



# KINSHIP CARE IN INDIA

## A CASE STUDY DOCUMENTATION

APRIL 2023



# ACKNOWLEDGEMENTS

This report emerges from the strong conviction of India Alternative Care Network (IACN) that all children deserve to grow up in loving and nurturing family environments. Families are essential for the emotional, physical, and cognitive growth of children. Hence all efforts should be made to provide family-based care to children without parental care, and institutionalisation should be a measure of last resort for the optimum development of children.

This report is a collaborative effort and would have been impossible to compile without the enthusiastic cooperation and expert inputs of various practitioners working with children.

The case studies were put together in four states with the assistance and support of Miracle Foundation India in Tamil Nadu, Child in Need Institute (CINI) in Jharkhand, Family Service Centre in Maharashtra, and the District Child Protection Unit (DCPU) in Assam. The personnel from these organisations provided invaluable insights into the state of family-based and kinship care in their respective area of work and essential support, be it with respect to organising transport within the state or helping with accommodation. They were also forthcoming in providing an understanding of their organisations' work in the field of kinship care as well as their stand on the same. For this, we are deeply grateful.

Furthermore, the partner organizations associated with Miracle Foundation India- DKSHA-Cornerstone and Kovai Auxilium Salesian Marialaya Sister Society, Coimbatore, were indispensable while interviewing the families. The chief functionaries and other personnel from these agencies gave their precious time to work out not only the logistics of the process but also patiently answered questions and gave their honest and enlightened inputs.

We are grateful to the DCPU in two of the states, for their accessibility and willingness to share experiences and knowledge. Their insiders' view has given the report an added edge.

The writing process as well as the final product is a result of the involvement and feedback from the Advisory Committee comprising- JB Oli, Lina Kashyap, Rajendra Meher, Sandhyaa Mishra, Sangita Bhatia, Vandhana Kandhari, Vasundhra Om Prem and William Gali.

Finally, but most essentially, this report has drawn, almost exclusively, on the experiences of eight families in kinship care arrangements and the children placed with them. Without their kindness and willingness to let us into their lives and share a piece of it with us, this report would not have existed. To them, we owe our undying gratitude.

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## CHAPTER 1

# AN INTRODUCTION TO KINSHIP CARE IN INDIA

Globally one out of every 10 children lives without their biological parents, most of them living with their relatives (Martin and Zulaika 2016). As of 2021, approximately 3% of children under the age of 18 years in India did not live with a biological parent (Statista 2022). Furthermore, children below the age of 15 years living without biological parents amount to 2.5% (Ibid.). However, data on how many of these children live in institutional care, how many are in family-based care (particularly informal) and how many are simply trying to make it on their own are difficult to come by. Official figures on alternative care for children who are not living with their biological parents is unavailable primarily because this area remains under-researched. This is so primarily because despite a shift towards non-institutional care in India on paper, prevalent cultural forms of alternative care are still not formally recognised.

According to the UN Guidelines for the Alternative Care of Children (United Nations 2010), alternative care is a situation “wherein the child’s own family is unable, even with appropriate support, to provide care for the child, or abandons or relinquishes the child, the State is responsible for protecting the rights of the child and ensuring appropriate alternative care, with or through competent local authorities or duly authorised Civil Society Organisations (CSOs). It is the role of the state, through its competent authorities, to ensure the supervision, safety and well-being of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided (Ibid.). In general, the principles of alternative care includes:

- Keeping children close to community/family
- Temporary separation from family if absolutely essential
- Finding a permanent home for the child
- Prevention of separation of siblings
- Institutionalisation to be considered as the last option (Ibid.)

Alternative care for children encompasses different kinds of options including residential care, small group homes, emergency shelters, mother and child shelters, transit homes, foster care and kinship care (UNGA 2019). The 2019 resolution on the rights of the child focuses specifically on children without parental care and emphasises the importance of growing up in a family and the child's right to a family, especially children with disabilities (Ibid.). Based on this resolution then, family-based care or kinship care emerges as an important form of alternative care for children without parental care. In India, as in the rest of the world, kinship care is a culturally accepted and prevalent form of alternative care (Delap and Mann 2019).

Kinship Care - or care provided by extended families or family friends to children without parental care - as an alternative care mechanism is a widely prevalent and the most valued cultural practice (Bromfield and Osborn 2007, Delap and Mann 2019, Tolfree 2006, Save the Children UK 2007, UNICEF N.D., International Social Service and UNICEF 2004).

*Statistics from across the world demonstrate the claim that kinship care is the most prevalent form of care for children without parents.*

*In the US for instance, 1.3 million children from the black community alone are placed with extended families as compared to 300,000 in group care facilities and 290,000 in non-kinship foster care.*

*Approximately one in 10 children around the world live in kinship care. The use of kinship care is consistently highest in sub-Saharan Africa, where in some countries one in three children lives in households with neither parent, with most of these children cared for by kin.*

*Rates are lowest in North Africa, Middle East, parts of Europe and South Asia, although even in these settings large numbers of children are placed in kinship care.*

*Informal kinship care is more common than formal kinship care and children are more likely to be placed with grandparents than any other relatives.*

*In countries such as the UK, Rwanda and Indonesia, children are 20 times more likely to be placed in kinship care than in other alternative forms of care.*

*In Cambodia more than 90% orphaned children live with extended families. Following the Tsunami, in Indonesia 70-80% of the 1,981 children separated from their parents live with their relatives in camps while awaiting reunification.*

Sources: Dunn et al. 2006, Delap and Mann 2019, Save the Children UK 2007, Shang et al. 2011.



It has been predicted that kinship care is only likely to increase, first in the wake of the HIV pandemic and now, post COVID. And yet kinship care also continues to be the most ignored alternative care mechanism. Especially in the realm of policy and law globally (Delap and Mann 2019). India is no exception to this as kinship care is a traditionally followed practice and is flourishing albeit without any formal legislative or operational framework. The understanding of kinship care remains that since children's own extended families take responsibility for them, they don't need (nor should they ask for) support and that it is their moral obligation to do so etc. Instead, globally speaking, governments continue to invest in more formal systems of care such as Child Care institutions or children's homes etc. (Ibid.). However, research has shown that institutionalisation is detrimental for all individuals but particularly children as it causes long term effects on children's health and psychosocial development (Eurochild - Issuu 2012). Furthermore, the little research that has been done in this area points to kinship care being a better, more beneficial alternative for children without parents. This is because more than just good material conditions, children need stimulation, individual attention and guidance, which institutions are unable to provide (Ibid.).

## LITERATURE REVIEW

The research and corresponding literature on kinship care is sparse globally, but more so in the Indian context. However, worldwide, there has been an ideological shift towards family-based care rather than institutional care and this in turn is reflected in legislative and theoretical actions towards this. This section gives an overview of some of the work that has taken place towards advocating for kinship care, theoretical formulations, and actual measures on the ground.

### Historical, Social and Legislative Antecedents

Prior to the development of social public institutions, families and communities took responsibility for the care and upbringing of children without parents (Eurochild - Issuu 2012). Between the 19th and 20th centuries, as the state began to take on more and more responsibility (particularly in the European context) in terms of providing different services such as food, shelter, clothing, treatment etc. there was a profound shift in the ways that European society traditionally functioned (Ibid.). A major development during this period was the establishment of large residential care facilities for children without parental care, mental health patients and persons with disabilities among others (Ibid.). While this development was hailed as a positive

one, it soon became clear that institutional care was rapidly devolving into a “one size fits all” model for people who did not fit into the prevailing understanding of normalcy (deviant or aberrant) or who were seen as unwilling to integrate into society (Ibid.). The state therefore started prevailing upon parents who were seen as ‘unfit’ due to issues such as poverty, disability, mental or physical illness to place their children into such institutions. What followed was the proliferation of large-scale institutions that led to ghettoisation and segregation of certain kinds of children. The approach was primarily a medical one that focused on fixing what was seen as deficient or dysfunctional rather than an integrative one (Ibid.).

Although this was a predominantly Socialist-Communist, European model and was not as prevalent in India, historically speaking child-care in India was purported to be synonymous with institutional care, with a focus on the care of orphans<sup>1</sup> (Das and Modi 2019). Following independence, through a spate of legislative interventions such as The National Policy for Children, 1974, the enactment of a uniform Juvenile Justice Act in 1986, which replaced the Children’s Acts of various States and through India’s ratification of the United Nations Convention on the Rights of the Child in 1992, the country had in no uncertain terms adopted a welfare-centric approach towards child-care (Ibid.). A turning point in the midst of these developments, was the enactment of the Juvenile Justice (Care and Protection of Children) Act, 2000, which replaced the Juvenile Justice Act of 1986 and laid the way for bringing about changes in institutional child care structures and functions in the country (Ibid.). This act was repealed in 2015 by the Juvenile Justice (Care and Protection of Children) Act, 2015, which in turn affected further changes to existing institutional and non-institutional child-care in the country (Ibid.).

Furthermore the (formerly) Integrated Child Protection Scheme, which has been recently replaced by Mission Vatsalya, has been a signal move in India towards the protection of children, particularly vulnerable children by recognising and defining children in need of care and protection and those in conflict with the law (Press Information Bureau 2022). Mission Vatsalya<sup>2</sup> is to be implemented at the central, state and regional and district levels. Broadly, the objectives of the scheme are “to secure a healthy and happy childhood for each and every child in India, to ensure opportunities to enable them to discover their full potential and assist them in flourishing in all respects, in a sustained manner, foster a sensitive, supportive and synchronised ecosystem for the development of children, assist states and union territories in delivering the mandate of

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<sup>1</sup> [https://www.academia.edu/36655703/Institutional\\_Child\\_and\\_Youth\\_Care\\_in\\_Delhi](https://www.academia.edu/36655703/Institutional_Child_and_Youth_Care_in_Delhi)

<sup>2</sup> The word Vatsalya is a Sanskrit word, also used in Hindi and Marathi and means love.

the Juvenile Justice Act of 2015 and achieve the SDG goals.” Mission Vatsalya 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 (Ibid.)<sup>3</sup>.

Parallel to these developments in India, globally there was a move towards improving child protection norms particularly of children without parental care. To demonstrate, the development of international standards for improving child protection began in 2004<sup>4</sup>. This was a result of UNICEF and International Social Services Research and Advocacy Program advocating for such standards. As a result of these efforts, the Committee on the Rights of the Child, 2005 called on the UN, Governments and civil society partners to produce international standards for the protection and alternative care of children without parental care for the UN General Assembly to review and adopt (UNGA 2019). Following these recommendations, a first draft of guidelines was developed by an NGO working group on children without parental care (Ibid.). In August 2006, in Brasilia, the Brazilian government hosted an inter-governmental meeting of over 40 technical experts to further refine and strengthen the guidelines. As a result of this meeting, a 15-country "Group of Friends" — led by the Government of Brazil — was established to host a series of intergovernmental consultations to further strengthen the guidelines. These consultations culminated in a resolution of the Human Rights Council in June 2009 to submit the "Guidelines for the Alternative Care of Children" to the UNGA with a view to their adoption in November 2012 (Ibid.). In 2019, the United Nations General Assembly or UNGA unanimously adopted the resolution on the Promotion of the Rights of Children. This has far reaching significance for children without parental care as the resolution unequivocally recognises the family as the primary unit of providing care to children and emphasises that children be kept within their biological family as far as possible and where it isn't possible, alternative family-based arrangements (within the extended family or with family friends) be explored (Ibid.).

The developments discussed above indicate an overall shift, at the level of policy and legislation, from a sort of compulsory institutional care for children without parental care towards the exploration of alternative care practices the world over. However, despite the advocacy and theoretical shift towards alternative care practices, much remains to be done on the ground. To begin with, conservative worldwide estimates - based on limited data - of children placed in institutional care continues to be at 5-6 million (Goldman et al 2020). On the other hand,

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<sup>3</sup> For more on the objectives and mission of Mission Vatsalya refer to <https://wcd.nic.in/acts/guidelines-mission-vatsalya>

<sup>4</sup> <https://bettercarenetwork.org/a-brief-history-of-the-guidelines-for-the-alternative-care-of-children>



alternative care, although informally prevalent in many societies, remains an under-researched, undocumented area.

## Alternative Care Systems

Decades of research and the experience of child protection advocates, experts and professionals have amply illustrated the detrimental effects of prolonged institutional care. Institutional care for children without parental care, is simply incapable of providing for the adequate protection of children's rights and their developmental needs and in fact puts them at risk of physical, emotional, and social harm<sup>5</sup>. In general, the problems surrounding institutional care (not limited to) range from<sup>6</sup> :

- Entry into the public care system for the wrong reasons. These include, poverty, ethnic origin, nationality, parents' disability etc. These reasons are either systemic or inherent in nature rather than being a failing on the part of the family or parent (Opening Doors, Alternatives to Institutional Care)
- Lack of a nurturing environment and one to one attention that children need for healthy development and growth
- Reduced likelihood of attending school and therefore children have poor educational outcomes
- Increased vulnerability to sexual and physical abuse and harsh disciplinary measures and corporal punishment
- Isolation from traditional communities and family over long periods of time red adjustment if and when repatriation occurs
- Denial of lifelong attachments and community support systems that families and communities can provide

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<sup>5</sup><https://www.openingdoors.eu/institutional-care-in-europe/alternatives-to-institutional-care/>

<sup>6</sup><https://bettercarenetwork.org/library/particular-threats-to-childrens-care-and-protection/effects-of-institutional-care>

It is in such a scenario then that alternative care provides the possibility to better care for children without parental care. As such the UN Guidelines for the Alternative Care of Children (Section II General Principles and Perspectives) states “Family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, the state should ensure that families have access to support in the caregiving role, children with inadequate or no parental care at a greater risk of being denied such nurturing environment” (United Nations 2010). In cases where the child’s own family is unable to care for the child, even with sufficient support or abandons and/or relinquishes custody of the child, the state must ensure protection of the rights of the child and ensure appropriate alternative care with the help of relevant government bodies or civil society organisations (Ibid.). Alternative care can include small group residential care, kinship care, foster care, small group homes, emergency shelters, mother and child shelters and transit homes.<sup>7</sup> The choice of any of these alternatives depends on the circumstances under which the child has been separated from their family.

The United Nations Child Rights Commission also promulgates alternative care for children in need of care and protection and to look at institutionalisation strictly as a last resort. Article 20 (1) states that a child temporarily or permanently deprived of his/her family environment or in whose own best interests cannot be allowed to stay in that environment shall be entitled to special protection and assistance provided by the state (United Nations 2010). As per Article 20(2) States parties in accordance with their national laws ensure alternative care for such children (Ibid.).

In general, alternative care is gaining currency in India and some forms such as informal kinship care is already well-established and prevalent. However, formal kinship care needs further attention and effort.

## The Situation of Kinship Care

The UN Guidelines for the Alternative Care of Children define kinship care as “Family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature (United Nations 2010).” As mentioned before, this definition includes both formal arrangements as well as informal agreements between family members. Kinship care is widely practised in different cultures across the world, however the term itself may not be used

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<sup>7</sup> <https://www.sos-childrensvillages.org/our-work/quality-care/alternative-care/types-of-alternative-care>

as is and may vary. To illustrate, in the Pacific Island of Palau there are at least 6 different names to describe the practice (Delap, Mann as quoted by Hallett, Garstang and Taylor 2021).

Another important characteristic of kinship care is that it comprises a wide range of arrangements, each one presenting a slightly different set of challenges and risks for all stakeholders (Delap and Mann 2019). With a view towards recognising kinship care as a legitimate alternative to institutional care, it is important to understand the workings of each of these practices (Ibid.). According to Delap and Mann there are five continuums along which kinship care can be described.

### 1. From Parental to Kinship Care

- Complete severance of ties between parent and child
- Kinship Caregivers take on full responsibility and decision-making authority of the child.

### 2. From Formal to Informal Kinship Care

- Formally arranged care settings with the involvement of courts and social workers.
- Kinship caregivers may take on legal guardianship or the state may register the child as being in kinship care.
- More common in lower income settings.
- Presents a “sophisticated” range of formal kinship care options within the formalised child protection systems of high-income countries, for e.g., U.K.
- May exist on a spectrum of formal and informal. For e.g., in conflict torn countries children may be placed informally with extended family but officially registered with UN agencies and monitored by them.

### 3. By Degree of Relatedness

- Kins can include close blood relatives – maternal/paternal grandparents, uncles and aunts or older siblings as well as distant relatives and even close family friends.

#### 4. By Length, Stability and Permanency of Relationship

- Can range from a permanent arrangement like adoption to a more fluid and flexible one with the possibility of returning to the birth family.

#### 5. From a Forced to a Voluntary Arrangement

- Arrangements may range from a situation where a child is forcibly placed with a caregiver to one in which the child has been actively requested for by prospective caregivers for different reasons. An example of an extreme forced arrangement is in El Salvador, where women are forced to care for children of gang members who have been incarcerated.
- In general, kinship care occurs somewhere between forced and voluntary as many relatives may not want to take on the responsibility of a child but may feel morally compelled to do so. (Delap and Mann 2019).

### Global Prevalence of Kinship Care

The reason a study on kinship care is germane is that while kinship care affects a substantial number of children worldwide, it continues to be under-researched, under-represented and therefore poorly supported. Despite the general lack of literature, there are some important and noteworthy studies that illustrate not only the prevalence of kinship care in some countries but also the legislative support it is receiving and the benefits of kinship care in general. A recent study demonstrates the prevalence of kinship care in high income countries as well as the legislative framework and policy support it receives (Hallet, Garstang and Taylor 2021). Another important study uses evidence from in-depth literature review and case studies of six countries - Ethiopia, Ghana, Kenya, Liberia, Rwanda and Zimbabwe - to demonstrate the high level of acceptance for kinship care and its value as an alternative care mechanism (Delap and Mann 2019). On the other hand, the study also points out the risks in kinship care and the measures that need to be taken to mitigate these risks, which includes formalisation and state support (Ibid.). Another significant study is a comparative one of Scotland and Ireland on formal kinship care (Hill, Gilligan, and Connelly 2019). The study first and foremost shows the prevalence and acceptance of formal kinship care in both countries and more importantly, the advantages of a formal system of kinship care for children, carers as well as society at large (Ibid.).

Research across 77 countries indicates that the percentage of children living in kinship care varies greatly by context, from 1% in Afghanistan to 36% in Zimbabwe (Martin and Zulaika 2016 as

quoted by Delap and Mann 2019). Evidence has shown a consistently high number of children in kinship care in sub-Saharan Africa, with an analysis of DHS data (2012-15) showing 19 million children in kinship care in East Africa alone (Ibid.). Rates are also high in parts of Latin America and the Caribbean and countries like Thailand and Kyrgyz Republic. India also shows a high prevalence of informal kinship care across religion, caste, region, and ethnic groups (Save the Children UK 2007). For example, some ethnic groups in the Andaman and Nicobar Islands don't refer to children without parents since the community and extended families take care of these children (Ibid.). The lowest rates of children in kinship care are found in parts of North Africa, the Middle East, South Asia, and some parts of Europe. However, even in these contexts, large numbers of children are cared for by relatives, for e.g., in the UK, 180,000 children are in kinship care (Ibid.). Across high-, middle-, and low-income contexts, kinship care is the most frequently used form of alternative care compared to any other. To illustrate, in the UK and the USA, approximately 20 times more children are in kinship care than in any other care format (McCartan et al. 2018 as quoted by Delap and Mann 2019).

## Situation of Kinship Care in India

As mentioned elsewhere, kinship care in India is not documented either in terms of research or in legalese. Quantitative data is difficult to come by and even a cursory search on google reveals that the term kinship care is not in prevalence as much as foster care. There are a few independent studies by academics or Civil Society Organisations (CSOs) but these are likely to be state specific rather than at the national level. More importantly, since the term kinship care has nascent currency in legislative or policy speak, state statistics are scarce or non-existent. CSOs have some data based on their intervention in communities, however these are also region specific and need to be aggregated for a bigger picture. The latest Mission Vatsalya guidelines outline non-institutional care as comprising -

- Sponsorship
- Adoption
- Foster Care
- After Care (Ministry of Women and Child Development 2022 a)

The scheme endows each child placed in either foster or after care or eligible for sponsorship, a sum of INR 4000 per month (Ibid.). State governments are encouraged to put in their own funds towards the State Child Protection Scheme (SCPS) under the sponsorship and foster care fund and may take steps to identify children in need of protection with help from CSOs and urban local

bodies (Ibid). The concept of sponsorship is encouraged in the states as per Mission Vatsalya, 2009. According to section 2(58) of the Juvenile Justice (Care and Protection of Children) Act, 2015 - JJ Act 2015 - Sponsorship refers to the provision of supplementary support, financial or otherwise, to families to meet the medical, educational and developmental needs of the child (Ministry of Women and Child Development 2015). Essentially, supplementary support is provided to families and children who are at risk or vulnerable and may include counselling and/or parenting education, linkages with social security schemes for strengthening the family, and support services for children such as life skills education, day-care, vocational guidance and so on (Ibid.).

Sponsorship has two purposes - Preventive and Rehabilitative (Ministry of Women and Child Development 2022 a). Preventive sponsorship primarily focuses on providing support to vulnerable families to enable the child to continue staying with his/her biological or extended family and finish his/education. It is also aimed at preventing children from dropping out of school, entering into some other care arrangements like institutions, being forced into marriage, pursuing employment or getting trafficked etc. (Ibid.). Rehabilitative sponsorship on the other hand supports children who have been placed in institutions or foster care while they wait to be reintegrated with their families. Rehabilitative sponsorship is also used to support children rescued from trafficking, labour, marriage etc. as well as for children in conflict with the law (Ibid.). As per Section 45, Mission Vatsalya, Every state has a Sponsorship and Foster Care Approval Committee (SFCAC) which reviews and sanctions sponsorship (only preventive) and foster care fund (Ministry of Women and Child Development 2015). The criteria for eligibility that are used include the following -

- Where mother is widowed or divorced or abandoned by family.
- Where children are orphaned and are living with extended family.
- Where parents have a life threatening/terminal illness.
- Where parents are incapacitated or unable to take care of the child financially or physically.
- Children in need of care and protection as per the JJ Act, 2015, namely without home, victim of any natural calamity, child labour, victim of child marriage, trafficked child, HIV/AIDS affected child, child with disability, missing or runaway child, child beggars or living on the streets, tortured, abused or exploited children in need of support and rehabilitation.



- Children covered under the PM Cares <sup>8</sup>for children scheme.
- For preventive sponsorship, children in conditions of extreme deprivation based on the proxy parameters of types of residential locality, social deprivation and occupation shall be selected if their annual income does not exceed INR 72000 for rural areas and INR 96000 for other areas.

What follows from the above description of the sponsorship scheme in Mission Vatsalya is that while sponsorship is aimed at vulnerable families and children, and also provides for children living with their extended families, it doesn't specifically address the needs of children who only meet the criteria of being placed with their extended families. As per rule 23 of the principal rules of the JJ amendment rules of 2022, "while placing the child in foster care, the state government shall ensure the following in order of preference:

- i) the child is placed in similar social cultural milieu
- ii) first preference shall be given to the extended family of the child, which does not include the child's adoptive or biological parents. Provided that any of the immediate or extended family members are not the accused/alleged perpetrators of abuse on the child (Ministry of Women and Child Development 2022 b)

The above demonstrates the important shift towards non-institutional care for children without parental care. However, it also highlights the ambiguity created by mentioning extended family under foster care when it is actually nothing but kinship care. To elaborate on this, extended family is included in the gamut of foster care services instead of giving it a clear, formal and separate standing. What follows is that a practice that already has enough cultural currency and is prevalent throughout the country needs to be recognised as is and receive all necessary state mandated support and benefits instead of making it vague and hazy by including it under foster care. In sum, while there are provisions for children living deprived of parental care and living with their extended families, it isn't stated in explicit and unequivocal terms. Very plainly speaking, kinship care (or any other equivalent term - foster care by kin for example.) is not clearly mandated by the state. Studies have shown that in the absence of strong CSOs working in

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<sup>8</sup> The Prime Minister Cares Fund is a dedicated fund whose primary objective is to deal with emergency and distress situations, particularly COVID-19. The PM Cares Fund is registered as a public charitable trust and came into being from 27th March, 2020 - with the aim of providing relief to COVID affected families. For more, refer to [https://www.pmcared.gov.in/en/web/page/about\\_us](https://www.pmcared.gov.in/en/web/page/about_us)

the area of kinship care, sponsorship linkages have either not taken place at all or are low in number (Mukherjee et al. 2021).

CSOs on their part have come up with some innovative interventions with specific vulnerable groups in the area of kinship care in India. One such intervention is in district Jalna by UNICEF India. Migrant populations are vulnerable in general, however those with children are even more vulnerable. This is due naturally because the destinations to which they migrate are outside of their home states or districts (UNICEF India N.D). This is further exacerbated by the makeshift living conditions, lack of education, health, recreation facilities and food security and the whims of the labour contractors (Ibid.). The first among the primary objectives of the innovation is “to prevent unsafe migration of children - by providing safe and secure family-based care arrangements through kinship care with grandparents, relatives or neighbours.” The approach taken towards meeting this goal includes building a cadre of youth volunteers - *balmitras* - who support frontline workers in the area to better support children who have stayed back. The volunteers also provide direct support in the form of psycho-social counselling as and when the children may need it and act as a bridge between the parents and the children.

The model adopted back in 2014 has shown steady progress visible in the increasing number of children who have stayed behind demonstrated in the table below.

<b>Year</b>	<b>No. of children who stayed back in family-based care</b>	<b>No. of children who migrated with parents</b>	<b>No. of Gram Panchayats covered</b>	<b>No. of blocks covered (out of a total of 8 Blocks)</b>
2014-2015	547	3582	12	1
2015-2016	1345	1642	49	3
2016-2017	4502	1704	240	8
2017-2018	2640	2169	240	8
2018-2019 <sup>9</sup>	9774	8718	958	8
2019-2020	3933	2865	247	8
2020-2021	498	3834	64	6
2021-2022	1620	2767	64	6

(Source: UNICEF India N.D.)

<sup>9</sup> Survey of all migration affected households in Jalna

What this innovation has been able to accomplish is to provide migrant families the option of keeping their children in familiar surroundings so that they don't miss out on their education, while getting the benefit of family-based care. Another indirect accomplishment of this model is the understanding and awareness created about kinship and family-based care in communities.

However, much remains to be done in the area of kinship care, as data on the same remains scant. Furthermore, gender and age disaggregated data is even more difficult to come by given that even basic figures of children placed in kinship care in particular are unavailable. A thorough search of state government social welfare portals and websites reveals that foster-care is being promoted as an option. State governments are even allowing for online registration of foster families; however, kinship care does not receive any mention in this space. State level information and statistics are therefore not available for children and families in kinship care arrangements. Given the lack of any substantive or official data on an otherwise "traditionally" prevalent, indeed effective protection mechanism, it is important that more research be undertaken in this area.

## RATIONALE OF THE STUDY

The literature review has amply illustrated that while kinship care is a widely accepted and prevalent practice, it also remains the least documented in the realm of child protection and care. This is primarily because it is not formally recognised as an alternative care mechanism in most countries including India. Consequently, important information such as numbers of families and children in this arrangement, the quality-of-care children receive in such arrangements, the cultural differences in these arrangements etc. are missing. The result is a cycle wherein lack of recognition leads to paucity of data which in turn makes it difficult to build evidence, beyond anecdotal, towards advocating for formal recognition of kinship. The rationale behind this study is therefore to initiate conversation around recognising kinship care at a legislative and policy level in the country. The study aims to do so by documenting the lived experiences of children and families who are already in such arrangements as well as of the CSOs who work in the field. The documentation would generate qualitative data as a possible start to further research in the area, eventually building enough evidence to qualify formal recognition to the practice of kinship care. Eight case studies have been documented as part of the study - conducted across the four states of Assam, Jharkhand, Maharashtra and Tamil Nadu - which contends that there is a need to provide state mandated material and other support and assistance to extended families that are caring for children separated from their parents. These case studies are an attempt to present the

realities of different kinship care arrangements in the country, with a view to stimulate further research and influence policy and legislation.

## OBJECTIVES OF THE STUDY

### **1. Conducting desk review to understand the implementation of kinship care globally and in the country and its position in the legal framework, covering:**

- Different kinship care practices/arrangements across the globe
- Extent to which international treaties (ratified by India) and national or state legislations, policies and schemes recognise and support kinship care.

### **2. Understanding the reasons and context in which kinship care is used as an alternative care mechanism for children, including:**

- Situations under which children are placed in kinship care and the possibility of children moving back to birth parents.
- Motivation of relatives to become caregivers in kinship care arrangements.
- Participation of children, relatives, kinship caregivers and any other stakeholders in decision making

### **3. Understand the experiences of children and caregivers in kinship care and the factors that influence these experiences, including:**

- Specific needs of children and caregivers in kinship care
- Impact of kinship care on the overall well-being of children
- Children's relationship with their caregivers and family members and integration of children into the kinship care family
- Willingness of child and caregivers to continue kinship care arrangement
- Protective factors that can influence positive outcomes for children in kinship care
- Challenges that children and caregivers face in kinship care
- Association between the 'profile of children' (age, gender) and caregivers (age, gender, maternal/paternal, relation with the child) and 'kinship care experiences'

- Association between formal and informal support services and impact on kinship care experiences and arrangements

#### **4. Insights and recommendations for better outcomes for children in kinship care, identifying:**

- Gaps in the formal and informal support services available to children and caregivers in kinship care arrangements
- Mechanisms and structures to be in place to support children and caregivers in kinship care

## **PROCESS**

The study was conducted by first undertaking a review of the existing literature on kinship care so as to understand kinship care practices across the globe, and in the country and its position in international treaties and national legal framework. Field work was undertaken in the four states of Assam, Jharkhand, Maharashtra and Tamil Nadu where children placed in kinship care arrangements, their kinship carers and the local partner CSOs were interviewed. Detailed case studies were documented by interacting with two families and community members in each state with a view of capturing the reasons and context in which kinship care is used as an alternative care mechanism for children, the experiences of children and caregivers in kinship care, the factors that influence these experiences and the system supporting kinship care practice in the country. The selection of families focused on attaining diverse contexts in which kinship care is practised. The families were selected through IACN's partner organisations working in the selected states.

## **LIMITATIONS**

This study is an exploratory study that uses qualitative methods towards understanding the lived experiences of children living in kinship care arrangements. In that the study is intended to initiate a process of further and in-depth investigation into kinship care in India. To that extent then the study is limited in its scope by design. The study has tried to include diverse arrangements and has been able to achieve a balance in terms of the gender of the children as well. The study therefore attempts to give as detailed a picture as possible of kinship care

arrangements in Indian society. However as mentioned above, there are certain limitations that emerge from the nature and scope of the study itself. These have been discussed briefly below.

1. The study has put forward important findings, but these emerge from a small representative sample from four states and therefore cannot be generalised.
2. The study has focused and brought out the stories and therefore perspectives of primarily the families (comprising kinship carers and children). The study documents the perspectives of CSOs but in far less detail as compared to families and children. In order for a holistic picture of kinship care to emerge, other stakeholders' perspectives need to be taken as well, including state functionaries and policy makers.
3. The case studies that have been documented as part of this study focused on kinship care arrangements were successful, with the exception of one, which demonstrates aspects of kinship care that may not be favourable to a child's well-being and development. There is a need to demonstrate - through more and wider research and case studies - the potential obstacles to successful kinship care arrangements. This is with a view to design an effective legislative and operational framework to minimise the risks and maximise the benefits that kinship care offers.

## ETHICAL CONSIDERATIONS

The study has been mindful of the ethics of social science research especially of research involving children. Specifically, the following considerations were kept in mind while conducting interviews with the families and children:

- a) The children were not formally interviewed but engaged in an informal conversation. This was done while their guardians were in attendance. No questions that were likely to trigger trauma from the past were posed to the children.
- b) The child and kinship carer/s were photographed only after taking their consent.
- c) All the relevant details of the study were shared with the family and the child before embarking on the interview.
- d) The investigator signed organisational consent forms and child protection policies before meeting with the families and children.



- e) Pseudonyms have been used in the report to refer to the families and children to protect their privacy and to ensure confidentiality of data.

The report is divided into three chapters. The first chapter provides an overview of available literature on kinship care. This would include definitions, kinds of kinship care, prevalent causes for placing children in kinship care and secondary qualitative data on experiences of kinship care. The second chapter showcases each of the eight case studies in complete detail and an overview of the position that CSOs take and their understanding and treatment of kinship care. The final chapter will focus on analysis and emerging themes from the case studies as well as recommendations for future action.

## CHAPTER 2

# NARRATIVES OF KINSHIP CARE

## ASSAM

### CASE STUDY 1

#### In Her Brother's Image: Karan's Story



A small district typical of the Assamese landscape comprises the geographical context of this case study. Dusty and crowded at the centre, but as one moves towards the periphery in suburban areas, the landscape greens considerably with banana, coconut and areca nut trees. These areas are also populated with middle class households. It is in one such household that we sit down to

talk to Karan and his paternal aunt about the kinship care arrangement they are in.<sup>10</sup> Karan is a shy, reticent 17-year-old who is currently preparing for his upcoming class XII board exams. He has been living with his aunt since he was in class VII. In 2011, when he was in class I, Karan's mother passed away from a stroke caused by high blood pressure. At the time, his younger brother was only four months old. For the next three years the two boys lived with their father in a nearby town and the infant was taken care of by the wife of the father's elder brother. Although not a joint family, the brothers lived close enough to each other so that the boys could receive care at their uncle's family when necessary. In 2014, just three years after his mother's death, Karan's father also passed away in an accident. After the father's death the brothers moved with their paternal uncle. A year of living with his paternal uncle, Karan's cousin - his paternal aunt's son - visited and convinced Karan to move in with the paternal aunt's family in the town he is currently staying in. Karan says that he did not want to leave his uncle's house because he was used to the place and liked it. But the cousin said that there are better educational facilities and also that the uncle would be spared the additional responsibility of two growing boys. Karan agreed, somewhat reluctantly at the time, but very quickly got used to living with his aunt and her family. This is evident from the way he interacts with his aunt and her granddaughter, the two family members who were present at the time of the interview. If he experiences any sadness or regret because of separation from his brother, Karan doesn't express it - either in words or otherwise. However, the span of a single interview cannot definitively confirm this. Furthermore, since we did not interview Karan's brother, it is not possible to know how the brother feels about this separation.

For her part, Jyotsna, the paternal aunt appears to be a pleasant yet formidable lady in her late fifties who clearly dotes on her nephew. She had a special relationship with Karan's father - her younger brother - who lived with her as a young boy after her marriage. Her family comprises her husband, her 32-year-old son, her daughter-in-law and 3-year-old grand-daughter. Since childhood, Karan has known and been attached to his paternal aunt and the families frequently visited each other. The transition was therefore easy for Karan - in his own words - from his uncle's place. Karan's paternal aunt says that she was happy when Karan moved in with them, because he would have better opportunities and the benefit of his cousin and his wife's guidance. However, speaking for herself she says that there were some tiny hiccups. Not having cared for a young boy in a long time, she found it a little difficult to wake up early, wake Karan up, get his lunch and breakfast ready and send him off to school. She said that this was no major problem and things quickly fell into a routine for the whole family. Jyotsna's son works as a journalist and

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<sup>10</sup> This case study is unique in that it is the only one in which the kinship carers are relatively well to do and middle class.

his wife is a school teacher, so together they have a decent income and do not have any pressing financial issues. The family takes care of Karan's private education and plans to shoulder any future educational expenses as well. Karan is a good student with an aggregate percentage of 91% in class X. Jyotsna is proud of her nephew's intelligence and hard-work and while she doesn't put any pressure on Karan, she feels anxious about how he will perform in class XII. Karan's older cousin and his wife are very helpful with his studies and provide advice for his future as well. In that sense, Karan doesn't seem to need any additional, external help or coaching etc. He studies hard and hopes to do well in his XII so that he can get admission into a good science college. He wants to pursue a bachelor's degree in science, followed by masters, and his aunt is also encouraging him to appear for medical and engineering entrance exams. Jyotsna doesn't pressure Karan, her only wish is that Karan gets a good education because for her, that's the only way in which Karan can succeed and build a life for himself.





Surprisingly, Karan is closest to his aunt's husband. Jyotsna laughingly says that Karan is slightly scared of her because she is the strict one in the family but is able to talk to and confide in his uncle as well as joke and have fun with him. Jyotsna says that Karan is a 'good' boy, he has a good set of friends and doesn't get up to any mischief. The death of his parents has instilled a maturity and sense of responsibility in him beyond his years. Jyotsna says that when Karan initially moved in with her, he missed his parents and appeared depressed. But the warmth and comfort of the family setting restored him to normalcy. In addition to adjusting to his new family, Karan has also made friends at college with whom he hangs out and plays football. The aunt's granddaughter, Karan's niece, is evidently very attached to him as during the course of the interview she got upset by something and clung to Karan until she fell asleep. Karan remains close to his sibling with whom he talks on the phone regularly. Jyotsna has also ensured that Karan stays in touch with her other sisters who are scattered all over Assam. Karan's maternal relatives are intermittently in touch with him but not as much as the paternal side. The other paternal aunts had also expressed the wish to take in Karan, however, because his paternal uncle and aunt live close to each other and their respective towns have good facilities, it was decided that he would stay with Jyotsna. The maternal family's involvement is perhaps curtailed because of Karan's organic placement with his father's family. It's therefore likely that the mother's relatives hesitate to contact the paternal family. Overall based on conversations with the DCPU and other kinship carers in Assam, it appears that kinship care is a culturally commonplace and taken for granted practice. Money and material needs are simply absorbed in the family's income - even when resources are strained. Karan's family seems to be part of this larger cultural pattern and there don't seem to be any glaring issues in the process of caring for Karan. Furthermore, the family is prepared, indeed more than willing to take care of him for as long as is necessary. As Jyotsna tells us, her son's then fiancé also encouraged the family to take in Karan and has been actively involved in his life.

Karan's family has had relatively fewer challenges in meeting material and practical needs given their economic class. They haven't had to access the benefits of any schemes etc. However, through the DCPU the family received INR 24,000 twice over the course of two years.<sup>11</sup> The DCPU identified this family through their survey and their case was reported by an employee who lives close to the family. In other states, this amount is disbursed on a monthly basis and in principle at

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<sup>11</sup> Under the Vatsalya scheme, families selected for sponsorship are entitled to INR 2000 per month. In Assam this amount has been disbursed to families in one lump sum. The fund flow is erratic as in other states and depends on the discretion of the DCPU. According to the DCPU the selection criteria includes orphaned children, single parents, disabled parents etc.

least, is supposed to be disbursed to the family until the child turns 18. In Assam, the informal kinship care system seems to be working somewhat differently and warrants further investigation.

## Preliminary Analysis and Observations

Karan's case has been rather unique in two ways, firstly the economic class of the kinship carers is unlike any of the other cases that have been documented. Secondly, there are multiple kinship carers that are almost equally involved in his life, education and future prospects. In addition to this, the cultural backing to this practice (not to discount the family's commitment in any way) has ironed over some of the challenges that other kinship carers may have faced. Karan is also an academically gifted boy who works hard to do well at school. This is likely because of the consistency in his upbringing despite having to experience the death of his parents at a young age. Based on this and the other case study from Assam, it appears that kinship care is not just viable as an alternative care method but is already functioning well.

Kinship care is a culturally accepted and prevalent form of alternative care in the state. However, the practice is informally carried out and therefore numbers of children placed in kinship care per se, are hard to come by. In general, the Child Protection Services in Assam are divided into Institutional Care and Non-Institutional Care. Non-institutional care comprises - Adoption, Sponsorship, Foster Care and After Care for children who have completed 18 years of age. Orphaned children or children deprived of parental care for other reasons who are living with their extended families are covered under the sponsorship scheme<sup>12</sup>. Kinship care as a term is therefore not recognised. However, the issue is more than just recognising a specific term. Other vulnerable children and families are also included under the larger umbrella of sponsorship. What follows is that all children placed in kinship care and in need of support may not necessarily obtain sponsorship because of selection criteria, personnel discretion etc. Additionally, lack of formal recognition also means numbers of children placed in these arrangements are unavailable. Unofficially though, sources in the district place the number of children in kinship care at between 400-500 across five blocks. It is practically impossible to verify this number, however. The state seems to be promoting foster care in a big way. The government website has laid down procedures and options for registering as a foster care parent and there are clearly defined roles

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<sup>12</sup> <https://scpsassam.org/home/cp-services/>



and responsibilities for foster care families. Interactions in Dhemaji district further confirmed this observation.

The DCPU has been using its discretion in continuing to promote kinship care as an alternative and to identify and select eligible families for the sponsorship amount. The selection process and criteria depend on the DCPU's discretion, which also makes it ad hoc rather than systematic. Fund flow and resources are a problem like in other states and this obstructs much of the work that the DCPU has to conduct especially in border areas. The investment in DCPU in terms of strengthening and capacity building is sorely wanted by the DCPU's own admission.

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## CASE STUDY 2

### Leaving Pain Behind to Build Something Beautiful: Vartika's Story



The rural Assam landscape is intermittently dotted by slightly elevated houses surrounded by neat compounds that host all manner of farm animals. In one of these houses lives 20-year-old Vartika with her kinship care family comprising her maternal grandfather, uncle, aunt and 13-

year-old cousin. We are ushered into the verandah by Vartika's aunt as Vartika follows and takes a seat with us. There is no awkwardness or shyness about her manner, and she is instantly at ease talking about her situation. She moved in with her maternal family at the age of five, so literally from the time she can remember. Based on what the maternal aunt tells us, as Vartika doesn't remember or know, her mother had breast cancer and passed away as a result when Vartika was five. When asked about the father, there seems to be some confusion about his whereabouts and even identity as we are initially informed that nobody knows about the father. When pressed further, the aunt says that Vartika was born out of wedlock. However, soon after the grandfather appears and tells us what actually transpired. Vartika's mother had been married into a family about 100 km from her maiden home in an area called Junai bordering Arunachal Pradesh. Vartika's father appeared to be suffering from a mental illness and would remain outdoors most of the time until one day he completely disappeared. By that time Vartika's mother was pregnant. Her father brought her back with him to his village and a few years later she was diagnosed with cancer. However, the grandfather says that there was no alternative for him but to ensure treatment for his daughter and care for Vartika. He says that they are family, his own flesh and blood and so when Vartika's mother passed, there was no doubt in the grandfather's mind that 5-year-old Vartika would continue staying with him.

When Vartika and her mother came back to live with the grandfather, her uncle was still unmarried. However, soon after Vartika's mother's death the uncle got married and Malu, Vartika's maternal aunt, joined the household. Malu says that she didn't feel any negative emotions towards either the child or her new family and on the contrary took to Vartika as if she were her own child. Before getting married she knew of the situation in her prospective family but had not been deterred from getting married into it. Five years after getting married, Malu and Parimal had their first and only child, a daughter, who is simply regarded as Vartika's younger sibling. Vartika knows no other parent but her maternal aunt and uncle and has a close relationship with all of them. She is doing a Bachelor's degree in sociology at the government college in the nearest town and since she had taken science in higher secondary, hopes to appear for the nursing entrance exam. A bright and talented girl who is mindful of her family's situation, Vartika has tried to make the best of her lot. The maternal aunt proudly shares that Vartika is excellent at the Assamese cultural and folk dances, such as *Bhortal* and *Hatriya*, and that she picked them up simply by observation and practising on her own! Vartika has been part of a youth group that travelled to perform in Guwahati and was invited to Delhi as well. Vartika couldn't go to Delhi because of her exams but was able to perform in Guwahati and received a certificate from the Kalakshetra academy. This entitles her to perform in the prestigious North-East cultural festival. At school also, Vartika has been a conscientious student, diligently studying on her own

so that her family needn't be burdened with the added expense of private tuitions. The upshot is that Vartika has the brains and attitude to have thrived no matter what the setting. However, her placement in her own loving, affectionate family has enhanced her ability to pursue her interests and work towards her professional and personal goals.

Economically speaking, the family's situation, while currently stable and seemingly well to do, remains contingent as they say any additional help is always welcome and necessary. When the pandemic hit, Parimal had to shut his grocery shop when he contracted COVID. He has been in Guwahati for the past 10 days exploring business options. Vartika's grandfather takes on odd jobs along with the family's farming to meet daily expenses. The aunt also contributes to the farming activities.<sup>13</sup> According to the family as well as others one spoke to in the region, the pandemic was not as hard in the rural areas of Assam as they had subsistence agriculture and bartered with neighbours for any other utilities. Since the house belongs to them, there is no rent. Vartika and her sister had online school and the family ensured that they got phones for their education. Vartika was promoted from class XII based on her XI class results as there were no exams in Assam as a result of the pandemic. Additional help comes in the form of the Antyodaya scheme<sup>14</sup>, under which the family receives ration. The grandfather tells us that they were able to build their house under the Indira Awaas Yojana when Vartika and her mother came to live with them. Initially, with help from the scheme they built only two rooms but over the years they have been able to build four additional rooms on their own. When asked how they came in touch with the DCPU, the family says that the *Anganwadi*<sup>15</sup> worker reported Vartika's case when she was in the lower primary. The DCPU then asked the family to apply to receive benefits under the sponsorship scheme. The family completed the necessary paperwork, DCPU personnel visited Vartika at home and her case was selected for receiving sponsorship. Based on what the family tells us though, it seems that Vartika received the amount of INR 24000/- only once. This is basically the amount of INR 2000 per month that adds up to 24000 per year. However, this seems to be an arbitrary one-time endowment instead of the regular payouts of INR 2000 per month that Vartika was entitled

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<sup>13</sup> In Assam it is commonplace for women who are well-educated to tend to farming and domestic work. Vartika's maternal aunt is more educated than her uncle but she stays at home and works in the farm and takes care of all the domestic work.

<sup>14</sup> The Antyodaya scheme was launched by the Indian Government in 2000 with the aim of providing essential rations to people living below the poverty line (GOI, 2000).

<sup>15</sup> *Anganwadis* are child-care centres in villages and were launched by the government in 1975 (Ministry of Woman and Child Development, N.D)

to until she completed 18 years of age.<sup>16</sup> After receiving this amount once, Vartika didn't receive any more money and now that she is 20 years of age, is not entitled to the scheme's benefits any more. The family says that since she attended government school and is now in government college, the fees have been nominal and therefore affordable for the family. The school would also provide free uniforms and books making life easier. Vartika says that though she is fairly certain of appearing for the nursing entrance, it would be better if she could receive some vocational guidance and help with the costs for higher education.

Other than their economic worries though, the family appears to be happy and make the most of their situation. There is no second opinion among the family members that Vartika's presence in their family has enriched their lives. Another relative who is staying with them currently, testifies to this. Vartika comes across as a well-adjusted, well-spoken, and confident young woman and the credit for this in part goes to her family who supports and encourages her and takes pride in her initiatives and achievements. Malu says that having her own child did not change her feelings towards Vartika, it just felt like she was having a second child, Vartika being her first. Vartika also dotes on her aunt and cousin, and they are the ones she turns to when she needs to confide in someone. Based on the family's testimony as well as general observation, it appears that there is a relatively better standard of living among lower income groups as compared to other parts of the country. While the level of equality between men and women is debatable, girls do seem to be valued in families and communities. For instance, this particular village is known for its female sportswomen. The area has produced quite a few weightlifters and boxers. Vartika's younger cousin is an aspiring weightlifter as well. Speaking of her psychological health, Malu says that Vartika is unlike many other teenagers who are addicted to their phones or run away with their boyfriends<sup>17</sup>. She is focused on her education and has the understanding that this is the only way she can rise up in life as well as her family. Does this sense of responsibility cause anxiety for Vartika? Malu says that it doesn't seem to be the case as she is vigilant of Vartika's moods and general well-being. Malu says that Vartika's engagement in different cultural pursuits and her studies doesn't give her any time for negative thoughts or activities. It is heartening to see Vartika flourish and her family's faith in her as she plans her future.

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<sup>16</sup> The same anomaly occurred in the other case study from Assam and needs further investigation.

<sup>17</sup> According to the DCPU, the CCI as well as the two families that were interviewed, there is an epidemic of elopements and underage marriages in Assam. Most of the time, the families are not even opposed to the match but adolescents are in a rush to get married and elope, jeopardising their future.

## Preliminary Analysis and Observations

Like the other case study from Assam, the transition into kinship care for Vartika has been smooth and to her, almost unnoticed. The sense of familial bonding is strong and there is no overt indication of any rifts in the family setting. The arrangement has been beneficial for Vartika and it is safe to say that she is doing much better than she might have fared in faraway Junai. She is loved and cared for here and it is evident in the interactions between the family and her. There seem to be no unrealistic expectations or pressures from the family towards Vartika. Again, like the other case study in Assam, there seems to be some irregularity in the disbursement of sponsorship funds to entitled kinship carers and children. The DCPU states that this is due to problems with fund flow but does not know the reason behind insufficient fund flow. The DCPU also claims that there is a large percentage of children that have been placed in kinship care arrangements and that all these children are doing well in these settings. The two case studies in the region also live up to the DCPU's claim. The DCPU therefore informally continues to work towards promoting kinship care. The DCPU doesn't have collaborations with any CSOs because there are no CSOs in the area that work with children. It is possible that the DCPU is losing out on the benefits accruing from such a collaboration. But even more so, there seems to be a lack of state investment that goes beyond the purely financial. Capacity building measures are few and far between, regular remuneration is also not forthcoming for the DCPU. What is heartening though, is the DCPU's frankness, readiness to share information and their honest desire to collaborate with like-minded organisations. Their relationship with the only CCI in the area is testimony to this. They have also been distinctly approachable throughout the process of conducting the case studies. Additionally, they have a clear understanding of kinship care and its benefits and are also of the opinion that kinship care families need state support. It is for this reason that they have used their discretion judiciously to select families and children that genuinely need the sponsorship amount - either headed by single parents or orphaned children.



# JHARKHAND

## CASE STUDY 3

### Choosing Family: Natasha



At a distance of about 50 km from Ranchi is a small hamlet. After passing innumerable farmlands, adorned at the edges almost lace like by dense forests, one reaches the clearing that makes up this village. This is the semi-remote hamlet where Natasha lives with her paternal aunt Hema. We are greeted with a broad, uninhibited smile from Natasha and her mild-mannered aunt Hema. They live in an impeccably built and maintained pukka

hutment in a circle of similar dwellings opening into an expansive and clean courtyard. The 39-year-old Hema has been Natasha's sole carer since her mother passed away in 2017. Natasha's father passed away when she was only two in 2013. Both parents passed away due to illness - although the aunt doesn't share information about the illness - and prior to that, all of them lived in the same house as a joint family. Eleven-year-old Natasha continued to live organically with her paternal aunt after the death of her mother. Hema says that Natasha is her own family, so there was no need for anybody to intervene or request her to take care of Natasha, it was almost a foregone conclusion. Natasha has four older siblings, two sisters aged 17 and 19 and a 21-year-



old brother, all of whom live with their other paternal aunt in Ranchi. The elder sister has always been with the other paternal aunt, however, after Natasha's mother passed away, she took all the siblings, other than Natasha, with her to Ranchi. When Hema was asked why Natasha continued to stay with her, Hema said that it was because of a couple of reasons- firstly Natasha was the youngest and is still in school, so she doesn't need to go to the city yet for higher education as the school she currently attends is adequate enough. Secondly, Hema wanted Natasha to be with her as she is attached to her niece and did not want to be left alone. Hema says that the maternal aunt and her own elder sister had offered to take Natasha in but in addition to Hema's reasons, Natasha also expressed her wish to continue staying with Hema and so the matter was settled. Natasha's older siblings are all studying in college and are completing their graduation.

Natasha currently studies in class VI in a private English medium school, where she has been right from the beginning. She cycles every day to school which starts at 8:00 AM and returns by 2:30 PM. Natasha comes across as a self-assured and fearless young girl as she doesn't hesitate once while chatting and talking about her life and experiences. She appears physically healthy and strong according to her age and is attentive during most of the meeting. Since living with her aunt has not been a contrived decision and did not need actual physical relocation, Natasha is at ease around her aunt and is forthcoming in her general attitude. Hema says that when Natasha's mother passed away, there was a period of sadness and mourning. At the time Natasha was 6 years old and could understand what was happening. However, grief and mourning are a luxury ill afforded by the poor and so all the relatives came together to help each other, and especially Natasha, move on. Hema says that in her mind there was no question that Natasha would just continue staying with her, there were some concerns though that did arise. These concerns were primarily monetary and material in nature and not related to caring for Natasha, as Hema says, "we can manage food and such things, it's not such a big issue. My concern was how I would pay for her private school education." Natasha insists on attending the same school she has been attending since the beginning and so Hema has not compromised on that. When asked how she manages expenses, Hema says that since 2020, Natasha has been receiving rehabilitative sponsorship<sup>18</sup> under Mission Vatsalya, worth INR 2000 from the government. Between the years

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<sup>18</sup> The state of Jharkhand was among the first to implement the guidelines for alternative care in the country. Under the Integrated Child Protection Scheme, children without parental care are eligible for sponsorship by the state. Natasha comes under rehabilitative sponsorship and receives a monthly amount of INR 2000, soon to be increased to INR 4000 - as per the CINI personnel. For more, refer to <https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjincvikuz7AhXbad4KHSdPC6sQFnoECB8QAQ&url=https%3A%2F%2Fcara.nic.in%2FPDF%2Fsponsors%2Fhip.pdf&usg=AOvVaw1Lkr1s2mPPT0X8mMLcg9XH>

2017 and 2020, Hema managed by working for a Tata trust run school as a teacher. The school however folded up and Hema was again without a job. She now supplements the sponsorship amount by working in the fields as a daily wage labourer and sometimes asks her elder sister to send money from Ranchi.

As idyllic as the environs, life is by no means easy for Hema. Despite the hardship, there is no question in her mind that Natasha is her own and that she will continue to live with her until she wants to leave for higher education or gets married. She even seems taken aback when asked what motivated her to keep Natasha, the transition was so organic. Natasha also says, without a moment's thought, that she has no recollection of her mother and father and so she doesn't miss them. Hema says that her only worries if at all are related to Natasha's future. She doesn't experience any emotional, psychological, or even physical challenges while taking care of Natasha. She tells us that the house they live in is owned by them, so there are no concerns about shelter. She doesn't have any problem taking care of Natasha as a stand-in mother in terms of cooking for her, getting her ready for school in the mornings or any similar things that come up. Hema doesn't have any concrete expectations from Natasha, she says that once Natasha finishes her X, she will decide what she wants to do herself. The rest, she says, as long as Natasha is happy and healthy, will fall into place. Hema feels the need for support when it comes to Natasha's academics and to a lesser extent, in monetary terms. For this, she says if the local CSO would provide career guidance or monetary assistance for tuition in future, it would be of use.

The CSO however phased out of this village back in 2018 itself and so they do not provide extensive support.<sup>19</sup> However, the CSO played a vital part in helping Natasha get the rehabilitative sponsorship money mentioned earlier. During surveys around Perka in other villages, the CSO staff heard of Natasha and Hema's case and realising that they were eligible for the sponsorship scheme, the CSO decided to take on their application process. Availing the sponsorship scheme requires submitting an application to the relevant district office, which in this case was Khunti. The CSO helped Hema prepare the application and necessary paperwork and submitted it. This has been a major help for Hema and Natasha. In a similar vein, the CSO staff informally reaches out to Hema and Natasha as and when they are in the general area to see if they are doing well and if they need any help. Hema says such support is welcome, but it would be better if there were more assured, long term support for Natasha as she is in her formative years and Hema is unable to take on this responsibility.

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<sup>19</sup> Extensive support implies constant hand holding and monitoring. The CSO currently provides assistance on a need basis but doesn't reach out to the family as a matter of routine.

Natasha for her part comes across as a carefree and well-adjusted 11-year-old. There is a glint of mischief in her eyes that shines through the course of the conversation. She likes language and literature at school and does well at school. She only finds Maths difficult and needs help with that. Hema said that they were not able to get her report card this time because they had not paid the fee and the report card was therefore withheld<sup>20</sup>. When asked what she would like to do after school, she laughs and says she isn't sure but perhaps a teacher. She has friends at school and likes to meet and chat with them. Natasha's district has the reputation of producing some of the most prolific and talented female hockey players in the country and Natasha used to be an avid hockey player. However, she has lost interest in the sport and prefers to spend her time drawing. She showed some of her drawings and they were indeed beautiful with clean lines and a pleasing aesthetic. Natasha has a good relationship with her siblings and talks to them on the phone almost every day. The family visits Perka and Natasha and Hema also travel to Ranchi on longer vacations. Hema's older brother and his family live right next to them, however, Hema said that while their relationship was cordial, they weren't particularly close. She is closer to her sister and so is Natasha. When asked about Natasha's general state of mind and mood, Hema said she is, for the most part, a very even-tempered and easy-going child. So far there are no temper tantrums or extreme mood swings. There have been times when she gets angry but that is just over being told to do chores, which most children dislike. Even as Hema tells us about Natasha's angry bouts, her love and indulgence towards Natasha shine through. In terms of emotional support, Hema says there has never been a need for that. At the time that she became Natasha's kinship carer, she was helped by her sister and together they came out of that difficult situation. She says that she doesn't need emotional support in bringing up Natasha any longer, it is primarily academic and possibly some monetary support only that she seeks to secure Natasha's future. Hema says at 39 she remains single to take better care of Natasha. She said, "when I took on Natasha's responsibility, I thought marriage would not allow me to do the best I can so I really didn't think of getting married after that." In addition to this, another factor for not considering marriage in the context of Jharkhand's tribal society is that most of the men consume substantial amounts of alcohol<sup>21</sup>. So,

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<sup>20</sup> A challenge that sponsored children are now facing is that the money they are entitled to either reaches their accounts late or not at all in some months. The accumulated money ultimately comes over a period of several months and is never enough leading to further issues like indebtedness. It is neither clear nor of consequence whether issues of administration or corruption are behind this lapse. What matters is that these lapses affect children who sorely need the money that comes from the government.

<sup>21</sup> This fact has been testified to by other women from the area. Tribal society in Jharkhand is complex and while the women have relatively more autonomy and can decide whom to marry and when to marry, they also become victims of their society's men's alcoholism. Many take to alcohol themselves, while others have to bear witness to their men spiral into alcoholism and eventually death.

while weighing her options, Hema decided that it was best for herself and her niece that she remains single.

Natasha and Hema's life together is far from easy, Hema, despite having studied to inter-level, doesn't have a steady job and income. Daily wage jobs are hard to come by and require her to venture farther away from her home and hamlet. When she does get a job, it pays her INR 150 for a day's work, which is not enough. However, despite these impediments and worries, both aunt and niece demonstrate a positive attitude and way of life. It is possible that some part of their positivity comes from their culture, which encourages them to work hard and not wallow in their misery. Hema and Natasha are Christian belonging to the Gossner Evangelical Lutheran church, but they participate in some of the tribal and village festivals, such as Karma, when they can as a means of entertainment. They attend church on Sundays and Natasha also attends catechism classes regularly. Hema socialises with other women in the community, which gives her a little break from her considerable domestic duties. Hema says that keeping busy helps keep them focused on what is important, which in her words is for Natasha to grow well, do well at school and make a decent life for herself.

## Role of the CSO

The CSO started working in the specific area of family-based care in 2017. Their intervention is at a macro level, that is to say with all stakeholders involved in the realm of family-based care such as CCIs, PRIs, other government bodies such as the Child Welfare Committee (CWC) and DCPU and communities. Incidentally, Jharkhand was the first state to release the state alternative guidelines on foster care. The CSO has been working with the relevant stakeholders right from this time itself. They assisted the committee in drafting the policy as well as provided technical support in the form of capacity building measures to relevant stakeholders - primarily CCIs who were in no way ready to take on the responsibilities that emerged from the policy. They also work closely with the DCPU and CWC who have been very receptive and eager to learn from the CSO. The CSO also works on strengthening the Village Level Child Protection Committees or VLCPCs for effective intervention in their areas. To this end, they have developed a vulnerability assessment tool and trained community workers in administering it. The tool helps in identifying and diagnosing risk factors in families and children at risk. At the level of the family, the CSO assists on a needs basis and provides support in terms of career guidance and helping children and families communicate better with each other. Another important assistance that the CSO provides to families is to ensure that they are able to get the benefits they are entitled to as was

demonstrated in Natasha's case study. The primary aspect of the CSO's intervention is therefore convergence.

We were fortunate to interact with Program Officer-Institutional Care (PO-IC). He expressed his support for deinstitutionalisation and to the principle that a child belongs in a loving and nurturing environment. Towards this, the district has been able to take significant steps because of the convergence between the CWC and CSOs. He credited the CSO with providing excellent technical support to the DCPU on many important aspects, which were relatively new to them. Much of the convergence between civil society initiatives and government bodies depends on the responsiveness of government officials. In the case of this district particularly, it appears to be working effectively. The PO-NIC said that the VLCPCs have a key role to play in the area of child protection and that in the areas where the CSO is active, the VLCPCs are indeed functioning much better. Jharkhand notified the foster care and sponsorship guidelines in 2018 and was the first Indian state to have a clear sponsorship guideline.<sup>22</sup> According to a study conducted in the state, from 2018 until 2021, 585 children were linked with the sponsorship scheme (Mukherjee et al. 2021). However, the same study also contends that the state government has been much more proactive in promoting the sponsorship scheme as opposed to foster care (Ibid.). The study undertaken by the Child in Need Institute demonstrates a need to proactively encourage family-based care based on the findings. What also comes through from the study is that the preventive sponsorship scheme is doing well in terms of supporting families and children who are in need while foster care and rehabilitative sponsorship need more work and awareness generation (Ibid.). While the success of the preventive sponsorship scheme and the number of children affiliated with the scheme is apparent, it is difficult to pinpoint the exact number of children who are exclusively placed in a kinship care arrangement. This is because a lot of children who are eligible for the sponsorship scheme are likely to be with their own parent - the parent either being single or disabled - and therefore separate data on kinship care arrangements is not available.

## Preliminary Analysis and Observations

The case study presented a situation where the child was already living with the current kinship carer and there were no transitional challenges. There is an organic bond between Hema and

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<sup>22</sup><https://jharkhandstatenews.com/article/knowledge/245/jharkhand-notifies-foster-care-sponsorships-guidelines/>

Natasha, which is quite evident. What is also very striking is that compared to urban centres, the kinship carers were less expressive. Based on observation and the testimonies of the field staff, this hesitation to talk can be attributed to the tribal society they belong to. According to them, the tribes of Jharkhand are not naturally very talkative and expressive. In addition to this, they live in remote areas where they are not as exposed to many, indeed any people.<sup>23</sup> Consequently, they find it difficult to talk about personal matters to completely new people. Based on the testimony, observation and sheer historical evidence, Hema's motivation to care for Natasha is purely out of familial love and ownership and is not fuelled by any external motives. In that, there is a familial bond between sisters as well and there was a mutual and tacit understanding of where the children should live when their mother passed away. Natasha's other siblings are also in a kinship care arrangement - with their other aunt in Ranchi - and it therefore appears that such an arrangement is rather organic in these communities. Despite the considerable economic challenges, Hema doesn't compromise on Natasha's education or any other needs and is also progressive in her thoughts when she says that she doesn't want to force Natasha into any particular career as that wouldn't work out well. Overall, Natasha and Hema appear to be doing reasonably well considering the challenges, especially financial, that are otherwise part of their life.

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## CASE STUDY 4

### The Bonds That Care: Aditya and Anand

Situated at about 40 km from the city of Ranchi, an hour's drive away is the village where Aditya and Anand reside with their paternal aunt, Tarini (41) and the family she has married into. Like many hamlets in this region, this hamlet also comprises a clearing surrounded by forest. Aditya and Anand relocated here less than a year ago along with their aunt when she got married in April 2021. Their mother passed away in 2020 due to COVID and their father passed away in 2010 when Aditya was only two years old. After the death of the father, Aditya and Anand's mother continued living in the marital home with Tarini. Once the mother passed away it was tacitly understood and agreed upon that she was the right person to continue caring for the boys. The reasoning behind this was that she was unmarried at the time and the village where they lived at the time

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<sup>23</sup> It is possible that other tribes are similar, however since I am not an expert on Indian tribal culture, this observation is absolutely contextual and based on the case studies, specific to tribes in this region.



(Rongo) was well connected to schools and other amenities. Tarini decided to get married to her husband Isaac a little less than a year ago because even before marriage he would help her in small ways to take care of the boys and had demonstrated the desire and willingness to take care of the boys along with her.



When asked why she married so late, she says that most men in her community tend to consume alcohol, which she doesn't like and therefore did not marry. Furthermore, the tribal community in these parts (including those who have converted to Christianity) doesn't have a tradition of arranged marriage. They have a system of getting people together through fairs and festivals where young people can meet and decide if and to whom they want to get married. Additionally, there is no emphasis on marriage as a must, consequently, it is common to see unmarried people well into their sixties. When asked how her husband, parents in-law and husband's three siblings

reacted to her getting her nephews along, she said that she had no choice but to bring the boys with her. “Nobody lives in Rongo anymore, where would they go? I couldn’t leave them there on their own. My husband helped me take care of the boys even before marriage so I felt it wouldn’t be a problem afterwards and it has not been a problem so far. My mother and father in-law don’t say anything about it, my husband’s siblings also don’t, so there is no problem.” The boys are shy and don’t say much or express<sup>24</sup> much but they seem to get along with Tarini’s new family. For their part, the marital family also dotes on the boys quietly, as seen in the way Tarini’s mother in-law talks and jokes with them. There are no other children in the family either and so it appears that the boys are welcome.

Anand and Aditya attend Kendriya Vidyalaya and live in a private, government-aided hostel. They generally come home on holidays. When their mother died, Tarini was in Rongo, having come back from her domestic job of cooking in Bangalore for a break. But once their mother died, she decided not to return and instead take care of the boys. The years between 2020 and 2022 were difficult as she had to dip into her savings and practically empty her account. This was because she had no other monetary support at the time and had to spend money and time running around for all the necessary paperwork. The paperwork included the boys’ mother’s death certificate, their school leaving certificates etc. to apply for monetary assistance. It was at this time that she came in contact with the CSO as Rongo village was still under their purview. Fortunately, unlike in many other cases, Tarini was able to get a death certificate that clearly stated the cause of death as COVID, which meant that the boys were eligible for assistance from the PM Cares fund. The application was submitted by November 2021, and they received the first instalment of INR 20,000 in June 2022. The other 20,000 is being kept in a fixed deposit and will be given to the boys upon attaining 18 years of age. As part of the PM Cares scheme, the children are also beneficiaries of Ayushman Bharat<sup>25</sup> and able to secure admission in Kendriya Vidyalayas<sup>26</sup>. Aditya was in a government school and Anand was in a private school in Rongo itself. The CSO also facilitated the process of admission in Kendriya Vidyalaya, which required obtaining and filling out the school

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<sup>24</sup> In keeping with tribal tradition of not talking much and also because of the lack of exposure to new people on a frequent basis.

<sup>25</sup> The Ayushman Bharat scheme is a National Health Protection Scheme, which is aimed at covering over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage of up to 5 lakh rupees per family per year for secondary and tertiary care hospitalisation. For more refer to <https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission>

<sup>26</sup> Kendriya Vidyalayas directly translate to Central Schools and comprise a system of Central Government Schools in India instituted under the aegis of the Ministry of Education, Government of India. For more refer to <https://kvs.ac.in/>

admission forms, getting the signature on the application and any other additional work that came up. Aditya and Anand are also beneficiaries of rehabilitative sponsorship under the alternative guidelines for sponsorship under the ICPS. Consequently, they have been receiving INR 2000 each on a monthly basis.

While the money from this scheme is a huge respite for Tarini and her family, the implementation is not without its share of problems. Tarini says that the boys haven't received the current month's sponsorship amount. The CSO personnel informs that this is because of a merger of the bank with another, which has led to a change in the IFSC code. The reason for non-payment of sponsorship amount however was identified by the CSO and not by the authorities. It would therefore have been difficult for the family to identify the issue, let alone correct it. Tarini no longer has a steady job and income and has spent all her savings in the years that there was no support. Families like hers therefore almost exclusively depend on the sponsorship money that they are entitled to. Therefore, when this assistance doesn't come on time, it implies the inability to pay monthly fees, buy essential school supplies etc. Moreover, admission to Kendriya Vidyalaya has also meant that Anand had to give up hockey, a sport he enjoyed playing. He was also taking it seriously as he was playing inter-school hockey and had a chance to play at the district level as well. The Kendriya Vidyalaya administration does not encourage hockey - the selection of sport is based on what a majority of the children play and not individual talent - and so Anand doesn't play hockey anymore.

As in the case of many of the other families documented for this study, emotional challenges are unwittingly placed on the back burner since practical challenges and the question of survival trump everything else. When asked about her state of mind when the boys' mother passed, she said that there was sadness, and the boys were naturally very sad because of their mother's death but they had to move on. "There was no time to keep dwelling on what happened. We had to get on with life," says Tarini. The boys shyly say that they miss their mother but do not show any other emotion. At the time of their mother's passing, they expressed the desire to continue staying with Tarini as they felt secure with her and felt like she was as close to being like their mother than anybody else. For Tarini also, it was a foregone conclusion that the boys would continue living with her. She did say that she would have liked to place them in a good boarding school (strictly for their education and not because she wanted to be rid of them) but simply did not have the resources to do so. Questions about the difficulties in transition or the emotional challenges of raising two boys were met with the answer, "there was no other way, so we accept and take things in our stride. It's natural to feel sad and cry when someone so close to you dies, but that can't be the end." She has no expectations from her nephews, she says that she only hopes that they get a good education and stand on their feet. She doesn't want to impose any expectations on

them. At the moment she is trying to shore up the resources to get them additional support and guidance in Maths and Science.

The boys have a full day from eight in the morning to two in the afternoon at school, followed by two hours of self-study in the evening. Anand says that currently some of the older students help them with some of the difficult subjects but there is no dedicated instructor at the hostel. While they don't have any organised sports activities in the hostel, they find some time to play on their own on the ground that is available. They seem to be in good health and are particular about appearing neat and tidy. They don't have many friends in the community but at the hostel and school they do have friends with whom they talk freely and openly about things that bother them. In general, they are extremely quiet and shy children. Tarini says that far from complaining about anything, they in fact speak very little, even at home. She says that the only time there was a hint of conflict was when the brothers had to buy bikes. They were adamant on buying 'fancy' bicycles, which cost more than regular bikes and so the CSO staff and Tarini tried to dissuade them. However, they were firm in their stance and ultimately, they bought the more expensive bikes! The bikes were important as a means of getting to school as the alternative was to take a rickshaw halfway and then walk, implying both money and time. The sponsorship money went towards the purchase of these bikes.

Other than this one incident, Tarini says that the brothers are mild mannered in their approach and haven't yet shown any signs of anger and moodiness. She thinks they have adjusted well in her marital home and are even close<sup>27</sup> to her husband as they help him with chores from time to time and get along with everyone else in the family as well. Otherwise, the idea of recreation and outings with the family - as in the urban context - does not have much currency in tribal communities. The reasons being that these are small villages with little access to even basic amenities, fewer opportunities for recreation and socialising. However, village festivals and Christmas are some occasions when people come together and "party" in Tarini's own words. Other than these occasions, there is some interaction between the children and other relatives, such as Tarini's sisters. However, both sisters live far away (one in Bangalore and the other in a remote village beyond Ranchi) and therefore meetings are not very often, and regular phone conversations substitute for actual meetings. Tarini's sisters couldn't have kept the brothers because in one case, access to education would be severely curtailed and in the other, expenses

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<sup>27</sup> The concept of social closeness appears to be different in tribal society. There is no overt expression of affection or warmth. Nor is there any articulation of it. It is understood based on the fact that the boys are doing well and are taken care of.

would have been prohibitive, Bangalore being an expensive city. The sister from Bangalore does send money to Tarini when she can. When asked about emotional support or handholding for raising the boys, Tarini doesn't understand the question at first. On further explanation, she says that she only needs material support, if at all. As long as Anand and Aditya's education are taken care of and the future secured in some way, she has no other issues raising them. She says that the CSOs support has been essential to them in that sense but wishes for more support in terms of helping the boys find a vocation and possibly for more financial help. Other than this, Tarini shows a quiet fortitude coupled with genuine concern for her nephews' future.

## Role of the CSO

Although they have rolled out of the district and village in question, the CSO has taken cases as and when people need their help. At the moment they make monthly follow-up visits since Anand and Aditya are sponsorship beneficiaries. The brothers know the CSO personnel who come to that area and so easily open up to them and tell them about their problems at school. As mentioned in the case study, the CSO has been instrumental in the process of getting entitlements and ensuring the uninterrupted flow of funds to the brothers. Although not formally monitoring the kinship care arrangement, they do keep an eye on the brothers and the family's welfare overall.

## Preliminary Analysis and Observations

This case study is yet another example of how successful kinship care arrangements can be even as they are being done organically and without any formal validation or the promise of support. The questions about what motivated her to care for the children seem to surprise her because it was something that is taken for granted, as far as she is concerned. The question of choice is an interesting one when it comes to tribal communities. The kinship carer in this case study doesn't regard the current arrangement as a matter of choice at all for her; it is exactly how it is supposed to be. There is a sense of a fluid familial belonging, where children have lived with their kinship carers and know them well. Transition, therefore, seems almost effortless. At the risk of romanticising tribal and rural life - since there are very real existential hardships that they face - it is safe to say that there is greater cohesion between communities and families in these areas. There is minimal supervision and handholding in this case but it is quite apparent that the arrangement is working well and the children are receiving affection and care.

According to Tarini, her in-laws and husband are accepting of the children and participate in caring for them, so in that sense, there is almost a community of people that are ensconcing Aditya



and Anand. This sense of community and security have helped them to come out of their grief over their mother's death and get them through other areas of their life. So, while there isn't an open acknowledgement and expression of emotions, their presence is apparent.



# MAHARASHTRA

## CASE STUDY 5

### Hard Lives Stronger Resolves: Akshay and Suyash

Mumbai's colonial grandeur is most visible in its Fort and Colaba areas. The colonial architecture coupled with its modern-day opulence is interrupted by slum communities that equally abound in this city. In one of these communities, we meet 14-year-old Akshay, his 19-year-old brother, Suyash and their paternal grandmother Madhavi. They live in a small ten by ten tenement right behind a public toilet. Happy to have company, Madhavi instantly warms up to us and tells us the story of how her grandsons came to be living with her for good. Madhavi's daughter-in-law, Akshay's mother, passed away when he was not even a year old in 2008. Suyash was just about 5-year-old at the time. Although their father was alive, Madhavi says he was of little use as he gave no money at home and spent whatever he earned as a driver on alcohol. Unbeknownst to anybody else in the family, Suyash and Akshay's parents were HIV positive. Suyash is HIV affected as well since his mother had breastfed him. By the time Akshay was born, however, she was too weak and ill to feed him and therefore couldn't breastfeed him. At the time, however, nobody knew why the mother had died and that Suyash and his father had the virus. After her daughter-in-law's death, Madhavi was encouraged by her two daughters to take the boys to their native village for a change of scenery. They stayed in the village - in Ahmednagar district - for a period of seven years until 2015. During these years, Madhavi's daughters sent her money for sustenance as she had no other source of income to take care of the children. Madhavi's son, the boys' father would visit only to create problems for her. He would usually come in an alcohol fuelled rage and accuse his mother of not taking care of him and hiding in the village instead. The ruckus he created led to ill feeling in the village community and Madhavi, worried about losing the goodwill she had created, decided to go back to Mumbai.

A little after arriving in Mumbai, Akshay's father also passed away. He suffered a seizure at his place of work and that is when the family found out that he was HIV positive. Madhavi is still bitter that her son and daughter-in-law not only kept such a secret from her but also endangered her grandson. She uses the word 'betrayal' while talking about them. The next few years were difficult, as Madhavi had no other support other than what her daughters could spare. Madhavi's younger daughter provided more than material support as she actively cared for Akshay and delayed getting married so that she could continue to do so. In 2018, the CSO, which works in the community, made contact with Madhavi's family and realising that Akshay and Suyash fit the

criteria for the Bal Sangopan Yojana<sup>28</sup> took their case. They presented their case to the CWC and were able to acquire the scheme's benefit - 1100 INR per month for each brother - for the family.



The local CSO has also been instrumental in ensuring that the house - which is in Madhavi's name - be legally willed to Suyash and Akshay so that there is no question of ownership in future.

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<sup>28</sup> Maharashtra state's flagship project the Bal Sangopan Yojana is similar to the sponsorship scheme and targets children and families in need. Under this scheme too, vulnerable children with either no parents, or with a single or disabled parent are eligible for an amount of INR 1100/- per month until the age of 18. The Bal Sangopan Yojana has similar criteria and entitlements as the sponsorship scheme and so kinship care families in particular are not targeted.

Madhavi has another small room in the same community, which she rents out for some much-needed additional income. Furthermore, staff from the organisation counsels and provides guidance to the family, particularly the boys. Madhavi suffered a major paralytic stroke in 2016. She remembers clearly that it was the day that demonetisation was announced. It affected her entire left side and her speech was significantly affected as well. Fortunately though, timely medical intervention and proper medication controlled the damage and she has almost perfectly recovered now. These hard knocks have been difficult for the family, both economically and emotionally. The boys felt especially vulnerable as their only caregiver was seriously ill. They have survived these tough times by holding tight as a family and doing the needful. This case study like others reflects the strength of family bonds - the foundation of a good kinship care arrangement. The grandmother has a strong sense of ownership for the boys and since the only home Akshay has ever known is with his grandmother, he feels the same way.<sup>29</sup> Madhavi says that she had placed Suyash in the YMCA hostel in Andheri for about a year but she said ultimately, she felt that they were all better off together and so brought him back.

Based on their story thus far, it's clear that there was no transition period and that the arrangement per se was organic. In terms of challenges in living together, there were practically none. There were, however, and continue to be practical and material challenges. The space they live in is extremely tiny for three grown-ups, and there is no steady source of income except for what Akshay receives as part of the Bal Sangopan Yojana. This amount too is not regularly disbursed and the last-four Real Time Gross Settlement (RTGS) - a kind of bank transfer - transactions have been returned by the directorate. Although the boys' aunts' husbands are cooperative and good people, it is not always possible for them to give money as both have children of their own. Madhavi says that the worry of what will happen to the boys after she passes keeps her up at night. The tension is not good for her because of her health history. So, while the resolve to take care of and support her grandsons is strong, material conditions and worries about the future complicate life for Madhavi. Despite these issues, the close relations between the paternal aunts, grandmother and the boys keep them afloat. The boys don't have any relationship with their mother's side primarily because her sister and brother are no more, and her mother passed away long ago. They have no knowledge of any surviving relatives and therefore are not in touch.

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<sup>29</sup> We could not meet Suyash as he had gone to get his medication on the day of the visit and did not come back for the three hours that we spent at their house.

Madhavi is in equal parts doting and critical of her grandsons. She says that they are good boys and do their work, however they are not mindful of household chores and try to shirk some chores. She says, “they quickly go and bathe and then say that they can’t clean because they have washed up.” There is an apparent generation gap as Madhavi says, “I am not their mother, I am their father’s mother, things are different with me.” However, barring these teen antics, she doesn’t have any complaints against the boys. She says that Suyash is a shy and asocial young boy who does not open up with people. According to the CSO staff as well as his family, Suyash is not very alert or quick in his responses. He also suffers some hearing loss and therefore needs additional care and understanding. Nobody knows for sure what the reason for his condition is, although the family conjectures that it is due to trauma because of his mother’s death. He is currently attending class XI and has opted for arts. When asked what his other interests are, the family says that he doesn’t seem to have any extracurricular interests, has no friends and just likes to be at home and sleep. Both the CSO staff and the family say that they were not sure Suyash would be able to pass Xth and were pleasantly surprised when he did. Akshay on the other hand is a sharp, attentive and sociable boy, who is comfortable around new people and seems to like the attention. He is in class IX in a Marathi medium, government school and enjoys playing football in his spare time. He attends school from 1:00 PM to 6:00 PM after which, he helps his grandmother with filling and storing water and cleaning up and then goes to study at his younger aunt’s place. He practises football with a foundation that conducts sporting activities for community youth.

The period of COVID was yet another testing time for the family. The already meagre resources were stretched thin and the family had to depend on rations that were provided by organisations and employers and the PDS scheme. Online schooling was also a source of woe as a smartphone had to be procured for the brothers and they had to adjust to online learning. Akshay says that things at school have never been the same after COVID. Online learning according to him was not only difficult but useless as he has no understanding of the subjects. Furthermore, now that schools have reopened, things have worsened instead of improving. He says that teachers are absent most of the time and students are left to their own devices. By his own admission, he spends his school hours playing and “writes whatever he wants in his exams. “What is worrisome is that Akshay seems assured that they will be promoted, not only in class IX but also class X. Suyash for his part tried to get work after he passed class X. He approached his aunt who works for a school as a peon and janitor. His aunt says that she was unwilling to help him find a job as she wants him to study further. She also has the fear that he may blame her later, her words were, “Tomorrow he may turn around and say that you educated your children but didn’t allow me to etc.” Suyash however insisted, saying he wanted to help grandma and so the aunt got him a job at

her school in a similar role. The aunt says that he lasted about two months and then said he wanted to continue his studies much to everybody's relief.

The family as a whole is close-knit and makes the best of their situation. The grandmother's love can be seen as natural; moreover, in a city as expensive as Mumbai, Akshay and Suyash's aunts do not hesitate or resent spending money on their nephews' needs. They maintain that their nephews are their own so why would they think before taking care of them.

## Role of the CSO

It is clear that there is a bond between the CSO and the family which is apparent in the way they talk to each other. There is a sense of informality and ease between the family members and CSO staff, which can only be the result of patient and consistent contact by the CSO staff with the family. The family's trust in the CSO is also apparent in their open and frank communication with the staff. Furthermore, since Madhavi's anxiety about the boys' future affects her mental and physical health, the CSO staff counsels her on how to handle the stress. The generation gap between Madhavi and the boys also becomes contentious sometimes. The CSO staff has been proactive in counselling both sides during such times. The CSO staff's contact details are with the family, and they have been given the space to call whenever they need help. In addition to emotional support, the family depends on the CSO staff to help them with complex official, medical and/or legal matters and the CSO staff reciprocates this faith by providing necessary support.

Quantitative data on how many children are placed in kinship care arrangements only is difficult to acquire. The Government of Maharashtra has also been encouraging foster care as an alternative to institutionalisation as per the JJ Act, 2015<sup>30</sup> much like other states. The CSOs we interacted with as part of the study work in the area of foster care have had some success in building a small cadre of foster carers - ten families in their communities. Non-kinship foster care should certainly be promoted as another alternative to deinstitutionalisation (particularly for children who don't have any extended family). However, this should possibly be in addition or secondary to the promotion of kinship care, especially because kinship care is culturally accepted and widely prevalent in Indian society (based largely on anecdotal evidence) and a number of children are likely to already be in such arrangements without proper documentation or support.

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<sup>30</sup> <https://womenchild.maharashtra.gov.in/content/innerpage/fostercare.php>

## Preliminary Analysis and Observations

In general, the kinship care arrangement that Suyash and Akshay have unwittingly been placed in is solid. They have a close bond with all the relatives that are part of their lives and derive security and warmth from these bonds. There is some concern about Suyash's health, especially with respect to his hearing loss and his lack of initiative and this may need future intervention. Being a vulnerable young person, Akshay also needs some guidance, especially academic and vocational so that he does not miss out on opportunities because of the school system he is in. The interaction between the grandmother and the boys is not unusual in that there is a generation gap, which does play out. Some counselling with her might be beneficial.

As in the other case studies, the family has expressed their willingness, indeed moral obligation to care for their nephews. The need for substantive monetary support is not expressed rather implied in the way that they speak of the hardships that have come their way. They have managed to raise the boys somehow this far and would have done so anyway, however substantive support would increase access to opportunities, whether they be educational and vocational for the boys or medical for the grandmother.

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## CASE STUDY 6

### The Tale of a Family and a Community: Meenakshi

Meenakshi, a 12-year-old girl, lives in Parel, one of the busiest areas in Mumbai. She lives with her maternal uncle's wife (*Mami*) Vijaya in one of the few remaining *chawls*<sup>31</sup> in the area. The facade at the entrance of the *chawl* is that of a guest house, but once you walk through the entrance you are greeted by the familiar sight and architecture of a typical *chawl*. Someone from the building directs us to Meenakshi's house and we finally meet her and her aunt on the first floor. They take us to a well done up ten by ten room belonging to the family for whom Vijaya works. As we enter the room, we are greeted by Vijaya's employer Judy, who welcomes us inside. Our confusion is dispelled when Vijaya informs us that her actual house is next door but she and Meenakshi live at

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<sup>31</sup> Traditionally in South Asia migrant labour were provided basic and cheap accommodation in a large building divided in small tenements. This building is referred to as a *chawl*.



Judy's house. Vijaya and Judy have been friends since childhood and are on a first-name basis, unlike many domestic employer-employee arrangements.



Meenakshi was born prematurely, and her mother died 10 days after she was born in 2010. At the time of her birth, Meenakshi weighed 900 gms and spent the first 3 months of her life in the NICU of Wadia hospital in Mumbai. During her time in the NICU, it was Vijaya who visited her every few hours and fed her milk with a cotton ball. She would spend nights sleeping in the hospital for three months. She and the rest of the family's prayers and efforts paid off. Meenakshi gained 3 kgs and was ready to go home. Since her father was in the village, Vijaya and her family -

husband, three daughters and one son - took Meenakshi in and cared for her until she was three and a half years old. At that point, Meenakshi's father took her back to the village on the pretext of enrolling her in the *Balwadi*<sup>32</sup> in the village. However, her stay was short in the village as her uncle came to visit her and saw little Meenakshi washing dishes. He realised that the father had not enrolled her in the *Balwadi* and wanted her to perform domestic work at his house. The uncle immediately picked Meenakshi up and brought her back to Bombay. Since the day she came back, Meenakshi has not gone back or spoken to her father. The father has since married and has two

<sup>32</sup> Balwadi is a concept developed by Tarabai Modak. First implemented in 1945 the balwadi is essentially a rural pre-primary school. The idea was to provide early childhood education using as many teaching aids as possible prepared from locally available material (Bhattacharya, 2008; Singh, N.D, Shukla, 2004)

other children. Vijaya says that the only reason he wanted to take her back was to work in the house and now that he has children, to take care of them, as Meenakshi adores being around little children.

Meenakshi is a bright, lively girl with a ready smile and a sunny personality. As we enter her home, we are promptly informed that Meenakshi loves to dance and participates in every dance event at school. She has been attending a special school for the past three years and also goes for speech therapy. Judy tells us that until three years ago, nobody knew that Meenakshi had a disability. Everyone thought her speech impediment was due to the fact that she was born prematurely. Meenakshi was enrolled in a regular school and was unable to cope with the syllabus. Judy's friend who has some expertise on the subject of child development saw Meenakshi and recommended that her IQ be tested. Sure enough, her IQ tests revealed that she needed special attention and so a special school was identified for her. Her enrolment in the Bal Sangopan Yojana on the other hand happened quite by coincidence. Somebody (Vijaya doesn't remember who exactly it was) filled out a form for Meenakshi, which was submitted to the DCPU and from there, the family was referred to the local CSO. It has been almost exactly one year since the CSO has been in touch with the family and they have been helping Meenakshi get the INR 1100 that she is entitled to under the Bal Sangopan Yojana. She also receives a scholarship from her school. Whatever money Vijaya makes and the entitlements that come to Meenakshi are sufficient to run their lives. Vijaya's husband lives in the village and her three daughters live in Khar, a suburb of Mumbai, her only son is currently in Goa on some work. For Vijaya, Meenakshi is her own daughter and Meenakshi for her part calls Vijaya mummy. Besides, she has Judy, her father and her daughter who is a strong support system to the aunt and niece. For e.g. Meenakshi loves Judy's father and he, in turn, reciprocates her affections as only a grandfather can. Emotional and transition issues have therefore not been a consideration in Vijaya and Meenakshi's case. Even the difficult times, like COVID, were spoken of with fondness because they were there for each other through it all. Meenakshi would do her classes online using the phone that Judy's daughter gave her and Judy herself sat with Meenakshi for some classes when necessary.

As Meenakshi stands at the threshold of teenage, Judy says that there is a need to communicate with her clearly about aspects such as good and bad touch, the changes that accompany teenage etc. Meenakshi has already started her periods and needs care and supervision as she is still young and doesn't fully understand the issues related to menstruation. This case story provides evidence of how a good kinship care arrangement can be the best alternative for children with disability over institutionalisation where it is nearly impossible to provide individual attention to children to help them learn life skills and education at their own pace. Since Vijaya dotes on Meenakshi, she tends to pamper her and indulge her every whim, such as buying the dresses Meenakshi asks

for, taking her for outings and shopping and encouraging her interest in dance. Judy says that she tells Vijaya that she should strike a balance between indulgence and firmness in order to provide some structure and order for Meenakshi. Judy jokingly says that Vijaya tells her to be the strict one and she ends up being the villain. Meenakshi, by Vijaya's testimony, is not prone to temper tantrums or mood swings. As she enters adolescence, she is becoming more conscious of her body and understands the advice that comes from her aunt and Judy. She has also started to argue and question her aunt. Judy tries to explain to Vijaya that while it's okay to ask questions, Meenakshi needs to understand the value of her aunt's devotion to her and not take it for granted.

Meenakshi's father and his new family are however not part of her life at all. Vijaya has tried to approach him a couple of times for some work but he hasn't responded and never shown any interest in taking Meenakshi back, except with the intention to exploit her domestically. Similarly, the father's side is not involved in Meenakshi's life. It is only Vijaya and her immediate family and other siblings of Meenakshi's mother who are close to and involved in Meenakshi's life in any way. Vijaya's children, themselves grown up, love and dote on Meenakshi and take her to the place during the holidays. Vijaya says that they are willing to take her in more permanently, but she refuses because she doesn't want to part with Meenakshi. Meenakshi still uses her father's surname and Vijaya's daughters tell their mother to change Meenakshi's surname to their own. Vijaya is however very practical, she says that the bonds of love are enough to keep them together, and a name change is insignificant. She also says that Meenakshi should have the freedom to decide what she wants and act accordingly. Meenakshi interrupts the conversation, showing videos of her dance performances and it is undeniable that she is an enthusiastic and graceful dancer who stands out in her group. Vijaya looks at her with indulgence and pride as Meenakshi shares several videos.

## Role of the CSO

The local CSO works in the slum communities of Mumbai and as part of their work with communities also has a program on family and kinship care. They provide support in terms of identifying children who are eligible for the Bal Sangopan Yojana and facilitating the process of families receiving their entitlements, providing emotional support, career guidance, legal information and any other help families require. Their engagement with Meenakshi's case started just under a year ago. The case worker says that she was initially sceptical of the arrangement that Meenakshi lives in, but after she saw the affection, warmth and genuine care that she receives in this family, she was assured of her welfare and safety. Besides, there are regular home-visits coupled with telephonic conversations that have, over a period of time, convinced the local CSO

that Meenakshi is indeed in the best possible kinship care arrangement. The CSO continues to conduct regular monthly home visits since it has only been a year since they started working with the family. Although Meenakshi and Vijaya don't seem to need hand-holding, especially because of the presence and guidance of Vijaya's employers, the CSO continues to be in the background, ready to provide any support necessary. An example of this is that Meenakshi's case for sponsorship is up for renewal in December. The case workers from the CSO are preparing the family for the presentation for renewal.

### Preliminary Analysis and Observations

This case study is in some ways an anomaly and many of the questions in the interview guide simply did not apply. The kinship carer was completely self-motivated and had no reason to take the new-born into her already large family. At the time, her own children were much younger and needed her attention, so to take such a decision therefore cannot be motivated by anything else but genuine affection. Another aspect that is extraordinary in this case study is the presence of Vijaya's employer's family who cares for and loves Meenakshi. Such a support system is very rare to come by, especially in an urban context but in Meenakshi's case, it is a community that is raising her collectively and providing the requisite emotional support to her and her kinship carer. In such a scenario, Vijaya doesn't seem to want anything further. Such arrangements (between employees and employers in domestic settings) are, however, not always beneficial. As the CSO personnel said, "When we initially heard about Meenakshi's living arrangement, we were a little sceptical because we had no idea who the employer was, why she was invested in Meenakshi's care etc. However, a home visit cleared all our doubts as we realised that Judy's motives were genuine and Meenakshi was in a truly caring environment." In such arrangements therefore, some monitoring and follow-up are of essence and could go a long way in ensuring children's well-being.

# TAMIL NADU

## CASE STUDY 7

### Courage and Grace in the Face of Hardship: Nandu

There is a scenic village about 40 kilometres away from Trichy where we meet 15-year-old Nandu and his kinship carer, his maternal grandmother - Lekshmi (55). They live in a rural community, where four other families reside. It is a *pukka*<sup>33</sup> tenement sort of residence occupied by tenants. The courtyard has a few milch and poultry animals. The accommodation has common bathrooms that are cleaned by the families by turn. The tenement complex is clean and Nandu and his grandma's place is even more so. Nandu is currently studying in class X in a government high



school about 10-minutes-away on foot. Lekshmi works as a daily wage labourer on the neighbouring farms as well as carries the load and breaks coconuts. Lekshmi is one of the hardest workers in the area and takes on as much work as possible to support herself and her grandson. She suffers from high blood pressure but tries not to take a single day off from work.

His grandmother started caring for him almost from his birth at the age of three months. When Nandu's mother was seven months' pregnant with him, she was brought by the father to the

grandma's house for the ceremonial baby shower. The father left right away, never to be seen or

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<sup>33</sup> Pukka - also spelt pakka or pucca - is a Hindi word, which is used colloquially in India to describe solid and permanent housing.



heard from again. The grandma took care of her daughter during this period and after giving birth, mother and son continued to stay on. However, soon after giving birth, the mother became mentally ill. She did some work during that time but was incapable of caring for her baby. According to Lekshmi, she could barely feed Nandu, who at the time, weighed only 1.5 kgs. Consequently, it was the grandmother who took on the responsibility of caring for young Nandu. After around six months, Nandu's mother left as well. There is no way of knowing if the mother is alive or dead, but Lekshmi (the grandmother) believes in fortune tellers. According to one such fortune teller, Nandu's mother died in a car accident and so this is what they believe. Lekshmi looked after Nandu until he was five years old. However, she had absolutely no support while caring for him and since she had to spend a lot of time working outdoors, raising him was becoming more and more challenging for her. It was at this time that her brother-in-law (Nandu's granduncle) helped Lekshmi by recommending a Child Care Institution (CCI) that he knew of. When Nandu was placed in the CCI, Lekshmi continued to be in touch with Nandu and visited him from time to time. Nandu was placed in this CCI at the age of five where he continued to stay until he was twelve. He was sent to be with the grandmother again when the pandemic hit in 2020 and the CCI was instructed by the respective CWC to send back those wards who had any family at all.

In the year that was one of the worst for many families across the world, Lekshmi supported and cared for her grandson without any other external help. Interestingly, right before the lockdown was declared nationally, Nandu had become aware (through different sources) that something ominous was about to befall. He cautioned Lekshmi about such a likelihood and also that he might have to return to her (there was talk about sending children back from the CCIs). As a result of this, Lekshmi started saving up whatever money she earned as a farm labourer for the tough period ahead and that is what saw them through 2020. During this time, they also received benefits from the Chief Minister's fund to the tune of INR 2000 twice during the entire period. Through the Public distribution they received 60 kgs of rice during the lockdown. Once the CCI came in the scene in 2021, they started providing monetary support to the tune of INR 3600. When asked what her motivation was to take Nandu back and care for him, she says that it was almost like a no-brainer for her. Her husband is gone, she has no children left, it's only her and Nandu now and so she will live the rest of her life for him. It was in 2021 that the CCI came into the picture and started supporting the family. However, Lekshmi says that even if the CCI had not gotten involved, she would still have continued caring for Nandu. This is crucial particularly because when the CCI sent Nandu back, they did not involve either Nandu or Lekshmi in the decision-making process, neither had a say in the matter. In such a situation, there is a possibility of some resentment or unwillingness on the part of the carer, however, in Lekshmi's case there seems to be none. On the contrary, Lekshmi says she was happy to have him back in her life, especially after



such a prolonged spell of being by herself. For her, the challenge was (and continues to be in some ways) keeping him away from bad company and ensuring that he gets a good education. To this end, she says she is constantly alert and vigilant and immediately intervenes if she sees him mingling with boys she doesn't approve of. During the lockdown, Lekshmi didn't want Nandu to waste his time, so based on his interest she took him to a small auto repair shop, where he apprenticed and learned the work. Her intervention is to reprimand and talk to Nandu. She explains to him that she works hard every day to earn money, she cooks for them, washes up and everything so that there is no lack in Nandu's life. The only thing that he needs to do is study and play with friends who are his own age. In essence, she believes that her vigilance in the present will be beneficial for his future. Nandu also professes happiness at being back with his grandmother where he is loved and cared for and has more freedom.

Lekshmi narrates an anecdote demonstrating the need for her intervention. When Nandu first restarted school after moving with Lekshmi, he would leave in the morning for school but instead go to his friend's place and play all day and come back in the evening. When Lekshmi found out about this, she took him to school and asked the teachers why they are not paying more attention and how such a thing can happen on their watch. The school staff on their part have been very cooperative and supportive as they know about Nandu's case. Since that time, they have made sure that Nandu doesn't miss a day of school. As it happens, Lekshmi is a regular visitor to the school and even though uneducated herself, takes a keen interest in Nandu's progress<sup>34</sup>. Academically speaking, Nandu is not doing very well by his own testimony. He said that he passed only two subjects – English and Maths – the rest he couldn't clear. He is currently attending coaching classes after school for extra help from where he comes back by 8:00 PM. Lekshmi says that Nandu was a favourite at the CCI and was much loved by the staff there. The headmistress similarly says that he is a very good child but needs to focus on his studies. The school will provide more support once the syllabus is completed by the teachers. Nandu's apparent lack of focus and interest in studies is likely explained by the disruption during COVID but also, as Lekshmi explains, because of his falling ill with typhoid during the pandemic.

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<sup>34</sup> The school is a case study in itself. We were fortunate to get some time with the headmistress and Nandu's teacher and they are extremely caring and mindful of Nandu's needs as a student. According to government directives, post COVID Tamil Nadu government and municipal schools have been instructed to keep children for two extra hours, one in the morning and one in the evening, to support the children - especially slow learners and children with special needs. Nandu's day therefore begins at 8:30 AM in the morning and ends at 5:30 PM effectively keeping him busy the whole day.

Lekshmi keeps a close eye, not only on Nandu's academic progress but also on his health. When he contracted typhoid, she made sure he got the best medical assistance that she could afford. She got all the necessary tests – both diagnostic and follow-up – and spent 15000/- of her own savings towards his treatment. Lekshmi displays remarkable financial literacy when she says that she saves every rupee she earns, spending only on what is absolutely essential. She says that she has to be prepared for any emergency as there is nobody else looking out for them. Consequently, she has managed to remain debt free and says that borrowing money is simply not an option for someone in her position - a single woman raising a teenager – as people will talk ill of her if she does so. Lekshmi's life is one of remarkable restraint and discipline. She says that even though she has to spend the whole day at work, she cooks at home so that no extra money is spent on eating outside. She says that she doesn't have education or knowledge but has an inherent sense of what is good and what is bad, which she uses as a guide for her life. She has had many bitter and disappointing experiences, her daughter used to beat her because of her mental illness, none of her relatives supported her when she decided to keep Nandu for good. She said, "my relatives would dissuade me from supporting my own grandson! My own flesh and blood? I told them I didn't want anything to do with them or their property. I have no relationship with them anymore." Despite these experiences Lekshmi remains steadfast and maintains a positive attitude. In her own words, she doesn't dwell on the bad and only keeps moving forward. The experiences she has had also inform her decisions to save money, invest in education, and keep an eye on Nandu. Despite her own discipline, she indulges Nandu. She gives him money to spend on food he likes, such as *biryani* and *porotta*, she makes the kind of food he likes and even gives him pocket money. She leaves all bad experiences and emotions at the end of the day before entering the house. Everything she does and every decision she takes is influenced by how it will affect Nandu. She has no regrets about anything. She loves Nandu fiercely and wants the best for him. The only thing that lays on her conscience is that she couldn't "save her daughter," in her own words. This guilt is possibly why she is single-minded in her focus on Nandu. She is deeply grateful for the CCI's support. Not just the material support but the emotional support she has received from time to time while raising Nandu. For the most part, she says she doesn't need emotional support. It's only when Nandu was missing school that she cried in front of the CCI counsellor. Despite all the ups and downs in her life, Lekshmi continues to be hopeful for Nandu's and her future. She is preoccupied with building a house for them so that they can be more secure and Nandu might have an asset in future. For this, she is currently exploring her options.

For his part, Nandu has started attending school regularly (the school will inform Lekshmi if he misses school) and his health has improved considerably after moving back with Lekshmi. His haemoglobin is up from 7.8 to 12. He is slightly underweight for his age but he seems alert and

active. Both Lekshmi and Nandu look healthy and are well groomed. The lack of money in their life doesn't show either in appearance or attitude. Nandu is a bright young boy who likes to work with his hands. He is interested in mechanical work and wants to attend ITI. In his spare time he has assembled a bike and an amplifier for a music system which he demonstrated with delight. In terms of his emotional and psychological state, Nandu is an even-tempered, good-natured boy. He doesn't have any recollection of his parents since his father left before he was born, and his mother disappeared when he was three years old. There are times when he feels slightly sad because he doesn't have parents, but Lekshmi says she doesn't let him entertain thoughts of what could have been and negativity. As a teenager and a boy, Nandu is not very expressive about his emotional life (especially in front of a stranger) but from his behaviour



and demeanour it is apparent that he is attached to Lekshmi. It is obvious that he respects her and also may be a little intimidated by her. He has friends his own age and slightly younger with whom he plays and spends time but is not particularly close to emotionally. In case there is something that happens at school for e.g. the teacher beats him or his friends tease him, he is able to confide in the CCI's education facilitator and counsellor who visit the family frequently. Lekshmi also confides in them when she needs to. As mentioned earlier, Nandu has been much loved at the CCI as well and Lekshmi was a regular visitor so according to him, he doesn't feel any great difference between the two contexts. With his grandmother, he has a greater sense of freedom since he can do as he pleases, which wasn't the case in the CCI where rules were stricter. After the CCI took over the functions of following up and monitoring, they have been providing full educational support (including uniform, footwear and books), career guidance, medical support (providing guidance and referral etc.) and handholding for any emotional or practical difficulties. The Chief Functionary, CCI says that he was initially not completely convinced about kinship care as an alternative for children without parents. The reasons for this include the possibility of exploitation by kinship carers and lack of resources (that would otherwise be available at a CCI).

However, when he saw children's attachment to their families and their desire to be with family instead of a CCI, he started changing his mind. He remains cautious but says kinship care could not only be a viable but a powerful alternative for children deprived of parental care, provided it is properly formalised.

## Preliminary Analysis and Impressions

There is a lot in the way of evidence that can be used from this case study to support kinship-based care. In this case, the carer's motivation for keeping the child is very transparent and devoid of ulterior motives. The carer is dedicated to the child and the child is attached to the carer as well. However, there may be some untoward effects of the single-minded dedication of the carer. We were able to interact with the headmistress of the school that Nandu attends. According to her, the grandmother is very demanding of Nandu and sometimes uses some insulting words (she didn't say what words) while reprimanding him for failing his exams. The headmistress says Nandu has the intellectual capacity to do well in academics and is a good boy, but needs his grandmother to let off some of the pressure. Lekshmi on her part feels that education is the only way for Nandu to have a secure future and therefore reprimands him. There is a considerable generation gap between Nandu and Lekshmi and no other buffer - relatives, cousins, or other kinship carers - between them. This could be stressful for both, but especially for the child who may feel too much interference and pressure in his life. There is also an absence of male role models in Nandu's life (barring some of the male CCI functionaries who may not interact very frequently with Nandu) and a strong female presence in his life - the grandmother, the guidance counsellor, and the headmistress for example. What effect this might have on his life is not clear. Again and again, we hear that Nandu is a sensitive, caring and good-natured boy with a good character. There is a need to nurture this side in addition to encouraging him to do well in studies. The carer needs to be sensitive about Nandu's emotional and psychological needs as well, which may be a cause for concern and may need some intervention. The CCI took note of the headmistress's words and said they will counsel Lekshmi better in handling her teenage grandson.

## CASE STUDY 8

### Finding Family Again: Aadhya's Story

The urban sprawl of one of the cities in Tamil Nadu is criss-crossed by a multitude of middle and lower middle class residential localities. In one of many such residential lanes, lives Aadhya with her maternal aunt- Prerana, uncle, and two cousins. When you first meet her, Aadhya looks like any other 19-year-old. Spritely and bright with a quick smile, she and her aunt welcome us into



their small two-room rented accommodation on the ground floor of a well-constructed and clean tenement complex. Aadhya's aunt works as a server at one of the many restaurants in the city, her uncle works as a load man, and her male and female cousins attend class XI and VII respectively. Their family income is INR 25000 out of which 5000 goes towards monthly rent. This regular appearance of domestic life however has a complex background. One that ideally shouldn't befall any child. Aadhya was born to her parents almost eight

years after their marriage. By that time her father had completely descended into alcoholism and her mother into depression. When Aadhya was a year and a half, her mother committed suicide. After her mother's demise, Aadhya continued to stay with her paternal aunt for the next few years until the age of four. Her life at her aunt's place was not pleasant but she received basic care. However, when she was four her father too passed away because of health issues fuelled by his



alcoholism. After his demise, the maternal grandmother took her in, and when she too passed away soon after, the maternal grandmother's brother and wife (granduncle and grandaunt) took Aadhya in. Here her life was slightly better than before as she was enrolled in school and again received some basic care. During all this time Aadhya was in her native village, however, a few years later when she was twelve, her maternal uncle took her to the city with him. His reasoning for this was that the environment in the village was not conducive to her growth and development. As noble as his claim was, Aadhya was met with abuse and neglect in her maternal uncle's house. Her uncle had taken her with him almost solely to provide free domestic labour and nothing else. She did not go to school, and she received no affection and just the barest minimum of care. The grand aunt realised that Aadhya was being mistreated at the uncle's house and reported this to 1098<sup>35</sup>.

Aadhya was subsequently rescued from her uncle's house and placed in the CCI at the age of 13. As narrated by Aadhya's aunt, since her birth, Aadhya had been placed in different arrangements for the purpose of her safety. However, none of these arrangements lived up to their claim of safety. Furthermore, because of the constant change in arrangements, Aadhya hadn't had any consistency in her life - something that is very important in a child's formative years. Her family, the mother's side of the family, therefore decided that it would be best for Aadhya to be placed in the CCI for some time at least. In the CCI, Aadhya received requisite care and love, she attended school regularly and did well in her studies. During this time, the grandaunt was recognised as Aadhya's legal guardian by the CCI. In the capacity of a legal guardian, the grandaunt was the only relative who could meet Aadhya on designated days on the CCI campus. When asked why Prerana did not take on Aadhya's legal guardianship at the time, Prerana - Aadhya's kinship carer now - says that at that time her own life was rife with struggle. She had married her current husband against the wishes of the community and was facing considerable opposition as a result. She also did not have any paperwork to prove her right to legal guardianship at that time. When Aadhya was sixteen, she was sent to her grandaunt's home for the summer vacation. It is customary for legal guardians to take their wards home for holidays and so the CCI naturally sent her to the grandaunt's house. However, far from being a simple vacation, Aadhya's life was on the verge of another upheaval. Unbeknownst to anybody else in the family, the grandaunt had fixed up Aadhya's marriage with a boy from the same family. Aadhya, being submissive and depressed did not bring this to any relatives' attention. According to Aadhya, when she was told that she was going to get married, she felt like giving up and just going through with another event in her life

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<sup>35</sup> Childline India Foundation's initiative - 1098 is simply referred to as CHILDLINE and is a toll free number for children in distress.



that was against her will. The marriage did take place, however, Aadhya's other aunt (Aadhya's mother had three sisters - the youngest one died of suicide three months before Aadhya's mother committed suicide - and two other sisters including Prerana) reported this to the CCI. The CCI staff rescued Aadhya and since she was underage, the marriage was annulled.

After being rescued, Aadhya spent the next two years in a CCI. At this point, Prerana's story of becoming Aadhya's kinship carer begins. Now well settled in her own life and confident in her ability to care for Aadhya, she started the long winded process of reuniting with her niece. Her motivation to go through the circuitous process was that Aadhya's mother had taken care of Prerana as a child. She was almost like a mother to her siblings and the sense of gratitude she continues to feel towards her sister compelled her to take on Aadhya's responsibility. Since she had no proof of a relationship with Aadhya, she had to dig deep to find any document that would provide evidence of the fact. In the meanwhile, she met Aadhya on the first Sunday of every month<sup>36</sup> at the CCI, brought things and food that Aadhya liked and kept updating her of the struggle Prerana's family was going through to bring her back. On their part, the CCI too believes in reunification with family and family-based care and so the staff started preparing her for a life with her aunt. Finally, a school transfer certificate from earlier, which had Prerana's signature, was accepted as proof of relationship by the CWC and Prerana was granted Aadya's custody as she turned 18 years of age. The CCI staff informs us that during the intervening years, the CCI team and Prerana appeared before the committee several times to present the case and for transferring legal guardianship. Aadhya was also keen to move in with her aunt as she knew the struggle and effort she had to make to bring her home. Aadhya was therefore completely convinced that she wanted to live with her aunt, uncle and cousins (whom she loves dearly) and voiced this opinion. So, it was from the age of 16 (when she moved back to the CCI a second time) that Aadhya knew she would finally return home to her aunt one day.

Aadhya has been living with her kinship carer's family for a little over a year now and things have been relatively smooth sailing. Aadhya had initially enrolled in a hotel management course, the CCI paid the annual tuition fee towards this. However, a few days into the course she felt she wouldn't be able to cope and that the subjects were not to her liking. She, therefore, dropped out and is currently working as a cashier in a nearby supermarket. The CCI and Prerana both were disappointed when Aadhya decided to drop out but since she was absolutely certain, neither forced her to stick to it. Currently, Aadhya and the CCI are exploring programs for dress-making and designing as she has a certificate in basic stitching from the CCI. As is evident and natural,

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<sup>36</sup> the CCI's designated time for meeting family.

there are challenges in the new arrangement. However, both Prerana and Aadhya say that these are part of the process and that the CCI has been steady support in tiding over any such bumps. Prerana is a devoted kinship carer who treats Aadhya as if she were her own daughter and tells us that she wanted to take Aadhya since the very beginning. Prerana is saving money to buy gold jewellery for Aadhya, as is customary in India particularly in southern India. In the meanwhile, the younger cousin refuses to wear gold earrings because Aadhya doesn't have any. Whatever money Aadhya gets from her part-time job is also for herself and doesn't go towards family expenses. Furthermore, Prerana gives Aadhya pocket money, which is more than her own children. These are all little instances of just how much Prerana and her family dote on Aadhya. The CCI is also responsible for the equal treatment that Aadhya receives in her new family as they prepared the family for receiving and caring for Aadhya during the waiting period.



Aadhya tells us that she loves being part of a loving family. She likes the simple everyday domestic activities that mark family life and gets involved in things like getting her younger cousin ready for school, helping her aunt with cooking and cleaning and spending the evenings catching up with the family. She demonstrates her sense of belonging to her new family by narrating an anecdote. Aadhya fell ill on a workday but did not tell anybody and decided to go to work anyway. When she came back that night, her health had worsened and it was evident to her aunt. Prerana asked her

why she went to work and that she would have taken care of her had Aadhya taken an off. This small, apparently unimportant exchange is what made Aadhya feel a surge of warmth and love and like she finally belonged. She addresses and refers to her aunt and uncle as “Mama” and “Papa” which is more evidence to the fact that she feels belonged in this family. The family also spends some quality time together as Aadhya tells us that they took a trip to her uncle’s native village

near Madurai last year. Every night after work and school, the family looks forward to getting together and chatting and as Aadhya says, “getting to the business of splitting her aunt’s tips from the restaurant!” Overall, based on observation as well as testimony (Aadhya’s, her aunt’s and the CCI’s) Aadhya comes across as a well-adjusted young woman despite the many horrors she faced at a young age. Psychologically, Prerana says that Aadhya is mostly even-tempered and well-adjusted. However, she is not very expressive, both Prerana and the CCI say so, and she doesn’t speak freely when and if something is troubling her. She tends to find her own way out of a situation, according to Prerana. However, this same tendency is what prevented Aadhya from calling and alerting anybody at the time that she was to get married. Prerana says that she was very angry with Aadhya for not contacting her at that time. She says one word from Aadhya and they would have dropped everything to come and prevent the marriage from happening. Now when she gets upset, there are some things which she shares with her younger female cousin and otherwise, she distracts herself by buying things she likes or demanding things from her aunt.

This is one of the challenges of raising Aadhya that Prerana talks about. She says that in a family of their income group, it is not possible to meet children’s demands immediately. In the CCI on the other hand, children get what they ask for almost immediately. Prerana is therefore trying to get her children, particularly Aadhya, to understand the value of money. There were other minor hiccups such as Aadhya finding the food at her aunt’s too spicy initially but took to it gradually. Additionally, physical space was a concern at the beginning, since there was barely enough room for a family of four. During this time, the CCI extended support to find a more spacious accommodation. However, since they did not find a suitable alternative, they are continuing in their current house. Prerana credits the CCI’s support for all the big and small issues in the process of formally becoming Aadhya’s kinship carer. For the first three months, they made fortnightly visits and currently they visit once a month, which will decrease over time. In addition to this, the case coordinator’s contact details have been shared with both Aadhya and Prerana and from time to time, both have approached the CCI for emotional and practical support and counsel.

While Prerana may have been compelled to take care of Aadhya out of gratitude to her sister, Prerana’s husband has no such motivation, however, he has been an important part of this arrangement. Prerana tells us that her husband is the one who took the lead in starting the process of becoming kinship carers. He has known Aadhya since she was a baby and has been witness to all the life experiences she faced. He, therefore, felt responsible for her and supported Prerana’s choice to care for Aadhya. In addition to her family, Aadhya is also attached to her other maternal aunt and her family who live in the same city. She visits them regularly or talks on the phone with them. There is another maternal cousin that she meets from time to time and is close to. The relatives with whom she had bad experiences are no longer part of her life.

As mentioned earlier, Prerana takes her responsibility to raise Aadhya very seriously and is very conscious that Aadhya develops a good value system and character. She is ever vigilant about the company that Aadhya keeps and her attitude towards life. It is apparent that there is no sense of awkwardness between Aadhya and her aunt, as they sit close to each other and interact with familial ease. What comes through is the strong bond of love and care between the kinship carers and Aadhya.

## Role of the CSO

The CCI demonstrates exemplary dedication towards all their children. Their motivation is doubtless a result of their missionary zeal and selflessness. They are committed to promoting family-based care and where possible try to reunite the child with the family. Similarly, kinship care is an area that they believe in and have supported families like Aadhya's in taking on the role of carers. As mentioned in the case study, they monitor such families and provide any necessary support including monetary. They do face challenges like any other organisation, but in their case, particularly with the CWC and DCPU. A senior person at the CCI said that they do their duty and present every case that comes to them to the CWC, however, there has been little if any support from the CWC in terms of guidance or facilitation. Furthermore, there have been cases where children have run away from the CCI to be with their parents, which not only shows the organisation in a bad light but also endangers the safety of the children.

Regardless of the challenges they face, the CCI marches on. They wholeheartedly support the premise of deinstitutionalisation and kinship/foster care as alternatives. Over time, they have experienced a reduction in the number of children that come to them and according to them, it is a move in the right direction.

## Preliminary Analysis and Observations

Based on interaction with the aunt and Aadhya, it is safe to say that Aadhya is in the best possible kinship care arrangement. Having a family of her own has not in any way diluted the care that Aadhya's aunt provides. If anything, her family is a huge support and willing participant in the whole process of taking Aadhya in and caring for her. She has more people who love and care for her and cousins around her age to whom she is very attached. Aadhya's aunt is 38 years old and Aadhya is 19 and so the two are closer because of the lack of a serious age gap. Besides, she has a buffer between her and the adults in the form of her younger cousins when she needs it. This case study is a good example of how kinship care is an effective alternative to institutionalisation.

However, there are a few concerns that need attention, firstly, the CCI was involved throughout the process of Aadhya being placed with her aunt. They continue to be involved in a supervisory capacity. Their role has been an important factor in ensuring that Aadhya's placement was smooth and that her safety is guaranteed. It is therefore of the essence that organisations be trained in how best to provide support and supervision to families providing kinship care without intruding on their private life. What comes across very clearly is that kinship care is a viable alternative provided there is adequate hand holding.

Much like in the other states, Tamil Nadu doesn't have exclusive data on the number of children placed in kinship care arrangements. A number of CSOs are working in their communities to promote kinship care though. Kinship care is again much more prevalent in Tamil Nadu, albeit informally or under the aegis of CSOs. Official numbers, therefore, remain elusive. The CSO we interacted with as part of the study contends that in their district, they have successfully been able to place almost fifty children with their families since 2017. The sponsorship scheme supports kinship care families here as well and CSOs dip into their grants to supplement wherever there are gaps.

## CHAPTER 3

# ANALYSIS AND RECOMMENDATIONS

This chapter presents an analysis of the various themes that have emerged from the narratives of children and kinship carers. The case studies that have been documented for this report provide essential evidence towards the premise that kinship care is a viable, indeed desirable form of alternative care for children who have been deprived of parental care. This chapter will start with a section on the context setting and profile of kinship carers. This will be followed by a section on detailed analysis of the emerging themes to paint a picture of how exactly these themes stand in for evidence. It also brings out some of the roles and responsibilities that Government bodies and Civil Society Organisations are currently carrying out. The chapter will conclude with a section on recommendations and the way forward for kinship care.

## CONTEXT OF KINSHIP ARRANGEMENTS

The families that were documented as part of this study hailed primarily from lower to lower-middle income brackets. More than half are involved in daily wage labour and the ones located in urban areas are either blue collar employees or domestic workers. There is only one exception to this, where the family is relatively well off, educated and comprises a journalist and teacher.

The primary kinship carers include paternal aunts - in three of the case studies, a maternal and paternal grandmother in two of the case studies and maternal aunts in three of the case studies. As per the CSO in Jharkhand, the paternal family is more likely to take on the responsibility of a child who is deprived of parental care whereas in Tamil Nadu the CSO reported maternal families are more likely to care for children. In Maharashtra, the CSO contends that both paternal and maternal sides are found to be open towards taking on the responsibility of children. In Dhemaji district of Assam, the case studies that were documented were recommended by the DCPU and included one child being cared for by the maternal family and the other by the paternal aunt and her family. Of the eight case studies that were documented, four were girls and four were boys leading to a balance as far as the gender of the children was concerned.

In almost all the case studies, the primary reason for separation from parents was the death of both parents. Two cases were minor exceptions, in one of the cases the father had abandoned the pregnant mother. The mother is now presumed to be dead and the son lives with his grandmother.



In the second case, the girl's mother passed away within ten days of giving birth. The father took the daughter to the native village where he was making her perform domestic work. She was therefore taken back to Mumbai to live with her maternal aunt.

While death is the primary reason, the causes of death are more revealing of systemic and social issues that make up the backdrop of the deaths. Alcoholism, mental illness (leading to suicide or accidents) and unreported HIV make up the causes of the deaths of parents in these case studies. As per the CSOs' testimonies, the reasons that lead to separation from parents include alcoholism, mental illness, extramarital affairs leading to abandonment and children eloping.

## ANALYSIS OF EMERGING THEMES

The following section will focus on the important themes that came through from the case studies and provide a detailed analysis of these themes.

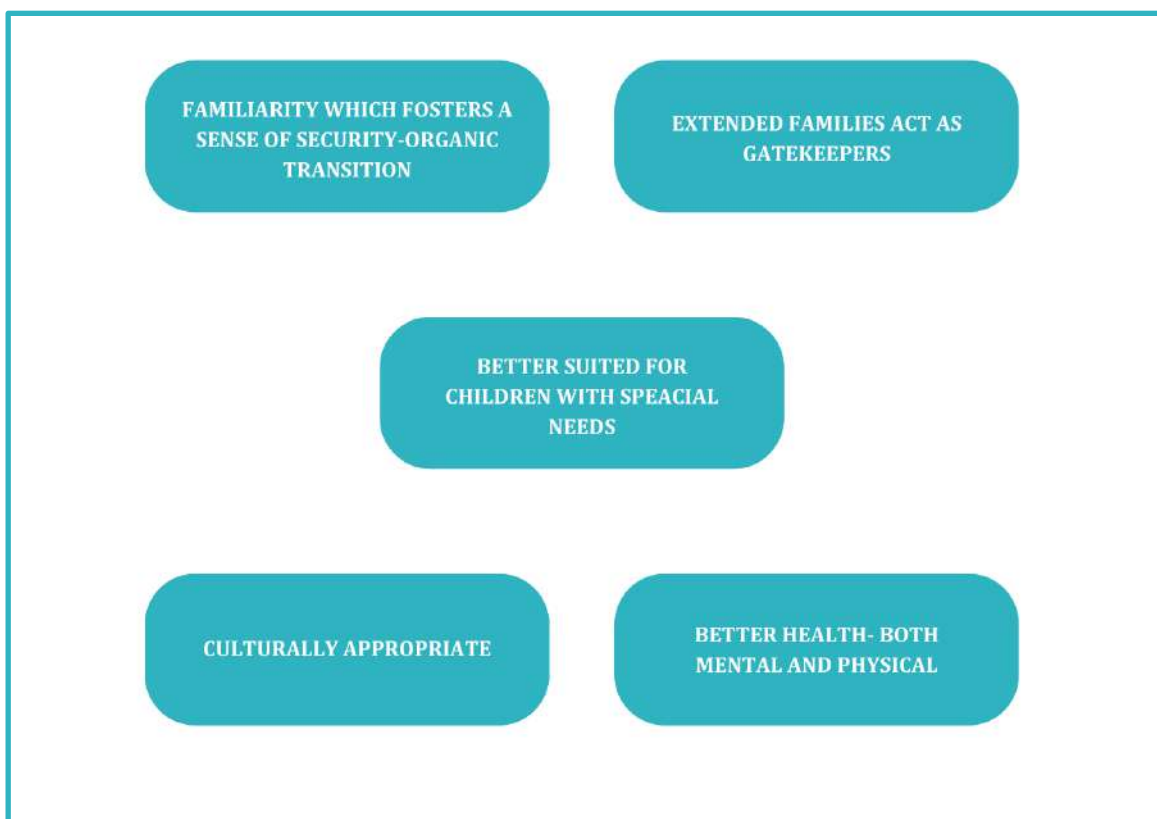


Fig 1: Major Themes emerging from the Case Studies

The themes broadly fall into the following categories:

1. Evidence towards Kinship Care as an Alternative - based on children's and carers' narratives
2. Areas of Concern
3. Role of Governmental Bodies and CSOs

## 1. Evidence Towards Kinship Care as an Alternative

Possibly the most important theme that emerges from the documented case studies is that kinship care arrangements are ensuring the well-being, be it physical or mental, of children, and this is with no state intervention or mechanisms. The CSOs that were interacted with, the kinship carers and most importantly the children themselves bear testimony to this. There are six main sub-themes that emerge in this category:

- a. **Familiarity, Organicity of Transition and Belongingness:** One of the strongest and most recurrent themes that emerge from literally each of the case studies is a strong sense of familiarity and familial bonding between the kinship carers and the children. In almost all the documented case studies, the children were either already living with the kinship carer and/or extended families or were on very familiar and warm terms with them. The result was that the children did not have to uproot their lives to live with someone they barely knew if at all and the transition for both the kinship carer and the child was relatively smooth. For example, in Vartika's case, she contends that her extended family is in fact the only family she knows. Similarly, in Akshay and Suyash's case, the only family they knew after their mother passed away was their grandmother and aunts because the father was rarely in the picture and passed away four years after the mother. Meenakshi was practically rescued from her father's home by her maternal uncle and aunt when she was three and a half years old. In Aadhya's case, though she moved to her aunt's place only much later at the age of 18, she had been in touch with her aunt throughout her stay at the CCI. Consequently, she not only became familiar with the family, but the efforts the family made to bring her home convinced her that she would be safe with them. In the Jharkhand case studies Natasha, Anand and Aditya had been living with their paternal aunts prior to the deaths of their parents, as a family. So, while we may contend that they are in a kinship care arrangement, in their understanding they are simply continuing to live with their family. Furthermore, in Aditya and Anand's case the aunt delayed marriage so that she

could care for them and in Natasha's case the aunt has not married at all. In Akshay and Suyash's case, their grandmother and aunts say that they are family and so it is almost a foregone conclusion that the two boys would stay with them. Despite constrained resources, the aunts spend on the boys' education and do not resent it. Karan's case, though slightly different - in that he was living with his paternal uncle for a year and was then moved to his aunt's family - is still reflective of familiarity. Karan says that since childhood his family frequently visited his aunt, there were times when he stayed with his aunt alone and is also fond of his aunt's son who is fifteen years older. So, while initially reluctant to move (primarily because of greater familiarity with his uncle's family) his transition into the aunt's family was smooth enough. Furthermore, his placement within the family has ensured that his bond with his sibling is preserved and maintained. So, while there is some sadness over being separated from his sibling, Karan says that it is not too significant as he talks to his brother almost every day and visits him regularly. This was possible because Karan's brother is also dear to their aunt and her family. In an institutional set up on the other hand this is unlikely to happen, not so much because institutions intentionally want to separate siblings, but because often there may be a lack of resources and/or time to facilitate contact between siblings. These observations echo the findings of other studies done elsewhere in the world. According to a global study<sup>37</sup> that reviewed literature from 40 countries, children prefer kinship care to other forms and that kinship care offers stability and continuity to children (Delap and Mann 2019). A study in South Africa, Botswana and Zimbabwe shows that children themselves prefer kinship care and rated alternative care in descending order thus, immediate family, extended family, community members, foster care and care in a child-headed family (Broad et al. 2004, Save the Children UK 2007).

The report also says that kinship care benefits kinship carers as well as provides companionship, practical support and satisfaction of caring for a child that they love (Ibid.). This sentiment is echoed by many of the narratives in this study. Lekshmi from Tamil Nadu openly stated that she appreciates having Nandu in her life, especially having felt lonely in the five years that he was in the CCI. Similarly, Aadhya's aunt says that having Aadhya has added happiness to her family and that her only regret is that she couldn't bring Aadhya home sooner.

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<sup>37</sup> The Paradox of Kinship Care - the most valued but least resourced care option - A Global Study

The sense of belonging that the children feel through kinship care is best summarised in a quote by Aadhya. She tells us that she was a little unwell after moving to her aunt's place but still went to work at her part-time job. When she got back in the evening, she was feeling worse. Her aunt asked her why Aadhya went to work because had she stayed at home the aunt would have taken care of her. The aunt told her to keep this in mind if she ever fell ill again. Aadhya says that this seemingly small gesture is what made her feel like she finally belonged. The genuine bonds of love and care that these kinship care arrangements demonstrate are perhaps the best argument for a move towards recognising kinship care as an alternative care mechanism.

- b. **Kinship Care Families Can and Do Perform the Role of Gatekeepers:** The kinship carers whose stories have been documented for this study have the best interests of their wards at heart. They have displayed protective instincts towards the children they are raising and have proactively intervened where the children were at risk. In Aadhya's case her aunt had reported to the CCI that the child was married off before turning 18. This led to her immediate rescue. Furthermore, Aadhya's aunt expresses that she was upset with Aadhya for not telling her that she was in such a situation. Vartika's maternal grandfather was not well-to-do nor did he have any prospects and yet he ensured that Vartika came back to live with him and was not left with her father's family. In Meenakshi's case, the maternal uncle actually rescued her from her own father's house. Seeing his barely three-and-a-half-year-old niece doing domestic work did not sit well with him and he brought her back to his own family. She hasn't returned to her father since. This is of particular significance because Meenakshi has a speech impairment and intellectual deficits. Far from meeting her special needs, the father was using her for domestic labour. Her current kinship carers could have simply ignored her situation, especially since they had to fend for their own fairly big family in the city of Mumbai. However, not only did they take action right away, they have never looked back or had second thoughts about raising Meenakshi. What comes out of almost all the case studies is that kinship carers possibly feel a dual responsibility towards the children placed with them. They demonstrate an understanding of the children's situations and try to protect them from future trauma, indeed in many of the cases the children have actually been rescued by the future kinship carers from an unsafe situation. Moreover, since the children are within the extended family network, other relatives are also in touch with them. This means that in case children are being neglected, abused or exploited, these relatives are likely to realise it and the child's situation will not remain secret. These relatives can then go on to take appropriate action to help the child.

- c. **Kinship Care is Better Suited for Children with Special Needs:** Globally there is limited evidence on the impact of kinship care on children with special needs. In general, the trend is that kinship carers are reluctant to take in children with special needs or disabilities. In the UK, more children with disabilities are likely to come into kinship care (Delap and Mann 2019). There is, therefore, certainly a need for more research on children with disability and kinship care. This study has been able to document the cases of two children with special needs, Meenakshi and Suyash. In both cases, the disability or illness was not known to the kinship carers for a few years into the arrangement. In Meenakshi's case, for example, she was going to a regular school until class IV, and her inability to cope with her studies was attributed to her premature birth by the family. It was when a friend of the family - with professional training - suggested that Meenakshi get an IQ test that her speech impairment and intellectual deficit were uncovered. The maternal aunt however was unfazed by this development and with the help of her employer simply placed her in an alternative special school. Would this have been the case had she continued to live with her father in the village? Based on what has been reported it is safe to say that the answer is most likely no. Meenakshi is deeply loved and cared for by her maternal aunt. As mentioned earlier, her aunt is protective towards her because of her condition and has ensured that she receives all the support that she needs - in addition to attending a special school, Meenakshi is also getting speech therapy. The maternal aunt says that finding out about Meenakshi's disability did not deter the family from continuing to care for her. Based on interaction with the family and the community, it appears that in addition to the kinship care family, Meenakshi is adored in the neighbouring community as well. In a large institutional set-up, Meenakshi would not have received the same individual attention and her needs would not have been met the way they are being now. Suyash on the other hand suffers from HIV. Like Meenakshi's family, Suyash's family was also not only deterred from continuing to care for him but also accepted him unconditionally. The family is supportive of Suyash's aspirations and is more protective of him because of his illness. He is currently receiving treatment and medication from a government hospital. The family monitors his medication and makes sure that he goes to take his monthly dose. Their only concern is that the illness and/or the medication for the illness may have affected his mental faculties or made him lethargic. According to the grandmother, he is slow to respond and is socially awkward, which she attributes to the illness. However, it is not out of embarrassment that she says this, it is concern over his future especially after she passes away. She says that this worry gives her sleepless nights. This concern translates into action though, as the grandmother makes sure that there is nutritious and sufficient food on the table to go along with the medication. She is also more protective of him and doesn't burden him with

too many chores, all the while gently encouraging him to be more socially active. Based purely on these interactions, it is possible to contend that kinship care has strong potential as an alternative for children with special needs. More in-depth and quantitative research is needed to strengthen such a contention.

- d. **Culturally Prevalent and Accepted Form of Alternative Care:** What was abundantly clear across all eight case studies was that the kinship carers had no doubt that the children were their own. So, the question of why and how the children came to be placed with them astonished many of them. Nikita's aunt for example expressed confusion at the question and asked "where else would she go? She has been staying with me since before her parents' death. Nothing else has changed." Similarly for Karan's aunt, it was not a big deal that he started living with them. She said that this is how it is in their homes, families visit each other regularly and often children stay over with relatives. Any expenses that come up are simply absorbed in the family's income. Vartika's maternal aunt started caring for her as a newlywed, but she knew of the arrangement and said that she never had a problem with it and in fact came to think of Vartika as her own daughter. It was very apparent in each of the cases that the children were welcome additions to the carers' lives and families. Nowhere was the suggestion that the children were a burden, even in expensive and fast-paced cities like Mumbai. It is clear therefore, that kinship care as an alternative mechanism of care has been prevalent, albeit informally, in Indian society. Furthermore, it has cultural currency and so the ethos regarding the family as such and not as extended or immediate is handed down across generations. Furthermore, studies suggest that in more traditional and tribal societies, such as India, the interest in preserving cultural beliefs, customs, language etc. might be an incentive to keep children within families (Delap and Mann 2019). Perhaps that is why in Assam and Jharkhand (In Jharkhand both families were tribal, while in Assam Vartika's family is tribal) while saying that the children were their own, the carers also expressed a more communal sense of ownership, rather than just personal. This is possibly why the belonging and sense of ownership are reflected in the terminology as well since the CSO/DCPU staff in both Jharkhand and Assam referred to the kinship carers as 'kinship parents.' Whereas in other parts, the carers owned the children as well but the emotion perhaps came from a much more personal space. Having said this though, despite claims of disintegration of the joint family system due to rapid urbanisation, there is enough evidence that kinship care is working well even in urban spaces. The importance of cultural acceptance and prevalence simply can't be denied while talking about formalising kinship care.



Like anything else, there are pitfalls of cultural acceptance as well. One of these is the organic absorption of children into extended families without them actually expressing agreement for the arrangement. Because of the cultural landscape and the direness of the situation, it is possible that children may not be consulted while being placed with a certain relative. Involvement in the decision-making process is therefore a nebulous area for most of the children in the study, either because they were too young or because that is simply “how it works.” Retrospectively however, the children do express satisfaction at being placed with their current kinship carers.

- e. **Improved Health and Development:** One CSO that was interviewed for this study said that they had initially been sceptical about the benefits of kinship care. What eventually convinced them was that many of the children who were reintegrated into their families from CCIs showed improved health indicators. It is difficult not to acknowledge such quantitative data. At least the children in this study have shown remarkable improvement in health indicators after moving in with their current carers. Lekshmi proudly shares Nandu’s blood reports and says that earlier his haemoglobin was below normal and has now come up to normal. All other parameters also show improvement. Aadhya’s sparkling eyes and radiant appearance is proof enough of her good health. This is supplemented with medical examination reports, which show that she has improved on each parameter after moving in with her aunt. In Meenakshi’s case also it is clear that through her carer’s intervention, she is receiving speech therapy. She is an enthusiastic and energetic dancer - she showed us her dance videos in which she was fuller of energy than any of the other children in the group - which means that her aunt makes sure that she gets nutritious and sufficient food. Suyash’s grandmother also supplements his nutrition since he is on medication for HIV. The kids from Jharkhand also appear energetic and physically strong, although there is no reference to compare them with and therefore this is reliant on the researcher’s observation. In general, therefore, physically speaking, children do better when placed in extended families than in CCIs. Also, because kinship carers, at least the ones in this study, have expressed that they feel obliged to take extra care of these children.

## 2. Areas of Concern

Despite all the evidence in support of kinship care, there are some aspects of kinship care that carers and children in kinship care arrangements have cited as being difficult or challenging. Some of these however emerge from the lack of formal recognition of kinship care, resulting in the absence of corresponding guidelines and structures and support to kinship care families.

- a. **Financial Challenges:** The most overwhelming and cross-cutting challenges that beset kinship care arrangements is the lack of substantive financial support. A recurring theme across almost every case study that was documented, has been the lack of material resources to secure children's futures. All the families that were interviewed are deeply invested in the care and welfare of the children placed in their care. They have shown willingness in the absence of any incentives and so it is clear that they took the children in because of their affection for them. However, their narratives highlight the financial challenges and the need for monetary support to better care for these children. Be it Nandu's case, where his grandmother is a daily wage labourer and works day and night to make ends meet, or Natasha's case where the aunt has to depend on her meagre earnings or her sister's largesse. Lekshmi says that Nandu living with her is a foregone conclusion, she will have it no other way. Her only worry is that she has no resources to make sure that he gets the additional educational guidance he needs or to meet any unanticipated costs. Even for house rent, she has had to depend on the CSO, a source which is contingent. Natasha's aunt also says that she would not consider keeping Natasha anywhere else but with herself. However, she says that money is a big worry for them as well. Natasha's education is of essence if she has to make a life for herself and she attends a private school, which means higher fees. When we spoke to Natasha and her aunt, they hadn't received their monthly sponsorship money. As a result, the child was unable to see her exam results. Not having sufficient financial resources, therefore, places Natasha's education under a monthly dark cloud of worry. Her aunt said that expenses such as food and clothing can be managed somehow, however, the bigger and more important things cause her a lot of worry. Akshay and Suyash's grandmother, Madhavi has similar worries. She is above 70 years of age and has suffered a paralytic stroke. She therefore has no income of her own save the little rent she gets from a room that she lets out. Her daughters don't hesitate to contribute but themselves are of limited means - both are blue-collar workers and also have families of their own to look after. Like the other kinship carers, Madhavi's only expectation from her grandsons is that they study and are able to stand on their own two feet. Without the requisite resources though, it is difficult for the family to meet tuition expenses or any other vocational training fees etc. Even in cases where families are able to become formal beneficiaries of the sponsorship scheme, they have had to struggle firstly, because the amount is too meagre<sup>38</sup> and secondly, there are months when they do

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<sup>38</sup> The Bal Sangopan Yojana entitles beneficiaries to a monthly endowment of INR 1100. Under the ICPS, beneficiaries are entitled to a sponsorship amount of INR 2000, which has increased to INR 4000 under Mission Vatsalya.

not receive the money because of administrative/other lapses. What complicates the situation further is that the families often do not know what these lapses are or do not investigate them any further. As a result, the endowments stop altogether unless someone else intervenes on their behalf. This happened in Aditya and Anand's case where one of the brothers did not receive his monthly sponsorship. The CSO intervened on his behalf and realised that it was a result of a change in the IFSC code following a merger between his bank and another. Once this mistake was corrected the sponsorship money started coming in. The months that families do not receive the sponsorship amount causes them to take loans leading to indebtedness. The arrears do not come in one lump sum but in instalments and this too goes into repaying loans. This cycle keeps repeating and ultimately families do not receive any real benefit.

There is no doubt that the best intentions of these kinship carers can be realised only if they have the requisite financial resources. Other studies also bear testimony to this contention. A study conducted by the Child in Need Institute in four districts of Jharkhand shows that parameters such as food and nutrition, education and access to basic amenities improved following linkage with the sponsorship scheme while parenting aspects showed almost no change (Mukherjee et al. 2021). In the absence of such material support, the cycle of poverty and indebtedness would simply continue, and the potential of kinship care would not be met. There might be a concern about kinship carers appearing only for the monetary incentives. However, there is a flip side to this, what if the right kinship carers are not coming forward simply for the lack of resources? This was apparent in Aadhya's case, where the aunt who has finally taken her in and has proved to be the best carer for her, couldn't do so for the most part of her childhood. One of the reasons for this was her own lack of resources. Furthermore, as a result of not being able to take her in, Aadhya's childhood was lost between relatives who either wanted her for domestic labour or wanted to marry her off at a young age. All those lost years could have been avoided with more focused state intervention. The same is true for Nandu, whose grandmother had to place him in a CCI for five years because of a lack of resources.

- b. **Issues of 'Matching' and Possible Placement Breakdown:** It is impossible to imagine a scenario where there won't be any hiccups at all in executing kinship care arrangements. There are practical challenges that come up in kinship care practice just as in any other arrangement. However, sometimes these issues are exacerbated because of the lack of formalisation more than anything else. One such observation is related to finding the most appropriate 'matching' family for children. This is not to say that tailor made families will be found for children to be placed in. Matching in this context refers to equipping existing

kinship carers so that they are better able to accommodate the child and care for him/her. In essence then, a family matches its actions to the child's needs. A case in point is Nandu and his grandmother, Lekshmi. Through the course of the interview we learn that Lekshmi loves her grandson and is deeply invested in his welfare. A meeting with the headmistress of his school reveals that this affection and investment can translate into considerable pressure on Nandu. The headmistress says that Nandu has the intellectual capacity to do well in studies but he is failing his exams. This is likely because of the pressure that he experiences at home. Similarly, in the case of Suyash and Akshay, their grandmother feels that they don't give her enough respect as their father's mother (*Baapachi aai* as she says) and have to be pushed to perform domestic duties. These interactions give her sleepless nights. It is possible that the boys feel they owe it to her to do better or on the flip side, simply rebel and act out. In such cases, formalisation is of essence as it provides the necessary support that families need. At present, this gap is being filled by CSOs, but it is still in an informal capacity and subject to organisational mandate rather than state. In Nandu's case for example, the CSO has been very proactive in providing this support. The education facilitator and counsellor conduct home visits on a fortnightly basis and have shared their phone numbers with both grandson and grandma. This provides a buffer for Nandu and an outlet for Lekshmi to vent. Both are very important if this arrangement has to work in the long term and not result in placement breakdown<sup>39</sup>. Placement breakdowns in turn can negatively affect educational outcomes in children and disrupt their lives in general (Cashmore and Paxman 1996; Tilbury et al. 2009). Similarly, in the case of Akshay and Suyash, the CSO has of its own volition been visiting the family and counselling the grandmother and boys. It's clear therefore that the CSO's role in counselling both carers and children is valuable, even though the kinship carers may claim that they do not need emotional support. In addition to the generation gap in both these cases, there is a gender gap as well. In both cases, there is a strong female presence in the boys' lives. While there is nothing problematic about this per se, some male role models might be beneficial for them. Based on the case studies it is safe to say that children with only one primary carer may have some difficulties adjusting and will need greater support. In cases where in addition to the primary carer there were others such as cousins, siblings, or even other community members, the children benefited from these relationships.

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<sup>39</sup> Placement breakdown in foster care is defined as a placement not lasting as long as was initially planned.

- c. **Mental Health Issues:** As mentioned earlier, children in kinship care arrangements tend to present improved physical health outcomes. Mental health however, is a totally different matter. Globally speaking, there is evidence that children placed in kinship care tend to suffer from mental health problems (Delap and Mann 2019). While this might not necessarily be true for India, there are certain factors that might be contributing to mental health problems here as well. Firstly, evidence suggests that children who come into kinship care are likely to have experienced the trauma of parental separation, neglect, abuse or violence (Kiraly 2016, Ibid.). In the case studies that have been documented as part of this study, none of the kinship carers were able to articulate if at all the children faced such issues. It is possible that they didn't face any issues and that is possibly a testimony to children's remarkable resilience. However, on the other hand, it is possible that the symptoms are in plain sight and there has been no recognition of it. CSOs and carers both have kept an eye out for any possible changes in behaviour or mood but it's possible that any deep-seated issues may have missed their attention. In Nandu's case, for example, his grandmother said that she doesn't let him dwell on negative emotions. It could also mean that she doesn't let him express some emotions that he experiences. If she stigmatises such emotions, he may not be able to express them to anybody else either. Similarly, in the case of Anand and Aditya, the tribal culture they belong to makes it difficult for them to express and articulate their feelings, it doesn't however mean they don't experience emotions. Because of their life experiences, they have had to mature early and behave responsibly. Furthermore, Indian cultural mores tend to favour burying negative emotions rather than expressing them. Additionally, as one kinship carer said, "the poor can't afford to give into emotions," all these factors may be contributing to some mental and emotional problems that either the family does not know about or actively doesn't articulate. Furthermore, as mentioned by the CSOs that were interviewed, based on the documented case studies as well as secondary literature, one of the main reasons for children's separation from parents is parents' mental illness (Connolly et al. 2017, Gautier et al. 2016, Delap and Mann 2019). This was so in Nandu's and Aadhya's cases and possibly in the other cases as well but was either missed or not reported. This prevalence also implies the need for intervention at critical points to prevent parental separation, to begin with. On both counts, therefore, there is a need for more substantive research on the mental health implications in kinship care and how to address it better.
- d. **The Potential for Neglect, Exploitation and Abuse:** Even with all the evidence supporting kinship care as a care mechanism that provides for the well-being of children, the potential for exploitation, abuse and neglect in this system cannot be denied. Perhaps in this study,

Aadhya's case is the strongest example of how things can go wrong. Being moved from one family in her childhood or getting her married off are clear instances of how her wishes were not taken into account by her carers and this created the conditions and possibility for exploiting her. She also had to go through two kinship placements and a stay at a CCI before finding her long-term family. By the time she started living with her maternal aunt, she was 18-years-old and her childhood was more or less lost. In fact, studies also suggest that while many children are indeed loved and well cared for in kinship care settings, some are treated differently from others in the family and are more vulnerable to early sexual experiences, child marriage and labour (Delap and Mann 2019). Kinship care is therefore not a guaranteed protection mechanism for vulnerable or at-risk children. In fact, their already compromised situation - parental separation - already places them at a higher risk, which means they need greater support and protection (Ibid.). In the absence of formal recognition and structures for monitoring and follow-up, these risks are only likely to increase therefore making the case for formalisation even more urgent.

- e. **Lack of Structures to Support Kinship Care:** Single mothers or kinship care arrangements with only one primary carer need support systems so that they can better care for their children. The most apparent example of this is Nandu and Lekshmi's case study. Lekshmi was Nandu's primary carer and also the sole breadwinner, which means she used to spend her entire day working. She did not have any other support system in the community to care for Nandu while at work. Consequently, Nandu spent five years of his life in a CCI as Lekshmi had no other recourse. At such a time, if Lekshmi had had the option of placing Nandu in a day care centre, she would have been able to keep Nandu. Systemic and structural issues such as these are likely to discourage otherwise capable and willing candidates to take on the responsibility of children. There is a need to therefore consider these issues while moving towards recognising kinship care formally. Newer policies without a strong foundation of complementary structure would remain incomplete and most likely ineffective.



### 3. Role of State and Civil Society Organisations

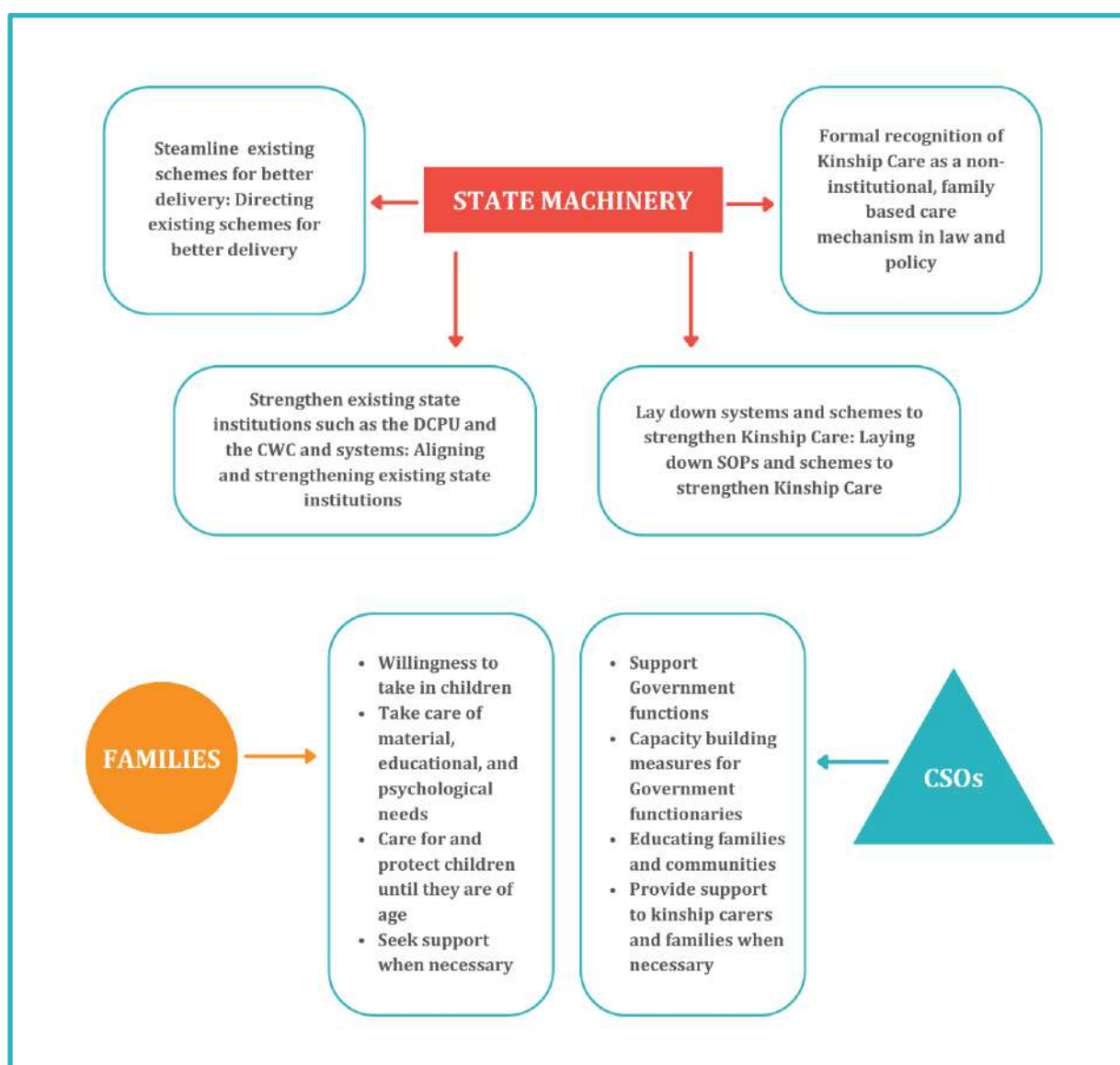


Fig 2: Roles of Stakeholders in Formalising and Strengthening Kinship Care Arrangements

Another recurring theme that emerges from interactions with CSOs, kinship carers and children across states and case studies is the limited government intervention at different levels of the kinship care arrangement process. Be it with respect to introducing policy measures or strengthening existing systems and schemes, kinship care stands to gain much from the state's intervention. CSOs are promoting family-based care and kinship care in the communities and working on capacity building measures for communities and government bodies. The role of the stakeholders have been captured in the figure above and a detailed description follows.

- a. **Role of CSOs and Government in Providing Financial Support:** Kinship care does not exist formally in Indian law and policy and therefore there are no specific state sponsored entitlements for families who have undertaken such responsibilities. Their only support may come from CSOs who use their discretion and expertise to get them access to Government schemes that they may be eligible for and provide emotional, material, educational, vocational support if within their means and as and when necessary. This has been demonstrated in the study by CINI as well. Of the four districts - Gumla, Khunti, Ranchi and Saraikela - that were covered in the study, Ranchi and Khunti showed higher sponsorship linkages as per ICPS (both districts completed the allotted quota of 40 sponsorship recipients). The other two on the other hand were much lower in their performance on sponsorship for children (Mukherjee et al. 2021). It is impossible to ignore the fact that the two high performing districts have a strong CSO presence, which pushes the CWC and DCPU to make such government scheme linkages for families in alternative care arrangements (Ibid.). Alternatively, CSOs may dip into their own grants to provide financial support to such families. The government therefore currently has no formal mechanism for supporting kinship care arrangements. In the absence of a recognition of kinship care as a formalised alternative care mechanism in the primary law and policy for child protection including the JJ Act and Mission Vatsalya, kinship carers often have to depend on other government schemes. However, accessing these schemes is often found to be challenging if not plain prohibitive. The most obvious example of this has been the sponsorship scheme. In the absence of any clear guidelines or mandate by the government exclusively for kinship care, CSOs use their discretion to identify schemes under which they can support children and families in kinship care arrangements in the communities they work in. This is true of literally every case that has been documented.<sup>40</sup> Be it Natasha whose case the CSO came across by accident, since they had phased out of her village, or Akshay and Suyash whose old grandmother struggled for years before accidentally coming into contact with the CSO who helped her access the Bal Sangopan Yojana. There are other schemes which families can access which can ultimately benefit children placed in kinship care. One of these is the widow pension or old age pension provided by the government. The prohibitive criteria and paperwork

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<sup>40</sup>Barring the Tamil Nadu case studies where no state sponsorship is being provided at all. Here the CSOs that are working with the families have dipped into their grants to assist the families as and when necessary.

that these pension schemes require deter most people from even applying<sup>41</sup>. This was apparent in both Akshay, Suyash and Nandu's cases, all three of whose primary carers are their grandmothers. Both grandmothers simply shrugged off the possibility of applying and said it was better to focus on what they already had.

- b. **Role of DCPU And CWC:** Government bodies such as the Child Welfare Committee and District Child Protection Unit have pivotal roles to play in the process of placing children in kinship care. However, the functioning of these bodies is dependent on the motivation of the personnel that occupy these offices. Interaction with CSOs and the DCPU and CWC in some districts reveals that there is a strong convergence between CSOs, the CWC and DCPU. The CSO has been instrumental in building the capacities of government bodies, which in turn have been able to make a positive impact with respect to child protection in their jurisdiction. Furthermore, frontline workers such as *Anganwadi workers* and VLCPCs also benefit from such convergence. Capacity building measures and handholding have resulted in these agencies becoming proactive and vigilant. They are therefore able to identify children at risk and intervene. Consequently, government bodies in this particular district have been making positive impacts on the lives of children and communities. On the other hand, there are districts where the CWC and DCPU work in complete isolation. In another district, the DCPU and CWC do not have a convergent or collaborative relationship with CSOs. Consequently, CSOs use their own discretion while presenting cases. In one district the DCPU is not encouraged to support kinship care in the near future. The DCPU, therefore, is using his own discretion to promote kinship care in his district. In yet another district there are no CSOs working with children so the government bodies miss out on the benefits of convergence and are often short-staffed and overburdened. Furthermore, there are complaints about fund flow, including non-payment of salaries to personnel and delays in the disbursement of sponsorship money to children.
- c. **Preventing Breakdown of Biological Family:** An important consideration in the study was to understand if it is possible to prevent children from being separated from their parents in the first place. All the children whose stories were documented, barring one, were orphans with both parents having died. Separation was therefore inevitable, however, the reasons behind the deaths are telling of more systemic and social factors

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<sup>41</sup> The old age and widow pension scheme require that applicants not have a son. The requirement is obviously problematic as it is not necessary that all, indeed any sons take care of their parents.

that need redress. CSOs' testimonies as well as the facts from the case studies reveal that alcoholism and mental illness are most likely implicated in separation - either due to death or due to incapacity to take care of the child. In one case, the father and mother died due to unreported HIV. These are largely social and systemic factors that inevitably impact children's lives and need to be addressed. CSOs are playing an important role in this respect. The CSOs in Tamil Nadu as well as Jharkhand spoke about their struggles with both children and parents in communities - rural and urban - in trying to counsel them to stay together. Underage marriages and elopements among teenagers, extra-marital affairs and alcoholism among adults bring about conditions for separation as per the CSOs. It is at these junctures that the CSOs intervene and try to counsel families to stay together.

- d. **Providing Emotional and Moral Support:** CSOs also provide emotional and moral support when either the child or kinship carer feels the need. This is true, particularly in the cases of Lekshmi and Nandu, Aadhya and Prerana and Suyash and Akshay. As mentioned in the case study, Lekshmi and Nandu contend that the educational facilitator and counsellor from the CSO have been a source of great support to the duo. Similarly, in the case of Aadhya, the CSO has been vigilant and supportive to the extent that the case worker from the CSO has given her personal phone number to both the aunt and niece.
- e. **Capacity Building:** CSOs are doing exemplary work with respect to capacity building, be it with families or with governmental bodies. In Jharkhand for example, the very fact that VLCPCs are functional is due to the CSO there. The VLCPCs comprise an important component of the child protection machinery at the grassroots roots. Their vigilance and flagging of children in their jurisdiction go a long way in the prevention of abuse and exploitation of children and intervention where necessary.

## RECOMMENDATIONS

The primary purpose of this study, as mentioned repeatedly, is to build evidence that supports the case for the formal recognition of kinship care as an alternative care mechanism. The stories of children and families that have been documented in this study provide rich evidence as to the desirability of kinship care. In that, they have demonstrated how kinship care has benefited children. However, the smiling faces cannot belie the significant challenges that these families face as well. The section on challenges describes at length these difficulties. Based on the analysis of case studies, the study proposes some recommendations towards mitigating the challenges

described. It is also important to keep in mind that the recommendations emerge from and are suited to the specific socio-cultural contexts. That is to say that the recommendations of this study are not based simply on the success of kinship care in other social contexts but rather finds its basis in primary data collected through the case studies. These case studies have been able to demonstrate the cultural and social factors within which informal kinship care thrives and prevails in Indian society.

**I] Formalisation of Kinship Care:** Formal recognition of kinship care is perhaps the best possible route to mitigating these challenges and ensuring that children are cared for within their own families. Formal recognition broadly includes the following:

- **Developing Guidelines and Processes:** With formalisation comes the development of Standard Operating Processes that will regulate kinship care in India. As mentioned in the literature review and case studies, kinship care could also open children up to neglect, abuse and exploitation. In addition to severe threats to children's well-being, other issues, such as in Karan's case, separation from siblings could be avoided through procedural reform. Well-formulated guidelines and procedures are key towards addressing these concerns.
- **Developing Structures and Mechanisms to Support Kinship Care Arrangements:** Substantive monetary support specific to kinship care, making counselling services available to kinship carers and children, strengthening day-care services for families in need, assistance to families caring for children with special needs are some of the most obvious structures and mechanisms that are of consequence to kinship care families.
- **Setting up Clear Follow-Up and Monitoring Mechanisms:** Based on further deliberations and understanding, a proper monitoring and follow-up mechanism needs to be developed. This system would ideally detect problems that come up in such arrangements and help with rectification or in cases of abuse, take the next course of action as would be laid down in the SOP.
- **Mental Health Intervention:** A theme that has subtly come up in this study is the lack of understanding of and attention to mental health issues. This is true for the children, the kinship carers as well as the biological parents of the children. Many of the participants in the study have said that mental health is not really a concern because survival is a bigger issue, or because they don't want the children to dwell on their past or because Indian society in general stigmatises mental illness and therefore any intervention and so on. While it is true that children are resilient and bounce back from the horrible experiences

of their past, it is not prudent to completely discount their mental health. Depression, PTSD, and anxiety are likely to come up as a result of their past experiences (Delap and Mann 2019). It is important therefore for a robust kinship care policy to incorporate a mental health component; not with the intention of stoking old memories or creating problems where there are none, but with the intent to understand a child's psychological state and to help him/her deal with it in a healthier way. This is true for kinship carers as well. In most of the case studies, the kinship carers claimed to have no mental health issues. While this may be true, it also may be true that kinship carers have generalised anxiety around issues such as raising the child well, economic difficulties etc. Some dedicated human resources towards understanding and addressing the needs is therefore essential. Closely linked to this is the possibility of preventing family breakdowns and separation of children from their birth parents. In many of the case studies, mental health issues or alcoholism have been featured as the main reasons for the death of the biological parents. Working on strong community mental health models therefore emerges as an important recommendation from the study.

**II] Collaboration and Convergence:** As observed, while documenting the case studies, wherever CSOs and governmental institutions are working together, the results have been much more fruitful. As mentioned in the section on financial challenges, in Jharkhand, districts where CSOs have a strong presence performed comparatively better on linkages for alternative care (Mukherjee et al. 2021). Additionally, convergence with CSOs has resulted in increased understanding and capacity of the district on child protection issues (Ibid.). In the other districts as well, CSOs that were interviewed contended that working with the government led to better and more timely outcomes for children and their families.

**III] Proper Training and Capacity Building Measures:** For a robust kinship care to be implemented on the field, frontline workers and bodies need to be well-trained and committed to the cause. There is a need therefore to revive existing bodies such as VLCPCs and strengthen them so that they can perform their roles with respect to child protection. Where necessary new roles and responsibilities also need to be laid down and personnel appointed in accordance with this. Existing frontline workers such as *Anganwadi* workers need refresher courses and guidance for the course of action that is eventually developed. On several occasions - CSOs as well as government personnel claimed - relevant government bodies such as the CWC and DCPU may be



lacking in experience as well as knowledge about alternative care mechanisms. Concerted training for government officials in the area of alternative care is therefore highly recommended. In addition to upgrading human resources, there is also a need to recruit enough staff for the implementation of activities. Many departments lament the unavailability of human resources, and this aspect needs to be corrected.

**IV] Further Research:** Getting the perspectives of relevant government officials wasn't within the scope of this study. However, it would be of value to do an in-depth study into government officials' understanding and perspectives on alternative care in general and kinship care in particular. Further in-depth research in the area of kinship care, which investigates specific aspects such as children with disabilities or mental health issues and their experience with kinship care also need to be undertaken. In general, in the Indian context there is a strong and urgent need to fill gaps in understanding about kinship care through concerted research efforts.

## CONCLUDING REMARKS

In summation, based exclusively on the case studies that have been documented it is safe to say that even with the informal nature of practice, kinship care is doing well in Indian society. Families that are genuinely willing to take care of their kin's children along with supportive CSOs and are making kinship care work somehow in the face of considerable practical and material challenges. It also appears that kinship care is vastly better compared to institutionalisation as long as the child is protected and cared for and there is no abuse or exploitation. The case studies provide evidence that children's health, both physical and mental, has apparently improved considerably on moving in with kinship carers and by their own testimony there is a sense of belonging, which those who had experienced institutions had sorely missed.

However, regardless of the evidence in favour of kinship care, the reality is that it does not have formal recognition as an alternative mechanism in the legislative and policy framework in India. If kinship care is to function as a long-term alternative care mechanism and cut down on institutionalisation, it needs to have formal recognition and exclusive support that would be attached to such formal recognition. For the government to respond to the needs of kinship care families, there is a need to ensure that kinship care is a state recognised arrangement. Once it receives such status, all the necessary machinery - state as well as non-state - to implement and ensure its smooth functioning will come into place. As mentioned earlier, monetary incentives,

support and schemes are not working optimally. Furthermore, without any formal recognition, kinship care is likely to fall prey to issues such as mistreatment and/or exploitation of children and perpetuating cycles of indebtedness, poverty and misery. For their part, CSOs are making a meaningful impact at the level of the communities in the area of kinship care. Some of them have been able to make inroads into government bodies and conduct capacity building measures and provide other support where necessary. However, because of the lack of formalisation and a clear mandate for kinship care, whatever steps and measures are being taken are ad hoc at best. Kinship care families are left with no recourse if CSOs have to phase out of these communities or are unable to continue for any other reasons. A lasting solution based on the convergence between families, CSOs and the state towards formalisation of kinship care is therefore germane and of essence.

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# ANNEXURES

(i)

## INTERVIEW SCHEDULE FOR CAREGIVERS

### Background Information of the Child

- Name of the child:
- Age:
- Gender:
- District and State:
- Does the child attend school? Please specify the class in which the child studies
- If not studying-
  - (a.) What does the child do?
  - (b.) After which class did the child leave school? What was the reason for it?
- Does the child have parents?
  - (a.) Both
  - (b.) Father
  - (c.) Mother
  - (d.) None
- Does the child have any sibling/s? (Y/N)
- If yes, how many?

### Background Information of the Caregiver

- Name of the caregiver:
- Age:
- Gender:
- District and State:
- Does the primary caregiver share the caregiving responsibilities with another person?
- Who is the other caregiver?
- Occupation:

- Monthly household income:
- How many members are there in the household?
- Does the child living in kinship care has parents?
  - (a.) Both
  - (b.) Father
  - (c.) Mother
  - (d.) None
- How is the primary caregiver related to the child? Please specify the relationship.
- Is the primary caregiver married? (Yes/No)
- Does the primary caregiver stay with their partner? (Yes/No)

### About the Members in the Household of the Primary Caregiver

S.no.	Name	Age	Gender	Relationship with the primary caregiver	Do they stay with the primary caregiver (yes/no)

## Questions For In-Depth Interview with the Primary Caregiver

1. How long have you been caring for the child? How old was the child when s/he moved with you? Under what circumstances was the child first placed with you? Was the child living with someone else prior to coming to you?
2. Who approached you initially to support the child?
3. What was your relationship with the child during/before s/he moved in with you? (Did they spend time with you? Did they know you?)
4. What made you take on the responsibility of caring for your child?
5. Were there any other relatives who wanted to care for the child? If so, who were they?
6. Were there any monetary incentives towards this? If so, how much is the incentive worth and who pays it?
7. Who all were involved in the decision-making process regarding kinship care placement?
8. When was the child informed that s/he was placed with you?
9. What did the child want to do at that time?
10. How was it finally decided that you would care for the child?
11. Do you think there was any way of avoiding the child being separated from his/her family? What kind of support would have helped?
12. Does the child have siblings? If not living with the child, where are they placed and why?
13. Is the child connected to the sibling(s), how often do they meet?
14. What was the child's state of mind when s/he first moved in with you?
15. When you decided to take care of the child, what was your understanding of the nature of care to be provided? Is it the way you were told it was going to be? What is different?
16. What was the process of starting the kinship care arrangement? Who all were involved?
17. Was there any paperwork? What were you told?
18. In case of monetary reimbursement, do you know the procedure? Are you able to follow the process?
19. Do you get or need any support for this?

20. How did you feel about caring for the child initially? What were your concerns and apprehensions? Which aspects were particularly difficult for you or for the child?
21. What helped you to adjust to the change and make it easier for both you and the child?
22. Is there anything that you think would have helped you and the child better during the transition phase?
23. Did you face any challenges when the child moved in with you initially? What were these issues?
24. What has helped you in the process of providing care and support to the child?
25. Do you think you got the help and support you needed when you were making the transition?
  - (a.) If yes, could you describe what helped you adjust better to the care arrangement?
  - (b.) If not, what do you think would have helped you adjust better?
26. Does someone from the organisation/government come to visit on a regular basis?
27. Is the child enrolled in school? If so, does s/he attend regularly?
28. How is s/he at studies? Does s/he like school/studying?
29. Is the child engaged in any extracurricular activities? What kind?
30. What are the child's interests?
31. How is the child's health in general?
32. Does the child have friends in the community, neighbourhood, and school? Does s/he play with their friends? When do they play?
33. Since the child has moved in with you, what do you think is his/her overall wellbeing/ mood?
34. Have you observed any change in the child after s/he moved in with you?
35. What makes the child happy, what upsets him/her?
36. What is the child's everyday routine?
37. Do you think the child has adjusted to your family?
38. What was the living arrangement of the child prior to moving in with you? Has the child now adjusted to the new arrangement?
39. Who is the child close/closest to and comfortable with in the family?

40. Who does he share his/her day-to-day experiences with? If s/he faces a problem who would s/he approach?
41. Who helps the child with homework? Who accompanies the child to school, if necessary, for e.g., school meetings?
42. What is the child's relationship with you and your husband/wife?
43. How is his/her relationship with your children and other members of the family?
44. Do you go out as a family? Does the child accompany you? Is s/he interested in going out with you?
45. Are there any aspects of caregiving that you find difficult? What are these? Is there any aspect of caregiving where you think you can do better?
46. Have you taken any help in addressing those difficulties?
  - (a.) If yes, what kind of help and from whom?
  - (b.) If not, why?
47. What can you do to get more involved in the child's life?
48. What are your expectations from/hopes for the child?
49. How is his/her relationship with biological parents and/or siblings?
50. How often does s/he speak to them, or meet them?
51. Does the child go to meet the parents or do they come to meet him/her here?
52. Does s/he like to spend time with them?
53. Have you observed any change in the child's relationship with parents and siblings?
54. Are you in touch with the parent/s of the child? (Only if the parent/s of the child are alive)
  - (c.) If yes,
    - (a.) How often do you interact with them?
    - (b.) How would you describe your relationship with the parent/s?
    - (c.) What kind of support do you receive from the parent/s of the child?
55. Are there any other relatives that the child is attached to/fond of? Who are they?
56. Who is s/he in touch with? - grandparents etc.
57. How long do you want to/plan to care for the child? Do you feel that the child wants to continue living with you?
58. (If for a longer/unspecified period) Would you like the child to continue to live with you after they turned 18 years old?

59. Is there a plan to move the child back with the birth family eventually? Does the family have support to take the child back? (If the parents are alive)
60. (If the biological parents are no more) Is there a plan to move the child with other relatives in future?
61. How has your life changed with the child moving in with you? What do you do differently now? Are there any challenges at present?
62. Are you getting any kind of support from the community/NGO/government? What support do you get?
63. What other (kinds of) support do you need/expect to care for the child and from whom?

(ii)

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## POINTS OF INFORMAL CONVERSATION<sup>42</sup> WITH CHILDREN AND OBSERVATION LIST

### Informal Conversation with Children

1. What is your daily routine?
2. How do you go to school?
3. Do you like going to school?
4. Do you miss school sometimes? Why does that happen?
5. Do you like your teachers?
6. Do you have friends in school?
7. What subjects do you like?
8. What do you do when you come home?

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<sup>42</sup> Informal conversation points to understand the experience of the child in kinship care. These questions were asked from all children of the household to ensure the child in kinship care is not singled out.



9. What games do you like playing? Who do you play it with?
10. What do you like to eat?
11. Where do you keep your belongings - books, clothes?
12. Where do you study?
13. Where do you sleep?
14. Do you have friends in the neighbourhood?
15. Where do you like to spend most of your time?
16. Do you go out to fairs, parks etc? Who takes you there?

## Observation List

1. How do the children appear - are they well-groomed?
2. Does the child seem to prefer being physically close to a particular family member? If so, who is it?
3. Does the child appear timid or at ease with his/her surroundings?
4. How do the other children seem to regard/respond to the child?
5. Does it seem like the child is treated differently as compared to the rest of the kids - in the way s/he is spoken to, the way s/he appears or does the spatial arrangement favour the family's children?
6. While the interviewer is present, what are the activities the child is engaged in and what conversations is he having with the family?
7. Is the child fed properly, does he (or other children in the family) seem physically healthy?
8. How comfortable child feels when asking for something he/she needs?

(iii)

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**INTERVIEW SCHEDULE FOR CSOs**

1. When did you start working on kinship care and what was the rationale for working in this area?
2. What are the kind of interventions and support you provide to kinship care families and have they changed over time?
3. How many families have you supported so far for kinship care?
4. How many families are you currently supporting?
5. Do you have an estimate of how many families are under kinship care in the district and/or state?
6. What are the situations under which children are placed in kinship care?
7. Has this changed over the years?
8. What factors are responsible for this change?
9. Do you think that there has been a change in the prevalence of kinship care arrangements during/after COVID?
10. When birth parents are alive, is there a way of avoiding the child being separated from his/her family? What kind of support can be provided?
11. In your experience, who is more likely to become a (primary) caregiver in kinship care (which family member)?
12. What are the motivating factors for families and relatives to become kinship carers?
13. Are prospective kinship carers aware of aspects like the duration of stay of the child and the nature of care that needs to be provided?
14. Who is involved in the care decisions? (Do children and relatives participate? Who else is involved?)
15. What do you do to ensure the child's participation? Do you think children should have a say in this process? Why/Why not?
16. If more than two relatives show interest in taking the child in, what factors influence the final decision?
17. If relatives are not interested in caring for the child, how do you manage an alternative kinship arrangement?

18. What are the formal or informal processes to identify the need for kinship care, the provision of support for kinship care and its monitoring?
19. Are the caregivers and children linked to any scheme/benefits? Which schemes/benefits are the caregivers and children linked to? What are the challenges in implementing these schemes?
20. Do you refer the cases of kinship care to CWC/DCPU or any other authority in the child protection system?
21. If yes,
  - (a.) What is their intervention?
  - (b.) What is your experience of working with them?
22. If not,
  - (a.) Why don't you refer these cases to CWC/DCPU?
23. What are the specific needs/challenges of children in kinship care?
24. What are the specific needs/challenges of caregivers in kinship care?
25. Who provides for their needs?
26. What is the impact of kinship care on the overall well-being of children? In the context of this particular family as well as in general the experience, you have had with other families.
27. Have you observed a breakdown in kinship care arrangements? What are the reasons? How do you deal with it?
28. How has/does the kinship care arrangement impact aspects such as health, mental health, education etc. of the child?
29. What factors aid a child's adjustment into the kinship care system and to have positive outcomes for children?
30. Does someone monitor the kinship care arrangement?
31. Do you face any challenges while implementing and sustaining kinship care arrangements? If yes, what are these?
32. What is the support you require?
33. How do you see kinship care as an alternative care option for children? (Positives/negatives)
34. What do you think about other alternatives?
35. Do you foresee the inclusion of kinship care into policy/legal framework? (JJ Act, Rules/Mission Vatsalya)

36. What are your recommendations to improve kinship care arrangements in the country?
37. What do you envision is the role of CWC and DCPU in strengthening kinship care?
- (a.) Who are the other stakeholders who can play an important role in this?