



GLOBAL
CASE STUDY
SERIES

The Impact of COVID-19 on Children's Care

INDIA



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Changing the Way We CareSM (CTWWC) is a global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others toward family care.

Since COVID-19 was declared a pandemic in March 2020, the world has experienced a series of waves and variants of the ever evolving and vaccine eluding COVID-19 virus. Initial responses predominantly focused on slowing the spread of the virus and included movement restrictions,

intra-country and inter-country border closings, quarantine, isolation, social distancing, and mask wearing. Whilst these responses aimed to slow the spread of the virus, they also tended to overlook the prioritization of vulnerable populations such as children with disabilities, children in alternative care settings and children who have lost either one of both parents/caregivers due to the virus. The initial response plans also neglected to assess and address the secondary impact of the virus, that is increased mental health and psychological distress, disruption in accessing basic services, loss of caregiver's livelihood and food insecurity.

In numerous countries, for children in residential alternative care settings the response led to



abrupt reunification with families that were - from parenting capacity, psychological and financial perspectives - ill-prepared for their return. Children who had no families to return to were kept in residential care, many of whom were children with disabilities, and thus, inadvertently exposed to further exclusion and were disproportionately affected by the disruption of essential services and access to education.ⁱ The Global Reference Group on Children Affected by COVID-19 and research by the Imperial College of London estimate that minimum of 10,512,700 children globally have lost one or both parents, custodial grandparents or other co-residing grandparents to COVID-19 death.ⁱⁱ These deaths compound the anxiety, uncertainty and fears children faced and continue to face related to grief, loss (community, friendship and other social networks), separation from family, placement into alternative care and falling into poverty.ⁱⁱⁱ

Within this evolving context of the pandemic, this document is one of a series of case studies conducted in India, Kenya, Moldova and Uganda over the course of 2020-2022 to gather information on how COVID-19 has and is affecting family-child reunification, alternative care placement, and support for reintegration and to identify trends and recommendations for family- and community-based care of vulnerable children in the context of COVID-19 and beyond. The case studies are intended to inform programming for CTWWC and others working on the care and protection of children during COVID-19 and future emergencies. They present recommendations around the global and national responses to caring for vulnerable children during emergencies such as COVID-19 and provide individual country-level learning.

Using a mixed-methods approach the case study explored these questions:

- In what ways has the COVID-19 pandemic affected the reunification of children and families and the provision of family/community support services? What was most helpful and who was involved?
- In what ways has the COVID-19 response affected the reunification of children and families and the provision of family-based alternative care and family/community support services in terms of emergency response, recovery and longer-term rebuilding? What immediate and more long-term steps were taken? By whom? What was most helpful? What were the main gaps?
- What considerations need to be taken in global and national responses to COVID-19, and other health pandemics that may arise in the future, to ensure the safety and wellbeing of children in family and community-based care?

While the small number of key informants comprises a limitation, in the analysis of information attention was given to balancing the information shared by interview informants and learning gathered through desk review. Interviews were phased approach between the end of 2020, the beginning of 2021 and June and July of 2022.

CTWWC deeply appreciates the time and input from the many colleagues in India who have helped to make this case study a reality. Thank you to the CTWWC India staff. Information and insights shared by [UNICEF India](#), [Udayan Care](#) and [Miracle Foundation](#) helped us to gain tremendous perspective. Thank you.

Background

The Supreme Court of India in the writ petition of April 3, 2020^{iv}, detailed steps to be taken by Child Welfare Committees, Juvenile Justice Boards, Child Care Institutions (CCI), and state governments to protect children in alternative care including institutions, foster care and kinship care in light of COVID-19's impact in India. As a result of the 2020 Supreme Court order, an estimated 145,788 institutionalized children in need of care and protection (79,197 boys and 66,591 girls) and 5,155 institutionalized children in conflict with law (4,831 boys and 324 girls) were returned to their families, guardians, or placed in other alternative care arrangements.^v Out of the total of 150,543 children who were released from residential care, the large majority, 141,227 were placed with parents or guardians while 9,316 children were provided with family-based alternative care.^{vi} It was reported that during the initial phases of the pandemic, almost 64% of children from CCIs were sent to families.^{vii}

In May and June 2021, a devastating second wave of coronavirus engulfed India, taking India's tally of cases above 31 million and the official death toll to more than 420,000^{viii} – a figure many experts consider to be a vast undercount.^{ix} While the second COVID-19 has abated, trauma and death have been left in its wake. There was barely a family in India left untouched by the virus, and with COVID-19 hitting adults much worse than children, it has resulted in thousands of children without parents and many thousands more having lost other caregivers over the months of May and June 2021.^x The Global Reference Group on Children Affected by COVID-19 released September 2022 estimates that, at minimum, 3,487,400 children in India had lost caregivers (one or both parents, death of custodial grandparents or death of other co-residing grandparents) due to COVID-19-associated deaths.^{xi}



Impact of COVID-19 on Alternative Care and Reunification

Rapid Deinstitutionalization

More than 60% of children in CCIs were rapidly returned to their families or placed in an alternative family-based care. These reunifications were hurried with limited support provided to children and families.^{xii} Only 5% of children who were rapidly returned home or placed in an alternative care settings received state support including the state sponsorship payments to the family (typically 2,000 INR or 27 USD per child per month) or proper access to online classes provided by the local education system.^{xiii, xiv} Children left residing in CCIs were severely affected by the pandemic as containment measures dictated that they could not go out to play and had to stay confined within the facility. It is likely that many of children within CCIs had limited or no contact with their families due to the containment measures brought on by the pandemic.^{xv}

Basic Needs

Those interviewed for this case study agreed: The overall development of children was disproportionately affected by the pandemic. This is attributed to the loss of jobs, and livelihoods of parents/caregivers, deaths of parents/caregivers (many of whom were breadwinners) resulting in more families being pushed into poverty.^{xvi} The pandemic also highlighted the vulnerabilities of migrant workers and daily wage earners within the informal sector, most of whom were typically members of lower castes. The instigator of the mass movement from urban to rural areas was the general concern over the cost of living in cities and loss of income. Many were of the view that once they are back in their villages, they would have opportunities

to grow their own food as well as have a support network amongst their family and community members. During this exodus, women and children were observed walking several hundred kilometres back to their villages.^{xvii}

In the CCIs staff tried to reorganize the space so children could sit at a distance from each other, eat outdoors and practice social distancing as much as possible.^{xviii} “Circles” were drawn on the ground to guide social distancing whilst in queues, eating, etc.^{xix} But in smaller CCIs, where space was a constraint, it was difficult to put in place social distancing measures.^{xx} When children tested positive, they were housed in a special isolation room within the CCI where they would receive counselling services, medical care and hospitalization as required.^{xxi} For care leavers, they struggled to find and/or pay for accommodation, earn a living and continue their education. Those who were employed often lost their jobs due the lockdown, thus making it impossible for them to pay rent or cover their daily needs.

Protection Needs

The pandemic hampered care reform actors’ ability to deliver monitoring and support services, as offices, if open, worked at reduced capacity, movement and home visits were restricted. This meant less manpower was available to ensure protective and support functions, and services could only be provided through remote means. Respondents noted that there was a disruption to the typical pre-COVID-19 coordinated approach to delivery of support services for children in CCIs and family-based care, alike. Respondents also noted an

increase in reports of both child abuse and intimate partner violence within districts with strict lockdown measures and where, before the pandemic, men reported wife-beating as justified.^{xxii}

COVID saw an increase in protection issues for children:

- Higher number of child marriages
- Increased children's susceptibility to trafficking^{xxiii}
- More reported child exploitation and violence (in 2020 a total of 128,531 crimes against children were recorded, an average of roughly 350 cases of crimes against children reported daily^{xxiv})

The Times of India reported impacts on children's permanency in families with a halt in adoption processes owing to concerns over illegal adoption practices^{xxv} and the disruption of provision of foster care to children.^{xxvi} Efforts to ensure that children's protection needs were appropriately met was hampered by the diversion of child protection actors, inclusive of those working in care reform actors, time towards slowing the spread of the virus. That is, whilst child protection actors may have been aware of on-going protection issues, it was difficult for them to gather information and/or respond to cases. Essentially, the absence or limited presence of child protection actors and associated interventions, is likely to have increased families chances of resorting to negative coping mechanisms to survive, such as child labour and child marriage.^{xxvii}

Illegal appeals for the adoption of 'COVID-orphans', often babies, became rampant on social media, prompting some CP organizations to take out newspaper adverts warning people not to respond to these solicitations and instead report posts requesting or inquiring about the adoption of COVID-19 orphans.^{xxviii} The National Commission for Protection Of Child Rights created a web portal where cases of 'COVID-orphans' and children abandoned during the pandemic are uploaded, to enable the government's Child Welfare Committees to monitor and ensure the delivery of appropriate services for these children.^{xxix}

For children in CCI with specific needs such as children living with HIV, children with disabilities and, in some cases, girl-children, returning home was particularly risky. Respondents reflected on children living with HIV who could not receive the Anti-Retroviral Therapy (ART) and nutrition needed when returned home and children with disabilities who experienced a further reduction in their owing to the lack of supportive device such as a wheelchair, or girl children who was left at home with a stepfather or another male who resided in her home, whilst the mother went to work.

Impact of COVID on child labour

Shatrughn Kumar, 12, of Dumaria village in Bihar had been raised by his single mother after his father passed away. But she died last month after showing COVID-19 symptoms, leaving Kumar as the only person to look after his eight-year-old brother. “I work at a construction site to earn a livelihood but the income is very meagre,” Shatrughn said. He had already been rescued from child exploitation at a bangle factory in Rajasthan – places known for brutal work conditions, terrible pay and rampant use of child labour – a couple of years ago. But with his mother gone, 12-year-old Shatrughn said his only option for survival was to return to the factory floor.

Source: *The Guardian*. June 11, 2021

Psychosocial Support Needs

Respondents reported that children were often stressed and worried about COVID-19 and about their families.^{xxx} During the second wave, the high number and frequency of COVID-19 related deaths sparked panic amongst the general populace and children alike, as it was a collective experience of trauma.^{xxxi} The ability to participate in rituals such as funerals, or to access grief counselling was also challenging for communities due to the movement restrictions. Symptoms of depression and anxiety was evident amongst children in CCIs, those reunified as well as children in the general populace. These mental stressors were further compounded by the changes in children’s diets, sleep patterns, weight and increased usage of devices.^{xxxii}

The closing of schools and activity centres for extended periods of time deprived children of educational, psychological and developmental attainment.^{xxxiii}

Access to Education

According to UNICEF, India, an estimated 286 million children were impacted by school closures which led to the “*reversal of gains made in access and enrolment rates, learning levels and acquisition of skills, and widened the gap in digital literacy.*”^{xxxiv} Children in rural areas and children with disabilities were at a vast disadvantage owing to challenges with accessing online education portals due to a lack of devices and appropriate accessibility accommodations, respectively. Migrant families were also less able to help their children with remote learning, which is likely to worsen labour market inequality in India into the future.^{xxxv}

Said one key informant, “...many children dropped out of school during acute phases of the pandemic, and many have not returned now that schools have reopened.”

It is suspected that the children who dropped out of school may have been child brides/grooms or are involved in child labour.^{xxxvi}

Mitigation Measures for Harmful Impacts of COVID-19

Basic Needs

The National and State Governments of India have focused on providing a legal framework as well as guidance and tools to ensure vulnerable children are protected from potential harm caused by COVID-19 pandemic. This included the capacity enhancement and training of national and state-run training institutions, academic institutions, and the child

protection system and structures to monitor children and their families and to facilitate access to existing services as needed. Also, a number of central/state government schemes were announced^{xxxvii,xxxviii} along with several Corporate Social Responsibility (CSR) schemes designed to support of children who lost parents to COVID-19.^{xxxix} Respondents shared that free rations and essentials were provided to families

One care leaver's experience

Ritika, lost her job in April of 2020 and during the lockdown period it became difficult for her to sustain herself. Ritika is a care leaver from the Udayan Care children's care institution. It was back at one of the Udayan Care facilities where she was welcomed and received supported to meet her basic needs and connect back with her long-term goals. Ritika enrolled in a training program during the pandemic – something she never imagined possible as she was working so hard just to meet her basic needs. Now, Ritika is back living independently and she is a student in a university program.

Many care leavers, such as Ritika, had no family to fall back on for financial and emotional support when they experienced job loss and financial and stress because of the pandemic. Prior to the pandemic, Udayan Care established *Udayan Ghars*, designed to create a network for care leavers. To support care leavers during the pandemic, the Udayan Care Emergency Relief Fund reached out to care leavers via this network and provided services linkages and monetary and/or in-kind support, including:

- Medical treatment, care and support including COVID-19 testing
- Safe quarantine facilities
- Housing and temporary shelter
- Nutritious food
- Clothing
- Support for finding new jobs/means of livelihood

Source: Udayan Care



during the pandemic, sanitization of CCI was provided by the government, and NGOs distributed COVID-19 essentials, food and non-food items to CCIs.^{xi} Children were also provided with immunity boosting foods and health supplements as well as underwent regular check-ups during acute phases of the pandemic.^{xli}

Organizations like Udayan Care^{xlii} published standard operating procedures as early as April 2020 on “Prevention and Management of COVID-19 in Child Care Institutions”^{xliii} and oriented staff, governments and other organizations on the same. Prior to the COVID-19 pandemic, UNICEF India was already working to establish a national care leavers network, where care leaving youth from across the country could come together and collectively engage with stakeholders to address their needs, as well to form state-specific care leavers networks that would work more at the grassroots level. This network created a system to provide support to care leavers in times of crises. Also, some care leavers received direct monetary support from their state governments while others were supported by civil society organizations and non-government organizations (NGO). Female care leavers were especially challenged by the lack of adequate support services both during and before the COVID-19 pandemic.^{xliv}

Vaccination has been an important key mitigation measure to counteract the spread of the virus as well as to ensure inoculated service providers (health, social welfare, etc.) can get to families and address the basic needs of struggling children and families. The first COVID-19 vaccine drive was launched January 16, 2021^{xlv} with the prioritization on health and other essential workers. Vaccination campaigns have been on-going since, in a phased manner and based on scientific and epidemiological evidence.^{xlvi} Children above 12 years of age have been recipients of the vaccine since January 2022 and for children in CCIs, there has been the

provision of doorstep vaccination services for all children 12 years and older.^{xlvii} In April 2022, the government approved Covaxin and Corbevax for children under the age of 12^{xlviii}, however drives for the same are yet to be implemented at the time this case study was written.

Protection Needs

In recognition of the numerous protections risks that children are exposed to, various State Governments across India have announced schemes to ensure the safety and well-being of children who have had a parent die of COVID-19.

UNICEF, India noted that the Government of India “introduced new flagship initiatives and reforms to respond to emerging challenges and protect children’s rights. These include “Jal Jeevan Mission” (JJM), “Swachh Bharat Mission Phase II” (SBM), “Aatmanirbhar (self-reliant) Bharat Abhiyaan”, “National Education Policy 2020” (NEP), “POSHAN Abhiyaan” (nutrition), “Mission Vatsalya” (Child Protection Services and Child Welfare Scheme), “Mission Shakti” (Protection and Empowerment for Women), and “The Juvenile Justice (Care and Protection of Children) Amendment Act, 2021”.^{xlix}

In July 2021, Prime Minister Narendra Modi announced the ‘PM-CARES for Children’ scheme for children who have lost both parents or guardian(s) to the pandemic, which involves fixed deposits of Rs 10 lakh (13,970 USD) opened in the names of these children which they can then access when they reach the age of 18.ⁱ



Following the Supreme Court order to send children in CCIs back home, a number of NGOs helped the state governments across India to trace families and provide support for reunification. UNICEF and NGOs worked via non-government partners to help state government child protection functionaries review case management systems for reintegration and also for prevention of separation. Two examples of adapted case management tools:

- The Miracle Foundation developed an Expedited Case Management Process for Urgent Child Placements, along with the associated guidance and tools to ensure the safety and wellbeing of children returning to their families without prior preparation.
- Changing the Way We Care piloted and released a Package of Case Management and Virtual Monitoring Tools, which have continued to be used in India for work with hard to reach families at risk of separating from their children.

UNICEF also worked with the International Labour Organization, state governments, India Childline, district child protection and labour authorities and police to prevent and respond to cases of child labour, particularly among migrant populations. This was achieved through rescue and rehabilitation interventions as well as facilitating migrant populations' access to social protection, psychosocial support and essential protective services. In Uttar Pradesh, a new conditional cash

transfer scheme for child labour was developed which benefitted 2,000 children, and their families, affected by the COVID-19 pandemic.ⁱⁱ

Respondents also reported that several allied sectors supported NGOs with monitoring and support service provision during acute phases of the pandemic. Miracle Foundation noted that health workers at grassroots level and Panchayat Institutions (political bodies) supported with identifying, monitoring, reviewing, and linking vulnerable children in their communities to the required services. Also, the district magistrates in some localities played a critical role to ensure that allied sectors (health, education, police etc.) worked in tandem when supporting at-risk children and families.ⁱⁱⁱ All of this coordinated work was critical to safeguarding children.

Psychosocial Support Needs

Many care reform actors implemented activities to address the mental health and psychosocial support needs of children, both CCIs and in families. UNICEF worked with state governments, NGO partners, India Childline, the National Institute of Mental Health and Neuro Sciences, the National Disaster Management Authority and district child protection authorities to strengthen capacities of first responders in their work with children. This entailed developing training manuals for Psychosocial Care for Frontline Health Care Workers, and Psychosocial First Aid for Children Affected by COVID-19; delivery of these training packages to frontline workers and caregivers, especially those working with children and adolescents; and strengthening community mechanisms in all 17 states to address drivers of psychological distress through mainstreaming community-based MHPSS in child protection services across sectors.ⁱⁱⁱⁱ Also, to ensure the safety of children remaining in CCIs, UNICEF worked with stakeholders to support the training of care workers in the institutions, and to prepare and distribute activity manuals to improve children's right to play.



Examples of psychosocial support for children in care during COVID-19:

- Within Udayan Care's small group homes, care workers organized regular activities, such as small competitions and celebrations, art & craft activities, dance, magic shows and musical events to help the children deal with stress and anxiety. Mental health service sessions were and continue to be provided to all children in Udayan care.^{liv}
- Miracle Foundation continued their Life Skills Education (LSE) program for children in CCIs virtually and ensured that mental health resource persons were remotely available to take sessions with children in CCIs and those reunified with families. The focus of the LSE sessions was on supporting children to express their emotions and to deal with stressors in a healthy manner.^{lv}
- Catholic Relief Services (CRS) worked with Katkari Tribes in Maharashtra by engaging and training girls and young women (15-24 years old) to provide psychological first aid to their peers and to other community members. The trainings included active listening and basic therapeutic counselling as per World Health Organization's key messages for coping with stress during the COVID-19 and the Tree of Life^{lvi} life skills program.
- Changing the Way We Care partners and social workers supported with identifying children presenting with mental health concerns and subsequently linked them to government mental health services for specialized interventions.^{lvii} Children were supported to access COVID-19 mental health support helplines, as and when needed.^{lviii}

Access to Education

In India, several in-kind initiatives were undertaken by the Government of India and NGOs to ensure that children could access education during the pandemic. Government schools distributed smart phones to underprivileged students. Organizations like Udayan Care trained caregivers how to assist children with their online schooling and rolled out intensive and regular workshops on internet safety. Miracle Foundation reported that some localities offered local coaching support to supplement school learning whilst the CCIs they work with continued educational support to the children remaining in their care. With the lifting of COVID-19

restrictions children have been provided with additional academic support through extra classes with tutors to strengthen their educational base. Children have also been provided with access to some of the leading virtual/e-learning and skill building platforms. Therefore, along with education through in-person classes, learning through computers and virtual means continues to this day. Though vaccination campaigns have been rolled out for children 12 years and older, many parents still have concerns about sending their children to school as they do not know what effect the virus will have on their child and they lack accurate information.^{lix}

Remaining Challenges

Despite the mitigation measures applied during acute periods of the pandemic, there are on-going challenges which may hinder the progression of care reform in India. Respondents shared that inadequate documented information on the children in CCIs, such as the parents' name and full addresses remains a challenge to reunification. This makes it difficult for the government to keep track of or locate children who have been reunified to families during COVID but also to continue any other reunifications post COVID.

Challenges regarding the coordination between states, was really highlighted during COVID and remains an area of improvement for care reform actors and the Government of India alike. Issues exasperated by lack of coordination and which hampered follow-up and/or monitoring of children include: reaching families living in remote locations; mobile and internet connectivity; government-led support to care leavers and children in independent living^{lx}; bridging the gaps in education caused by containment measure such as lockdowns and movement restrictions; and the adequate operationalization and implementation

of several government led initiatives and schemes intended to ensure the safety and well-being of COVID-19 orphans.^{lxi}

Of the children who were rapidly reunified with their families, respondents considered it likely that some children have and still will return to the CCIs because many families believe their children will get better care and education in a CCI, than at home.^{lxii} This community and family held belief will need to be tackled. Government officials and NGOs expressed concern that children who lost parents to COVID-19 are susceptible to the double threat of neglect and being vulnerable to exploitation and human trafficking. Children left without care due to COVID-19 deaths in the family were often placed in state-run CCIs and now have no care plans in place for reunification. Trafficking of children into forced labour situations is considered to be on the rise as is economic distress-migration of adults or entire families in search of work. All of these are challenges that COVID-19 highlighted but that remain needing of sustainable solutions.



Conclusion & Lessons Learnt

LESSON: Overall, the pandemic, though gruelling for children and carers alike, presented many opportunities to improve systems and structures to be adaptable for service delivery in both development and humanitarian contexts, as well as remote and in-person modalities.

Respondents reported that prior to the COVID-19 pandemic, many NGOs had limited or no exposure to a humanitarian, emergency, approach; said one such organization, “*looking on the bright side our staff are better equipped to deal with health and other emergencies now*”.^{lxiii} Care reform actors demonstrated flexibility and adaptability as it pertains to incorporating virtual working modalities to complete day-to-day tasks, some of which are still being used to this day. Udayan Care also reported that they capitalized on the use of technology, such as remote CCTV to conduct follow-up and monitoring activities.^{lxiv}

LESSON: Care reform actors adapted joint working modalities and improved coordination in order to ensure the safety, protection and provision of basic needs to children reunified or within care settings and found long-term advantages to working in this way. This included capacity strengthening initiatives delivered remotely such as online trainings, mentoring and supervision and widespread sharing of tools and guidance. Trainings undertaken during acute phases of the pandemic were critical for ensuring that staff were able to undertake remote assessment with children and families. This required NGO social workers to adapt the transference of in-person technical skills such as conversation-based inquiries and active listening skills to an online platform, for community level workers to access and understand, practice and apply these

skills to the times they are interacting with at-risk children and families. Community level workers were also trained on how to create engaging yet brief telephonic interactions, determining the well-being of the child based on conversations and then deciding if further actions were needed to secure the child's safety. The combination of these skills was particularly important as it was not possible for case workers to spend two hours or more – the typical time it would take to complete an in-person interview for an assessment – on the phone with children and families.^{lxv}

LESSON: The pandemic highlighted to government officials and non-government actors the importance of making more investments in family care for children and in care leaver wellbeing, as well as strengthened care reform actors' overall argument and advocacy for children to be under the care of their families. It showed that reunification and reintegration is possible. As it pertains to care leavers, it became evident that supporting them during the pandemic and beyond requires a “*different kind of plan*”.^{lxvi} That is, the provision a holistic set of support services inclusive of, but not limited to, monetary/in-kind support, social support networks to reduce isolation, access to MHPSS services, access to vocational training, college courses and job search support.

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lvi Tree of Life is a tool developed by the organization REPSSI (the Regional Psychosocial Support Initiative based in South Africa) as part of their Psychosocial Wellbeing series, designed to strengthen children's sense of belonging and connectedness to their families and communities, as well as to challenge the sense of isolation and loneliness that many children experience in the context of disease, poverty and conflict. The Tree of Life methodology was adapted by CRS with permission from REPSSI for use in other settings, including among CRS's target populations in India.

lvii Interview with Miracle Foundation Staff, July 2022

lviii *Ibid.*

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lx Interview with Miracle Foundation Staff, July 2022

lxi UNICEF India 2020 Child Protection Annual Report. Retrieved from <https://www.unicef.org/reports/country-regional-divisional-annual-reports-2021/India>

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Changing The Way We CareSM (CTWWC) is a global initiative funded by USAID, the MacArthur Foundation and the GHR Foundation, and implemented by Catholic Relief Services and Maestral International, along with other global, national and local partners working together to change the way we care for children around the world. Our principal global partners are Better Care Network, Lumos Foundation, and Faith to Action. CTWWC's vision is to be a bold global initiative designed to promote safe, nurturing family care for children, including reforming national systems of care for children, strengthening families, family reunification and preventing child-family separation, which can have harmful, long-term consequences, development of alternative family-based care, and influencing others to build momentum towards a tipping point of change for children.

Need to know more? Contact Changing the Way We Care at:
info@ctwwc.org or visit changingthewaywecare.org