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Original Research Article

# Family strengthening approach towards ensuring reintegration of children restored back to their families from institutional care settings in India

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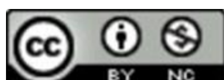
## Abstract:

India has well defined juvenile justice laws and policies which lay the overall framework to protect the rights of children, where institutionalisation is meant to be the last resort for children without parental care. Structured and systematic interventions are required to strengthen the families, empowering them to effectively nurture and care for their children.

This paper analyses a family-strengthening project, Families Together (FiT), an initiative of Udayan Care, an NGO headquartered in Delhi during Covid-19. It underscores the relevance of family strengthening approaches, by using a child-centric approach to safeguarding the best interests of children. The project follows a 3R framework, namely reach, reinforce, and reintegrate, and works along the lines of a circle of care approach, to strengthen families for retaining their children. Circle of care addresses eight different but inter-connected domains; namely livelihood, education and skilling, housing, physical health, psychosocial wellbeing, protection and safeguarding, social relationships, awareness, and access to legal entitlements. Through appropriate and systematic interventions, FiT ensures smooth reintegration of restored children into their families. In addition, by closely working with children and their families, the project also acts as a gatekeeping mechanism to prevent the possibility of re-separation.

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## Introduction

A safe family environment is the best place for children to grow to their fullest potential. But in India, 370,227 children are out of home and placed in childcare institutions (CCIs)[1] without parental care (MOSPI, 2018). A diverse set of conditions lead to the institutionalisation of children, such as parental death (death of one or both parents), health (health and disability issues impacting a parent's ability to care for the child), poverty (child's family lacking sufficient material resources and/ or being unable to provide for the child's material needs), abandonment (the parent leaving the child or family, relinquishing parental rights, and/or voluntarily placing a child in CCI) (Wilke et al., 2022).

There is research evidence indicating that exposure to long-term institutionalisation has negative impacts on children's neurological, physical, cognitive, and socio-emotional development (Duschinsky et al., 2020; Fluke et al., 2012). By realising the adverse impacts of institutionalisation, international legal and human rights activists and practitioners have started reiterating the importance of keeping children within their families, or placing them in alternative family-based care,

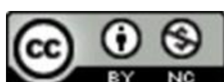
> recognising that the family has the primary responsibility for the nurturing and protection of children, in the best interests of the child, and that children, for the full and harmonious development of their personality, should grow up in a family environment and in an atmosphere of happiness, love and understanding (United Nations, 2019, p.9).

It has been universally recognised that many children in institutions, living without parental care, have families, including at least one parent alive and/or relatives, and in this regard encourages actions to achieve family reunification, and states have been given instructions to strengthen families and family-based care (United Nations, 2019).

As stated by UNICEF, 'No child should be placed in any alternative care setting simply because the family is poor or finds it difficult to access basic health services, social protection or education' (UNICEF, 2018). As mentioned in the Juvenile Justice (Care and Protection of Children) Act, 2015, the principle of repatriation and restoration states that

> [e]very child in the juvenile justice system shall have the right to be re-united with his family at the earliest and to be restored to the same socio-economic and cultural status that he was in, before coming under the purview of this Act, unless such restoration and repatriation is not in his best interest.

[1] In India, Child Care Institutions mean children homes, open shelter, observation home, special home, place of safety, Specialised Adoption Agency and a fit facility recognised under Juvenile Justice Act, 2015 for providing care and protection to the children in need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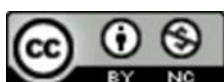
As a result, strengthening families, with a view to preventing the institutionalisation of children, found a role in child development policies and programmes across the globe. The below section of the paper explains the concept of family strengthening. In India, a Ministry of Women and Child Development study (2021) reports that 80% of the children living in the CCI have one or both parent living and 180,000 are children of unfit/incapacitated parents or guardians, which indicates that there are many families in the country who face difficulties in taking care of their children. The importance of family strengthening in India assumes great significance in this context. It is evident that the country needs systematic efforts to strengthen families and enable them to provide a safe and secure environment for the holistic development of the child, and the future of the nation.

## Poverty and family vulnerabilities

Poverty is the leading antecedent of institutionalisation of children. Much of the research evidence has highlighted the interconnection of poverty and institutionalisation (Bunkers et al., 2014; Rohta, 2020). Families become incapable of taking care of their children due to poverty, which pushes them to send their children to CCIs. Poverty also exacerbates other major reasons for institutionalisation, such as health and disability issues, gender discrimination, domestic violence and child abuse, and trafficking (Adjei et al., 2022).

Several studies have highlighted aspects of multidimensional poverty and socio-economic and regional inequalities that persist across the country. There are different viewpoints on understanding and defining poverty. In a generic view, poverty can be explained as a condition in which an individual or household lacks the financial resources to afford a basic minimum standard of living (Jain, 2016). India was ranked second in a recent UNDP (United Nations Development Programme) report (2015) on growth in income inequality globally, and 147th out of 157 countries in Oxfam's Report on commitment to reducing inequality (Oxfam, 2018). According to the Global Multi-dimensional Poverty Index 2021-22, the country ranks in 62nd position among 107 countries. The National Multi-dimensional Poverty Index published by NITI Aayog in 2021 indicates that 37.65% of the total population is deprived of nutrition, 45.6% are living in poor housing conditions, and 52% are without sanitation facilities (NITI Aayog, 2021). About 26 to 37 million households reside in congested informal housing, where they lack access to basic utilities and are frequently in danger of being evicted or having their homes demolished due to a lack of property rights (Jain, 2016). Additionally, estimates based on the 2017-18 Labour Force Survey of India, indicate that 90% of the country's workforce are in the informal labour sector with low income, lack of job security, inadequate social security regulations, low or poor standard of living, etc.



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These socio-economic conditions make children in India the most vulnerable part of the population. Lack of sufficient nutritional food, and limited access to quality education and healthcare affect the holistic development of the child. UNICEF (2022) reports that 6.1 million children aged 6-13 years are out of school, and millions of children complete primary schooling without achieving foundational numeracy and literacy skills. The neonatal mortality rate is also high in the country which contributes to 58% of under-five deaths. Adolescent girls in India experience multiple layers of vulnerability, based on sex, age, caste, socio-economic status, and geography. These include poor nutritional status (40% are anaemic), early marriage (27%), and early childbearing (8%), as well as issues related to reproductive health and empowerment.

However, it should be noted that in India, the state has acknowledged the crucial role of the family environment in the holistic development of the child. This recognition is reflected in its child protection laws and policies that prioritise families as the primary caregivers for children. The National Policy for Children (2013) recognises that children have the right to be raised in a family environment as it is beneficial for their growth. The Juvenile Justice Act, enacted in 2015, clearly states that institutionalisation should be the last resort for children without parental care. Similarly, The Juvenile Justice (Care & Protection of Children) Amendment Act, 2021 recognises the process of rehabilitation and social integration of children in the family or family-like care. In 2022, the Ministry of Women and Child Development (MWCD) launched and implemented 'Mission Vatsalya', an umbrella scheme that provides a roadmap to achieve development and child protection priorities aligned with the sustainable development goals (SDGs). Mission Vatsalya also promotes family-based, non-institutional care of children in difficult circumstances, based on the principle of institutionalisation of children as a measure of last resort. Despite these strong laws and policies, ensuring family care for every child has always been a challenge in the country due to multi-dimensional poverty, lack of family-based alternative care systems, and insufficient family strengthening mechanisms, which make institutional care a default placement option for children in need of care and protection.

## Family strengthening: Significance

The fundamental premise of family strengthening is that for the holistic development of a child, family is the first resort, and biological parents are primarily responsible for providing the nurturing safe environment necessary for the child's care, development, and overall wellbeing. But there are times when families are not able to perform their parental roles due to their socio-economic and psychological vulnerabilities. Families in psychosocial risk situations tend to live in more precarious residential areas, to lack of social support, and to require external support to deal with insufficient economic resources. All these aspects are associated with family dysfunctionality and parental stress, which increase

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the risk of domestic violence and child abuse. Evidently, these can lead to the separation of children from their families, and subsequent placement in institutional care (Duschinsky et al., 2020). The reliance on institutionalisation as an alternative for childcare overlooks the above-mentioned issues of families, and since these go unaddressed families remain unfit or incapacitated with respect to taking care of their children. Therefore, in order to prevent the placement of children from dysfunctional families in CCIs, strengthening of families is imperative.

Family strengthening services can be described as a set of public services that aim to create a nurturing family environment by enhancing the psychosocial wellbeing of families for the constructive and healthy development of the child (Willi et al., 2020). The overall target of family strengthening is to improve the resilience of families by strengthening their parenting skills and equipping them to take care of their children, to strengthen the bond between the child and the entire family. It is a preventative approach that addresses the causes leading to the institutionalisation of children by providing interventions that enhance the safety and wellbeing of both child and family. In general, family strengthening interventions comprise of health and nutrition programmes, education programmes, psychosocial support, and household economic strengthening programmes.

India has a considerable body of both legal and policy guidelines confirming the importance of the family environment in child protection and providing practical measures to strengthen families. Across the country, there are many existing family strengthening practices at different levels implemented with the support of state and civil society organisations. Capacity building of the different stakeholders of the child protection system is also part of the family support programmes. Insufficient human and financial resources, the limited understanding of the workforce surrounding the significance of family strengthening and family-based care, preference for rehabilitation over prevention in child protection, etc. act as barriers to family strengthening practices (IACN, 2022a).

## The genesis of the project Families Together (FiT)

The sudden outbreak of the COVID-19 pandemic led to a global crisis. It severely impacted the healthcare system and decelerated the global economy. In India, during this period, to curb the spreading of COVID the Supreme Court of India issued a directive to send children living in CCIs back to their families in order to prevent the spread of the virus among children, as they stayed in CCIs with little or inadequate provisioning for quarantine. But the pandemic also pushed many families to the brink of crisis, with loss of livelihoods, increased poverty, lack of nutrition, mental health issues, loss of jobs, children dropping out of schools, etc. The government mandated rapid restoration of the children from CCIs without any financial and counselling support, thereby exacerbating the plights

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of already suffering families as they had the additional burden of taking care of the children who were restored to them.

During this unprecedented situation, Udayan Care initiated a family strengthening project, namely Families Together (FiT), in 2021, with an aim to ensure the effective reintegration of restored children post-restoration, and to ensure the prevention of re-separation of the child from its family, which is an essential principle of family strengthening. The project has been designed by recognising that restoration, rehabilitation, and reintegration of already separated children back into their families and communities requires a significant push and systematic working, in terms of constant follow-ups, linking the families to welfare schemes, providing support in other domains including education and skilling, psychosocial wellbeing through counselling, identity documents, and healthcare through camps and other assistance. This pilot project was implemented among 54 children and their families in New Delhi, the capital state of India. The project envisages enabling all children to remain in families as the best place to thrive for healthy development.

## Project objectives

The project is guided by the following objectives.

1. Effective reintegration post-restoration to ensure appropriate follow-up with the children and their families to prevent relapses.
2. To support the families with counselling, employment, entrepreneurial ventures, and linkages to social welfare schemes for family strengthening, so that the family is enabled to care for and protect their children rather than institutionalising them.
3. To establish a demonstrable and scalable model of strengthening to support families whose children have been sent back to them from children's homes in Delhi, as well as to support the rest of the children.

## The 3 Rs framework for reintegration (reach-reinforce-reintegrate)

The project developed an evidence-backed 3Rs framework, reach – reinforce – reintegrate (See Figure 1), to map the success of reintegration interventions and to prevent the re-separation of children.

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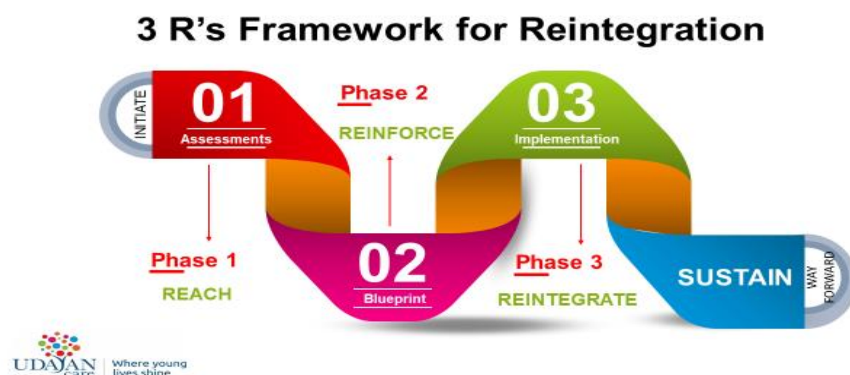
**Figure 1: 3Rs Framework for Reintegration**



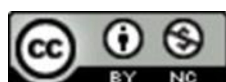

A detailed analysis of each of the phases and the project interventions and activities during each phase is set out below.

## Phase 1: Reach

The first phase of the project, reach, involved identifying the beneficiaries of the restored children in Delhi and reaching out to them. Details of the restored children, from one district in Delhi, were collected from government records, and efforts were made to contact them through phone calls, home visits, and follow-ups. In the year 2021-22, the project reached out to 280 children who were restored to their families during the pandemic. The project primarily focused on children who had experienced long-term institutionalisation. Children who were temporarily placed in CCIs due to situations such as being lost, found, and later reunited with their families within a few days or months were excluded from the list of beneficiaries to be supported. As a result, 160 out of 280 children were not chosen as beneficiaries of the project because they were institutionalised for a short period of less than one year. The project specifically tried to reach out to children who had resided in CCIs for more than one year, up to 10 years, which accounted for 120 children. However, out of these 120 children, 66 could not be reached as they had migrated to different parts of the country. As a result, 54 children were on-boarded for the project.

After getting informed consent from each child and family, a needs assessment and baseline study (NABS) was conducted to explore their status and identify the existing gaps with respect to the successful restoration of children. Details of each child and family have been recorded in separate Excel sheets for future reference as well. Analysis of the NABS provided substantiated evidence that informed the project to proceed as it highlighted the vulnerabilities of the families which required structured interventions to strengthen them.

The findings of NABS indicated that poverty was the leading antecedent for institutionalisation of the children. More than half of the children (66%) were institutionalised due to financial constraints or poverty in their families. NABS has further explored the income level of the families and found that more than



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half of the families (54%) have a monthly income of only Rs. 2,000-5,000 ($ 24.24-$ 60.59). As per NABS, 12% of the children were placed in CCI as their families were not able to meet their basic needs. Similarly, single parents were also facing difficulties in taking care of their children and most of the single mothers shared that they faced domestic violence, desertion, alcoholism, non-cooperation, death of spouse, poverty, substance abuse, insecure living conditions etc. which forced them to send their children to CCI, with 12% of the children were institutionalised for such reasons.

In addition, NABS also identified that more than half of the families (66%) had not registered with any kind of government welfare scheme or programme. The primary caregivers also shared the personal challenges they faced in taking care of their children, which included health issues, job insecurity, psychosocial problems, conflictual relationships in the family, poor social relationships, and issues related to safety and security.

The above-mentioned analysis concluded that though the government mandate restoration helped the children to reunite with their families, the unresolved vulnerabilities of the families made the protection of children challenging. Through NABS, the project identified the needs of the families, such as providing opportunities and accessibility to employment, entrepreneurship, and linkages to various welfare schemes which will help in the empowerment of the entire family, and thereby prevent the separation of the children at the primary level and encourage their reintegration with the families at the secondary level. In addition, based on the needs assessment, the families were classified into three categories: i) High touch - at high risk and need close support and guidance; ii) Medium touch - becoming self-sufficient but still need direct support and iii) Low touch - ready to move out of direct support, but need handholding support, and ready to start giving back. During the initial phase of the project, all the families were at high risk and required close support and guidance, thereby falling under the category of high touch. Following the needs assessment, the project followed the preparation of individual care plans for restored children by giving special attention to the psychosocial wellbeing of the child and caregivers, linking families to available resources and welfare schemes, and so on.

### Phase 2: Reinforce

During the second phase of the project, reinforce, the 'circle of care' approach (See Figure 2) was developed based on a review of literature related to family strengthening practices and the identified needs of the families through NABS. This systematic approach consists of eight distinct and interconnected domains: livelihood and placement, education and skilling, housing, protection and safety, psychosocial wellbeing, social relationship, and awareness of, and access to, entitlements. All these domains represent critical and essential components for child development and family strengthening.

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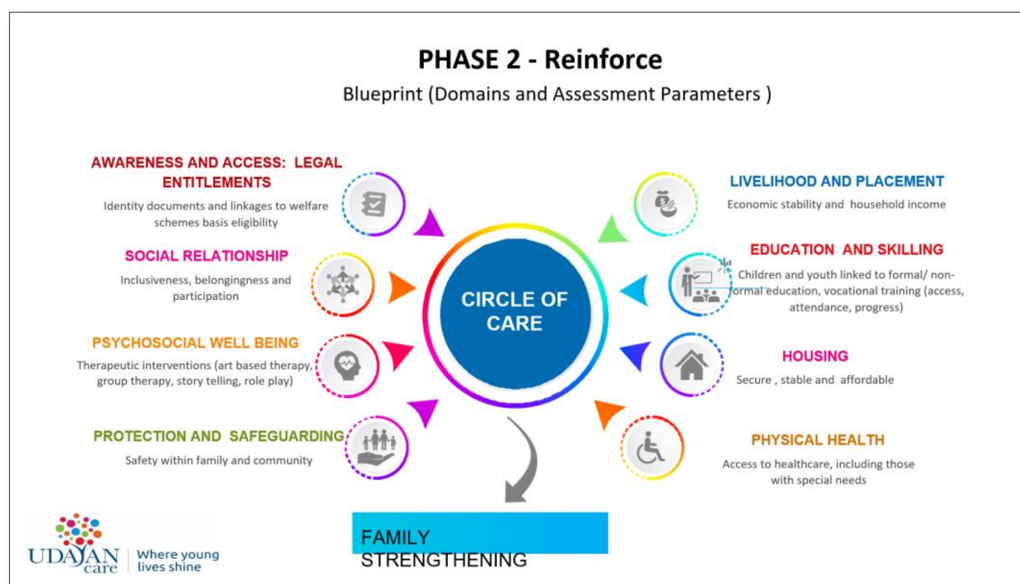
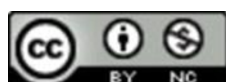
**Figure 2: Circle of Care Approach**




The following section provide details on the domains of circle of care and the interventions under each domain. It is important to note that the project has been ongoing, with one year of intervention completed, and is currently in its second year at the time of writing this article. Therefore project interventions are still in progress and the outcomes for those interventions are yet to be achieved.

**Domain1 - Livelihood and placement:** This domain measures the caregiver's ability to look after the child’s basic needs. The gross income should be enough to take care of the needs of all the family members. The domain also explores the family’s ability to pay their bills on time, make regular savings and meet emergency expenses. The assets and liabilities of the family are evaluated. The current financial condition of the family and the scope to improve this condition is also assessed. Intervention: The project identified and had been engaging with ten families, assisting them in accessing microfinance to initiate their own entrepreneurial ventures. During this process, one of the caregivers shared a preliminary budget and a demand sheet outlining their requirements to expand their existing enterprise.

**Domain 2 - Education and skilling:** This domain encompasses the child’s access to education, which is the foremost component of a child’s development. The skill development of the young people is also addressed under this domain so that young members of families will become equipped with sufficient vocational skills to improve the financial situation of their families. Intervention: Most of the restored children under the project had dropped out of school due to the long distance between home and school and the shutting down of schools.



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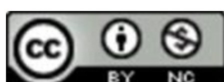
Therefore, special focus has been given to re-enrolling them in government schools near their communities. The project is providing educational support to 54 children, and 15 youngsters are enrolled in different skills development courses.

**Domain 3 - Housing:** This domain assesses the stability and safety of the shelter the family is living in. Availability of electricity, running water, toilets, and other basic civic amenities are also evaluated. The adequacy of the shelter to house all members of the family is also noted. Intervention: The project identified ten families who live in poor housing conditions with inadequate civic amenities and facilitated them to apply for Pradhan Mantri Awas Yojana, a centrally sponsored housing scheme to ensure safe housing conditions.

**Domain 4 - Physical health:** This domain encompasses details relating to the health of the child/family members. Health is measured in terms of nutrition, development, growth, and access to health care. The domain also measures the level of accessibility of disability services for children/family members with intellectual or physical disabilities. Intervention: A total of 22 families received healthcare support under the project, including 10 primary caregivers and six children being linked with medical camps for medical check-ups and medicine, and two children being registered for a full medical check-up and intelligence quotient (IQ) test.

**Domain 5 - Protection and safeguarding:** This domain measures the safety of the child within the family and the wider community. It also encompasses the exposure of the child to violence and abuse. The child's exposure to alcohol and drug use in the family and the community is also covered. Intervention: The project has identified 10 children and their families who are in vulnerable situations and require protection and safeguarding from substance abuse and exploitation. In response to their needs, the project has taken proactive measures by reporting the concerns of the children and families to child protection functionaries such as child welfare committees (CWCs) and district child protection units (DCPUs) to seek support and guidance and implement improved intervention strategies. Furthermore, the project is conducting monthly visits to the families and communities in collaboration with child protection functionaries to provide effective support to these children and their families. The project is also actively raising awareness by observing National Child Day, World Social Justice Day, etc. and children have been informed about helpline numbers for emergency assistance.

**Domain 6 - Psychosocial wellbeing:** This domain encompasses the psychological and emotional wellbeing of both child and family. It addresses their capacity to cope with the stresses of life, realise their abilities, learn and work well, and contribute to their community. Intervention: The children involved in



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the project experienced a difficult time due to their transition from CCI to their families. This change had an impact on their psychosocial health and relationships in the family, reflecting the need for psychological support. Most of the children had difficulty integrating with their caregivers and into the community. During the initial period, most of them were reluctant to communicate and had difficulty making eye contact. The need for motivation and positive emotional support was observed among all. Therefore, a mental health assessment was conducted with 54 children to understand their mental health needs and concerns. To address the mental health needs of the children, intervention sessions were conducted, including counselling sessions using alternative therapy. Furthermore, group therapy sessions have been organised for 24 children, allowing them to benefit from collective support and shared experiences. In addition to individual and group sessions, mental health awareness activities were conducted with the children, promoting an understanding of resilience in dealing with mental health challenges.

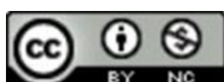
**Domain 7 - Social relationship:** This domain encompasses the ability of the child and family to maintain a meaningful long-lasting relationship with each other, as well as with the community. Lack of social connection affects the emotional and physical development of children. Maintaining a safe relationship with caregivers is essential to learning and improving early social skills.
Intervention – In order to build social relationships, group counselling sessions, recreational events, contact visits and community meetings are being organised regularly. In addition, efforts have also been made with respect to creating awareness of social norms and behaviour.

**Domain 8 - Awareness and access:** This domain encompasses the child's and the family's access to government schemes and other aids they are eligible for. Awareness of their rights and entitlements was also noted.
Intervention - Most of the families have minor errors in their legal documents due to which linking them with welfare schemes and programs was a challenge. Therefore, efforts have been made to rectify these errors and to ensure uniformity of details/information. The 'Aadhar cards' of the children were updated with their current contact numbers and residential addresses. Similarly, the bank accounts of the children were transferred to their respective neighbourhood bank branches and their Know Your Customer (KYC) details have also been updated. In addition, two of the caregivers were supported to connect with the widow pension programme as well.

## Phase 3: Reintegrate

Reintegration is a

> process of a separated child making what is anticipated to be a permanent transition back to his or her immediate or extended family



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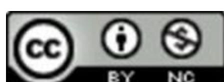
> and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life (Wedge, 2013).

International conventions and guidelines also acknowledge the importance of supporting the reintegration of separated children back into their families, and highlight that priority should be given to preventing separation from or promoting a return to the family of origin (Guidelines for the Alternative Care of Children, 2009; UNCRC, 2019). The ultimate goal of reintegration is not just the sustained placement of the child with family members, but instead concerns itself with the child being on a path to a happy, healthy adulthood. There are multiple steps involved in the reintegration process, such as careful, rigorous, and participatory decision making about the suitability of family reintegration, preparing the child, family, and community for reintegration, carefully planned reunification, and extensive follow-up support (Wedge, 2013).

The majority of the children involved in this project were restored back to their families during the pandemic. The rapid restoration mandated by the government posed challenges to the process of ensuring a smooth reintegration of the child with their family. Therefore, in the third phase, the project emphasised the smooth reintegration of children into their family networks, thereby mitigating the risk of re-separation. Consistent follow-up with children and families, connecting them with various welfare schemes, providing educational support and skills development, regular counselling sessions and awareness workshops, and comprehensive impact assessment through monitoring and evaluation were the key project initiatives during the reintegration phase.

## Challenges and limitations

The project team encountered several challenges during the intensive two-year intervention, some of which are listed below.
**Logistical challenges**: Geographic dispersion of families across Delhi resulted in logistical hurdles affecting travel and engagements.
**Documents hurdles:** Difficulty persisted in collecting and rectifying erroneous documents, demanding substantial time and effort and resulting in the delay of required interventions.
**Dependency:** Encouraging family self-reliance was challenging as they heavily depended on the project team for most intervention tasks.
**Resource scarcity:** Shortages of speech therapists, special educators, and specialist centres for children with special needs presented significant barriers.
**Complex case dynamics:** Handling cases involving teenage relationships, attraction, and influence posed increasingly complex challenges for the team.



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**Relapse management:** Managing relapsed cases after rigorous intervention was challenging, particularly ensuring the safety of children within a community marked by substance abuse and violence.
**Funding uncertainty:** The uncertainty in securing adequate funding poses a substantial hurdle, impacting the project's timelines and scope, and requiring constant adaptation to potential financial constraints and altering resource allocations.

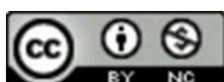
## Findings and analysis

The needs assessment survey of these families showcased the following findings. The distribution of 54 children, categorised by age and gender, is presented in Table 1, showing 29 girls and 25 boys. Subsequently, they were further categorised into three groups based on age: 6-10 years (7 children), 10-15 years (26 children), and 15-18 years (21 children). The majority of the children (81%) were successfully restored with their biological families, while others were restored to their relatives (15%) and stepparents (4%).
In terms of family status, among the 54 children enrolled in the program, 25 had a single parent, 20 had both parents, and 9 were double orphans. Upon analysis, it was determined that 45 of them had younger siblings, 17 had young adult siblings, and 65 had some caregiver, making a total of 181 individuals from 31 families (54 children, 45 younger siblings, 17 young adult siblings, and 65 caregivers) part of the program. The primary reasons cited by respondents for children entering childcare institutions were financial issues within families (48%) and the incapacitation of parents (33%).

| Demographic Features | Details | Baseline | End-Line |
|---|---|---|---|
| **Age** | 6 - 10 years | 13% | 6% |
| | 11 - 15 years | 54% | 48% |
| | 16 - 20 years | 33% | 46% |
| **Gender** | Girls | 52% | 54% |
| | Boys | 48% | 46% |

**Table 1: Distribution of children by category**

After identifying the children and their caregivers who did not have important identity documents, the project team supported them in the registration process for getting documents, and as a result, at the end of one year of intervention, 35% of children and 26% of primary caregivers had birth certificates. Likewise, 35% of children and 15% of primary caregivers had caste certificates. The project is also supporting families to avail themselves of the Public Distribution



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System (PDS) which ensures food security in the country by supplying food grains and distributing essential commodities. In comparison to 33% of the families before intervention, 52% of the families are now able to avail themselves of this scheme.

The transition journey from CCIs to families revealed that a significant number of children dropped out of school primarily due to the considerable distance between their homes and schools. To address this, many of them had to be re-enrolled in government schools located close to their communities. Achieving this required meticulous efforts to update and streamline all their identity documents to ensure accuracy and eliminate any discrepancies, which was also one of the aspects of intervention. As an impact of this project, social relationships of children with their peers, teachers, and caregivers improved and they were also able to better resolve conflicts, having been exposed to group counseling sessions, recreational events, contact visits, and community meetings. The need for motivation and positive emotional support was observed among all children and with planning and counselling sessions using alternative therapy, all children were provided with psychological support. The project emphasised the vocational and skills development of the children and supported them in attending sessions and workshops which enhanced these skills.

## Learnings and recommendations

This ongoing project is being implemented at a time when Mission Vatsalya guidelines have been launched in the country, which aim to 'strengthen child protection at the family and community level, equip families and communities to identify risks and vulnerabilities affecting children and create and promote preventive measures to protect children from situations of vulnerability, risk, and abuse'. (2022, p2) Through following constant and systematic interventions, the FiT project is providing practical examples and guidelines for implementing a family strengthening mechanism to ensure child protection. The project has entered its second year of intervention at the time of writing, and after one year of intervention, there has been significant progress. Specifically, 12 families have successfully transitioned from the high touch to the medium touch category, demonstrating substantial improvement. Additionally, eight families have now moved into the low touch category, indicating a further positive outcome of the intervention.
The second phase is taking forward the domains of the circle of care approach in greater depth, as in addition to focusing on the reintegration of the restored children with their families, project efforts have expanded to include prevention and gatekeeping at the family and community level. Hence, the FiT project, as a comprehensive approach to family strengthening, serves as a demonstrable model for replication, showcasing how systematic and constant interventions can be implemented.

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## Recommendations

Through close collaboration with children, families, communities, and various stakeholders, the project has gained valuable insights and experiences that contribute to the following key recommendations. These recommendations focus on preventing child separation, facilitating effective reintegration, and advocating for policy reforms.

Preventive measures: For developing stipulated goals and ameliorating interventions, it is essential to conduct a needs assessment with both children and the families, based on which opportunities and accessibility for employment, entrepreneurship, and various available linkages and schemes could be provided in order to aid the empowerment of the entire family. To prevent separation of children from their birth families at a primary level, and to ensure their reintegration with their families, a robust implementation is required which involves strengthening of family bonds, community resources, building resilience and social solidarity, along with frequent stakeholder interactions.

Reintegration measures: The rehabilitation, restoration, and reintegration of already separated children back into their families and communities requires a significant push and systematic actions. To ensure effective reintegration, careful and rigorous steps are essential, such as careful investigation into the suitability of families, preparing the child, family and community, carefully planned restoration, and post-restoration follow-ups.

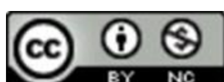
The rehabilitative practices for children at risk must be context-specific and built on a systems approach, positioning casework as methodology. An inclusive 'child-centric best interests' approach such as circle of care needs to be developed, based on the identified needs of children and their families.

## Advocacy measures

Collaboration of various stakeholders at different levels is imperative to ensure effective reintegration. This project is aimed to have policy implications where brief policy reports, and all the data along with the tracking mechanism and the progress mechanism will be shared and presented to the Delhi Government and social welfare department so that it can act as a model for further successful restorations.

# Conclusion

It is globally recognised that a safe and secure family is the best environment for a child to grow, and that institutionalisation should be the last resort for childcare. Therefore, maximum efforts should be made to assure family-based care for every child and to prevent unnecessary separation of children from



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their families. Understanding the fundamental problems of the families which make them incapable of taking care of their children and addressing these issues to enable them to provide a conducive environment for child development, is the ultimate means to prevent institutionalisation. In India, childcare institutes have been the go-to choice for the care and protection of children who are without parental care. Despite strong laws and policies relating to child protection, the country could not prevent the flow of children to institutional care effectively due to increased poverty, and a lack of family strengthening measures.

By consistently implementing systematic interventions, the FiT project offers concrete examples, compelling evidence, and comprehensive guidelines to establish an efficient family strengthening mechanism, ensuring the protection and wellbeing of children in the Indian context. Needs assessments and vulnerability mapping are conducted as an initial step, in order to identify vulnerable families at risk of separation, followed by linking these families to different social welfare schemes and programs, skills development and income generating trainings, and opportunities to improve their socio-economic conditions. Keeping the best interests of the child and families at its centre the project underscores that family strengthening is the most important agenda for reintegration of children into their families, which entails putting proper holistic support in place to reunite children with their birth families effectively and to reintegrate them into the community.

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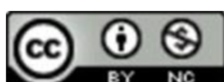


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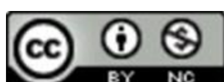

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