



BRINGING CARE EXPERIENCE TO SOCIAL WORK CAPACITY BUILDING IN INDIA

A Report

**Strengthening the Social Service Workforce for Family-based
Care-Learning from young people with lived experience of care Project**

What Do We Want From Social Workers?

Voices of care experienced children, young adults and
caregivers in India

March 2025

Global Social Service Workforce Alliance, Miracle Foundation
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Introduction

Global and regional guidance shows that maximum efforts must be made to keep children in caring and protective families, and to provide safe and high-quality alternative care when this is not possible¹. In many countries, including India, further efforts are needed before these goals can be achieved. Too many children remain in harmful institutional care, living alone on the streets, or in families where they are vulnerable to abuse, neglect or exploitation². Young people leaving care are also poorly supported³.

Social workers play a vital role in assisting vulnerable families, children in different care settings and care leavers. For these contributions to be relevant and effective, it is vital that social workers first understand what children, young adult care leavers, and parents or other family members caring for children (caregivers) want and need from them. To explore these expectations, Miracle Foundation India carried out consultation with 97 children and adults in India. These individuals all had experience of residential or foster care, with some also having insights into reintegration from residential care to families and communities. They are referred to collectively in this report as ‘care-experienced individuals.’ Note that in India, residential care settings are referred to as Child Care Institutions (CCIs) and this term will be used throughout the remainder of this document.

The consultations presented in this report are part of a broader initiative designed to bring the voices of care experienced individuals to social worker capacity building. The findings have been used to develop training tools that encourage social workers to change their practices to better address the needs, and respond to the wishes, of care experienced individuals. The findings are also being used to advocate for broader changes to policies and guidance around the role and capacities of social workers and the care system. It is hoped that the consultations and training carried out as part of this project will help ensure that children who are separated from or at risk of losing their families receive or return to high-quality family- and community-based care. Box 1 below provides an overview of the current situation of children’s care in India which provides important context for this study.

It should be noted that it is recognised that it may not be possible or advisable for social workers to fulfil all of the roles or display all of the characteristics asked of them by the participants during the consultations. The ramifications of the findings for policy and practice are explored at the end of the document.

The consultations and broader project were initiated by the Global Social Service Workforce Alliance (GSSWA), with funding from the Martin James Foundation with technical support from consultants from Child Frontiers. In addition to India, a similar process is being carried out in Uganda and Brazil. A glossary of the key terms used in this document are provided as an Annexe.

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- 1 United Nations (1989) Convention on the Rights of the Child, African Union (1990) African Charter on the Rights and Welfare of the Child, UN (2009) Guidelines for the alternative care of children, Mission Vatsalya Guidelines India
 - 2 Kaur, M, Mehta, N, Adhikary, S and Viswanath, A (2023) Tracing the evolution of alternative care for children in India in the last decade the way forward in Institutionalised Children Explorations and Beyond 10 (2)
 - 3 Ibid.

Box 1: Care Reform in India⁴

In the past decades, India has shifted away from institutional care in CCI towards family-based care. This reflects the United Nations (UN) Convention on the Rights of the Child and the Guidelines for the Alternative Care of Children, which were welcomed by the UN in 2009. This focus can be seen in the 2013 National Policy for Children, which prioritises sponsorship, kinship care and foster care over institutionalisation. The 2015 Juvenile Justice (Care and Protection of Children) Act and the 2022 Mission Vatsalya Scheme, reiterate the commitment to family-based care. These policies provide some support to kinship carers through sponsorship schemes, and some guidance on foster care. They also highlight the importance of supporting those leaving care through loans and grants, and help with education and employment.

Despite the progress being made in India, the implementation of policies remains weak. 55,000 children remain in CCIs. Families are not getting all the support they need to care for children well, and the promised support to care leavers does not always materialise. There are also issues with gatekeeping and decision-making processes and coordination mechanisms.

Evidence on children's care in India shows the vital role that social workers play, but also highlights their lack of training on care issues, including a lack of understanding of the needs and wishes of care-experienced individuals.

How were these consultations carried out

The consultations involved group discussions and interviews with 97 care experienced individuals in Tamil Nadu, as outlined in Table 1 below. The consultations used creative and participatory methods to explore the areas of support required of social workers, and attributes and skills that social workers need to fulfil these roles.

Table 1: Participants in the consultations

	Female	Male	Total
Children in CCIs	10	5	15
Parent/ caregiver of children CCIs	5	10	15
Children reintegrated from CCIs	10	4	14
Parent/ caregiver of children reintegrated from CCIs	17	0	17
Adult care leavers from CCIs	17	16	33
Child in foster care	1	0	1
Foster carer	1	1	2
Total	61	36	97

Participants were deliberately selected who had some experience of government, CCI or NGO social workers that they could reflect on. Participants were identified mainly through existing projects run by Miracle Foundation India. Some of these participants had been directly supported by Miracle Foundation India staff, and others by social workers in CCIs or government social workers. Many had experienced support from a variety of social workers. It is recognised that choosing participants with connections to Miracle Foundation India may have introduced a degree of bias into the findings. However, having an

⁴ The information provided in this box is taken from: Kaur, M, Mehta, N, Adhikary, S and Viswanath, A (2023) Tracing the evolution of alternative care for children in India in the last decade the way forward in Institutionalised Children Explorations and Beyond 10 (2)

established relationship of trust with participants was essential, as was being able to offer follow-up support and counselling should participants become distressed or reveal situations of harm to a child or adult during the consultations.

Limitations and disclaimer

The findings from these consultations are based on a limited sample size from one area of India. They may not fully represent the diversity of experiences and perspectives within the broader population. As such, the conclusions drawn should be interpreted with caution and seen as indicative rather than definitive.

While every effort was made to create a safe and supportive environment for participants, it is possible that some respondents may have felt apprehensive or restrained in sharing their full thoughts and experiences. This could have influenced the depth and breadth of the information provided.

This research was deliberately focused on the perspectives of care experienced individuals and did not examine the constraints and challenges experienced by social worker in fulfilling these expectations. This is recognised in the training tools that accompany this research, which give social workers an opportunity to reflect on the challenges they face. The findings will be used by Miracle Foundation to lobby for further reforms so that social workers can do their jobs as effectively as possible.

The information and analysis presented in this project are intended to contribute to broader discussions and reflections on the topic and should not be considered comprehensive or universally applicable. Further consultations with larger, samples, representing care experienced individuals from a wider range of care contexts (such as those who have experienced foster care, kinship care or different forms of support for reintegration or independent living), is recommended to build upon these findings.

Who are social workers?

The consultations used the definition of the social service workforce developed by the GSSWA:

“The social service workforce refers to a broad range of governmental and non-governmental, paid or unpaid, professionals and paraprofessionals who work with vulnerable children, youth, adults, older persons, persons with disabilities, families and communities to ensure healthy development and well-being. The social service workforce focuses on preventative, responsive and promotive services; they prevent and respond to violence, abuse, exploitation, neglect and family separation.

The social service workforce constitutes a broad array of practitioners, researchers, managers and educators, including, but not limited to: social workers, social educators, social pedagogues, child care workers, youth workers, child and youth care workers, community development workers/community liaison officers, community workers, welfare officers, social/cultural animators and case managers.”⁵

As indicated by this definition, the workforce includes volunteers and professionals, and those working with both NGOs and government. These individuals have numerous titles and have received varying levels of training. Social workers may support various vulnerable groups, though in these consultations,

5 Global Social Service Workforce Alliance definition available [here](#)

social workers working on children's care were focused on. This includes social workers trying to prevent family separation, support children in alternative care, and reintegrate separated children and young adult care leavers back to families and communities. Although the GSSWA definition uses the term 'social service workforce,' in this document, the term 'social worker' is used as this is the more common term in India. Equally, it is recognised that 'social worker' is not the only job title used in the district child protection workforce, which is also composed of district child protection officers, outreach workers, counsellors and probation officers, working alongside Child Welfare Committee, Juvenile Justice Board members and child helpline workers, among others.

At the start of each group discussion, efforts were made to explore the term 'social worker' to ensure a common understanding of the term between participants and facilitators. From these discussions, it is clear that when participants spoke of 'social workers' they referred to:

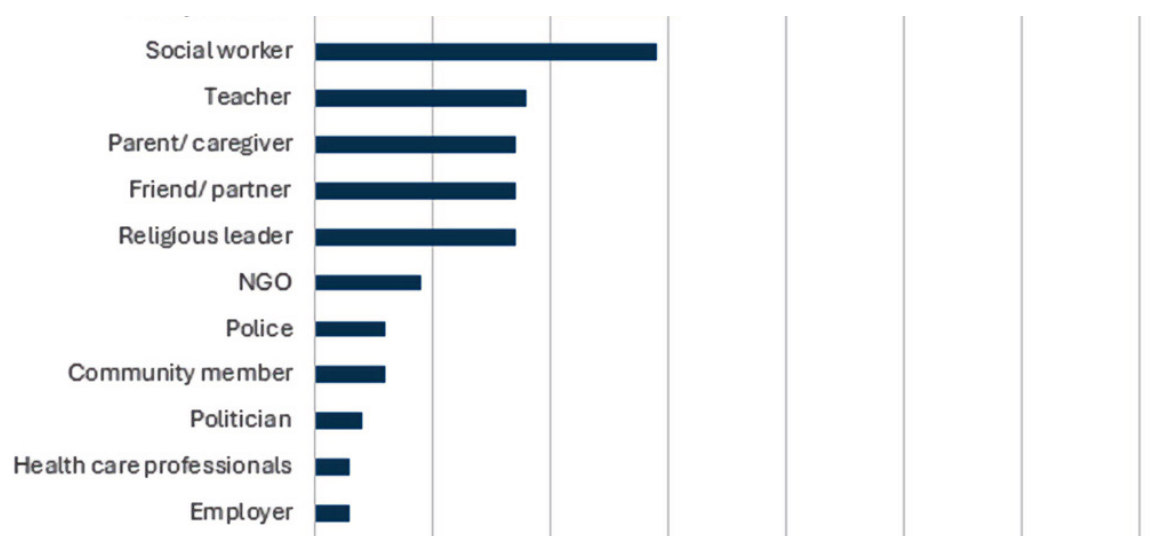
- Staff working in care homes and performing social work functions.
- NGO social workers
- Government social workers

It should be noted that although it is recognised each category of social workers plays a different role, it was not possible to explore in detail how experiences of social workers differ between the categories.

How important are social workers in our lives?

During the consultations, participants were asked who helped them and their families at times of need, particularly when challenges around children's care emerged, such as abuse in families or placement into alternative care. Social workers were widely recognised as playing a role in helping children and families at times of need. As shown in Diagram 1, they are the third most likely group to be mentioned in response to questions about who helps children, care leavers and their families. Note that social workers are listed here only when it was clear that the person mentioned fitted into the definition of social worker outlined above. Participants often spoke more generally about NGOs or CCI or other staff working for them, some of whom could also have been social workers.

Diagram 1: Who Help Me And My Family?



Although these findings clearly indicate a strong role for social workers in supporting children's care, it is important not to over-emphasise these contributions. As explained above, as the consultations were designed to explore the role and effectiveness of social workers, participants were deliberately

selected that already had some experience of social workers. It is likely that many children in vulnerable families or in informal forms of alternative care, such as kinship care, will have had no contact with social workers, or much more limited contact than children who have spent time in CCI. As a result, they would have likely provided different answers. It is also the case that if the number of times participants mentioned the help of parents, caregivers, family members, friends and partners is combined this figure exceeds that of social workers. This highlights the importance of informal supports from family and community.

Some other groups, such as the police, politicians and the government were only mentioned a few times by participants. This is likely to be due to the focus in the discussion on help related to children's care, and does not necessarily suggest these groups play no role in the lives of participants.

Participants acknowledged the emotional distress children and families often face from missing their family members while being in CCI. However, they also commonly stated that they are thankful of the opportunities provided in CCI, such as schooling, health care, and new connections. Participants were also grateful for the emotional support, and guidance offered to both children and their families by the CCI. Participants' statements indicated an ongoing dependency on CCI even after children or young people had left. Participants' descriptions of who helped them most included:

"The watchman at the CCI who guided me to send my child here because he understood my problem, the pain, and agony I was undergoing. I struggled a lot when I lost my wife. There was no one to support me. I was on the road, standing with my child. That time the watchman helped me and guided me to come to this CCI. He told me that in the CCI they will take care of my child."
(Father of a reintegrated child)

"X ma'am [in charge of the CCI] supported me with study materials, education support, counselling support, X sir [staff at the CCI] scolds me with good intention as he wants me to always improve. Only when I went outside of the CCI did I come to know how the CCI staff has shaped my life. I will always thank them for that." (Young adult care leaver)

This praise of care received in CCI, should not be seen as offering a rationale for placing more children in CCI, for three reasons. First, comments from participants show that placements in CCI were clearly made when there was little alternative. Choices for families were limited by lack of access to services and support in communities. Mothers spoke of the desperate poverty that led to them placing their child in a CCI, often preceded by marital breakdown or the death of their husbands. Fathers spoke of struggling to raise children following the death of their wives. Participants would likely to have presented very different perceptions of the value of CCI if they had had more genuine choices in their lives to address the different forms of adversity they face.

Second, many of the consultations took place in CCI, introducing an element of bias. Although staff were not present, participants are likely to have felt a certain sense of obligation to offer a positive picture of CCI when consultations took place in these settings. By contrast, Miracle Foundation India in its extensive work with children and young people who have left residential care, in Tamil Nadu and elsewhere in India, have found that discussions with these individuals outside of CCI grounds revealed more negative experiences including abuse, neglect and emotional distress.

Third, there is widespread evidence both globally and in India of the harm caused by placement in CCI. Children in such facilities are often cared for collectively in large groups. The lack of opportunity to form a bond or attachment with a consistent carer is shown to lead to a range of harms including to

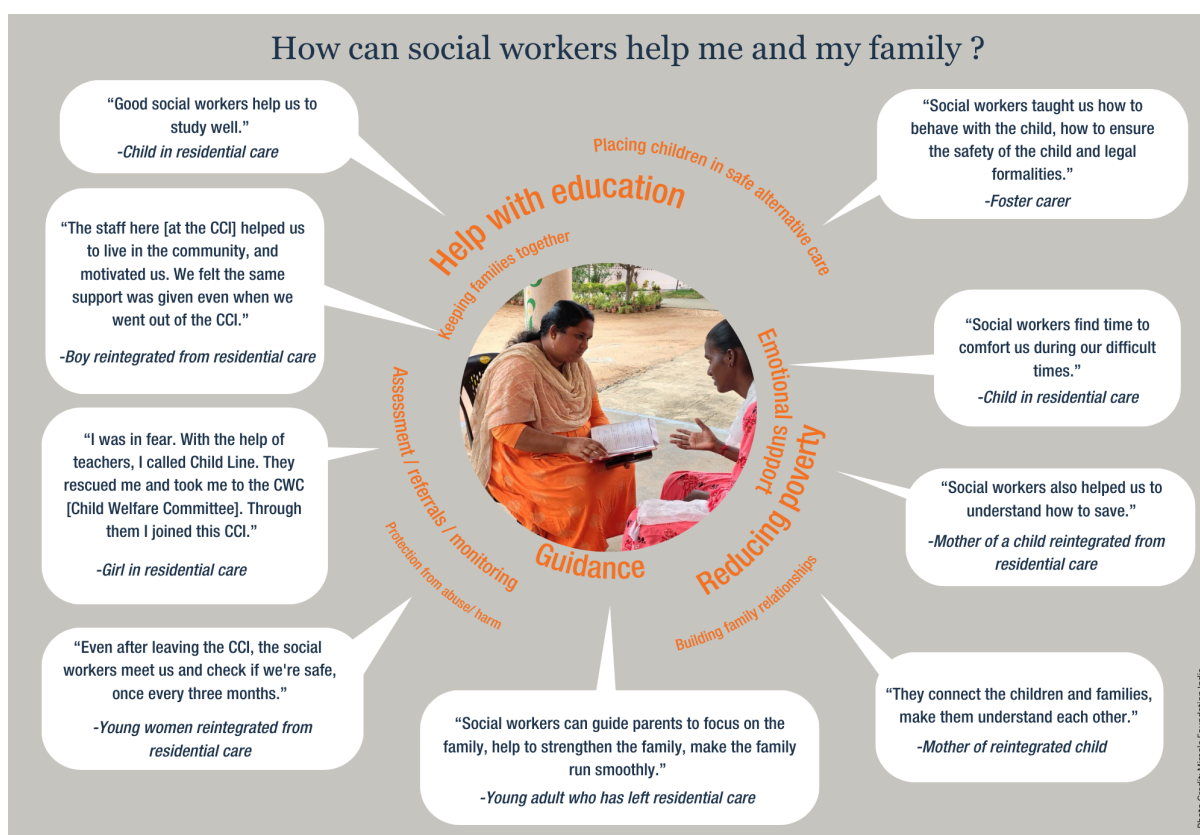
child development, and the capacity to form relationships.⁶ Such evidence has led to global guidance, such as the Guidelines for the Alternative Care of Children which were welcomed by the UN in 2009, recommending that wherever possible alternatives to large scale institutions should be developed, and that smaller scale residential care should only be used when necessary and appropriate.⁷

How can social workers help me and my family?

Overview

The word cloud in Diagram 2 shows the number of times that different forms of support were mentioned in response to questions about how social workers were or could support care experienced individuals. The larger the words in the cloud, the more time this was highlighted during the discussions.

Diagram 2: Word cloud on the how social workers can support care experienced individuals



6 Marinus H van IJzendoorn, Marian J Bakermans-Kranenburg, Robbie Duschinsky, Nathan A Fox, Philip S Goldman, Megan R Gunnar, Dana E Johnson, Charles A Nelson, Sophie Reijman, Guy C M Skinner, Charles H Zeanah, Edmund J S Sonuga-Barke (2020) *Institutionalisation and deinstitutionalisation of children 1: a systematic and integrative review of evidence regarding effects on development in The Lancet Psychiatry*, Vol. 7, No. 8

7 UN 2009

The top four areas of support

Overall, four key areas of support from social workers emerged from the discussion:

1. Help with education:

Social workers were seen to play a helpful role in promoting the value of education amongst parents, children and young adult care leavers. Participants most commonly spoke of support paying school fees, by connecting them to financial support or covering other educational costs, and offering encouragement to attend and do well in school or college. This encouragement involved closely following progress in school or college, making visits to schools to check up on progress, and pushing children and young people to continue onto higher levels of education. Other help with education included getting children into local schools following reintegration from CCIs back to their family and community, offering guidance around which subjects to study, and helping with transport to and from school (such as arranging for a bicycle or support organising transport).

“They tracked the children’s education and supported their progress; they even talk to the teachers.” (Mother of a reintegrated child)

“Good social workers help us to study well.” (Child in a CCI)

2. Guidance

As illustrated by diagram 3, children and young adult care leavers, and caregivers wanted different forms of guidance from social workers.

Diagram 3: Forms of support guidance highlighted during the consultations

Children and young adult care leavers said they value:	Caregivers said they value support with:
<ul style="list-style-type: none">• Moral guidance – teaching right from wrong• Enabling children to protect themselves from harm (e.g., teaching martial arts, sharing the number of child abuse helplines, raising awareness around the risks of trafficking)• Dealing with addiction• Social skills – including how to make friends and mix with others in the CCI or community• How to behave in the family after reintegration	<ul style="list-style-type: none">• How to be a better parent• How to stop drinking• How to cope as a single parent• Reducing discrimination by step-parents and promoting better relationships between stepparents and children

“Social workers listen to us and to my children. They update us on what is happening in the child’s life. When sometimes children get angry, they know how to pacify them. They have even motivated my children to contribute to household chores.” (Mother of a reintegrated child)

3. Material, financial and livelihoods support

Participants wanted help from social workers in applying for government social protection schemes and joining NGO self-help groups and livelihood projects. Some requested material help in caring for children, such as food, soap or bedding. Participants particularly wanted this assistance during shocks, such as the ill-health of a household member. Women whose husbands had died spoke to wanting help gaining access to their land and property which was often taken by other family members. It should be noted that some of the forms of material support requested by participants currently fall outside of the legal remit of government social workers in India.

“I know tailoring. If I get help getting a job in tailoring, then I can go, I can work for 8 hours and then I can take care of the children.” (Mother of a reintegrated child)

“My mum struggled to sustain the family so the CCI staff visited our house, understood our condition and then they supported us with a cow. After that my mother was able to earn some money.” (Boy reintegrated from a CCI)

“Social workers also helped in understanding how to save, they sat with us showed us how much we earn and spend, and how much we can save.” (Mother of reintegrated child)

4. Emotional support

Participants spoke of needing help from social workers dealing with bereavement and family separation. They also felt that social workers should support distressed children, calming them down and giving them space to talk.

“At times when I don’t like being here [in the CCI], I would go and tell them, they will distract my mind and talk about other things, positive things which helps to cool me down....” (Girl reintegrated from a CCI)

“Good social workers find time to comfort us during our difficult times and when we face problems in the school, family and in the CCI.” (Child in a CCI)

Role of social workers in care arrangements, case management and child protection

As well as these four key forms of supports, participants also spoke of the role of social workers in care arrangements and case management (such as assessments, referrals and monitoring vulnerable families or individuals). Their comments on social workers’ role in care arrangements reflected the generally positive perceptions of CCIs that many had of CCIs (see the section above ‘How important are social workers in our lives?’). Parents spoke positively about social workers helping their children enter CCIs, but also negatively about when social workers failed to offer this assistance. Such comments suggest a need to educate parents on the harm caused by residential care and to offer greater support to families so that they can continue to care for children.

One child explained how social workers had helped them to escape an abusive family by facilitating their entry into a CCI.

“I was in fear. With the help of teachers, I called ChildLine. They rescued me and produced me to the Child Welfare Committee. Through them I joined this CCI.” (Girl in a CCI)

This comment suggests the need to develop other forms of family-based care as alternatives to CCIs for children who cannot remain safely in families, such as support to foster or kinship care.

Both parents and children highlighted the role that social workers, including CCI staff, play in maintaining contact between children in CCIs and their families, as well as their role in supporting their eventual reintegration back to communities. Some participants also spoke of social workers supporting families to prevent family separation.

“The staff here [at the CCI] helped us to live in the community, and motivated us. We felt the same outside as in the CCI, the same support was given.” (Boy reintegrated from a CCI)

The two foster carers included in the consultations were keen to highlight the support they had got from social workers.

“Social workers taught us how to behave with the child, how to ensure the safety of the child and legal formalities regarding renewal and family visits.” (Female foster carer)

“They connect the children and families, make them understand each other and their situations.” (Mother of a child reintegrated from a CCI)

The relatively limited reference to support to prevent family separation, or to support for reintegration or foster care, in comparison to support for children entering CCIs is interesting. It may suggest a need to reorientate social worker support away from placement into CCIs towards support to families.

Although it is common globally for social workers to focus on child protection by preventing abuse and neglect, limited reference was made to this role by participants. This could suggest a need to change the emphasis on social workers' role so that they focus less on their child protection role, as prioritised in law and policy, and more on areas prioritised by children and families, such as enabling access to education or poverty alleviation. Alternatively, it could suggest a need to educate communities on the importance of violence prevention and response, and the role that child protection services can play in this area.

Gaps in support

These consultations were not intended to comprehensively map the support provided by social workers against the support requested by care experienced individuals. However, during the discussions, some commonly identified gaps in support did emerge. Participants wanted social workers to provide more educational, material, livelihoods and housing support, and help building parenting skills. They wanted social workers to visit them more often, and also to be easier to contact.

“At present we are given only support for school. We need higher education support. Daily we are going to school by walking. We also need transport to school.” (Girl in a CCI)

What is the role of social workers across the continuum of care?

During the discussions, further insights were gained on the role that participants felt social workers should play in prevention, some forms of alternative care, and reintegration.

Support needs to prevent family separation

Although not discussed often, some participants did highlight the need for social workers to intervene whilst children are still in families to prevent separation.

“If I had met a social worker whilst I was still in my family, I would have benefited and remained in my family.” (Girl in a CCI)

Participants described a range of reasons for entry into CCIs which would need to be considered through any social work assistance to prevent family separation. Commonly identified drivers of separation included poverty and lack of access to schooling, reflecting two of the top four areas of support that participants wanted from social workers (see Diagram 2). Other drivers included violence or abuse in the family, alcohol abuse, death or ill health of parents, a breakdown in placements with extended family members and a lack of support from the wider extended family.

“My child doesn’t study well. I want her to study. We can’t sit with the children all the time. If the child studies well, then the family will also be better. After coming to the CCI, my child progressed. If she had stayed at home, then she would not have shown this improvement.” (Mother of a child reintegrated from a CCI)

“From the CCI, many children studied and worked in different sectors, like nurse, teacher and also doing many other jobs. All of them are from my village, that’s why I sent my child here.” (Parent of a child in a CCI)

“I want my child to be in a CCI because I can’t take care of my child as my husband comes home after 9pm so there is no protection at home. I feel my child is safe here in CCI.” (Mother of child in a CCI)

“We don’t have money, so we leave children in the CCI. If we had money, we would not leave our children in the CCI.” (Mother of a child reintegrated from a CCI)

As illustrated in the quotes above, parents described CCIs as a means of education and social progression for their children. Giving children better prospects via a period in a CCI was seen to be of value to the whole family. Balancing these perceptions of the value of CCIs with evidence of the emotional and developmental harm to children caused by institutionalisation needs to be part of prevention strategies. Rather than denying these experiences and perceptions, it may be important to acknowledge that placement in a CCIs can improve children’s career prospects by giving them an education that may not currently be available to them at home, even while it does expose them to additional harm and risk. To address this dilemma, it is important to identify, develop and promote alternative ways for children and young people to access quality schooling and training whilst remaining in the care of their families.

Support in preventing family separation was seen to be particularly important in single parent and step-families. Single mothers were described as often struggling to meet material needs, and single fathers as being unable to care for children well. Stepparents were said to routinely discriminate against their

spouses existing children, which could lead to placement into residential care.

Since social workers cannot solve the challenges faced by families alone, it is important that they engage with those working in other sectors such as education, justice and health, and other traditional or informal providers of help in the community, in developing joint solutions. On individual cases, social workers need to make referrals to services in other sectors and then develop and implement multidisciplinary support plans with other services and providers and helpers, so that they can join and coordinate their efforts in addressing many of these causes of family separation.

Support needs for children in CCIs and their families

The consultations suggested a role for social workers in supporting children in residential care, including the following.

- Help adjusting when children first arrive in residential care, including around missing their family, making new friends and adjusting to the rules and routines of residential care.
- Emotional support when children miss their family or are dealing with the loss of a parent and help staying connected to life back at home.
- Rebuilding trust of adults that may have been lost as a result of being placed into residential care by parents.
- Life-skills training and guidance to prepare children and young adults for returning to their families or living independently for the first time.
- Support with reintegration back to families.

“My grandmother died. But no one informed me about it. I came to know when I went to home during holidays. It hurt me a lot.” (Girl in a CCI)

“Miracle Foundation India conducted Life Skills education weekly. They taught us about the outside world. Those classes helped me to live in society.” (Young woman reintegrated to her family for a CCI)

Although not highlighted by participants, social workers may also play a role in monitoring children's wellbeing whilst they are in CCIs. Of course, any role for social workers in supporting children in CCIs needs to be balanced with time spent on prevention and reintegration. The priority should always be ensuring that children can remain in or return to families.

Support needs for children and young people reintegrated from CCIs and their families

Participants spoke of a range of support needs for children returning to their families from CCIs. Most young adults who leave residential care as adults also return to their families and these support needs apply to this group as well as to children. Support needs for reintegrating children and young adults include the following.

- All of the supports listed above around preventing family separation to stop children from being re-separated.
- Assistance so that children and young adults can continue with their education, such as registering in a new school or college.
- Help adjusting to their new life and to living in a family again. This includes rebuilding damaged family relationships through work with parents and siblings.
- Emotional support if children miss their friends and caregivers back in the CCI.
- Monitoring visits and calls to check on children's wellbeing.

“The child might have longing for the family and when she rejoined the family, she might have been very happy or she might have felt ‘I got everything in the CCI, education support was given to me, so I thought of not going back to the family again’. I mean she might have a dilemma.” (Boy reintegrated from a CCI)

What makes a good social worker?

During the consultations, children, young adult care leavers and caregivers were asked about what makes a good social worker. Their responses are summarised in the word cloud in diagram 4, with the larger words representing the qualities that were mentioned more often during the consultations. The responses broadly fit into three categories:

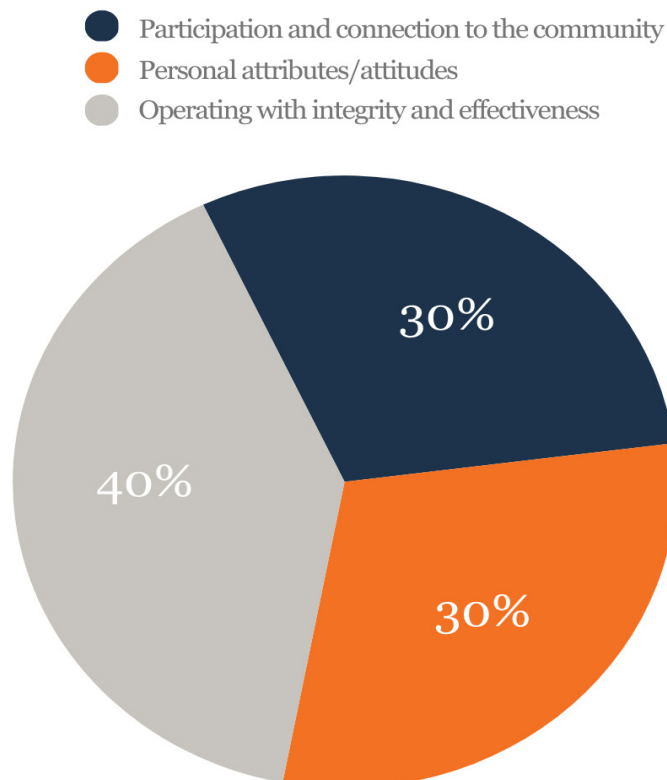
1. Personal attributes and attitudes – represented by the Blue words.
2. Being effective and operating with integrity – represented by the Dark Grey words.
3. Participation and connection to the community – represented by the Orange words.

As illustrated in diagram 5 below, of the three categories, operating with integrity and effectiveness is mentioned the most, with the other two categories highlighted equally often. There were some small differences between participants. Children and young people were more likely to highlight participation and connection to the community and parents and caregivers were more likely to focus on being effective and operating with integrity.

Diagram 4: What makes a good social worker?



Diagram 5: Responses to questions on what makes a good social worker by category



The characteristics of a good social worker valued by participants are listed below under each of these three categories. This is done in order of the number of times each characteristic was highlighted during the consultations.

Being effective and operating with integrity

- **Helpful and takes action:** Participants wanted social workers who are effective and take actions that actually improve their lives.

"Whenever I ask anything [a good social worker] does it for me immediately, regardless of how busy they are, they respond immediately if I mention a problem they tell me how to address it." (Girl reintegrated from a CCI)

- **Does not harm us:** Participants said that a good social worker would not shout at, scold or beat children.

"They will not hurt us." (Boy reintegrated from a CCI).

When asked what kind of behaviour by a social worker is ineffective and unhelpful, the participants said it happens:

"[When] the social worker scolds the children." (Parent of children in a CCI)

"[When social workers] will hurt us emotionally." (Young adult care leaver reintegrated from a CCI)

- **Treats people equally and fairly:** Participants want social workers that treat children fairly and equally and do not make comparisons between children.

"Social workers think my son is bad so he will spoil other children, so they did not allow my child to get admission into a CCI." (Mother of child reintegrated from a CCI)

"No children should be left out." (Young adult care leaver reintegrated from a CCI)

"The good social worker will never show partiality." (Young adult care leaver reintegrated from a CCI)

- **Respects privacy and confidentially:** Participants said that social workers should not share the information that they share with them.

"When I share something with them, I should feel confident that they would not share it with others." (Girl reintegrated from a CCI)

- **Has strong morals:** Participants want social workers that are motivated by a desire to help others, are guided by strong morals, and can also teach children right from wrong.

"They are role models for us and our children." (Mother of a child reintegrated from a CCI)

"Good social workers guide children in good paths." (Boy reintegrated from a CCI)

"They will teach us good things and lead us to a good life." (Girl reintegrated from a CCI)

Personal attributes and attitudes

- **Calm and polite:** Participants want social workers to be polite, to not get angry and scold the child or their family. Children spoke to the embarrassment of watching their families being criticised by social workers in front of them. Children also said that they were afraid to approach social workers who were rude or aggressive.

"[Sometimes the] social worker will scold our families in front of us, at that time we feel very bad." (Boy reintegrated from a CCI)

"[A] good social worker talks to us and to our family nicely whenever we meet." (Child in a CCI)

- **Shows kindness, empathy and caring:** Participants want social workers who are kind, empathetic, and considerate of their feelings. Some spoke of the need for social workers to treat them in the same way as they would a member of their own family.

"A good social worker consoles the children when they are sad or in difficulties." (Boy reintegrated from a CCI)

"The good social workers will consider our family as theirs." (Young adult care leaver reintegrated from a CCI)

- **Cheerful and friendly:** Participants want social workers who are always pleased to see them and friendly.

"Good social workers are always in a happy mood." (Child in a CCI)

- **Offers encouragement:** Participants spoke of the importance of social workers giving children the belief that they can achieve their goals and motivating them to have higher aspirations and study harder.

"[A good social worker] encourages us to do our best." (Girl reintegrated from a CCI)

"A good social worker always motivates the children." (Boy reintegrated a CCI)

- **Forgives mistakes:** Children did not want social workers to constantly remind them of errors they had made.

"If I committed any mistake, I should not be reminded of it again and again" (Girl in a CCI)

"[Sometimes] social workers make us feel bad about what we have done. We might have done something wrong, the social worker will keep on repeating the same for a long time." (Child in a CCI)

Participation and connection to the community

- **Listens to us:** This issue was mainly highlighted by children and young adult care leavers. They wanted social workers that listen carefully and patiently, and trust and believe what they are being told. Children and young adults felt they should be allowed a say in decisions about their lives and that social workers must know how to communicate effectively with children.

"[A good social worker] should not force me to choose any course." (Girl in a CCI)

When asked what kind of behaviour is unhelpful, they said it is when:

"[The social worker] will seem to be listening but they are not." (Boy reintegrated from a CCI)

"What we expect social workers to do is listen to many children's needs, they have to remember all these needs and support the children, they should not forget anything." (Young adult reintegrated from a CCI)

- **Available and comes to us:** Participants requested regular visits from social workers who are willing to come into their communities and homes. They want social workers who are readily available to provide support.

"A good social worker will often visit our families." (Young adult reintegrated from a CCI)

- **Understands us and our community:** Participants spoke of the importance of social workers taking time to understand the situation before taking action.

"[A good social worker] spends time to know our challenges and tries to give suggestions." (Girl in a CCI)

"They will understand our feelings." (Girl in a CCI)

Conclusion and recommendations

Summary of findings

The care experienced individuals consulted for this project primarily want social workers who can offer support in four key areas:

- Help with education
- Guidance in areas such as helping children protect themselves from harm, dealing with addiction, building social skills, family relationships including after reintegration, moral guidance and parenting.
- Material, financial and livelihoods support.
- Emotional support to stay calm, and deal with distress.

Participants were less likely to reference some of the common roles ascribed to social workers, such as assessing risk or responding to child abuse through case plans or interventions.

Many participants had a positive perception of CCI and wanted social workers to support children to enter these facilities. This perception was linked to the high value ascribed to education and a belief that CCI could improve educational opportunities. Some participants also came from impoverished families and felt that CCI would help provide basic material needs for their children. This reliance on CCI to meet these needs reflects deeper systemic issues, including the lack of access to community-based quality education and support for families as alternatives to CCI, an area that requires further research and action.

The findings suggest that for social workers to effectively prevent family separation, they must help families find other ways to achieve their goals whilst children remain in family care. As well as supporting education and poverty reduction, social workers may need to be involved in addressing other root causes of family separation. This may include assisting especially vulnerable families, such as single parent and stepparent households. Social workers must also do more to help families and the wider community understand the harm that is caused by family separation and institutionalisation of children, especially young children.

When children are placed into CCI, there is a clear role for social workers in providing emotional support, life-skills training, help rebuilding relationships, and assistance with reintegration back into families and communities.

Participants made it clear that they want and need social workers with a combination of the right personal attributes and attitudes, the ability to take action and operate with integrity, and a willingness to consult and connect with them. According to those with care experience, social workers should be helpful and take action to improve their lives. They must not harm children emotionally or physically. They must treat people equally and fairly, and respect privacy and confidentiality. Social workers should have a strong moral compass that guides their actions. They must be empathetic, kind, polite, cheerful and calm. They should offer encouragement and forgive mistakes. Social workers should listen to the perspectives of care experienced individuals and take them seriously. They should be easy to contact and willing and able to visit families and communities, and make an effort to understand the needs of children, young adult care leavers and caregivers.

It is clear that social workers have often played a positive role in the lives of the care experienced individuals consulted for this project. However, social workers are not meeting the expectations of some participants. Participants wanted more support across most of the areas of assistance they prioritise. They also cited examples of social workers not listening carefully to their needs, and not taking sufficient action to assist them.

Recommendations and next steps

Further analysis and discussion are now required to develop more concrete recommendations for social work recruitment, training, standards, case management guidance, support, assessment and monitoring in India. This analysis should centre on the following.

1. **Review the roles of social workers within government and NGOs in India to ensure that they reflect the priorities of care experienced individuals. This includes:**
 - Reflecting carefully on the role that social workers should play in providing educational supports and social protection, and ensuring that social workers can, at the very least, provide referrals to these services.

- Considering the forms of guidance and emotional support that social workers need to provide, and ensuring that they have the necessary information and skills.
 - Assess and analyse the preventive measures implemented by social workers to enhance the effectiveness of first response actions.
2. **Recognise the vital role that social workers play in care reform. Find ways to ensure that:**
 - There are sufficient social workers located or accessible in communities to prevent family separation and support reintegration, and that these social workers understand the needs of vulnerable children and their families.
 - Social workers in CCLs understand and can meet the needs of the children in their care and their families.
 - Social work support is provided for care leavers in ways that reflect their priorities.
 - Social workers can help challenge largely positive perceptions of CCLs in communities.
 3. **Consider the recruitment of social workers, and whether selection processes assess and value the skills and attributes prioritised by care experienced individuals, such as kindness, empathy, calmness, friendliness, honesty, integrity and the capacity to listen to and respect the perspectives of those with care experience, as much as the more conventional job requirements such as educational qualifications. Aim to use recruitment processes to ensure that the candidates selected are those willing to treat people equally and fairly, and motivated primarily by a genuine desire to help vulnerable individuals, families and groups rather than only by considerations such as salary, job security or status.**
 4. **Review and enhance academic, government and NGO training frameworks for social workers to ensure that they enhance not only professional knowledge but also the practical skills and personal and professional attributes prioritised by care experienced individuals.**
 5. **Examine professional standards for social workers to ensure they address issues such as the importance of confidentiality, and avoiding emotional harm. Explore how these standards are enforced and the extent to which care experienced individuals have opportunities to make complaints against social workers.**
 6. **Align performance management and appraisal systems, and if possible, rewards for performance, with the attributes and standards highlighted by care experienced individuals as most needed and valued in social workers.**
 7. **Find ways to instil in social worker education and training the importance of child participation and listening to and learning from both care leavers and caregivers . For example:**
 - Develop and include modules that share the voices of care experienced individuals from CCLs and communities in social work training, using the tools developed through this project.
 - Encourage social worker curriculum developers to include research assignments with a focus on child participation and consulting care experienced individuals and families, and mark assignments on the extent to which robust 'lived experience' evidence is consulted and cited alongside other forms of social work research.
 - Highlight the rights of children and care leavers to participate in decisions and processes which affect them, including in case management procedures and decision-making.

ing processes around care placements, as well as in the development, monitoring, evaluation and improvement of services.

- Support care leavers associations and networks at national and state level, to help them collect and share lived experience evidence and key messages, and disseminate them in ways that can influence national and state policy, standards and performance indicators.
- Support the children's groups and care leaver collectives at community level, and help them gather and share their voices and experiences to influence state, district and local level practice standards and performance indicators.

8. Future projects of a similar nature should be planned with careful consideration to ensure equal representation of children. Efforts should be made to achieve a balanced participation of children in alternative care settings, including those in foster care..

Miracle Foundation presented finding to the government of Tamil Nadu who proposed two further recommendations emerging from this project.

- All tools and collaterals developed should be translated to local language for better reach.
- Expand the scope of similar projects to include government-run CCIs, enabling a deeper understanding of the experiences of children in care. Incorporate elements to strengthen project insights (the government specifically mentioned home study reports, Child Welfare Committee reviews, and sponsorship eligibility assessments)..

Annexe 1: Glossary of key terms used in this document

Alternative family care is the care for children outside of their parental care that includes foster care, adoption, kinship, guardianship or kafala.

Caregiver is a parent or other family member who is charged with the responsibility for a child's welfare.

Care experienced individuals Children in families vulnerable to separation, children already separated from their families and in alternative care (residential care, kinship care, foster care), children reintegrated from residential care and their families and young people who have grown up in alternative care and are now living in the community, or who are preparing for this transition.

Care leaver is anyone who spent time in care as a child or young adult. Such care could be in foster care, institutional care (mainly children's homes), or other arrangements outside the immediate or extended family.

Care reform Improvements to the legal and policy framework, structures and resources that prevent family separation, support families to care for children well, determine and deliver alternative care and promote reintegration.⁸

Child Care Institution, In India, The Child Care Institutions as envisaged under the Juvenile Justice (Care and Protection of Children) Act, 2015, empowers the State Government either by itself or in collaboration with voluntary organizations to set up homes in every district or group of districts for the reception and residential care of Children in need of Care and Protection (CNCP) and Children in Conflict

8 UNICEF (2021) Caring systems. Maximising synergies between care reform and child protection systems strengthening in Eastern and Southern Africa

with Law (CCL). These CCLs shall serve as a home away from home and provide comprehensive child care facilities to children for their all-round development till the children's social re-integration through non institutional care. They shall work towards enhancing the capabilities and skills of children and work with their families (in case Child has family) with the view of facilitating their reintegration and rehabilitation into mainstream society (As per Mission Vatsalya, page 21)

Child is any human being under the age of 18 years⁹.

Family includes relatives of a child, including both immediate family (mother, father, stepparents, siblings, grandparents) and extended family also referred to as relatives or 'kin' (aunts, uncles, cousins).

Foster Care /Foster Care Placement: Situations where children are placed by a competent authority in alternative care- the domestic environment of a family other than children's own family, that has been selected, qualified, approved and supervised for providing such care.¹⁰

In India, the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Model Rules framed this act accord priority to non-Institutional care in the rehabilitation and reintegration of children through Sponsorship, Foster Care, adoption and After Care in a family and community-based alternatives for care. Foster Care is the responsibility of the child is undertaken by an unrelated family for care protection and rehabilitation of the child. Financial support is provided to biologically unrelated Foster Parents for nurturing the child (As per Mission Vatsalya page 32)

Kinship Care is family-based care within a child's extended family or with close friends of the family who are known to the child. It is the care of a child by relatives, also called relative placement.¹¹

Life skills are the skills that are necessary to fully participate in everyday life.

Reintegration is the "process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life."¹²

Social workers- The social service workforce refers to a broad range of governmental and nongovernmental, paid or unpaid, professionals and paraprofessionals who work with vulnerable children, youth, adults, older persons, persons with disabilities, families and communities to ensure healthy development and well-being. The social service workforce focuses on preventative, responsive and promotive services; they prevent and respond to violence, abuse, exploitation, neglect and family separation.

The social service workforce constitutes a broad array of practitioners, researchers, managers and educators, including – but not limited to: social workers, social educators, social pedagogues, child care workers, youth workers, child and youth care workers, community development workers/community liaison officers, community workers, welfare officers, social/cultural animators and case managers.¹³

9 United Nations Convention on the Rights of the Child (1989) and African Charter on the Rights and Welfare of the Child (1990)

<https://cara.wcd.gov.in/pdf/Mission%20Vatsalya%20Guideline.pdf>

10 National Framework for Alternative Care, 2012

11 National Framework for Alternative Care, 2012

12 Better Care Network et al. 2013

13 Adapted from Global Social Service Workforce Alliance definition available here
<https://cara.wcd.gov.in/pdf/Mission%20Vatsalya%20Guideline.pdf>

