



INDIA ALTERNATIVE CARE NETWORK

Hello,

As India is grappling with the second wave of coronavirus, we wish for the safety and well-being of everyone navigating through these challenging times for our children, communities, families, and ourselves.

We are really thankful to everyone who has contributed to this newsletter in such a difficult time. In this edition of the newsletter, we bring your resources on aftercare and updates from our partners from their interventions. Please check out the Events and Announcements page and register for the webinar series by SAMVAD, NIMHANS on children in the COVID-19 crisis that aims to equip caregivers, service providers, and others with requisite skills and methods as they strive to support children during these uncertain times.

If you wish to write to us or discuss any issue of mutual concern, please write to us on iacnsecretariat@gmail.com.

Sincerely,
IACN Secretariat



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KNOWLEDGE RESOURCE UPDATES



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Education, Poverty and Social Exclusion:
Assessment of Youth Leaving Care

<https://bit.ly/3eJ4dEA>



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Leave Care Policy Development:
A Brief for Policy Makers

<https://bit.ly/3gRo1rZ>



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First International Care Leavers' Convention: Event Report

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



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Leave Care Policy Development:
A Brief for Practitioners

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

IACN QUARTERLY

Issue 4 / May 2021

EVENTS & ANNOUNCEMENTS

NIMHANS four part webinar series on children in the COVID-19 crisis

Masterclass | Best Practices for Safety of Children in a Child Care Institution | Catalysts for Social Action

Webinar | Institutional Care for Vulnerable Children - The Law, Present Scenario, and Way Ahead | Catalysts for Social Action

Together for Quality Institutional Care – TQIC

UPDATES FROM THE FIELD

Learnings and experience shared by our fellow members

Kinship care: an alternative to prevent family separation

| [Subhadeep Adhikary and Anita Sinha, CINI](#)

Safe integration of children through the expedited case

management process during COVID-19 | [Farzana Tamboli, Miracle Foundation India](#)

Seeding the concept for diversion | [Lopa Mudra Mullick, CINI](#)



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For every child, a family.

RESOURCES

Some key additions to our fast growing resource database

Knowledge resources education, poverty and social exclusion: Assessment of youth leaving care

By Kiran Modi, Suman Kasana, Ali Azam, and Lakshmi Madhavan

Education, Poverty and Social Exclusion: Assessment of Youth Leaving Care

<https://bit.ly/3eJ4dEA>

In developing nations like India, education has remained inaccessible to many, especially vulnerable children and youth. Upon turning 18 years of age, youth who have lived in child care institutions are expected to leave care and transition into independent life on their own. While they receive basic education and vocational training in care, it falls short of the quality higher education necessary for a smooth transition towards independent living. In an assessment of the situation of such youth in five States of India, Udayan Care, an NGO working with children and youth found that most of the Care Leavers (CLs) were forced to compromise on education and pursue jobs with low remuneration. This study examines the interrelatedness of education, poverty and social exclusion among CLs through secondary literature and empirical data from Udayan Care's national study. Analysing



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the findings from the lens of the Capability Approach, the gaps in provisions of educational support to CLs and subsequent limitations to address challenges of poverty and social exclusion of this population are highlighted, also making recommendations on ways to improve CLs' outcomes.

First international care leavers' convention: event report

By Udayan Care, SOS Children's Villages, University of Hildesheim and Kinderperspectief

First International Care Leavers' Convention: Event Report

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

Udayan Care (India), SOS Children's Villages, University of Hildesheim (Germany) and Kinderperspectief (Netherlands), together known as the organising committee, joined hands in March 2020 to convene the first-ever international convention for Care Leavers, and it was planned in New Delhi, India, in March 2020. The organising committee closely observed the developments from March to August and continued to virtually meet and engage with the Care Leavers transnationally. A landscape survey was followed by a series of webinars from June-July with 100 young Care Leavers globally to understand the challenges they were going through during the pandemic and their needs around COVID-19. 11 gaps were identified, thus setting forth a set of recommendations in the form of **"Care Leavers Declaration"** to mitigate these risks. This report is a compilation of different stages of the whole convention, its various components and discussions which happened across the two months period and aims to serve as a guidebook for Care Leaver networks and organizations working with Care Leavers to seek inputs from, as well as for policymakers to understand this cohort better to develop policies in keeping with their dreams and aspirations. The report hopefully would serve as a tool for the planning of the next International Care Leavers Convention in 2022, led by Care Leavers themselves.



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Some key additions to our fast growing resource database

Leave care policy development: A brief for policy makers

By Udayan Care, SOS Children's Villages,
University of Hildesheim and Kinderperspectief

Leave Care Policy Development: A brief for Policy Makers

<https://bit.ly/3gRo1rZ>

The process of leaving care is a transnational and global challenge. Even though there are several variations between care-leaving policies and the availability of support worldwide, the challenges faced by Care Leavers are similar everywhere. Most countries lack a clear policy on leaving care. Care Leavers often become nobody's responsibility and data systems in most countries are not well established. Consequently, most Care Leavers worldwide face challenges in housing, education, employment, mental health and psycho-social wellbeing and social support networks. A policy on leaving care must primarily aim to improve the life opportunities of Care Leavers as they transition to independent living. Any such policy must aim to improve their life outcomes and prepare them to leave care smoothly; support their active participation in decision making, and provide adequate and appropriate aftercare support. This policy brief puts together the key guiding principles that can support policy makers while developing policies on leaving care, as expressed by Care Leavers themselves, during the 1st International Care Leavers Convention 2020.



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Leave care policy development: A brief for practitioners

By Udayan Care, SOS Children's Villages,
University of Hildesheim and Kinderperspectief

Leave Care Policy Development: A Brief for Practitioners

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

The process of leaving care is a transnational and global challenge. Even though there are several variations between care-leaving policies and the availability of support worldwide, the challenges faced by Care Leavers are similar everywhere. While there is enough evidence to show that organisations that effectively engage with children and young persons in co-creating their practices are most effective, it must be ensured that such participation is true and not mere tokenistic in nature. The involvement of Care Leavers in policy making, decision making and working for their best interest is the best way that societies can contribute towards their betterment. This policy brief puts together the key guiding principles that all organisations working with and for care leavers must keep in mind, as expressed by Care Leavers themselves, during the 1st International Care Leavers Convention 2020.



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UPDATES FROM THE FIELD

Learnings and experience shared by our fellow members

Kinship Care: An alternative to prevent family separation

By Subhadeep Adhikary

Mentor – Child Care Institutions and Community Strengthening,
CINI – Jharkhand Unit

Anita Sinha

Team Lead – Child Protection, CINI – Jharkhand Unit

BACKGROUND AND CONTEXT

In India, the entire concept of promoting family-based care mechanism through Government systems, addressing vulnerabilities of children at community set up, has so far not been fully realised, as the required operational framework for its implementation is yet to be in place. The resource allocated is also not adequate while determining and responding to the rights of children, especially for children in need of care and protection (CNCP). While working with children in the communities, CINI has also tried to understand how such vulnerabilities can be prevented at source.

In India, the separation of children from their families happens under various critical circumstances, viz. lack of parental care or the incidence of death of either or both parents, abandonment, elopement, lack of guidance and aspiration or choice for better livelihood opportunities at the local level, displacement due to industrialisation or armed conflict, trafficking, extremist activities, or unwillingness of the family to provide care.

The National Plan of Action for Children (2016) in India takes due note of the importance of strengthening the ability of communities and families to support children and to ensure their overall survival, well-being, protection and development. But even with having multiple policies, plan of action for children sponsored by legal provisions to safeguard the best interest of children in India, the fundamental programming to uphold the basic rights of children, especially those in vulnerable circumstances, is yet to be implemented at the community level.

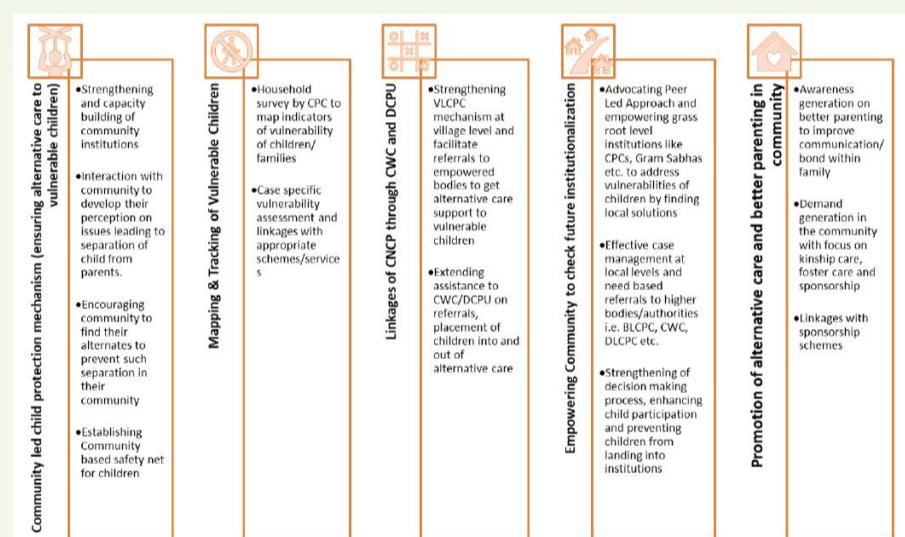
PROBLEM STATEMENT

Child in Need Institute (CINI), in partnership with Hope and Homes for Children, is working towards strengthening community gatekeeping along with the district administration for promoting De-Institutionalisation and family-based care in

two districts of Jharkhand. Working closely in the communities led to the understanding that there is a need to address the structural and procedural gaps for improving the implementation of the alternative care schemes. CINI has been trying to strengthen the implementation of alternative care mechanisms to prevent family separation and reintegrate children residing in the Child Care Institutions (CCIs) with their families or family-based care.

Since the Jharkhand Guidelines for Sponsorship of Children and Jharkhand Guidelines for Foster Care came into effect, the state is struggling to implement them in true spirit.

Though there has been some progress in implementing the sponsorship scheme, foster care remains largely neglected. On the other hand, Kinship care, though a traditional form of care arrangement for children without parents or adequate parental care, does not find support in the formal policy and framework.



PROGRAMMATIC APPROACH

CINI focuses on strengthening the response mechanism with its 'multi-stakeholder convergence model', emphasising the importance of collective action as an approach towards preventing unnecessary institutionalisation of children and facilitating access to alternate care support. The concept of community-based child protection mechanism draws reference from CINI's core institutional approach of building Child-Friendly Communities (CFC – The CINI Method). CINI works together with communities (including children, adolescents and women), local self-government, service providers and other actors to develop a safety net for children and adolescents to ensure their well-being, prevent them from falling into situations of risk and violence and support those who do slip through the cracks.

The purpose of this article is to share the knowledge and experiences from the ground of the various community programming elements that leads to preventing family separation and how CINI is advocating for promoting alternative family care arrangements through sponsorship care and kinship care.

KINSHIP CARE



Community-level program components that build the CFC and prevents unnecessary separation

From the experience of CINI in community prevention work for the last 47 years, important learning has been the need for a paradigm shift in the approach of the system for minimising the institutional approach and maximising the preventive approach at the community level. The investment of the Government should be focused more on the preventive approach at the community level rather than building up and operationalisation of institutions. The experiences and learnings that CINI has gained over a period with an effective system strengthening approach can prevent children from unnecessary separation from their families and landing in institutions.

We would like to support this by presenting few successful case studies from family-based alternative care work.

Kinship care – an alternative form of care for preventing unnecessary family separation

Alternative care is an arrangement, formal or informal, where children, separated from biological parents for any reason, are placed under a family atmosphere. Alternative care has gained greater prominence in recent years due to the enforcement and stringent acts/laws, including the Juvenile Justice Act, 2015. It lays down provision for adoption, foster care, family-based care or kinship care or other community-based care.

Reasons for children under kinship care:

1. Poverty stricken biological parent/s
2. Single mother unable to take care of children
3. Widow/Widower Spouse not capable of taking care of children
4. Alcoholic Parent/s
5. Parent/s eloping with other person, leaving behind children
6. Parent/s unable to take care of many children

Kinship care is the most traditional and culturally accepted form of care for children deprived of care from biological parents. It is understood as the full-time care, nurturing and protection of a child by relatives, members of their tribe or clan, other adults who have a family relationship to the child. This is valued more as it preserves the family's cultural values and emotional ties.

In the project geography, a total of 76 children were staying in a kinship care arrangement. An in-depth qualitative study of 17 cases was carried out to understand the factors that promoted positive outcomes for children and ensured their continuity in kinship care. The 17 cases have been documented in the form of case studies.

The objectives of the study were to understand,

1. The ongoing care mechanisms of children under kinship care
2. The push and pull factor behind children under kinship care
3. The protection and safety of children living with extended family
4. The upbringing and overall development of children under kinship care limiting them from various risk factors.

While the team interacted with the family and the child placed in kinship care to understand the experiences of children in kinship care and identify factors that support positive outcomes for them in the care arrangement, love and the family care became the primary reasons for the children to continue in kinship. In many instances, children shared that they had a troubled and broken parent relationship where they felt neglected, abandoned and sometimes rejected or even abused. These extended family members helped them to give a semblance of a family environment and the love they were craving.

The other reasons or factors that enabled children to continue in the kinship care arrangement are as follows:

- Fulfilment of the fundamental rights and needs of the child
- Respect, bonding with family members of the caregiver and dignified life in a family environment
- Seeing a hope for future where they could fulfil their dreams and wishes
- Lastly and most importantly, a sense of being heard and consulted in the matters and decisions concerning them

The following three case studies from the communities of Ranchi and Khunti narrates how Kinship care not only helped the child to get a loving, caring family but also prevented him/her from getting into vulnerable situations.

EXCERPTS FROM THE FIELD

"Mother pushed her daughter under kinship care"

Poverty and addicted father compelled the mother to send her child to kinship care. Priti Kumari, 13 years old girl stay with her maternal grandparents in Booty slum, Ranchi. Her father is severely addicted to alcohol and does not take care of her other 4 siblings as well. They stay in a village near Angara, Ranchi. Mother sale twigs to take care of children.

Priti study in class 5 in a nearby Government School. Her maternal uncle and aunty too stay in Booty. The family owns a small farm land where they grow vegetables and sell in the local market. This is the only source of income that helps grandparents to take care of Priti. She is well in studies and enjoys playing with her friends. She also supports grandmother in the household and farm work.

"Father married another woman leaving behind his children"

Amrit Bodra, 14 has a dream to be a hockey player. He is staying with his maternal grandmother with his younger brother Anil Bodra in village Perka, Murhu, Khunti. His mother died and father married another woman after couple of months.

The youngest brother stays with paternal grandmother in village Tonahatu. Amrit is staying with his grandmother (Naani) from last 10 years. She does not work anywhere and the only source of income is her old age pension. She has a small farm in which she rows seasonal crops or vegetables, which indeed is not sufficient to meet the family expenses throughout the year.

The family was struggling to make ends meet until the case was raised in the VLCPC meeting, VLCPC took the case on priority and necessary family linkages were made to sustain the family. Now, the situation is comparatively better. Amrit says, "this is the family where I belong".

"The adolescent girl dreaming to become a Police Officer"

4 years back Sushma Dhanwar moved from Sondari village to Hessel Village, Khunti in her maternal uncle's house. Her mother died 10 years back after delivery. Sushma's maternal grandmother took care of the new born baby. The father married another woman soon after the death of his wife and started staying in her village itself. He didn't turn back to see his daughters.

Sushma's paternal family members were poor and were struggling to meet their own expenses, hence, Sushma was an additional burden for them. She usually faced discrimination at house too. She gradually engrossed in the household chores and left school. Sanika Mundu (maternal uncle) admitted Sushma in Government school too. She passed 10th exam in 2019 and got enrolled in class 11th. Sanika is a daily wage labour and has a small farm used for growing seasonal crops and vegetables and sales vegetable in market. Sushma is good in sports and like playing football with her friends in village. Uncle-aunty encourages her to play and participate in such events.

The family wants to support Sushma in achieving her dreams. The girls are being well taken care of by the family as shared by one of the members of village level child protection committee. Sushma is a happy child now and boldly mentions, "I will be a police officer one day".

It became evident from the case studies and the insights that we gathered from interactions with family members that the active involvement of CSOs, service providers, and duty bearers could help keep children safe in the community and reduce vulnerability factors through timely identification and response to child protection risks and ensuring gatekeeping at every step.

The community-based preventive approach needs focused attention to promote care reform at the community level and prevent children from falling into vulnerable circumstances. It will help keep children safe and happy in their families and communities.

Following are the key learnings from kinship care study that need our attention to ensure children grow up in their families and subjected to unnecessary separation:

- 1. Effective and continuous engagement with children/adolescents is required for skill-building, information gathering, vulnerability assessment and disseminating information on child rights issues.**
- 2. There is still a dire need to spread awareness on kinship care and foster care as alternative family placements.**
- 3. There is no proper communication/advocacy plan or awareness strategy with the district stakeholders for demand generation of foster care applicants and alternative care linkages (formalising kinship care)**
- 4. There is a lack of convergence between the officials and other civil society organisations in the districts, which prevent them from working in collaboration in promoting alternative care programmes and realising the importance of family-based care.**
- 5. Poor access to government schemes and lack of information are some of the critical factors that trigger the vulnerabilities.**
- 6. Investing resources in the community and system strengthening are the alternates to prevent children from unnecessary separation from their families.**
- 7. A paradigm shift in the approach of the system for minimising the institutional approach and maximising the preventive approach at the community level is the need of the hour.**

ABOUT THE AUTHORS

Anita Sinha

A social sector professional with extensive 19 years experience of working on adolescent and women empowerment issues in Jharkhand. Experience working with Department of Women, Child Development and Social Security, Govt. of Jharkhand at various key positions. Anita has extensive experience in leading many government initiatives pertaining to adolescent & women empowerment.

Subhadeep Adhikary

A child protection specialist and professional social worker with over ten years of experience and based in Jharkhand, India. Subhadeep is a strong advocate for community child prevention mechanism, family-based care and in ensuring effective implementation of the JJ Act, particularly family reunification from Child Care Institutions (CCIs), promoting family-based alternative care and strengthening communities.

Explore and assess the possibility of safe reintegration of children through the expedited case management process during Covid-19

By **Farzana Tamboli**

Education Coordinator, Miracle Foundation India

BACKGROUND AND CONTEXT

When the COVID-19 pandemic hit India, several states mandated children in Child Care Institutions (CCIs) to be sent back to their families to avoid the risk of infections in crowded institutions. At the same time, this created a potential risk for harm for children sent home immediately without any prior preparations. These children returned to families who were facing financial setbacks due to the pandemic in addition to the pre-existing hardships that landed children in CCIs in the first place. Two hundred seventy-two children from Miracle Foundation India (Miracle for this article) facilitated 08 CCIs to restore children in their families.

To ensure the safety of children and their fundamental rights, we re-focussed to:

- 1. Provide immediate relief support to children and their families for basic necessities**
- 2. Ensure continuity in care by delivering services and connecting virtually**
- 3. Deploy a reliable framework to Expedite Case Management (ECM) for low-risk placements so families can stay together post-lockdown**

PURPOSE OF ECM

The purpose of ECM is to determine the feasibility of permanent reintegration of children in their families quickly and without long periods of preparation during urgent circumstances such as natural disaster, civil unrest, COVID-19, immediate official orders. Miracle developed it in response to the immediate return of children to their families due to COVID-19. ECM is aligned with the Honourable Supreme Court of India's orders urging CCIs and child protection functionaries to follow up and support children to stay in families' post-lockdown and can be customised to fit different contexts.

The goal is for children to remain in their family home after the urgent circumstances end, if possible, or move to other family placement such as kinship or foster care as appropriate. That means completing the paperwork/procedures of reintegration and avoiding readmission to the CCI after the urgent situation subsides.

CASE MANAGEMENT PROCESS

To ensure adherence to the standard Case Management (CM) process consisting of Assessment, Planning, Implementation, and Follow-up, and to address the immediate needs of the child considering the urgency of the process and situation, the following steps are followed.

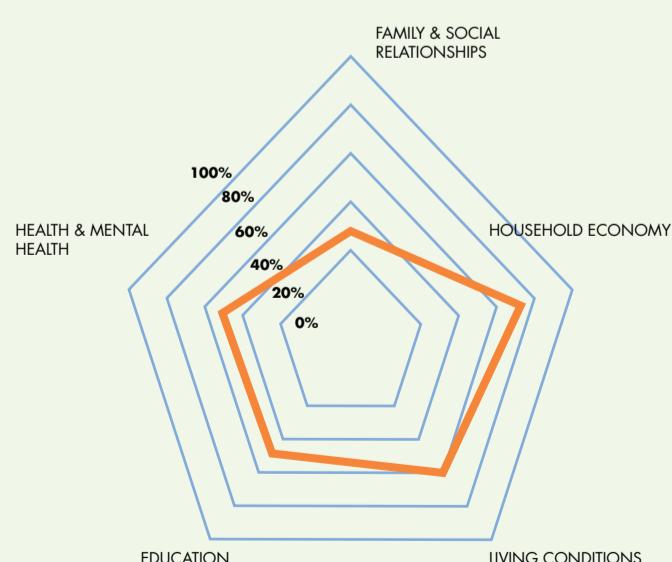
Interventions activated are carried forward in the long term and uphold child rights long after the pandemic ends.

1. Prioritising Children for Permanent Placement
2. Assess Safety
3. Home Thrive Scale™
4. Minimum Standards for Permanent Placement

The CCI teams were trained in using the CM tools and trackers. The Case management tracker helped us to analyse and prioritise children having the most significant opportunity and possibility for permanent placement through summarised information in one place. The importance was given to build relationships with the families and children and support them remotely in this crisis and unpredictable situation.

After identifying potential reintegration cases, we assessed the families using our proprietary Home Thrive Scale™ tool developed by Miracle. The Home Thrive Scale™ is a rights-based tool addressing 24 of the 42 rights listed in the UNCRC (1989). During this process, guidelines for remote interactions were followed, and consent was taken from the child and family. The findings and documentation helped us to get an insight into the strengths and concerns that needed intervention, highlighting actions required for permanent placement.

HOME THRIVE SCALE™



In an ideal situation, we follow up with the re-integrated child for a minimum of two years.

The structure of follow up visits is - 1st month, 3rd month, 6th month, 1 year, 1.5 years and 2 years.

Due to the ongoing pandemic, the Home Thrive Scale™ was updated fortnightly for some critical cases, otherwise monthly for all the families during follow up since August 2020.

The assessment process using The Home Thrive Scale™ helps us to find out minimum standards for permanent placement. It calculates the percentage score for each domain along with the overall Home Thrive Scale™ score. These values help us understand if the family is - vulnerable, in crisis, safe or thriving. At this stage, we considered other factors like - the safety of the child, absence of neglect/abuse, the willingness of family and child to live together, availability of resources to fulfil basic needs of the child, including the availability and access to health, mental health and education facilities. In cases where high or critical risk was found, the child was moved to an alternative family setting or returned to CCI with the approval of the Child Welfare Committees (CWCs). Around 61 children returned to the CCIs due to child protection risks, the debt burden of family, family discord, migration of parents/guardians, among others.

When making placement recommendations, in addition to the assessment of safety and the Home Thrive Scale™, we ensure the CCI makes the updated assessments available as well (like Social Investigation Report (SIR) and Individual Care Plan (ICP)).

While implementing the process, the families were linked to social protection schemes and NGOs such as Haqdarshak, Counsel to Secure Justice, Anulom. The other aspects of support included providing tablets to children who lacked access to digital devices, cyber security training to the children and the staff members, online financial literacy sessions, life skills education, awareness on child abuse.

CHALLENGES AND LEARNING

Preparedness of family and children is essential in the transition process. After restoration, children witnessed changes in the daily schedule, meals, and playtime. A few children reported weight loss because of the change in diet. The issues were addressed with rigorous guidance to the families to make them aware of the nutrition value of different food sources available to them, the health needs of the child, and the importance of personal and environmental hygiene.

Remote counselling sessions with children and parents conducted by the consultant Psychologists helped to address the psycho-social needs of the children and families.

The CCI teams were facing difficulties in reaching out to families, conducting remote assessment due to poor mobile

network or the unavailability of phones. In this situation, the services of community volunteers and resources such as AWWs, ASHA and Village Head were utilised as "community watch" for ensuring child safety. The CCI teams and Miracle presented the updates on ECM processes with the families to the CWCs wherever possible. "Collaboration is the key" has been kept in mind while working with the children and families. A WhatsApp group of parents/guardians was created to encourage sharing and learning, creating a sense of solidarity and ensuring the active involvement of families and children in the reintegration process.

Miracle was supportive in handholding when CCI teams had extensive workload right from dividing the caseloads to the redeployment of other care giving staff. The process was complemented with diversion of funds by the State, corporate social responsibility partners and individual donors to ensure the basic necessities of children and families were met.

CASE STUDY FROM A CCI IN MAHARASHTRA

After the demise of her father, Neha's mother was unable to take care of her and her sibling. Her paternal uncle was feeling burdened with the added responsibilities of the family and was unable to provide for them. This pushed Neha's mother to take the hard decision of placing Neha in a CCI. Neha returned to her family in March 2020 in light of the lockdown due to the pandemic.

To support a smooth and safe transition, the CCI intervened in the following ways-

1. As a part of the regular case management process, ICP, SIR and Home Thrive Scale™ assessment were conducted
2. Intervention with Neha: Health & education support, relationship, psycho-social counselling support and life skill education support
3. Intervention with Mother: Family and social relationship, CCI team supported her to build relation with the neighbours and brother-in-law's family. She is a daily wage earner.

After she moved with her family:

1. **PRIORITISED FOR PERMANENT PLACEMENT**
2. **REGULAR REMOTE FOLLOW-UPS AND HOME THRIVE SCALE™ ASSESSMENT**
3. **DEVELOPED INTERVENTION PLAN**

Today, 13 years old Neha is happily re-integrated with her family. Her mother supports her paternal uncle with his farm. Regular interventions, counselling and support helped her uncle feel empowered to take care of his brother's family. Her mother was guided to apply for widow pension and other social protection schemes.

IMPACT

- **Out of 272 children in ECM, 180 children are permanently placed**
- **Children are thriving which has been reported through an average of 68.6% on the Home Thrive Scale™**
- **100% children continued with school education and 96% (109 out of 114) with higher education and vocational training**
- **145 families were connected to social protection schemes.**
- **Engagement with 7 districts authorities (around 20 members) to orient on ECM**
- **Regular follow up helped connecting to children on timely manner who were under the risk of child marriage: dealt with 2 such cases successfully**
- **Increased awareness among families on importance of supporting children in pursuing education remotely while being in families**
- **Families are aware of different schemes, resources available and gain confidence to access it.**

NEXT STEPS

Miracle's experience of working with CCIs during the pandemic using ECM reiterates that many children staying in CCIs have families who would be willing to be with their children if they are supported in a timely, adequate and sustainable manner. We are consistently working with children and families towards continuity of the placement, ensuring that children are safe and thriving in families. Our work with the CCIs continues, with an aim that children are placed in their families wherever possible. If not, they have access to a range of care settings that are family-based.

END NOTES

Resources

Link to the online Home Thrive Scale™ here

Contact for more information and support with using the tool at safelyhome@miraclefoundation.org.

The tool is part of a case management toolkit available on Miracle Foundation India's website which also includes guidelines, templates and the Home Thrive Scale™.

References

UNCRC, November 20, 1989,

<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

¹ Right to Best Interests of Child; Right to Life, Survival and Development; Right to Sharing Thoughts Freely; Right to Protection from Violence; Right to Health, Water, Food, Environment; Right to Food, Clothing, a Safe Home; Right to Protection from Harmful Work; Right to Prevention of Sale and Trafficking; Right to Making Rights Real; Right to Keeping Families Together; Right to Protection of Privacy; Right to Children without Families; Right to Review of a Child's Placement; Right to Access to Education; Right to Protection from Harmful Drugs; Right to Protection from Exploitation; Right to Family Guidance as Children Develop; Right to Respect for Children's Views; Right to Responsibility of Parents; Right to Children with Disabilities; Right to Social and Economic Help; Right to Rest, Play, Culture, Arts; Right to Protection from Sexual Abuse; Right to Everyone Knowing Children's Rights.

² Name changed to protect the identity of the child

About Author

Farzana Tamboli

She has been associated with Miracle Foundation India for last 4.5 years. Her role is actively involved in ensuring that children get access to quality education and a safe, loving and caring family environment to reach their full potential. Farzana has coordinated the ECM process for her assigned CCIs efficiently.

Seeding the concept of diversion: An essential measure of gatekeeping, reducing institutionalisation and its adverse impact, and unnecessary entry in the juvenile justice system

By Lopamudra Mullick

Programme Manager - CINI

In India, in the area of Juvenile Justice, the goal of reducing unnecessary incarceration while protecting the children from abuse, violence and exploitation has not been fully realised. The very concept of promoting diversion as an urgent imperative is yet to be administered holistically. The failure of strongly advocating diversion (diverting children away from judicial proceedings and towards community solutions) can be attributed to a host of factors ranging from; a dearth of knowledge on the concept of diversion, improper case management excluding elements of release and post-release plan, overreliance on institutionalisation, lack of a community

based safe and protective environment for children, lack of essential services focusing on prevention/participation and convergence, non -availability of information on deaddiction and counselling services and follow up.

Additionally, the common public discourse is to favour stricter sentencing for the juvenile and discrimination amongst juveniles on the nature of their offence at every stage. This practice nullifies the scope to explore opportunities for the child to live with their family or in any alternative family care mechanisms.

While working with children alleged to be in conflict with the law languishing in an Observation Home in one of the remotest districts of West Bengal, an effort was made to understand the drivers and vulnerabilities leading a child to commit a crime, what possible mechanisms could address the vulnerabilities and direct the child away from judicial proceedings, and towards community solutions.

Principle of diversion:

"Measures of dealing with children in conflict with law (CCL) without restoring to judicial proceedings shall be promoted unless it is in the best interest of the child or the society as a whole" (Chapter 2, 3-xv, JJ Act 2015).

It stresses on 'diverting' children categorised as CCL away from judicial proceedings by providing a range of options. It is an important measure of Gatekeeping, particularly by police, to reduce unnecessary entry of children in the JJ system, being typecast as 'bad'/'criminals' and the adverse impacts of institutionalisation.

What possible mechanisms could address the vulnerabilities and direct the child away from judicial proceedings, and towards community solutions?

During meetings and workshops on Diversion facilitated by CINI, which witnessed participation of Additional District Judge, District Magistrate, representatives from District-based Special Juvenile Police Units, Public Prosecutor, Deputy Superintendent of Police, West Bengal Task Force on Prevention of Trafficking & RRRI of Children & Women, Child Welfare Committee, Juvenile Justice Board, Child Welfare Police Officers, Observation Home representatives and District Child Protection Officer, they highlighted-

1. The need to understand the barriers to access to justice as well as the pivotal gatekeeping role of the police. The social and cultural contexts influencing children's involvement in petty crime and the challenges faced by the police and judiciary in ensuring timely disposal of cases.
2. The importance of counselling children categorised as CCL and exploring options such as community service wherever possible.
3. The role of local stakeholders, particularly Child Protection Committees (CPCs) in the early identification of children who are in need must be accorded greater attention too.
4. Also, the need for police personnel to be sure and prudent in applying sections of laws has been felt and
5. The need for actors in the JJ system to be child-sensitive and friendly as well as utilise the provisions that help translate these into practice.

A 15-year-old boy and student of class XI found himself in a police station. His close friend, a student of class IX, had called an acquaintance on phone and tried to extort money. The person lodged a complaint.

The number was traced and led the police to the two boys. The two friends were produced before the JJB. They eventually got bail after 19 days in an observation home.

The project team members spoke to the two boys in the CCI. They learnt that the younger boy had thought of this as a 'fun' thing to do, without being aware of the implications. The older boy was present when this happened. The older boy's family had considered the younger boy a bad influence. Now, they felt that this friendship had ruined their son's life. The older boy shared that he was unsure about continuing schooling or his future. He was apprehensive about how others, including peers in school would react.

His parents felt that he had been marked for life – that he would have a 'police record'.

They wanted him to now focus on work.

Several stakeholder participants highlighted:

- **The complex vulnerabilities that seemed to push children – particularly boys – out of the local safety net and onto a pathway to crime.**
- **The importance of timely intervention, more so when the first signs of risk and danger – cannot be overemphasised. The child featured in the box alongside did receive bail and was back with his family. However, it was also evident that his life had been disrupted disproportionately to what had happened.**
- **The complex web of factors, including financial deprivation, the lure of easy money and aspirational lifestyles, irregularity in school/school dropout and substance misuse, seemed to combine with specific locational factors.**
- **Children getting sucked into the dangerous world of trafficking – as victims and also carriers (fake currency, arms) as well as engaging in the illegal movement of cattle across borders.**

OPERATIONALISING DIVERSION IS AN URGENT IMPERATIVE

There are miles to achieve, and these children in conflict with the law cannot be ruled out when we are discussing Gatekeeping, Reducing Adverse Impacts of Institutionalisation and Unnecessary entry in the Juvenile Justice System

Quoting Professor Ved Kumari, Faculty of Law, Delhi University, "*In case of children, the irony of deprivation of liberty lies in the fact that it is about ... Preparing for freedom by taking away their freedom, Preparing for responsibility by giving them no responsibilities, Preparing for reintegration in society by cutting them off from society!*" Keeping her

Learnings and experience shared by our fellow members

intriguing words in mind, the need is to develop an approach to promote diversion from a child rights-based perspective, taking into consideration state-specific contexts, with a vibrant road map focusing on the need to reduce over-reliance on institutional care, develop an intervention to prevent children and adolescents from getting into the path of crimes and also prevent separation of children from family-based care mechanism. A deeper and consistent dialogue on diversion including available options and emerging examples within the state or elsewhere is needed.

END NOTES

¹. *International Colloquium on Juvenile Justice -A Report, December 2013, HAQ: Centre for Child Rights*. Available at: [http://haqcrc.org/new-at-haq/international-colloquium-juvenile-justice-report-2/”](http://haqcrc.org/new-at-haq/international-colloquium-juvenile-justice-report-2/).

EVENTS AND ANNOUNCEMENTS

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

NIMHANS four part webinar series on children in the COVID-19 crisis | NIMHANS |

NIMHANS-SAMVAD (Support, Advocacy & Mental health interventions for children in Vulnerable circumstances And Distress) is organising a four part series for capacity building targeting child protection functionaries in English (between 15th -22nd May) and Hindi (25th-31st May). This 4-part Special Series "Children in COVID Crisis...Like We Never Expected It to Be: The What and How of Working with Child Protection and Psychosocial Issues" will address the new imperatives of child protection and psychosocial issues emerging in the second, more severe wave of the COVID 19 pandemic.

The webinars aims to equip caregivers and service providers such as teachers, institution staff, protection functionaries, mental health professionals and others with requisite skills and methods as they strive to support children during these difficult and uncertain times. Building on systematic ways to address child protection risks, the series moves on to provide ways to respond to children's illness, worries and anxieties; finally, given the new challenges of illness and loss of loved ones, that children have to contend with, the later parts of the series provide caregivers and service providers with concrete methods to break the bad news to children and help them process experiences of loss and grief, thereafter.

Registration link:
<https://samvad.nimhanschildprotect.in/COVIDSeries>



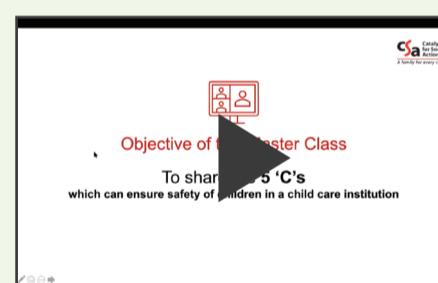
Masterclass | Best practices for safety of children in a child care institution | Catalysts for Social Action

Date: 15th March, 2021

This Master Class discusses 5Cs of child safety in a CCI. The 5Cs are practices which a CCI can follow to ensure safety of children. These are

1. Child Protection Policy (CPP)
2. Children's committee
3. Complaint / Suggestion box
4. Code of conduct
5. Child-friendly environment

Each of these practices have been explained in simple language, linking them with relevant provisions of the JJ Act and Model Rules.



Webinar | Institutional care for vulnerable children - The law, present scenario, and way ahead | Catalysts for Social Action

Date: 23rd March, 2021

The objective of this webinar was to launch CSA's white paper – "Institutional Care for Vulnerable Children - The Law, Present Scenario, and Way Ahead", and to discuss challenges faced by CCIs in their work and how they can be supported in providing quality care.

Topics of discussion included the existing scenario of care and protection of vulnerable children in India with a special

focus on institutional care. The panelists discussed challenges faced by child care institutions and shared functional models, tools and recommendations towards improving quality of care to uphold the 'best interests' of children in need of care and protection.



The white paper - "Institutional Care for Vulnerable Children - The Law, Present Scenario, and Way Ahead" is presently open for feedback and endorsement from organizations. It can be downloaded here: [Full paper](#) | [Executive Summary](#). You can write to Satyajeet Mazumdar, Head - Advocacy, CSA (Email: satyajeet.mazumdar@csa.org.in) if you wish to endorse the paper.

It consists of 10 performance parameters having 100 criteria. Thus, the SafCa app captures information of each CCI, against 100 carefully formulated criteria in order to assess the Safety and Care Standards across CCIs.

The data collected through the SafCa app is automatically generated into detailed, interactive, analytic dashboards that can effectively inform interventions in the CCIs. These dashboards are extremely easy to navigate and help one identify strengths and areas in need of improvement at a glance. This carefully designed interactive analytics dashboard allows us to do away with paper reports and instead provides us with a regularly updated digital systematic analysis of the standards of care and safety prevalent in CCIs.

TQIC plans to reach out to more states in the near future with the objective to partner with the state for integration SafCa in the state's CCI monitoring and evaluation system.

Together for quality institutional care – TQIC

Aangan, Catalysts for Social Action and Pratham, three non-profits with extensive experience of working with Child Care Institutions (CCIs) have come together to form 'Together for Quality Institutional Care' (TQIC), an alliance with a shared vision of improving the standards of care in CCIs through regular monitoring and comprehensive interventions and solutions. TQIC plans to work with governments and departments to provide holistic solutions to improve the overall quality of care and well-being in CCIs across India. The alliance was launched on 9th February, 2021 through a webinar in which Justice Madan Lokur delivered the keynote address and panelists discussed the need for improving quality of institutional care in India.



At present, TQIC is piloting its CCI evaluation app - SafCa - in few CCIs in the states of Odisha, Nagaland and Punjab. SafCa is an easy to use mobile application that is directly developed from the latest iteration of a CCI monitoring tool that was co-developed by Aangan and UNICEF. Importantly, the tool which migrates to the digital SafCa App is modelled on the basis of the Juvenile Justice Act, 2015 and Model Rules, 2016.