Transitioning Children from Institutional Care towards Family-Based Care

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Abstract

There is continuous advocacy for transitioning children from institutional care to family-based care by Indian and International legislations and guidelines. The recent model amendment rules 2022 and Mission Vatsalaya have dwelled on promoting, preparing, and implementing non-institutional care/family-based alternative care. Reasons for family separation (leading to institutionalisation) are wide. So the deinstitutionalisation of children residing in Child Care Institutions (CCIs) requires a systematic case management process to support children and families for a safe and sustainable reintegration. The present study looks into the nature of transition across three childcare institutions (CCI) in India. Children in these CCIs were taken through a systematic case management process. The case management process referred to JJA tools of the individual care plan (ICP), social investigation report (SIR) complemented with Thrive Scale™, the THRIVE methodology. It is important to note that this was the time of the COVID-19 pandemic, which made it challenging to implement the standard case management process and allowed Miracle Foundation India to evolve the approach of expedited case management to meet the requisite goal of safe and permanent reintegration of children. Among others, the findings highlight the nature of reintegration, the critical reasons for child separation resulting in institutionalisation, and the predominant needs, concerns and support interventions required to strengthen the family situation for sustained reintegration.

Keywords

family-based care, alternative care, institutional care, best interest of child, kinship care, child care, case management, family strengthening, child care institutions, family separation, child reintegration

Introduction

The United Nations Convention on the Rights of the Child (UNCRC) reiterates and confirms the knowledge and research findings concerning children and child development that children's development in a nurturing family environment is the most fundamental need and right (Article 5). As per a study by UNICEF, the vast majority of children in childcare institutions (CCIs) have at least one living parent or relative who can care for them[1]. Often, these family members could care for their children if given the right support.

Before COVID-19, it was estimated that around 3.7 Lakh children in India were residing in over 9500 CCIs[2]. During the

[1] https://www.unicef.org/protection/children-in-alternative-care
[2] https://wcd.nic.in/sites/default/files/CIF%20Report%201.pdf

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first wave of the COVID-19 pandemic, as many as 64 per cent of children in CCIs were sent back to their families as a precaution against the COVID-19 pandemic following directives from the Supreme Court.

The move away from residential forms of care has largely 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. Mounting evidence from around the world suggests that institutional care has failed to meet children's physical, emotional, and social needs, limiting children's cognitive development and, as a result, their social and economic performance as adults. Institutional care is not conducive to providing the individual attention, emotional support, intellectual stimulation, and guidance children need to thrive[3].

Some key reasons why children are placed in institutions are: poverty, deprivation and their consequences, single parenthood, death, desertion, separation and loss of one or both parents, severe medical condition of parents, lack of secure housing, absence of care and developmental opportunities for children with disabilities, the inability of parents to care for the child due to compelling socio-cultural circumstances (e.g. Devdasi's children, children of sex workers, unwed mothers), are some of the factors that push families to place children in residential facilities.

The study's objective was to understand the nature of transitioning of children from CCIs back to family-based care through case management processes, and tools, examining the factors for safe, permanent, sustainable reintegration.

Over the last two years, Miracle Foundation India has been facilitating, with its CCI partners, the implementation of a systematic process of case management referring to the Juvenile Justice (Care & Protection of Children) Act 2015 (JJA) tools of the individual care plan (ICP)[4], social investigation report (SIR)[5] leveraging Thrive Scale™[6] to ensure safe, permanent and sustainable reintegration of children as well as to prevent separation. During the constraint conditions of the COVID-19 pandemic, Miracle Foundation India developed a framework to expedite the case management (ECM) process to ensure that every child reintegrated with family was safe, healthy, protected from risk, thriving, design a permanency & follow-up plan for low-risk reintegration in coordination with the district child protection functionaries.

Literature Review

Harvard researchers have shown that being separated from their family and living in institutional care is traumatic for a child. This trauma can lead to altered brain and nervous system development, attachment issues, difficulty regulating emotions, poor behaviour control, learning difficulties, and low self-esteem[7]. Institutionalisation affects millions of children across many regions of the world. It is a major source of developmental delay and mental ill-health during childhood and adolescence that substantially undermines human well-being and capital across the lifespan.

Child rights principles enshrined in international

[3] *Tolfree, D. Community-based care for separated children. Save the Children Sweden*

[4] *ICP – individual care plan refers to the form no 7 used for child assessment under the JJ Act*

[5] *SIR – social investigation report refers to for 22 used for the family background, situation assessment for children in need of care & protection*

[6] *Thrive Scale™ developed by Miracle Foundation India is a strength-based assessment & support intervention tool used in case management process. Children and families are assessed in five areas of well-being domains of family & social relationships, health & mental health, education, household economy, living conditions. To be completed in case of possible family separation to identify family strengthening services needed to prevent family breakdown. To be completed prior to a child's reintegration as a tool to identify family strengthening service. To be completed upon the child's reintegration and updated at every follow-up visit(1st month, 3rd month, 6th month, 1st year, 1.5 years, up to 2 years minimum) by the social worker/case-worker to ensure that interventions are taking place to meet the child & family needs.*

[7] https://developingchild.harvard.edu

legal instruments emphasise the priority of family-based care. In all actions concerning children, the child's best interests should be a primary consideration. Measures should be primarily used to support parents to enable children to grow up in their own families. If the family does not look after the child, a solution should be sought primarily among the child's relatives. At the same time, foster placement or adoption should be secondary. Institutionalisation should only be used when necessary, after exhausting other family and community-based alternatives, and with a view to a permanent family-based arrangement[8].

Methodology

The study covered three CCIs among the Miracle Foundation India mentored CCIs. Among these three, two CCIs from Maharashtra and one CCI are from Tamil Nadu. One hundred eleven children safely and permanently reintegrated into family or family-based alternative care were selected. The data captured by the social worker in the case management tracker between January 2021 to March 2022 was analysed, and necessary discussions were held with them by the Miracle team. Besides this, one child's case from each of the three CCIs was traced along the six stages of the case management process, presented in the form of three case studies towards the later sections of this study.

In order to enable the safe and permanent transition of children into family-based care, the social workers used a systematic case management process. The entire case management process consists of six stages: intake/admission, assessment, planning, implementation, follow-up and case closure. The first step in case management is intake/admission, which includes reviewing key information related to the child's situation to identify the need for support and looking for high-risk behaviours that must be addressed immediately. The second step is assessment, which assesses the need and strengths within all child development areas, using JJA Form 43 for child case history, JJA Form 22 for Social Investigation Report (SIR), and JJA Form 7 for Individual Care Plan (ICP). These assessments also assess the safety of the family environment and inform the development of the child's care plan and the possibility of placing the child in family or family-based alternative care. The third step is planning, which includes planning for intervention and services to address challenges and needs and what needs to be done to provide security and an opportunity to thrive in the family. The fourth step is implementation which includes preparing the child and family/ caregiver for return – working through emotions related to the separation and reunification, linking them with the support network and community services. The fifth step is the follow-up to ensure that the child and family find the support helpful, understand any issues or concerns and revise the care plan if needed. The sixth step is the close case, where cases are closed if the plan's goals have been met (as agreed by all involved, including the child and family) and the child's long-term protection and care are reasonably assured.

In order to make the case management process more holistic, complementing the use of the JJA ICP/SIR tools, Miracle Foundation India has developed Thrive Scale™. The tool helps to understand the family's situation on a scale of 1 to 5. 1= needs immediate attention/in crisis; 2= vulnerable; 3= safe; 4= needs no attention/ thriving. Thus, helping the social worker to decide - if a particular intervention is needed or not / planning short-term/ immediate and long-term interventions under five key well-being domains viz- family & social relationships; Household economy; Living condition; Education; Health & mental health.

[8] *Dr Nilima Mehta. family Strengthening and Alternative Care for Children in Need of Care & Protection. A Strategy Document*

The Thrive Scale™ leveraged in the process is a strengths-based assessment tool used to identify strengths and risks and address areas of support within a family home over time. Based on the assessment, family strengthening interventions like training parents on parenting skills, linking family with appropriate schemes and services, life skills training, health and hygiene, educational support, psychosocial support, career counselling etc., are planned and carried out, and progress is tracked.

The tool draws special attention to critical safety concerns in the life situations of a child and family. These critical safety concerns (red flags) must be promptly addressed on an utmost priority.

Findings

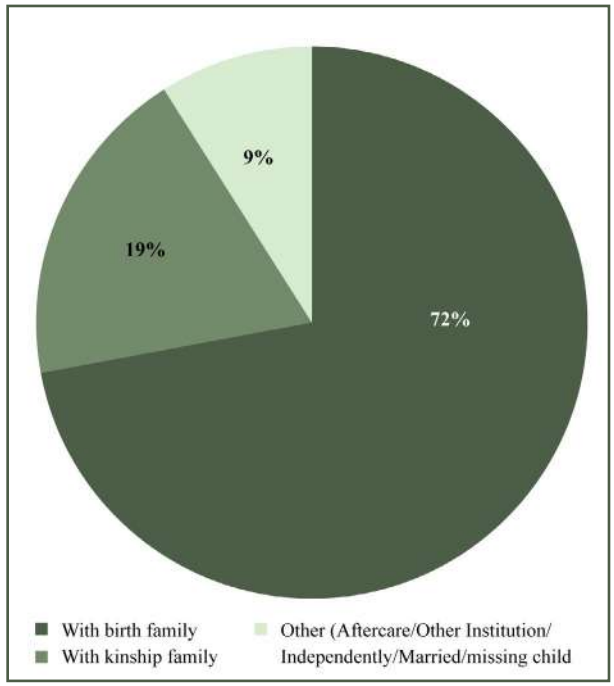
The findings of the study include the following:

I. At a high level, the present study drew attention to the significance of individual child-centred case management processes. A child's reintegration with family is not a one-time event. It requires extensive collaboration to determine if it is in the child's best interests, prepare care plans, identify and facilitate appropriate family-strengthening services, prepare the child and family, supervise pre-placement communication and visits to encourage reconnection and offer regular post-placement follow-up support.

Carrying out a systematic case management process, leveraging the Thrive Scale™ tool helped the social worker decide to place children in the family or family-based alternative care.

II. Specific findings stated that out of 111 children, 72.1% were reintegrated into birth families, and 18.9% were placed in kinship care arrangements because the birth parents passed away or were not traceable. In some cases, the parent abandoned the child to remarry, and the step-parent did not accept the child. The

Figure 1: *Total Children Reintegrated in Child Care Institutions (CCIs)*



Source: Based on author's data

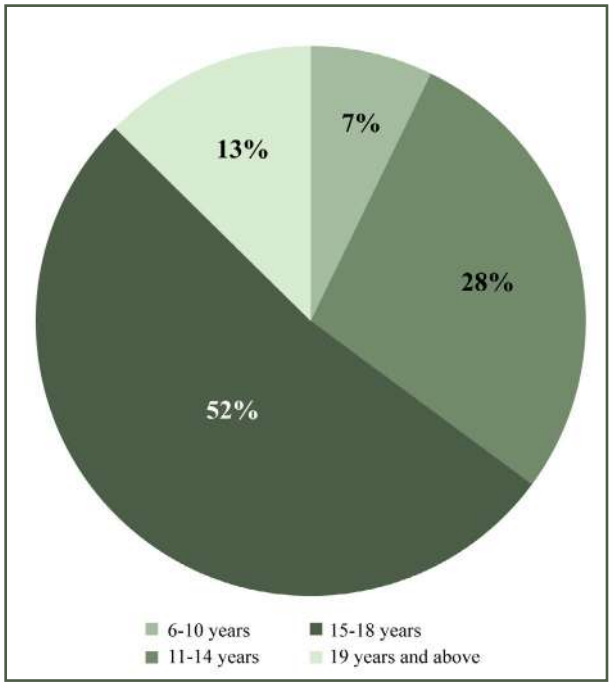
remaining 9% of children went into independent living or aftercare.

Child-centred reintegration was multi-layered and began with assessing both the root causes of separation and the family's current circumstances. The study cited the following reasons for the separation and institutionalisation of 111 selected reintegrated children for the study.

a. Families' poor financial condition,
b. Low income of family member to fulfil basic needs of the child,
c. The single parent, either one parent (mostly father) left the family or deceased,
d. Alcoholism and parents' quarrels
e. In some cases, the disability or illness of parents.

Among the 111 children before being reintegrated, the majority of these children stayed in respective CCIs for an average of 4 to 6 years. The background included children orphaned, abandoned, neglected, surrendered, physically & mentally abused, victims of child marriage,

Figure 2: *Age-group of children Reintegrated in Child Care Institutions (CCIs)*



Source: Based on author's data

homeless, and runaway/ missing children.

52% of these children were in the age group of 15 to 18 years, 28% of children were in the age group of 11 to 14 years, 13% of children were 19 years and above and 7% of children were in the age group of 9 to 10 years.

The case management process of these children started in January 2021 using Thrive Scale™ and the data point considered for this study was from January 2021 to March 2022. Over this period, on average Thrive Scale™ assessment was done by the social worker of the respective CCI for every child once a quarter. The following table depicts the aggregate baseline score of the Thrive Scale™ assessment done for these 111 children:

The social workers interacted with the child and family on a quarterly basis and assessed the situation of the children and family using Thrive Scale™ across the five well-being domains. In keeping with the Thrive Scale™ assessment scores, identified needs, family's situations, specific support interventions were planned with the families. Figure 3 given below presents the spectrum of the support interventions across the five well-being domains.

During this period across the five well-being domains, children were supported financially and non-financially in the form of school and tuition fees, higher education/scholarship and transport support, nutrition and hygiene product support, nutrition awareness programme, health and hygiene support to children and family, parenting skill training, counselling for good family & social relationship among children and family members; clothing, footwear support, repairing of house roofs for better living condition of the residence; vocational training to parents, linking families with government schemes for improving the household economy. During this intervention period, 69 families were linked with schemes and services such as Public Distribution System (PDS) ration, old age pension, widow pension scheme, Ujwala Scheme etc.

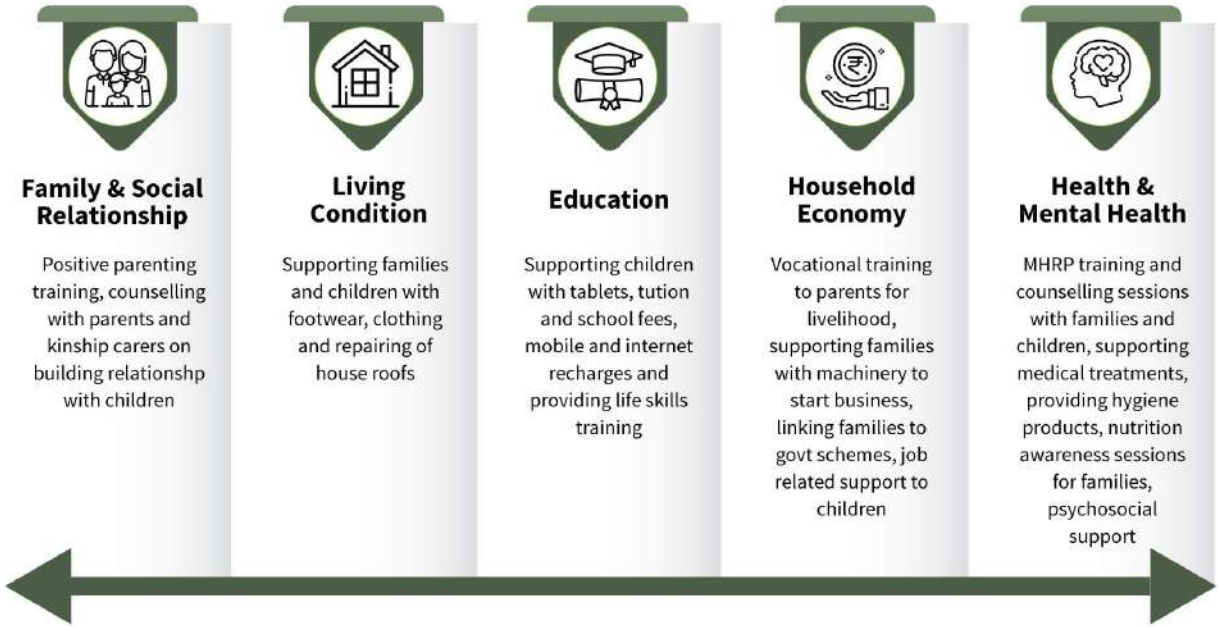
Figure 4 below depicts a comparative analysis of Thrive Scale™ scores on the five well-being domains for children reintegrated with birth

Table 1: *Baseline Score of the Thrive Scale™ Assessment of 111 children*

Thrive scale data in each domain	Family social Relationship	Household economy	Living Condition	Education	Health and Mental health
Reintegration with Birth Families					
Baseline (Beginning of reintegration process)	87.31	80.27	82.91	82.7	85.6
Reintegration with Kinship care families					
Baseline (Beginning of reintegration process)	83.5	83.75	83.86	82.62	85.98

Source: Based on Author's Data

Figure 3: *Spectrum of the Support Interventions across the Five Well-Being Domains*

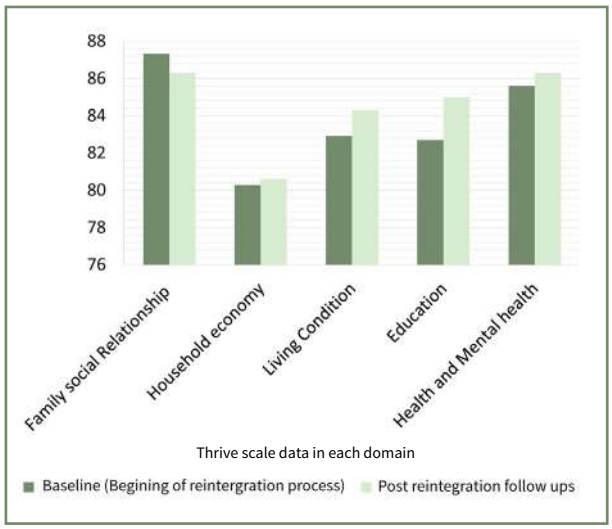


Source: Based on author's data

families. The comparison was made between the two respective time span windows of January 2021 to August 2021 and January 2022 to March 2022.

Comparative scores reflected an increase of 2.30% points in the education domain, 1.39% points in living conditions, 0.70% points in health and mental health and 0.33% in the household economy. Scores on the family & social relationships decreased by 1.01% points. The drop in scores for family & social relationships was found to be due to factors like the respective families not having support from extended family members, not having social connections with their neighbours, and some parents needing capacity building on positive parenting. The key concerns cited in the health domain were alcoholism, substance abuse, and lack of resources or mental health counselling services nearby.

Figure 4: *Thrive Scale Score of Children Reintegrated into Birth Family*

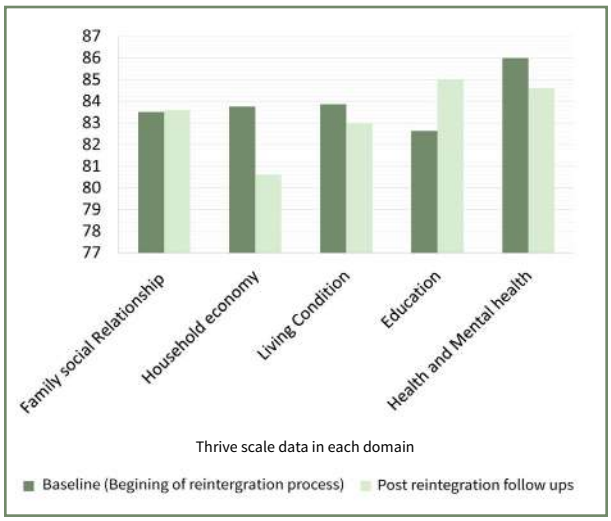


Source: Based on Author's Data

Figure 5 below depicts a comparative analysis of Thrive Scale™ scores on the five well-being domains for children reintegrated with kinship care families. The comparison is made between the two respective time span windows of January 2021 to August 2021 and January 2022 to March 2022.

Comparing the scores reflected an increase of 2.39% points in the education domain and a 0.10%-point increase in the family and social relationship. The household economy of the family decreased by 3.15% points; living conditions decreased by 0.86% points, and health and mental health decreased by 1.38% points—

Figure 5: *Thrive Scale Score of Children Reintegrated into Kinship Family*



Source: Based on author's data

the specific concerns related to a sanitation facility, clothing, footwear etc. The kinship carers suffered from health issues, and cases of alcoholism increased during the lockdown period.

Case Studies

This section of the study peeks into the lives of three children, one from each of the three CCIs. The case studies highlight the challenges and success of reintegration through the lens of the case management process.

Step 1: Intake/Admission

Child A was found alone at the railway station, admitted to the open shelter home, and later transferred to CCI. Child A's father left them, child's mother could not earn enough to fulfil household requirements and pay attention to her three children and their education. Child B was found selling handkerchiefs in the local market with his mother. The child's father went to work in Gujarat and never returned. Child B got noticed by CWC, who passed the order for the child to be admitted to CCI for safeguarding and education. Child C lost both biological parents and was admitted to CCI by his maternal uncle and elder sister. The child's elder sister was married, and there was no one else to look after him.

Overall, the major factors that led to these children's institutionalisation were the family's / kinship carer's situation and the poor economic level of the family, hampering the fulfilment of children's basic needs, primarily affecting their education and health.

Step 2: Assessment

The predominant needs, concerns and areas of strength were identified for children A, B and C. Referring to the strengths; it was found that Child A was smart in studies and interested in continuing schooling. Child B shared a loving bond with his mother. The elder sister and uncle of Child C were open to accepting and taking care of the child. The significant concerns for children A, B and C were the need for emotional and psychological support, lack of nutritional food intake, and continuation of education.

Steps 3 & 4: Planning & Implementation

Based on the assessment, planning was done for the corresponding support interventions. It was also important to understand at what juncture the CCI team considered it appropriate for the child to be sent back home. The corresponding interventions were planned in keeping with the needs identified for children and families across the five well-being domains leveraging the Thrive Scale™.

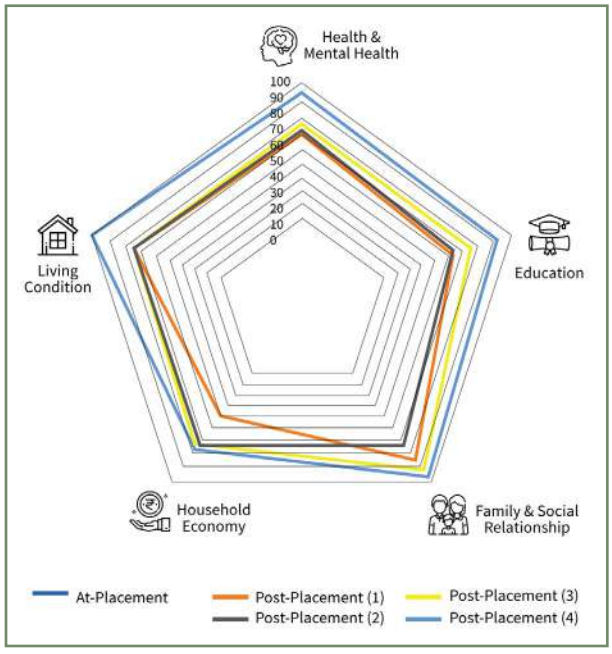
For child A, the first task was to locate and track the child's family. The address given by the child was found to be incorrect. However, after the team's efforts, the child's mother got the information and came to the CCI to see the child and identify it. The child's custody was not allocated to the mother immediately as it was important to assess before sending the child back to the family. When the mother was emotionally and financially prepared to take the child's responsibility. and the child was also ready to

go to her family, the team initiated the process.

Regular counselling sessions were conducted with the mother and child to strengthen the mother-child relationship. Vocational training was given to the mother to make her financially stable to meet the needs of her three children. Child A was enrolled in school, and school fees were supported. The above thrive scores for Child A shows the overall development of Child A's family in the five -well-being domain.

For Child B, in 2020, the CCI team identified the child for family-based care. It supported the child and his family through stabilisation package distribution and education support. The impact of the COVID-19 lockdown led to a financial crisis for the family in 2021. Financial assistance of Rs 8000 was provided under livelihood support for

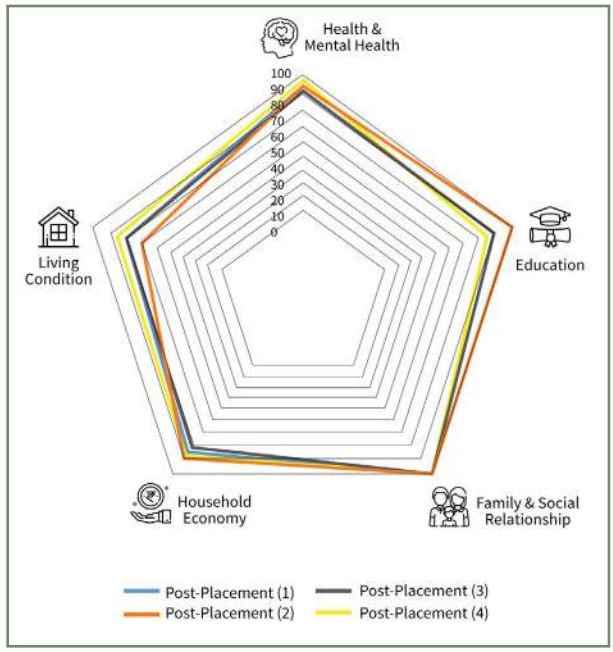
Figure 6: *Child A's Assessment*



Source: Based on author's data

the family to purchase a wheelbarrow. Financial support was also given for the house rent for six months, an activity Kit and nutrition support.
From the Thrive scale™ scores progression for Child B, it can be seen that the family and social relationship domain was strong and remained constant during all the assessments. In the household economy domain, the livelihood support from CCI and later from the child's elder brother helped the family thrive. Similarly, the family was supported in the living conditions domain, where guidance was provided to find a house on rent with good sanitation facilities. Financial support for rent was also given for a limited period. In the education well-being domain, full support was given to the child for pursuing schooling and later supported for higher education. In the health well-being domain, it

Figure 7: *Child B's Assessment*



Source: Based on author's data

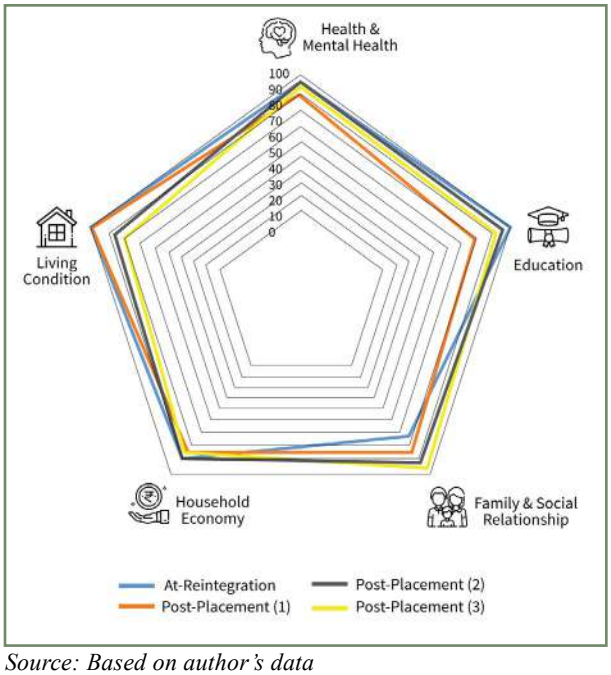
was found that both the child and mother had low haemoglobin (HB); thus, nutrition support was given to the family and the child.

Child C: Since the child lost both parents, the elder sister came forward to support the child with the help of the CCI team, the elder sister connected with relatives to support and accept the child. With continued support and communication, the uncle agreed to accept the child. The elder sister has been supporting the child financially. During the home visits, the uncle's house was found to be stable and had those basic amenities. Child C was supported in education and provided a tablet to continue education during the lockdown. Sponsorship schemes were identified as the child wanted to pursue the nursing course. The child

was assisted in getting the caste certificate (to avail of concession in college fees) and orphan certificate with the support of the DCPU team. Regular counselling sessions were done with the child, sister and uncle to build a healthy family relationship.

From the Thrive scale™ scores progression for Child B, it can be seen that the family and social relationship domain was strong and remained constant during all the assessments. In the household economy domain, the livelihood support from CCI and later from the child's elder brother helped the family to thrive in that domain. Similarly, the family was supported in the living conditions domain where guidance was provided to find a house on rent with good sanitation facilities, and financial support for rent was also given for a limited period. In the education well-being domain, full support was given to the child for pursuing schooling and later supported for higher education. In the health well-being domain, it was found that both child and mother had low haemoglobin (HB) and thus nutrition support was given to the family and child.

Figure 8: *Child C's Assessment*



Source: Based on author's data

Step 5: Follow-Up

The CCIs teams continued to do the follow-up at regular interventions with all the children. This follow-up would continue until the team feels the child is well settled in the family, that the family is supporting the child and that there is no chance of separation in future. An average post-follow-up for every reintegrated child goes up to 2 years.

In the recent follow-up, the CCI social worker, while sharing thoughts of child B shared that after the reintegration, the child seemed to be happy with his family. He shared a stronger bond with his mother and brother. He was studying, and the school was close to the child's home. After completing class 12, he wants to pursue a bachelor's degree in business administration. He will require educational assistance till the course is completed. From the family side, the mother was happy to be with her child, and the social worker believed that the child was very supportive of the family and that the mother and child have a strong bond.

Limitations

The limitations in putting together this article/ commentary were as follows:

I. The Thrive Scale™ assessments were mainly done through paper pen by the respective CCI social workers until early 2021. It was only in mid-2021 that they got into the discipline of learning to capture the assessments in a case management tracker sheet. Therefore, it was difficult to access individual child assessment data from when the child came into the CCI.

II. Since this was the initial period of the social workers filling in data in the case management tracker, the available data was not to the utmost clarity or perfection.

III. The COVID-19 pandemic brought in the constraint of social workers remotely connecting with children, families and concerned others on the phone.

Conclusion

Despite the limitations stated above, the study gave a simple insight into the utmost significance of the six steps case management process in reintegrating children with birth family and kinship care arrangement. The study informed about the value in usage of Thrive Scale™ methodology in the case management process to assess the child and family's needs, critical safety concerns, areas of strength, plan support interventions for family strengthening across the five well-being domains of family & social relationships; household economy; living condition; education; health & mental health. The prominent reasons for the institutionalisation of the children seemed to be the family's poor financial condition, single parents or absence of biological parents.

Throwing light on the nature and factors for sustained reintegration, the study points out that it is important to discern the willingness of parents/guardians to take their children back, engage with them for necessary preparation to be emotionally and financially prepared to take the child's responsibility. Regular counselling sessions were conducted to strengthen parent and child relationship. It takes much more time to build a family and social relationship among children and family members, so it is important to follow up regularly after placing the children into family or family-based alternative care needs. Educational counselling, aided with financial support to children and family/caregivers, helps children enrol in school and study. Support to families with securing entitlements and linkages in availing of social protection schemes goes a long way in strengthening families and sustaining the permanent reintegration of children.

References

Center on the Developing Child at Harvard University. (2017, December 4). Center on the Developing Child at Harvard University. https://developingchild.harvard.edu

Children in alternative care. (n.d.). UNICEF. https://www.unicef.org/protection/children-in-alternative-care

Ministry of Women and Child Development, Government of India. (2018). The Report of the Committee for analysing data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and Protection of Children) Act 2015 and Other Homes. In the Ministry of Women and Child Development, Government of India (Volume 1). Retrieved April 18, 2023, from https://wcd.nic.in/sites/default/files/CIF%20Report%201.pdf

Tolfree, D. (n.d.). Community-based care for separated children | Save the Children's Resource Centre. Save the Children's Resource Centre. https://resourcecentre.savethechildren.net/document/community-based-care-separated-children/