

# The Family Strengthening and Non-Institutional Alternative Care Approach to Child Protection



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### ***VISION***

*Empowering the family, the core unit of society, by creating an enabling and supportive environment, providing counselling and developing positive human values.*

### ***MISSION***

*To be leaders in sustainable and replicable best practice model of alternative care in India, with interface between various stake holders*

## **FAMILY SERVICE CENTRE**

### **Member of Credibility Alliance**

Registered under the Bombay Public Trust Act 1950, Vide No. F-425 (Bom.)  
Dated 20th June 1955

Donation to the Family Service Centre are exempted from Income Tax  
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## EMPOWERING FAMILIES ..... TOUCHING LIVES.

The simple and direct name Family Service Centre (FSC) reveals the very purpose of the Centre. Over the last sixty years FSC has reached out to “families in difficult situations”. From its origin in 1955, FSC had the vision, believed and practiced the strong conviction that the “Right to a Family” is one of the most basic rights of a child. This basic right of the child to the family is emphasised by Article 9 of the Convention of the Rights of Children of 1989.

Families in India face systemic and structural difficulties particularly social, economic and cultural. FSC has been a pioneer in initiating services to respond to the immediate and long term needs of family, children and community. Well planned programmes and attempts at accessing human and financial resources have contributed to build the potential of children and provide opportunities for families for a sustainable and independent growth.

FSC has, over the years, developed a gamut of indigenous non- institutional based services. From a micro approach of serving children and families, FSC expanded to a meso approach of the extended environment of the community, educational institutional, and to allied service agencies in the community and today FSC has a macro approach in networking with civic, government at state and national level.

FSC thus has direct integrated and comprehensive programmes and also influences family and child welfare policy to strengthen and protect vulnerable children and their families. This document is a modest attempt to show case FSC model of interventions. The training modules in this document will facilitate training of direct service providers of family and child welfare organisations in the state as well as throughout India. They are built and tested on the professional practice and experience of the FSC’s hands on involvement in the lives of children, their families and urban communities of its’ significant sixty years of existence.

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## ABOUT FAMILY SERVICE CENTRE.....

Family Service Centre (FSC) is a voluntary organisation that is committed to preserve, promote and strengthen the family as the core unit of society, so that it can provide a supportive environment for the holistic development of a child. Founded in 1955, FSC is managed by professional social workers under the technical guidance of the College of Social Work, Nirmala Niketan, Mumbai. The Vision, Mission and the commitment of the Organisation has been to empower families in difficult circumstances, through its various family strengthening, non-institutional and community based intervention programmes. This approach of FSC is based on the conviction and principle that "Every Child has a Right to be brought up in a nurturing family environment". Thus FSC has been a pioneering agency in promoting the non-institutional approach through its various intervention programmes like Adoption, Foster Care, Kinship Care, Sponsorship and Community Outreach. The community outreach programmes in the area of nutrition, health, education, women's empowerment through self-help groups and leadership programmes for the youth are some of the interventions towards the goal of sustainable development through people's participation and civil society partnership. The Organisation works in several communities around the Colaba area and also has outreach programmes in Uttan, Bhayender. This intervention demonstrates the replication of a model of community empowerment through people's participation.

The non-institutional services and interventions of the FSC, in a way have been much ahead of its time when you see social work practice with families in difficult circumstances. The concept of having community centres that promotes holistic, family oriented alternative programmes for prevention of family disintegration is now included in the United Nations Guidelines on Alternative Care. The FSC has made a contribution from micro grassroots level interventions to macro level programmes, policy development, as well as review of legislations that impact children. The integrated perspective and a multidisciplinary approach in working with various professionals in the field has been an effective strategy. The Government and civil society partnership has also been an integral part of all the initiatives of Family Service Centre. Undertaking reviews, field action based surveys, and research has contributed in improving the interventions. Orientation, training, sensitisation workshops have helped in sharing expertise and in the capacity building of professionals in the field of social work.

## ABOUT THIS DOCUMENT.....

This Publication is an attempt to provide linkages between theoretical perspectives, field level practice and evolving training modules, that can be used by practioners. This document can also be used for "theorising practice and practising theory."

The first part of this document seeks to provide the conceptual understanding of Child Protection –

A Rights based Framework, the United Nations Convention on the Rights of the Child (UNCRC), the Alternative Care Approach, and the overview of the Integrated Child Protection Scheme (ICPS) of the Government of India.

The second section includes the Socio-Ecological Model of FSC, which is the practice based model of child protection within a community set up.

The last section is a compilation of the various training modules that were used in the six regional workshops that were organised in collaboration with the Commissionerate of Women and Child Development, Government of Maharashtra. These modules were prepared by various Resource Persons working in the area of Child Protection. These can be used by the Government and other NGOs during the orientation and capacity building workshops for the functionaries of the ICPS and other practitioners in the field of Child Protection.

September 2015.

## CHILD PROTECTION: THE NON-INSTITUTIONAL APPROACH THEORETICAL FRAMEWORK

### Child Protection: A Rights Based Framework

Children constitute the most vulnerable section of society. The Right and Entitlement of every child is to grow up in a nurturing family environment. However psycho-social economic pressures and circumstances of a family often lead to stress, family disintegration and child destitution. Special programmes for family strengthening and child protection need to be evolved to support “At Risk” families so that the child continues to live in a family environment. The intervention programmes try and ensure the “Child’s Right to a Family” and protection of vulnerable children from Neglect, Abuse, Violence and Exploitation. There has been a significant paradigm shift in the approach to child protection when seen from a historical perspective. The approach of custodial care in large impersonal institutions is being replaced by a holistic integrated approach of family strengthening and developing family based alternative care services. Hence, Child Protection is about protecting the child from neglect, abuse, violence and exploitation.

### United Nations Convention on the Rights of the Child (UNCRC) and Child Protection

The Convention on the Rights of the Child represents a turning point in the international movement on behalf of Child Rights. Every nation that has ratified the Convention has to evolve a mechanism in the country, whose task is to act as a “watchdog” for children’s rights, and monitor the situation of its children.

The idea that children have rights, rights of their own, which transcend the family setting, is a concept that needs to be universally accepted. The society has a special obligation towards children, whose lack of years and means, whose vulnerability and dependence makes it mandatory for parents, adult authority figures and the society as a whole to make a special response in law and practice. An all-round effort needs to be made from the micro to macro levels - in the family, school and community to protect Child Rights.

The umbrella principle in the provision of the CRC is “the Best Interest of the Child”, which prescribes the approach to be followed in all actions concerning children. There is no article in the Convention, with respect to which this principle is not relevant. The “Rights Approach” is primarily concerned with issues of social justice, non-discrimination and equity. The challenge facing developing nations is mobilisation of human and material resources required for the effective fulfilment of children’s rights. The CRC recognises that some of the changes needed can be achieved only “progressively”, but the process needs to be initiated, especially the Right to Protection, Health care and Education. Our endeavour must be at least to fulfil a defined set of minimum core obligations, and ensure the use of limited resources to meet the minimum requirement.

The Convention on the Rights of the Child (CRC) drafted by the UN Commission on Human Rights was adopted by the General Assembly of the United Nations on 30th November, 1989. This comprehensive document contains a set of universal legal standards or norms for the protection and well-being of children. The UN Convention on the Rights of the Child derives strength from its ratification by governments, implying thereby that governments agree to follow the principles and are committed to certain standards in dealing with children. It is guided by the principle that the essential needs of children should be given the highest priority at all times in the allocation of resources. The CRC gives children their basic human rights - civil, economic, social, cultural and political, which enable children to achieve their full potential.

The Rights cover four main areas: SURVIVAL, DEVELOPMENT, PROTECTION and PARTICIPATION.

#### Right To Survival

Covers a child's right to life and the needs that are most basic to existence. These include an adequate living standard, shelter, nutrition and access to medical services.

#### Right To Development

Includes those that children require in order to reach their fullest potential like the Rights to education, play and leisure, cultural activities, access to information and freedom of thought, conscience and religion.

#### Right To Protection

Requires that children be safeguarded against all forms of abuse, neglect and exploitation. It guarantees special care for refugee children, protection against abuse in the criminal justice system and involvement in armed conflict, child labour, drug abuse and sexual exploitation.

#### Right To Participation

Empowers children to take an active role in their communities and nations. It encompasses the freedom to express opinions, to have a say in matters affecting their own lives, to join associations and to assemble peacefully.

#### Convention on the Rights of the Child and India

India ratified the Convention on 11th December 1992, thereby re-affirming its commitment to the cause of children in India. The UNCRC emphasises the importance of the family and the need to create an environment that is conducive to the healthy growth and development of children.

#### Child Rights in the Family, School and Community

A "Rights" approach is an acceptance of the legal and moral obligation of the state and its institutions to fulfil its duties and responsibilities towards children. Children, in the past were not regarded as holders of Rights - they were seen as possessions of adults who were the Right holders.

## Family

The Family is the core unit of society and the major source of development of children and it provides nurturance, emotional bonding and socialisation. Enriching and nurturing family life is essential in the development of the child's potential and personality. The family structure, composition, practices, interactions, relationships and environment all contribute to child development. The CRC emphasises the child's right to grow up in a family environment, and cared for by his own parents, as far as possible. When this is not possible due to circumstances, then all efforts must be made for appropriate alternative family care. Institutionalisation should be seen as the last form of rehabilitation for the child without a family.

- There is a need to integrate various policies to strengthen the family as a unit, enhance child development in the family and prevent child destitution.
- Families need to promote democratic values, irrespective of age and gender.
- Need for equitable distribution of resources within the family.
- Need for protection of Child's Rights within the family.
- Safeguards for marginalised families and families "At Risk".

## School

In order to fulfil its commitment as per the Constitution and CRC, the state is taking the following measures:

- Providing free and compulsory universal elementary education for all children until the age of 14 years.
- Universal enrolment, retention and quality standards of learning.
- The system of education must focus on the development and empowerment of people and aim towards achieving equity and social justice.
- Strengthen the school system, Non-Formal Education system, National Open School system and mainstream it with the formal system within the community.
- Making curriculae relevant, meaningful, interesting and linked with life.
- Special emphasis on the Girl Child and other vulnerable groups.

## Community

The CRC holds tremendous potential for furthering the Child Rights movement in the community. It is a common ground for groups working with children to collectively monitor the process of implementation of CRC within the community. This can be done through dissemination of information, awareness generation, training, documentation, publication, lobbying, policy development, mobilising resources and monitoring the progress of children. Empowering children to demand fulfilment of their rights is a major role of the NGOs working in the field of children.

- Awareness: Development and generation of awareness through media about CRC within policy makers, bureaucrats, police, parents, teachers and communities at large.

- **Advocacy:** to strengthen policy and programme development and promotion of Child Rights.
  - **Social Marketing:** Use of marketing principles to promote programmes and create family and community support for Child's Rights.
  - **Social Mobilisation:** To initiate the process of bringing together allied fields for sustainable development.
  - **Networking:** Collaboration and co-ordination between NGOs and the government to work collectively on children's issues.
  - **Lobbying:** With politicians, bureaucrats, law makers for introduction of relevant changes and modification.
  - **Policy Development:** Influence review and reform in national and state level policies related to children.
  - **Campaigning:** Organise campaigns on Child's Rights through use of different media.
  - **Training:** Through workshops, seminars and orientations, sensitising the functionaries in the field of child welfare.
  - **Documentation and Research:** Publish articles, circulate contents of CRC and information on protection of children's rights.
- (Source: UNICEF Document on CRC)

### What is Alternative Care?

Alternative Care refers to the spectrum of services available to children whose parents are no longer able to provide adequate care. Children outside parental care often live with their extended families in kinship care arrangements or in other types of alternative care, such as adoption and foster care and many other variations of family and community based care. There are growing concerns about the situation of children outside parental care and the provision of suitable alternatives that are preventive, community oriented and family based. Inadequate care environment can impair a child's emotional and social development, and leave children extremely vulnerable. They are at high risk of violence, exploitation, abuse and neglect and their well-being is often insufficiently monitored.

Kinship care is the spontaneous arrangement of care for a child within his or her extended family, and it represents the primary response to children outside parental care. Kinship care often protects child's identity through the preservation of family relationships, cultural norms, and social networks. However, living with relatives could remain unsupervised and provides no guarantee of a child's protection while in care.

The move away from residential forms of care has, to a large degree been prompted by a growing awareness of the potentially damaging effect on children of some of the characteristic features of institutions, especially on young children, and also been motivated by financial consideration, based on a cost benefit analysis, which show that rehabilitation of a child in a family environment is far more effective and is in the Best Interest of the Child.

## UN Guidelines for the Alternative Care of Children, 2009

The Brazilian government, in 2006, hosted an inter-governmental meeting of experts to strengthen draft guidelines on alternative care of children. On November 20, 2009, the 20th anniversary of the UN Convention of the Rights of the Child, a resolution 'welcoming' the Guidelines for the Alternative Care of Children was adopted by the UN General Assembly.

The Guidelines for the Alternative Care of Children are designed to promote, facilitate and guide the progressive implementation of the UN Convention of the Rights of the Child 1989, and other relevant provisions of international and regional human rights law, in matters of protection and well-being of children who are in need of alternative care, or who are at risk of so being. It therefore focuses on two main aspects:

- Ensure that children do not find themselves placed in out-of-home or alternative care unnecessarily; and
- Where alternative care is provided, it is of a type and quality that is appropriate to the child's rights, needs and best interests.

The guidelines address not only governments but also international bodies and organisations, civil society, professionals, voluntary organisations and the private sector to the extent that they are directly or indirectly involved with organising, providing or monitoring alternative care for children.

The UN Guidelines for the Alternative Care of Children 2009 define children without parental care as "All children, not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances. This includes children living in residential / institutional care, in extended or foster families, in child headed households, in drop in shelters or on the streets".

### Three principles that guide decisions in Alternative Care\*

The basic principles that guide decision making in alternative care reflect the rights of children that are spelt out in international legal instruments. There are three basic principles that apply.

- Family based solutions are generally preferable to institutional placements:  
Families are the best place for a child to grow and develop: The CRC emphasises the fundamental importance of family to a child's well being. Priority should be given to a child's parents, in line with parental responsibility established in the CRC.  
Institutional care is a measure of the last resort: Institutionalisation carries a high risk of abuse, exploitation, violence and neglect, and extensive evidence links institutional care to negative effects on a child's development. The CRC asserts that institutional placements is to be second – only if necessary – to family based solutions such as foster care and adoption.

\*Source: Three Principles to Guide Decisions in Alternative Care – Unicef

- Permanent solutions are generally preferable to temporary ones:  
 Permanency promotes development: Permanent care arrangements support a child to develop attachments and relationships with adults and with the community. Attachment is important to help a child feel secure and to promote a child's development. Permanent solutions also help maintain a child's right to identity.  
 Institutional care should never be considered a permanent solution: A "permanent" care arrangement can mean many things, including reintegration into a child's family of origin, adoption, or even long term fostering. Almost any care alternative can be conceived as a permanent or long term arrangement. In general, institutional care fails to realize a child's right to family or to provide the attachments and individual attention necessary to support a child's development.
- National (domestic) solutions are generally preferable to those involving another country:  
 Children have a right to identity: Keeping a child in his or her country of origin, where possible, helps to maintain a child's heritage and identity. Inter-country alternatives, on the other hand, mean that the child is more likely to grow up in unfamiliar surroundings, where he or she may be more isolated and exposed to risk. Inter-country alternative care placements are most often discussed in the context of adoption, where several international legal instruments emphasize that domestic alternatives must be exhausted before looking to an international solution.

#### Objectives and Overview of Family Strengthening and Non-Institutional Alternative Care Programmes (FS & NIAC)

1. Ensure the child's right to a family.
2. To strengthen the family as a unit and prevent family disintegration.
3. To develop preventive, supportive, community-based, family-oriented outreach programmes for the Children in Need of Care and Protection (CNCP)
4. To provide the necessary counselling support to families "at risk" in order to prevent abandonment and institutionalisation of the child due to social and economic circumstances.
5. To arrange for substitute family care when the child's own family of birth cannot look after him due to compelling circumstances and crisis.
6. To work towards de-institutionalising the child and reinstate/rehabilitate him in his own biological family or a substitute adoptive or foster family.
7. To mobilise resources within the local community so that the innate capacities of the people are developed, leading to people's participation in child protection issues.

#### Adoption

Adoption is the best non-institutional programme for the orphaned, abandoned, surrendered child

since it provides permanent substitute care in a family. The biological family should be supported and preserved wherever possible and no child should be deprived of care by biological parents solely because of economic need.

When the birth parents relinquish a child permanently, due to circumstances beyond their control, an adoptive family would be the best alternative for this child. Prior to adoption, several formalities need to be completed in order to ensure child protection. Pre-adoption counselling prepares a couple to be emotionally ready for adoptive parenthood.

Since a child adjusts best within his own socio-cultural milieu, rehabilitation through in-country adoptions would be the first option after which inter-country adoptions could be considered for the child who is legally free for adoption. Children should not languish in an institution, indefinitely, and a rehabilitation plan must be made for each child.

### Foster Care

Foster Care provides temporary, substitute care for children, whose parents are unable to care for them due to illness, death, desertion of one parent or any other crisis situation. It is different from adoption where the child severs all ties with his own natural parents. It could also be a service for prevention of abandonment to the single, unwed mother who does not want to give up her child irrevocably in adoption but needs support for a temporary period. In foster care, the child is placed in another family for a short or extended period of time, depending upon circumstances. The child's own parents usually visit regularly and eventually after the rehabilitation, they may return to their own homes.

Whilst locating a foster home, it is important to assess the suitability, competence and motivation of the foster parents and the home must be as close as possible to the child's ethnic, socio-cultural and economic background. This compatibility facilitates the process of adjustment and the transition from the natural home to the foster home and vice versa so that the emotional trauma for the child is minimised. Kinship and Foster Care is also another alternative, where a child's own relative would care for the child.

The Foster Care Scheme must provide financial support to the foster family in order to care for the child as well as support to the natural parents towards rehabilitation so that they may take the child back when possible.

### Sponsorship

The Sponsorship Programme is recognised as one of the most effective programmes to provide supplementary financial support to families who are unable to meet educational and other needs of their children. The sponsorship assistance meets with medical, nutritional and educational and other needs of their children and improves the general quality of life.

The unique feature of sponsorship is that the child is not taken away from the family and continues to enjoy the security of a family environment that is necessary for healthy growth. To work with the family as a unit is a very effective approach in sponsorship.

Through the process of assistance for education, the families are empowered to become independent and long-term rehabilitation plans are also worked out for sustainable development. There are various modalities for implementation of this programme like the Individual to Individual sponsorship, Group sponsorship or Community sponsorship.

### Community Centres and Outreach Programmes

Vulnerability and the consequent destitution of children could be high in the deprived and underprivileged sections of society as evident from experience and research studies. Community-based and family strengthening support services like Family Counselling Centres, Child Guidance Clinics, Juvenile Guidance Bureaus, and Women's Self Help Groups should be set up so that families at risk have easy access to such assistance. These multi-purpose counselling centres are very effective in controlling juvenile offences, family disintegration and institutionalisation of children.

### Counselling

Counselling is the most integral, intangible component of all the non-institutional services. By providing the necessary emotional support, families who are "at risk" and in crisis are helped to mobilise their own strengths to cope with crisis situations so that they do not seek institutionalisation of children as a solution to the problem. The counselling services gives them support when their own coping mechanisms fail to function effectively, professional intervention helps them tide over the crisis. The rehabilitation of abandoned and destitute children through institutional care has been the practice so far. However, the emphasis in future should be on alternate care programmes for considering more community-based, non-institutional services.

### Why – Institutional care should be the last alternative .....

It is universally accepted that even the best institution cannot substitute for the nurturing care that a family can give to a child. However, there are some children for whom that may be the only option. So, it is important to improve the quality of child care in institutions, develop small "Group Homes" and simultaneously develop family based alternative services. Studies and experiences have shown that a child who has been deprived of family care and brought up in a large impersonal institution may show some of the following problems:

- Lack of individual attention, individualisation, one-to-one caring and interaction makes it difficult for a child to feel secure and bonded to one caregiver.
- "Multiple Mothering" syndrome - when a child is cared for by changing staff, the child is unable to form an attachment with any one person. This leads to a lot of emotional isolation and insecurity in the child.

- Excessive “Routinisation” and “Regementisation” does not take into account individual needs of the child and hence the child either becomes very reticent and submissive or may react by becoming defiant and rebellious.
- Inability to form lasting, meaningful relationships. The child finds it difficult to trust people in authority or even peers when he has had too many negative experiences.
- Due to the psychological, emotional and nutritional deprivation these children may also show poor academic performance, and other behavioural problems.
- The “Institutionalised Child Syndrome” is sometimes evident in the child’s “self-esteem”. Some children may develop a poor self-worth, which may reflect later in interpersonal relationship problems.

#### De-institutionalisation through Family Strengthening Programmes

- Children can be restored to their families, through a programme of financial and social support through family strengthening schemes.
- Only a small minority of children living in children’s homes are parentless or are fully orphaned and so they can be reintegrated into their families, through de-institutionalisation.
- Rationalisation of Institutional care: Gatekeeping policies and practices are essential if institutional care is to be used as an appropriate and last alternative. Minimum use of institutionalisation and rationalising residential care is essential.

The approach of long term care in large impersonal institutions is being replaced by small “group homes”. Recognising the right of a child to a family, all child protection programmes must try and ensure that the physical, social, emotional and educational needs of the child are met in a secure, nurturing family environment. The primary focus is the strengthening of the family, prevention of family disintegration and abandonment of children. Traditionally in India, the child without parents was looked after by the joint / extended family, but the systems slowly disintegrated and the problem of destitution has been on the increase. Institutional care has been one of the alternatives, however due to changes in approach in child protection, one realises that it cannot be a substitute for the individualised care that a family can provide.

#### Way Forward..... A Paradigm Shift

National Policies, have now been evolved, to promote alternative forms of family strengthening and protection programmes for children. There will probably be certain situations for some children where there are no feasible options other than institutional placement. Existing institutions should therefore be improved in such a way as to provide, individualised quality standards of care and safeguard the rights of the child. Comprehensive measures should be provided for support to families at risk, in order to assist them in their child-rearing responsibilities in the light of articles 18 and 27 of the UNCRC. Short term institutional care can be considered as an

option during an interim period when other alternatives are being explored. Large institutions need to give way to small personalised “Group Homes” that provide a nurturing family like environment.

A paradigm shift from the “Welfare” to the “Developmental”, from the “Needs” to the “Rights”, and from “Institutional Care” to “Non-Institutional Alternative Care” are significant changes in intervention for “Families at Risk” and “Children in Need of Care and Protection” (CNCP). The Integrated Child Protection Scheme (ICPS) of the Ministry of Women and Child Development (MWCD), Government of India is a step in the right direction of emphasising Family Based Alternative Programmes for Child Protection. This broadening of concern of ICPS ensures that problems of child vulnerability and child protection are best approached through PREVENTIVE, COMMUNITY ORIENTED, FAMILY BASED, NON-INSTITUTIONAL ALTERNATIVES. It is important that the UN-CRC and the Guidelines on Alternative Care for Children are converted from being a declaration of intent to an effective tool for ensuring Child Rights and Child Protection.

### What is The Integrated Child Protection Scheme (ICPS)? – An Overview

A Centrally Sponsored Scheme of Government – Civil Society Partnership,  
Ministry of Women and Child Development, Government of India.\*

“Child Protection” is about protecting children from or against any perceived or real danger, and risk to their life, personhood and childhood. It is about reducing their vulnerability to any kind of harm or harmful situations. It is about ensuring that no child falls out of the safety net, and those who do, receive the necessary care, protection and support. Child protection refers to preventing and responding to violence, exploitation, abuse and neglect of children. It is about ensuring the Rights of every child, and especially the rights of “children in difficult situations” who are more vulnerable.

The Ministry of Women and Child Development (MWCD) is committed to the achievement of Millennium Development Goals (MDGs) and to place “Development of the child at the centre of the 11th Plan”, for creating a protective environment for children. Through the ICPS, MWCD will strengthen prevention of Child Rights violation, enhance infrastructure for protection services, increase access to a wider range and better quality of services, increase investment in child protection and raise awareness of child rights and the situation of India’s children. The constitution of India recognises the vulnerable position of children and their Right to Protection.

### Existing Child Protection Mechanisms

The existing programmes that stem from the Juvenile Justice (Care and Protection of Children) Act, 2000, and National Plan of Action for Children 2005 are:

\*Source: MWCD, GOI Documents

- A Programme for Juvenile Justice
- An Integrated Programme for Street Children
- CHILDLINE Service
- ShishuGreh Scheme
- Scheme for Working Children in Need of Care and Protection
- Rajiv Gandhi National Crèche Scheme for the Children of Working Mothers
- Pilot Project to Combat the Trafficking of women and Children for Commercial Sexual Exploitation
- Central Adoption Resource Agency (CARA)
- National Child Labour Project (NCLP)

### Some Gaps in Services

A review by the MWCD revealed that there are several shortcomings in the existing child protection institutions, policies, programmes, and their implementations at all levels such as:

- Lack of prevention
- Poor planning and co-ordination
- Inadequate services, compared to the needs
- Poor infrastructure
- Inadequate human resources
- Serious service gaps
- Weak accountability, monitoring and evaluation

### ICPS – Purpose and Objectives

The ICPS is expected to contribute to creating a system that will protect children and is based on the principle of “Best Interest of the Child” and “Protection of Child Rights”.

- To institutionalise essential services and strengthen structures
- To enhance capacities at all levels
- To create database and knowledge base for child protection services
- To strengthen child protection at family and community level
- To ensure appropriate inter-sectoral response at all levels
- To raise public awareness

### Guiding Principles

- Child protection, a primary responsibility of family, supported by community, government and civil society
- Loving and caring family, the best place for the child
- Privacy and Confidentiality
- Non-stigmatisation and non-discrimination

- Prevention and reduction of vulnerabilities, central to child protection outcomes
- Institutionalisation of children, the last resort
- Child centred planning and implementation
- Technical excellence, code of conduct
- Flexible programming, responding to local individualised needs
- Good governance, accountability and responsibility

### Approaches

- Prevention
- Promotion of Family-based Care
- Financing
- Integrated service provision – range of services
- Continuum of services – a feasible care plan for each child
- Community based service delivery
- Decentralisation and flexibility to focus on local needs
- Partnership Building and Community Empowerment
- Quality care, standards for care and protection
- Building Capacities
- Monitoring and Evaluation

### Target Groups

- Child in need of care and protection
- Child in conflict with law
- Child in contact with law

### Government and Civil Society Partnership

Under the ICPS, the proposal is to combine its existing child protection scheme under one centrally sponsored scheme. ICPS brings together several vertical schemes under one comprehensive programme and integrates all interventions with inter-sectoral collaboration.

ICPS will function as a government – civil society partnership scheme under the direction and responsibility of State and Central government. It will work closely with civil society, all stakeholders, voluntary sector, community groups, academia, media, and corporate sector to create a protective environment for children. The scheme visualises a structure with lateral linkages, for service delivery, monitoring and supervision.

A multidisciplinary professional staff will be taken on contractual basis for better flexibility, scope for innovation and effective implementation.

### Programmes and Activities

- Emergency outreach service through 'CHILDLINE'

- Open shelters for children in need in urban and semi-urban areas
- Family based non-institutional care through Sponsorship, Foster-care, Adoption and After care.
- Sponsorship
- Foster Care
- Adoption
- Specialised Adoption Agency (SAA)
- Cradle Baby Reception Centre
- After-care programme
- Institutional services
- Shelter Homes
- Children's Homes
- Observation Homes
- Special Homes
- Specialised services for children with special needs
- General grant-in-aid for need based / innovative interventions

#### Statutory Support Services

- Child Welfare Committees (CWCs)
- Juvenile Justice Boards (JJBs)
- Special Juvenile Police Units (SJPU)

#### Other Activities

- Human resource development for strengthening counselling services
- Training and capacity building
- National Institute of Public Cooperation and Child Development ( NIPCCD)
- State Child Protection Society (SCPS)
- Strengthening the knowledge-base
- Research and documentation
- Child Tracking System
- Web-enabled Child Protection Management Information System (MIS)
- Website for missing children
- Advocacy, public education and communication
- Monitoring
- Monitoring at district level
- Monitoring at state level
- Monitoring at Central level
- Evaluation

## Service Delivery Structure

### District Level

- District Child Protection Society (DCPS)
- District Child Protection Committee (DCPC)
- Sponsorship and Foster Care Approval Committee (SFCAC)
- Block Level Child Protection Committee
- Village Level Child Protection Committee

### State Level

- State Child Protection Society (SCPS)
- State Adoption Resource Agency (SARA)
- State Child Protection Committee (SCPC)
- State Adoption Advisory Committee

### Regional Level

- Child Protection Division in the four Regional Centres of National Institute of Public Cooperation and Child Development (NIPCCD)
- Four Regional Centres of Childline India Foundation (CIF)

### National Level

- Childline India Foundation – Headquarters
- Child Protection Division in the National Institute of Public Cooperation and Child Development (NIPCCD)
- Central Adoption Resource Authority (CARA)

## Funding Pattern

ICPS is a centrally sponsored programme and shall be implemented through the State Government or UT Administrations with bulk financial assistance from the Central Government. The scheme will be implemented with a cost sharing ratios between Centre: State/NGOs.

In case a state is unable to spend the complete funds allocated for a particular year, the excess funds will be reallocated by the Ministry to any other States which requires additional funds.

The financial assistance to the State Government or UT Administrations will be given in two instalments through State Child Protection Societies. While providing the financial assistance to the voluntary organisations, the State Government / UT Administration shall ensure that the voluntary organisations meets the eligibility criteria laid down for providing grant-in-aid by the Scheme.

### Impact indicators / Expected outcomes of ICPS

- Information / knowledge base of children and families at risk
- Reduced vulnerabilities of children
- Better child protection services
- Less children in need of care and protection
- Increase in the proportion of children in family based non-institutional care services
- Increase in the proportion of children placed in in-country adoption
- Better quality care for children in institutional care
- Increased availability and accessibility of a variety of child protection services
- Increase in the proportion of children / young people leaving institutional care who are self-sufficient and gainfully engaged in productive activity

The Integrated Child Protection Scheme (ICPS) and the Ministry of Women and Child Development (MWCD) envisage a broad and comprehensive framework for Child Protection and create a strong protective environment for children. Every child in India has the right to be cared for in a loving and nurturing family environment, to live with dignity and be protected from separation, violence, neglect, abuse and exploitation.

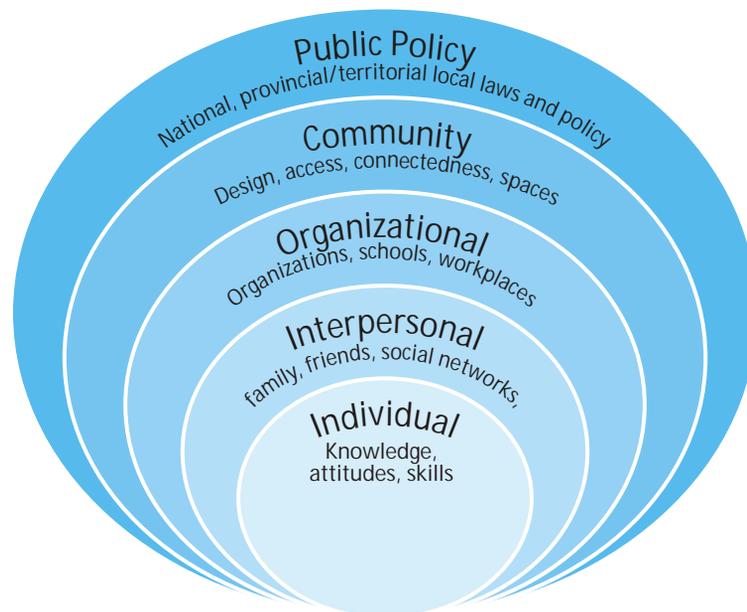
# THE SOCIO-ECOLOGICAL APPROACH TO SOCIAL WORK- FSC MODEL

FSC over the last 6 decades has been implementing its intervention strategies at par with UNCRC and ICPS.

What is the FSC model?

FSC has been implementing the socio ecological model of social work wherein we believe that an individual's personality and behaviour and actions are influenced by the interactions or relationship with his family, peers, neighbours and society at large. So if we want to bring about change in a person we need to intervene with all the important stakeholders in his/her life. This model is replicable and sustainable as it envisages participation of people in their own growth and development.

## The Family Centre Model



A Social-Ecological Model for Physical Activity - Adapted from Heise. L. Ellsberg, M. & Goternoeller M. (1999)

How do we implement this Model?

- By intervening with the child.
- Working with the child's family, peers, school.
- Interventions at the community where the child lives.
- Networking with other systems in society

Broadly the programmes of FSC are:

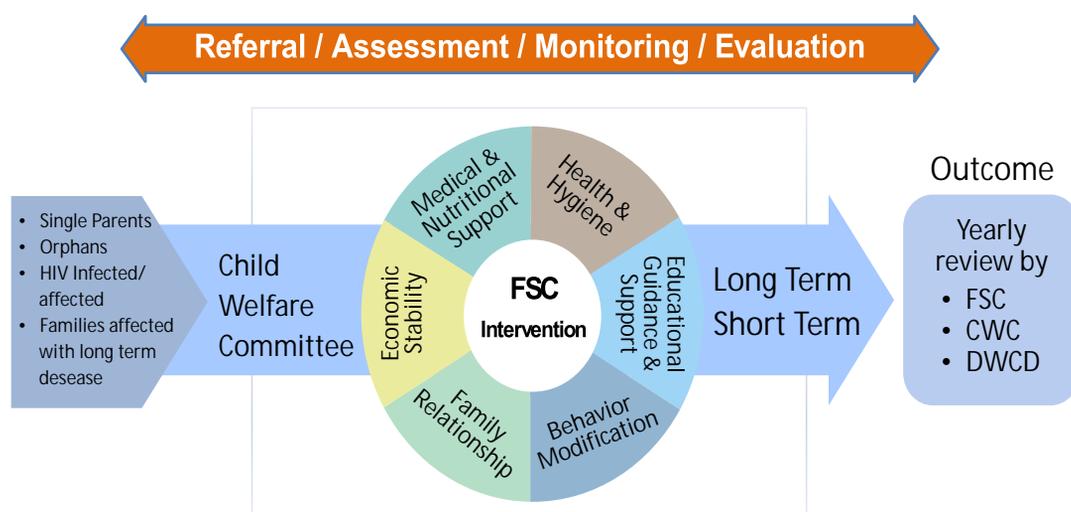
- Adoption
- Foster Care/ Balsangopan Yojana (BSY)
- Sponsorship for Education
- Community Development Initiatives.

## Adoption:

Our focus being the child, efforts are to ensure the “best interest of the child”. Programmes are evolved to this end. The Adoption programme makes sure that any child placed in our care for rehabilitation through Adoption gets the love and nurturance of a permanent family. Even during the process of rehabilitation, the child is fostered in a family for a temporary period. Here we enrol sensitive families to do this service thus developing a resource pool in society. This helps the child to adjust in his/her new family without much trauma as he/she is in family care from the beginning. The entire process of rehabilitation is legal and the child’s rights are ensured. Sensitizing different stakeholders like doctors, nurses, ward boys and other allied systems about this aspect of the child care and rehabilitation creates a network and a safety net for the child in need of this service. With counselling and emotional support the birth mothers who often are below 18 years are also reintegrated into their respective families.

## Foster Care/ BSY:

For families facing crisis, alternate family care for the children affected are sought through the support of relatives and neighbours till the crisis is over. Counselling and rehabilitation mechanisms are employed to get the family back to normal and the children are reintegrated into the family of origin. Here the emphasis is on identifying the strength of the family and building their capacities to handle the problems faced by them. The social workers play an important role as the families in crisis need a support system to get back to normalcy. Networking with different systems is important to see that the child does not lose out on other needs. This being the government programme, the Organization gets the support of the Government.

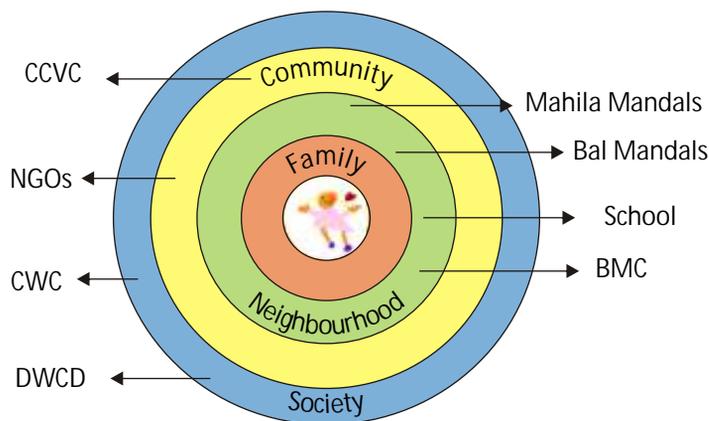


Rehabilitation before 18 years

## Sponsorship for Education:

This support is extended to children and families in difficult circumstance who are struggling to make two ends meet and where education of children does not get priority. This is a very challenging situation for social workers as they take on the role of a guide, facilitator and friend of the families they are dealing with. Their interventions range from motivating and building aspirations in children to helping their mothers to budget the family income to saving for rainy day and also helping them to handle issues such as alcoholism and wife battering. All these are done through individual counselling and group interventions. Networking with sponsors and engaging with other systems to facilitate upward mobility of the children completing higher secondary and graduate levels is also an important function of social workers. All these interventions go a long way in bringing about positive change among families and children. Over the past decades many of our children have done well in their lives and are now giving back to society by becoming sponsors. Our efforts are to bring forth sensitive citizens who care for others and are in peace with their environment.

## Systems Approach



Fernandes, G, Chaze, F and Talvelkar, K: 2002, Pg 25: The Evaluation of Sponsorship, R. Unit of CSW.

## Community Development Initiatives:

Bringing about change in the environment where the children reside is a very big challenge as we are dealing with different kinds of people with different ideas and different religious and political affiliations. Paving a path with children's best interest was a good beginning for us at FSC. Interacting with people migrating from different parts of India with varied cultural practices and tradition has been a herculean task. Health was another area of intervention which was acceptable to people. Health aspects covering seasonal diseases, lifestyle diseases, tuberculosis, HIV, Reproductive and Child health and so on were looked into in terms of awareness building, treatment and wellbeing with the help of paraprofessionals who were trained on the job by FSC. They have been trained to be barefoot counsellors in the community where they live.

Our interventions in the community cater to all people ranging from zero age to senior citizens. We have organised for Helpage India mobile van to cater to the medical needs of the elderly and expectant mothers are helped through our Ante Natal Care and Post Natal Care Projects to care for themselves and their unborn child. So that the child is born with a good birth weight that will give it a head start in life. We meet with expectant mothers individually and in groups to educate them about care during pregnancy and after delivery. Detailed sessions on child care, immunizations, breast feeding, and birth registration are imparted during these interventions. As a result we have been able to handle high risk pregnancies and avert maternal morbidity and mortality.

Toddlers are covered under the pre-school programme to prepare them for formal schooling. Older children are members of the children's club and adolescent group. The children are engaged in different activities like debates, discussions on various topics relevant today and exposure visits to update them. They participate in educating the community about child rights and the need to maintain hygiene in the community. Children also undertake shramdaan and coastal clean up to drive the point home. Gender sensitization is an important component of our programmes. To facilitate enrolment of girl children who were kept back from school to care for their younger siblings, we started day care centre in the community. We have managed to motivate girls to continue their education thereby postponing their age at marriage. These girls will also be informed mothers ensuring rights of their children.

Women are very important stakeholders in the family as they are the primary care givers. Empowering them would be the first step towards family empowerment. Hence we focus a great deal on women. Women's groups and Self-help groups are formed in the communities to bring about bonding among them and prepare them to fight for their rights. They meet every week and engage in discussions on topics concerning them, take loans from the group fund at minimal interest rate and help each other when in need. A support group is formed that can take up issues concerning their community like garbage issues, water problems, rationing issues etc. Women have come a long way as most of them have savings in banks and are able to manage them. They are also taking interest in their children's health and education. As a result number of children going for higher education is increasing year after year. With their new found confidence the women have made a niche for themselves in their families and are actively participating in major decision making in their families such as postponing the age of marriage of their girl children. Today the girls are married at 18 years and not before that. Many of the girl children are also going in for higher education.

We undertook training of women for housekeeping, tailoring, beautician's course as per their requirement and most of them are using the skills learnt to upgrade their job opportunities as they can negotiate for better salaries. We collaborate with Taj group of Hotels for the training housekeeping and home management.

It can be observed that development work along with welfare programme go hand in hand as people are needy and some support will go a long way in motivating them to participate in their own development. We have replicated this model in other parts of Mumbai and far off suburbs.

The interventions are as per the felt need of the community we are working with. In the true spirit of ICPS, which is to create partnership between the government and civil society organisations, the family service initiated a series of " Training and Capacity Building and Orientation" workshops for the functionaries of ICPS and other social workers in the area of Child Protection. A resource group was formed of various professionals who had experience and expertise in the field of Child Protection. They prepared resource material that was used for the workshops.

In 2014, we collaborated with Department of Women and Child Development, Pune and conducted training programmes for important stakeholders such as Child Welfare Committee/ Juvenile Justice Board members, Police, NGO representatives from six regions of Maharashtra about the importance of Alternate care for children in need of care and protection. The objective was to share our experiences and knowledge in strengthening families through non institutional programmes. This approach is preventive in nature and is sustainable as the child is nurtured in its family and they have the capacity to handle their own issues and concerns. This is on par with the policy of the government which is implemented through the Integrated Child Protection Scheme (ICPS).



## ★ शुभेच्छा संदेश ★

फॅमिली सर्विस सेंटर मुंबई या संस्थेला 60 वर्ष पुर्ण झाली आहेत, त्याबदल प्रथमतःसंस्थेचे, सर्व पदाधिकाऱ्याचे विशेषतः डॉ. निलिमा मेहता, श्रीम. निगम्मा मस्करनहास, श्रीम. स्मीता लोपीस व संस्थेसाठी काम करणाऱ्या सर्व अधिकारी, कर्मचारी यांचे तसेच संस्थेच्या सर्व शुभचिंतकांचे हार्दिक अभिनंदन.

फॅमिली सर्विस सेंटरशी माझा संबंध 1999 पासून आहे. तेव्हा मी महिला व बाल विकास आयुक्तालय पुणे येथील परीवीक्षा अधिकारी या पदावर ॲडॉप्शन कक्षात कार्यरत होतो.त्यानंतर 2006 ते 2009 या कालावधीत जिल्हा महिला व बाल विकास अधिकारी मुंबई शहर यापदावर कार्यरत असतांना बाल संगोपन योजना, दत्तक योजना राबविणाऱ्या या स्वयंस्फूर्तीने शासनाने आयोजित केलेल्या महिला व बालकाच्या अनेक उपक्रमांमध्ये हिरीरीने सहभाग दिला आहे.

दिनांक 5.8.2014 ते 19.9.2014 या कालावधीत महिला व बाल विकास आयुक्तालय पुणे व फॅमिली सर्विस सेंटर मुंबई यांचे संयुक्त विद्यमाने आयोजित केलेल्या काळजी व संरक्षणची गरज असलेल्या बालकांकरीता बालसंगोपन योजनेतील संस्थाबाहय इतर उपक्रम / योजना या विषयातील कार्यशाळा मा. श्री राजेंद्र चव्हाण, आयुक्त, महिला व बाल विकास, महाराष्ट्र राज्य, पुणे यांचे प्रेरणेने औरंगाबाद , अमरावती, नाशिक, पुणे, नागपूर, व मुंबई या सहा विभागांमध्ये प्रत्येकी 2 दिवस याप्रमाणे पार पडल्या, या मध्ये जिल्हा महिला व बाल विकास अधिकारी, जिल्हा बाल संरक्षणअधिकारी, बाल न्याय मंडळ सदस्य, बाल कल्याण समिती सदस्य, बाल संगोपन योजना राबविणारे,विशेष बाल पोलीस अधिकारी, पोलीस स्टेशन मधील बाल कल्याण आधिकारी, बालकांच्या क्षेत्रात काम करणाऱ्या संस्था असे एकूण 300 च्या वर प्रतिनिधी सहभागी झालेले होते. शासनाचे अनुदान न घेता या सर्व कार्यशाळांचा आर्थिक भार फॅमिली सर्विस सेंटर यांनी उचलला तसेच समन्वयाने साधनव्यक्तींना मार्गदर्शनासाठी बोलवून कार्यशाळा यशस्वी केल्या.

बालकाचे संस्थेपेक्षा स्वताःच्या/पर्यायी/दत्तक कुटुंबामध्ये चांगल्या प्रकारचे संगोपन व विकास होऊ शकतो हे संस्थेने आजपर्यंत केलेल्या कार्यातुन दिसून येते.

संस्थेच्या या पुढील कार्यासाठी हार्दिक शुभेच्छा !

(राहुल मोरे)  
विभागिय उपआयुक्त  
महिला व बाल विकास, कोकणविभाग  
मुलुंड, मुंबई 80

## A CONCEPT NOTE FOR THE MAHARASHTRA STATE LEVEL TRAINING WORKSHOPS CHILD PROTECTION, THE FAMILY BASED NON – INSTITUTIONAL ALTERNATIVE CARE APPROACH

Many of the civil society Organisations, NGOs and Voluntary Organisations are striving to translate the various child protection policies into practice and ensure the strengthening and empowerment of families. The planning of the various consultations and district level training workshops is an effort to synergise the efforts of various partners through a public private partnership for promoting the “Best interest of the child.”

Child Protection: Rights based Framework:

The Right and Entitlement of Every Child is to grow up in a nurturing family. Recognising this “Right to a Family”, the laws, policies and programmes dealing with children in need of care and protection need a paradigm shift in focus from Institutional care to developing Non- Institutional Alternative Care programmes that are preventive, family based and community oriented.

What is Alternative Care?

Alternative Care refers to a spectrum of services available to children whose parents are no longer able to provide adequate, appropriate and necessary care. Inadequate care environment can impair a child’s emotional and social development and can leave the children extremely vulnerable. They need protection from Neglect, Abuse, Violence and Exploitation as their wellbeing is “At Risk”.

Background

UNCRC was ratified by India in 1992. To harmonise the Indian legislation, with the UNCRC, the Government of India, passed the JJ Act 2000(2006), bringing within its purview all Children in Need of Care and Protection (CNCP) and emphasising that family based rehabilitation is the best option for children. The UN Guidelines on Alternative Care for Children was a response to enhance the implementation of UNCRC. The National Policy for Children 2013 also incorporates the child’s right to be brought up in a family environment. The Integrated Child Protection Scheme (ICPS) of the Government of India, integrates multiple existing child protection programmes of the Ministry of Women and Child Development (MWCD) under one comprehensive scheme and aims to strengthen structures, enhance capacities, create a knowledge and data base for child protection services. ICPS aims to strengthen Child Protection Services at the family and community level, by facilitating inter sectoral collaboration at all levels. As per the ICPS the priority is to alternative care and long-time institutionalisation should be considered as the last resort after all other options have been explored.

## Objectives of Non- Institutional Alternative Care (NIAC)

- Ensure the child's right to family
- To strengthen family as a unit and prevent family disintegration.
- To develop preventive, supportive, community based, family strengthening outreach programmes for CNCP.
- To provide necessary counselling support to families at risk in order to prevent abandonment or institutionalisation of the child due to social and economic circumstances.
- To arrange for substitute family care when the child's own family is unable to care for him/her due to compelling circumstances.
- To work towards de-institutionalising the child and reinstate/rehabilitate him/her in its own biological family or a substitute adoptive or foster family.
- To mobilise resources within the community so that the innate capacities of the people are developed, leading to people's participation, in their own environment.

The Workshops were designed to reach out to grass root level workers, ICPS and state functionaries across the State of Maharashtra with an aim to promote the concept and practice of Non – Institutional services for children in need of care and protection. They were conducted in six regions covering 35 districts. The workshops were spaced out over two months of August/September 2014 with the planning work being undertaken by FSC with the Resource Team from January 2014.

The Workshops began with an inaugural session on the "over view of child protection" followed by the introduction of the FSC Model. The focus of the training was that in the "Best Interest of the Child, "there is a need to promote the "Preventive, family based community oriented Non-Institutional, Alternative Care Approach" for Child Protection.

Note: - The following section contains the resource material prepared by various "Resource Group Members" for the six regional workshops. The Deputy Commissioner, Commissionerate of Women and Child Development has been a continued support in this endeavour.



# Child Protection in India An Overview

Dr. Nilima Mehta



## What is Child Protection

Child Protection From and Against

- Neglect Abuse
- Violence
- Exploitation

N. MEHTA



## Child Protection – Creating Safe Spaces for Children – 24x7

Safe Space is a place where a child feels

- Secure
- Protected
- Nurtured
- Cared for
- Looked after

N. MEHTA



## Child Protection: Macro to Micro Level

UN Conventions, Declarations, Treaties, Guidelines

↓

Constitution of India

↓

National Legislations protecting and impacting children (JJ Act and other laws)

↓

National Policy for Children and other related policies

↓

National Plan of Action

N. MEHTA



Contd...



N. MEHTA



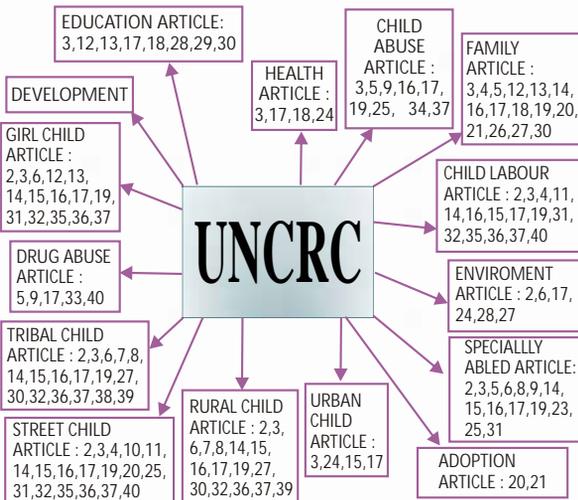
## Fundamental Principles: Child Protection

- Best Interest of the Child
- Family & State responsibility
- Family Strengthening and prevention of destitution
- Non-Institutional Alternative Care
- Institutionalisation as the last resort
- Care, protection and rehabilitation
- Child's right to participation

N. MEHTA



## Convention on the Rights of the Child



N. MEHTA



## Allied Systems → Build Partnerships → For Promotion & Protection of Child Rights

- Police
- Health
- Education
- Transport
- Telecommunication
- Legal / Juvenile Justice System
- NGOs and Networks
- Government Institutions / Departments
- Media
- Civil Society

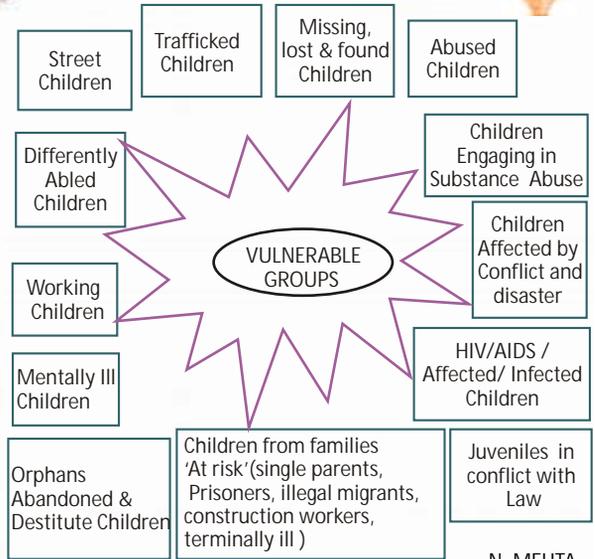
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## Intervention Strategies

- Advocacy
- Awareness
- Sensitisation
- Orientation, Training & Capacity Building
- Networking
- Collaboration
- Partnership
- Lobbying
- Monitoring

N. MEHTA



N. MEHTA



## JJ Act Preamble Key Areas of Reference

1. Child friendly approach
2. Best interest of children
3. Proper care, protection, treatment, rehabilitation and reintegration
4. Constitution / Human Rights / CRC / Beijing Rules / UN Rules for protection of Juveniles

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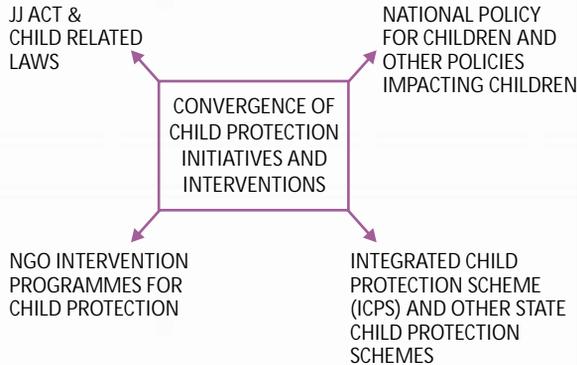


- 
- Objectives : FS & NIAC**
- Ensure the child's right to a family.
  - Strengthening the family as a unit, to prevent family disintegration and institutionalization of the child.
  - Develop preventive, supportive, community-based, family-oriented outreach programmes for the Children in Need of Care and Protection (CNCP).
- N. MEHTA

- 
- Contd...**
- Provide the necessary counselling support to families "at risk " in order to prevent abandonment and institutionalization of the child due to social and economic circumstances
  - Arrange for substitute family care when the child's own family of birth cannot look after him due to special circumstances.
- N. MEHTA



## Convergence – Micro to Macro Level



N. MEHTA



## ICPS Government and Civil Society Partnership

The ICPS, is an attempt to combine the existing child protection scheme under one centrally sponsored scheme. ICPS brings together several vertical schemes under one comprehensive programme and integrates all interventions with inter-sectoral collaboration. ICPS will function as a government – civil society partnership scheme under the direction and responsibility of State and Central government.

N. MEHTA



## SOME IMPORTANT ASPECTS TO REMEMBER WHEN TAKING DECISIONS IN RELATION TO CHILDREN

- The “Best Interest of Child” is guiding principle in all work with children.
- A “Rights Oriented” approach is taken in all the decisions and rehabilitation plans for children.
- The child’s “Right to Participation” is respected and the child is consulted while making decision in all matters that impact of his life.

N. MEHTA



## Contd...

- All efforts must be made to ensure that the child grows up in his own family and in a nurturing environment.
- Prevention of family breakdown and destitution of children, and strengthening of families ‘at risk’ through supportive services is therefore the first priority and form of intervention.
- If the child’s own family cannot look after the child then other family based, community oriented alternatives should be considered.

N. MEHTA



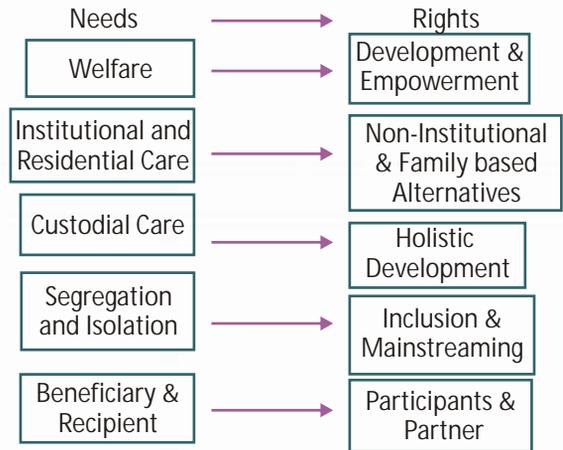
## Contd...

- Long term institutional care as a form of rehabilitation (like commitment to an institution till 18 years) should be the very last alternative for a child
- When handling matters related to Children in Need of Care and Protection and Juveniles in Conflict with Law we have to ensure that all proceedings are conducted in a sensitive and child friendly environment, and with a 'Child Centered' approach.

N. MEHTA



## Paradigm Shifts in Approaches



N. MEHTA

# INTEGRATED CHILD PROTECTION SCHEME (ICPS)

Ms. Kamini Kapadia



## RIGHT TO PROTECTION

- Refers to protecting children from or against any perceived or real danger/risk to their life.
- It helps to reduce their vulnerability in harmful situations, providing a protective environment.
- It means protecting children against social, psychological and emotional insecurity and distress.
- It must ensure that no child falls out of the social security and safety net and those who do, receive necessary care and protection to be brought back into the safety net.
- While protection is a right of every child, some children are more vulnerable than others and need special attention.

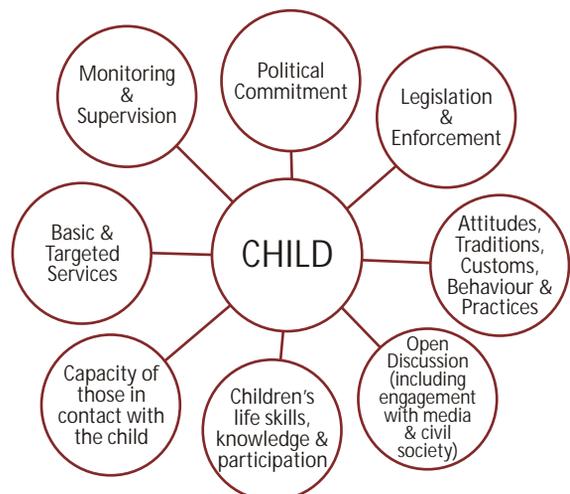
K. KAPADIA

## BUILDING A PROTECTIVE ENVIRONMENT

- Making communities safe for children
- Prevent, mitigate and redress violence, exploitation and abuse against children
- Safety from deliberate and situational harm (safeguards at home and in the community)

K. KAPADIA

## PROTECTIVE ENVIRONMENT



K. KAPADIA



## IDENTIFIED GAPS TO BE ADDRESSED BY ICPS

- Lack of qualitative and quantitative data on vulnerability of children
- Lack of implementation of standards of care  
Inadequate infrastructure under JJ system, like constitution of JJBs, CWCs and SJPU
- Lack of non-institutional and family based care system for children
- Skewed utilization of resources in terms of geographical spread

K. KAPADIA



## IDENTIFIED GAPS TO BE ADDRESSED BY ICPS CONTD.....

- Lack of coordination and convergence of programmers/services
- Inadequate emphasis for reintegration and restoration to families for rehabilitation
- Inadequate budgetary allocation for child protection
- Inadequate training and capacity building of functionaries under juvenile justice system

K. KAPADIA



## WHAT IS ICPS

- Newest flagship Scheme of the GOI, bringing under one umbrella, all initiatives taken for child protection (CP) so far
- Decentralized and systematic approach to prevention and reduction of vulnerability resulting from child abuse, neglect and exploitation.
- Creating a protective environment of all the children in line with the UNCRC and the JJ Act.
- Brings together multiple vertical schemes under one comprehensive child protection programmes and integrates interventions for protecting children and preventing harm.

K. KAPADIA



## GUIDING PRINCIPLES OF ICPS

- CP is a primary responsibility of family, supported by community, government and civil society with clear roles
- Loving and caring family is the best place for the child. Children to be separated only in the case of absence, inability or incapacity of the parents.
- Children's right to privacy and confidentiality should be protected through all the stages of service delivery.
- Non-stigmatization and non-discrimination
- Prevention and reduction of vulnerabilities, central to child protection outcomes
- Institutionalization of children to be the last resort

K. KAPADIA

## GUIDING PRINCIPLES OF ICPS CONTD..



- Planning and implementation of CP policies and service delivery to be child centred at all levels, to ensure that the best interest of the child
- Services for children at all levels and by all providers to be provided by skilled and professional staff
- Flexible programming, responding to local individualised needs.
- Transparent management and decision making, accountable and responsible individuals and institutions, performance reports at all service levels and all service providers to be made public, including for children themselves, through child-friendly reports.

K. KAPADIA

## FOCUS OF ICPS



- Mapping needs and services for children and families at risk;
- Preparing CP plans at district and state levels;
- Strengthening service delivery mechanisms and programmes including preventive, statutory, care and rehabilitation services;
- Improving access to and quality of services provided;
- Promoting and strengthening non-institutional family based care options for children deprived of parental care

K. KAPADIA

## FOCUS OF ICPS



- Developing capacity of service providers;
- Strengthening knowledge base, awareness and advocacy;
- Establishing an integrated, live, web based data base for evidence based monitoring and evaluation and service planning decision making;
- Monitoring and evaluation;
- Building partnerships and alliances for child protection, particularly at the grass root community and district levels.
- Strengthening linkages with other bodies and institutions such as the NHRC /SHRC and NCPCR/SCPCR

K. KAPADIA

## COMPONENTS OF THE SCHEME



The components of the scheme would be broadly divided in two categories:

- Juvenile in conflict with law, and
- Children in need of care and protection

K. KAPADIA



## COMPONENTS OF THE ICPS

- Juvenile in conflict with law: Under this component, the Scheme would support setting up:
  - State Child Protection Unit
  - Observation Homes Special Homes
  - Aftercare Homes
  - Juvenile Justice Boards (JJBs)
  - Special Juvenile Police Units (SPJU)

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## COMPONENTS OF THE ICPS

- Children in Need of Care & Protection: Under this component, the Scheme would support setting up:
  - State Child Protection Unit
  - Children's Homes
  - Shelter Homes
  - After-care Organizations
  - Child Welfare Committees (CWCs)
  - 24-hour Drop-in Shelters for Street Children
  - CHILDLINE Service

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## PROGRAMMES AND SERVICES UNDER ICPS

- Care, Support and Rehabilitation Services
- Statutory Support Services
- Other Activities

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## CARE, SUPPORT AND REHABILITATION SERVICES

- Emergency outreach service through 'CHILDLINE'
  - Open shelters in urban and semi-urban areas
  - Family based non institutional care through Adoption, Sponsorship, Foster-care, and Aftercare
  - Cradle Baby Reception Centre
- Institutional services
- Shelter Homes
  - Children's Homes
  - Observation Homes
  - Special Homes
  - General grant-in-aid for need based/ innovative interventions

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## STATUTORY SUPPORT SERVICES

- Child Welfare Committees (CWCs)
- Juvenile Justice Boards (JJBs)
- Special Juvenile Police Units (SJPU)

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## OTHER SUPPORT ACTIVITIES

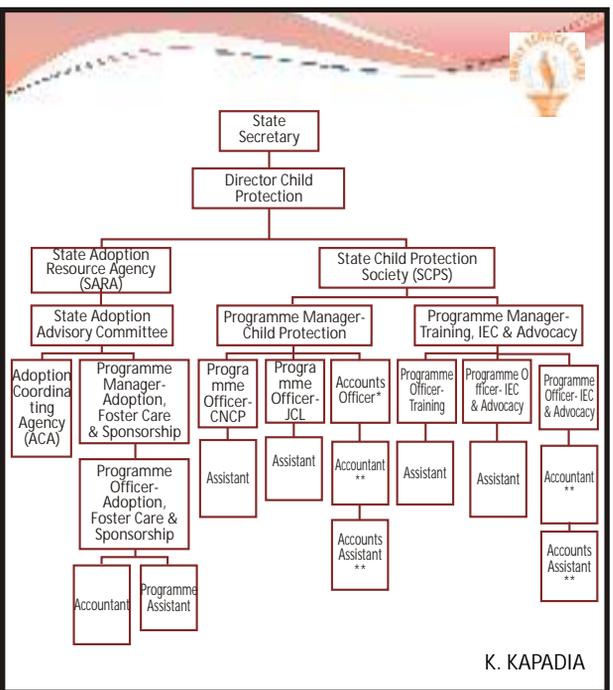
- Human resource development for strengthening counselling services
- Training and capacity building
- Strengthening the knowledge-base through Research and documentation
- Child Tracking System
- Advocacy, public education and communication
- Monitoring at District level, State and Central level
- Evaluation

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## SERVICE DELIVERY STRUCTURES UNDER ICPS

- Central Project Support Unit (CPSU)
- State Project Support Unit (SPSU)
- State Child Protection Society (SCPS)
- District Child Protection Unit (DCPU)
- State Adoption Resource Agency (SARA)
- Childline India Foundation (CIF)
- Central Adoption Resource Agency (CARA)

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## STATE ADOPTION RESOURCE AGENCY (SARA)

- License and monitor Child Care Institutions involved in adoption;
- Maintain a comprehensive list of Child Care Institutions involved in adoption;
- Collect and maintain centralized list of children available for adoption;
- Register and place adoptable children with prospective adoptive parents (PAPs) and to handle matters incidental thereto;
- Act as the clearing house of adoption information at the state level;

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## FUNDING PATTERN

- ICPS to be a centrally sponsored scheme and shall be implemented through the State/UT
- Bulk funding from the Central Government.
- State/UT to provide grant-in-aid to voluntary organizations under the different components
- Eligibility criteria laid down for providing grant-in-aid under the Scheme to be adhered to

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## CRITIQUE OF THE ICPS

- Scheme has taken very long to take off
- Convergence with other Departments mentioned but not incorporated in the Scheme
- Strengthening family not emphasized enough
- Need more innovation in programmes

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## CRITIQUE OF ICPS CONTD...

- Need for mainstreaming of ICPS with existing structures and programmes in the States
- Training needs to be decentralized
- Prevention component not clear
- Single window approach not visible
- Programme budget especially for alternative care needs to be increased

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# Bal Sangopan Yojana

An initiative towards providing families to children without adequate family.

Ms. Kaumudi Telang



## Introduction & Definition

- Foster care is defined as a child welfare service which provides substitute family care for a child when his/her own family cannot care for him/her for a temporary or extended period.
- Kinship care is defined as the living situation in which a grandparent or other close relative or someone else who is emotionally close to a child takes primary responsibility for the care of that child.

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## Aims and Objectives

- To prevent institutionalization and destitution.
- To promote child health, dignity and holistic development .
- To prevent the child from getting into exploitative situations.
- To promote mental health of the child i.e. to protect the child from physical, mental and verbal abuse.
- To provide child friendly services.

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## Eligibility Criteria for Children

- Children 0-18 years of age staying in Govt or private institutions or outside.
- Children who are orphaned, destitute
- Children of single parents from broken homes due to death, desertion, severe illness, hospitalization etc.
- Children abused or neglected
- Child labourers
- Children affected by natural or manmade calamities

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## Eligibility Criteria for Foster Parents



- Couple or a single parent.
- Relatives, neighbors, or unrelated family members.
- In case of single parent, child's own biological parent in exceptional cases.
- Foster parent's socio cultural environment should be preferably similar to child's biological family.
- Well motivated, sensitive to the needs of the child.

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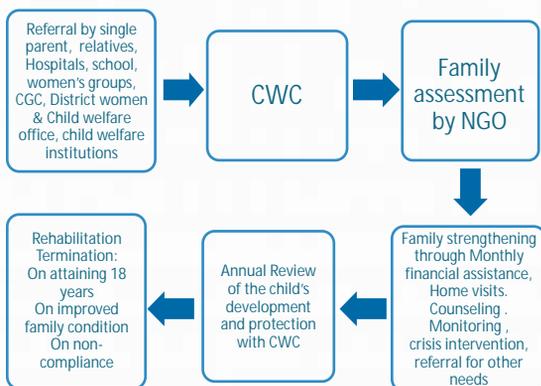
## Criteria for implementing NGO



- Any registered voluntary organization having atleast three years experience of working on family and child welfare.
- The NGO should have an advisory committee for implementation of the scheme
- Professionally qualified social worker to implement the scheme.(Ratio 1:50)
- Willing and equipped to identify, counsel, supervise families and conduct home visits.

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## Process



K.TELANG

## Coverage of the scheme



- The scheme which is being implemented since 1995 has reached out to 18000 children all over Maharashtra through 137 NGOs till date.

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## Major Learning's



- Children are involved in all family activities, learn responsible behaviors.
- It offers many benefits like continuity of family traditions and preservation of identities and culture.
- Caregivers have a long term commitment to children in their care.
- Children continue to be part of the larger community and are able to adjust better.
- Family-based care is more cost effective than institutional care.
- With adequate support and follow-up, caregivers are able to provide children with better options for the future.
- Supporting child-headed families helps prevent separation of siblings.

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## Major Challenges



- The Caregivers are themselves financially unstable and caring for additional children burdens them further.
- All members of a caregiver's family might not accept the children placed with them.
- Bureaucratic delays slow the process, delays in release of grants.
- Inadequate financial allocations for child care and Admin cost
- Need of legal protection of child

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# Child Adoption In India An Overview

Dr. Nilima Mehta



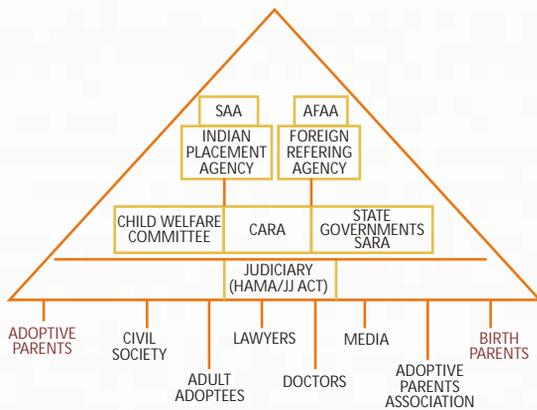
## ADOPTION OF INDIAN CHILDREN TWO LEGISLATIONS

HINDU ADOPTION  
AND  
MAINTENANCE  
ACT OF 1956

JUVENILE JUSTICE  
ACT  
2000/2006

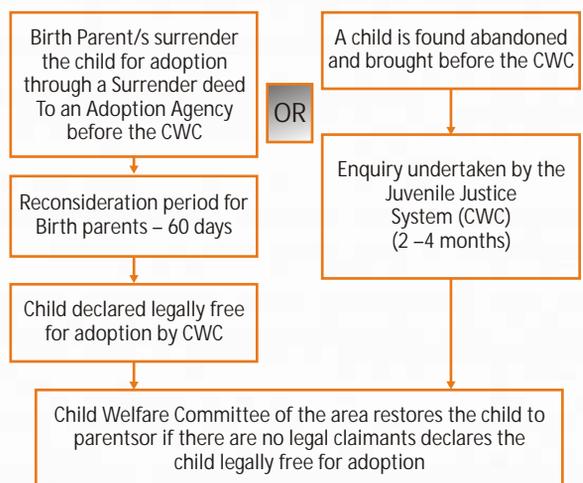
N. MEHTA

## Key Partners In The Adoption Process Child / Adoptee

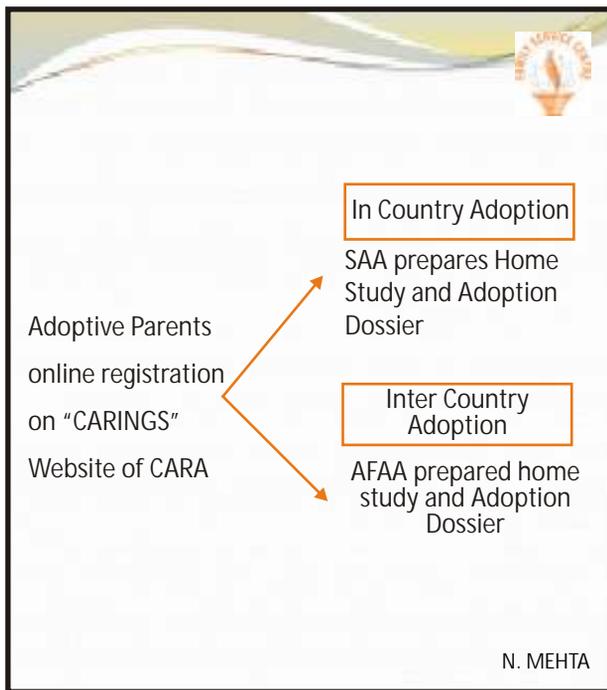


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## The Adoption Sequence In India



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## Role Of A Specialised Adoption Agency (SAA)

A. With Birth Parents

- Counseling and efforts towards prevention of abandonment through alternative services.
- If the decision for relinquishment is final then preparation of a legal relinquishment / surrender document.
- Counseling / Support services for suitable rehabilitation.

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Contd...

B. With Adoptive Parents

- Pre-Adoption Counselling / Orientation meetings, Preparation for Adoption.
- Home Study Report.
- Referral of a Child (done through "CARINGS").
- Placement of the child in Foster Care.
- Legalisation of Adoption.
- Follow up and Supervision.
- Post Adoption Counselling and support groups.
- "Sharing" the fact of Adoption and counselling for "Roots Search".
- Awareness programmes for promotion of In Country Adoption.

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Contd...

C. With Children

- Ensure quality child care for children - in Child Care Institutions and in foster families.
- Counselling and preparation of older children for adoption.
- Follow up / supervision.
- Post placement counselling e.g. sharing the fact of adoption, parent-child relationship.
- Counselling grown up Adoptees for "Search for Roots".
- Development of other Child Protection programmes.

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**JJ ACT**

**MODEL RULES AND  
ADOPTION  
PROCEDURES**

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(I) In case of orphaned and abandoned children the following procedure shall apply ;

- a) Specialized Adoption Agencies shall produce all orphaned and abandoned children who are to be declared legally free for adoption before the Committee within twenty-four hours of receiving such children, excluding the time taken for journey.
- b) A child becomes eligible for adoption when the committee has completed its inquiry and declares the child legally free for adoption.
- c) Such declaration shall be made in Form XIV

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Contd...

- d) A child must be produced before the committee at the time of declaring such child legally free for adoption.
- e) Whenever intimation is received by the police about the abandoned infant, the police shall take charge of the infant and arrange to provide immediate medical assistance and care.
- f) Subsequently, the child shall be placed in a specialized adoption agency or recognized and certified children's home or in a pediatric unit of a Government Hospital followed by production of the child before the committee within twenty-four hours

N. MEHTA



Contd...

- g) Procedure for declaring a child abandoned and certifying him legally free for adoption:
- i) In case of an abandoned child, the recognized agency shall within twenty-four hours, report and produce the child before the Committee with the copy of the report filed with the police station in whose jurisdiction the child was found abandoned;
- ii) The committee will institute a process of inquiry, which shall include a thorough inquiry conducted by the Probation Officer or Child Welfare Officer, as the case may be and who shall give report in Form XIII to the committee containing the findings within one month;

N. MEHTA

Contd...



- iii) There shall be a declaration by the specialized adoption agency, stating that there has been no claimant for the child even after making notification in at least one leading newspaper or one regional language newspaper for children below two years of age and for children above two years, an additional television or radio announcement and notification to the missing persons squad or bureau shall be made;
- iv) The steps stated in (iii) shall be taken within a period of sixty days from the time when the child is found in case of a child below two years of age and in case of children above two years of age, this period shall be four months

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Contd...



- v) The period of notification shall run concurrently with inquiry to be conducted and report submitted under clause (ii) of this sub-rule;
- vi) The committee shall declare the child legally free of adoption on completion of the process of inquiry, including declaration of the specialized adoption agency made under clauses (ii) and (iii) of this sub-rule ;
- vii) No child above seven years who can understand and express his opinion shall be declared free for adoption without his consent.

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(II) In case of surrendered children the following procedure shall apply

- a) A surrendered child is one who had been declared as such after due process of enquiry by the committee and in order to be declared legally free adoption a 'surrendered' child shall be any of the following ;
  1. Born as a consequence of non-consensual relationship,
  2. Born of unwed mother or out of wedlock;

N. MEHTA

Contd...



3. A child in whose case one of the biological parents is dead and the living parents is incapacitated to take care ;
4. A child where the parents or guardians are compelled to relinquish him due to physical emotional and social factors beyond their control

N. MEHTA

Contd...



- b) Various efforts shall be made by the Committee for counselling the parents, explaining the consequences of adoption and exploring the possibilities of parents retaining the child and if, the parents are unwilling to retain, then, such children shall be kept initially in foster care or arranged for their sponsorship ;
- c) If the surrender is inevitable, a deed of surrender shall be executed on a non-judicial stamp paper in the presence of the Committee .
- d) The adoption agencies shall wait for completion of two months reconsideration time given to the biological parent or parents after surrender;

N. MEHTA

Contd...



- e) In case of a child surrendered by his biological parent or parents, the document of surrender shall be executed by the parent or parents before the Committee
- f) After due enquiry, the Committee shall declare the surrendered child legally free for adoption as the case may be after a sixty days' reconsideration period as per Central Adoption Resource Agency guidelines.

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For the purposes of section 41 of the Act , 'court' implies a civil court , which has jurisdiction in matters of adoption and guardianship and may include the court of the District judge, family courts and city civil court.

N. MEHTA



# Community Development and Child Rights

Family Strengthening(FS) & Non Institutional Alternative Care (NIAC) for Children in Need of Care and Protection(CNCP)

Mr. Pramod Nigudkar



Why should we be concerned about children  
Why we must talk about them ?

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Because :

Approximately 40% of the nation's population is children.

63 % of Children go to bed hungry and 53 % suffer from chronic malnutrition

72 million children in India between five and 14 years do not have access to basic education

Over 40 % of women in prostitution enter into prostitution before the age of 18 years.

Do we really care for them ?

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Also our Constitution

Article 14: provides that the state shall not deny to any person **equality before the law** or the **equal protection of the laws** within the territory of India.

Article 15(3): provides that "Nothing in this article shall prevent the state for making any **special provision for women and children**

Article 21: provide that no person shall be deprived of his **life or personal liberty** except according to procedure established by law

Article 21(A): directs the state shall provide **free and compulsory education** to all children of the age of six to fourteen years in such manner as the state may, by law, determine.

Article 23: **prohibits trafficking** of human beings and forced labour

Article 24: **prohibits employment of children** below the age of fourteen years in factories, mines, or any other hazardous occupation

Article 25-28: provides **freedom** of conscience and free profession, practice and propagation of religion

Article 45: envisages that the state shall endeavour to provide **early childhood care** and education for all children until they complete the age of six years.

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## Factors responsible for difficult Childhood for our children:

Poverty	Sexual Abuse
Misconceptions	death of parents
Gender bias	Challenged children
status of women	diseased parents
alcoholic Parents	insecure environment
large family size	urbanisation
step parents	Cinema and Mass Media

Popular Answer is "Lets Open a Home"

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## However

### Myth

Institutional care are there because Children are orphans or have been abandoned by their parents.

### Reality

Many of the children have both or at least one parent. Poverty, illness, an unsafe environment, inadequate schooling facilities, lack of access to education - all these are factors that make parents seek institutional care for their children.

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## So the question is ..Do we believe ? .. That ...

- The family is the primary unit for the development and welfare of children
- The Parents are the primary care givers of their children however Children are states responsibility .
- Every child has the right to a family-biological, adoptive, foster or sponsored.
- Special Children need Special consideration.
- The child's interests are of paramount importance

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## Do we believe ? .. That ...

- Institutional care should only be a solution of last resort, in cases where there is no family or the family is detrimental to the growth of the child (as in cases of child sexual abuse)
- Alternatives to institutional care, including adoption and foster care, should be promoted
- Every child must be heard in decisions that concern them
- Community environment influence development of child and impacts the childhood

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### What are the problems:

- Insufficient information / mapping available of the children in need of care and protection or of the services available for them at the district/city/state level
- A large percentage of children in need of care and protection are outside the safety net and have no support and access to services
- Existing Schemes are limited in their outreach and funding, resulting in marginal coverage of destitute children and children in difficult circumstances
- Overbearing focus on institutional services with non-institutional services being negligent

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### Community Development an effective approach for Protection of Child rights

Community Development should prevent Institutionalization and promote Deinstitutionalization

Deinstitutionalization is the process of replacement of institutional child care by family or family-identical care in the community.

This process should aim at taking children out of the institutions and prevent institutionalization by creating new opportunities for children and families to receive support in the community and in their natural environment

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### What is Community Development

Process of impacting community components for overall wellbeing of the community members .

Community Development vis a vis Child rights should ensure that all the community components are able to contribute to protecting child rights in the community and provide healthy Childhood. Child rights are compromised amongst Children In need of Care Protection hence need more attention and support.

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### What makes a community?

- The people : Varied Class, Religion , Cast and Socio-Cultural background
  - The leaders : Local , Political, religion,
  - The geography : Plain, Marshy land, hillock,
  - The Governance : Municipal , State authorities
  - The Amenities : Water Sanitation
  - The services : Health, Education, Recreation
  - The Opportunities : Organisations, clubs
- And
- The Children : Enthusiastic , Eager to Learn, Energetic

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## Community Components and their Role in Protection of Child Rights

### The people

Aware about child rights issues  
Child is respected in the families and communities  
Zero tolerance for Child rights violation  
Children  
Groups are encourage to participate in the community event and decisions

### The leaders

Know and respect Child rights  
Consult children in decisions  
Advocate for child sensitive decisions  
Any child rights issue is responded sensitively

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## Community Components and their Role in Protection of Child Rights – contd....

The geography  
Children Spaces  
Children safety

### The Governance

Child protection bodies available and sensitized –  
CWC, JJB, SJPU, Child rights related laws are enforced  
Child Participation in decision making institutionalized

### The Amenities

Toilets - Child friendly and sufficient  
Water - availability and quantity  
Electricity - availability

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## Community Components and their Role in Protection of Child Rights – contd....

### The Services

Health services (ANC/ PNC, Safe/ institutional deliveries, immunization, child friendly health care and treatment)  
Education (availability of schools, functional SMCs, Low dropout)  
Recreation services (Playgrounds / Gardens)

### Engagement with children

Opportunity to gain knowledge about self and surrounding  
Develop life skills  
Development self as agency – Family & community  
Participate in the community issues

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## What Can be done

- Develop preventive, supportive, community-based, family-strengthening outreach programmes for the CNCP.
- Provide the necessary counselling support to families “at risk” in order to prevent abandonment or institutionalisation of the child due to social and economic circumstances.
- To arrange for substitute family care when the child's own family of origin cannot look after him due to compelling circumstances.
- To work towards de-institutionalising the child and reinstate / rehabilitate him in his own biological family or a substitute adoptive or foster family.
- To mobilise resources within the local community so that the innate capacities of the people are developed, leading to people's participation, in their own empowerment.

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### What We Do (Integrated Community Development Program)

- Facilitate access to quality Services e.g. health care
- Empowerment of community groups for implementation of Right To Education e.g. SMCs
- Empower children and youth regarding education, health and risk behaviour
- Work towards building sustainable linkages between communities and the Government
- Build partnerships with Community Based Organizations to ensure the initiatives of development continue independently in the community

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### What we do (Home Base Care)

- Provide home based care and support to people living with HIV/AIDS, preparing a family member as the primary care-giver
- Care and support services include medical, nutritional, and psycho-social support during the period of crisis for the family
- Supporting child-headed families where the children are not separated by institutionalization in the absence of parents
- Preventive action in the form of awareness generation at the community level
- Advocacy for Positive Living
- Advocate to address stigma and discrimination against families living with HIV/AIDS

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### What We Do (Vulnerable & Orphan Children)

- Respond to all children in crisis, especially those infected/affected by HIV/AIDS
- Provide a safe environment for the child in crisis in the form of residential care
- Ensure overall development of the child by providing quality health care, nutrition, education and recreation inputs
- Encourage the child to complete formal education and any vocational training of choice to ensure employment or entrepreneurship
- Work towards re-integrating the child into the community

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### Anticipated Results

- Increased use of non-institutional care options like adoption, foster care and sponsorship, for children without family/parental care – Home Based Care programs
- Increase possibility of rehabilitation services for older children not adopted through the regular adoption process
- Issues like child marriage, female foeticide, street children, working children, and discrimination against the girl child are adequately addressed
- Adequate attention to preventive measures

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# Community Interventions towards Sustainable Development

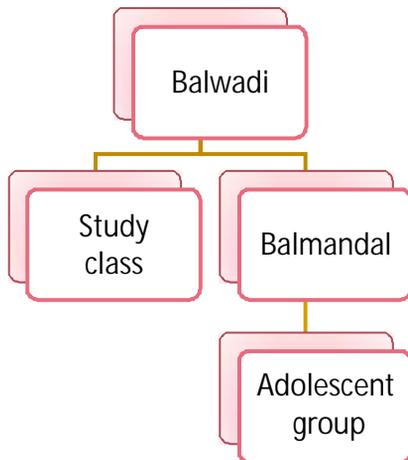
Ms. Nigama Mascarenhas



Three important Areas of interventions:

- Children of all ages
- Women
- Family Health

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N. Mascarenhas



Objectives of Balwadi

- To prepare them for formal schooling.
- Provide opportunity to socialize with other children.
- Inculcate discipline and other values.

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### Balwadi programmes

- Formal syllabus followed
- Quarterly assessment done
- Parent's involvement with the child emphasized
- Monthly Parent's meetings
- Celebration of all festivals
- Exposure to the market, garden etc.

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### Outcome

- Observed increased hygiene and cleanliness
- Active participation of parents in schooling
- Children ready for formal schooling
- They learn social and interactive skills.

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### Objective of Balmandal, Study class and Adolescent Group

- Channelizing potential of the children positively.
- Helps them to deal with the emotional and physical changes experienced during the growing up years
- Help them develop their personality and acquire life skills

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### Programmes

- Weekly meetings on different topics through play way method
- Summer camps
- Exposure visits
- Career Guidance workshops
- Capacity building camps

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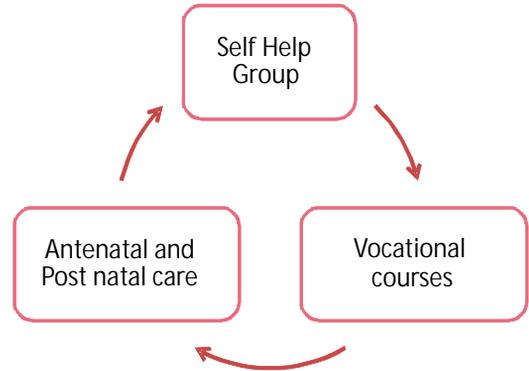
### Outcome

- Children are better equipped with information.
- Children learn good values
- Motivated for higher education Implement life skills in their day to day living.
- Giving back to society by becoming sponsors.

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### Intervention with Women



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### Objectives

- Nurture a bonding among them
- Play an positive role in the family Skill enhancement for better prospects
- create a positive environment for their children
- Take active participation in community issues

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### Programmes

- Self help groups to build group bonding and self esteem
- Vocational training for women and girls
- Training for Barefoot counselling in community
- Ante natal/Post natal interventions

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### Outcome

- Women have developed self confidence
- Created a niche for themselves in the family.
- Participates in family decisions
- Increased awareness about children's needs and their responsibilities
- Developed a support system for themselves in the community
- Opened saving accounts in banks

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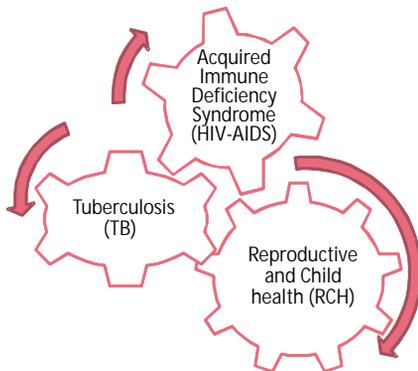


- Act as barefoot counselors in their community
- Network with authorities for their rights
- Better health of new born and their mothers
- Enhanced awareness about child care
- Better negotiating powers for increased payment with new found skills

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### Intervention through Family health:



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### Family health: Areas Covered

- Reproductive and Child health (RCH)
- Tuberculosis (TB)
- Acquired Immune Deficiency Syndrome(HIV-AIDS)

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### Objective

- Create awareness about maintaining good health both physical and mental
- To address health issues and develop linkages for handling them.

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### Programmes

- Door to door survey in 8 communities
- Referrals to public hospitals and public health centers (PHC)
- Medical camps are organized
- Awareness building through street plays, poster exhibitions and audio visual aids.
- Participation of community people in public programmes like Independence day and Republic day

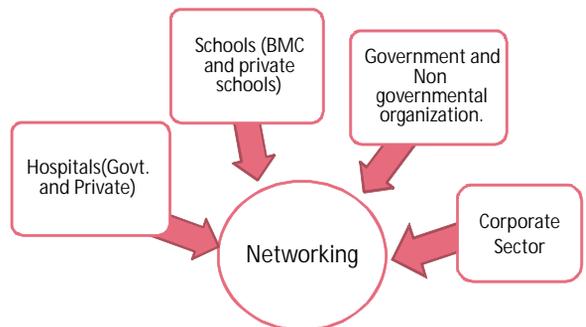
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### Outcome

- People have greater awareness about different diseases and access medical care in the initial stages. Senior citizens get medical support at their doorstep
- Cleanliness in the community has improved.
- TB patients are regular with their medication.
- Acceptance of TB as a curable disease and sensitivity towards patients suffering from it.

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N. Mascarenhas



# FAMILY STRENGTHENING THROUGH SPONSORSHIP PROGRAM



Ms. Nigama Mascarenhas

## What is Sponsorship??

- Education support for children & families in difficult situations to help them achieve their potential and thereby develop into a responsible citizens.
- It is an opportunity for the privileged people to reach out to the under privilege sections of society.
- It is a gateway to ensuring child's right to education, family and all round development.

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## Why Sponsorship??

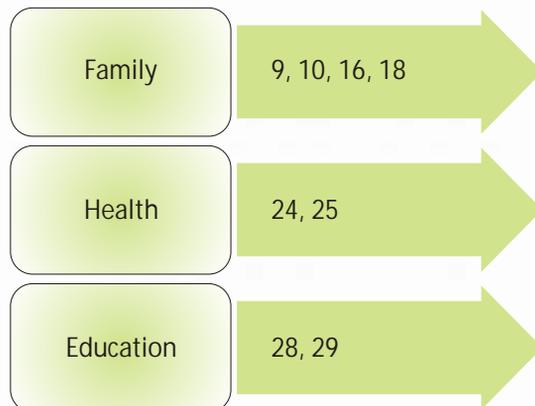
### UNCRC

- Right to Survival (Nutrition, drinking water & shelter)
- Right to Development (Education, health care & recreation)
- Right to Protection (from exploitation & abuse)
- Right to Participation (in decision making)

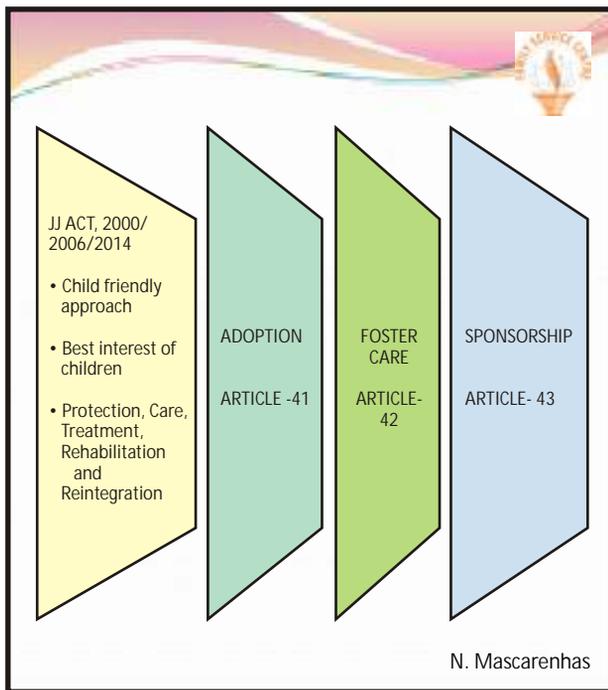
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## UNCRC - Articles



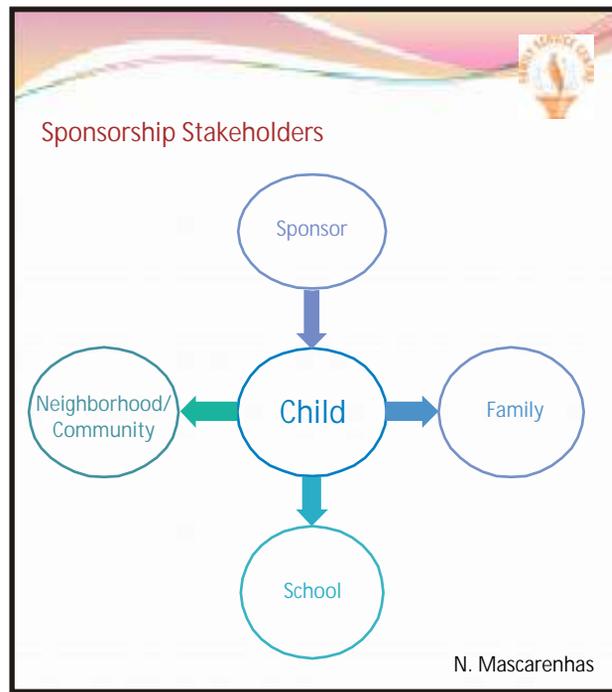
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### SPONSORSHIP RATIONALE & OBJECTIVES

- It is the right of every child to live with his family and be given the opportunity to grow and develop into a sensitive and responsible person.
- Mentoring helps to develop the best in people and make them self reliant
- To prevent disintegration of family and prevent institutionalization of child

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- ### PROCESS IN SPONSORSHIP PROGRAM
- Intake – self referral/ referred by others
  - Assessment- interview/home and school visit  
Referral to sponsor
  - Financial assistance/counseling
  - Interventions- individual/group/systems
  - Progress Reports to sponsor twice a year
  - Networking with allied systems
  - Yearly review
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- ### Strengths Of The Sponsorship Program
- Rights of the child as per UNCRC is ensured
  - Family is strengthened by the support extended to them
  - Promote social responsibility among people
  - Society can become self sufficient by caring for the under privileged
  - When all systems are working towards the goal of nurturing a child, the environment is safe and conducive for the holistic development that will lead to a happy child, happy family & happy world
- N. Mascarenhas



# Counselling to Strengthen Families

Ms. Kalindi Muzumder



## What is a Family

- Group of individuals related to each other by blood or otherwise (in case of adoption) living under the same roof
- Includes the married couple and their children (nuclear family)
- Other relatives married brothers and senior citizens (joint family)
- Couples living together without getting married

K. Muzumder



## Why is a Family Important?

- Gives a strong value base to children while they are growing up.
- Home care for the ailing members and the aged
- Comfort zone for the differently abled

K. Muzumder



## Some problems faced by families

- Marital Conflict
- Violence With Children
- Violence With Senior Citizens
- Violence With Differently Abled

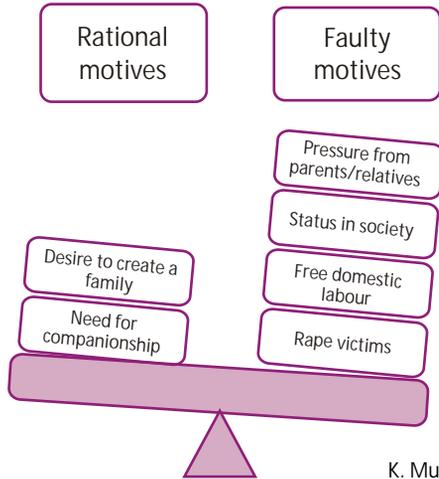
## WHAT IS DOMESTIC VIOLENCE?

- Clash Between People With Opposite Interests

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### Causal factors in Marital Conflict (faulty motives for marriage)



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### Other Factors

- Demand for dowry
- Suspicion of the wife or the husband./ Extra marital affair
- Economic stress
- Infertility /Inability to produce a son
- Desertion Interferences by the in-laws and neighbors
- Conversion to another religion
- Incompatibility , Sexual problems.
- Inter communal marriage/Inter religious marriage)
- Property issues

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### Three Factors in Counselling

- I. Counsellor
- II. Client
- III. A. Knowledge and skills of the counsellor  
B. Knowledge of client's problems

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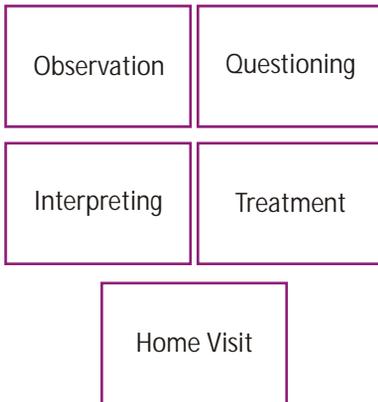
### Value Base of Counselling

Social Justice	Respect for Human Rights	Unconditional acceptance of the client
Self determination of the client	Non-judgmental attitude	Confidentiality

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## Process of Counselling



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## Why home visit?

- It is necessary to get a clear picture of the problem.
- It is like a jigsaw puzzle fitting the pieces together.

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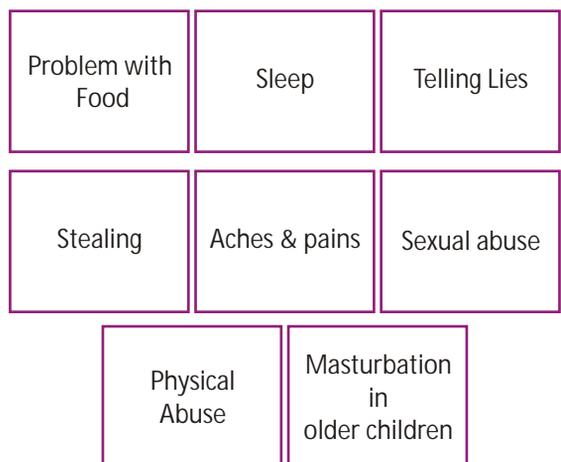
## Home Visit (process)

- Inform the family members of the visit unless there is a reason to pay a surprise visit
- Follow the traditions of the society, e.g. showing respect to elders and explain the objective of the home visit
- The seating arrangement should be semi circular so that the counselor can observe each member of the family (non-verbal communication)
- Prevent verbal and physical abuses
- Handle feelings of anger, distrust and sarcasm so that a good relationship is built. Remember that they have an important role to play in problem solving
- Sum up the session at the end by stating what was achieved and what needs to be achieved.

K. Muzumder



## Problem of children in difficult situation



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### Dealing with Children

- Handle with love & care
- Pay attention to the discomfort and seek medical help
- Make food attractive & eating time joyful
- Use of stories and rhymes, time to play
- Don't blame, shout & punish
- Explain the reason for discipline and enforce it.
- Parent and other relatives also should follow the same discipline

K. Muzumder



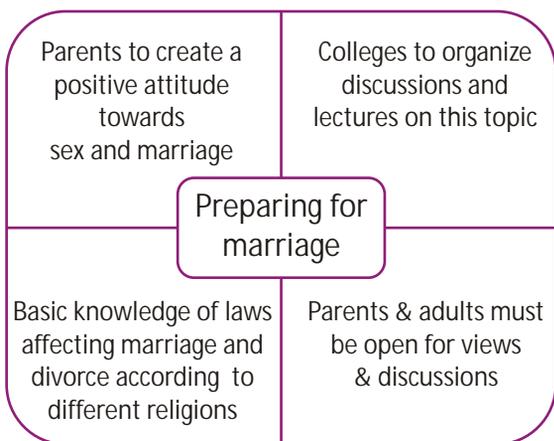
### Dealing with Adolescents

- Schools and colleges should organize informal discussions on issues related to adolescents and youth
- Question/suggestion box in schools and colleges is the need of the hour
- Lectures by experts on the choice of a career
- NGOs should be encouraged to start libraries for children's
- Schools and colleges to organize lectures by experts such as doctors and psychiatrist on the topic of addiction
- Develop sensitivity towards the poor and other vulnerable groups in society

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### Dealing with Youth



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### Issues with Senior Citizens

Physical	Mental	Social
<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Osteo Arthritis</li> <li>• Rheumatoid Arthritis</li> <li>• Parkinsons Disease</li> <li>• Osteoporosis</li> <li>• Problems of the heart</li> <li>• Loss of hearing/ smell/teeth/vision</li> </ul>	<ul style="list-style-type: none"> <li>• Dementia</li> <li>• Alzheimer's Disease</li> <li>• Suicidal Tendency</li> <li>• Depression</li> <li>• Paranoia</li> <li>• Refusal to give up old and habitual attitudes</li> <li>• Refusal to accept anything new</li> </ul>	<ul style="list-style-type: none"> <li>• Isolation: Due to a lack of mobility or diminishing mobility</li> <li>• Loneliness: Feeling sad and longing for company.</li> <li>• Lack of social contacts due to quarrelsome attitude or self imposed isolation</li> </ul>

K. Muzumder



## Dealing with Senior Citizens

### Individual

- Listen to the client and refrain from blaming him/her.
- Stop the client from falling into self pity.
- Prevent suicidal tendencies by stressing that all is not lost.
- Quoting from religious books may help.

### Group

- Group games with some of the family members or neighbors and friends may direct their attention to the pleasant moments of life.
- Organize regular sessions or meetings with the aged in the neighborhood such as " nana nani club."

### Other support

- Get help from NSS or NCC volunteers or college students to visit the aged regularly and talk to them. Read the newspaper and discuss the items therein or play games, such as cards, chess and scrabble.
- Find out the financial situation of the aged.
- Enable the family to find out alternative sources of income.

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## Working with the Family of the Aged

Meet the family on a regular basis and conduct individual and group sessions

Some of them may need help with their own physical and/or psychological problems. Enable them to take remedial measures.

Stress the importance of treatment (if any) healthy diet and regular exercise regularly for the senior citizen.

Ensure that they have some time for themselves to enjoy life at home and outside. Caregivers are as important as the aged.

Don't blame for the ill treatment of the aged without finding out the causal factors

Appreciate their good work but enable/ identify their faulty attitudes and behavior and suggest alternatives so that there is peace at home

K. Muzumder



## Issues with Special Children

### Physical

- Impairment of the bones
- Deafness, inability to speak due to deafness
- Thalassemia,
- Defects in vision
- effects of polio,
- congenital defects
- diabetes 1,
- dyslexia (which is both physical and mental)
- epilepsy and similar types of impairments

### Mental

- Down's syndrome (mental retardation) is congenital
- various types of phobia example fear of people, vehicles, noise etc.
- Inability to form good social relationships in school
- nightmares, suicidal tendencies in older children
- depression and social isolation (self- imposed)

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## Dealing with Parents

Understand their attitude towards them and the treatment given to the child

Ensure that the child is not made a scapegoat

Encourage the parents to enroll the child in a special school

Stress the importance of regular visits to a child guidance clinic and to a pediatrician

Facilitate in acquiring aids or other financial needs by providing information on govt. concessions & schemes or referring to other NGO's

Appreciate their efforts in managing the child

K. Muzumder



## Dealing with Special Children

Like other children the DA child loves stories, play and toys.

Enroll them in a child guidance clinic which offers expert care and advice

Enable the child to accept his/her disability through story-telling and involve other children in group games with him/her

Periodic checkups of the children by the pediatrician and psychiatrist helps the staff of the child guidance clinic to offer treatment best suited to the child

The staff needs to be trained to handle emergencies such as epileptic fits

K. Muzumder



## Dealing with Differently Abled Adults

Ascertain the extent of the impairment and its impact on the adult Prevent self pity and suicidal tendencies

Encourage clients to accept their disability by getting the right treatment including calipers and crutches if needed Citing examples of people who have conquered their disability may help

If the clients are factory workers, the labor laws apply to them

If they were working in banks or large co operations or governmental agencies, encourage them and the family to find out the provisions for disabilities in the laws concerning such agencies

finding an alternate occupation is a challenge for both the client and their families. But this is a dire necessity

K. Muzumder



# Role Of Child Welfare Committee

Ms. Sumitra Ashtikar

## Who?

Child Welfare Committees (CWCs) are set up as per clause 29 of Juvenile Justice Care and Protection Act 2000 (JJ Act), by notification in the official gazette, for every district for exercising the powers and discharge the duties conferred on such committees in relation to child in need of care and protection under this act.

S.ASHTIKAR



## How ?

- As per Sec. 29- sub sec. 5 of JJ Act: Committee shall function as a bench of Magistrates and shall have powers conferred by the code of Criminal Procedure, 1973 on a Metropolitan Magistrate or a case may be, a Judicial Magistrate of the first class.
- CWC consists of chairperson and members

S.ASHTIKAR



## Where and When?

- CWCs operate from Children Homes in the district.
- Generally operate 3 days a week and are supposed to be available 24 hrs. in case of emergencies
- Information about CWC working days and timings is available with District Women and Child Welfare Officers or with the department of Women and Child Welfare. As well as with each police station in the district.

S.ASHTIKAR



### What ?

- JJ Act Clause 31: CWC shall have final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of children as well as to provide for their basic needs and protection of human rights.
- JJ Act Clause 32: Any child in need of care and protection may be produced before committee within a period of 24 hrs excluding time for journey.

S.ASHTIKAR



### Role of CWC

- Receive cases/Take cognizance of children in Need of Care and Protection
- Hold Enquiry
- Take Decision based on Enquiry: Decision can be Rehabilitation ( Support to Family, Adoption-Foster Care, Hand-over to fit person or Institute, Any Other Services required such as counseling, legal-aid etc., Repatriation
- Documentation and Reporting, Reviews
- Work with allied services: Police, Legal System etc.
- Vigilance

S.ASHTIKAR



### Role of CWC

- Take cognizance of and receive children produced before the Committee;
- Decide on the matters brought before the Committee;
- Reach out to such children in need of care and protection who are not in a position to be produced before the Committee, being in difficult circumstances
- Conduct necessary inquiry on all issues relating to and affecting the safety and well being of the child;

S.ASHTIKAR



### Role Continues...

- Direct the Child Welfare Officers or Probation Officers or non-governmental organisations to conduct social inquiry and submit a report to the Committee;
- Ensure necessary care and protection, including immediate shelter;
- Ensure appropriate rehabilitation and restoration, including passing necessary directions to parents or guardians or fit persons or fit institutions in this regard
- Direct the Officer-in-charge of children's homes to receive children requiring shelter and care;

S.ASHTIKAR



### Role Continues...

- Document and maintain detailed case record along with a case summary of every case dealt by the Committee;
- Provide a child-friendly environment for children;
- Recommend 'fit institutions' to the State Government for the care and protection of children;
- Declare 'fit persons';
- Maintain liaison with the Board in respect of cases needing care and protection

S.ASHTIKAR



### Role Continues...

- Declare a child legally free for adoption;
- Keep information about and take necessary follow-up action in respect of missing children in their jurisdiction;
- Visit each institution where children are sent for care and protection or adoption at least once in three months to review the condition of children in institutions and suggest necessary action;

S.ASHTIKAR



### Role Continues..

- Monitor associations and agencies within their jurisdiction that deal with children in order to check on the exploitation and abuse of children;
- Co-ordinate with the Police, Labour Department and other agencies involved in the care and protection of children
- Liaison and network with the corporate sector and non-governmental organisations for any of the above, including for social inquiry, restoration and rehabilitation, as and when required;
- Maintain a suggestion box to encourage inputs from children and adults alike and take necessary action.

S.ASHTIKAR



### Other Important Roles...

- Each Committee shall send quarterly information about children in need of care and protection received by them to the District or State Child Protection Unit or State Government. (Sec. 27-10, JJ Rules)
- Every possible effort shall be made to trace the family with support from the District Child Protection Unit, and assistance of recognized voluntary organizations, childline or police may also be taken. (Sec. 27-13 JJ Rules)

S.ASHTIKAR



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### FUNDAMENTAL PRINCIPLES OF JUVENILE JUSTICE AND PROTECTION OF CHILDREN

- Principle of presumption of innocence
- Principle of dignity and worth
- Principle of Right to be heard
- Principle of Best Interest
- Principle of family responsibility
- Principle of Safety (no harm, no abuse, no neglect, no exploitation and no maltreatment)
- Positive measures
- Principle of non-stigmatizing semantics, decisions and actions
- Principle of non-waiver of rights
- Principle of equality and non-discrimination
- Principle of right to privacy and confidentiality
- Principle of last resort
- Principle of repatriation and restoration
- Principle of Fresh Start

S.ASHTIKAR



### Issues as Regards Role

- Infrastructure
- Personnel/Staff
- Stationary and other related issues
- Institutions for children with special needs
- Allied services such as medical services, counseling support, legal-aid etc.
- Ensuring support from allied services: Police, Labour Department etc.

S.ASHTIKAR



# Role of Juvenile Justice Board in Child Protection

Dr. Mohua Nigudkar

## About This Presentation...

- This Presentation is based on the key provisions of:
  - The Convention of the Rights of the Child (CRC)
  - The Juvenile Justice (Care and Protection of children) Act, 2000
  - The Maharashtra Juvenile Justice (Care and Protection of children) Rules 2002
  - The Maharashtra Juvenile Justice (Care and Protection of children) Amendment Rules 2011
- and...
- Direct experience of working with juvenile in conflict with law as member of the Juvenile Justice Board (Mumbai Suburban)

M. Nigudkar



## What Is Child Protection?

- Any measure or initiative that addresses or prevents children from situations of violence, abuse, neglect and exploitation
- Government through its different policies, laws, and schemes is committed to child protection
- One of the most significant national initiative, in recent years, has been the Integrated Child Protection Scheme (ICPS)
- Child Protection is relevant for all settings- home, school, neighbourhood, community, and Institutional/residential care

M. Nigudkar



## What Is Juvenile Justice Board?

- The Juvenile Justice Board (JJB) is a mandated Body as per the Juvenile Justice (Care and Protection of Children) Act, 2000. This Act covers two categories of children- 'Juvenile in Conflict with Law' and 'Child in Need of Care and Protection'
- The JJB addresses 'cases' of 'Juvenile in Conflict with Law' i.e. children who come before the juvenile justice system on offence/crime 'charges'. The JJB is the final authority to take the decision about juveniles in conflict with law
- The JJB comprises a bench of three members- Judicial Magistrate and two social work members
- 'Juveniles' are all boys and girls who have not completed 18 years of age

M. Nigudkar



### The Mandate of the Juvenile Justice Act

- The Convention of the Rights of the Child (CRC) mandates the full range of human rights and protective measures for all children, including children/juveniles in conflict with law. India is a signatory to the Convention
- The objective of the Juvenile Justice (Care and Protection of Children) Act, 2000 is 'rehabilitation' and 'social reintegration' of all children who come before the juvenile justice system irrespective of whether they have come under 'offence charges' or are in need of 'care and protection'
- The Juvenile Justice Act recognizes that juveniles who allegedly commit offences or are proved to have committed an offence require a separate adjudication process based on their young age, and other circumstances

M. Nigudkar



### What is Child Vulnerability?

- All children can be vulnerable by virtue of their young age and evolving capacities. They can be 'open to' harm, injury, violence, and abuse
- Due to different circumstances and/or factors children can also be vulnerable to adverse influences and 'at risk' behaviour
- Marginalization further exacerbate vulnerability
- In the Indian context, child poverty and deprivation leads to large number of vulnerable children and denies child rights and child well being

M. Nigudkar



### Impact of Child Vulnerability and Marginalization

- Impact of child vulnerability and marginalization can be short term or long term depending on the extent, nature and severity, and other factors. The damage can also be permanent
- The impact can be on the physical, emotional, social, psychological and mental health and well being of the child
- The State and society has the crucial responsibility and legal obligation to reach out to the youngest members of society to ensure that every child is able to access resources, grow up in safety, and amidst caring and nurturing adults

M. Nigudkar



### Why is 'Child Protection' needed for Juvenile in Conflict with Law?

- Approach towards juvenile in conflict with law is to examine the precipitating factors leading to the offence charge, the age of the child, family situation, peers and other relationships, educational and vocation profile and vulnerability, if any.
- If found 'guilty' of the 'offence charge', the endeavour is towards providing these children support, direction, counselling and correction, if required, and ensure that they are able to lead a constructive law abiding life
- If found not 'guilty' of the 'offence charge', the endeavour is towards assessing the vulnerability that could have brought the child before the juvenile justice system and address the same appropriately with relevant protective measures

M. Nigudkar



### Profile of Juveniles as Per Crime in India Police Report, 2012

- The share of crimes committed by juveniles in the total crimes in India under IPC is 1.2%
- Majority living with family/guardian (79.5%)
- Homeless children involved in crimes is low (6%)
- Large number belong to poor families (52.9%)
- 51.9% of juveniles have up to primary or no education Majority are in age group 16-18 yrs. (66.6%)
- Ratio of girls to boys (IPC crimes) is around 1:19
- Theft, Hurt, Burglary, and Riots accounted for 41.8% of total IPC crimes in India

Source: <http://ncrb.gov.in/>

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### 'Child Protection' and the Juvenile Justice Board

- The Juvenile Justice Act has mandated child protection and child rights at every stage of the juvenile justice system; right from the time the child is apprehended (or 'arrested') by the police till the 'case' is finally 'closed'
- The next few slides presents the role of the JJB at different stages...

M. Nigudkar



### I. Child Protection and Juvenile in Conflict with Law

At the time of Entry the Juvenile Justice Board has to ensure that:

- There has been no ill treatment, handcuffing, or illegal detention in lock up. If juvenile does report the same then, procedures for action has been mentioned in the Maharashtra State Juvenile Justice Rules, 2002 (as amended by 2011;2013)
- The juvenile's parents/guardian has been informed
- The age of the juvenile is verified. The Juvenile Justice law is applicable for children above 7 years and below 18 years
- Health status and immediate condition is verified for necessary follow up
- Arrangements are made if juvenile needs to appear for exams, etc.

M. Nigudkar



### II. Child Protection and Juvenile in Conflict with Law

At the time of Bail the Juvenile Justice Board has to ensure that:

- Bail is granted expeditiously. All juveniles are entitled to bail, with exception of certain situation where bail may be denied. Bail ensures unnecessary Institutionalization in Observation Home and the juvenile is not separated from family/guardian
- If juvenile not released on bail immediately for different reasons and admitted in the Observation Home, the JJB to periodically monitor the quality of care in the Observation Home and take corrective action, if and when required
- The Observation Home provides basic facilities, education and vocational opportunities, along with counselling and other care. Cases of abuse within the Home to be acted upon immediately

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### III. Child Protection and Juvenile in Conflict with Law

If the juvenile is out on bail, the Juvenile Justice Board has to ensure that:

- a) A monitoring and supervision plan is made with the juvenile, in discussion with the probation officer. This will ensure that while on bail, if required, the juvenile receives positive inputs from the juvenile justice system
- b) A support network of family, guardian, NGOs, volunteers, peers, friends, other well wisher is created or reinforced for the juvenile
- c) A resource list of NGOs, other allied systems, donors, information on different job opportunities, available educational and vocational facilities, etc. is created and updated to 'link' juveniles to other supports and facilities outside the juvenile justice system

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### IV. Child Protection and Juvenile in Conflict with Law

At the time of Final Order, the Juvenile Justice Board has to ensure that:

- a) All aspects of the juvenile's 'case' is analyzed:
  - The offence charge; nature and extent; 'proved' through evidence or juvenile to be 'acquitted'
  - If juvenile voluntary accepts the charge or 'pleads guilty', then he/she has done so without any pressure and has understood the consequences
  - Section 15 of the Juvenile Justice Act has different rehabilitative provisions. The most appropriate and relevant provision to be identified
  - 'Supervision' Order to be passed, if required
  - Institutionalization to be considered a last resort
  - Develop a plan based on juvenile's unique circumstances
- b) The Probation Officer, concerned NGOs, voluntary organizations are involved and there is coordination with all including police

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### V. Child Protection and Juvenile in Conflict with Law

Other Protective Measures are:

- a) Special provisions for girl juveniles in conflict with law
- b) The Juvenile Justice Act mandates that the juvenile is given an opportunity to speak and express himself/herself. The JJB to communicate with the juvenile in an empowering and 'child friendly' manner
- c) Support and facilitate the juveniles to plan their life one step at a time
- d) The JJB to work closely with the family and other guardian. Without engagement with family, rehabilitation may not be effective
- e) The Act also has provisions that if there has been any abuse or maltreatment of juvenile by any authority within the juvenile justice system or outside, appropriate action can be initiated against the perpetrators

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### The 'Persons' behind the 'Procedure' and 'Process'

Any system is as good as the persons within it are willing to give it their total attention and commitment.

What is needed is:

- Investing in a Child's life
- Positive and Rights based Attitude and Approach
- Fostering Relationship and Optimizing Resources within the juvenile justice system and outside

M. Nigudkar



### Essential Reading

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M. Nigudkar



“We owe it to our youth  
to rethink the business of how  
we prepare them for the world  
they must make their way in”

M. Nigudkar

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- Mr. Suverna Jadhav, Pune
- Mr. J.S. Shaikh, Ratnagiri
- Mr. Sanjay Ganvir, Chandrapur
- Mr. Kailash Ghodke, Amravati
- Mr. Sanjay Kadam, Aurangabad

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Dr. Nilima Mehta is an alumna of the College of Social Work, Nirmala Niketan (NN), Mumbai. She has been associated with the Family Service Centre since 1974, when she did her field work as a student social worker and has been the Chairperson of FSC for the past twenty years. Nilima is associated as an advisor and consultant with several organizations like UNICEF, CRY, Childline, IAPA, ICSW, ICCW, Vatsalya and Mumbai Mobile Crèches. She has done extensive work in the area of Child Rights, Child Protection, Adoption and Family Counselling. She has been associated with the Central and State governments for Policy Development, Review of Legislations, and drafting of Child Protection Schemes, Dr. Nilima Mehta is the author of "Ours by Choice- Parenting through Adoption" and "Child Protection and Juvenile Justice System- for Children in Need of Care and Protection". She was the first Chairperson of the Child Welfare Committee, Mumbai. Dr. Mehta was also the Chair Professor at Tata Institute of Social Sciences (TISS). Currently she is a Visiting Faculty at NN, SNDT and TISS.

## MS. NIGAMA MASCARENHAS

Having completed her Masters in Social Work in 1978, Mrs. Nigama Mascarenhas, has been serving as the Director of Family Service Centre for the last 18 years. She has earlier worked there as a social worker and has also been associated with Family Welfare Agency and AVEHI audio-visual centre as a program coordinator in the past. Mrs. Mascarenhas expertise lie in developing innovative child centered child friendly intervention programs. Spearheading the organization, she has gone all out to create a consistent, stable networking with both government and non- government organizations for program sustainability. She is associated with both Nirmala Niketan & Tata Institute of Social Sciences as a supervisor to students. Mrs. Mascarenhas is passionate about conducting in-country adoption and ensuring every child a right to their childhood. She has got extensive experience in identifying and working with various significant support systems in a child's life like the community and family.

This publication runs you through one such effort made by Mrs. Mascarenhas at communicating and replicating a training conceived as a model for strengthening non- institutional alternative care for children.



*Dr. Nilima Mehta and Ms. Nigama Mascarenhas receiving  
"Punyasholka Ahilya Devi Holkar Award" on behalf of FSC*



SINCE 1955

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