

Tracing the Evolution of Alternative Care for Children in India in the Last Decade and the Way Forward

Institutionalised Children Explorations
and Beyond

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Abstract

Alternative Care is a form of care provided to children by caregivers other than their birth parents. In India, the existing alternative care mechanisms include institutional care, foster care and kinship care. As a continuum of support for care experienced youth, there is a provision of aftercare in the country.

Child Protection System and Alternative Care in India have become more structured with relevant laws and policies in place, which guide the service delivery mechanisms to rehabilitate children in vulnerable circumstances, and those separated from their birth parents. In the recent past, India has witnessed pertinent changes in the child protection space, reflected at both policy and practice levels, with a visible move towards family-based alternative care and a focus to prevent unnecessary separation of children from their families.

This paper intends to capture the landscape of alternative care and its evolution in India, drawing from the review of the legal and policy framework, existing literature, and detailed discussions with Civil Society Organisations (CSOs) and State functionaries. It brings out the role of stakeholders, good practices and challenges in implementing alternative care over the last decade, and provides recommendations for achieving a safe and nurturing family environment for children in vulnerable situations.

Keywords

Evolution, family-based alternative care, children in vulnerable situations, aftercare, care leavers

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Introduction

India is home to almost 19% of the world's children (Table 1). The report of the Ministry of Women and Child Development (MWCD) estimates that about 170 million children in India experience difficult circumstances characterised by their specific social, economic and geo-political situations (Government of India, 2016a). An inadequate care environment can impair a child's holistic development and leave the children extremely vulnerable with a high risk of violence, abuse and neglect (Mehta & Mascarenhes, 2015).

Alternative Care refers to the spectrum of services available to children whose parents are no longer able to adequately care for them (Nigudkar, 2017). The global discourse on the care and protection of vulnerable children focuses on the prevention of destitution, abandonment and separation of children from their families of origin and supporting, promoting and strengthening the initiatives that ensure a child's right to a safe and nurturing family life.

To address this issue, the Committee on the Rights of Children called for several deliberations in Brazil, of which India was a participant and significant contributor. The Guidelines for the Alternative Care of Children (UNGAC) was endorsed by the United Nations General Assembly in November 2009. This was in Honour of the 20th Anniversary of the United Convention on the Rights of Children (UNCRC), and to further support and strengthen Article 20—The Right of Every Child to a Family.

UNGAC defines children without parental care as 'All children, not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances'. This includes children living in residential/institutional care, in extended or foster families, in child headed households, in drop-in shelters or on the streets.

UNGAC puts an emphasis on family-based solutions for children and views institutionalisation as the last option considering the high risk of abuse, neglect and violence in institutions leading to a negative impact on a child's development. Through its principle of necessity (Table 2), it advocates family strengthening and building capacities of the family through financial support, psycho-social support and capacity building for parenthood.

Table 1. Statistical Profile.

India is home to almost 19% of the world's children.

More than one-third of the country's population is below 18 years.

40% of India's children are vulnerable or experience difficult circumstances.

Number of Children placed in Homes for Children in Need of Care and Protection (CNCP) is 54,988.

Source: Government of India, (2016a) and Ministry of Women and Child Development (MWCD) Dashboard June 2023.

Table 2. Basic Principles of UN Guidelines for the Alternative Care of Children.

Family-based solutions are preferred and institutional care is the measure of last resort.

Permanent solutions are preferable to the temporary ones as permanency creates security and safety and helps to develop attachments and bonds.

National (domestic) solutions are a preferred option, where keeping a child in the country of origin helps to maintain a child's heritage and identity in the same socio-cultural environment.

Principle of necessity recommends no unnecessary separation of children from their families of birth or origin.

Principle of appropriateness ensures that the care options that are explored and selected meet the child's specific needs, based on individual assessment and care plans.

History and Evolution of Alternative Care

In India, the Child Protection and Welfare approaches in terms of policies, programmes and practices have predominantly focused on Custodial and Institutional Care. The ratification of the UNCRC and the endorsement of UNGAC paved the way for developing family-based solutions for vulnerable children in the country. UNGAC mentions legislation, policies, programmes and intervention strategies that will ensure the 'Child's Right to a Family' by strengthening the family as a unit, preventing family separation and disintegration, developing community-led participative interventions, using institutionalisation as a last alternative, working towards de-institutionalisation of the child and rehabilitating him/her in his own biological family or a substitute family.

Over the years, there has been a notable development in child protection legislation and policy in India, laying a special focus on family-based care options for children in difficult circumstances. Keeping in view the best interest of the child, the recent National Policy for Children 2013 prioritises sponsorship, kinship care and foster care for Children in Need of Care and Protection over institutionalisation—which it views as the measure of last resort. The new Juvenile Justice (Care and Protection of Children) Act 2015 (JJ Act)¹ and the Mission Vatsalaya² Scheme 2022, in their objectives and vision, reiterate the commitment to ensure non-institutional care for children in risk situations and aftercare to support children leaving care.

In capturing the evolution of alternative care in the last decade, Table 3 brings out key provisions adopted in national law, policy and guidelines to strengthen family-based care and aftercare for children and care for experienced youth.

The above table presents some prominent changes in the legal framework reflecting a gradual move towards family-based care and efforts in building after-care support for children leaving alternative care.

Providing alternative care services for children without parental care involves multiple stakeholders who collaborate to ensure their care and protection. The involvement of different stakeholders as illustrated in Figure 1 is crucial due to the complexity of the process.

Table 3. Evolution of Alternative Care—National Law and Policy.

Family strengthening

Principle of family responsibility (JJ Rules, 2007; JJ Act 2015).

Principle of repatriation and restoration to reunite the child to their family at the earliest, if in their best interest (JJ Rules, 2007; JJ Act 2015).

Sponsorship assistance to biological families for adequate care of their children increased to INR 4000 (Mission Vatsalya 2022).

Kinship care

'Kinship care' as a form of family-based alternative care does not find a mention in the central legislation and policy (JJ Act 2015; JJ Rules 2016; Mission Vatsalya 2022).

Model Guidelines for Foster Care 2016 promotes non-formal nature of kinship care.

Support to extended family in caring for CNCP made available under Sponsorship Assistance (JJ Act 2015; JJ Rules 2016; Mission Vatsalya 2022).

Foster care

Central level guidelines introduced to streamline the process related to Foster care (Model Guidelines for Foster Care 2016).

Siblings to be kept together (Model Guidelines for Foster Care 2016).

Group Foster Care facility introduced (JJ Act 2015; Model Guidelines for Foster Care 2016; Mission Vatsalya 2022).

Focus on placing CNCP with foster families that share similar cultural, tribal and/or community connection with the child (Foster Care Guidelines 2016).

Institutional care

Institutional Care continues to be looked as a last resort (JJ Act 2000, 2015; National Policy for Children 2013; Mission Vatsalya 2022), but in practice is the most prevalent form of alternative care.

Number of children in Child Care Institutions reduced to 50 in each home (Mission Vatsalya 2022).

Aftercare

Aftercare is viewed as a programme (rather than organisation) with additional services including higher education, loans and subsidies for care leavers among others (JJ Rules 2016).

Duration of aftercare increased to 23 years, for youth requiring support beyond 21 years (JJ Act 2015).

Criteria of aftercare expanded to youth leaving all forms of formal or informal alternative care rather just institutional care (Mission Vatsalya 2022).

Proposal to create Individual Aftercare Plan (IAP) formats for effective execution of need-based aftercare support (Mission Vatsalya 2022).

Monthly grant for aftercare increased to INR 4000 from INR 2000 in Integrated Child Protection Scheme (Mission Vatsalya 2022).

Convergence with corporate organisations in supporting care leavers (Mission Vatsalya 2022).

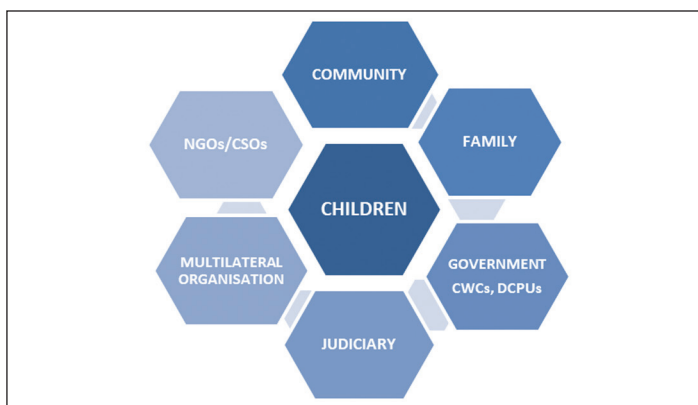


Figure 1. Stakeholders—Child Protection and Alternative Care.

Role of Stakeholders

The Indian Government, particularly the MWCD, plays a pivotal role in the development and implementation of policies and programs aimed at safeguarding the rights and promoting the well-being of children. Additionally, the government facilitates the establishment of Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs), which are instrumental in making important decisions regarding the care and protection of children.

The District Child Protection Units (DCPUs) have played an integral role in overseeing child protection and alternative care in a district. The collaboration between Childline and the DCPU has always been essential, and it becomes even more critical as Child Helpline staff will now work closely with the DCPU.

Post the amended JJ Act 2021, the role of District Magistrate has become more crucial to ensuring service delivery and care and protection of children in their district. As per Mission Vatsalya, the existing committee of the urban local body/ Panchayati Raj Institution/Gram Panchayat that deals with issues of social justice/welfare of women and children can be assigned the task of overseeing child welfare and protection issues.

The JJ Act 2015, mandates at least one officer, not below the rank of Assistant Sub-Inspector, as a Child Welfare Police Officer (CWPO) in every police station exclusively for children. The judiciary in India has also played a critical role through their Juvenile Justice Committees, by issuing judgments and orders that emphasise the quality use of Individual Care Plans (ICPs) and Social Investigation Reports (SIRs). The Supreme Court of India demonstrated its commitment to protecting children in Child Care Institutions (CCIs) during the COVID-19 pandemic by issuing directions that resulted in the safe return of a significant number of children to their families.

Non-Governmental Organisations (NGOs) and Civil Society Organisations (CSOs) act as important intermediaries between the government and the community. They provide crucial technical support by initiating learning exchanges and

dialogues that demystify the sphere of alternative care of children. Their expertise, experience and grassroots presence make them key partners in the holistic development of children in alternative care settings.

Communities form the immediate environment of children and their families and have an important influence on them. One of the key objectives of Mission Vatsalya is to equip communities to identify any risks affecting children and families. In the recent past, the Child Protection Committees (CPCs) have worked closely with CSOs to map vulnerable children and link their families to state-sponsored schemes and benefits. Communities act as gatekeepers to avert the separation of children from their families and prevent the re-institutionalisation of children restored to their families. Bal Panchayats as a community-based initiative involves the participation of children to identify and address child protection concerns in the country.

Families including birth parents, extended families and foster parents are the most crucial stakeholders in realising non-institutional care for children in risk situations. The international and national systems commit to supporting families in their caregiving role to ensure children are not separated and grow in safe and loving family environments. This commitment is reflected in some of the good practices implemented by the CSOs and the state.

Good Practices of Alternative Care

In an attempt to capture the evolution in alternative care space, Tables 4 and 5 present the good practices and innovative models from the field that are aligned with various forms of alternative care. However, owing to a definitive scope, the list is not exhaustive.

Apart from these initiatives, the country has also witnessed an increased focus of state and CSOs in developing knowledge products and research publications to deliberate on policy, practice and gaps in family strengthening and alternative care for children and youth in vulnerable circumstances.

State departments are collaborating with UNICEF and CSO partners to develop 5-year strategic plans for alternative care, enhancing the effectiveness of interventions. Furthermore, multiple stakeholders have come together to raise their voice and create awareness through collectives such as India Alternative Care Network (IACN),³ Biennial International Conference on Alternative Care for Children in Asia (BICON)⁴ and the state and district wise forums for sharing practices building a common understanding to voice out the issues. In recent years in India, Care Leaver Networks are formed in Delhi, Rajasthan, Bihar, Assam, Gujarat, Odisha and Telangana to provide a platform to care for experienced youth to voice out their challenges, advocate for their rights, and explore possible opportunities for the wider group of care leavers (Kalra, 2022). The National Care Leaver Network developed in 2021 with support from Yuwaah, UNICEF, India and Generation Unlimited brings care leavers from across the country on a single platform.⁵

Despite the visible inclination of the national and international legal framework towards family-based care and the good practices implemented by the state

Table 4. Good Practices in Alternative Care—CSOs.

Family strengthening
<ul style="list-style-type: none"> • Tools to map and assess needs of vulnerable children and families—Thrive Scale (Miracle Foundation India), Vulnerability Assessment Tool—VAT (Child in Need Institute—CINI; Family Service Centre), Virtual Companion Tool Kit (Leher). • Case Management mechanism (Miracle Foundation India; CINI). • Safe spaces for children (CINI), Livelihood promotion (Youth Council for Development Alternatives—YCDA). • Capacity building of stakeholders (Leher; Prerana; Aide Et Action; Miracle Foundation India). • Positive parental engagement—Better parenting toolkit (CINI).
Kinship care
<ul style="list-style-type: none"> • Mapping and providing support to extended families through linkages with welfare schemes (YCDA). • Supporting kinship care and preserving the informal kinship care in tribal communities (Aide Et Action). • Linkages of kinship care placements with state schemes and sponsorship (Samvedna Trust, CINI). • Preventing unsafe migration of children by securing kinship care arrangements with extended family and neighbours (UNICEF, India, Sacred and Swaraj in collaboration with Maharashtra Department of Women and Child Development).
Foster care
<ul style="list-style-type: none"> • Foster parents mapping, preparation of an enabling environment through Bal Sangopan Yojana (Family Service Centre). • Counselling on positive parenting and personality building activities for children (Children Emergency Relief International). • Foster family support through home screening, foster parent training and monitoring (YCDA).
De-institutionalisation
<ul style="list-style-type: none"> • CCIs transforming into Family-based care resource centre (Cornerstone, Tamil Nadu and Aarambh, Madhya Pradesh in collaboration Miracle Foundation India). • Families First—reducing length of stay in CCIs, quality ICP and SIR, expediting integration and follow up (CINI). • Fit Programme—Counselling, educational sponsorship, restoration and post-exit follow-up (Udayan Care). • Capacity Building of CCI staff through immersive Learning Circles Programme (Prerana).
Aftercare
<ul style="list-style-type: none"> • Sphere of Aftercare—ideology of rehabilitative support and services for care leavers (Udayan Care). • LIFT—Learning in Fellowship Together programme equipping care leavers to navigate challenges (Udayan Care).

(Table 4 continued)

(Table 4 continued)

Aftercare

- The Bridge to Adulthood programme: Comprehensive life skill development and vocational training program for care experience youth (Catalysts for Social Action).
- Transition Readiness Programme: academic support, life skills sessions, career counselling workshops and guidance to support young adults (Make a Difference).

Table 5. Government Schemes to Support Alternative Care.

Family-based Care—Sponsorship Schemes

- Palak Mata Pita Yojana (Gujarat).
- Parvarish Yojana (Bihar).
- Bal Sangopan Yojana (Maharashtra).
- Palanhar Yojana (Rajasthan).
- Kinship Foster Care (DWCD, Kerala).
- PM Cares for children who lost both parents/legal guardians to COVID-19 pandemic.

Aftercare

- Mukhyamantri Hunar Vikas Yojana (Rajasthan).
- Mukhyamantri Bal Ashirwad Yojana (Madhya Pradesh).
- Mukhyamantri Bal Uday Yojana (Chattisgarh).
- Mizoram Guidelines for Aftercare Programme.
- Odisha State Guidelines on After Care of Children under Child Protection Services.
- Guidelines for Aftercare Programme (DWCD Maharashtra).

and CSOs, institutionalisation remains the most prevalent means to rehabilitate children experiencing vulnerability in India. Furthermore, a significant population of children leaving CCIs or other care alternatives in India do not get quality aftercare or any such service. The below section outlines issues which act as roadblocks in promoting non-institutional care alternatives and effective aftercare support for vulnerable children and care leavers in the country.

Community gatekeeping mechanism

- Inadequate investment in knowledge and skill development of Protection Committees, Gram Panchayats and frontline workers on issues of child protection, early identification of child vulnerabilities, need for family-based care and adverse impact of institutional care on children.
- Lack of child-friendly spaces within the community which are necessary to prevent family separation and promote child participation.
- Resources available with local panchayats not earmarked for child protection issues.

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<p>Family strengthening approach</p> <ul style="list-style-type: none"> • Family strengthening services provided with a generalised approach by merely linking families with schemes without case-specific and well-formulated plans for follow-up and tracking. • Lack of trained frontline cadre for promoting family-based care and better parenting.
<p>Reliance on Child Care Institutions for children in need of care and protection</p> <ul style="list-style-type: none"> • CCI remain the most prevalent form of alternative care. This can be attributed to the restricted mindset of stakeholders who view institutionalisation as the easiest means to rehabilitate children without parental ties. • Documentation work, social investigation process and family tracing are not yet streamlined resulting in children languishing in CCIs for longer periods.
<p>Case management and convergence in preventing family separation</p> <ul style="list-style-type: none"> • Inadequate human resources and lack of skill set of the existing case managers and social workforce in DCPU, CCI and Protection Committees. • Mapping of vulnerable children not in place, posing a challenge. • Insufficient coordination and convergence between the Panchayati Raj Institution (PRI) and relevant line departments for children at the community level leads to ineffective case management of children.
<p>Non-institutional alternative care for children</p> <ul style="list-style-type: none"> • Inadequate monitoring, tracking, follow-up and review mechanism for family strengthening services and family-based alternative care. • Lack of focus on rehabilitative sponsorship poses a challenge in strengthening families and sustaining children's reintegration. • Informal kinship care placements overlook the possibility of neglect and abuse of children and also deprive children and extended families of counselling and other necessary support. • Lack of a strategic communication plan for raising awareness of foster care leads to low placements under foster care.
<p>Specialised services for children with special needs</p> <ul style="list-style-type: none"> • Absence of guidelines or standard operating procedures (SOPs) for CCIs on rehabilitation of Children with Special Needs. • Inadequate budgetary allocations, specialised services (therapist, special educator, counsellor) and lack of skilled staff at the CCI and community level to rehabilitate Children with Special Needs.
<p>Aftercare support</p> <ul style="list-style-type: none"> • Lack of updates in the aftercare guidelines or SOPs to align aftercare support with recent acts and policies. • Lack of follow-up mechanism for the care leavers. • Inadequate aftercare services to support a significant population of care leavers in the country. • Lack of aftercare support as per the specific need of care leavers.

Note: CCIs = Child Care Institutions.

Alternative Care—Challenges in India

Attaining the goal of care reforms in the country through a family-strengthening and non-institutional approach to alternative care requires strategic planning and concentrated efforts of multiple stakeholders at the national level. This article provides key recommendations for making a paradigm shift towards family-based alternative care in India and in providing quality aftercare support to care leavers.

1. **Capacity building of social workforce:** It is recommended that the state in collaboration with academic institutions prepares the child protection workforce by offering specialised programmes on child rights and alternative care for the frontline staff, and integrating these components into the social work curriculum at the Bachelors and Masters level. It is also crucial for the state to make continuous efforts in building the capacity of the existing social workforce in the country by joining hands with the CSOs and International NGOs (INGOs). Raising budgetary allocations to improve the remuneration of the social workforce, and their per-population ratio is essential to increase the motivation and efficiency of the child protection cadre.
2. **Strengthening communities to reduce reliance on institutional care:** It is suggested that thrust is placed on strengthening and building awareness of local community-based bodies and organisations for developing village-level plans to ensure early tracking and monitoring of vulnerable children. This is essential to achieve a safe and nurturing family environment for every child and prevent their institutionalisation. Statutory committees recognised in Mission Vatsalya are to be made functional for strengthening community gatekeeping and promoting alternative care placements at the local level. Involvement of local governance entities like Panchayati Raj Institutions, urban local bodies and their convergence with departments of education, health, police and legal services becomes vital.
3. **De-coding family strengthening:** There is a need to understand family strengthening holistically and recognise that ‘one size fits all’ cannot be the solution for children and families. This requires developing case-specific plans for each child and required operational framework. Focus on parental engagement is an important component to prevent unnecessary separation of children as well as their successful reintegration into the family. Efforts need to be channelised towards scaling up family and community-based services that respond to the root cause of vulnerability and build family and community resilience. It is important to provide comprehensive services at the community level for making family-based care accessible to all children, including Children with Special Needs.
4. **Data management, monitoring and improved collaboration:** It is essential to develop mechanisms to collect routine data on vulnerable children and those children in alternative care to track and monitor progress in

implementing national care reform strategies. Data should be used to underpin ongoing implementation of reforms, including budgetary and service delivery decision-making. Furthermore, the Intra Ministry and Inter Ministry convergence as envisioned by Mission Vatsalya and strong collaboration with civil society are necessary to achieve the desired outcomes.

5. **Mechanisms to support care leavers:** It is suggested that the state develops aftercare support in proportion to the number of children leaving alternative care to ensure its accessibility to all care leavers. In order for the aftercare support to be useful it is necessary to provide customised support as per the individual needs and strengths of children leaving care, using the detailed Individual Aftercare Plan (IAPs) as suggested by Mission Vatsalya. Youth should be fully involved in preparing the IAPs.
6. **Research and knowledge sharing:** It is necessary to encourage collaborative research projects involving government, academic/research institutions and CSOs to generate evidence on effective models of non-institutional alternative care for children including Children with Special Needs. Sharing research findings, best practices and success stories can enhance knowledge exchange and inform policy and programs.

India is moving in the direction of a paradigm shift to family-based alternative care for children in difficult circumstances and quality aftercare for care leavers. Achieving this shift requires the joint efforts of the state, practitioners, academicians and researchers in enabling communities, families, youth and children to become active agents in realising the rights of every child to a family and helping children and youth develop their full potential.

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Notes

1. A year later, Juvenile Justice (Care and Protection of Children) Model Rules, 2016 (JJ Rules) came to force. The JJ Act was amended in 2021 and the JJ Rules in 2022.
2. The ICPS was implemented by the Ministry since 2009–2010. The scheme was then renamed as ‘Child Protection Services’ Scheme in 2017. The CPS Scheme has been now subsumed under Mission Vatsalya from 2021 to 2022 onwards.
3. Pan India Collective of academicians, practitioners and policy advocates works on the well-being and protection of children in different care settings. Its primary function is to promote the exchange of learning and dissemination of knowledge on issues related to children without parental care or risk of separation.
4. It is a South Asia regional advocacy platform, previously hosted by Udayan Care and now, delivered by young people as experts with lived experience as well as a coalition of organisations consisting of Better Care Network; Family for Every Child; Forget Me Not, Hope and Homes for Children; Lumos; Save the Children; SOS Children’s Villages; Udayan Care. BICON has SAIEVAC as technical partners.
5. <https://www.youtube.com/watch?v=de2dpOVzGtA>

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