Hello,

Dear Colleagues,

As we bring the second edition of IACN Quarterly to you, we are happy to share that IACN website is now live - iacn.in. This is just a beginning, and we hope that together we can develop a platform that is truly dynamic and effective. This edition of IACN Quarterly shares resources on aftercare and tools on case management of children placed in child care institutions. Furthermore, it covers reflective write-ups and case studies on care work in India. Also, look out for the interviews with care leavers where they get candid about their journey in care. We are thankful to everyone who has contributed to bringing this edition of the IACN Quarterly to you.

If you have feedback for us on our website, want to share resources or information for the website, or would like to discuss any issues of mutual concern, please reach out to us on iacnsecretariat@gmail.com. We look forward to your continued support.

Best Regards
IACN Secretariat

UNICEF/UNI333428/Bhardwaj

Reflections

Contributed by our members

- Ian Anand Forber-Pratt | **CERI**
- Dr. Kiran Modi | **Udayan Care**
- Prerna Barua and Nikita Kataria | **Counsel to Secure Justice**

First Person

Journey through care - Interview with care leavers

- **Shweta's journey**
- **Priyanka's journey**
- **Michael's journey**

  Wishing them a great future

Knowledge resource updates

UNICEF/UN062031/Vishwananthan

Empowering Youth Leaving Care at 18

https://bit.ly/35fIMXc

UNICEF/UN0122039/Ashutosh Sharma

Individual Care Plan (Form 7) Juvenile Justice Act 2015 with Addendum

https://bit.ly/37og60I

UNICEF/UN061998/Vishwananthan

Social Investigation Report (Form 22) Justice Act 2015 with Addendum

https://bit.ly/3dKWhIt

UNICEF/UN061996/Vishwananthan

Aftercare Strategic Overview 2020-21

https://bit.ly/3khL8Lc

For every child, a family.

Resources

Some key additions to our fast growing resource database

Empowering Youth Leaving Care at 18

By Catalyst for Social Action

> Empowering Youth Leaving Care at 18
>
> **https://bit.ly/35flMXc**

This paper describes a potentially scalable approach to the issue of reintegrating children who have grown up in institutional care into mainstream society when they leave care on turning 18 years. It shares the experience of Catalysts for Social Action (CSA), and A Future for Every Child (AFEC) in implementing the 'Bridge to Adulthood (B2A)' program. The program seeks to prepare effectively and equip children in institutional care and CLs with the knowledge and skills necessary to lead a respectable life outside care, and also helps them identify and be trained for a career they wish to pursue. The program has supported 327 Care Leavers (CLs) from June 2016-December 2019.

The B2A program addresses gaps in the present system of rehabilitation and reintegration of children in institutional care by:

- Preparing children for life outside institutional care through age-appropriate life skills training to develop self-awareness and confidence, and also become familiar with necessary concepts and tools for an independent life;

- Supporting young adults for higher education and vocational training by helping them develop a career plan based on their interest and aptitude, and gain vocational skills or pursue higher education to become economically self-sufficient;

- Providing mentoring support for two years after job placement to ensure that they are firmly on the path to self-sufficiency, through Program Officers who keep in touch with the CL, to know about their whereabouts and support them where necessary.

UNICEF/UN061998/Vishwananthan

The paper goes on to give an account of the strategies and outcomes of the implementation of the program in the states of Maharashtra, Madhya Pradesh, Odisha and Goa between June 2016 and December 2019. It presents data of 327 CLs across the four states, describing their demographic characteristics, career choices, job placement statistics, and earning potential. In its conclusion, the paper analyses the program to scale to a large number of CLs, and lists areas of improvement and future work.

Individual Care Plan (Form 7) and Social Investigation Report (Form 22) Juvenile Justice Act 2015 with Addendum

By Miracle Foundation India

> Individual Care Plan (Form 7) Juvenile Justice Act 2015 with Addendum
>
> **https://bit.ly/37og60I**
>
> Social Investigation Report (Form 22) Juvenile Justice Act 2015 with Addendum
>
> **https://bit.ly/3dKWhIt**

Every child is unique and has a unique set of needs. Individual care plan (ICP) is required for understanding and assessing the progress of the education, vocational training, physical and mental health needs of a child while in the care system. It was realised that in the absence of any guidelines related to areas of concerns and proposed interventions, most of the domains remained either empty or checked as not applicable in the ICP form.

The purpose of the Social Investigation Report (SIR) is to assess the child and family situation to determine if reunification or alternate family placements are feasible. The questions, as mentioned in the SIR needed to be categorised under the well-being domains of the child and family along with some additional points.

The additions provide a holistic view of the child's background and help in effective planning and decision regarding placement and well-being of the child. Therefore Miracle has made necessary additions (in red) in the ICP and SIR forms without deleting any point from the existing ICP and SIR forms in Juvenile Justice (Care and Protection) Act 2015. These guidelines will be particularly useful to the Social Worker / Probation Officer who prepare plans and to the District Child Protection Units (DCPU) which monitor them.

Both tools have been widely used by the Social workers in Miracle mentored Child Care Institutions (CCI) since 2018, and they found a transformational difference in the child and family assessment with a crisp and clear intervention plan. It helped them in making a decision about the child through the case management process in consultation with the child and family members.

Under a joint partnership with the State Departments, UNICEF and Miracle Foundation India, the use of ICP and SIR with the addendum has been started by some DCPU officials in Gujarat, Jharkhand, Bihar and Maharashtra. Most of the participants have shared feedback with Miracle team that they practically found the ICP and SIR addendums useful reference to support them in conducting and authentically filling up the ICP and SIR form for children.

Udayan Care referred to the Miracle Foundation India addendum to the ICP form for preparing Individual Care plan (ICP) guidelines for children in the age group of 15 to 18 years for their After Care Model Program in Bihar.

Transforming Outcomes For Children

By Make A Difference ▼

Aftercare Strategic Overview 2020-21
https://bit.ly/3khL8Lc

Make A Difference (MAD) is a volunteer-driven, non-profit organisation working to ensure better outcomes for vulnerable children in child care institutions across India with a vision that even the most vulnerable children in child care institutions can realise long-term outcomes equitable with the middle class. Make A Difference also aim to build solutions that can translate out of the child care institution environment, and influence stakeholders, to reduce the need for entry into care as well as ensure a more systematic transition out of poverty for children in these demographics.

UNICEF/UN0122039/Ashutosh Sharma

After successfully working with children in child care institutions over the years, Make A Difference started tracking the outcomes of care leavers beyond child care institutions, Make A Difference conducted multiple research to identify some critical drivers that act as a potential barrier for care leavers to achieve outcomes equitable with the middle class.

Based on the data from the research and the need analysis, Make A Difference initiated Aftercare intervention in 2014 intending to build a long term holistic intervention extending until the age of 28 depending on the support required for the care leaver.

Make A Difference believe stability across four broad areas together would provide the necessary foundations required for the care leavers to achieve and sustain middle-class outcomes.

These areas include personal, financial, living and family conditions of the care leavers.

Aftercare programme at Make A Difference is designed around four broader strategies and aftercare theories of change to help achieve outcomes, equitable to the middle class for the care leaver. These strategies and theories can be broadly classified into

Providing customised support

Providing and enabling skill development

Providing and promoting network building

Creating awareness and knowledge

Make A Difference has identified some key trajectory points or events that affect an individual's ability to continue or to progress towards a healthy and stable middle-class life. Factoring in the strategies and the aftercare theories of change, Make A Difference has developed an age transitional model for the aftercare demography which is built along three stages or bands of aftercare intervention. These bands are primarily based on the age group of the care leaver, and the support required so as to prioritise interventions better depending on what the care leaver needs at any given age.

The primary delivery model for aftercare interventions at Make A Difference is through self-support groups, this model is targeted to build long term self-sustainable communities of care leavers in the cities that aftercare programme is currently operating in.

Reflections

Learnings and experience shared by our fellow members

A chasm is coming: A perspective on India's progress made in the child protection system reform

By Ian Anand Forber-Pratt, CERI

Although concepts like foster care, kinship care (partly provided for under the sponsorship provision in Indian law), and other forms of non-institutional alternative care (NIAC) have existed in Indian law for decades, and the cultural practice for centuries, the concepts have been slow to diffuse into the society. To date, the predominant form of care and protection in India is institutionalisation. But things are changing. This perspective piece looks at the changes happening in India's child protection system and positions those changes according to the science of diffusion of innovation theory.

> **Science shows precisely where we are and where we are going.**

This paper hypothesises that the care reform process in India has recently transitioned from the innovation stage to the early adoption stage, as outlined in the diffusion of innovation theory. I would like to ask the reader to look at two concepts simultaneously – reform of the child welfare system in India and the diffusion of innovation theory. So that we are on the same page, I have outlined both concepts before we go any further.

CHILD WELFARE SYSTEM REFORM *(CARE REFORM)*

Efforts to protect children "by keeping families together, by strengthening families and building up family support services in communities, putting in place alternative family-based care, and progressively replacing institutional care with quality alternatives in a safe and structure."[1]

This paper uses deinstitutionalisation and care reform interchangeably. While deinstitutionalisation is a type of reform, not all reform is deinstitutionalisation. Reforming a system is about changing it for the better, and it just happens that now, during 2020, the reform happening is deinstitutionalisation.
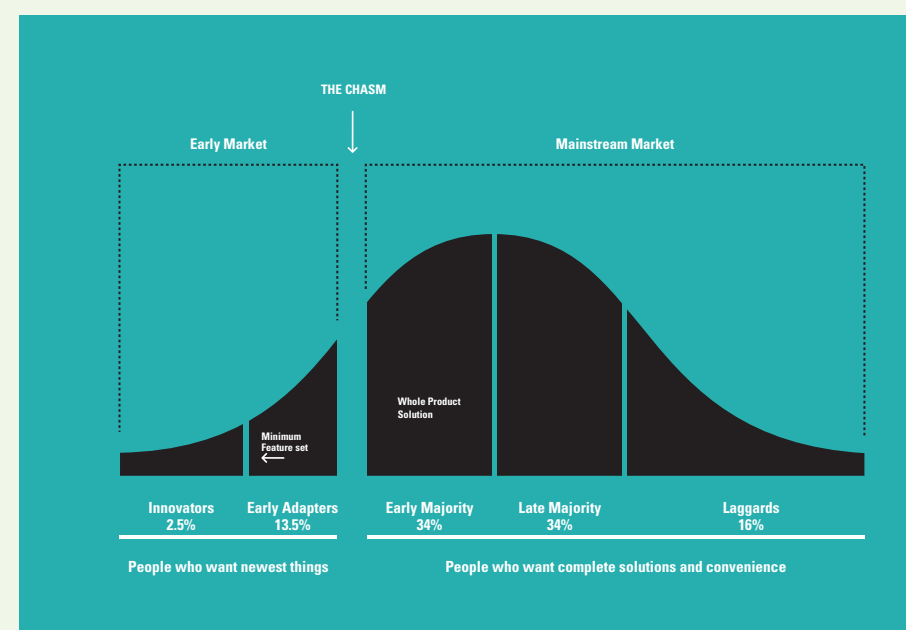
Deinstitutionalisation should include an entire range of family-based care services and emergency crisis interventions that mimic a family setting. It should be human-centred and strengths-based and designed to be nimble in placing the United Nation's Convention on the Rights of Child's directive first – a child does best with their culture and family of origin whenever safe and appropriate. The system must consider, in every decision, the concepts of necessity and suitability as found in the UNGACC.

Please note, I do not believe that deinstitutionalisation should be rapid or signify a 100% closing of all residential options. But that debate is for another time.

DIFFUSION OF INNOVATION THEORY

A scientific theory that is backed up by a multitude of conceptual and empirical studies across a wide range of cultural settings and applications. The theory gives a roadmap to how and why new ideas spread. Authored by developed by E.M. Rogers in 1962, the model initially looked at how new technological innovations could diffuse (or spread) into a society. Rogers explained that human beings fall into different categories of willingness to take up a new idea. These categories of 'adopters' include innovators, early adopters, early majority, late majority and laggards. The willingness depends on many factors, including their decision to adopt (or reject) the innovation, initial use of the innovation to test it, and their sustained use of said innovation. In 1991, Geoffrey A Moore deepened the field's understanding of a 'chasm' that happens during Diffusion of Innovation theory. In essence, he explained how to push through an enviable 'stall' in innovation after the early adopters and before the early majority take up an innovation. Then in 2009, James Dearing applied diffusion of innovation theory to intervention development in social work and unveiled the foundational concepts for this discussion paper[2].

Smith, Matt S. (2018) Models for Predicting the Future: Geoffrey Moore's "Crossing the Chasm"
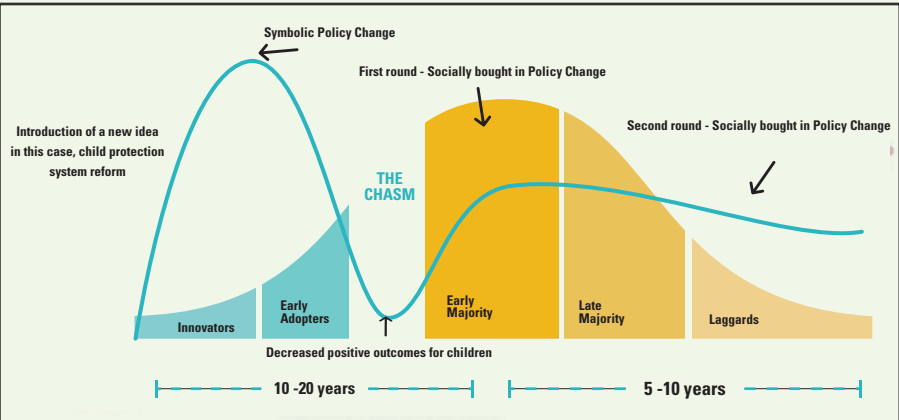
HERE IS THE CONTEXT

Documented attempts by child protection thought leaders to implement NIAC can be traced back to the 1970s[3]. With the revision of the Indian Juvenile Justice Act in 2009 combined with international pressure from the UN Guidelines for the Alternative Care of Children (UNGACC), 2009 and the introduction of India's Integrated Child Protection Scheme (ICPS), 2014, the conversation finally took root for NIAC.[4] Child welfare leaders have tried to start this process for decades, but India was not ready. From 2014 to 2018 the concept of NIAC gained momentum until a landmark writ petition by the Supreme Court of India[5] and a series of Central Government guidelines in 2018-2019 pushed the conversations into action.

WHERE WE ARE TODAY

This chart can be used as a map. India has passed the innovator stage and is somewhere amid the early adopters' stage of deinstitutionalisation. The blue line is overlaid to reflect the policy changes that are happening in India concerning child welfare reform. New iterations of the Juvenile Justice Act, Integrated Child Protection Scheme and guidelines at national and federal levels are needed steps but will not take seed without widespread buy-in. After this widespread buy-in, the policies will then need to be reformed using all the lessons learned.

Created by Ian Forber-Pratt (2018) and published as a Facebook note entitled, Increased risks for children - if we know what is about to happen, we can try to manage it.

Dearing postulates that the diffusion of an innovation is based on a mathematically consistent sigmoid pattern (S curve). This S curve is how the people doing the new "thing", whatever it may be, perceive themselves and others. By looking for where we are on this S curve, India's child protection field could begin each conversation about care reform with a check-in about where the country, the state, a district or within an organisation are on this S Curve and then make plans accordingly. Until the chasm is behind us, all this work towards family-based care could be for nought.

In regard to deinstitutionalisation and care reform, the chasm manifests itself in many ways. For example, the recent NCPCR (National Commission for Protection of Child Rights) decree to close Child Care Institutions is an example. Although the idea for reform is in line with international and national guidelines, the haste of the process and the field's immediate reaction are typical things that happen during 'the chasm' depicted in the preceding graphs. In essence, innovators and early adopters put into motion the idea of family-first for every child. Then decisions (such as get all children out of CCIs within 100 days)

get made in the field without the majority of people on-the-ground having the capacity to carry them out. In this example, it is the local District Child Protection Units (DCPUs), and Child Welfare Committee (CWCs) who may have a genuine heart for children but not the experience to assess, case manage and protect children within communities and families. One pivotal question that we are not asking is, is the family ready, or are the families ready? Skills such as how to properly use the Individual Care Plan (ICP) and Social Investigation Report (SIR) are imperative. Sadly, adverse effects occur (such as children forced into child labour, child marriage and trafficking when returned to an unprepared family). Those adverse effects could either halt the entire process or be framed contextually, learned from, and fuel a push through the chasm into widespread and sustainable change done through evidence, research, practice and strategy.

I will share more about the characteristics of the various groups mentioned.

INNOVATORS Risk-takers, usually have higher social capital and are financially sound. For the past three decades, the push for deinstitutionalisation in India has been led by child welfare consultants, nonprofit heads and academics; dedicated people with big hearts.

EARLY ADOPTERS Those who are opinion or thought leaders; anyone from open-minded community leaders to public figures and government officials. In the past decade, the original group of innovators have joined forces with prominent organisations like UNICEF, Save the Children and in turn, the Indian government to push forward with deinstitutionalisation policy and pilots throughout the country.

THE EARLY MAJORITY Those who make up the majority of the middle class with a varying level of social status but who are not the out-front thought leaders. This group of people are numbered in the billions. They will need a lot of persuading, usually by seeing or knowing someone who has been positively affected by family-based care. Before they are engaged with deinstitutionalisation, however, the concept will have to push through a chasm.

So, what does this mean for us, the community of child and family advocates in India?

Take away 1 *A multi-sector coordination of services is imperative to push through an upcoming 'chasm.'*

Although based on technology and a business model, Geoffrey Moore's book, Crossing the Chasm is a perfect footing for takeaway 1. He argues that the early adopters and early majority have very different expectations and argues that one must:

> Properly plan and program for a changing target market (mainstream and somewhat resistant child welfare workers as opposed to innovative heads of organisations and internationally connected NGO workers);

▋ Understand the whole product concept (repackaging foster care or kinship care (falling under part of the provision for sponsorship in Indian law) or aftercare as part of the continuum of care and an entire system reform);

▋ Position the concepts (allowing everyone from a front-line worker to a top-level administrator to see the successes and challenges of deinstitutionalisation work thus far in an understanding, concise, evidence-based way);

▋ Build a marketing strategy (paving the way for and strategically increasing the buy-in of the masses to deinstitutionalisation);

▋ Choose the most appropriate distribution channel and pricing (funding, building capacity and

▋ Evaluate deinstitutionalisation practices sustainability through government channels (e.g. upcoming ICPS revision, "NIPCCD"- National Institute of Public Cooperation and Child Development required training, MWCD disseminated reports and publications turned into required training) and backup up through civil society partnerships).

In our current trajectory, these innovators and early adopters do not have an adequate number of people exposed to the concepts of NIAC to pass through the chasm to the early majority phase. These steps can help governments, large NGOs, small NGOs, and individuals plan to approach and traverse the chasm. How can you be a part of this movement?

Take away 2   *Knowing what is coming next will allow a fighting chance at harmonisation of policy and practice.*

Currently, the Foster Care Guidelines, draft Sponsorship Guidelines and draft Aftercare Guidelines at the Central Level (MWCD) are the driving factors of De-I. However, due to the intense decentralisation of state governments, the national guidelines only provide a modicum of oomph. The states have begun to take up guidelines (not yet rules) at their levels and have started to roll out pilot projects that are often hastily done without buy-in from those tasked to accomplish the goals. For example, a state may say "have 100 foster homes per district by the end of 2020". This will become a mandate to district level workers who do not understand nor believe in the concept of foster care. Children will then be placed without the proper vetting of foster parents or preparation, families will be ill-prepared to care for children, and monitoring and evaluation will be minimal at best. These truths will keep India in the early adopters or chasm stages for much longer without being addressed in the gap between policy and practice.[6,7]

Take away 3   *Patterns and lessons learned from deinstitutionalisation other countries must be infused into the decision making, policy making and policy-to-practice budgeting needed to move deinstitutionalisation through the 'chasm' and into the early majority stage.*

Over the past ten years, several staged De-I models have been released.[8] These are sound but based on usually country-level or regional level experience. However, globally,

De-I in Africa, Latin America, South America, Eastern Europe and Asia is beginning to be researched, most noteworthy by the Lancet Commission reports on institutionalisation and deinstitutionalisation globally. The information these reports and others share talk about the steps of De-I and outline the steps/ factors needed for De-I and care reform to occur. However, I urge anyone working in the child welfare field to use the mind-set change lens (diffusion of innovation theory) for every meeting, every decision and every coordination of work in this field. This lens can be our lightning rod, and then all the lessons learned in De-I can be overlaid.

WHERE DO WE GO FROM HERE?

This article, I hope, can serve as a call to action. In India, national networks have formed around Alternative Care, news articles are increasing, government policies are in draft form, the Supreme Court is ruling on the concept more often, and states are beginning to hire officials specifically to focus on innovation surrounding NIAC.

At the beginning of each conversation about deinstitutionalisation, if this chart was the basis for discussion, it could allow the thought leaders the opportunity to plan for the chasm and to engage the early majority more intentionally. Here are some first steps that the innovators and early adopters can do to have proof to show to the early majority:

▋ Pilot projects of NIAC need to be evaluated, monitored and combined with integrity;

▋ Funding streams need to be continued, increased and evaluated for NIAC work;

▋ Though leaders need to train and expand their replacements;

▋ The capacity of front-line and administrative government and civil society workers needs to increase; and

▋ Buy-in, mind-set change and social science concepts need to be present in any training, at any level, every time.

CONCLUSION

India is rapidly changing. This is positive; however, science proves that human beings and long seeded practices are often resistant to change. The road map in this article gives a method and process to approaching change so that India can reach the ideals laid out in the Juvenile Justice Act and other supporting documents; that families are empowered to care for their children and that each decision for each child is made on a case-by-case basis with the best interest of the child always as the foundation.

A raw and real comment-and-answer reflection of this article.

Dear friends,
Before sending the article for publication, a colleague responded to the article with the following comment:

"I like how you have identified the State (NCPCR) as innovators and early adopters - such a positive word. It took me time to come around that, and see the responsibility of the State actors in care reform differently."

"I want to include my response as a 'case study'. I believe in being vulnerable ourselves; we continue to gain the tools that enable us to serve others truly."

"I agree entirely. The 'State/ Government can definitely be innovators and early adopters. However, just like each and every reader here, our innovation can be damaging if not managed correctly. I am a perfect case example of this fact."

When I first reached India in 2011, I was the foster-care-only person. There was so much I needed to learn, and it took the walls crashing down around me to figure it out. Let me explain.

I was an innovator, joining hands with and learning from other innovators. Many of these innovators had been at this work for decades. During the first four years in India, I was lucky enough to raise the level of discussion and even legislation around the idea of foster care through fierce advocacy and a lot of human-will and time. But four years into my time in India, the walls came crashing down around me as I overlaid knowledge of human behaviour and implementation science to the change I was a part of catalysing. I did not plan for the chasm or how to get it through it. So I pushed through with advocacy without knowing the harm that was coming, similar to the recent NCPCR order that pushed for children in child care institutions to be returned home. My work came from a place of good intention; it was just incomplete and did not consider the full implications of the Diffusion of Innovation Theory. So, here is what happened.

When we passed central foster care guidelines in 2014 and re-released in 2015, some states then took the momentum up and began to put pressure on districts. The majority of the States were well-intentioned. The idea was to connect children with families. However, we did it without understanding the complete picture. What resulted was that district-level Child Welfare Committees, District Child Protection Units, police, health workers and civil society organisations did not have

1. The buy-in
2. Understanding of alternative care *(Especially of foster care)*
3. The tools
4. Access to training and were
5. Living with innovation fatigue *(People who get asked continuously to do new things without knowing why and with the possibility of the new thing just disappearing one day)*

This was not their fault; it was ours in not taking the strategic steps to empower them with points 1-5. We had not taken time to introduce the idea and the reasons for the concept properly. We learned that an upfront ethnographic assessment could have allowed us to understand these challenges from an inside perspective from the beginning. Perhaps, enabling us to properly navigate the space more effectively in partnership with the community much earlier. Again, and I cannot say this enough, we were trying our best. Just like when you work with your 10-year-old child of a math problem and think, I need to learn more to help them. We all need to continue to learn together, collaborate without ego and to put families and children first. But I digress… back to the story.

WHAT HAPPENED? Then some CWCs started simply finding families, 'converting them' to foster families and placing children. Their goal? To appear as if they were proud early adopters.

THE LESSON HERE? All of us, government and civil society were forward-thinking and proactive but without the full strategy and approach. Had we trained ground officials/workers about the concept of foster care, examined it correctly with the lens of alternative care at large and considered diffusion of innovation theory; we would have done things differently, or at least I would have.

What would I have done?

I would have engaged my colleagues about where they truly stand. Many CCI directors and others are deeply invested in institutionalisation. Let us be honest; they are not a part of this dialogue yet, and in many cases, will work to block it. But should we leave them out of this conversation? No way. They should carefully be engaged in dialogue about proven examples in comparable conditions where CCIs evolved into family-based care providers and were able to 1. Keep the doors open, 2. Serve more children, and 3. Help their donors and supporters be part of truly fighting for children and family's "best interests".

I would have written articles like this, encouraged others to write articles like this and, turned these articles into on-the-ground-trainings.

I would have brought continuously together thought leaders of both government and civil society in efficiently facilitated meetings to plan, monitor and re-plan strategies for care form. All of these meetings would include conversations about the diffusion of innovation theory as well as the continuum of care.

The above three points are just the 10,000-foot view of what I would have done. I am sure I would have made mistakes, learned and continued to work with the brilliant people in India and globally.

SO WHAT NOW?   I have now re-branded my philosophies and approaches as the care-reform person. I am dedicated to joining hands with others to base the principles of the UNCRC and Indian law in a way that serves each child and family in a way that sees them and makes them feel able, safe, empowered and ready.

If you are reading this, and want to reach out to me with a comment or exchange notes and ideas, my inbox is open for you. *Please write to me at ian.forberpratt@CERIkids.org*

NOTES

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Rani's reunion with her family after a year: A case study of successful interstate coordination in COVID-19 times

INTRODUCTION

COVID-19 is a pandemic and has caused a lot of uncertainty, havoc and stress. Yet, this crisis has opened up many serious debates that remained ignored and unaddressed so far. While it has, on the one hand, increased the vulnerabilities of the marginalised, on the other hand, it has provided an opportunity to the social development sector, experts and service providers who work for vulnerable children and communities, to rethink, repurpose and redesign their approach towards a more rights-based approach for them. It certainly has allowed all of us more time to reflect, realign and come together across platforms to discuss, dialogue and learn at a global level. The virtual world removed all boundaries to bring communities together and led to duty bearers to take note and act on their responsibilities.

In India, stakeholders took cognisance of a lot of child rights issues. The debate on children without parental care and living in alternative care settings received a lot more attention. COVID-19 and the need for social distancing highlighted the overcrowding situation in the Child Care Institutions (CCIs), where there were at times, many more children than their sanctioned capacity under the law. This issue in regular times was often brushed under the carpet without much thinking by arguing about the needs of such children, and non-availability of other means, by both the Child Welfare Committees (CWCs) and CCIs. The right of the child to receive proper and adequate care with individual attention was hardly a point considered important by those taking decision for such children. But the need for social distancing during COVID-19 raised this concern to the extent that there were quick decisions taken and directives were passed by the monitoring bodies asking institutions to send children back to their families.[2] The National Commission for Protection of Child Rights (NCPCR), in its directive dated 26.09.2020, has asked eight states in the country to expedite the process of restoration within 100 days. The entire country is debating on the nature of the directives, which has given such a short time to these state governments to send children back to their families. Before this, directions have also been issued by the Apex court of India In 're Contagion of COVID-19 Virus in Children Protection Homes, Suo Motu Writ Petition (Civil) No.4 of 2020'.

EFFORTS IN THE RIGHT DIRECTION

In the midst of all this, a restoration that was carried out without any government direction and only in the best interest of the child is one that brings real hope. Rani was seven years old when she was brought to the Udayan Care Girls home in Gurgaon in early 2019. She was found alone on the streets of a Gurgaon village by a good samaritan, who reported the matter to the police, and the CWC sent her to the girls' home in Gurgaon that is managed by Udayan Care in July 2019. Efforts made to trace her family went futile as the child did not recollect specific details of her parents or her native place.

Rani's reunion with her family after a year: Successful interstate coordination in COVID-19 times

By Dr. Kiran Modi, Udayan Care

Soon Rani settled well with the other children, but during her counselling sessions, she kept talking about her family and sharing that there were many labourers in her village. The social worker and the counsellors made extra efforts by showing her the entire map of Gurgaon as well as Bihar, from where it seemed she originally belonged to. The social workers made it a point to bring up stories from Bihar when interacting with Rani in the hope that she would be able to give some definite hints. Even as this effort continued to find more about her birth family, Rani started with home tuitions with the support of Udayan Care's carer team of the social worker, mentors and counsellors. Soon she was admitted in a Gurukool School, an NGO based school in Gurgaon and then based on her good progress she got admitted to a private school, SRF Vidyalaya for her further studies. The social workers also got her process completed where Rani was declared legally free for adoption.

REVELATION DURING THE COUNSELLING SESSION

One day, while preparing her for the adoption process, the counsellor made extra efforts and perhaps last attempt to find more details about her birth family. A detailed map of Bihar was shown to Rani, and the names of the districts were called out loud to check if she could recollect anything familiar to her. Rani was able to catch the word 'Khagaria', which is a district in Bihar. The counsellor noted this and shared it with the social worker, who further showed the map and list of villages in this district to Rani. This prompted the child to identify her village as 'JalKhura'. The Gurgaon CWC was approached with a request to order a social investigation report (SIR) who in turn promptly decided to contact the CWC at Khagaria. Through the CWC Khagaria district, efforts were made to contact the DCPU in the district. The DCPU team upon visiting the village confirmed that the child and her family had migrated to Gurgaon and were currently living there. The DCPO was able to take the mobile number of the child's father from other villagers and shared it with CWC Gurgaon. This inter-state coordination was made possible in a time-bound manner because of Udayan Care's current project in Bihar, with support from UNICEF Bihar and the Government of Bihar. Recently, a mapping exercise was undertaken by the organisation with support from the Bihar State Child Protection Society and UNICEF Bihar to list out all children, residing in the state between 15 years. This correspondence with the district CWC in Khagaria had already struck a familiar chord, and they willingly cooperated with us.

A HAPPY REUNION AFTER A YEAR

Soon the family was traced in Islampur, Gurgaon by Udayan Care social workers and the family immediately rushed to see their child. They revealed that they had lost their minor daughter in a market place and made all efforts to search for her at their level but had not lodged any formal complaint as they had little hope that the system would listen to a migrant labourer. The mother, upon seeing the child burst into tears and shared that she prayed every day that her child would come back to her and had never given up her hope. All she had to say was that *"hope is all poor people have"*, and that she was delighted that God had heard her and she could see her daughter after a year. The family was going through extreme poverty as the lockdown, and current pandemic had increased their financial issues. The family has three more minor children to look after. Hence, an offer was made to the family to allow the child to continue her studies in the school she was currently admitted to, but the family refused and wanted to take her back immediately. With due orders from the CWC Gurgaon, Rani was reunited with her family on August 31, 2020. Assessing the economic condition of the family, the CWC agreed that Udayan Care, as part of her follow-up plan, would continue to support her educational expenses till Rani gets enrolled in the nearby government school in Islampur.

Rani's case study is one of hope and possibilities that abounds if the counsellor and social workers in children's homes can pay individual attention to each child under their care. It reaffirms the ability of a child to be able to provide constructive inputs if they are guided well. It also establishes the critical importance of inter-state coordination between child protection agencies to work in the best of children. And most importantly, it reflects the willingness of families to take back their children despite economic hardships faced by them. The social worker and the counsellor have ensured continuous follow-ups with the school and family since then.

A RAY OF HOPE

Stories, such as Rani's, show the miracles can happen if a few small steps are taken. The childcare service providers and district functionaries have to pay specific attention to ensure that the precarious situation of children, living in alternative care, is not further compounded by mechanically deciding for their lives. Instead of Band-Aid and knee jerk reactions, let's remember that this is about innocent human lives and every action, taken by adults in the life of a child, influences their adult outcomes and shapes their future. While there is no questioning of the fact that a family is the best place for children to grow in, it is also essential to ensure that the family is safe and capacitated to care and protect their children in their best interest. While economic inability should not be a factor to push children into institutions, family strengthening, that ensures linkages of families to social protection mechanisms, counselling and later monitoring, are factors, successful underlying restoration. Before efforts are made to empty child care institutions in a way that allow the states to further abdicate its responsibilities towards vulnerable families and children, there is a lot of investments that are needed to change the current ground reality. This includes mapping and strengthening of Child Protection Committee (CPC) at the respective village or ward level, missing / trafficked children tracking mechanisms at Panchayat and local police station level, mainstreaming of children in regular school, opportunities to get enrolled in vocational skill courses and required services to address academic, mental and physical well-being of all the children under consideration, with special focus on special needs children. Continuous capacity building, handholding support and monitoring by CPC

members, ground-level functionaries, District Child Protection Unit and Child Welfare Committee (CWC) are required to ensure the best interest of children in a child-friendly environment. Keeping in view the COVID 19 pandemic and Supreme Court direction in this concern, CWCs need to continuously ensure follow-up of all the children, who have been restored from alternative care institutions. The best interest consideration and individual attention to each child is the need of the hour, and there is enough evidence with practitioners that this is currently needed to be strengthened as part of the country's child protection alternative care landscape. There is a lot to be done at the systems level to ensure effective monitoring and continued support post-restoration and to make deinstitutionalisation process that involves adequate preparatory work on the ground such as robust social investigation reports, home visits, trained social workforce, development of effective Individual Care Plans, their implementation and regular monitoring, and making transition planning a good case managed mechanism with post follow up, and family support is integral to the process.

NOTES

1- Name changed to maintain confidentiality

2- https://www.ndtv.com/india-news/national-commission-for-protection-of-child-rights-ncpcr-to-8-states-send-children-in-care-homes-back-to-their-families-2301454#publisher=newsstand

3- Tamil Nadu, Andhra Pradesh, Telangana, Mizoram, Karnataka, Kerala, Maharashtra and Meghalaya

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Restorative Practices as a Paradigm Shift: Conversations with Counsel to Secure Justice   By Prerna Barua and Nikita Kataria

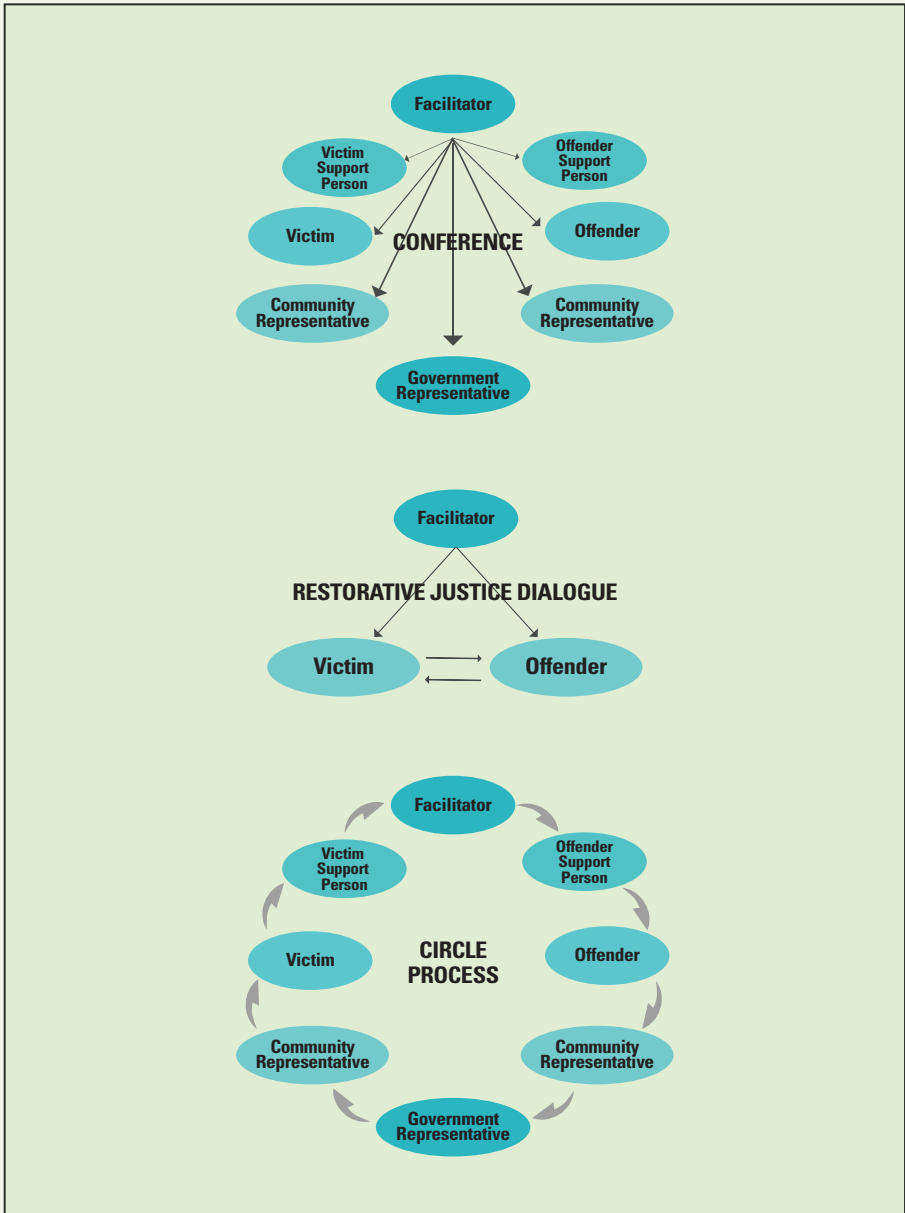# Restorative Practices as a Paradigm Shift: Conversations with Counsel to Secure Justice

By Prerna Barua and Nikita Kataria, Counsel to Secure Justice

On a summer afternoon, the staff members of Counsel to Secure Justice (CSJ)[1] sat together in a virtual space, precipitated by the pandemic. A fascinating conversation ensued, that spanned across from the theoretical to the practical, and from the organisation's work with healing and supporting children who have been sexually harmed, to the importance of systemic change. All staff members[2] described CSJ as an organisation that focuses on strengthening formal and informal child protection mechanisms, as well as care in institutions, using a novel interdisciplinary approach that has restorative practices/justice (RP/RJ) ingrained.

Restorative justice (RJ) has been described as a social movement, a process, as well as a paradigm (Woolford and Nelund, 2009; Pavlich, 2005). It focuses on meeting the needs of those who have been harmed[3], allowing for compassionate accountability and support on the part of those who have harmed and transforming relationships. The present criminal justice system focuses on punishing those who have committed harms - and those who have been harmed have a minimal role to play and often have unmet needs; in contrast, RJ asks - 'Who has been hurt?', 'What do they need?', 'Who needs to meet these obligations?'(Zehr, 2015). RJ processes can look different based on the participants involved and can include conferencing, restorative dialogues, and circle processes, among others. CSJ is currently exploring the scope of restorative justice in India.

Fig 1: Restorative Justice Models[4]

With a unique interdisciplinary approach, and including novel methods such as RJ, CSJ's ideas about justice, systemic change, support for children who caused harms and caring for children who are affected by sexual harms, are explored in this article. The interdisciplinary approach mentioned here stems from conversations with members of the CSJ staff-professionals from various fields including social work, law, restorative practices, and psychology - who have highlighted how insights from their fields guide their practice. A common thread that links them all is a belief and support for a 'restorative mindset'.[5] The format of this article follows a narrative method, wherein understandings and insights are shared through conversations with the CSJ staff members.

RESTORATIVE JUSTICE / PRACTICES AS A PARADIGM SHIFT IN CHILD CARE

CSJ has a strong casework aspect and has been engaged in offering support to families and responding to the needs of the children who have been sexually harmed. CSJ has worked with more than 200 children during criminal proceedings in Delhi trial courts. This also involves navigating the harsh realities of a courtroom, which has often been seen as an institution that is not victim-centric (CSJ, 2018). In their work, especially in engaging with survivors and their families, the casework team recognises that a restorative mindset has changed their views on a system that is impersonal, and may not prioritise relationship-building, connections, and healing. The team describes how their individual experiences engaging with the legal system in India fuelled the need for RP/RJ in their work.

The team firstly notes that the legal system is not always trauma-informed. Shivangini says, *"Having multiple people involved in the legal process (as is often the case in an Indian court) often leads to a child feeling overwhelmed, which may contribute to secondary victimisation[6]; for example, on the day of the child's testimony, s/he meets the vulnerable witness room staff for the first time, and lawyer and public prosecutors are present who are unfamiliar, which can become intimidating."* Arti adds about her previous experience as a lawyer for children who had been sexually harmed. She noticed that the cross-examination was not trauma-informed; survivors had a very ancillary role to play, and the conviction rates are low as well- despite a long and arduous trial process.

Second, the legal system does not centre survivors or their needs. Aishwarya mentions the need for more victim-centric measures: *"the child survivor and their family often want a lot of support and information about the judicial system - they have a hard time understanding and responding to a system that is state-centric and is not accessible. Even understanding aspects such as hearing dates and court appearances might prove to be a challenge for the families."*

Third, the team notes that safety may not always be prioritised in a bureaucratic legal system, wherein protection orders from courts are often delayed, and family members may also try and dissuade the survivors' families from filing court cases,

either through bribery or intimidation. Shivangini says, *"Earlier, I used to think that ensuring the child's safety was the objective behind my interventions but after being introduced to restorative processes, I started focusing more on giving voice to children and providing a safe space for them to share."*

RJ acknowledges that many of these gaps in the legal system correspond with primary needs of survivors, including - acknowledgement, vindication, accountability, support, information and options, education, safety and trauma-informed practices (CSJ,2018). Nimisha adds here that an interdisciplinary approach to addressing child sexual abuse in India was essential. Thus, CSJ looked to RJ to address these gaps in the legal system. Further, Nimisha talks about the need for *"Indian solutions to Indian problems"*, i.e., for a culturally appropriate version of restorative justice to be implemented in India. In regards to this, CSJ conducted a study with National Law University, Delhi called the 'Perspectives of Justice: Child Sexual Abuse in India'(CSJ, 2018), which examines possibilities of RJ in India.

Urvashi engages us with a description of CSJ's restorative practices with children in their pilot project developed after the study. The juvenile justice system offered the possibility of restorative approaches because it already focused on rehabilitation. *"We started off restorative talking circles with children in the observation homes[7] for boys. The population of these homes was transient: the boys would be there for a month or two at most, and we slowly adapted to this by doing weekly circles with them. After this, we expanded the scope of our circles and trained a local pool of people on circle facilitation in Rajasthan as a part of a UNICEF project."[8]*

"Overall", Urvashi continues, *"in addition to talking circles for children, CSJ has three models for the Restorative Justice Pilot project which include reintegration circles for children who are in conflict with the law; restorative justice; and reintegration circles for children who have been harmed, also called victim healing circles, which is a model that we are evolving based on our experience. The first is for children in observation homes. The process of institutionalisation may be traumagenic[9] for children in conflict with the law; further, their primary caregivers may also be unwilling or unable to provide for the needs of children who have caused harm. There is a need for reintegration/re-entry circles and healing for children after being released from institutions.[10] For reintegration circles, the participants include the child who has been in an observation home and their caregivers; for example, we worked with a child named Ishaan[11] and eventually with his parents and sibling who all came together in two circle processes. The child described his experience in the observation home and the impact it has had on him, the impact on the family and their needs, and then we co-created a plan for the future."*

The second model is of restorative justice dialogues. In this process - we work with Juvenile Justice Boards[12] to address harms - and these have been petty offences so far. One child we had worked with had stolen a motorbike and had been caught for the same. Following this, the judge in the case had allowed for a restorative justice dialogue, which Arti and

Deborah facilitated between the child in conflict with the law and the man whose bike he had stolen - it was meaningful and ended with an apology and a plan for the future of the child. The third model is to work with children in need of care and protection, through our healing circles in shelters for children who have been sexually harmed."

The third aspect is that of *victim support circles*, for children in need of care and protection, i.e., children who have been sexually harmed. These circles involve the person harmed and their family or other support persons. The aim of these processes is to help people harmed explore the impact of the incident on them and discuss ways in which they need support. We plan to do circles with children in a shelter home at different stages - transition circles, circles post the rehabilitation from aftercare are some themes we are exploring. During the pandemic, we started doing virtual talking circles with children - weekly circles with residents of shelters; despite the virtual format, we have seen a lot of deep sharing and encouraging responses."

Fig 3: Circle processes with children require many additional tools

How do you feel today?
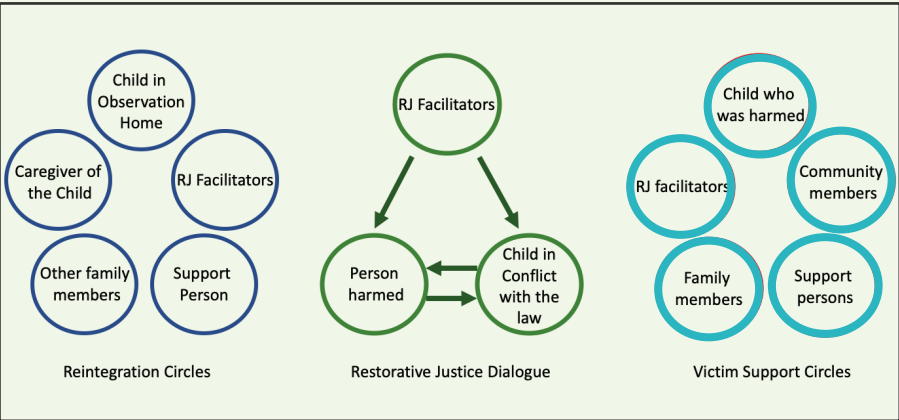

Fig 4: Tools used in Circles with Children

Fig 2: Approximate graphic representations of CSJ's RJ/RP models

Arti went on to explain what such healing circles and restorative spaces might look like, "A circle is a space for talking, wherein participants sit in the shape of a circle and pass a talking-piece. There are various types of circles, and these can all be facilitated during different stages - for instance, some circles may be held prior to a child's appearance before a JJB (talking circles), in observation homes and after release from institutionalisation (reintegration, accountability, follow-up, and support circles), and also for the children who have been harmed (support, healing and talking circles). We have created a child-friendly version of circle processes, starting and ending with some form of activity/physical movement, to generate interest - especially for our work with children in observation homes. These are all optional and voluntary. Then usually the circle keeper usually asks a check-in question to gauge how everyone is doing - and we have used emotion charts for this in the past. Then we go on to some lighter questions such as 'If you were to go on an island, what are some of the things that you would take with you?', which are easier to talk about. After this, we move on to deeper sharing where we talk about emotions, challenges and coping mechanisms, including coping tools into this space."
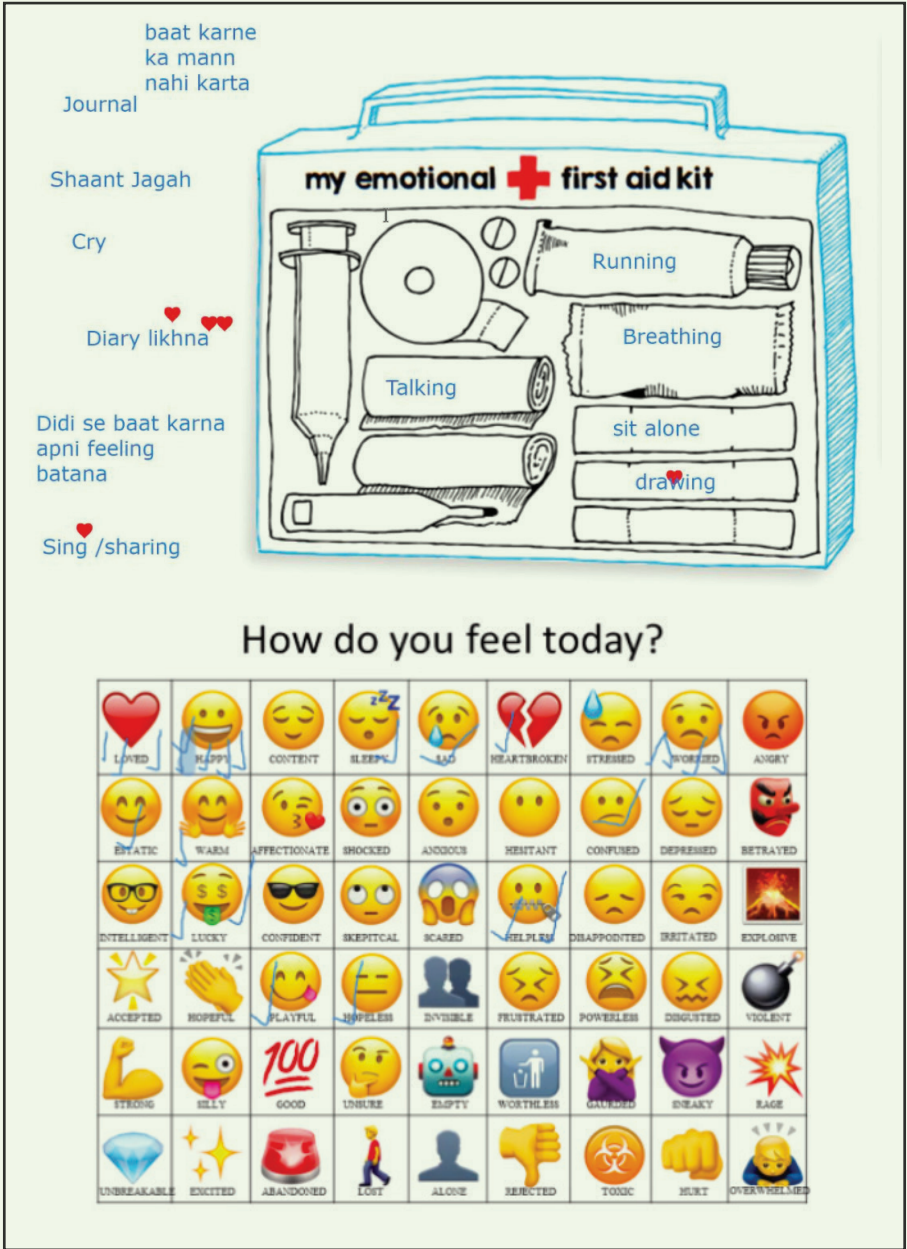
The team also describes the impact of such restorative spaces and talking circles, Arti says, "Circles provide for a safe space for working with children". Nimisha adds to this by saying that circles provide a space to share about their vulnerabilities, especially for younger boys who do not usually have these. Using 'Safety Toolkits' (Stanley and Brown, 2012) to talk about self-harm while working with children, sometimes during circles has also been helpful to reduce the stigma around issues of mental health; for instance, a child felt safe enough to mention that he was having thoughts about self-harm and suicide. "Social-emotional growth is also possible through circles. For example, children are now able to use a greater range of emotional vocabulary, to explain how they are feeling", says Arti. Further, Kshipra loves the flexibility and the intentionality that circles provide, and mentions that

being ones' "authentic self" is very important; "For me, I think there is a lot of autonomy that circles provide for children. For children who have very little power in their general life, it is essential to allow for experiences of choice and control, which circles allow for", she says. Nikita mentions that the agency and need to make choices is reflected in a significant manner in circles and that having a sense of agency contributes to the healing process of children.

Lastly, we talked about the challenges of practising RJ in India, despite its vast benefits. "I think it's just seeing the family struggle. While we generally look at the socio-emotional needs, we also realise that the material needs that these families have are often not met and this is very challenging because this means that a child might come into the system again. Apart from this, the prevalence of interpersonal violence in the family structure creates a cycle of vicious harms that may contribute to the re-institutionalisation of children", says Kshipra. Other challenges include the floating population of many observation homes, which results in difficulty in establishing contact with children, identifying support persons for the children, the willingness of person harmed to come for preparations, in cases of petty offences, and other legal challenges (including, most importantly, the lack of statutory provisions that allow for restorative justice processes and diversionary measures). The lack of explicit enabling legislative provisions limits the possibility of implementing restorative justice processes. Public and civil society perception that RJ may either be in violation of children's rights or may not be an effective response to serious harms also poses a barrier to implementing restorative justice. CSJ thus plans to also expand its work to address a broader range of issues identifying the fact that children's support structures also need to be addressed in order to ensure holistic change; this also includes working with gender-based violence in India.

CONCLUSION

CSJ's approach to child rights, as Nimisha mentions "is marrying the rights-based approach to a restorative approach, taking out the patriarchal and colonial nature of the origin of human rights." In this framework, the organisation is adopting a novel and interdisciplinary approach to addressing sexual harms. Further, CSJ also plans to expand its work, and include working with adults; it has started work with gender-based violence, and also offers training and support to other organisations that work in a similar field. The organisation's work in relation to human rights has been effective in providing healing, support, as well as innovation to achieve social justice.CSJ is working towards an RJ model that is child rights oriented, and is tuned to respond to deep rooted gender based violence and systemic violence that perpetrates the cycle of harm further.

NOTES

1- Counsel to Secure Justice (CSJ) is a non-profit organization that began its work by supporting children who have experienced sexual abuse or trauma to ensure they are safe, heard, and receive true healing and justice. CSJ's strategy is a two pronged approach that firstly, involves casework, wherein legal and psychosocial aid are provided to survivors. This includes but is not limited to providing legal and emotional support for the child and their families throughout the judicial process, as well as connecting survivors with essential support services such as mental health and education. For more information, see: https://csjindia.org/

2- The team includes Nimisha Srivastava (Program Director), Urvashi Tilak (Director, Restorative Justice), Arti Mohan (Program Officer for Restorative Justice), Shivangini Singh (Social Worker, Casework team), Nikita Kataria (Lead Social Worker with the Restorative Justice team), Kshipra Marathe (Counsellor with the Restorative Justice team), Pawani Mathur (Legal fellow), Aishwarya (Social Worker) and Deborah Patel (Communications Associate and ex lead Social Worker in the Restorative Justice Team).

3- Restorative Justice advocates for non-labelling. Terms such as 'victims' and 'perpetrators' may reproduce the harmful paradigms of the criminal justice system, and may further victimize individuals. Thus, terms such as 'persons who have been harmed' and 'persons who have caused harm' will be used throughout this article.

4- Adapted from various sources, including 'The Little Book of Restorative Justice', by Howard Zehr.

5- A belief system or thinking that centers restorative practices, ideologies and justice.

6- Secondary victimization (also known as post crime victimization or double victimization) relates to further victimization following on from the original victimization. For example, victim blaming, treating victims with scepticism, inappropriate post-assault behaviour or language by medical personnel or other organisations with which the victim has contact further exacerbates the suffering.

7- The Observation Home is an institution for children in conflict with the law. The youths are institutionalized for various harms such as robbery, murder and rape etc.

8- Project completedin conjunction with the Antakshari Institute of Child Rights

9- The potential for a situation to lead to trauma.

10- CSJ has conducted 3 reintegration processes with children and their families. 6 children were identified for the process, but all of these could not be carried forward.

11- Pseudonym

12- The Juvenile Justice Board (JJB) consists of the judicial magistrate of the first class and two social workers, at least one of whom should be a woman. JJB's are meant to resolve cases within a four month period. In most circumstances, the juvenile can be released on bail by the JJB. The JJB is a child-friendly space that should not be intimidating or overwhelming for the child.

13- The talking piece, which may be any object that has some significance allows only the holder to speak and allows others to listen with intent. It also "slows the pace of conversation and encourages thoughtful and reflective interactions" (Pranis, 2015; 30).

14- CSJ tries to offer restorative interventions based on the needs of the child, which means acknowledging that not every child may want an intervention, and that process preparation can come to a halt if need be.

15- For instance, we might ask them how they address anger using activities such as 'imagine that you're a tortoise, and you're very angry, so you retreat back into your shell', and they physically pretend to retreat into a shell and may learn how to use this as a coping mechanism for when they feel angry.

16- For further reference, see CSJ's Rajasthan case study, which will be uploaded to Counsel to Secure Justice's main website.

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Journey through care

Interview with care leavers

As narrated to the Coordinator, India Alternative Care Network

We interview three young adults named Shweta, Priyanka and Michael. Shweta and Priyanka transitioned from care in a children's home to an aftercare home one year ago. Michael left care a few years ago and lives independently now. Both Shweta and Priyanka were in different children's homes run by Udayan Care and are now in its aftercare home. They talk to us about their journey's so far- the challenges, changes, and their dreams of the future.

Shweta is pursuing her under graduation in Political Science (Hons) from the University of Delhi. She loves to write and sketch in her free time. She also loves to sleep, and that is how she is mostly spending her time these days when she is not busy attending online classes or engaged in some task.

Priyanka is studying to be a social worker from a reputed college in the University of Delhi. She is inspired by her journey in care and by the care and support she got from social workers in her childhood and dreams of building a society that is kinder to its vulnerable and dispossessed people.

Michael has completed his Masters in Social Work (MSW) and is currently pursuing his higher studies from the University of Delhi. He is passionate about the rights of children owing to his journey. He has interned with CHILDLINE and worked with children's homes in the past. He also consults with a non-governmental organisation in his hometown Manipur. He loves nature, adventure, and likes to go for long walks, an interest he believes comes from belonging to a place that is known for its hills and forests.

These young adults open up about their life experiences with the hope of promoting positive outcomes for all children in care and those transitioning out of care.

SHWETA'S JOURNEY

How has COVID-19 impacted your life? What is helping you?

For people staying with their families and loved ones, the pandemic is perhaps also an opportunity to spend some quality time together. We have not been able to see our family members and friends since March. There are also some rules and regulations of the aftercare home that we have to follow, which I understand is needed for our safety, but it can also feel restricting at times. I know some girls in the aftercare home are beginning to get frustrated because they have not been able to go out since colleges are closed. COVID-19 has also impacted the budgets for our aftercare home, but the organisation is trying its best to overcome that.

How has life changed for you in aftercare home from care in children's home?

We were being prepared for this transition since our time in the children's home, but the change feels sudden. My life in children's home was structured, and we followed a routine every day. Sometimes I think there is a lack of discipline in the aftercare home as we are expected to be responsible for our studies and everything else without much supervision. This demands some amount of self-motivation. The independence that we have now can feel dizzying sometimes.

In the children's home, we were only eight girls, and the setting and infrastructure were more like home. In the aftercare home, we are 20 girls, and the setting is also different. It feels little impersonal sometimes.

I remember when I shifted here, the first task I had to carry out independently was to update my address in official documents. I had not done anything of that sort before, but I was expected to do it as I was above 18 years and technically an adult. One day you are in the safe confines of the children's home and the next day you are 18 years old, and an adult, and running from post to pillar to get your passbook updated and your address changed in the Aadhar card!

> ## The independence that we have now can feel dizzying sometimes.

What are the challenges that you faced during the transition from childrems home into aftercare home? What helped you during this phase?

The transition into aftercare home from children's home was not an easy one. The biggest challenge that I faced was in adjusting to the daily commute from aftercare home to my college. It is a long-distance which becomes longer due to the lack of direct transportation. I have to change three modes of transportation and travel for four hours in a day. When I was in the children's home, I only stepped out to go to school, which was close to my children's home. I am not used to travelling alone, and this is something that we are neither prepared for nor have experience of while staying in

the childrens home. It was overwhelming in the beginning, and I lost eight kgs weight in the first month. The distance and the time it takes to travel is also inhibiting if we are required to stay in the college for some work or an event.

It took me some time to get familiar with other girls in the aftercare home and adjust to the setting. The girls here are from different children's homes. Added to this are the responsibilities that we had to step up to. In the children's home, we were only responsible for studying and eating. But here, we have to manage the groceries and budget, cook, clean and take care of college. We are also given a certain amount for all our monthly expenditure, and I had to learn to manage that as well. I thought I would not be able to cope with the challenges, but I am fine now. We had a lot of workshop and training at our disposal. For the challenge in travelling, we were able to work it out among ourselves and now travel in groups.

Can you talk about your journey of care in children's home? What were the challenges that you faced?

When I first came to the children's home, I was 12-13 years old and lacked confidence. I had a lot of anger in me, and it took me some time to mingle with others. But once I overcame the initial hurdles, the children's home became my home, and to this day, I feel the same. I came from very different family background, and the facilities I got in the children's home were enabling. I was admitted to an English medium school, which was challenging in the beginning as I had studied in a Hindi medium school before. Other than that, I found good care and support in the children's home and now in aftercare. I don't share a close relationship with my family, but I am very attached to my children's home and the other girls I met there.

Something that troubled me often when I was in the children's home was that I could not be with my younger brother, who was also in care but in a different home that was for boys. I felt low was when I saw other girls staying together with their sisters in children's home.

Also, something that still stands out from my time in the children's home is how some teachers and children in school treated us differently when they would come to know of our background of children's home. I think I am speaking here for most children who go through this journey in care. People are either socially uncomfortable towards us, or they empathise too much. However, when we really need help, nobody supports us. We want to be treated normally. We want to be judged for our capabilities, not for our background. *Most children who have been in care are afraid and nervous about sharing their background because they are not prepared for others reaction and responses. I think the attitude of most people towards us is the biggest challenge that we face and this is a burden that most of us carry with us all our lives.*

How do you feel about living independently? How are you preparing for it?

I feel confident, and I think I can hold on my own. I will be lying if I don't say that there are times when I think that it is not safe for females to live independently given how our society functions and the prejudice people have against females living independently. The other concern I have is about staying alone and loneliness that it might bring. *I have always been surrounded by other children in the children's home. I am used to following a routine and structure. I am anxious about how my day will look like when I start living independently.*

I think we are being prepared adequately in the aftercare home. We have frequent workshops and training on skill development that would help us adjust better socially, and emotionally when we start living independently. My education is entirely being supported in the aftercare programme, and we are given vocational training on different skills so that we can become financially independent when we are out of care. We are being taught to save money since I was in the children's home, and now there is an even greater emphasis on it. Also, as you leave care, you are supported with individual seed money and other resources that would help you start a new life independently. The organisation also finds the best job placements for us. I am hopeful that this would help us find our feet in the world.

What is the support children need when they leave care at the age of 18 years?

There should be legislation and policy for children leaving care at the age of 18 years. Are children growing up in families expected to leave the care of their families and asked to look after themselves as they turn 18 years old? What then explains this double standard for children who are leaving the care of institutions at the age of 18 years? More importantly, if the State is sending children back to the same circumstances from where they have come, what is the point of providing care in children's homes?

There is only one aftercare home for girls in Delhi run by the State. Has anyone thought about what happens to all the children who leave the care of children's homes at the age of 18 years? The system does not even have a record of children who leave children's home. *I am in an aftercare programme where I am supported, and I consider myself privileged when I think of those of us who walk out of children's homes with no support and nowhere to go.*

It is a necessity to focus on the following areas:

I think career guidance is crucial. Most children I know in even aftercare programme are perplexed about their choice of academic courses. Many children do not feel well-equipped to make this decision. Career guidance should start from an early age when we are in children's homes.

We should also be supported in obtaining documentation of id proofs and other important civil registration documents. As these documents require address proof, and children leaving care often do not have proper documentation of address, it becomes challenging.

What children also need is a social support system.

There should be someone from the care home or the system to check on them from time to time and who can identify any red flags when there is a crisis or a potential risk.

Many children I know from other children's homes wanted to pursue further studies as they were leaving children's home, but they were refused support for fees. I know some children who had even offered to work part-time and promised to pay the costs, but their requests were not considered, and they were asked to leave children's home as they turned 18 years old. The State should invest in supporting the education of children as they leave children's homes.

I cannot stress enough on the importance of access to mental health support to children leaving children's homes. Many children who are placed in children's homes come from families that are dysfunctional. As they grow up in the backdrop of stressors in their present and distressing experiences in the past, they are at risk of poor mental health outcomes as they navigate their way through adult life.

Where do you see yourself five years from now?

I have completed my MA, and I am working as a journalist with a global media house of repute. I am an active member of youth networks for children leaving care, helping children transition from child care institutions, and assisting Udayan Care that gave me a home and a wonderful family. I am also staying together with all my siblings.

Any last thoughts?

I was admitted to the children's home when I was 12-13 years old. *I have a reference point of how the outside world works. The children who come to children's homes at a young age find it more difficult to adjust when they are out of care as they are not familiar with the realities of the outside world.* Thanks to the care I received first in the children's home, and now in the aftercare home, I feel confident that I can carve a promising future for myself. Still, there are many children in children's home about to make a transition who are not equipped and supported and are anxious about living independently. This process is harder for children who have to leave children's home at the age of18 years without any aftercare support. *The State must create an enabling environment for children leaving children's home at 18 years so that they do not spend the rest of their lives hanging on to the margins of the society.*

PRIYANKA'S JOURNEY

How has COVID-19 impacted your life? What is helping you?

Before the pandemic broke out, I would not miss even one day of college. I was physically and mentally active. During the initial stages of lockdown measures, I was mostly idle. The academic classes did not start up until August, as we were in between two semesters. There was nothing much that one could do, and I spent most of my time sleeping. I was following the news about COVID-19 obsessively, and that was also mentally exhausting. Since the online classes have resumed, I am engaged through the day, but then there is a fatigue that sets in when you have to look at the screen for the whole day. Whenever I am stressed, I take refuge in music and read motivational quotes. I am very attached to the girls in the children's home downstairs, and I like to spend time with them.

How has life changed for you in aftercare home from care in children's home?

Life in the children's home was more carefree. If I was not feeling well, there were 'Didis' to look after us. It can be a little lonely in aftercare home as you are expected to take care of yourself. I feel like I had to grow up overnight when I left the children's home. Even though I have time for leisure and other fun activities with friends in the aftercare home, there is always a nagging thought that I will have to live alone as I move out of aftercare after two years. I get goosebumps when I think about it.

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However, I feel that there are many positive changes in my life, as well. I have been a sensitive, emotional and shy person from childhood. I found it challenging to form new friendships. After coming to the aftercare home and starting college, I feel that I have become more open and strong. I do not get perturbed easily now, and I am confident about handling difficult situations. This change is partly due to the social work course that I am doing that has made me more aware of myself and other people.

What are the challenges that you faced during the transition from children's home into aftercare home? What helped you during this phase?

To be honest, I think the transition for me has been relatively easy. I was earlier staying at the children's home below, and I literally had to move a floor up. At the same time, this journey has not been entirely smooth. I had my share of challenges in the initial days, but I was also more prepared because I used to talk to 'Didis' who were in aftercare home while I was in the children's home and they would tell me about the changes and what helped them to adapt. I also had guidance from my

elder sister, who was in aftercare home for some time.

I think the biggest challenge was to adapt to other girls. There are girls here from different children's homes, they have been brought up differently, and everyone has their own personality. This becomes particularly difficult when you are sharing household chores with them. There were arguments and fights, and we would not understand each other's perspective. Over time, we have become friends, and there is more acceptance.

It was also tricky to manage college, travel and household chores in the beginning. My classes start at 8am, and it takes two hours of travel each way for me to reach college. I had

> **If you have a sound emotional support system, then the challenges become more manageable, but you need that one person or system that can hold your hand through this.**

to start my day early when it was my turn to cook to reach college on time. I was also not used to travelling alone and so far. My college is in old Delhi, and it is a sensitive area, so I always had a fear of travelling alone in the beginning. I have become more confident now.

In the aftercare home, we are responsible for buying essentials and anything we need for ourselves within a monthly allotted budget. That was not the case in the children's home. I had to learn to manage the monthly budget so that I could save money each month. My sister helped me with practical skills. For example, she told me that it is better to buy a big shampoo bottle that may last for three months and would allow me to save money on shampoo for the next two months instead of buying a small shampoo bottle every month which ultimately turns out to be more costly.

I think besides life skills for independent living and preparing for adult life, what children need the most is emotional support as they make this transition. If you have a sound emotional support system, then the challenges become more manageable, but you need that one person or system that can hold your hand through this. I think it is also essential to allow some leniency to children as they make this transition. Children come in the aftercare home from different children's home, and they are used to different environments, so it is only fair that they are given time to adapt to the new setting.

Can you talk about your journey of care in children's home? What were the challenges that you faced?

I came to the children's home when I was just five years old.

My extended family tricked my sister and me saying that we are going to market for shopping and vanished while we were having lunch. I entered the care system with that baggage, and I was angry, and I had pushed myself into a shell in the beginning. However, as I made friends and got to know everyone, I found a home and family. I have had a good and caring journey in the children's home. Of course, there were fights with other girls and disagreements with care staff every now and then. It was an essential part of growing up, and I remember it fondly now. I learned many skills, and I excelled in my studies.

The only difficult period I remember is during my 9th grade and 10th grade when I was going through a phase and was mentally disturbed. However, my friends in the children's home and my sister helped me through that period. I also had a very good mental health care from the psychiatrist who used to visit us, children, regularly in the children's home. I had multiple sessions with him, and his guidance helped me overcome the negative thoughts and feelings I was undergoing that time.

How do you feel about living independently? How are you preparing for it?

I feel scared and sad thinking about it. I have been in care for the last 14 years and have been in a safe and secure environment. I have always had people and support system to fall back on in times of crisis. Tomorrow when I start living independently, I will have to be entirely responsible for myself. What if I fall sick when I am staying alone? Who will take me to the hospital? I am also worried about finances. I will have to manage all my expenses in the salary that I get. I think life will also get busier and lonelier. I have time now to enjoy with my friends, but I don't know if I will have that option after I move out of here.

What is the support children need when they are leaving care in children's home at the age of 18 years?

I think education, health care and emotional support are most important for children when they leave children's home at the age of 18 years.

I know children who have to drop out of school or are not able to enroll in college because they do not have any financial support. Not all children's homes have aftercare programme and take responsibility for children as they turn 18 years old. *In today's competitive world, you need a minimum undergraduate degree to secure a decent job, but do all children leaving care have access to education after school? These children start out their adult life already at a disadvantage.*

Like I shared with you before, *children leaving children's home – whether they are transitioning into an aftercare home or going to live independently, need a robust emotional and mental health support system.* Those of us who have spent most of our lives inside children's home surrounded by other children and care providers find it challenging to adapt when we have to live alone. We need someone to guide us and to understand our struggles and feelings.

Where do you see yourself five years from now?

I have not given this much thought. I want to help people and give back the kindness and support that I got in my childhood. I see myself as someone successful, independent and strong. I want to be an inspiration for girls who are in children's homes, someone who they can look up to and think, 'if she could, so can we.' I have recently joined a youth network for adolescent children, and I hope I will be able to realise some of my dreams of working for the well-being of children through it.

MICHAEL'S JOURNEY

Can you talk about your journey in care?

To understand my journey in the care, you have to learn about the circumstances that pushed me into children's home. I hail from a village in Manipur. I am the eldest of four siblings. My mother passed away in 2001, and my father died in 2004.

> **To understand my journey in the care, you have to learn about the circumstances that pushed me into children's home.**

That is where my journey begins. My father was an alcoholic. When my mother passed away, I had to step up to the responsibility of taking care of my siblings. My youngest sister was one and a half years old at that time, and I became her babysitter and second mother. I was juggling many roles – babysitting, tilling fields and managing the school. After my mother's demise, my father promised us that he would stop consuming alcohol and take care of us. However, that promise was short-lived. He would drink alcohol and come home late in the night. Our house was at the periphery of the village, and as the night falls early in the northeast, my siblings and I would spend our evenings alone in fear until my father showed up. There were many nights when we could not sleep. Whenever I tried to bring this up with my father, he would scold us, complain about our family members and threatened to leave us. Though he never raised his hand on us, it was a constant psychological and emotional battle that we were fighting. This had created feelings of anger, insecurity and hopelessness in me. It was around that time that my father started keeping unwell, his condition gradually deteriorated, and the doctors were not hopeful of his recovery. I saw my father suffer in the last days of his life. He would continually pray to God to ease his suffering. Though I was angry at his actions, seeing him helpless in that state, was painful for me as a child. During his last days, I would often wonder about our fate if he passed away. But when he finally left the world, it left me completely shocked. *After my father's death, my siblings and I were separated and went to live with my father and mother's siblings.* My younger brother and I went to live with my father's younger brother. I stayed with my uncle's family for

a year and came to live in the children's home along with my youngest sister, who was staying with another relative, in 2005. My uncle was not doing too well financially, and he asked me if it was okay if he admitted my youngest sister and me in a children's home. As I had no other alternative, I agreed to it. My sister and I along with few other children, accompanied by two-three adults from my community took a train journey of three days and nights to reach Jaipur, Rajasthan, where we were to live in a children's home. I still remember the train journey and how scared we were amidst the stories we were told of robbery and murder on trains by villagers.

We reached the children's home in Jaipur, unaware that my sister and I would be separated from each other yet again as there were different homes for boys and girls. Till that time, we had not thought of that possibility, and the news completely broke us. We cried as we said our goodbyes. My sister was sent to a children's home in Bundi district while I stayed back in Jaipur, Rajasthan.

Can you talk about the challenges that you faced while growing up in the children's home?

I had a tumultuous entry into the children's home – Even before I left Manipur, I was informed that the organisation did not want to take me in because they thought I was a little old to be admitted in the children's home. They were looking for younger children because it was easier for them to train and educate younger children. I had to convince them to give me admission. When I was finally admitted to the children's home, I was separated from my sister. But that's where my challenges begin. *Every child entering the care system goes through their share of difficulties. The difference in cultural and geographical contexts made the transition particularly painful for me.* I was the eldest among the children in the children's home and was at the receiving end of hostility from other children. It took me time and effort to win their approval, and before I became the 'bhaiya' of the children's home. The language barrier made this more difficult. I did not know Hindi, but the staff in the children's home and the majority of children only spoke in Hindi. That created a feeling of exclusion and isolation. I also had to learn to adapt to food and eating habits. The food was completely different from the local cuisine in Manipur. I reached Rajasthan with the arrival of the infamous summer heat, and it triggered frequent nose bleeds for me. Coming from the pleasant weather of the hills, I was not acclimatised for the unforgiving heat of the plains.

The language barrier also limited my academic growth. I struggled with Hindi and Sanskrit in school. I was a good student and fared well in other subjects, but I would keep failing in either in Hindi or Sanskrit every time.

The organisation played a supportive role during this time and put me in tuition for Hindi and Sanskrit. I continued to fail in my Hindi exams, nevertheless. This created a sense of guilt in me that I was letting down my organisation and negating all that they did for me. This only made my resolve to study hard stronger. I immersed myself in studies for the preparation of board exams in 10th grade. I would only sleep for four-five hours a day. I was relieved when I not only passed in Hindi Subject in boards but did good and scored better than many of my friends who were good in Hindi. That was one of the most joyous moments of my life.

I was in a school in Rajasthan, where I stood out because I did not look like everyone else. I found myself at the receiving end of racial discrimination from other students. The children would call me a 'Nepali' as a slur and mocked me. My classmates bullied me. These memories are the hardest to forget. The school became more challenging when other children and staff learned that I stayed in a children's home. They would pity me and say "yeh anaathalyay se aata hai". It made me feel like I did not deserve a chance for a better life. At the same time, I also found friends who were good to me and helped me, especially in learning Hindi. I will ever be grateful to them for the kindness of their heart.

The structure and routine in the children's home were regimental and militarised. There was a time for everything and no freedom to choose. For instance, we had to pray twice

> **It would not be an exaggeration to say that life in children's home was spent between waiting to finish tasks.**

a day even if we did not want to do it. Our day in the children's home was divided into slots. This further added to our woes as doing every task required double the amount of time due to a large number of children and limited infrastructure. It would not be an exaggeration to say that life in children's home was spent between waiting to finish tasks. After a few years of following a strict routine, you realise that it numbs your mind and dulls your imagination and creativity. We were also not allowed to go out anywhere except for school. We could not make friends with children outside the children's home. *Children's home was where our world began and ended. Even when we were taken out for a picnic or an event, we had to stick to our group. We were not allowed to mingle with others or wander around alone. We were always different, huddled in some corner, still in the periphery, never part of the mainstream.* This became our identity while growing up in the children's home. We were denied a normal childhood in many ways.

Staying in children's home also made me realise that no matter how kind the care staff was, they could never replace the warmth of your own family and kin. At home, I was the eldest, and my father and mother would do anything for me to pamper me when I would fall sick. All those times of falling ill in the children's home made me miss my family even more.

Another challenge that I would like to highlight is whenever

another boy committed a mistake or mischief in the children's home; I would face a dilemma if I should complain about him to the staff or not. In the children's home, everyone was punished for a mistake if the person who committed it was not identified. There was always this struggle of whether to save oneself and be the black sheep of the group and face their hostile behaviour later or accept the punishment with the group.

What helped you most during your time in the children's home?

I think first and foremost; it was the realisation that I was in the children's home because I had nobody to look after me and nowhere to go. It was the choice of no choice, you could say. Besides this, it was the awareness and acceptance of my reality and not living in an illusion. Also, what really helped was the 'we feeling' and belongingness that I found with the other boys in the children's home. My faith in God became my anchor and gave me the strength to keep going.

Can you talk about your transition from care in children's home and your life after that?

Thinking about the transition from children's home to college in aftercare does not evoke pleasant memories. I faced many hurdles along the way. The organisation where I was staying had the policy of graduating from children's home after 18 years or after completing 12th grade – whichever was earlier. I finished my 12th grade when I was 16 years. I wanted to appear for the National Defence Academy exam, for which the age requirement is 16 and a half years to 19 and a half years. I wanted to drop one year and prepare for the exam, but I was not allowed that option. The director of my organisation decided my educational choices. He sent me to a college in Udupi, Karnataka. The director also agreed to my pay fees, and I got a small concession for the hostel, considering my circumstances and background. I worked as a cleaner in the hostel mess, cleaning tables and arranging utensils for Rs.10-15 per day to earn pocket money. I was also given eatables from the mess, a perk of working there.

College is a time when young people enjoy and explore life, but not for me. I passed that time worrying about my present and future. I also had the added responsibility of my siblings since I was the eldest. In college, my friends would go out and splurge money and eat out when they were bored with the hostel food. I could never do any of it, and I had to excuse myself from these outings. *The mess where I worked served both girls and boys, and as a teenager, I felt a sense of humiliation and embarrassment. We talk about the dignity of labour, but does everyone believe in it? At that age, you want to be known among your friends and college mates, but I did not want this to be my identity.* Working in the mess became more uncomfortable when there were exams and time was of the essence, and I could not wait to clean the mess after everyone had left. I wanted to save time and study too. There was no choice but to put my head down and do the cleaning work as my peers sat there and finished their dinner.

I studied in a Christian institution that is known for the imposition of strict rules. For instance, we were not allowed to speak to students of the opposite sex even though it was a co-ed college or wear a t-shirt or jeans for that matter. I had to be conscious and extra careful to abide by the rules. *I felt this enormous pressure to carry the tag of 'good boy' with me since the hostel had given me concession in hostel fees.* My hostel was infamously compared to jail by other students. However, I should say that it was easier for me than most students to adjust to the rules and regulations of college and hostel, as that is what is I had known all my life.

I was expected to finish my undergraduate course and start working to sustain myself. I got job placement in Infosys as soon as I finished my course. However, I wanted to study further. I had dreams, but no means to support my education. However, I have been fortunate to have some good friends in life. A friend of mine from college who knew about my story said that his mother would like to fund my fees for the master's programme, and that's how I enrolled for post-graduation. I decided to go for MSW, as other courses were expensive. I finally took admission in MSW in a college in Indore. After completing my MSW, I worked for a year at the children's home where I grew up, saved some money, and now I am pursuing further studies from the University of Delhi.

What is the support that children need when they are transitioning into aftercare?

From my personal experience, career guidance, and the freedom to choose what children want in their career are essential. Children's homes often deny that to children. If you look at my academic trajectory, I have done what others have decided for me and where the circumstances have led me. But why should that have been the case? Children in children's homes must be encouraged to nurture their talents and interests. They should be judged on their merits and not deprived of opportunities because of lack of money. A system that does not give equal opportunities to the disadvantaged is only marginalising them further.

I think the inconsistency from the system children in care receive is not talked about enough. We don't have a consistent caregiver in our journey. The superintendents and other staff come and go. Children have to begin again with their stories every time there is a change in the staff.

> **A system that does not give equal opportunities to the disadvantaged is only marginalising them further.**

For instance, during my stay in the children's home, I had to interact with five different wardens. I felt tired and discouraged to share the details of my life every time there was a new appointment. This negatively influences children, and they grow-up with a trust deficit and attachment issues. This also holds when children are in aftercare. Young adults must have a consistent support person or a system. Having that one support person alone makes a lot of difference. When I look back at my undergraduate days, I think something that really helped me through my college was the guidance I got from my mentor

as part of the mentorship programme of the college. My mentor, who was also my class teacher, guided me through difficulties and even supported me financially with a fixed amount of money every month for the entire duration of my post-graduation course. More importantly, she imposed faith in me, which made me believe in myself.

The relationship between caregivers and children in a children's home is often rooted in authority and power rather than care and support. The care staff raising their voice and punishing children is a common practice across many children's homes. There is also an environment of trust deficit that exists between care staff and children. When children in children's home are not allowed to go out or when they are always kept under vigilance even when they go out as a group, children are being told that they are not trustworthy. Children in children's home grow up to exhibit the same behaviour with other people in their environment.

What is it like to live independently after being in care?

Where do I even begin? *Those of us who have been in care and have no family to support us, have to start life with a clean slate, from scratch.* People at my age when they start working or when they are doing their higher studies, they always have a support system and a backup. I am just not responsible for myself, but my three siblings as well. It is not about if I have had food to eat today or if I have paid my fees. I also have to think if my brothers and sisters have had their meals and paid their fees. I have a lot of responsibility and pressure. If I ask my younger siblings to be careful with money or if I am late in sending the fees, the instant reply that I get is that they will quit studying and work so that they do not have to ask money from me. That's what I go through frequently. I am good with studies, and people ask me to prepare for government jobs, but does my situation allow me that? *Despite the challenges, I am surviving and sustaining. At the same time, I would not want anyone else to be in my place.*

What are your dreams and aspirations for the future?

I feel passionate about children and their well-being. I am a strong proponent of justice, and equality and I do not believe in compromising my values and beliefs. I shall always stand for the right of the children and young adults, particularly those who are in care. My long term goal is to run a school for disadvantaged children and give them equal opportunities and a better chance at life as any other child. Through my work, I want to nurture children to develop skills that can help them build agency and self-reliance irrespective of their circumstances and background. I envision a society where children grow up to become contributing members of the community. I want to work with children, not just for them.

NOTES

1- The names have been changed to protect the identity of the respondents

2- The facility where where Priyanka stays has a Children's Home separated by a floor