INDIA ALTERNATIVE CARE NETWORK

IACN QUARTERLY

ISSUE 22/JUNE 2026

Hello,

Dear All,

We are pleased to present the 22nd Edition of the IACN Quarterly. This issue brings together diverse perspectives, field experiences, and knowledge resources that reinforce the importance of family strengthening, prevention of unnecessary family separation, and the promotion of family-based alternative care for children.

The Perspectives section explores thought-provoking themes including relationship-centred approaches to alternative care, the need for greater visibility of children in alternative care systems, and the often-overlooked issue of educational neglect among vulnerable children. Together, these articles encourage us to rethink child protection through the lenses of belonging, inclusion, and holistic development.

In Updates from the Field, contributors share practical experiences and innovative approaches from across India. The articles highlight the importance of sustained support beyond family reunification, strengthening district child protection planning, promoting community-led child protection, addressing the needs of children in vulnerable circumstances, and advancing family-based care through collaborative action involving government, civil society, and communities.

This edition also features Knowledge Resources, including a practical guide on the Sponsorship and Foster Care Approval Committee (SFCAC) and a prevention-oriented framework for reducing unnecessary family separation. These resources are intended to strengthen policy implementation, capacity building, and evidence-informed practice across the child protection sector.

We sincerely thank all the authors and contributors who have shared their knowledge, experiences, and insights for this edition. We also invite our readers to continue enriching the IACN knowledge community by sharing relevant resources, articles, and field experiences for publication on the IACN website and in future editions of the Quarterly.

Please write to us at iacnsecretariat@iacn.in if you would like to contribute.

Sincerely,
IACN Secretariat

Knowledge Resources

Information and Knowledge Resources on Alternative Care

Sponsorship and Foster Care Approval Committee (SFCAC): A Guidebook for Training and Capacity Building - By India Alternative Care Network (IACN)
https://iacn.in/resource/sponsorship-and-foster-care-approval-committee-guidebook-for-training-and-capacity-building-by-iacn/

From Risk to Resilience: A Prevention-Oriented Framework for Reducing Unnecessary Separation - By Poonam Rai, Lead, Monitoring, Evaluation and Learning (MEL), Miracle Foundation India
https://iacn.in/resource/from-risk-to-resilience-by-poonam-rai-miracle-foundation-india/

Perspectives

Commentary, Analysis and Insights

From Placement to Belonging: A Connection Lens for Alternative Care - By William Gali, Senior Programme Advisor, Family for Every Child & MHPSS Consultant

Counting the Invisible - By Beauty Sinha, Senior Program Coordinator, Udayan Care

Educational Neglect: The Silent Crisis Putting Vulnerable Children at Risk - By Syed Asima Ali, Counsellor, Human Welfare Voluntary Organization (HWVO)

Updates from the Field

Learnings and experiences shared by our Fellow members

Beyond Restoration: Why a Continuum of Care Matters in Transitioning Children from Institutional Care to Family-Based Care - By Dolon Bhattacharyya, Senior Manager – Research, Evaluation and Learning (REL) at the Technical Resource Centre (TRC), Rainbow Homes Program

Strengthening Child Protection Systems through District Child Protection Planning in Odisha: Practice from Field - By Manoranjan Dash, Technical Associate, PARiVAR+, Catholic Relief Service (CRS) India

Vulnerabilities of Children of Female Sex Worker (CFSW) in Manipur - By Tanuja Rajkumari & Dit Thoudam, Mirage Foundation

From Child Helpline 1098 to Community Action: Strengthening Family Support and Child Protection Systems for Children with Disabilities in Rural Jammu & Kashmir - By Sujahat Farhan, Senior Programme Manager, Humanity Welfare Organization Helpline

Strengthening Local Child Protection Systems and Local Governance: Reuniting Childhoods through Deinstitutionalization in Jamui District, Bihar - By Jitendra Pandit, Assistant Manager & Ranjana Srivastava, Associate Director, Udayan Care

A Mother Who Refused to Let Her Family Fall Apart: Bisso Rahi's Journey from Loss to Stability - By Dr. Km. Pratima, Associate Researcher, Foster Care Society

Community Led Child Protection and Prevention Models: Field Experiences from North Bengal - By Amit Kr. Ghosh, Unit Coordinator- North Bengal Unit, Child in Need Institute (CINI)

Knowledge Resource

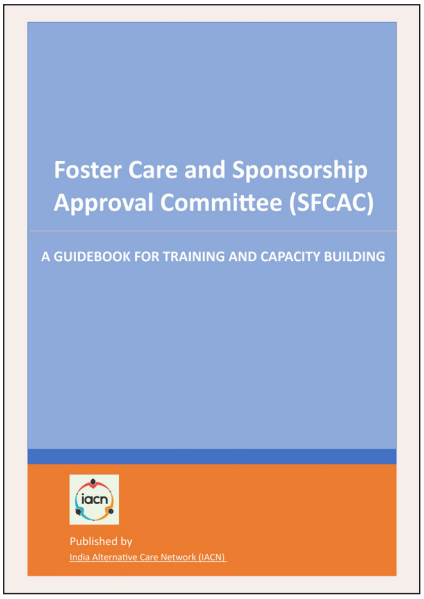
Sponsorship and Foster Care Approval Committee (SFCAC): A Guidebook for Training and Capacity Building

https://iacn.in/resource/sponsorship-and-foster-care-approval-committee-guidebook-for-training-and-capacity-building-by-iacn/

By India Alternative Care Network (IACN)

Children in Need of Care and Protection (CNCP) are often separated from their families due to poverty, neglect, disability, illness, or other vulnerabilities, despite the legal and policy framework in India that recognizes family-based care as the preferred option for a child's development and well-being. While Child Care Institutions (CCIs) continue to play an important role in providing temporary care, the introduction of **Mission Vatsalya (2022)** has reinforced the national commitment to deinstitutionalization by promoting preventive sponsorship, rehabilitative sponsorship, foster care, and group foster care as family-based alternatives. Central to the implementation of these measures is the **Sponsorship and Foster Care Approval Committee (SFCAC)**, constituted under the **Juvenile Justice (Care and Protection of Children) Act, 2015**, which is responsible for reviewing and approving sponsorship and foster care cases at the district level.

Although the policy framework is well established, the effective functioning of SFCACs has been constrained



by the absence of standardized operational guidance, limited capacity among stakeholders, fragmented inter-departmental coordination, and inadequate monitoring mechanisms. These challenges often result in inconsistent practices and reduced access to family-based care for eligible children. This document has therefore been developed as a practical and policy-aligned reference to strengthen the functioning of SFCACs by providing clear guidance on their composition, roles, responsibilities, operational processes, and decision-making mechanisms. It also highlights special situations requiring careful consideration and promotes convergence among government departments, Child Welfare Committees, District Child Protection Units, civil society organizations, and other child protection stakeholders.

Designed as both a reference guide and a capacity-building resource, this document aims to promote transparent, consistent, and child-centred implementation of sponsorship and foster care services. It is intended to support practitioners and committee members in making informed decisions that uphold the best interests of the child while advancing the broader goal of ensuring that every child grows up in a safe, stable, and nurturing family environment. The document should be read alongside the Juvenile Justice Act, Mission Vatsalya Guidelines, and the relevant Juvenile Justice Rules notified by individual states.

Note: This document is a work in progress. We would greatly appreciate your comments, suggestions, and feedback to help strengthen its content, and make it more comprehensive. Your inputs will be invaluable in refining and further developing the document.

From Risk to Resilience: A Prevention-Oriented Framework for Reducing Unnecessary Separation

https://iacn.in/resource/from-risk-to-resilience-by-poonam-rai-miracle-foundation-india/

Poonam Rai,
Lead, Monitoring, Evaluation and Learning (MEL), Miracle Foundation India

The article highlights why prevention is a cornerstone of an effective child protection system. It examines how addressing underlying risk factors early can reduce abuse, neglect, violence, family separation, and unnecessary institutionalization. It shows that child protection prevention works best when families are supported before problems become crises. Its central message is that caregiver support, community linkages, and relief from household stress must work together to protect children and prevent unnecessary separation. It brings together findings from three districts and highlights three main themes: family relationships and caregiver capacity, community support and service linkages, and household financial stress. Across these themes, stronger communication, emotional security, and practical support emerged as important protective factors, while poverty, weak support networks, and low awareness increased vulnerability. The article suggests that prevention should not be treated only as a response to risk, but as a family-strengthening strategy. It argues for coordinated action between community actors and service providers, along with district-sensitive implementation and policy support that connects child protection with social protection. In the end, the article's main takeaway is that preventing harm to children requires both caring relationships and material stability. When families are strengthened, communities are linked more effectively, and financial strain is addressed, child protection becomes more preventive, practical, and sustainable.

Perspective

From Placement to Belonging: A Connection Lens for Alternative Care

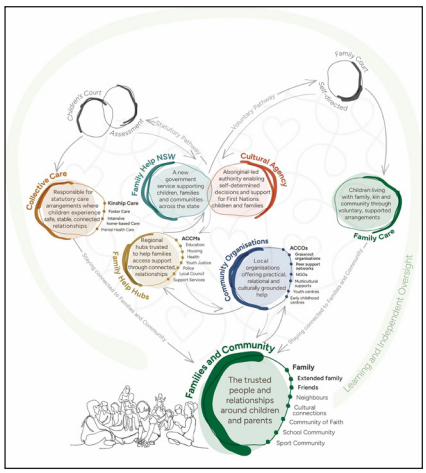
By William Gali.
Senior Programme Advisor,
Family for Every Child & MHPSS Consultant

Recently, during the Karnataka Family Summit (May,2026), in one of the small group discussions, we reflected on family as an ecosystem, keeping in mind the emotional wellbeing of children and families. We reflected on how children's emotional wellbeing can sometimes become overshadowed as legal, administrative and procedural responsibilities understandably demand practitioners' attention. I find it important to advocate for the idea presented by the **Centre for Relational Care**, particularly the **"Child Connection System." This system offers a relational approach to child protection, emphasising enduring relationships with family, culture, and community.** I intend to apply this vision to our context, focusing on alternative care and mental health, not as a debate on deinstitutionalisation, but as part of a holistic care approach.

Globally, there is growing recognition that children flourish best within families and communities wherever it is safe and appropriate to do so. Policies are increasingly promoting family strengthening, kinship care, foster care and deinstitutionalisation. Yet practitioners continue to grapple with an important question: how do we support children without disrupting the relationships that shape their identity, belonging and security? Perhaps the issue is not simply where children live, but how we think about care.

The Child Connection Framework developed by the Centre for Relational Care in Australia seeks to address this question. Rather than focusing primarily on placement or services, it asks how every child can remain surrounded by enduring relationships with family, kin, culture and community. This shift in perspective has practical implications. Instead of asking, "Where should we place this child?", We begin by asking, "Who are the people already committed to this child?" Alongside traditional risk assessments, practitioners may map the child's network of relationships through a Child Connection Map. Success is measured not only by services delivered but also by the strength of family relationships, community participation, cultural belonging and continuity of trusted adults. Family meetings become opportunities to strengthen the child's circle of care rather than simply develop case plans.

Why do connections matter? While recognising that children flourish best within safe, nurturing family environments, practitioners also acknowledge that some children may require residential care—whether because of complex protection concerns, specialised needs, or while careful family assessment



and reintegration are undertaken. The challenge, therefore, is not just to choose between families and institutions, but to ask how every child, regardless of where they live, can remain surrounded by enduring relationships that provide safety, identity, and belonging.

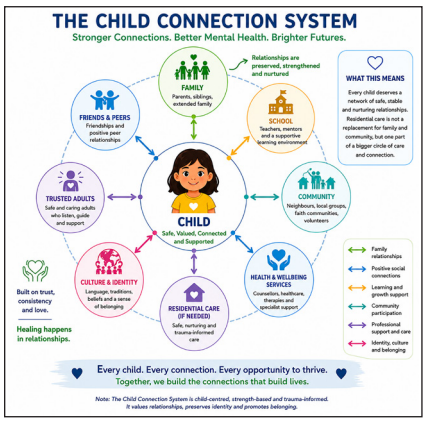
It means that even a child living in residential care should have meaningful family relationships where safe, trusted adults, community connections, cultural identity, friendships, and continuity of care exist. The aim is not to replace children's relational networks but to strengthen and preserve them wherever possible (United Nations General Assembly, 2010). This reflects a broad body of evidence across attachment theory, developmental neuroscience, trauma research, and resilience studies showing that children's mental health is shaped not simply by the absence of adversity but by the presence of safe, stable, nurturing relationships (Bowlby, 1969/1982; Shonkoff & Garner, 2012; Masten, 2014; Perry & Szalavitz, 2006)

From a mental health and psychosocial support perspective, this model is particularly compelling because it shifts attention from managing services to nurturing the relationships that promote children's emotional wellbeing. Research consistently shows that children recover from adversity through stable, caring relationships that foster safety, trust, identity and belonging. Seen through this lens, connection is not simply a social ideal—it is a core mechanism through which children develop resilience and heal from adversity. Viewed through this lens, connection is no longer only a child protection principle, rather becomes a developmental, mental health and resilience principle, prompting practitioners to re-evaluate their thinking. Instead of asking "Has the child been placed safely?" they might also ask -

- Does this child have someone who knows them deeply?
- Does someone delight in this child?
- Who enjoys to spend their time with this child?
- Who helps this child regulate emotions?
- Who will remain in this child's life five years from now?
- Who gives this child a sense of identity and belonging?

Many practitioners will recognise that these ideas are already present in their work. Genograms help us understand family relationships; eco-maps broaden our understanding of community connections; Family Group Decision Making and Family Finding intentionally engage the wider network of people around the child; and approaches such as Signs of Safety seek to build safety through naturally occurring relationships. The Child Connection System does not replace these practices. Rather, it offers a way of seeing how they fit together within a shared relational vision.

Perhaps the greatest contribution of a connection-centred approach is that it encourages us to move beyond seeing child protection solely as the prevention of harm. Through a mental health and psychosocial support lens, connection itself becomes a protective and healing resource. Whether children are living with their birth families, in kinship care, foster care or residential care,



the question is not simply whether they are safe, but whether they are known, loved, connected and able to experience a sense of belonging. These are not outcomes separate from child protection; they are among the strongest foundations of children's resilience, wellbeing and lifelong development. This perspective prompts a critical inquiry into child protection: What conditions enable children to thrive rather than merely survive? Key conditions for thriving include secure relationships, belonging, identity, participation, hope, emotional safety, and opportunities for contribution, all of which are vital wellbeing outcomes.

The Child Connection System has served as an invitation to think differently. Its value lies less in offering another programme than in offering another way of seeing. Its contribution may not be another model of care, but a reminder that relationships are themselves a form of protection. As we continue to strengthen family-based and community-centred care, perhaps the question is no longer only where children should live, but **how every child can remain surrounded by enduring relationships that enable them to feel safe, known, valued and connected.**

(Reference: The Centre for Relational Care's Child Connection System page, which explains the vision and provides the infographic).

These views are personal and do not represent any associated institution.

Counting the Invisible

By Beauty Sinha,
Senior Program Coordinator,
Udayan Care

Every Census in India counts millions of people, yet many children remain unseen as a separate entity. Those who grow up without parental care, whether in care homes, foster families, or kinship care remain invisible in our national data. In Census 2011, individuals living in 'institutional households', a category that includes orphanages, hostels, prisons, and religious establishments, were counted collectively. However, children in Child Care Institutions (CCIs) were not distinctly identified or separated from other institutional residents, and disaggregated data on their numbers is not available in the public domain.

According to the Ministry of Women and Child Development (2025), in the financial year 2024–25, **76,882** children were supported under institutional care through Mission Vatsalya, while **1,70,895** children received assistance under non-institutional care services, including sponsorship, foster care, and aftercare. While these figures reflect significant government investment, they also highlight a persistent gap: the absence of **disaggregated data on children's care histories, transitions, and long-term outcomes**. For example, there is still no systematic mechanism to capture how many children exit institutions each year, where they go, or whether they access aftercare support.

Yet such numbers also fail to account for children in kinship care or foster placements not registered under state schemes. **Care leavers, those who step into adulthood at 18 with care experience and without family or state support vanish entirely from records.** In 2019, a landmark study involving 435 care leavers across five states of India found that 40% had not completed schooling, 42% had lived in two or more CCIs, and 61% experienced recurring emotional distress (Udayan Care, 2019). Meanwhile, many care leavers struggle to prove their identity, lacking address proofs, voter IDs, or PAN cards. Without these legal identity documents, they are often excluded from rental agreements, denied admission to educational institutions, unable to open bank accounts or apply for jobs, and left out of social protection programs designed to support vulnerable youth. (Times of India, 2024).

This invisibility is not about statistics alone. It is about whether these young people are acknowledged in the nation's vision for its future. These gaps in data are not just technical—they mean that policies for aftercare, reintegration, and youth support are built on incomplete evidence rather than on the lived realities of care-experienced children and youth.

A Petition, A Collective Struggle

When news of the upcoming Census 2027 emerged, along with one Supreme Court directive asking states to identify orphans who had been denied their right to education under the EWS quota, our advocacy team at Udayan Care saw a wider concern. The vulnerability highlighted was not limited to orphans. It extended to all children in need of care and protection, and those in conflict with the law—as defined under the Juvenile Justice (Care and Protection of Children) Act, 2015.

We began with desk research, examining the Census process in detail. To our surprise, while the government makes enormous efforts to ensure every person is counted, children in alternative care are not counted distinctly. For example, prisons and child care institutions fall under the same broad institutional category. There is no differentiation to indicate whether a child is an orphan in urgent need of support, a child in kinship care, or a young person preparing to exit an institution.

This gap drove us to submit a petition to the Registrar General and Census Commissioner of India. Our request was simple: in the upcoming Census, create categories for children in alternative care and for care leavers. In other words, **"count them".**

Since then, we have followed up through emails, phone calls, and reminders. The silence has been long and heavy. Yet, this journey has only strengthened our conviction that advocacy is rarely straightforward. It requires persistence and patience. At Udayan Care, we believe that systemic change begins with small but courageous steps. Submitting this petition was one such step. Real change, however, will only come when policymakers, institutions, and civil society join hands to demand visibility for children who have been left out for far too long.

What Happens When They're Not Counted

The absence of data has far-reaching consequences:

- **No evidence, no policy**: Aftercare services remain fragmented and underfunded.
- **No numbers, no budgets**: Resources are allocated on assumptions, not actual needs.
- **No recognition, no rights**: Invisible in data, many young people remain excluded from welfare schemes.

Behind each missing data point is a child struggling to build a life without recognition.

What Could Be Possible

India can take meaningful steps to bridge this gap. For example:

- Asking households about parental survival and care history.
- Differentiating child care institutions from prisons and other institutional settings.
- Including care leavers in houseless enumeration rounds.

Data is not only about accuracy. It is about acknowledgement. To be counted is to be seen, and recognition is the first step toward building effective support systems.

A Call to Community

This is not just a story. It is a story shared by thousands of children and care leavers across India. Their voices need amplification. Their presence in the Census would send a powerful message: you matter, you belong, you are seen. Let us continue to remind policymakers that justice begins with visibility.

Because when we are counted, we are no longer invisible. And when we are visible, we can finally be planned for, supported, and empowered to thrive.

References

1. Ministry of Women and Child Development. (2025, July 30). *More than 40% increase in the number of children receiving assistance under non-institutional care of Mission Vatsalya in FY 2024-25* [Press release]. Press Information Bureau. https://shorturl.at/B8L75
2. Udayan Care. (2019). *Beyond 18: Leaving child care institutions—A study of aftercare practices in five states of India.* Udayan Care. https://www.clicforum.org/wp-content/uploads/2024/06/Full-report_-Beyond-18-You-Should-Know.pdf
3. Times News Network. (2023, October 27). *Challenges faced by care leavers in obtaining address proofs and voting rights.* The Times of India. https://timesofindia.indiatimes.com/city/delhi/challenges-faced-by-care-leavers-in-obtaining-address-proofs-and-voting-rights/articleshow/110408489.cms

Educational Neglect: The Silent Crisis Putting Vulnerable Children at Risk

By Syed Asima Ali,
Counsellor,
Human Welfare Voluntary Organization (HWVO)

"The greatest danger is not always that a child leaves school—it is that a child remains in school without ever receiving the education, guidance, and support needed to build a meaningful future."

Introduction

When conversations about vulnerable children take place, attention often centers on poverty, orphanhood, family instability, child labour, abuse, or limited access to healthcare. While these challenges undoubtedly affect children's lives, another equally serious but often overlooked issue continues to undermine their future is **educational neglect**. Educational neglect does not always mean that a child is absent from school. In many cases, children attend classes regularly, are promoted from one grade to another, and appear to be progressing academically. Yet behind this appearance lies a hidden reality: many vulnerable children struggle with basic reading, writing, numeracy, comprehension, and problem-solving skills that remain unnoticed and unaddressed for years. Unlike physical neglect, educational neglect rarely attracts immediate attention. It develops gradually, often hidden behind school enrolment records and promotion statistics, until the child reaches higher grades where learning demands exceed their abilities. By then, the gap has become so wide that the child begins to lose confidence, disengage from education, and eventually lose hope in their own potential.

Over the past three years, while working as a Counsellor with Human Welfare Voluntary Organization (HWVO) under the UNICEF-supported programme **"Building Community-Based Care Mechanisms for Vulnerable Children in Jammu & Kashmir,"** I have had the opportunity to work closely with hundreds of vulnerable children and their families through community-based Mental Health and Psychosocial Support (MHPSS) interventions. Through school visits, individual counselling sessions, family interactions, home visits, psychoeducation programmes, and community engagement activities, one recurring concern became increasingly evident: **many vulnerable children were moving through the education system without actually learning.**

Looking Beyond School Enrolment

School enrolment is often considered an important indicator of educational success. However, enrolment alone does not guarantee meaningful learning. Many vulnerable children continue attending school despite experiencing numerous barriers that directly affect their educational progress.

For many caregivers, meeting basic household needs becomes the immediate priority.

Monitoring homework, attending parent-teacher meetings, supporting academic learning, or recognising learning difficulties often becomes secondary—not because parents do not care, but because survival itself consumes their time and energy. Consequently, many children receive little academic guidance outside school. Homework remains incomplete, attendance becomes irregular, classroom difficulties remain unnoticed, and educational challenges continue to accumulate year after year. Educational neglect is therefore rarely the result of a single individual's failure. Instead, it often reflects multiple social, economic, and systemic challenges that intersect in the lives of vulnerable children.

When Learning Gaps Become Invisible

One of the most concerning observations during community interventions was the growing number of children who had reached upper primary classes but continued to struggle with foundational learning. Some children in middle school were unable to read age-appropriate texts fluently. Others found it difficult to perform basic mathematical operations expected several grades lower. Many lacked confidence to answer questions in class, avoided classroom participation, or remained silent because they feared making mistakes.

Unfortunately, these learning gaps often remain hidden.

Children become skilled at copying from classmates, memorising answers without understanding concepts, or avoiding classroom participation altogether. Teachers, burdened with large classrooms and limited resources, may not always have sufficient time to identify each child's individual learning needs. As a result, the problem quietly progresses from one academic year to the next.

Educational Neglect and Mental Health: An Overlooked Connection

Educational neglect is not simply an academic issue—it has profound psychological consequences. Repeated academic failure gradually affects how children perceive themselves. Many children begin believing they are "weak," "incapable," or "less intelligent" than their peers.

These beliefs often contribute to:

- Low self-esteem
- Anxiety related to school
- Feelings of shame and embarrassment
- Social withdrawal
- Loss of motivation
- Behavioural difficulties
- Increased risk of school dropout

Through counselling sessions, many children expressed feelings of hopelessness, frustration, and fear of attending school because they believed they could never catch up academically. When learning difficulties remain unrecognised, emotional distress often increases alongside academic challenges. Educational neglect therefore becomes both a learning issue and a mental health concern.

The Hidden Cost of Promotion without Learning

Promotion policies are designed to protect children from the stigma associated with grade repetition. Their intention is positive and child-friendly. However, promotion without adequate academic support can unintentionally create long-term educational disadvantages. A child who has not mastered foundational literacy or numeracy carries these learning gaps into higher grades where academic concepts become increasingly complex. Over time, the child experiences repeated academic failure despite progressing through school. Eventually, school becomes a place of frustration rather than learning.

Case Reflection 1: Re-engaging a Child Experiencing Hidden Learning Difficulties

Background

"Shahid" (name changed) was an eleven-year-old boy lives with his

father and siblings following the death of his mother. He belonged to a socioeconomically vulnerable household and was enrolled in primary school. During routine field visits, concerns were raised regarding his academic performance and limited classroom participation despite regular school attendance.

Assessment

School observations and discussions with teachers indicated that Shahid experienced significant difficulties with reading, writing, and basic numeracy. He demonstrated limited confidence in classroom activities, rarely volunteered responses, and often depended on classmates during learning tasks.

A home visit provided additional insight into his circumstances. Following the loss of his mother, the family's capacity to provide consistent educational support had declined considerably. His father, while concerned about his children's future, faced multiple social and economic responsibilities that limited his involvement in Shahid's education. The assessment suggested that Shahid's educational challenges were closely associated with bereavement, reduced family support, and long standing gaps in foundational learning.

Intervention

A multidisciplinary intervention plan was developed involving regular individual counselling, caregiver counselling, home visits, and continued communication with teachers. Counselling sessions focused on strengthening Shahid's emotional resilience, self-confidence, motivation, and coping skills. His caregiver received guidance on establishing supportive home learning routines and maintaining communication with the school. Teachers were encouraged to provide positive reinforcement and monitor his classroom engagement.

Outcome

Over the course of follow-up, gradual improvements were observed in Shahid's confidence, communication, and willingness to participate in classroom activities. Teachers reported increased engagement during lessons, while counselling sessions indicated improved emotional expression and greater motivation toward learning. Although his academic development required ongoing support, the intervention strengthened protective factors that promoted continued educational participation.

Practice Implications

This case demonstrates that children's learning difficulties frequently emerge from a combination of educational, emotional, and family-related factors. Addressing academic concerns in isolation may overlook important psychosocial barriers to learning. Integrated interventions involving schools, families, and mental health professionals can strengthen children's resilience and educational engagement.

Shared Responsibility for Every Child's Future

Addressing educational neglect requires collaboration among families, schools, communities, child protection systems, and mental health professionals. Parents and caregivers need support to understand the importance of regular school attendance, home learning, and early recognition of academic difficulties.

Teachers play a vital role in identifying children who struggle academically or emotionally. With appropriate training, teachers can recognise early warning signs, adapt teaching approaches, and refer children for additional support when necessary.

Counsellors and mental health professionals contribute by addressing emotional barriers to learning, strengthening children's confidence, improving coping skills, and working closely with families and schools. Community organisations and child protection professionals help bridge gaps between vulnerable families and essential services through awareness programmes, home visits, case management, and psychosocial

interventions. Educational success is therefore not the responsibility of schools alone. It is a shared commitment that requires coordinated action from everyone involved in a child's life.

The Importance of Early Intervention

One of the strongest lessons learned through community work is that educational neglect can often be prevented when difficulties are identified early.

Timely interventions such as:

- Early screening for learning difficulties,
- Remedial education,
- Psychoeducation for parents,
- Teacher capacity-building,
- School-based counselling,
- Mental Health and Psychosocial Support (MHPSS),
- Community awareness programmes, can significantly improve children's educational outcomes and emotional well-being.

Working directly with vulnerable children has reinforced an important lesson: education is far more than academic achievement. For many vulnerable children, school represents

hope, safety, belonging, stability, and opportunity. Every counselling session, school visit, parent meeting, and community awareness programme provided opportunities to identify hidden barriers preventing children from reaching their potential.

When vulnerable children receive emotional support alongside educational guidance, they begin believing in themselves again and when children believe in themselves, they begin imagining futures that once seemed impossible.

Conclusion: Transforming Vulnerability into Opportunity

Our mission has been to empower vulnerable children to overcome the barriers created by adversity so that these challenges no longer define their future.

If, through our collective efforts, a vulnerable child completes their education, develops confidence, secures meaningful opportunities, supports their family, and breaks the cycle of vulnerability for future generations, then our work as counsellors, educators, social workers, and child protection professionals has achieved its greatest purpose.

Every child deserves more than a seat in a classroom. Every child deserves the opportunity to learn, to be heard, to be supported, and to realise their full potential.

Because when we transform education, we transform lives

References

1. United Nations. (1989). *Convention on the Rights of the Child.*
2. Government of India. (2015). *The Juvenile Justice (Care and Protection of Children) Act, 2015.* Ministry of Law and Justice.
3. National Commission for Protection of Child Rights. (2018). *Reports on child rights and education.* Government of India.
4. UNICEF. (2019). *Guidelines on community-based child protection.*
5. Ministry of Education. (2020). *National Education Policy 2020.* Government of India. Government of India. (2021). *Samagra Shiksha: Framework for implementation.*

Updates from the Field

Beyond Restoration: Why a Continuum of Care Matters in Transitioning Children from Institutional Care to Family-Based Care

By Dolon Bhattacharyya,
Senior Manager – Research, Evaluation and Learning (REL) at the Technical Resource Centre (TRC), Rainbow Homes Program

Home is Not the End of the Journey

When **Shabnam** (name changed) speaks about her daughters today, she no longer talks about religion, social expectations, or what people in her neighbourhood might say. Instead, she smiles and says, *"I feel all faiths lead to the same humanity. What matters is that my daughters are safe, respected, and happy."*

Coming from a traditional Muslim family, she once struggled to accept the idea of her daughters marrying outside their faith. Like many parents, she worried about society's expectations and believed that religion should define family life. Both of Shabnam's daughters grew up under the care of the Rainbow Homes Program (RHP) before returning to their family. As they continued their education, grew into confident young women, and began making independent choices about their lives, Shabnam's own perspective gradually changed. Today, both her daughters are married to Hindu men. She comfortably stays in their homes, where her sons-in-laws perform puja while she continues her own religious practices.

Shabnam's story reminds us that successful family-based care transforms not only children, but also families.

Across the world, child protection systems increasingly recognize that children thrive best within safe and nurturing families. While considerable attention has been given to restoring children from institutional care to families, far less attention has been paid to what helps children and families thrive after restoration.

As RHP supported more children in transitioning from residential care to their families, one lesson became increasingly clear - restoration alone could not ensure a child's long-term wellbeing. Successful transition required a continuum of care that continued beyond reunification, supporting children and families as they rebuilt their lives together.

Drawing on RHP's evolving Family-Based Care journey across ten cities in India, and informed by insights from a Good Practice Study undertaken by the Technical Resource Centre (TRC) across six cities, this article shares practice-based lessons on sustaining children's transition beyond restoration.

Beyond Restoration: Why Continuum of Care Matters?

For many years, discussions on family-based care have rightly focused on helping children move from institutional care to families. However, one question deserves equal attention: ***What enables children to remain safe, connected, and thrive after they return home?***

As increasing numbers of children transitioned from residential care to their families, **RHP** realized that restoration alone could not answer this question. Children often returned to families still facing poverty, unstable livelihoods, health concerns, and social pressures, while children themselves came back with new experiences, aspirations, routines, and relationships shaped by their years in residential care. Rebuilding family life therefore required much more than reunification; it required children and caregivers to gradually rebuild relationships, adapt to new realities, and grow together.

This led to a fundamental shift in thinking. Instead of asking, *"Has the child returned home?"* the focus became, *"What do the child and family need to thrive after returning home?"* Restoration was no longer seen as the end of care, but as the beginning of a new phase of support. The emphasis shifted from ***"bringing children home"*** to ***"helping children grow within their families."***

RHP's Family-Based Care gradually evolved from restoration to strengthening the protective environment around every child through family support, educational continuity, emotional wellbeing, community engagement, and sustained follow-up. This evolved into a **continuum of care**—beginning before restoration, continuing through family strengthening after reunification, and extending into adulthood through the Futures Program.

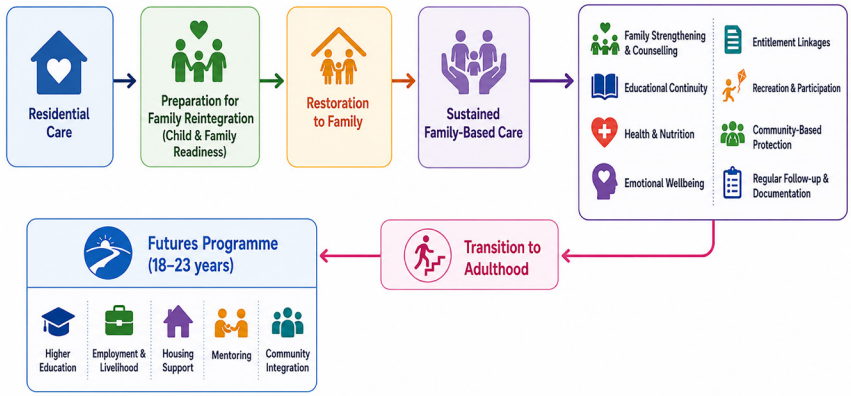
At its heart lies a simple belief that **children's transition is sustained not by restoration alone, but by the continuity of care, relationships, opportunities that helps children and families grow together over time.**

Rebuilding Families, Not Just Reuniting Children

Successful transition is not only about helping children return home—it is equally about helping families rebuild confidence as caregivers. For many parents, restoration marked the beginning of their own journey of adjustment. Rebuilding trust, redefining family roles, and responding to children's changing aspirations required time, encouragement, and sustained support.

Regular home visits, counselling, parent meetings, and everyday conversations created opportunities for families to reflect, solve problems and make informed decisions together.

Figure 1. A Continuum of Care Supporting Children Beyond Restoration



What Changed Within Families?

Earlier	Over time
Education often disrupted	Parents increasingly prioritized children's education and future aspirations
Early marriage seen as inevitable	Families encouraged girls to continue education and delay marriage
Limited parental engagement	Parents became more engaged in schooling and family decision-making
Parenting focused on survival	Greater attention to children's emotional wellbeing, confidence, and future planning
Traditional gender norms	Growing pride in daughters' achievements and independent futures

Across cities, these changes emerged gradually through sustained engagement with families. In Ranchi, parents who once wished for a son now proudly celebrate their daughters' education and aspirations. In Hyderabad, sustained support enabled a mother to rebuild a safe home where her child could continue education.

These experiences reaffirm that strengthening families takes trust, sustained engagement, and the belief that families themselves have the capacity to change.

What Sustains Children After Restoration?

Children's experiences across cities showed that no single intervention sustained successful transition. Instead, educational continuity, family strengthening, counselling, healthcare, child participation, community engagement, and regular follow-up together formed the building blocks of a continuum of care.

Individually, each of these practices contributed to children's wellbeing. However, they together formed the **building blocks of a continuum of care.**

When Communities Become Partners in Care

Family-based care extends beyond children and families. Communities also became important partners in care. Over time, across cities, Parent Collectives and Bal Sangathans evolved into platforms where families and children identified risks and acted together to protect children.

In one community in Hyderabad, members of a Parent Collective intervened when a young girl's marriage was being arranged. The member informed Rainbow's FBC team and encouraged discussions with both the girl and her parents. Through continued dialogue, the marriage was postponed, and the girl was supported to enroll in a vocational training course.

As families became stronger, communities also began to emerge as active partners in care. These experiences reaffirm that sustainable family-based care depends not only on strengthening individual families, but also on enabling communities to become active partners in protecting, supporting, and nurturing children.

Childhood Must Continue Beyond Restoration

Successful family-based care is not measured only by children's safety or school attendance. Across cities, children repeatedly spoke about something equally important—the opportunity to continue experiencing childhood through camps, sports, Bal Sangathans and friendships. For many children, these experiences represented much more than recreational activities. They strengthened friendships, nurtured leadership, encouraged self-expression, and reinforced a sense of belonging long after children had returned to their families.

> ***"Summer camp is when I meet all my old friends again."***
>
> ***"I learnt chess there... later I started playing in competitions."***
>
> ***"In Bal Sangathan, we can talk about problems in our community and think about solutions together."***
>
> These voices remind us that children need opportunities to belong, participate, and dream. A continuum of care sustains not only children's safety, but also their childhood.

Figure 2. What Sustains Children After Restoration?

Lessons from Practice: What Makes Transition Sustainable?

RHP's journey from residential care to family-based care has reinforced one central learning- **successful transition is not sustained by a single intervention, but by continued supports that evolves with children and their families over time.** This article highlights a few practice lessons that may be relevant to others working towards strengthening family-based care.

Restoration is the beginning, not the destination. Returning home is an important milestone, but rebuilding trust, relationships, and family life requires continued accompaniment.

Families transition too. As children grow, families also need opportunities to rebuild confidence and caregiving capacities. Investing in families is therefore central to investing in children.

Communities can become powerful protection systems. Parent Collectives, Bal Sangathans, and local networks demonstrated that child protection becomes more sustainable when communities are informed, engaged, and empowered to act alongside families.

Children need opportunities, not only protection. Education, recreation, participation, friendships, and opportunities to express themselves contribute as much to children's wellbeing as material support or safety. These experiences nurture confidence, belonging, and resilience.

Continuity matters more than individual interventions. Perhaps the strongest lesson emerging from this journey is that no single intervention transforms children's lives. Children's needs continue to evolve beyond restoration and into adulthood. Supporting this journey requires sustained relationships and pathways such as

the Futures Program. Transition does not end at eighteen; it continues until young people can navigate adulthood with confidence and dignity.

Conclusion

The experiences shared in this article suggest that family-based care is not a destination, but a continuum. Restoration may bring children home, but it is sustained relationships with families, communities, and supportive systems that enable children to belong, grow, and thrive. As countries continue to strengthen family-based care systems, the focus must move beyond restoration as an end in itself towards ensuring that children and families continue to receive the support they need as they grow and their circumstances change.

Ultimately, the true measure of successful family-based care is not that children return home, but that they continue to belong, grow, and thrive there.

End Note

1. **Rainbow Homes Program (RHP)** is a child protection initiative in India that has worked for over two decades to ensure care, protection, and long-term development for children in street situations and other vulnerable circumstances. Beginning as a residential care program, it has gradually evolved into a continuum of care that supports children's transition to family-based care and, later, to independent adulthood through its Futures Program. The Technical Resource Centre (TRC) is the knowledge, learning, and capacity-building hub of the RHP. Through research, documentation, knowledge resources, and capacity building, it promotes evidence-informed, child-centred practices and strengthens the quality of care and protection for children in vulnerable circumstances.
2. **Futures Program:** Rainbow Homes' aftercare program that supports young adults (18–23 years) with higher education, employment, housing, mentoring, life skills, and community integration as they transition to independent adulthood.
3. **Parent Collectives:** Community-based groups of parents and caregivers facilitated through the Rainbow Homes Family-Based Care Program to strengthen parenting practices, promote peer learning, and collectively address issues affecting children's wellbeing and protection.
4. **Bal Sangathans:** Child-led groups that provide children with opportunities to participate, build leadership, express their views, and collectively address issues affecting their lives and communities.
5. **Source of the article:** This article draws upon insights and program experience from Rainbow Homes' FBC program and insights from a good practice study undertaken by TRC across six cities. which documented the experiences of children, families, and stakeholders across six cities in India. The reflections presented here are intended as practice-based learning for the wider child protection sector and are not presented as a prescriptive model. *The names and identifying details of children and families have been changed to protect their privacy.*

Key References

- United Nations General Assembly. *Guidelines for the Alternative Care of Children* (2009).
- UNICEF. *Guidelines for the Alternative Care of Children: Handbook for the Implementation of the Guidelines* (2011).
- Rainbow Homes Program. *Good Practice Study on RHP's Family-Based Care* (Technical Resource Centre, 2025-26). *(Internal publication.)*

Strengthening Child Protection Systems through District Child Protection Planning in Odisha: Practice from Field

By Manoranjan Dash,
Technical Associate, PARiVAR+,
Catholic Relief Service (CRS) India

The **District Child Protection Plan (DCPP)** is emerging as a critical mechanism for translating the vision of the **Mission Vatsalya Guidelines (2022)** into coordinated, accountable, and child-centred action at the district level. Mission Vatsalya explicitly mandates District Magistrates, District Child Protection Officers, and Protection Officers to develop and implement district child protection plans through stakeholder consultation and resource mapping. The DCPP provides a structured framework for planning, coordination, implementation, and monitoring of child protection services, ensuring that vulnerable children and families receive timely, appropriate, and integrated support.

Recognizing the need for stronger local systems, **Catholic Relief Services (CRS) India**, through its **PARiVAR+ (Pathways to Advance Reform for Inclusive, Vibrant and Resilient Families)** initiative and in partnership

with **ARUNA**, is providing technical accompaniment to the districts of **Gajapati, Bolangir, and Sundergarh in Odisha** to develop and operationalize comprehensive and inclusive DCPPs. The initiative seeks to strengthen district capacities to prevent family separation, promote family strengthening, and expand access to family-based care for children in need of care and protection.

The DCPP is conceived as an annual, consultative planning process led by the District Child Protection Unit (DCPU), bringing together government departments, Panchayati Raj Institutions, civil society organizations, communities, and families around a shared vision for child well-being. By aligning district priorities, resources, and services, the plan seeks to enhance the effectiveness and efficiency of child protection interventions while improving outcomes for children and families. Key focus areas include strengthening preventive and family-support services, improving rehabilitation and reintegration outcomes, promoting disability-inclusive programming, advancing non-institutional and family-based care options, and establishing robust mechanisms for convergence and accountability.

A significant contribution of the DCPP is its ability to address long-standing challenges of fragmented service delivery and limited inter-departmental coordination. Through systematic resource mapping, joint planning, and clearly defined roles and responsibilities, the DCPP fosters stronger convergence among child protection, social welfare, education, health, livelihood, and local governance systems. Such coordinated action enables districts to respond more effectively to the diverse needs of vulnerable children, while optimizing existing public resources and reducing duplication of efforts.

The development and implementation of DCPPs also highlight the importance of a competent and adequately supported child protection workforce. Investments in workforce development—including capacity building of DCPU personnel, Child Welfare Committees, Juvenile Justice Boards, frontline workers, Panchayati Raj representatives, and community-based structures—are essential for effective case management, family strengthening, gatekeeping, and care transition processes. Strengthening workforce competencies ensures that child protection interventions are responsive, evidence-informed, and aligned with the principles of the Juvenile Justice Act and Mission Vatsalya.

Find a sample planning framework/tool with indicative activities for reference: https://iacn.in/resource/district-child-protection-plan-template-by-catholic-relief-services/

For editable copy of the tool contact - manoranjan.dash@crs.org / iacnsecretariat@iacn.in

For more information please contact: manoranjan.dash@crs.org

Strategic Objectives:

- Promoting and strengthening systemic, inclusive and localized preventive mechanism and measures for children and families to stay and thrive together
- Increasing the impact of rehabilitation measures and services to protect the rights and dignity of children and families living in risk situations
- Building a resilient eco-system with effective structural collaboration and convergence of services, that endure with shared vision and responsibility for strengthening communities and families to provide safe and nurturing care for their children

Strategic Approaches:

- Integration of child Welfare and protection priorities in to local-governance planning and budgeting (Gram Panchâyat Development Plan)
- Embed the lens of Disability Inclusion and Psychosocial support in development and implementation of child protection services
- Promote contextualized Non-Institutional Care solutions
- Strengthening mechanisms to enhance collaboration, convergence, and decision making
- Build the capacity of child welfare and protection workforce
- Usage of digital technology and Artificial Intelligence to handle caseloads, real-time monitoring, and generate evidence of investment and well-being

Vulnerabilities of Children of Female Sex Worker (CFSW) in Manipur

By Tanuja Rajkumari & Dit Thoudam,
Mirage Foundation

Introduction

Children of female sex workers (CFSWs) grow up facing an interconnected web of social, economic, and developmental challenges. Because sex work is heavily criminalized and highly stigmatized globally, these children are often subjected to "structural violence," meaning societal systems systematically deny them the basic rights, safety, and stability that other children receive.

In Manipur, the children of female sex workers (CFSWs) experience a distinct and complex layer of vulnerability. Their lives are deeply shaped not only by the social stigma surrounding sex work but also by the region's historical intersections with drug use, HIV/AIDS, and socio-political unrest.

The primary challenges faced by these children, the existing support systems, and possible interventions are discussed below.

1. Core Vulnerabilities and Challenges

Intersectional Risk of HIV and Substance Abuse

Manipur has historically faced high rates of intravenous drug use and HIV. Many female sex workers in urban centres like Imphal entered sex work to sustain drug dependencies or due to extreme poverty. Consequently, their children face higher risks of mother-to-child HIV transmission, health neglect, or witnessing substance abuse at home.

Severe Social Stigma and Isolation

Due to the deep-seated social taboos surrounding commercial sex work, these children are frequently subjected to intense discrimination. This stigma often forces them out of mainstream local communities and formal schools, leading to high dropout rates.

The Cycle of Intergenerational Exploitation

Without targeted educational and financial intervention, children—particularly young girls—living in these environments face an elevated risk of being pulled into the same cycle of commercial sex work or being targeted by human trafficking networks near the Indo-Myanmar border.

Lack of Safe Environments

Many FSWs lack secure housing, meaning children are frequently exposed to unsafe nocturnal environments, criminal activity, or overcrowding, which impacts their mental health and early childhood development.

2. The Ground Reality

The above vulnerabilities are reflected in the day-to-day realities experienced by children of female sex workers in Manipur.

Female sex workers (FSWs), despite advancements in the healthcare sector, still have a moderate proportion of home births (37.04%) and illegal adoptions (5.56%). Aadhaar card is the only birth certificate for most children of FSWs (36.89%), which has its own limitations in meeting official documentation requirements. Additionally, 19.44% of children of FSWs do not possess any birth certificate, and 22.22% live only with their fathers, either making them children of single-parent households or children living with stepmothers.

The source of resilience among children of female sex workers shows a high level of mental well-being (54.63%), while low to moderate mental well-being ranges from 8–37%.

Considering the educational status of children of FSWs, 68.52% attend school, 12.03% do not attend school, and 19.44% are school dropouts. Although the majority attend school, the extent to which schooling is effective in promoting their learning and overall development cannot be determined, and the proportion of dropouts remains a significant concern.

3. Case Studies

The following case studies illustrate how these vulnerabilities affect individual children and families.

Case 1

Tombi (name changed) has three children, and the eldest, an 18-year-old girl, was living with her mother and grandmother in a rented house at Mantripukhri. There were five members in the family, all dependent on Tombi's income. The eldest daughter stayed at the Children's Home in Charangpat for three years. She passed her matriculation examination but discontinued her studies. Her mother became ill and was unable to work. Due to the family's financial crisis and the absence of any support, the child unwillingly entered the profession to support herself and the rest of the family. She also moved to different parts of the state in search of other jobs but could not find suitable employment. After a few months, she returned to her mother's home and was found to be HIV positive.

Case 2

Thambal (name changed) has three children, and the eldest is a 14-year-old girl born in Imphal East. The three children lived with their mother. The eldest girl was interested in painting, was studying in Class IX, was punctual, and had a strong interest in academics. Thambal has been receiving ART and is unable to look after all three children. Due to the family's poor financial condition, the eldest daughter was admitted to a children's home, while the two younger siblings were enrolled in a government school near their locality.

Case 3

A and B were drug users and sex workers. They have a 16-year-old daughter. The family was financially devastated due to the parents' drug addiction. Although the mother continued in sex work, she could not sustain the family's financial needs. Consequently, the daughter unwillingly entered the profession and became a child sex worker.

4. Existing Institutional and Grassroots Support Systems

Despite these challenges, children of female sex workers are recognized under India's child protection framework as **Children in Need of Care and Protection (CNCP)** under the Juvenile Justice Act. Accordingly, several government and civil society initiatives exist to support them.

Civil Society and Local NGOs

Organizations based in Imphal focus on community-based targeted interventions. While they primarily offer harm reduction, healthcare, and shelter to mothers, they also play an important role in keeping vulnerable families together and preventing child abandonment.

The Manipur State Policy for Children

The state government implements policies aimed at preventing family separation. Under child protection schemes, vulnerable children are eligible for financial sponsorship, nutritional support through Anganwadi centres, and non-institutional care options such as foster care.

Rehabilitation Schemes

Central and state programmes, such as the Ujjawala Scheme, establish protective homes providing emergency outreach, free education, legal aid, and safe residential facilities for children rescued from, or at risk of, commercial sexual exploitation.

Emergency Support

If a child is identified as being in immediate distress, facing neglect, or at risk of exploitation, the Government of India's national emergency helpline, CHILDLINE (1098), can initiate rescue, shelter placement, and legal protection.

5. Conclusion and the Way Forward

Children of female sex workers (CFSWs) remain at risk of humiliation, being forced into their mothers' profession, lacking safe places to stay during their mothers' working hours, and dropping out of school due to denial of educational opportunities and inadequate support systems.

Some support system initiatives that can be introduced in Manipur are as follows:

Night Care Centres and Shelters

Organizations like Prerana pioneered "Night Care Centres" within red-light districts. These centres provide children with a safe place to sleep, eat, and study during their mothers' primary working hours, keeping them off the streets and protecting them from the brothel environment.

Institutional Placement and Aftercare

For older children or those in extreme danger, NGOs coordinate with Child Welfare Committees to transition them into safe residential schools or child care institutions, ensuring continuity of education away from the sex trade.

Vocational Training and Young Adult Support

Collectives like Saheli Sangh run specialized projects such as Project Maitra that support adolescents by providing mental health counselling, assistance in opening bank accounts, vocational training, and small-business grants, thereby creating alternatives to the sex industry.

Legal interventions can also be strengthened by NGOs working for children of female sex workers through:

- **UN Convention on the Rights of the Child (UNCRC):** This convention asserts that every child, regardless of their parents' status or occupation, has the right to education, health, protection from violence, and an adequate standard of living.
- **Judicial Interventions:** Landmark rulings by the Supreme Court of India have directed governments to ensure that children of sex workers are not denied school admission, receive basic health cards, and have access to state-sponsored childcare institutions that protect them from brothel environments.

Through such initiatives, we can normalize the lives of children of female sex workers (CFSWs), enabling them to be mainstreamed into society and live with dignity and respect.

About the authors:

- **Tanuja Rajkumari** is the founding Secretary of Mirage Foundation, an organization that works for women and children who are vulnerable in Manipur. She was formerly a school teacher with over 20 years of experiences. Her commitment for uplifting the marginalised community led her to establishing two child care institutions i.e. Special Home for Girls, Manipur and Aura Children Home for Transboy, Manipur.
- **Dit Thoudam** currently works as the Supt.-in-charge of Aura Children Home for Transboy, Manipur. He has past experiences of working with LGBTIQ+ community since 2016 and is one of the member who founded the first ever transmen football team in India, an initiative for inclusion of transgender in sports.

From Child Helpline 1098 to Community Action: Strengthening Family Support and Child Protection Systems for Children with Disabilities in Rural Jammu & Kashmir

By Sujahat Farhan,
Senior Programme Manager,
Humanity welfare Organization
Helpline

Children living in vulnerable circumstances are exposed to multiple risks arising from poverty, disability, neglect, violence, social exclusion, and limited access to essential services. These vulnerabilities are often more pronounced in geographically challenging and underserved regions such as Jammu & Kashmir. Ensuring that children grow up in safe and nurturing family environments requires strong community-based systems and coordinated responses involving families, institutions, and local governance mechanisms.

Since 2003, Humanity Welfare Organisation Helpline Bijbehara, has been working to strengthen child protection and family support systems across South Kashmir. Through the operation of Childline 1098, community-based rehabilitation initiatives for children with disabilities, and UNICEF-supported programme reaching children and adolescents in 50 villages in Anantnag and Kulgam districts, the organisation has sought to create protective environments where children can thrive within their families and communities.

Responding to Children's Needs through Childline 1098

From 2016 to 2023, HWOHL operated Childline 1098, India's emergency outreach service for children in need of care and protection. The service responded to cases involving children in distress, missing children, children requiring medical assistance, children exposed to abuse or neglect, children in difficult circumstances, and those requiring restoration and rehabilitation.

The Childline experience highlighted the importance of timely intervention and convergence among police, Child Welfare Committees, health institutions, district administration, educational institutions, and civil society organisations. More importantly, it reinforced the principle that wherever possible, children should be protected and supported within family and community settings. The experience demonstrated that emergency response mechanisms are most effective when complemented by preventive and community-based approaches.

Building Protective Communities through UNICEF-Supported Interventions

Recognising that prevention is as important as response, HWOH implemented UNICEF-supported programmes for children and adolescents IN 50 villages in Anantnag and Kulgam districts.

The programme focused on creating safe and enabling environments for children and adolescents through:

- Community awareness on child rights and child protection;
- Life skills education and adolescent engagement activities;
- Promotion of positive parenting and psychosocial well-being;
- Strengthening linkages with health, education, and social welfare services;
- Capacity building of frontline workers and community stakeholders;
- Community mobilisation and participation to address risks affecting children.

The initiative demonstrated that active engagement of families, adolescents, frontline workers, and village communities contributes significantly to preventing vulnerabilities and promoting child well-being.

Supporting Children with Disabilities and Preventing Family Separation

Children with disabilities are among the most vulnerable groups and frequently

face multiple and intersecting forms of disadvantage. Poverty, social stigma, limited awareness, inadequate access to specialised services, and caregiver stress often place children with disabilities at heightened risk of neglect, exclusion, institutionalisation, and separation from their families.

In Jammu & Kashmir, these challenges are compounded by difficult terrain, shortage of specialised professionals, and limited awareness regarding developmental disabilities and early intervention. Many families, particularly those from rural and economically disadvantaged backgrounds, struggle to access timely support and are often left to navigate these challenges in isolation.

Recognising that families are the primary caregivers and the first line of protection for children, HWOHL established Zaiba Aapa Institute of Inclusive Education for providing education & Rehabilitation services to children with disabilities. The organisation's approach is grounded in the belief that strengthening families and communities is fundamental to ensuring that children with disabilities grow up in loving, nurturing, and protective environments.

The centre provides multidisciplinary services including physiotherapy, occupational therapy, speech and language therapy, special education, psychological support, and caregiver counselling. However, the intervention extends far beyond clinical rehabilitation.

A key focus has been on empowering parents and caregivers through regular counselling, home-based interventions, and training to enable them to support the developmental needs of their children within their homes and communities. Families are also assisted in accessing disability certificates, social security benefits, educational entitlements, and government welfare schemes, thereby reducing economic vulnerabilities and strengthening their resilience.

Field experiences have shown that the burden of care often falls disproportionately on mothers, who face emotional stress, financial hardships, and social isolation. Consequently, parental well-being and psychosocial support have emerged as critical components of effective child protection and family strengthening.

The organisation has also worked towards promoting inclusion by facilitating access to education, advocating for reasonable accommodation, and building awareness within communities to challenge stigma and discriminatory attitudes towards disability. Community sensitisation efforts have encouraged acceptance and participation of children with disabilities and contributed to creating more inclusive and supportive environments.

Through early identification, timely intervention, and continuous support to caregivers, many families have been able to overcome barriers that might otherwise have resulted in neglect, developmental delays, or social exclusion. The experience has reaffirmed that investing in families and communities is far more sustainable and beneficial than institutional responses.

Strengthening Local Child Protection Systems

An important aspect of HWOHL's work has been fostering collaboration with district administration, Child Welfare Committees, health institutions, educational establishments, frontline workers, and the Department of Social Welfare. Such partnerships have facilitated early referrals, improved access to entitlements, and strengthened community-level support mechanisms.

Teachers, community volunteers, village-level institutions, and frontline functionaries have played a crucial role in identifying vulnerable children and linking families to appropriate services. These experiences reaffirm that effective child protection requires coordinated action across sectors and meaningful participation of communities.

Through years of field engagement have generated several important insights including:

1. **Prevention is more effective than crisis response.** Addressing vulnerabilities before they escalate enables children to remain safely within their families and reduces the likelihood of separation.
2. **Families are the first and most effective support system for children.** Strengthening the capacities of caregivers and promoting positive parenting contribute significantly to children's development and well-being.
3. **Disability must be viewed through a child rights and protection lens.** Children with disabilities do not require separation from their families; rather, families require information, support, and responsive services that enable them to provide quality care.
4. **Community participation creates sustainable change.** Village-level stakeholders, adolescents, teachers, and frontline workers are essential partners in building protective environments for children.
5. **Convergence strengthens child protection.** Collaboration among government departments, civil society organisations, and community institutions enables comprehensive and timely responses to children's needs.

Way Forward

Strengthening child protection systems requires sustained investments in community-based approaches, early intervention services, and local governance structures. Building capacities of frontline workers, empowering adolescents, and supporting families can help prevent unnecessary separation and ensure that every child grows up in a protective and nurturing environment.

Community-based rehabilitation and early intervention services should be recognised as integral components of family-based care and child protection systems. Experiences from South Kashmir highlight the value of integrated approaches that combine emergency response, prevention, participation, and inclusion. Such models offer important lessons for strengthening family-based care and advancing child rights across diverse contexts.

Conclusion

The journey of Humanity Welfare Organisation Helpline demonstrates that effective child protection extends beyond responding to crises. It requires building resilient families, empowered communities, and collaborative systems that place children at the centre.

From operating Childline 1098 to implementing UNICEF-supported community programmes and providing specialised services for children with disabilities, HWOHL's experience illustrates how locally driven initiatives can contribute to preventing vulnerability, promoting inclusion, and strengthening family-based care.

Strengthening Local Child Protection Systems and Local Governance: Reuniting Childhoods through Deinstitutionalization in Jamui District, Bihar

By Jitendra Pandit,
Assistant Manager &
Ranjana Srivastava,
Associate Director, Udayan Care

Across India, the child protection system is increasingly recognising that every child has the right to grow up in a safe, nurturing family environment. While Child Care Institutions (CCIs) continue to play an essential role in providing temporary care for children in need of care and protection (CNCP), institutional care is intended to be a measure of last resort under the Juvenile Justice (Care and Protection of Children) Act, 2015. The experience of Jamui district in Bihar demonstrates how strengthening district child protection systems, investing in local governance, and adopting child-centred case management can successfully restore children to their families and communities.

A district context marked by vulnerability: Jamui, located in southern Bihar along the Jharkhand border, presents a unique social and geographical landscape. The district comprises remote rural areas, tribal communities, and economically disadvantaged populations where poverty, seasonal migration, limited livelihood opportunities, and difficult terrain contribute to heightened risks for children.

For many years, children entered Child Care Institutions for reasons ranging from abandonment and separation from families to migration, neglect, trafficking risks, and other vulnerabilities. Although institutions provided immediate safety, many children continued living there far beyond the period of emergency care. Over time, prolonged institutionalization became less a matter of necessity and more a consequence of systemic gaps, limited follow-up, inadequate family tracing, insufficient human resources, and weak coordination among stakeholders.

As years passed, many children gradually lost contact with their families. Some could no longer remember their home villages, while others retained only fragments of memories, perhaps the name of a river, a local festival, a village landmark, or a nickname of a family member. These fading memories reflected not only the passage of time but also the gradual erosion of children's identity, belonging, and emotional connections.

Recognising these concerns, the District Child Protection Unit (DCPU), under the leadership of Child Protection Officer Mr. Manoj Kumar, initiated a renewed effort to place children's right to family at the centre of case management and rehabilitation planning.

Moving beyond Institutional Care: The Jamui initiative did not introduce a new programme; rather, it transformed the way existing child protection mechanisms functioned. The emphasis shifted from managing institutional care to actively pursuing family-based rehabilitation through coordinated action among the District Child Protection Unit, Child Welfare Committee (CWC), Child Care Institutions, counsellors, social

workers, police, district administration, and community stakeholders.

The first step involved systematically reviewing children who had been residing in institutions for prolonged periods. Rather than accepting long-term institutionalization as inevitable, each case was revisited with a simple but powerful question: *Can this child safely return to a family environment?*

This change in perspective fundamentally altered the district's approach. Restoration was no longer viewed as the final stage of institutional care but as the primary rehabilitation objective from the moment a child entered the protection system.

Counselling as the foundation of family tracing: One of the most significant lessons from Jamui was the recognition that effective family tracing begins with patient, continuous counselling.

Counsellors understood that children often require time before they feel emotionally safe enough to recall difficult experiences or share personal memories. Instead of relying on a single interview, they built trusting relationships over weeks and months, encouraging children to talk freely about anything they remembered from their past. The counselling process therefore evolved into much more than emotional support. It became an essential investigative tool grounded in empathy, patience, and child participation.

Children who had initially claimed to remember nothing gradually began reconstructing pieces of their identity. These fragments enabled social workers to piece together family histories that had once appeared impossible to recover.

Technology and community networks strengthening child protection: The restoration process was strengthened by combining traditional social work methods with technology and community participation.

The district team utilised digital mapping tools, Google Earth, social media platforms, local community networks, online videos, and coordination with authorities across districts and states to verify information shared by children.

Equally important was the role of local governance institutions. Village leaders, Panchayati Raj representatives, police personnel, frontline workers, and district administrations collaborated to verify family identities, locate relatives, and assess whether restoration would be safe and, in the child's, best interests.

The process demonstrated that effective deinstitutionalization is not the responsibility of Child Care Institutions alone. It requires an interconnected local child protection ecosystem in which every stakeholder contributes to restoring children's rights.

Reuniting more than one hundred childhoods: The most visible outcome of this strengthened systems approach was the successful restoration of more than 100 children from Child Care Institutions to their biological families or extended relatives.

Many of these children had spent several years living in institutional settings and faced the real possibility of growing into adulthood disconnected from their families, communities, language, and cultural identity.

Through persistent counselling, detailed case management, interstate coordination, and careful verification processes, children were reunited with families across Bihar, Jharkhand, Uttar Pradesh, West Bengal, and even neighbouring Nepal.

Every restoration represented far more than administrative case closure. It marked the recovery of relationships, identity, belonging, and emotional security that institutional environments, despite their important protective role, cannot fully replace.

This experience reinforced a powerful lesson: children often carry within themselves the very clues needed to reconnect them with their families, provided adults take the time to listen.

Leadership driving systemic change: The Jamui experience also illustrates the importance of leadership within local governance systems. Under the guidance of Child Protection Officer Mr. Manoj Kumar, the district strengthened regular case reviews, promoted multidisciplinary collaboration, and encouraged field teams to prioritise restoration opportunities wherever safe and feasible.

Rather than viewing Child Care Institutions as permanent destinations, district authorities reinforced the legal and developmental principle that institutional care must remain temporary and that family-based care should always be explored first.

Regular interaction between the District Child Protection Unit, Child Welfare Committee, institutional staff, counselors, and social workers improved decision-making and created greater accountability for rehabilitation outcomes. This shift reflected not merely improved administration but a deeper commitment to implementing child rights in practice.

Challenges along the way: The journey toward deinstitutionalization was not without significant challenges. Many children had only fragmented memories of their families after years in institutional care. Some lacked any identity documents, while others belonged to migrant families who had relocated multiple times. Interstate migration complicated verification processes, requiring coordination among several district administrations.

Human resource constraints within the child protection system also affected the pace of follow-up, particularly where social workers and counsellors managed large caseloads.

To overcome these barriers, the district adopted several practical adaptations. Counselling sessions became more regular and child-centred. Historical case files were carefully revisited for overlooked information. Child Care Institution staff assumed more active roles in documentation and follow-up. Digital technologies supplemented conventional tracing methods, while partnerships with local administrations and community stakeholders expanded the reach of family searches.

Most importantly, professionals shifted from a process-oriented approach to one centred on each child's individual story. Every child's history was treated as unique, deserving careful listening, persistence, and coordinated action.

Lessons for child protection systems : The Jamui experience offers several valuable lessons for districts seeking to strengthen family-based care and advance deinstitutionalization.

First, restoration begins with mindset rather than resources. When professionals believe that every child deserves the opportunity to return to family life wherever safely possible, rehabilitation becomes an active rather than passive process.

Second, counselling is central to restoration. Trust-building enables children to recover memories and participate meaningfully in decisions affecting their lives.

Third, effective case management requires convergence. District administrations, Child Welfare Committees, Child Care Institutions, police, local governance bodies, and communities must function as interconnected partners rather than isolated actors.

Fourth, technology can significantly enhance family tracing when combined with community knowledge and professional social work practice.

Finally, leadership matters. Committed district-level leadership can transform existing systems without requiring major structural reforms by improving coordination, accountability, and child-centred decision-making.

Jamui continues to strengthen family-based care by improving case management, conducting regular reviews of children residing in Child Care Institutions, and promoting restoration wherever it serves the child's best interests. The district's experience reinforces national efforts toward reducing unnecessary institutionalization and implementing the Juvenile Justice Act in both letter and spirit.

The journey demonstrates that deinstitutionalization is not simply about moving children out of institutions. It is about rebuilding relationships, restoring identity, strengthening local child protection systems, and ensuring that every child has the opportunity to grow within the love, security, and belonging that only a family can provide.

As Mr. Manoj Kumar aptly observes, *"Institutionalization should never become a child's destiny. Every child deserves identity, belonging, and emotional security that only a family environment can truly provide."*

A Mother Who Refused to Let Her Family Fall Apart: Bisso Rahi's Journey from Loss to Stability

By Dr. Km. Pratima,
Associate Researcher,
Foster Care Society

Bisso's Story: When Everything Changed Overnight

When Bisso Rahi lost her husband, she did not just lose her life partner — she lost the only earning member of her family. At 50 years of age, in a small urban community of Udaipur, she suddenly found herself standing alone with four children looking up to her, and no answer to the simplest question a mother can face: how will I feed them tomorrow?

Her husband's death left her as the sole caregiver and the sole provider, both at once. With little education and no steady work, every day became a struggle. Some days there was food; some days there was only worry. The children's schooling hung in uncertainty, and the future felt like a door that had quietly closed.

But the hardship was not only about money. Bisso carried her grief silently. She battled anxiety, loneliness, and a sinking feeling that she was not enough for her children. Neighbours saw a widow managing somehow; few saw a mother slowly breaking under the weight of doing it all alone.

Families like Bisso's stand at a fragile edge. When a single caregiver is exhausted, isolated, and without income, the risk grows quietly — children dropping out of school, unsafe work, or, in the worst cases, separation from the family itself. Bisso's family had not reached that point. But without support, it easily could have.

What Was at Stake

At the time Foster Care Society met the family, several warning signs were already visible:

- No regular or sufficient income to run the household

- Dependence on borrowing and informal, uncertain ways of coping
- Deep emotional distress that made everyday decisions harder
- No linkage to any government scheme the family was entitled to

Each of these alone is difficult. Together, they are the very conditions that push children out of their families and into institutions.

How Support Reached Her Doorstep

In 2019, Foster Care Society (FCS) identified Bisso through its routine community outreach — not because a crisis had erupted, but before one could. Instead of waiting for the family to break, the team worked to strengthen it. The support rested on three simples but connected pillars:

- **A way to earn** — FCS gave Bisso a sewing machine so she could earn from home while still caring for her children. Work did not take her away from her family; it kept her with them.
- **A space to heal** — Through one-on-one counselling sessions, Bisso found a space to speak about her grief, her fears, and her low confidence. Slowly, she began to believe in herself again.
- **A right she didn't know she had** — FCS helped Bisso enrol in the Government of Rajasthan's Palanhar Scheme, ensuring regular financial assistance for her as a widowed caregiver raising children.

Strengthening the Whole Family, Not Just One Person

FCS understood something important: a family becomes truly stable when more than one member can stand on their feet. So the support extended to Bisso's 25-year-old daughter, Anjum Rahi, who was enrolled in free professional tailoring training. For Anjum, the training was more than a skill — it was confidence, identity, and the promise of a future she could shape herself.

Counselling continued alongside, for both mother and daughter. Fear of failure, social stigma, hesitation to step out — these invisible barriers were addressed with the same seriousness as the visible ones. This is what made the change last: the family was supported emotionally while it was being supported economically.

The Change: What Life Looks Like Now

The results of this integrated support became visible, measurable, and lasting:

- **From no income to steady income:** Anjum began earning approximately ₹5,000 every month through tailoring work — the family's first steady, dignified income after years of uncertainty. What was once a household with no earning member became a household with a skilled, working young woman.
- **A financial safety net:** Regular assistance under the Palanhar Scheme gave the family a dependable cushion. Daily survival no longer depended on luck or borrowing, and Bisso could plan for the month instead of fearing the next day.
- **All four children back in school:** With income restored and stress reduced, all four of Bisso's children were enrolled in school and began attending regularly. The crisis that could have ended their education instead became the turning point that secured it.
- **A mother who found herself again:** Bisso, who once struggled to make everyday decisions under the weight of grief and anxiety, regained her confidence and voice. Both mother and daughter reported feeling calmer, more hopeful, and in control of their lives.
- **Risk of family breakdown eliminated:** The combined effect of earning, entitlement support, and emotional healing meant the family no longer stood at the edge. The risks that once pointed towards possible separation or institutional care were removed at the root. The family stayed together — stronger than before.

In short, a family that was surviving day to day is now living with stability,

dignity, and a future. And critically, not one child had to leave home for this to happen.

Why This Model Works

Bisso's story is not an accident of luck; it is the result of a deliberate way of working. The model succeeds because of a few simple truths:

- FCS reached the family before crisis struck, not after. Prevention is always kinder — and more effective — than rescue.
- Money problems and emotional pain feed each other. Addressing livelihood without counselling, or counselling without livelihood, would have solved only half the problem. Together, they solved it fully.
- The sewing machine and tailoring training created income the family earns with its own hands — support that continues long after the intervention ends.
- Linking the family to the Palanhar Scheme connected them to long-term government support, making the change durable rather than temporary.
- By building the capacity of both mother and daughter, the model created two pillars of stability instead of one.

The Parivar Sahyog Kendra: FCS's Unique Initiative

At the heart of this work is Foster Care Society's Parivar Sahyog Kendra (Family Support Centre) — a community-based centre that acts as a single doorstep solution for vulnerable families. Instead of families running from office to office in distress, the Kendra brings support to them: identifying at-risk households through regular outreach, offering counselling, enabling livelihood opportunities, and walking families through government scheme linkages step by step.

This is what makes the initiative distinctive. It does not wait for children to arrive at the gates of institutions; it works within the community so that they never have to. Bisso's family is living proof of how this quiet, preventive, family-centred approach keeps families whole.

Conclusion

Bisso Rahi's journey shows what becomes possible when support reaches a family at the right time, in the right way. A widowed mother who once feared losing everything now runs a stable home. Her daughter earns with pride. Her children learn in classrooms, not worry at home.

"From 2019 to 2026, it has been seven years of struggle, losing hope, finding courage again, and starting over. This journey was not easy, but with the support of PSK and Bisso's determination, life is slowly coming back on track with more stability and hope"

Her story carries one clear message: families do not break because they are weak — they break because they are left alone. When communities and organisations stand beside them, families find the strength that was within them all along.

Attribution

This practice-based case narrative is drawn from the community-level livelihood, psychosocial support, and family strengthening initiatives implemented by Foster Care Society through its Parivar Sahyog Kendra.

Community Led Child Protection and Prevention Models: Field Experiences from North Bengal

By Amit Kr. Ghosh,
Unit Coordinator - North Bengal Unit, Child in Need Institute (CINI)

Community led child protection starts with a conversation – in a room tucked at the back of a Gram Panchayat office, in the ICDS centre, in the school corridor, or in the tin-shed where the tea garden workers meet. It starts with CPC members, mothers' groups, teachers, SHG members, adolescents and frontline workers – sometimes by design, sometimes by default – coming together, and over time, taking ownership. This is the story of community led child protection in the districts of Darjeeling, Jalpaiguri and the hinterlands.

Our field experience has taught us that community led child protection works only when communities take ownership of the process. Policies and schemes are important, but it is the people – the local level functionaries and community members – who bear the responsibility to take action for the protection and prevention of children.

Building Functional CPCs: The Bedrock of Community Led Child Protection

When CINI started capacity building of the Child Protection Committees (CPCs) at both village and Panchayat level, many of them were non-functional. Irregular meetings, lack of documentation and poor understanding of the mandate led to poor performance.

But that changed with capacity building and consistent engagement. The CPC members were trained on case finding, reporting mechanisms, child rights and coordination with allied agencies. The introduction of the Panchayat Diary by CINI with support from the local administration as a tool to track monthly meetings, case discussions, child tracking and follow up action has helped tremendously in this process.

In one such meeting in one of the GPs under Naxalbari block, the Gram Panchayat Pradhan declared, **""Ami nijeke ekhon shishu suraksha-r daayitto-bahok mone kori. Gram Panchayat-er kaj shudhu rastar kaaj noy—chhele r meyeder banchanoo ek rokom kaaj."**

"I now see myself as a custodian of child protection. The work of a Gram Panchayat is not only about roads—saving our boys and girls is also our work."

Her remark, which has become something of a slogan for us in North Bengal, reflects the change that has come about as a result of this process.

Prevention through Community Led Child Protection

Community led child protection works on the frontiers of prevention. In the last one year, with the combined efforts of CPCs, mothers' groups, adolescent collectives, ICDS workers and PRI members, we have been able to achieve:

Indicators	Darjeeling	Jalpaiguri
OOSC (6-14) enrolled in formal education	1442	84
OOSC (14-18) enrolled in education / skilling	412	101
Child Labour cases: action taken (Prevented)	130	201
Child Marriage cases prevented	72	14

In Jalpaiguri, a 15-year-old girl was about to be married in a 'hidden' ceremony. The information was shared by a member of the Child Collective and within an hour, the ICDS Supervisor, ASHA worker and the CPC members reached the house. The Supervisor later told us, "**Amra jodi ekbar giye thami, porer bar tara nijera CPC-ke phone kore. Community bujhte shuru koreche je amra shatru noy, amra tader shonge achi**." ("If we intervene once, the next time the family calls the CPC themselves. The community has begun to understand that we are not adversaries, we are with them.")

The Child Collectives: Reporting Mechanism for Community Led Child Protection

Perhaps one of the most important pillars of community led child protection in North Bengal are the Child Collectives. Be it the Kanyashree Clubs, the Child Cabinets in schools or the Child Parliaments in the Panchayats, children have been at the forefront of this movement. In 33 Gram Panchayats across 3 districts, children have raised their voices through the Charters of Demand. The charters have sought safer roads, toilets and street lights, among other things, as demands to the local bodies.

In many cases, it is the child collective members who act as the first responders to cases of child marriages, elopement, migration, and child labour. In one such instance, the Kanyashree Club members of a tea garden village stood outside a house to prevent a child marriage and child elopement. Their action sent a strong message to the community about the need to respect the rights of children.

At a Charter of Demand submission in Dhupguri, Jalpaiguri, a 14-year-old girl said, "We are not asking for charity, but for our rights".

Community Led Child Protection and Influencing Local Governance: The GPDP Link

The GPDP (Gram Panchayat Development Plan) has been one of the most important interventions of the community led child protection mechanism. In Jalpaiguri, an allocation of Rs 31.75 lakh has been in 22 GPs under LSDG Theme 3- Child Friendly Village activities. In the Darjeeling district, the allocation made was around Rs 46 lakh in 17 GPs under LSDG Theme 3- Child Friendly Village activities. This has been possible due to the voices of the children, who raised specific demands as the Charters of Demand, and the recommendations of the CPCs. The linkage to the LSDG (Local Sustainable Development Goals) has also helped, as the child protection component falls under the LSDG Theme 3.

When one Panchayat Pradhan told us, "If children are unsafe, no development is meaningful," he captured a sentiment shared by many.

Strengthening Through District Action Plan (DAP) Meetings

A significant system-level contribution has come from the District Action Plan (DAP) meetings, held monthly in

each district. These meetings bring together the DCPU, ICDS, Police, Education Department, Panchayat representatives and civil society organisations.

The DAP platform has helped:

- Review CPC functionality and follow-up actions
- Track high-risk cases and ensure inter-departmental coordination
- Strengthen reporting pathways from village to district
- Reinforce the role of Child Collectives in early reporting
- Align GPDP priorities with district-level child protection strategies

The DAP meetings have ensured that community-led efforts do not remain isolated but are supported by a strong district-level governance mechanism, making prevention more systematic and responsive.

ICDS: The Silent Backbone of Community Led Child Protection

When we think of community led child protection, our thoughts often turn to the CPCs and the Panchayats. However, there is one agency which has been the silent backbone of this movement – the ICDS. The ICDS Supervisor and the Anganwadi Workers know their children, their mothers and their families. In Naxalbari, one such ICDS Supervisor shared with us her notebook, which contained notes on children at risk of dropping out of school, adolescent girls, and families who had suffered a personal or financial loss.

What does Community Led Child Protection look like on the ground?

Community led child protection looks like this:

- CPC members on a cycle reach out to a remote location at night to stop a child marriage
- Kanyashree Club girls forming a human chain to prevent elopement
- Child Cabinet members reporting unsafe school roads
- Mothers' groups discussing the needs of their adolescents
- ICDS workers tracking vulnerable children through the Panchayat Diary

It is slow and frustrating – but it has been one of the most rewarding experiences for us.

Why has it worked?

These factors have contributed to the success of the community led child protection model – ownership (by the community), evidence (in the form of the Panchayat Diary, Charters of Demand and GPDP allocation) and proximity (the closeness of the community members and frontline workers to the children and families).

What next?

In the future, we hope to:

- Link community led child protection more closely with the Police and DCPU
- Take the Charters of Demand to the local bodies on a more regular basis
- Build more Child Collectives in tea gardens and tribal pockets
- Ensure that mental health and psycho-social support becomes part of the community led child protection mechanism
- Introduce digital tools for documentation by the CPCs

Community led child protection is the future – and North Bengal, with its tea gardens, hills and valleys, has embraced it with open arms.

Notes

LSDG refers to the Local Sustainable Development Goals under the Panchayati Raj system.

CPCs are statutory bodies under the Integrated Child Protection Scheme (ICPS).