for corporate investments to promote innovation in family strengthening

## Concluding Remark

### Mr. Sanjay Singh, Chief, UNICEF Maharashtra

Mr. Sanjay Singh expressed his sincere gratitude to Ms. Aditi Varda Sunil Tatkare, Hon'ble Minister for Department of Women and Child Development, Government of Maharashtra. Her vision to advance family-based care is exemplary as demonstrated through effective implementation of Mission Vatsalya, expansion of the Bal Sangopan Yojana and promotion of community-based care models. Ms. Tatkare joining the consultation demonstrates her commitment to the well-being of children and families.

He also thanked Ms. Tripti Gurha, Additional Secretary, Ministry of Women and Child Development, Government of India for her strong leadership and systematic investments in building the policy and programming framework, ensuring prioritization of family-based care.

On behalf of the organizers, Mr. Singh appreciated the participants for engaging in thought-provoking discussions that have provided useful direction to strengthen family-based care in India. He affirmed that UNICEF remains committed to working alongside the Government of India, state governments, and civil society for care reform.



## Special Address

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**Ms. Tripti Gurha,**  
Additional Secretary, MWCD, Government of India

In her special address, Ms. Tripti Gurha, Additional Secretary, Ministry of Women and Child Development, Government of India emphasized that the paramount objective of the child protection system is to uphold the best interest of the child, a principle that is legally embedded in the Juvenile Justice (Care and Protection of Children) Act and operationalized through the Mission Vatsalya scheme and the Model Juvenile Justice Rules, revised in 2022.

Ms. Gurha highlighted that the recent reforms in rules and regulations, including those relating to adoption, were guided by this child-centric principle. She expressed confidence in the impact of these policy developments, which have contributed to strengthening the child protection ecosystem and facilitating better outcomes for children.

Ms. Gurha presented data indicating the government's strengthened investment in family-based care. Under the sponsorship component of Mission Vatsalya, the number of beneficiaries has seen a 40% increase in the financial year 2023-24, reaching 1,70,895 children. Concurrently, the financial allocation for the scheme has expanded from ₹900 crore in 2021-22 to nearly ₹1,500 crore in 2023-24. The revised Adoption Regulations introduced in 2022 have also contributed to systemic improvements, most notably by reducing the eligibility period for children in foster care to transition into adoption from five years to two years. This change has directly facilitated increased adoption of older children. The Central Adoption Resource Authority (CARA) has reported that 40 children have already been adopted through the new foster care guideline, with 517 foster parents registered in the system, reflecting early success in strengthening the continuum of care.



Under the sponsorship component of **Mission Vatsalya**, the number of **beneficiaries** has seen a **40% increase** in the financial year 2023-24, reaching **1,70,895 children**. Concurrently, the financial allocation for the scheme has expanded from **₹900 crore** in 2021-22 to nearly **₹1,500 crore** in 2023-24.



Further illustrating the government's commitment to reunification and reintegration, Ms. Gurha highlighted the development and operationalization of the Go Home and Reunite portal by the National Commission for Protection of Child Rights (NCPCR). This digital platform is enabling systematic tracking of children's repatriation with their families. Maharashtra alone has successfully facilitated the reintegration of 613 children through this platform, with states, such as Chhattisgarh, Karnataka, and West Bengal also demonstrating commendable performance in this domain.

Acknowledging that challenges remain, she expressed her openness to constructive, context-specific recommendations and committed to considering these inputs in future policy deliberations. She called upon all stakeholders across government, civil society, and international agencies to fully leverage existing schemes, promote cross-sectoral collaboration, and draw from both national and global best practices.

Reaffirming the Government of India's commitment to child protection and to advancing the vision of every child growing up in a safe and nurturing family environment, Ms. Gurha concluded by assuring that concerted efforts will continue until this shared goal is realized.

## Valedictory Address

**Ms. Aditi Varda Sunil Tatkare,**  
Hon'ble Minister, Department of Women and  
Child Development, Government of Maharashtra

In her valedictory address at the National Consultation on Family-Based Care, Ms. Aditi Varda Sunil Tatkare, Hon'ble Minister for Department of Women and Child, Government of Maharashtra, reaffirmed the state's leadership and unwavering commitment to advancing child protection reforms grounded in the principles of family-based care. She acknowledged the Ministry of Women and Child Development, Government of India, State Governments, UNICEF, and all participating stakeholders, including experts and practitioners for their consistent efforts to ensure that every child has the opportunity to grow up in a secure, nurturing, and loving family environment.



The Minister emphasized that Maharashtra has consistently remained at the forefront of care reform, with a clear policy orientation towards reducing dependence on institutional care and promoting family-based alternatives, such as kinship care, sponsorship, and community-led care arrangements.

She recognized the instrumental role of Mission Vatsalya in expanding the availability and quality of non-institutional care, along with strengthening preventive services and enhancing financial and social support mechanisms for caregivers. She further emphasized the synergy

among the three key missions of the Government of India—Mission Poshan, Mission Vatsalya, and Mission Shakti in facilitating the survival, protection, development, and empowerment of children and young people, particularly the girl child, across her life cycle.

The Minister noted a significant reduction in the number of children residing in institutions in Maharashtra from nearly 64,000 to under 10,000 demonstrating the state's proactive efforts in family restoration and deinstitutionalization. These gains were accompanied by service enhancements in the areas of mental health, skill-building, family strengthening, and aftercare support to promote sustainable rehabilitation and reintegration of children.

She further shared that the flagship intervention in this regard has been the Bal Sangopan Yojana, which has served as a critical gatekeeping mechanism by reducing vulnerabilities among families and children and preventing unnecessary family separation. The scheme's outreach has expanded significantly, now covering 1,04,976 children. Financial assistance has also seen progressive increases, from ₹450 per child to ₹2,250 per child, with enhanced administrative support for implementing agencies.

Looking forward, Ms. Tatkare announced the upcoming launch of Maharashtra's new State Child Policy. Parallely, the state is reviewing its Juvenile Justice Rules to embed stronger provisions on foster care and expand non-institutional alternatives for both children in need of care and protection and children in conflict with the law.

The Minister also highlighted efforts to lay the foundation for a robust foster care system in partnership with UNICEF. She stressed the importance of regular, supportive supervision and the use of technology to improve monitoring mechanisms and service delivery for vulnerable children.

Ms. Tatkare underscored child safety both online and offline as a critical priority and mentioned cross-sectoral collaborations, including with the Education Department and law enforcement, to make schools safer. Addressing harmful practices such as child marriage remains a key focus area.

Given Maharashtra's substantial urban population comprising 45% of the state, Ms. Tatkare highlighted the need for targeted interventions to strengthen urban child protection and child development services. She shared that the department is currently developing daycare policies to create safe and supportive environments for young children, particularly in urban contexts.

In her concluding remarks, the Minister emphasized the importance of public-private partnerships and interdepartmental convergence as essential levers for achieving holistic child protection outcomes. Ms. Tatkare was hopeful that the deliberations of the National Consultation would guide national, state, and local family-based care programmes and policies in the coming decade.



