

# State Voices, Shared Goals: Family Strengthening at the National Family Summit 2025

Institutionalised Children Explorations  
and Beyond

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## Abstract

India is entering a promising new phase in its child protection journey. With growing recognition that children thrive in safe, nurturing families, policy reforms are aligning more closely with this vision. This shift calls for *collective action*—from governments, civil society organisations (CSOs), children and youth with lived experiences, communities and families—to ensure that children are not just placed in families, but are safe, supported and thriving within families. The National Family Summit 2025, anchored by Miracle Foundation India, brought together key stakeholders from government, civil society and philanthropic sectors to spotlight collaboration as the cornerstone of child protection reform in India. The summit highlighted how multi-level partnerships are turning policy intent into system-wide action. This article draws on insights from the summit and the preceding Leadership Dialogues, showcasing how collaboration is enabling family strengthening (FS) and family-based alternative care (F-BAC) across macro (national/state), mezzo (district) and micro (community/household) levels. A *central focus* of this article is on the *state-led presentations* that offered powerful case studies demonstrating how government–CSO partnerships have started the data-driven planning, and community engagement is improving reintegration outcomes, preventing unnecessary separation and building long-term family support systems. While challenges remain—such as fragmented coordination, complexities of transitioning care systems, lack of data and evidence, capacity gaps, systemic inconsistencies and emerging barriers in practice, the article outlines a roadmap for sustaining early progress, including institutionalising cross-sector collaboration, embedding inclusive practices and scaling peer learning.

## Keywords

Alternative care, case management, child protection, deinstitutionalisation, family strengthening, non-institutional care

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## Introduction

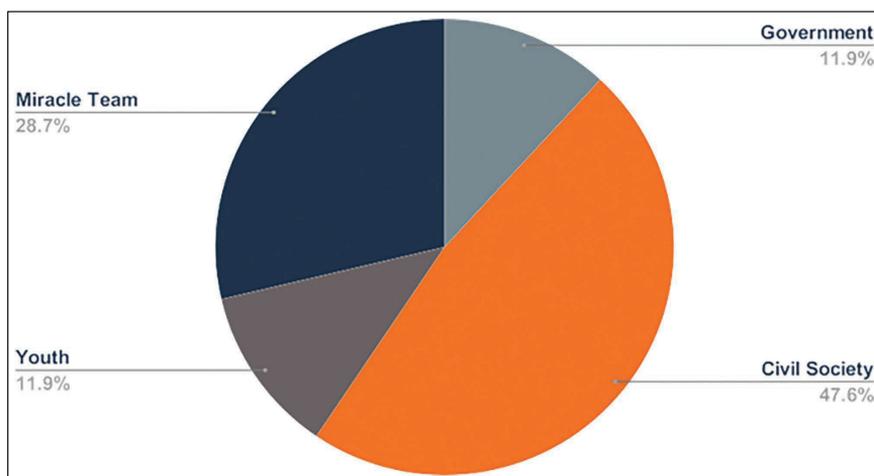
India is entering a promising new phase in its child protection journey. With growing recognition that children thrive in safe, nurturing families, policy reforms are aligning more closely with this vision. Referring to the Ministry of Women and Child Development (MWCD) data, the number of children in non-institutional care increased fourfold between 2021–2022 and 2023–2024 (Press Trust of India, 2024), which called for an urgent need for all stakeholders to ensure that children were safe and thriving in family environments. This shift calls for *collective action*—from governments, civil society organisations (CSOs), children and youth with lived experiences, communities and families—to ensure that children are not just placed in families, but are safe, supported and thriving within families.

While this expansion reflects a positive trajectory, it also presents risks associated with rapid reform and uneven implementation across states. The complexity of transitioning care systems demands critical attention to capacity gaps, lack of data and evidence, systemic inconsistencies and emerging barriers in practice. These challenges are deeply interrelated—rooted in social norms, institutional habits and fragmented service delivery—requiring not a linear fix but a fundamental mindset shift and sustained, collaborative action. This ripple effect across states—where progress in one district inspires others like a domino effect—demonstrates early momentum but also highlights the need for coordinated, consistent implementation to ensure long-term sustainability.

## Background

Miracle Foundation India built an inclusive platform called Leadership Dialogues in 2023, which served to amplify voices and field experiences in family strengthening (FS) and family-based alternative care (F-BAC); foster collaboration among government bodies, CSOs, experts and youth with lived experience, focusing on core themes over the last 1.5 years, such as ‘Prevention and gatekeeping at the level of the Child Welfare Committee’, ‘The role of local governance bodies in prevention’, ‘Diverse prevention practices at the local governance level’, ‘Demystifying family strengthening’ and ‘Family strengthening interventions and importance of linkages with the social protection schemes’.

The seeds of the ideas from the Leadership Dialogue were at the root of instituting the first National Family Summit by Miracle Foundation India in February 2025. The summit celebrated the early progress of care reform and emphasised *collaboration as the cornerstone*—showcasing how shared leadership and cross-sector partnerships were making FS and F-BAC a national priority. With impactful collaborations with the Martin James Foundation, UBS Optimus Foundation, India Alternative Care Network (IACN), Care Collectives of Miracle Foundation India, Neev Collective, Lal Family Foundation and The Miracle Foundation, the summit was successfully convened at the India Habitat Centre, New Delhi, on 13–14 February 2025. We also gratefully acknowledge the Martin James Foundation for their valuable technical contributions in shaping this article. Figure 1 shows the composition of participants at the National Family Summit 2025,



**Figure 1.** Total Number of Attendees in the National Family Summit.

**Source:** [https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report\\_2nd-April.pdf](https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report_2nd-April.pdf)

with the majority representation from civil society (47.6%), followed by Miracle Foundation India team members (28.7%), and equal representation from national & state government officials and youth participants (11.9% each). This diverse mix reflects the summit's multi-stakeholder approach to advancing care reform.

The National Family Summit 2025 was the first national platform focused squarely on state-led care reform. It brought together government, CSOs, philanthropists and practitioners to showcase both progress and persistent challenges in the shift to family-based care. By grounding discussions in real examples, the summit emphasised the need for strong cross-sector collaboration. While progress in some districts is influencing others, the message was clear: sustained impact depends on coordinated, consistent implementation. Future convenings must deepen this dialogue—bringing together government, CSOs, youth, corporate social responsibility (CSR) and philanthropic actors to tackle barriers and co-create practical, community-driven solutions.

## Objective

In the background of the Leadership Dialogues and the first National Family Summit, organised by Miracle Foundation India, the article explores how the vision of collective action is being realised through multi-level coordination across national, state, district and community systems. Drawing from case studies and promising practices across states, it highlights how collaboration is driving change at scale. As the Leadership Dialogues will continue to engage the key stakeholders in the child protection ecosystem, the article also outlines key out-comes and identifies the next steps needed to turn insight into lasting impact.

## A Systemic Approach to Collaboration

This section delves into the insights generated during the first National Family Summit on the successes of family strengthening efforts from the three-tiered system of collaboration.

### *Policy Formulation and Framework at Macro-Level (National and State)*

At the policy level, legal compliance, effective formulation, monitoring, alignment and budget allocation were crucial. The summit highlighted how the government, in collaboration with non-government organisations (NGOs), academia, CSRs, youth and children with lived experience, was advancing FS and F-BAC. The pathways for this were created through interdepartmental convergence, as outlined in the Mission Vatsalya framework, and included:

- Establishing monitoring and review committees
- Drafting state strategies and operational guidelines
- Activating social and child protection schemes
- Investing in capacity building of frontline actors
- Prioritising prevention, gatekeeping and vulnerability mapping
- Ensuring data protection and confidentiality
- Providing holistic support to families—education, basic needs, psychosocial care and service linkages
- Management information system (MIS) and progress tracking

The coordinated, multi-stakeholder approach was helping embed family-based care at the core of India's child protection system. Miracle Foundation India, as a technical partner, was actively supporting states like Tamil Nadu, Maharashtra, Madhya Pradesh, Jharkhand, Karnataka, Telangana, Gujarat, Bihar and Tripura in this journey—strengthening systems, building capacity and fostering collaboration to shift from institutional care to family-based alternatives.

*Exemplified through the work of Miracle Foundation India, UNICEF and Udayan Care.*

### *Operationalising Care Reform at Mezzo-Level (District)*

The districts were the execution hubs of child protection efforts—where policy met people. Key district actors such as the Child Welfare Committees (CWCs), District Child Protection Units (DCPUs), Juvenile Justice Boards (JJBs), Child Helpline teams and District Child Welfare and Protection Committees (DCWPCs) coordinated closely with NGOs, child care institutions (CCIs) and local governance bodies to deliver services on the ground. This collaboration triggered meaningful shifts in practice and outcomes.

- *Strengthening capacity and case management:*
  - Creation of Family-based Care Champions (FBC Champions/Master Trainers) as a trained resource pool for ongoing capacity-building.

- Enhanced case management systems to ensure consistent, child-centric planning, monitoring and follow-up.
- Identification and mentorship of CCIs to transition into family support centres, aligning with a preventive care model.
- *Service integration and access:*
  - Improved access to social protection and child welfare schemes for at-risk families.
  - Establishment of multidisciplinary teams to holistically support children and caregivers.
  - Development of resource directories to mobilise local support, funding and services.
  - Stronger referral linkages for children needing mental health and psychosocial support (MHPSS).
- *Community engagement and prevention:*
  - Deployment of trained local volunteers to monitor reintegrated children and support families.
  - Promotion of regular family visits, reducing institutional stays and maintaining connections.
  - Conducting vulnerability mapping to identify at-risk families early—leading to a shift in mindset from response to prevention.
- *Inclusive practices and listening platforms:*
  - Recruitment of foster families and strengthened aftercare and sponsorship support.
  - Creation of spaces to listen to children's voices, ensuring their views shape interventions and care plans.

Together, these activities were turning districts into proactive, child-friendly ecosystems focused not just on protection, but on long-term family resilience and inclusion.

*Exemplified through the work of Catalyst for Social Action, Changing the Way We Care/CRS, Foster Care Society, Miracle Foundation India, Prerana, SOS Children's Village and Udayan Care.*

#### *Equip Nodal Points Within the Child Protection System at Micro-Level (Youth Group, Community and Household)*

The formal (Child Protection Committees (CPCs), CWCs) and informal community-led (self-help groups (SHGs), allied) systems of gatekeeping had the potential to prevent the child from entering the child protection system. Effective gatekeeping required coordinated efforts across multisectoral community-based systems that children, families and communities regularly interacted with, including but not limited to schools, day care centres, healthcare units, local police and CPCs.

- *Strengthen child protection mechanisms through local governance:*
  - Mission Vatsalya guidelines envisaged the Panchayati Raj Institutions (PRIs) and Urban Local Bodies (ULBs) to ensure a synchronised eco-system for the welfare and protection of children.
  - The PRIs and ULBs will incorporate child welfare and protection functions into their existing committees.
  - With the issue of official notifications, the local bodies were tasked to establish Child Welfare and Protection Committees (CWPCs) at various levels—state, district, block and village panchayat—to oversee the implementation of child protection programmes.
  - Accordingly, provision was made for 5% of the united grant available with PRIs and ULBs, which was earmarked for women and child-related activities.

*Exemplified through the work of Association for Rural Uplift & National Allegiance (ARUNA) and Changing the Way We Care/CRS.*

- *Empower families and existing community-based safety nets:*
  - Regular mapping and assessment of families in distress by the state and identifying their vulnerabilities were key to family strengthening.
  - Understanding family strengthening as a comprehensive bouquet of services and its integration as an essential component in the continuum of care was essential.
  - Community-based child protection groups, children and youth with lived experiences, children's groups, local self-government bodies and other community stakeholders serve as strong conduits and proponents of family strengthening services.
  - Convergence of community mechanisms and stakeholders with child protection mechanisms at all levels enabled gatekeeping, referrals and linkages with services on a needs basis.

*Exemplified through the work of Child In Need Institute (CINI), Leher and Miracle Foundation India.*

## **Case Studies Presented by the State Governments**

A key highlight of the summit was the presentation by the state government departments, where they shared the achievements as well as the challenges faced. A unifying thread across all presentations was the emphasis on collaboration with civil society, communities and across departments. The following case studies reflect how this shared value was being translated into action across the states of Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Tamil Nadu and Telangana.

## Jharkhand: Advancing F-BAC Through Structured Partnerships and System Reform

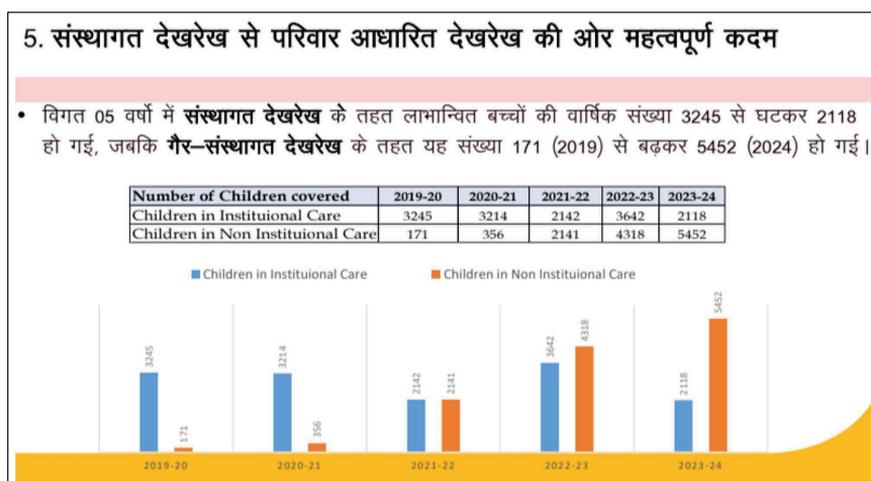
The state of Jharkhand made significant progress in embedding family-based care at the heart of its child protection strategy. Anchored in the Juvenile Justice (Care and Protection) Act, 2015, and guided by the State JJ Rules (2017), the state has steadily expanded through formulating guidelines and notification of sponsorship, foster care and aftercare under the Mission Vatsalya framework.

A defining feature of the state's approach was its strong collaboration across departments and with CSOs. These partnerships helped to mobilise community resources and drive effective reintegration.

The state has also operationalised Master Trainers as FBC Champions and introduced a *vulnerability scale* to proactively identify children at risk.

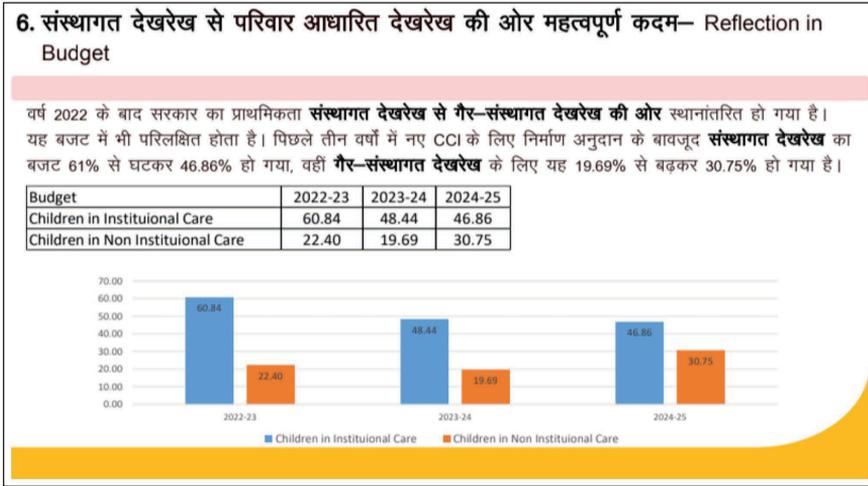
As shown in Figure 2, between 2019 and 2024, Jharkhand witnessed an increased number of children in *non-institutional care* from 171 to 5,452, while the institutional care population reduced from 3,245 to 2,118. In 2024 alone, 85 adoptions were finalised and over 6,000 children received sponsorship support—a testament to targeted investments and reforms. Figure 3 presents that the state has reallocated *budgetary focus* from institutional to non institutional care, reinforcing its commitment to family-first solutions. It highlights a notable budgetary shift in favor of non-institutional care in Jharkhand, with the allocation increasing from 22.40% in 2022–23 to 30.75% in 2024–25.

Despite progress, challenges remain—particularly in the identification and capacity building of foster families, forming CWPCs, developing a streamlined MIS for F-BAC and enhancing aftercare services. A significant systemic barrier is the lack of coordination



**Figure 2.** Number of Children Increasing in Non-institutional Care in Jharkhand.

Source: [https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report\\_2nd-April.pdf](https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report_2nd-April.pdf)



**Figure 3.** Increased Budget Towards Non-institutional Care in Jharkhand.

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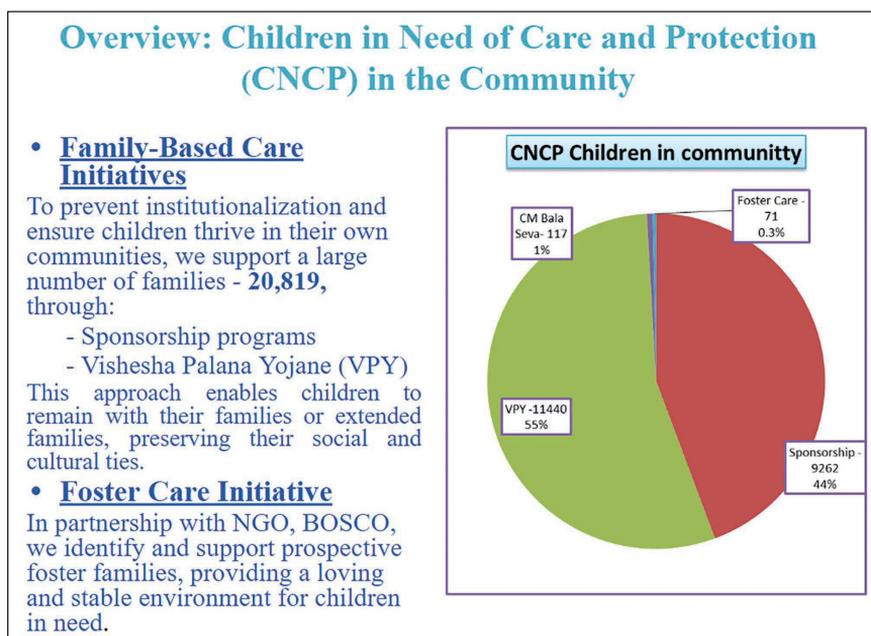
among CSOs, which often work in silos, leading to fragmented service delivery and missed opportunities for synergy. Additionally, there is a need to view care reform more holistically, ensuring that child protection is integrated with other key services such as education, health and social protection.

Looking ahead, Jharkhand aims to co-develop a *5-year strategy* in collaboration with CSOs and stakeholders—with a strong focus on prevention, gatekeeping and targeted capacity building to ensure every child grows up in a safe, supported family environment.

### *Karnataka: Building a Family-First System Through Government-NGO Partnerships*

Karnataka has embedded family strengthening and non-institutional care into its broader child protection architecture through strong inter-sectoral coordination. At the core is its Directorate for Child Protection, which collaborated with CSOs to deliver services such as foster care, sponsorship and family reintegration. As shown in Figure 4, through partnerships, the state supported over *20,000 children* to remain with their families using programmes like Vishesha Palana Yojane and sponsorship schemes. More than *7,400 children* were prevented from entering CCIs, and 728 orphan children received direct sponsorship. 71 children were placed in foster care, and adoption pathways were accelerated.

Karnataka also emphasises aftercare—with 298 care-leavers receiving tailored support, including vocational training, mentorship and financial assistance. The NGOs have built strong *care-leaver networks*, offering life skills, digital literacy and job-readiness training.



**Figure 4.** Family-based Care Initiatives in Karnataka.

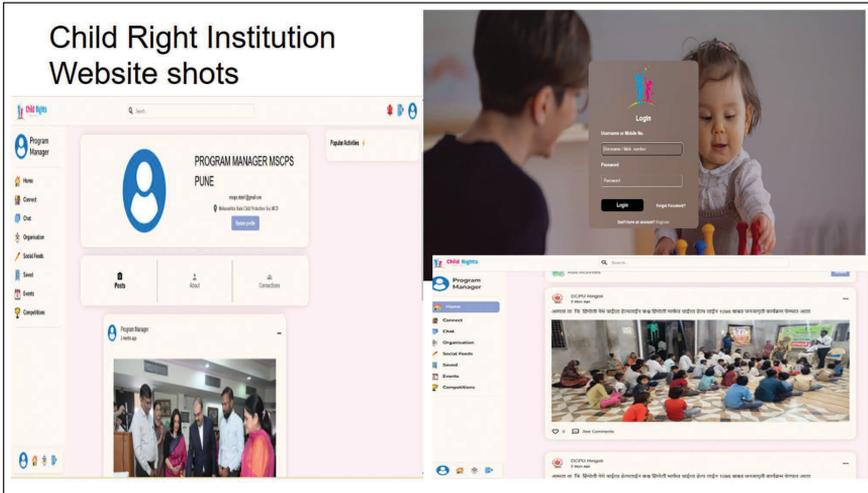
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The innovative *Vatsalya Vani radio programme* reflected the state's commitment to public engagement, raising awareness about child protection services. This collaborative model ensured that care was both *family-centred and community-sup-ported*, with a focus on prevention, reintegration and long-term well-being.

With the progress made, there are some challenges as well which need attention. Karnataka faces a significant challenge, receiving over 50,000 sponsorship applications, which highlights the overwhelming demand on the system. Older children face emotional difficulties in adoption and foster care, often due to past disruptions. Some families prefer older children for caregiving roles, raising concerns about placement intent. These issues underscore the need for strong case management and careful preparation of both children and families to ensure safe, child-focused care.

### *Maharashtra—Advancing Family Strengthening Through Collaboration and Community Activation*

The Department of Women and Child Development (WCD) of Maharashtra led a comprehensive shift towards family strengthening and F-BAC, rooted in collaboration and scalable community engagement. Through the *Bal Sangopan Scheme*,<sup>1</sup> the state supported over *130,000 children*, preventing unnecessary separation by enabling families to meet basic needs with monthly assistance. The success of this transition laid



**Figure 5.** Child Rights Institute Initiative in Maharashtra.

**Source:** [https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report\\_2nd-April.pdf](https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report_2nd-April.pdf)

in *multi-stakeholder collaboration*. Maharashtra partnered with almost 300 CSOs, local NGOs and community-based organisations to implement the scheme, each tasked with reaching at least 200 children. Over *33,000 children annually* benefited from sponsorships that helped them to remain with their families, while *aftercare services* reached youth transitioning out of institutional care.

Maharashtra was also *activating community child protection mechanisms* across districts like Pune, Nandurbar, Jalna, Mumbai Suburban and Gadchiroli. This included strengthening village- and ward-level CPCs, deploying community volunteers and working closely with line departments to identify and support vulnerable families.

In order to deepen impact alongside scale, the state introduced FBC Champions/ Master Trainers, responsible for facilitating *integrated case management*. These trained resource persons guided complex cases of children and ensured consistent, child-centred decision-making at the local level.

The creation of the *Child Rights Institute (CRI)* further institutionalised collaboration with all NGOs, CSRs, funders and other CSOs, enabling cross-sector knowledge exchange and shared accountability as illustrated in Figure 5. Maharashtra's model illustrates how *innovation and partnership*, when embedded in local systems, could deliver sustainable solutions for family care and protection at scale.

Another example of collaboration is *Transforming NEEV Collective*,<sup>2</sup> a collective impact programme in the state of Maharashtra supported by UBS Optimus Foundation as part of its Global Transform Collective. NEEV Collective aimed to demonstrate a systems change model of collective impact, engaging parents, communities, government, non-government child protection functionaries, CSOs and elected representatives at both the local and state levels, working together, determined to keep children within families or family-based environments by implementing and codifying interventions in prevention and F-BAC. The key partner organisations as part of the Collective included: DASRA,

Leher, Prerana, Sambodhi, UNICEF and Miracle Foundation India.

While several progressive initiatives have been undertaken under Mission Vatsalya and through state-level efforts to strengthen family-based care, with all the progress and initiatives, there are some challenges that need attention. Effective implementation of child protection laws—such as the JJ Act, POCSO Act<sup>3</sup> and others—requires stronger interdepartmental coordination among police, judiciary, health, education and labour departments. Additionally, the absence of a central policy on leave, medical benefits, recruitment and termination of contractual staff hampers consistent service delivery.

### *Madhya Pradesh: A Holistic, Government-led Model Rooted in Partnership*

In Madhya Pradesh, the Department of WCD took a *multi-scheme, multi-partner approach* to strengthen families and scale up family-based care. Through a robust portfolio—Atal Bal Mission, Sambal Yojana, Mission Vatsalya and more—the state offered layered support to vulnerable children and families.

The Department of WCD collaborated with NGOs and local systems to deliver sponsorships and aftercare, ensuring smooth transitions from CCIs. Real-life success stories—from care-leavers receiving army training to youth entering employment—highlighted the impact of this coordinated model. Over time, the state aligned its schemes with rehabilitation, including vocational training and psycho-social support. Table 1 summarizes the state-level progress in implementing family-based care. The number of sponsorship cases increased almost threefold from 9,473 in 2023–2024 to 25,733 in 2024–2025.

Importantly, the state of Madhya Pradesh developed a *vulnerability mapping* tool to identify at-risk families early—leading to a shift in mindset from response to prevention (Udayan Care, 2023).

The Department of WCD prioritised *training, cross-sector coordination and legal support*, ensuring children were protected across systems. This cohesive effort—driven by policy, backed by data and strengthened through partnerships—was laying a resilient foundation for child protection rooted in families, not institutions.

**Table 1.** Family-based Care Initiatives in Madhya Pradesh.

| S. No. | Name of Scheme                        | Achievements    |                 |
|--------|---------------------------------------|-----------------|-----------------|
|        |                                       | 2023–2024       | 2024–2025       |
| 1      | Sponsorship                           | 9,473           | 25,733          |
| 2      | Foster care                           | 126             | 150             |
| 3      | Mukhyamantri Bal Aashirwad Yojana     | 5,461           | 6,331           |
|        |                                       | 60 (after care) | 60 (after care) |
| 4      | Mukhyamantri COVID-19 Bal Seva Yojana | 1,435           | 1,225           |
| 5      | PM CARES for Children Scheme          | 433             | 435             |
| 6      | Child Helpline                        | 5,049           | 6,396           |

In order to overcome persistent challenges in child protection, the state was actively *seeking collaboration* with NGOs, community organisations and allied government departments. The state acknowledged that limited awareness and access to social protection schemes continued to hinder support for vulnerable families—especially those lacking legal documentation or knowledge of entitlements. In parallel, social stigma around institutionalised care for children and inadequate rehabilitation services for children with disabilities, HIV/AIDS or psychosocial issues created significant reintegration barriers.

For youth ageing out of CCI, gaps in housing, skilling and income stability persisted despite existing aftercare programmes. Recognising these gaps, the state’s roadmap prioritised strengthening family-based care models, expanding aftercare through vocational training and livelihood schemes, and activating community-based child protection systems, including Village Level Child Protection Committees (VLCPCs) and awareness drives. In order to make this vision actionable, Madhya Pradesh aimed to deepen multi-stakeholder coordination, bringing together CWCs, NGOs and local governance bodies to cocreate solutions that were not only systemic but also community-owned and child-centred.

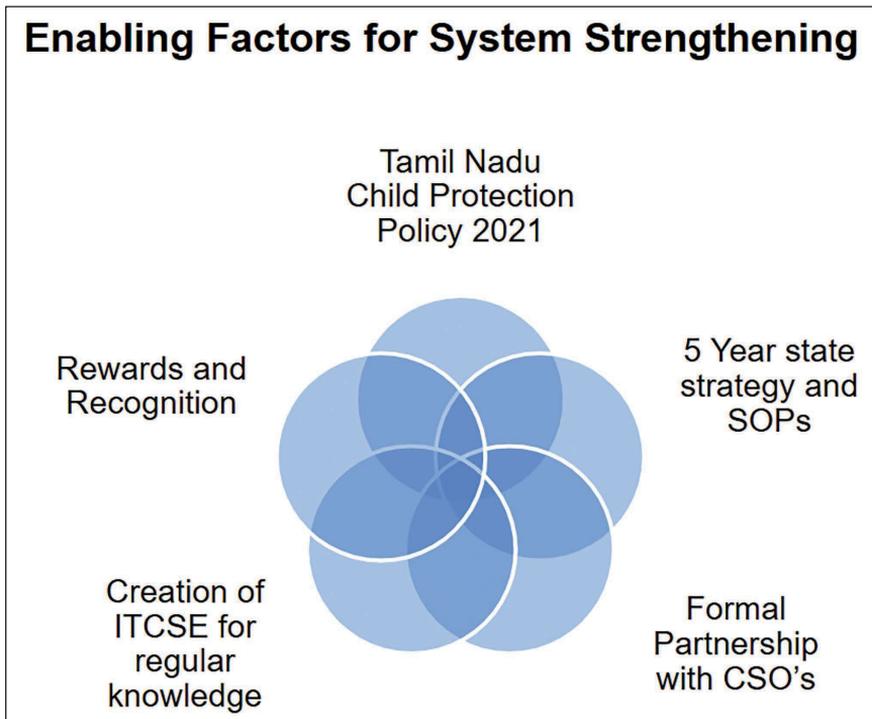
### *Tamil Nadu: From High CCI Numbers to Community-centred Care*

Tamil Nadu, home to the highest number of CCIs (27,009 children in 859 CCIs) in the country, was taking bold steps towards *community-centred family care*. Recognising the need for systemic reform, the Department of Children Welfare and Special Services (DCWSS) prioritised field-level implementation and cross-sector collaboration.

Figure 6 illustrates the enabling factors for system strengthening in Tamil Nadu. The state rolled out an integrated *5-year strategy* for FS & F-BAC, focusing on prevention and early identification. The Integrated Training Centre for Social Empowerment (ITCSE) was a great example of collaboration towards knowledge management.

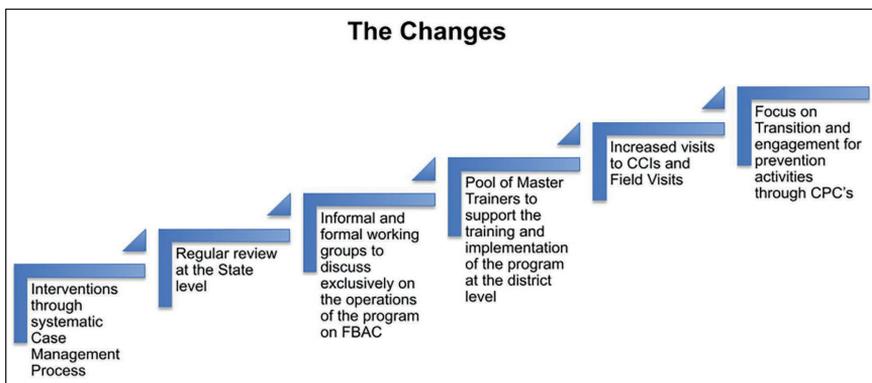
Figure 7 outlines how Tamil Nadu are translating policy into practice through multi-level coordination. The state was progressing towards enhancing case management, expanding foster care and streamlining sponsorship delivery. With a clear vision and collaborative mindset, Tamil Nadu was working to shift from volume-based institutional care to *quality-driven, family-based care solutions*, ensuring children grow up with the support, stability and protection they deserve.

In order to address the complex challenges of *deinstitutionalising children from NGO-run CCIs*, integrating children of migrant and dislocated families, and ensuring consistent *follow-up monitoring*, the state prioritised collaborative action. Recognising that these issues required coordinated support beyond individual departments, the government was looking to partner with NGOs, community-based organisations and local governance bodies to build stronger, field-based systems. The state’s forward plan included a sharper focus on *rehabilitative*



**Figure 6.** Enabling Factors in Tamil Nadu.

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**Figure 7.** Family-based Care Initiatives in Tamil Nadu.

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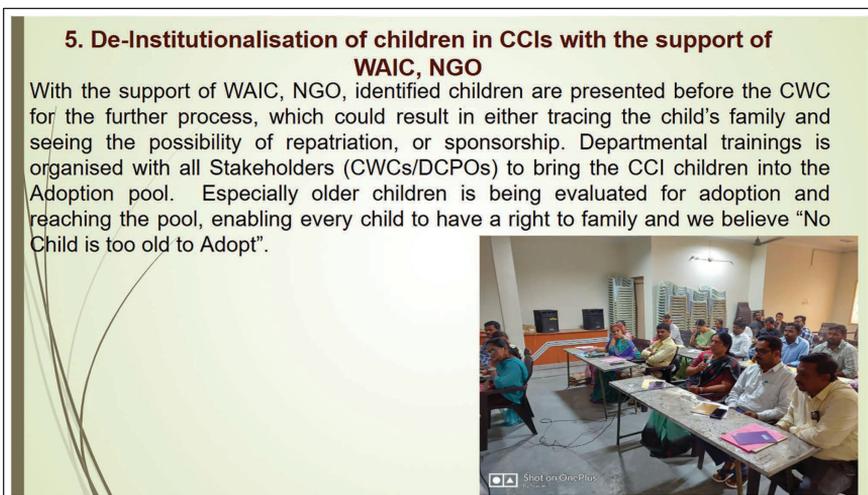
*sponsorship*—ensuring children remained with their families while receiving targeted support—and the *strengthening of Individual Care Plans (ICPs)* to tailor interventions towards each child's unique needs. In order to bridge follow-up gaps, there were plans to establish *facilitation centres* that would serve as local hubs for tracking and supporting children under non-institutional care. These efforts reflected a commitment to shared responsibility, where government agencies, CSOs and communities work together to ensure every child receives consistent care, post-placement support and a real chance to thrive within a family setting.

### *Telangana: Strengthening Systems Through Multilevel Collaboration*

Telangana's family strengthening model was characterised by structured collaboration with NGOs, district teams and mental health experts. The department of Women Development & Child Welfare (DWDCW), through partnerships, successfully accelerated *deinstitutionalisation and reintegration* efforts.

A major innovation was the establishment of *adoption help desks* and regular *orientation sessions for prospective adoptive parents*, making legal adoption more accessible. As shown in Figure 8, with support from Where Are India's Children (WAIC), children in CCIs were assessed and referred for repatriation or alternative care, expanding the adoption pool—especially for older children.

In 2024–2025, the state provided *sponsorship support to 7,287 children*, with impactful outcomes including school re-enrolment, medical support and psycho-social care. The DCPUs played a leading role in case tracking, while *Bal Rakshak vehicles* ensured quick rescue operations across all districts.



**Figure 8.** Family-based Care Initiative in Telangana.

**Source:** [https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report\\_2nd-April.pdf](https://miraclefoundationindia.in/wp-content/uploads/2025/04/National-Summit-Report_2nd-April.pdf)

The community structures, like VLCPCs, were active in child monitoring, supported by local volunteers. The *Child-Friendly Village initiative* in Karimnagar was a replicable model, highlighting the state's investment in grassroots engagement. Telangana's coordinated effort was creating a protective, responsive system—placing children in families and supporting them to thrive.

Telangana was working to address key challenges in its child protection landscape, particularly around illegal adoption practices and the *underrepresentation of CCI children in the legal adoption pool*. These issues highlighted the urgent need for systemic reform and stronger gatekeeping. In order to tackle this, the state planned to intensify awareness efforts on legal adoption, actively involving NGOs, adoption agencies and community networks for educating the public and promoting ethical, child-centred practices.

As part of its future roadmap, the aim was to *scale up its foster care programme*, creating alternative family-based care options for children who could not be adopted. A key focus would be on identifying and preparing more children from CCIs for adoption or foster placement, supported by cross-sector collaboration between CWCs, DCPUs, NGOs and line departments. By anchoring these efforts in partnerships and community engagement, the state was building a more transparent, accountable and responsive system—one that prioritised every child's right to a safe, permanent and nurturing family.

## Summative Reflection

The National Family Summit 2025 reinforced a central truth: *collaboration is not optional but essential* to building strong child protection systems rooted in family-based care. State government presentations demonstrated how multi-level partnerships—across government, civil society and communities—are advancing FS & F-BAC. Yet, persistent challenges remain: fragmented coordination, over-lapping mandates, weak data systems, limited local capacity and inconsistent engagement among stakeholders continue to hinder systemic progress.

This article reflects on how these insights must now translate into sustained, system-level action. States and stakeholders called for institutionalising cross-sector collaboration, embedding joint planning and accountability across government departments, youth with lived experience, NGOs, philanthropic actors, academia and community leaders. Such collaboration must also align with evolving legal frameworks like the Digital Personal Data Protection Act (DPDP), ensuring responsible data use. Strengthening coordination through tiered problem escalation and empowering local structures—such as CWPCs—is critical to effective service delivery and child safety. Efforts must prioritise community engagement, inclusive decision-making and the active involvement of children and families. Embedding intersectional perspectives—particularly around gender, disability, caste, tribal identity and rural–urban divides—is crucial to ensuring equitable access to care. Currently, these dimensions are often underexplored. For example, how do FS & F-BAC models address the specific needs of children with disabilities or marginalised communities? State-level innovations in these areas must be brought to the forefront.

The article also highlights the role of philanthropic actors such as the Martin James Foundation and UBS Optimus Foundation. These actors, with ties to profit-making sectors, can influence reform agendas with more transparency and accountability.

Ultimately, the goal is clear: to ensure children grow up in safe, supported and thriving families—with the family and community as the first and most sustain-able response to vulnerability. States have laid promising groundwork. The Leadership Dialogues that follow this summit are a key opportunity to turn early gains into lasting, system-wide standards—anchored in collaboration, inclusion and accountability.

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### Notes

1. The Bal Sangopan Scheme, launched by the Government of Maharashtra, is an F-BAC programme providing financial assistance to vulnerable families caring for children at risk of separation or currently in CCIs. Families receive a monthly stipend of ₹2,250 per child to support essential needs like education, nutrition and healthcare (Ministry of Women and Child Development, 2020).
2. <https://transformneevcollective.org>
3. Prevention of Children from Sexual Offences Act, 2012.

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