Hello,

Dear Colleagues,

In the third edition of IACN Quarterly, we bring you a study on challenges faced by Care Leavers in the backdrop of COVID-19, a toolkit for working with children in institutional care, and a paper that presents the case for d-institutionalisation after due diligence and preparation supported by evidence. The newsletter also carries updates from field and programmes from organisations in the network. Please check out the interviews with young adults who share their experiences in kinship care in the last section of the newsletter. We are thankful to everyone who has contributed to this newsletter.

At IACN, we have been working on a compendium on existing care practices in India in collaboration with Catholic Relief Services. We hope to share it with you in the next edition of the newsletter. We are also working on streamlining IACN and creating sub-working groups on family strengthening and gatekeeping, foster care and kinship care, and transforming care in institutions and aftercare to bring more focus 'to our work'. We will keep you updated on it.

If you have feedback 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.

Sincerely,
IACN Secretariat

UNICEF/UNI333428/Bhardwaj

Updates from the Field

Learnings and experience shared by our fellow members

- **Lopamudra Mullick | CINI**
- **Anita Sinha, Subhadeep Adhikary & Amit Kumar Ghosh | CINI**
- **Gurneet Kalra | Udayan Care**
- **Leena Prasad | Udayan Care**
- **Catalysts for Social Action**

First Person

Journey through care - Interview with children who have had experiences of living in kinship care

- **Shahsikant's journey**
- **Puja's journey**

Wishing them a great future

Knowledge resource updates

UNICEF/UN062031/Vishwananthan

Rapid Need Assessment of Support for Youth Care Leavers in the Context of COVID-19 Pandemic in Maharashtra

https://bit.ly/3oNVyUo

UNICEF/UN0122039/Ashutosh Sharma

Tools for Working with Children in Institutional Care

https://bit.ly/39NDcPf

UNICEF/UN061996/Vishwananthan

Does Deinstitutionalisation Always Serve the 'Best Interest' of the Child? A Study of the Ground Realities of Restoration of Children in Need of Care and Protection in India.

https://bit.ly/2YMcG2c

For every child, a family.

Resources

Rapid Need Assessment of Support for Youth Care Leavers in the Context of COVID-19 Pandemic in Maharashtra

By Aditya Charegaonkar
(Representative of YCLA, India and Ph.D. Scholar at TISS, Mumbai)

Rapid Need Assessment of Support for Youth Care Leavers in the Context of COVID-19 Pandemic in Maharashtra

https://bit.ly/35fIMXc

The outbreak of the COVID-19 pandemic has had a significant impact on people across the country, leading to difficulties in accessing basic necessities and threatening the survival of a large number of people in the country. Amongst these groups of people are Youth Care Leavers (YCLs). YCLs are individuals who have completed their stay in Child Care Institutions (CCIs) and aftercare hostels and are now trying to transition into mainstream society.

Youth care leavers who left institutions and hostels in the wake of the pandemic and after the lockdown find themselves in a vulnerable situation with lack of necessities and socioeconomic support to fend for themselves. They shared difficulty in their smooth transition into the society due to lack of job opportunities or loss of the same, lack of

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financial support to pursue education, lack of shelter and legal documents to avail schemes, services and scholarships.

At this juncture, it is crucial to consider the needs of and challenges faced by youth care leavers to enforce mechanisms that would provide them adequate support during their stay and coordinate with them upon their departure to ensure that they can settle down. A study was carried out through telephonic interviews with YCLs across Maharashtra in this context. A total of 442 respondents agreed to participate in the survey. This report is based on the analysis of their responses to the structured interview schedule designed to understand the needs and challenges faced by YCLs as they transition into independent living in the backdrop of the pandemic.

Tools for Working with Children in Institutional Care

By Counsel to Secure Justice

Tools for Working with Children in Institutional Care

https://bit.ly/3khL8Lc

This knowledge resource discusses and provides examples of practice tools, worksheets and calming techniques (in English and Hindi) which counsellors and adults can use while working with children who are in institutional care. These tools are developed and compiled by Counsel to Secure Justice (CSJ) based on experiences and interventions of working with children in institutions. Along with the tools, the paper reviews evidence on the impact of institutionalisation on children and evidence-based interventions that can help mitigate this impact while interweaving CSJ's experiences and interventions. The latter part of the paper presents tools and calming techniques in the form of worksheets and pictorial representations. The tools and techniques in this resource are part of CSJ's interventions with children in CCIs including in the form of in-person interactions/counselling, virtual interventions during COVID-19 and the restorative circle processes.

The tools are developed and compiled to provide visual aid and illustration during counselling and other interactions with children. The exercises can help in engaging children to think and express. The tools can help build rapport and work with children who find it difficult to express their emotions and experiences verbally. The worksheets and calming techniques around coping can help the children practise the coping techniques and equip them to use it for themselves.

CSJ understands these tools have limitations and are examples of practice tools and techniques adapted or modified by the counsellors. These are not a replacement of in-person,

telephonic, individual or group counselling, therapy or any psychological/psychiatric intervention for severe mental health conditions and disorders. None of these tools can be used for psychological or psychometric testing or diagnosis.

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Does Deinstitutionalisation Always Serve the 'Best Interest' of the Child? A Study of the Ground Realities of Restoration of Children in Need of Care and Protection in India.

By Catalysts for Social Action

Does deinstitutionalisation always serve the 'best interest' of the child? A study of the ground realities of restoration of Children in Need of Care and Protection in India.

https://bit.ly/35fIMXc

This paper is the result of a field study conducted by Catalysts for Social Action (CSA) on the outcomes of restoration of 29 'Children in Need of Care and Protection' (CNCP) who were residing in Child Care Institutions (CCIs) in Madhya Pradesh. The study was conducted in the year 2018-19 to analyse the process which was followed, to look into the followup and support provided after the child was restored with the family, to gather information on the situation of the child, and find out the effect of deinstitutionalisation on various growth and development parameters of the children.

The core argument of this paper is that while every child has a right to grow up with his / her family and the Government's efforts towards restoration of institutionalised children with

their family is a step in the right direction, undertaking the exercise without diligently following due process, without ascertaining whether the risk due to which the child was institutionalised has been mitigated, without ensuring that the family is supported to care for the child, and without periodic monitoring of the effect of restoration on the child, can lead to adverse outcomes for the child, contrary to the envisaged objective of restoration. This argument is supported by findings of the study, which reveals gaps in the system

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and indicates a degree of non-compliance with critical steps of the process. As a result, most of the children restored with their family were found to be living in detrimental circumstances. This leads to the question as to whether the deinstitutionalisation or restoration of children with family indeed proved to be in the best interest of the child, as it has been envisaged to be.

In its conclusion, the paper recommends actions for policymakers and for the implementers drawing from finding of the study and CSA's experience of working with stakeholders in the child protection system.

Updates from the Field

Learnings and experience shared by our fellow members

Reinstating Hope- Restoring Children Stranded in the Child Care Institutions During COVID-19

Lopamudra Mullick, CINI

An overview

At a time when the entire country was experiencing lockdown from April 2020 to June 2020, the child care institutional services were declared essential by the Government of West Bengal, Directorate of Child Rights and Trafficking. CINI-run seven CHILDLINEs continued their operations and were rescuing children even in the strictest of lockdown and children continued to arrive at CINI's registered Child Care Institutions (CCIs). All effort was made to keep the children safe during the pandemic and restore the children even in stringent lockdown.

> **CINI conducted 112 Social Investigations across its CCIs, government-run CCIs and other NGO-run CCIs and restored 60 children**

CINI conducted 112 Social Investigations across its CCIs, government-run CCIs and other NGO-run CCIs and restored 60 children, accounting 53% of the total SIRs, through its convergence efforts with other systemic actors.

This write-up titled Reinstating Hope is an evidence-based resource document focusing on expediting the process of restoration for children stranded in the child care institutions during the pandemic. It captures a select group of actions based on CINI's own experience of running two homes (in Kolkata) for distressed children and three open shelters (Kolkata and Siliguri). One of the open shelters also customised itself like a transit care facility during the pandemic to meet the needs of the distressed rescued children. An effort was made to intensify focus on preventing children from languishing in the child care institutions with the utmost potential to reduce unnecessary and long term institutionalisation. The actions included Preparatory Phase(Preparing for restoration), The Implementation Phase(Conducting restoration during the pandemic) and the Post Restoration stage(Conducting follow up to retain the child in family-based care or alternative family-based care). This evidence-based resource also goes on to explore the challenges faced during the pandemic to restore children and the strategies adopted to mitigate the same. CINI's credence in early restoration has led to the functioning of the children's homes as transit cares offering short term care support aiming towards early restoration and placement in family-based care or alternative family-based care.

At the onset of the pandemic, the Indian government also took the initiative both at the central and the state levels to issue advisories and circulars on preparedness and precautions to protect children in child care institutions and cottage homes. The Supreme Court of India also issued the order, (Suo Moto Writ Petition (CIVIL)No.4 of 2020) to protect the interest of children coming under the ambit of the Juvenile Justice (Care and Protection of Children) Act 2015.

The lockdown got imposed from 23rd March 2020 bringing the endeavour of speedy restoration to a standstill. The immediate impact was that many children were still stranded in child care institutions. These were children in conflict with the law to children from Nepal and Bangladesh and other children in need of care and protection as identified in the Juvenile Justice (Care and Protection of Children) Act 2015. The situation became overwhelming in certain instances which have witnessed the continuous flow of children in child care institutions.

Preparing for Restoration

Considering that the states had to continue to live with this indefinite period of intermittent lockdown and with the anxiety of a second wave of the pandemic, the fear was that the children would continue to stay behind in these CCIs, with distress level no less than the stranded Indians abroad. CINI's strategic initiatives since 23rd March 2020 to speed up restoration and reduce the distress level of the children stranded in the CCIs, was conceptualised by the development of an operational framework in compliance with the Supreme Court Order, central and state directives on COVID -19 through three critical stages identified as:

- **The Preparatory Phase**
- **The Implementation Phase**
- **Post Restoration Follow up Phase**

Critical Stages	Actions Taken	Support received from
PREPARATORY PHASE	☐ Health care precautions were adopted for the wellbeing of the children. CINI complied with the directives issued by the Government of West Bengal, Directorate of Child Rights and Trafficking on basic preparation to receive children at the child care institutions like- • Converting a room into an isolation ward • Restricting entry and exit in the CCIs • Following regular sanitisation • Making children practice handwashing techniques and other hygiene measures • Regular health check-ups were also undertaken ☐ CINI team members were oriented on the available guidelines from the governments and other legal authorities, circulars, directives and the operational framework. ☐ Child-friendly and gender-sensitive counselling support was enhanced in-house, and the counsellors started working in shifts, this helped the children to stride off the uncertainty and received assurance of going back to their homes. ☐ Virtual production of children before the bench of 1st class magistrates, i.e. Child Welfare Committee and ascertaining the social investigation order was undertaken. ☐ Conducted Social Investigation Reports through phone calls and video conferences with relevant duty bearers such as the District Child Protection Unit members, police, Childline team members, representatives of local self-government, CBOs, civic volunteers and community-based child protection committees at the village and ward level and also conducted physical visits for the purpose. ☐ Ascertained information about the financial status (COVID induced hardships included) of the families where the children were supposed to be restored. CINI team communicated with the police to determine whether the homes of the restorable children were in the containment zones. ☐ The paper-based documentation was replaced by online documentation procedures to speed up the restoration procedures. Cooperation from the police and the DCPO was sought. ☐ Restorable children and CINI's restoration team members underwent COVID tests before the restoration procedures. ☐ An effort was made to obtain the Escort order from the CWC. ☐ Government permits (NOC) for inter-state restorations were also obtained. The arrangements were effectively backed up by the police.	Child Welfare Committee CINI operated Childline and Railway Childline team, members West Bengal Task Force, Directorate of Child Rights and Trafficking Kolkata Police Officials Kolkata/West Bengal Police Special Juvenile Police Unit District Based Child Protection Units Representatives of Local Self Government Members of the community-based child protection mechanism Parents
IMPLEMENTATION PHASE	☐ Despite the closure of the CWC premises owing to lockdown, CINI team members contacted the CWC Chairperson and also the members, through telephone and video calls and without delay passed release orders online. ☐ CINI team developed a Restoration/Repatriation calendar (inter/intra district/inter-state and inter-country) and a plan in collaboration with childline, concerned state departments, special juvenile police unit and police to facilitate smooth restoration during lockdown without violating any laws/government directives and circulars. ☐ CINI team also facilitated both the social investigation and restoration for children in both NGO run homes and Government-run homes ☐ Eventually, some of the families resisted on taking back the children considering	Community members

the children to be added responsibilities. In such instances, CINI team conducted family counselling sessions both virtually and telephonically to make them understand the devastating impact of the pandemic on the children and how it was necessary to keep the children in the families.

◻ During the restoration, the children were provided with a 'take-home ration kit.'

POST RESTORATION FOLLOW-UP PHASE

◻ Weekly follow-ups over the telephone were conducted to understand how the children were doing back home and identify their persisting needs.

◻ Effort was made to link the children with online educational classes/health check-ups and preventive sponsorship schemes.

◻ Virtual counselling sessions were also conducted with the restored children and their families.

◻ Virtual sensitisation workshops were also organised for children on protecting themselves from the deadly virus, keeping children safe during the pandemic and protecting them from various forms of violence.

◻ Physical follow-ups are being conducted by duty bearers such as the police and community members to ensure that the restored children are safe and sound.

Challenges faced

◻ The main challenges were faced while conducting online restoration procedures. Since SIRs and CWC productions are usually done in-person, it was the first time that the staff and stakeholders had to coordinate online at such a massive extent. Online coordination and networking with multiple stakeholders posed difficulties because of connectivity issues and network disruptions, especially post Cyclone Amphan. These issues, coupled with the lockdown, also caused a delay in carrying out restoration.

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◻ All the teams and stakeholders involved in conducting the restoration procedures dealt with the matters carefully and patiently. A series of online processes were conducted before the physical process of reuniting children with their families took place. The stakeholders ensured that the children were not sent without proper background checks and home-verifications which took up more than 80% of the time to restore children.

Steps to overcome challenges

◻ Since pre-restoration procedures were mostly conducted online and as there were network related issues, the stakeholders decided to wait and patiently act on it. Online activities post Cyclone Amphan took a week or two to normalise and CINI's team members and stakeholders got back on track to complete the online restoration procedures.

Conclusion

Early identification of at-risk children and the timely repatriation of children to Nepal, interstate restoration, intrastate restoration was possible with the support from the various systemic actors, representatives of local self-government, parents and other community members amidst this pandemic. The favourable ecosystem developed by CINI reinstated hope amongst the children, thus reducing their languishing period in the CCIs.

Empowering Adolescents for risk reduction in Pre and Post COVID Situation and Preventing Family Separation

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Background and Context

Adolescents constitute 21% of the country's total population and 22% of the total population of Jharkhand. They are considered as agents of change. If provided with the necessary skills and opportunities needed to reach their potential, they can be a driving force for supporting the development and contributing to peace and security. Hence, there is a dire need to invest in the well-being and proper nurturing of adolescents to optimise their potential and contribute to the development of a nation.

The prevalence of anaemia, malnourishment, school dropout, gender discrimination, child marriage, and child labour are some of the prevalent issues of adolescents
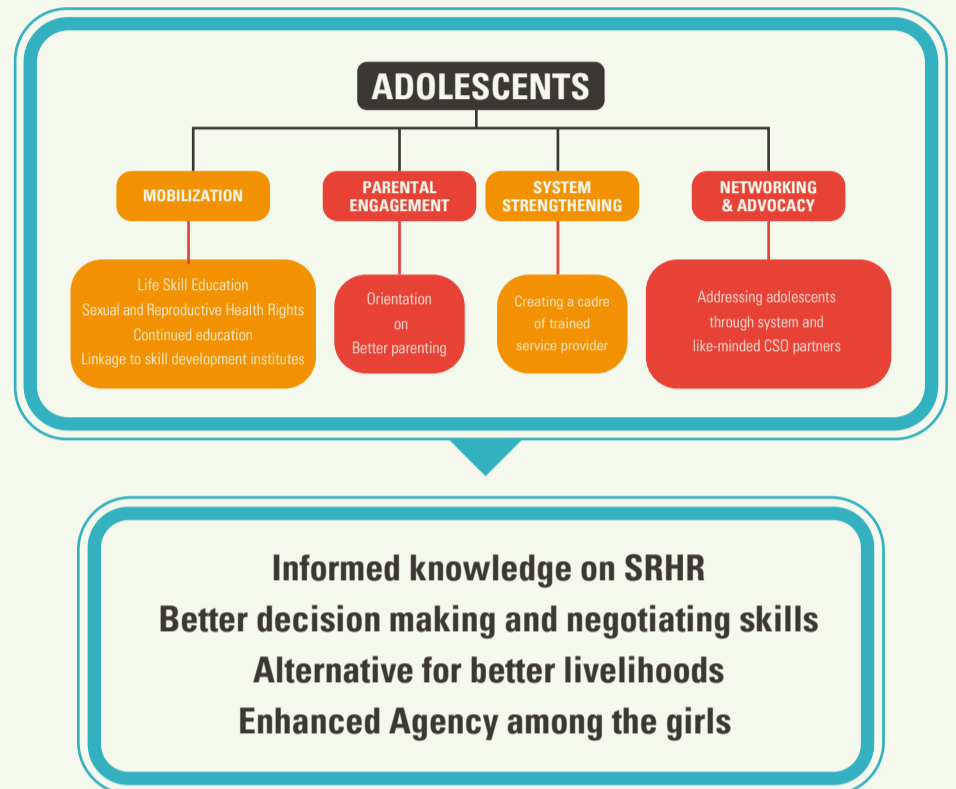
Jharkhand is one of the states blessed with immense natural resources but lags in many socio-economic indicators. The indicators pertaining to adolescent protection, education, health, and nutrition in Jharkhand reflect the need to create an enabling environment for adolescents' development. The prevalence of anaemia, malnourishment, school dropout, gender discrimination, child marriage, and child labour are some of the prevalent issues of adolescents. **As per National Family Health Survey (NFHS) - 4, 54% girls in the state are anaemic, 37.9% women aged 20-24 years married before 18 years, 12% of women in the age group of 15-19 years were already mothers or pregnant.**

Adolescent Empowerment Package – THE CINI MODEL

Child in Need Institute (CINI) is working for the well-being of children for more than four decades and following its Child-Friendly Community (CFC) strategy, that aims to create an enabling ecosystem for the holistic development of children, the organisation has created some models of development in many states. Adolescents play a very important role, and one of the major stakeholders in the communities for raising issues pertaining to children in various platform. To abide the United Nation Convention on the Rights of Children (UNCRC) guidelines that talks about "child participation" and for the "best interest of the child" this has always been a strategic move for CINI to keep adolescent and children in the centre of our program activities. The figure below represents CINI's Adolescent Empowerment Model:

It demonstrates the engagement of three key stakeholders; the community/parents, service providers and local level institutions, which are critical influencers for adolescents. The package for the empowerment of adolescent envisages intensive engagement with them to offer following services for their self-improvement and creating enabling environment:

- Capacity building of the service providers on key adolescent issues – nutrition, mental health, Sexual and Reproductive Health (SRH), substance misuse, injuries and violence, non-communicable diseases and child protection.

- Liaison with government officials for better knowledge dissemination and service delivery as per the adolescent schemes

- Facilitating the democratic selection of peer leaders among adolescents and capacitating them on key adolescent issues.

- Propagation of information among the adolescents on core components like life skills, Sexual and Reproductive Health SRH and protection through regular village level group meetings thereby reaching out to the larger population of adolescents boosting their knowledge and awareness and bringing subsequent change in aspirations, behaviour and social capital.

- Engagement with the parents on parenting to internalise adolescent issues and take decisions for their best interest.

- Orientation of the child protection committee members to understand child vulnerabilities and risks, identify the same in the designated villages and take local solutions to resolve them.

- Orientation of the School Management Committee (SMC) members to ensure retention of children in schools and completion of education.

Networking and advocacy with government officials at state level and like-minded Civil Society Organization (CSO) partners to raise issues for adolescents for policy-level changes.

The Vulnerability Assessment – understanding adolescent issues

Adolescence is one of the critical and sensitive phases of life. Their approach/negligence on either of the following four broad domains viz. Education, Protection, Health & Nutrition make them vulnerable. It was decided to assess these vulnerabilities at regular intervals and based on the findings, formulate a strategy to address them. The vulnerability assessment was done on the indicators of food security, protection issues, adolescent issues raised and addressed in pre and post COVID situation, access to information and knowledge on adolescent services, covering health and nutrition issues as well. CINI facilitated two rounds of vulnerability assessment with adolescents in identified blocks of Simdega (Niti Aayog Aspirational Districts) and Saraikela, Jharkhand to understand the factors affecting the lives of the adolescents' pre and post COVID situation. The assessment outcomes helped design strategies to minimise the vulnerabilities by empowering adolescents through life skills and strengthening community institutions to work as a convergent mechanism in building the community safety net.

Due to this pandemic, the past year has seen unprecedented events that shocked the whole world and children faced severe disruptions in their lives. The entire nation went into lockdown, and the effects of which were felt severely by people in marginalised communities. Loss of jobs, lack of employment, the closing of schools, no access to food and other health options created more vulnerabilities and challenging conditions in the communities, especially with children and families. In one of the studies undertaken by India Child Protection Fund (ICPF) with Childline, it was reported that in India, violence against children and abuse has gone up four times more in the communities during this pandemic lockdown period and the worst suffers are the children.

In this context, it was essential to understand the critical vulnerability factors that have shown changes in/during the pandemic period and how CINI can strategies its intervention to reduce the same and empower adolescents through life-skill enhancement.

> The assessment outcomes helped design strategies to minimise the vulnerabilities by empowering adolescents through life skills and strengthening community
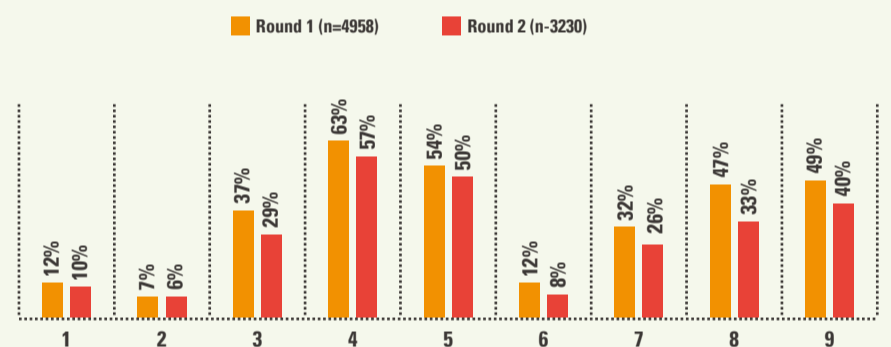
The Methodology

With a sample size of 4958 adolescents (male 1076 and female 3882), the first round of vulnerability assessment was undertaken in early 2020 to determine the key issues and areas that require immediate attention to reduce the vulnerabilities and strengthen the community dialogue process for preventing family separation. The second round of the same assessment could be undertaken with only 3230 adolescents.

The second round of assessment was done on the same indicators to analyse the following questions:

What factors affect children/adolescents' lives irrespective of any emergency/pandemic situations?

What indicators have shown positive/negative improvements in pre-COVID and during COVID situation?

What new vulnerabilities have emerged due to the pandemic situation, and how can they be addressed?

Key findings

VULNERABILITY ASSESSMENT

Round 1 (n=4958) Round 2 (n-3230)

1=Child Labour, 2=Gender Based Discrimination, 3=Do not Understand Online Abuse, 4=Poor knowledge and access to transformation on SRH, 5=Poor knowledge of Contraceptive measures. 6=Not getting twice-a-day meals and one breakfast regularly, 7=Not getting a balanced nutritious diet, 8=Poor knowledge on anemia, 9=Symptoms of anemia but haemoglobin levels are not known.

The assessment was undertaken in the intervention areas twice during the year once pre-COVID and other post-COVID. It is evident that despite pandemic that triggered many unprecedented situations, some of the indicators pertaining to adolescent vulnerabilities have shown improvement compared to the 1stassessment. Delving into the issues of adolescents, led us to the understanding that despite the pandemic and other unplanned circumstances, the vulnerability indicators on some of the key indicators have reduced. The study findings also highlighted that some of the vulnerabilities and risk factors like gender-based violence, child labour, improper parenting, school dropouts, substance abuse, poor access to health and SRH services, etc. are still present in the communities and such pandemic situation multiplies the harmful impacts of these issues on children, adolescents and families. Issues like poor knowledge of contraceptive measures, unavailability of a balanced and nutritious diet, and poor understanding of anaemia are the alarming indicators that can make adolescents vulnerable as these are still prevalent in the communities of any emergency situations.
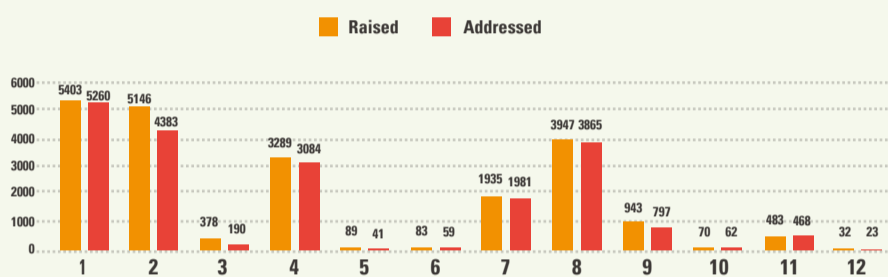
The findings show an increase in adolescents' awareness level, which enhanced due to optimum use of digital technology and awareness-building during COVID via online

platforms. More adolescents were oriented, and capacity building was done on online child abuse and its consequences.

It indicates that there is a dire need to improve service delivery as well as invest in capacity building of service providers to ensure quality services and delivering the right information.

CINI facilitated linkages of vulnerable families with different government schemes which is an important strategy in family strengthening, thus preventing separation of the child from the families. The graph below shows the impact of our initiative on service linkages:

ISSUES RAISED AND ADDRESSED DURING COVID LOCKDOWN (N=11,243)

1=Food Insecurity, 2=Protective Kit, 3=Non access to facility for getting tested, 4=Non access to menstrual absorbents, 5=Mental health issues, 6=Domestic violence, 7=Children not engaged constructively at home, 8=Lack of awareness on COVID prevention, 9=Lack of awareness about govt. provisions/entitlements on COVID relief, 10=Non-accessibility to general health services to pregnant women or sick individuals, 11=Non-availability of any critical/life saving/emergency medicine for anyone in the family, 12=Non-connectivity with someone from the family stuck in other states or other districts (migrant workers)

Initiatives undertaken in addressing these risks – CINI's Child Preventive Model

CINI focuses on strengthening the response mechanism with its 'multi-stakeholder convergence model', emphasising the importance of collective action as an approach towards preventing unnecessary separation of children and facilitating access to alternate care support. The intervention's two key focuses are strengthening systemic response and community-level initiatives towards ensuring alternate care support to vulnerable children.

Conclusion and Learnings

The study undertaken helped us to understand the underlying factors of various child vulnerabilities and risk of their separation from families. The learnings of this study may be summarised as follows:

Effective and continuous engagement with children/ adolescent and participation is required for skill-building, information gathering, vulnerability assessment and disseminating information on child rights issues.

Certain vulnerability factors and the degree of vulnerability depends on situation and emergencies. At the same time, some other indicators remain unchanged. These factors are prevalent in the communities for all times.

Poor access to government schemes and lack of information are important factors that trigger and exacerbate risks and vulnerabilities.

CREATIVE ENGAGEMENT WITH CHILDREN

- Observation of some significant days e.g. Labour day, Environment day, Menstrual Hygiene Management Day etc. by engaging children
- Drawing, painting and creative writing competition

PEER LED MODEL OF EMPOWERMENT

- Capacity building of Peer Educators (Life skills, SRH, Health, Nutrion etc.)
- Discussion led by PE with other adolescent in small groups
- Promoted digital learning, use of digital platforms and social media

ESTABLISHING COMMUNITY LED MECHANISM OF CHILD PROTECTION

- Sensitizing community level institutions and gatekeepers
- Enhancing capacities of community gatekeepers to report issues requiring immediate attention

MAPPING & TRACKING OF VULNERABLE CHILD

- VLCPCs and Adolescent Groups provided tracking registers and are tracking vulnerable children in their locality
- Support to CWCs and DCPUs for immediate redressal of referral cases
- Digitized VLCPC registers and Vulnerability Assessment Tools

PARENTAL ENGAGEMENT

- Effective engagement with parents for better parenting and effective parent-child communication
- Demand generation for alternative care to promote family base care

Investing resources in the community and with effective system strengthening approach, children can be prevented from unnecessary separation from their families.

The need of the hour is a paradigm shift in the approach of the system for minimising the dependence on institutions and maximising the preventive approach at the community level.

The First International Care Leavers Convention, 2020, leading to the launch of a Global Care Leavers Network and a resource website for them - a brief report

By Gurneet Kalra, Udayan Care

With a unique opportunity to collectivise Care Leavers at an international level, along with amplifying the direct voices of children and young people in Alternative Care, the First International Care Leavers Convention 2020 was held, virtually for three days, from November 23-25, 2020. As the need of the hour is to hear the unheard voices of Care Leavers along with providing them with a platform to improve the opportunities and support available to them, this Convention was held under the aegis of the Organising Committee, comprising, Udayan Care, (India); SOS Children's Villages International (Asia); The University of Hildesheim(Germany)and Kinderperspectief(The Netherlands), along with four Care Leavers Networks, namely CLAN (India), Generations Never Give Up(Sri Lanka), Zimbabwe Care Leavers Network and the Latin America Care Leavers Network. The Convention saw more than 2200 participants from over 83 countries from 6 continents, with Care Leavers from many countries, practitioners, researchers, and civil society organisations joined to make it an outstanding virtual experience.

> **We need a proactive approach than a reactive approach - a young participant at the convention**

The three-month plan from October to December 2020 was conceptualised as a series of engagement activities including online polls and research webinars. The four pre-events were held (The need for Networking, Role of Video in Finding Voice, Contribution of Research on Care Leaving and the last one, a contest of Poster Presentation on Research and Practices on Aftercare), with the fundamental idea to facilitate and offer a platform for Care Leavers from different countries to share their voices and build momentum to the main event. The Convention was a result of a series of virtual meetings, webinars, engagement with transnational Care Leavers, leading to a Declaration by the youth summarising 11 gaps, they recognised in services,

> **There is a need to shift the focus from Negligence of Care Leavers to Resilience of Care Leavers**

especially during COVID times along with their recommendations, and about 42 global organisations and networks of Care Leavers from across the globe, endorsing the Declaration.

> **Rather than what they went through, Care Leavers are worth they came out from**

The vital objective of the Convention was to connect Care Leavers internationally along with enabling them to come together on a common and safe platform to learn, share and exchange their experiences, knowledge and challenges. The Convention helped Care Leavers to attract the attention of policymakers to act upon their recommendations by advocating and amplifying their voices for the betterment of the policy and practice related to them. Key takeaways were presented by a group of Care Leavers in this Convention to several policymakers from various countries on December 11th 2020, there by leading to a Global Network of Care Leavers, which will drive the 2nd International Care Leavers Convention in 2022. This unstoppable worldwide journey has just begun and requires a collaborative joining of 'all hands on deck' to sustain its momentum.

The 3-day main Convention had many sessions, keynote speech by Mark Riddel, who inspired everyone with his drive and determination that directed him to become from a Care

Leaver to the National Implementation Advisor, Dept. of Education, UK. This was followed by panel discussions, and breakaway sessions, in which practitioners, researchers, policymakers and Care Leavers themselves participated and enriched the debates and discussions. Finally, there was a special session conceived for the Care Leavers of the Americas (Canada, USA and Latin America). The Convention addressed several issues around Aftercare, good practices and models across continents, the pieces of training and care required during the transition of youth to adulthood worldwide, the existing gaps in services and policies that limit care to 18, the relationship between extending the age to receive a continuum of care for the youth and adult outcomes for the youth leaving care.

The major themes covered in this Convention included; "The COVID-19 impact on Care Leavers: Global Experiences", "The international Commitment to Youth, with particular focus on Care Leavers", Panel Discussion on"Policy and Legal

Framework on Care Leaving: Overview, Concepts and Strategies on Leaving Care", "The Development of the Care Leavers Declaration and Strategies for the Way Forward(Care Leavers from different regions present overview of the declaration)", "The Power of Story-telling in Care Reform", "Good Practices on supporting Care Leavers: Global, Regional and National Commitments", "What Do Young People want as a Good Practice?", and"The Commitment to the Rights of Care

How do I connect with the larger world? – The need for Networking

My Care, My Voice;

Contribution of Research on Care Leaving – the Global Experience

Poster Contest – presentation on posters and adjudication by Jury

Leavers in a Global World: A Road Map".
On 11th December 2020, the Convention final summarised the key takeaways of 'Care conversations' and assembled concrete commitments from policymakers at a legislative level on care-leaving policy, which will employ this data to advocate lasting and transnational change. Some of the key take-aways highlighted the following:

It is crucial that the caregivers in residential care are capable of understanding, accepting and nourishing the children in care. "The heart family is as essential as the blood family."

Children and youth do want to be better prepared for leaving care. Accessibility to information, education, employment and other services can be encouraged by facilitating children's access to the digital world.

More participatory research can be useful to assess their strengths, resilience and challenges.

Free and quality access to mental health services for Care Leavers should be made mandatory.

25 should be the new 18 (soft landing from planet youth care on planet earth).

"Self-story" and "Story of Care Leavers" could potentially aid in 'healing' as well as 'Care Leaver's integration' into the outside world. Peer to peer local and national support groups for care leavers also need to be promoted and supported by all stakeholders.

Care Leavers must be included in decision/policy making processes as they would know the situation better due to their living experience as a care leaver. They also should be led to have a seat at the table at national and international forums such as the UN which is responsible for making essential decisions that may affect a Care Leavers' life.

Lastly, as part of extending the support and advocacy for Care Leavers, a resource website www.careleaverscommunity.org has been launched to further aid in the Aftercare community outreach and strengthening the network. The website aims to act as a safe platform for engaging with care leavers globally through its various interactive features. The momentum is hoped to be sustained through periodic engagement "Care Leavers Cafe" sessions organised by the core group of care leavers.

[1]*Care Leavers are young adults, who exit residential care or foster care on turning a certain age of adulthood, which is mostly 18 years and have minimal support for their financial, social and emotional stability and independent living.*

[2]*Declaration-http://careleaverscommunity.org/declaration.html*

[3]*Key takeaways - http://careleaverscommunity.org/assets/files/Key-takeaways11th.pdf*

[3]*How do I connect with the larger world? – The need for Networking https://www.youtube.com/watch?v=fTyS5OVres4&feature=youtu.be&ab_channel=UdayanCare*

[4]*My Care, My Voice - https://www.youtube.com/watch?v=kWHtHFh9Pcg&ab_channel=UdayanCare*

[5]*Contribution of Research on Care Leaving – the Global Experience - https://www.youtube.com/watch?v=pPjvai7AKMg&ab_channel=UdayanCare*

[6]*Poster Contest – presentation on posters and adjudication by Jury -https://www.youtube.com/watch?v=bD8VDLsCEEM&ab_channel=UdayanCare*

Supporting Youth Leaving Care (SYLC)- An innovative Aftercare Outreach Programme   By Leena Prasad, Udayan Care

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Care Leavers are youth who have lived in Child Care Institutions (CCI) for a large part of their lives and have transitioned to independent adult living, on attainment of 18 years of age. Most of them have had early adverse, traumatic experiences, such as deaths of their parents, neglect, abuse or even exploitation in some cases. During their time in child protection and care system, most of them go through multiple placements, lack of individual attention, and lack of attachment with their caregivers in the CCIs. On attaining 18 years of age, they are required to leave CCIs and are expected to live independently. But universally and more so in India, most of them are not prepared for independent living. They face the challenges of housing, employment, psycho-social support and health services, and the absence of a support system, which is an essential aspect of the continuum of care approach.

India's key child protection law, the Juvenile Justice Act of 2015 provides for support to Care Leavers in the form of Aftercare so that they are able to join mainstream society as independent adults. This legal mandate strongly acknowledges that at 18 years of age, these vulnerable children and just turned youth are not equipped to live independently. Even as they turn 18, the vulnerabilities do not disappear because of the age.

Udayan Care for over 25 years has been providing support to children in need of care and protection through its Udayan Ghar Programme and supporting the youth exiting from Udayan Ghars through its Aftercare Programme and Alumni network. This experience gave rise a desire to support other children and youth who are living in other CCIs and Aftercare homes. But this required an in-depth study of the situation of youth exiting CCIs (Care Leavers) for evidence building. This led to the first of its kind study on Aftercare in India, "Beyond 18", by Udayan Care, with support from UNICEF, Tata Trusts and a host of partners to understand the situation of Care Leavers in India and how they can be supported. The Aftercare Outreach Programme (AOP) is a logical spin-off of the "Beyond 18" research study on Aftercare.

AOP is designed to address the unaddressed issues in the transition phase, while a child is still in a Child Care Institution (CCI) and later, in Aftercare, based on the 'Sphere of Aftercare'; a theoretical framework proposed in the research study, a framework that outlines eight domains of support needed: Housing, Physical health, Independent living skills, education and vocational skills, social support and interpersonal skills, emotional wellbeing, identity and legal awareness, financial independence and career. It aims to provide transition and rehabilitation support to Care Leavers through:

◻ Skills: Training and Development – Workshops and Mentoring

◻ Education/ vocational training: information, access, financial support
◻ Experience – Internships, Apprenticeships, Placements.
◻ Collectivisation – Care Leavers Association and Network (CLAN)

In 2020, despite the limitations of COVID-19, we were able to roll out this programme in the National Capital Territory of Delhi and Vadodara, Gujarat. A total of 42 youth from different CCIs in Delhi and ten youth from CCIs and beneficiaries of the state-sponsored Palak Mataka Pita Yojna have been taken on board, to be supported for their various needs to enable them to achieve their aspirations.

Udayan Care covers a detailed matrix to implement the intervention plan for Care Leavers. Out of the 80-100 Care Leavers from NGOs/CCIs/ Government, we shortlisted 42 Care Leavers at Delhi and ten at Gujarat through an Aptitude and needs assessment Check. Then, we implemented an Individual Aftercare Plan based on the eight domains of "Sphere of Aftercare" focusing on education and vocational skills. We designed extensive workshop modules on career opportunities, curriculum vitae writing, interview skills, placements, legal and financial literacy, resilience, emotional wellbeing and life skills. While we provide handholding support to the Care Leavers for vocational training and education, CLAN (Care Leavers Association and Network) remains a milestone in the journey to settling their lives. Monthly meetings, training and reinforcing the agenda keep them on the same page which catalyses the visualisation and appropriate implementation of the ideas.

Whatever we do also have a reflection of our donor's inspiration and vision, and we are hugely grateful to them for their unwavering support. We are so grateful to all our partners for joining us in this innovative intervention that hopes to build a family of care leavers in multiple cities and equip them with skills that contribute to the country's citizens.

Master class on children's right to participation and setting up of children's committees in Child Care Institutions (CCIs)

By Catalysts for Social Action

Child participation is one of the core principles of the Convention on the Rights of the Child (CRC) and India's Juvenile Justice Act, 2015. The principle asserts that children and young people have the right to freely express their views and an obligation on adults to listen to children's views and facilitate their participation in all matters affecting them. This Master Class discusses why every CCI should have a Children's Committee, how to set up the same, the operational best practices, and how it promotes the development of critical life skills for children in institutional care.

Journey through care

Interview with children who have had experiences of living in kinship care

As narrated to Subhrata Jena, Youth Council for Development Alternatives (YCDA)

YCDA is an organisation working on implementing, strengthening and promoting alternative care services for children without parets and at risk of separation.

We share the stories of two young adults, Shahsikant and Puja, who YCDA supported as part of its programme on kinship care, to understand their experiences. They open up about the situations that led them to move into their relatives' care, and their life in kinship care – challenges, learnings and insights into how children and caregivers can be supported so that children have better outcomes in kinship care.

SHAHSIKANT'S JOURNEY

Tell us something about yourself?

I have completed my vocational technical education in electronics, and I am currently working in Harrier company in Pune. I like to play cricket and go for long bike rides in my leisure time. I had a keen interest in learning about electronics since childhood. I aspire to become an electronics engineer in future and earn money to give a comfortable life to my grandparents and siblings. Right now, my only dream is to get my elder sister married and to see her happy.

How has COVID impacted your life? How is it different from pre-COVID times? What has brought you the most comfort during these difficult times?

My company was closed in the shutdown due to the pandemic, and I returned to my village. COVID has indeed impacted our livelihood and earnings. I am trying to find solace in the time I get to spend with my brother and sister. After a long time, I am spending time with my siblings and getting an opportunity to make new memories. The initial days and months were difficult, as we did not know what was happening and information was sparse. We got support from YCDA during that time. In the last few months, the best thing that happened to us is that all of us siblings got together to construct a house for us. We had given up the hope of having our own home after my parents' demise.

How long have you been living in kinship care? What is your relationship with your caregiver?

I lived in the care of my grandparents for eight years. Living with my grandparents was our only option. I will ever be grateful to my grandparents for taking us in their care and providing us with a roof over our head even when they did not have many resources themselves. My grandmother did her best to feed us even if it was just rice with water and onion. Despite the challenges that we faced due to lack fo financial resources, I will never forget the love and affection we got from our grandparents after losing our parents. It meant everything to us.

Could you talk about the events that lead you to move in with your grandparents?

I lost my mother to an illness when I was ten years old. She was suffering from brain fever. She required specialised medical care, but my father did not have enough money to take her to the district hospital and afford the treatment. She passed away within days of getting diagnosed. After my mother's death, a few villagers complained against my father, and he was taken into custody by police for attempted murder and negligence. My father, who was aggrieved by my mother's passing away, could not bear the trauma of my mother's loss and the false charges against him. Soon after his release from the police custody, he took his life. My grandparents took us in their care since my mother passed away. My grandparents were old and frailing, with no money. It was challenging for them to support our expenses and take care of us at their age. My elder sister, who was 12 years old, had to discontinue her education due to financial constraints. She started working as daily wage labourer to support our expenses. I would have also given up on my education had it not been for YCDA's support. **My parents' loss left a deep scar in my mind. I was finding it difficult to concentrate on my studies. At the same time, I felt that I was responsible for taking care of my siblings.**

> My grandparents took us in their care since my mother passed away. My grandparents were old and frailing, with no money. It was challenging for them to support our expenses and take care of us at their age.

Could you share about the time when you moved in with your grandmother? How did you feel about it? What do you remember the most about that time? What were some difficulties and challenges you had to face during the transition?

I felt miserable in the initial days. I missed the love and care of my parents. My grandfather had lost his vision in both the eyes, which meant that he could not work and earn money. The feeling that we were a burden on our old grandparents would gnaw at my consciousness. Though we were going through difficult times, I found solace in the company of my siblings and my grandparents. I would talk to my grandparents and share our feelings with them without any hesitation. I had some good days and some not so good days where sadness would take over me. I could not sleep in the nights and had flashes of my innocent father getting arrested for my mother's death. That image was hard to forget. But we managed to survive through those difficult times with our grandparents' help. In the initial days, the community and neighbours got together and helped us with food. After a few days, an aunt took me to her house to stay with her. Thus, separating me from my siblings. This made me extremely sad and depressed. I would constantly worry about my siblings and think about how they would manage the house on their own. I was particular that my younger brother continues his education, but I was afraid that he might discontinue school due to additional responsibilities as I was not there. After a few days, I convinced my aunt and returned to my grandparent's house. All this while the struggle to sustain ourselves and our grandparents continued. There were days when we had to sleep empty stomach. I often missed out on school to help my elder sister manage the house and earn. In hindsight, I often think of my sister, who had to quit her education and work as daily wage labourer to support us. I also think of the childhood I never had and that I lost. I would never forget the struggles and difficulties we had to go through.

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What helped you to overcome those difficulties?

I think we were really fortunate to have the support of my grandparents and some kindhearted community members who helped us through difficult times. I also found support in my friends who were always there for me. With the help of a teacher who was giving me free coaching after school hours, I was able to do well in tenth grade, and that boosted my confidence and gave me much needed impetus to move forward in life. I found the most significant help in YCDA. **The life skills training and counselling that I got from YCDA also helped me break through negative thought patterns.** It instilled hope and confidence in me. They supported my education and helped me secure a job. Though I was fortunate to be with grandparents and siblings, I lost all hope and had no interest in continuing my education. The guidance and support that I got from YCDA staff, who would visit me every month was most helpful. That was the turning point of my life. When my family and I struggled to secure two meals a day, they supported my education and encouraged me not to give up. They also helped my family access the benefits of other social welfare schemes that provided us with some respite when we were most vulnerable.

Speaking from your experience, what kind of support do children require for a smooth transition into kinship care?

Children need to grow up in a caring and supportive family environment. The government should ensure that vulnerable families have access to support that they need to better care for their children. **The government should also ensure that there are alternative care options for children if care in families is not possible for some reason. I have come to know that there are many schemes and policies to this effect, but their accessibility is questionable. My sister was pushed into labour at a young age because of lack of support. If children like her and I have to struggle even after having schemes and services, what good are those provisions?** There are thousands of children whose life is a struggle because they have no parents or because parents cannot provide them with adequate care. But are those children getting the help that they require?

There should be proper counselling support, access to education, and reservation for orphan and vulnerable children. **Children require a support system or a person who can guide them through the transition into kinship care and continue to work with them when they are in kinship care. The transition into kinship care should be looked as a process and not an event.**

What was it like living with your grandparents? What were the challenges that you faced?

I think I speak for many children in kinship care when I say that nobody can love you and care for you better than your biological parents. In my experience, the relatives can show concern and watch over you only to a certain extent. Who would want to feel burdened with additional financial responsibility? **Unfortunately, your existence is a burden when you stay with your relatives. I think children who grow up with ageing grandparents have it rough as they have the dual responsibility of themselves and their grandparents.** The government is deaf to the concerns and challenges of children like us.

According to you, what is the support that children and caregivers need for children to have better outcomes from kinship care?

The government should have alternative care services for children without parental care. Sending children in

institutions where they grow up without a family environment in their formative years of life cannot be a solution.

For instance, we were three siblings, and If we were sent to institutions after my parents' death, we would have got separated from each other with little possibility of maintaining regular connect. I strongly feel that panchayat and village stakeholders should be enabled to address child protection issues. Also, there should be sponsorship support available to families and children that are most vulnerable as part of the preventive approach so that children are not pushed out of their homes'. Panchyat body should have a specific plan of action and support for children and caregivers in kinship care or any other family-like care.

PUJA'S JOURNEY

Tell us something about yourself?

My name is Puja, and I am 21 years old. I have completed my B.Sc, and I am currently preparing for the B.Ed entrance examination. I like to read and write in my free time. I love teaching, and I try to teach children in my village when I get time. I want to be a teacher and help children struggling to access education.

How has COVID impacted your life? What gave you comfort during this time?

I had to come back to my village after the nationwide shutdown was declared due to COVID-19. I was taking coaching for my B.Ed exam at that time. Now I don't know when I will give my exams. Often I feel like that my life is on hold. I could not give private tuitions for months, which affected my earning. It left me distressed. I got help from YCDA during that time. They also provided ration relief to my uncle's family for two months. I also got engaged in their sensitisation campaign on COVID in our village, which kept me busy. As the situation is improving now, I have started taking tuitions. I am also helping younger children by taking group classes on art, creative writing, and storytelling for their mental well-being.

How long have you been living in kinship care? What is your relationship with your caregiver?

I have lived in kinship care with my uncle's family for the last nine years. He is my father's elder brother. While I am thankful that my uncle provided me with a shelter when I needed it the most, I felt discriminated and ill-treated by other family members on many occasions. But I could never do anything about it.

Could you talk about the events/reasons that lead you to move in with your caregiver?

My life fell apart when I was seven years old. My father died due to a sudden heart attack. Though my family was poor, I was happy and content until then, as I had my parents' love and affection. My mother passed away within a year of my father's death. After my parents' death, my sister and I were left alone with nobody to care for us.

Could you share about the time when you moved in with the caregiver? How did you feel about it? What do you remember the most about that time? What were some difficulties and challenges you had to face during the transition?

My elder sister and I lived alone in our broken house after my parents' demise. My father's elder brother was the only relative I had from my extended family, but he refused to care for us. My sister and I continued staying alone for six months. We had to drop out of school and look for work to sustain

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ourselves. We were dependent on our neighbours' kindness, who would sometimes provide us with food. **We had to sleep empty stomach on many days, and there were times when we could not sleep because we were afraid of being alone in the dark.** It was a difficult time for us. With YCDA's intervention and assurance of financial help, my uncle finally agreed to keep us at his house. **My uncle had a large family to look after, and he was not financially sound. I went to his house with this awareness and without any expectations.** There was apparent discrimination in how they treated their children and my sister and me. It made me feel sad, and I would miss my parents even more. **My uncle and aunty got my sister married at the age of 14 years, and my aunty kept pressurising me to discontinue my education to get me married. She was threatening to put me in an institution. Looking at the situation, I had to stop going to school for some time. I realised that the only way to survive in my uncle's house was to get the acceptance of my aunty and so I started helping her with household work so that she would**

allow me to continue staying with them. I had a good bond with my uncle and elder cousin, which helped me. Over time, I was able to get my aunty's acceptance and could start going to school again.

What helped you to overcome those difficulties?

I had a good bonding and attachment with my uncle and elder cousin who were supportive of me at every step. They encouraged me to continue my education and were there for me whenever I felt emotionally vulnerable. I realised that I had to earn my place in my uncle's family. I would help my aunt in

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the household work so that others don't feel burdened because of me. With time, I was able to forge a good relationship with my cousins, and I also made friends in the neighbourhood. This helped me stay sane emotionally. What motivated me the most was the burning desire to fulfil my parents' dreams for me. I refused to get married early and decided that I wanted to study and be financially independent. I worked hard to realise my dreams, which kept me busy and focused. I would also like to mention the help that I got from YCDA to complete my education and provide me with timely guidance at every step in my kinship care journey. I was able to work on my relationship with my caregivers through their counselling.

Speaking from your experience, what is the kind of support children require for a smooth transition into kinship care?

Every child is unique and can reach their full potential with the right support system. **Children living in kinship care who often have a traumatic past involving separation from their parents, need a robust support system.** For a child to adapt to a family which is not their family of origin, requires counselling and adequate preparation. Children must have access to life skills training to guide them through the transition. **The caregiver and their family should also be prepared for the change.** It is important to establish roles and expectations from each other. It helps if the child can identify one person in the caregivers family who can be their support system. **Identifying a kinship family that could provide the best care to a child is important, and the system needs to be careful that this decision is taken after due diligence.**

What was it like living with your uncle's family? What did you like about it? What were the challenges that you faced?

Family is important for every child. I am grateful to my uncle and cousin brother, who supported me in my journey so far. Though it is relatively easy to adjust with a family of relation, it takes time for acceptance on both sides. I had difficulty adjusting to the different members of my uncle's family. My experience has taught me that a child going to another family has to make many adjustments and sacrifices to be accepted.

According to you, what is the support that children and caregivers need for children to have better outcomes from kinship care?

Every child needs a family. When a child loses both their parents, they crave for the care of a familiar adult relative, as that would give them some semblance of family. Sending a child to an institution at such a time can result in more trauma. Despite the challenges I had to face staying with my uncle's family, I think kinship care should be explored and promoted if a child loses both parents or child cannot be with their parents for some reason. **I believe children in kinship care need educational and psychosocial support to cope with difficulties and trauma from the past. It is important that children in kinship care can complete their education and get a job to help ease into independent living. The kinship family should also be provided with financial support so that the child does not become a burden on caregivers, especially when they may be struggling to make ends meet. If there is an assurance of financial help, relatives will be more forthcoming to accept caregiving responsibilities.**