

Alternative Care in India: Issues and Prospects

**Seema Naaz and
Zubair Meenai***

Abstract

The international human rights law and policy makers establish the primacy of family for a child and accord a high priority to the continuum of care. India has recently been advocating for a transition from institutionalisation to the deinstitutionalisation of children in need of care and protection. Prevailing legislation and guidelines in India including the Juvenile Justice Act (JJ Act) 2015, the Integrated Child Protection Scheme (ICPS), the New Adoption Guidelines 2016 and Regulations 2017, the Model Guidelines for Foster Care 2016, and Supreme Court rulings advocate for the same. Although non-institutional alternative care is considered to be in the best interests of the child, its acceptance is limited. This paper presents the current vulnerabilities faced by children and the scenario of child protection in India. While discussing the legal provisions prevailing in the country, it sheds light on the socio-cultural barriers that are creating resistance within the society in making the Alternative Care model a success. Lastly it suggests viable options that may be helpful for the same.

Keywords

alternative care, child protection, legislation, India

Children and Vulnerability: The Indian Scenario

India is the world's second most populous country with a population of 1.21 billion, with approximately 39 per cent child population. At 430 million,

* Both authors are affiliated to the Centre for Early Childhood Development & Research (CECDR), Jamia Millia Islamia University, New Delhi, India.
Email: snaaz@jmi.ac.in

India has the largest child population in the world (GOI, 2011). Out of the 430 million children, 40 per cent i.e. 170 million were destitute children and out of them 12 per cent (20 million) were orphans, having lost one or both parents (GOI, 2011). It has been documented that more than half of the child population is engaged in labour in various parts of the country. As many as 7.8 million children are trained to work and earn a livelihood even if they attend school. At the same time, it has been found that 84 million children have been deprived of schooling i.e. do not go to school at all (GOI, 2011).

The state of health and nutrition of the Indian children is no better. About 19.8 million children below the age of six in India are reported to be undernourished, whereas one in every three children (38%) in the age group 0-5 years is stunted (IIPS and Macro International Change, 2009). Twenty-one per cent (1 in 5) of children in the country suffer from acute malnutrition and about 58 per cent between 6 months - 5 years were found to be anaemic (IIPS and Macro International Change, 2009). Statistics show that around 42 per cent of the married women in India were married as children (CRY, 2017). UNICEF data adds that despite a significant decrease in the incidents of child marriage in India, one in every three child brides in the world is Indian (UNICEF, 2014). It is revealed that two-thirds of children in India are victims of physical abuse. Over 50 per cent have reportedly faced some kind of sexual abuse, and over 20 per cent of them have been subjected to severe abuse (Pinheiro, 2006).

Children are considered to be the most important asset of the nation. However, at the same time, they constitute one of the most vulnerable groups of the society. Changing socio-economic dynamics of Indian society like the rapid disintegration of joint family systems, migration, poverty and the loss of livelihood opportunities are the main reasons leading to the weakening of the traditional child protection mechanisms forcing children to become marginal. Emergencies like floods, drought, earthquakes and armed conflicts expose the children to an increased risk of crisis, trauma, abuse and abandonment (Udayan Care, 2016).

Types of Vulnerabilities

All children, due to their age and dependence on adults, are considered to be at the risk of neglect, abuse, violence and exploitation. Not only the age and ability of self-protection but the fulfilment of basic needs, recognising the potential dangers, the ability to lead an independent and

healthy life, and the capability of seeking help from significant adults who could play a positive role in protecting them are a few of the key concerns in relation to child protection. There are several factors that increase the vulnerability of a child including age, gender, abilities and disabilities, defencelessness and passivity, and provocative behaviour.

Vulnerable children are defined as those who are abused, exploited, and neglected. (UNICEF, 2010). Indian context-specific vulnerabilities as defined by the Integrated Child Protection Scheme (ICPS) are said to be, but not limited to, the following: “children of potentially vulnerable families and families at risk, children of socially excluded groups like migrant families, families living in extreme poverty, scheduled castes, scheduled tribes and other backward classes, families subjected to or affected by discrimination, minorities, children infected and/or affected by HIV/AIDS, orphans, child drug abusers, children of substance abusers, child beggars, trafficked or sexually exploited children, children of prisoners, and street and working children”(GOI, 2014:11).

The ICPS has identified three categories of children: those in need of care and protection(CNCP), children in conflict with the law (CCL) and Children in Contact in Law. Children who have allegedly committed a crime under the Indian Penal Code (IPC) have been categorised as Children in Conflict with Law (CCL).

Children in Need of Care and Protection

Children are among the most vulnerable groups in the society. The lack of power and control of their lives and dependence upon adults make them more vulnerable. Amongst the children are a few who are more susceptible when compared to others and these children are considered as the Children in Need of Care and Protection (CNCP). The Juvenile Justice (Care & Protection) Act, 2015 defines children in need of care and protection as those who:

- Are homeless and without the means to obtain such an abode
- Have been exploited or abused or have the probability of being abused, or dwell with a person/s who may have the potential to harm or abuse the child
- Have a physical or mental disability or illness and have no one to provide and care for them
- Whose parent/guardian is incapacitated or unfit to care for them
- Are orphans, a runaway or missing child whose family or parents cannot

be found after an even-handed investigation period

- Are trafficking or abusing drug substances
- Are victims of armed conflict, natural disasters or civil unrest

However, the Supreme Court in its judgment, while delivering the order on a Public Interest Litigation (PIL) based on a 2007 news report that highlighted the alleged sexual exploitation of children in orphanages in Tamil Nadu, emphasised the need to expand the definition of “children in need of care and protection” in the Juvenile Justice (Care and Protection of Children) Act, 2015. Since the Juvenile Justice Act (JJ Act) is intended to protect, benefit and foster child rights, the definition of children in need of care and protection needs to be given a wider interpretation to be able to include the categories of children who are left out of the definition. It emphasised the explicit mention of child victims of trafficking and sexual abuse (GOI, 2017).

Child Protection: The Necessity

Child protection is the protection of children from violence, exploitation, abuse and neglect. Article 19 of the United Nations Convention on the Rights of the Child (UNCRC) provides for the protection of children in and out of the home (UN, 1989). Child protection has also been defined as the protection from violence, exploitation, abuse and neglect. Violations of the child’s right to protection, in addition to being human rights violations, are massively under-recognised and under-reported and are barriers to child survival and development (Childline India Foundation, 2008).

Every child has a right to protection. Not only those who are in difficult circumstances and have suffered violence, abuse and exploitation, but also those who are not in any of these adverse states still need to be protected to ensure their social security. Child protection is integrally linked to every other right of the child. The failure to ensure children’s rights to protection has an impact on all other rights of the child and the holistic development of the child. Despite this, there is need of the agreement of various stakeholders that children have the right to grow up in stable and safe surroundings, be protected from abuse and neglect, and to have their developmental needs attended to. It must not only focus on the children but also consider the roles and responsibilities of family, community, and society as well as the State (Childline India Foundation, 2008).

UNCRC emphasises that the State is mainly accountable for the fulfilment of children’s protection rights and that it should setup a child

protection system with a holistic approach. The responsibility of the State for such a system has been found to be essential for its efficiency and sustainability. Given the magnitude of issues around children in each region or state, the authorities must seek their own insights and way forward to protect children. (UNICEF, 2006).

The Best Interest of the Child

One of the fundamental principles of child protection is ‘the best interest of the child’ which is also dictated by Article 3 of the UNCRC. It specifically states that, “in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration” (UN, 1989). Thus to be able to appreciate the principle of the best interest of a child it is essential to focus on the following while dealing with matters concerning children:

- ‘Best interests of the child’ should be the guiding principle
- The child’s ‘Right to Participation’ should be appreciated and the child should be given an opportunity to participate in the decisions concerning their lives
- Child Centred Approach should be kept in mind
- All efforts should be made to ensure that the child is kept with their own biological family’s nurturing environment for their holistic development
- Long term institutional care should be the last resort as an alternative care option

Models/Approaches to Child Protection

Systems Approach

A systems approach to child protection necessitates a substantial abstract move from the conventional impartial programming focus on particular groups of children in need of protection, to the achievement of more sustainable, inclusive and enduring responses to child protection issues. The main aim of the systems approach is to strengthen the protective nature of the environment around children and to strengthen children themselves, in order to ensure their well-being and fulfil their rights to protection from abuse, neglect, exploitation and other forms of violence. These key players include government, civil society, parents, caregivers, families and other

community structures which together provide formal and informal child protection mechanisms and services (World Vision International, 2011).

Additionally, adopting a systems approach does not eliminate the need for some specific issues-based programming targeting the most vulnerable children. A systems approach to child protection is sufficiently flexible and robust to implement a wide range of interventions for the benefit of all children in various situations, while simultaneously addressing, promoting and advocating for the interests of significantly under-represented and vulnerable children in a particular context.

Family Strengthening and Non-Institutional Alternative Care Approach

This puts family and family-based care at the centre and advocates the same for children in need of care and protection. The approach aims at preserving and strengthening families where children are at risk of separation. In cases where families are incapacitated or are untraceable, it emphasises the placing of children in residential alternative care including kinship, adoption and foster care (Mehta and Mascarenhes, 2015).

The Protective Factors Approach

This focuses on the ways in which building protective factors can help to lessen risks of child abuse and neglect. The risk factors include stressful conditions, events or circumstances that increase a family's chances of poor outcomes, including child abuse and neglect. On the other hand, protective factors are conditions or attributes of individuals, families, communities, or the larger society that mitigate risks and promote healthy development and well-being. Basically, they are strengths that help to buffer and support families at risk (Child Welfare Information Gateway, 2014).

The Public Health Approach to Child Protection

A public health approach is urgently needed in India. Vulnerable groups with greater poverty, unemployment, migrant workers, parents with mental health issues, substance abuse, domestic violence, children with chronic health problems and disabilities are at a greater risk. The approach advocates that universal prevention services should identify vulnerable families early to change risky behaviours and pathways to abuse. A public health approach therefore is counted as a preventive approach, which can work at all levels of the ecological model of maltreatment including society, neighbourhood, family, parent and child to address the risk factors (Sidebotham, 2001).

Approach So Far - Legalistic

The UNCRC was created in 1989 and India ratified it in 1992. The UNCRC provides an inclusive structure for policy and programme development to promote and protect the rights of children. Articles 9, 18, 19, 20 and 21 specifically focus on alternative care and the need for gate keeping. The Convention on the Rights of the Child (CRC) suggested that the holistic development of a child depends on their experience of growing up in a family milieu which is ideally an environment of contentment, affection and understanding. It advocates that a child should not be separated from their parents against their will. If the separation is necessary, it should be done in the best interests of the child.

The UN Guidelines on Alternative Care for Children was formed in 2013 as a response to enhance the implementation of the UNCRC. The guidelines outline the need for a relevant policy and practice with respect to two fundamental principles: necessity and appropriateness. It focuses on the necessity for a child to remain with their family and be cared for. Separating a child from their family should be the last resort. Concerning appropriateness, the guidelines suggest a variety of alternative care options for children by considering the specific requirements/needs of the child. It also emphasises the possibility of reunification of the child with the family (SOS Children's Villages International, 2010).

In 2003, the National Charter for Children was formulated and adopted a year later in 2004 with the intent to secure for every child the inherent right to be a child and enjoy a healthy and happy childhood. To affirm the Government's commitment to adopting a right based approach of attending to the long-lasting and rising challenge in the state of affairs of children, the National Policy for Children, 2013 was drafted by the Government of India. The National Policy for Children reiterates the commitment to safeguard, inform, include, support and empower all children residing in its terrain. It strives to provide equal opportunities for all children irrespective of their religion or culture.

To ensure effective implementation of the schemes and laws, the National Commission for the Protection of Child Rights (NCPCR) was established by the Government of India in March 2007 by an act of Parliament, with a wide mandate and considerable powers. Later, the states also adopted the model and formed respective state commissions. Subsequently, the Integrated Child Protection Scheme (ICPS) was launched

in 2009 by the central government in partnership with the State/Union Territories. The aim was to build a protective environment for children in difficult circumstances as well as for other vulnerable children. The ICPS amalgamates various existing child protection schemes of the Ministry under one inclusive umbrella and integrates additional interventions for protecting children and preventing harm. ICPS has the mandate of forming Child Welfare Committees, a Juvenile Justice Board, and District Child Protection Units as the instruments of effective implementation of the schemes in various districts of the state.

The Government of India has provided a strong legal and schematic framework for child protection through the Juvenile Justice (Care and Protection of Children) Act, 2000, 2006 and 2015. The Juvenile Justice Act, 2015, is the main law relating to safeguarding and promoting the welfare of children in India. The Juvenile Justice Model Rules, 2016, set out the procedures and guidelines that must be followed for the successful implementation of the Act.

Additionally, the Prevention of Children from Sexual Offences (POCSO) Act, 2012, was formed to specifically address the issue of sexual offences committed against children which until now had been tried under laws that did not differentiate between adult and child victims (Childline India Foundation, 2008). Under this Act, various child friendly procedures are put in place at various stages of the judicial process and are to be completed at the earliest opportunity.

The Ministry of Women and Child Development also created Model Guidelines for Foster Care in 2016. These guidelines were either to be adopted or adapted while making the State Rules.

The introduction of the above legislations brought a positive shift towards non-institutional alternative care for the CNCP. Some of the recent developments included the adoption of the Model Guidelines for Foster Care, 2016 by Delhi and Assam states. The state of Jharkhand drafted their own guidelines for sponsorship in 2018 and became the first state in India to formulate their own state level guidelines, followed by Bihar. At present, overall the Child Welfare Committees (CWCs) and District Child Protection Units (DCPU) have been instituted in almost all states. Additionally, the ICPS introduced various stakeholders into the system to do 'gate keeping' and to limit the number of children entering formal institution-based alternative care. In many states, the child protection functionaries have also

received training on alternative care. However, building the capacity of various stakeholders remains an area with immense potential.

Alternative Care

Alternative care is understood to be care for orphans and vulnerable children lacking the custody of their biological families and parents. It includes adoption, foster care, guardianship, kinship care, and other community-based provisions for children in need of care. One of the critical conditions when employing alternative care for children is forecasting the duration and permanency of placements that guarantee constancy, stability and a sense of belongingness. It also involves a course of action that includes long-term planning aiming at reconnecting the children with their biological families or to place them with adoptive families. This entails the need for an individual care plan for every child, subject to a periodic review (UNICEF, 2006). The various models of alternative care are shown below.

Community-based Care

The UN Guidelines for the Alternative Care for Children 2009 underline the significance of family in a child's life and providing them care in residential settings preferably in their own communities. This allows children to maintain ties with their innate support networks including neighbours, friends and relatives. This will minimise disruption to their social, cultural and educational life. It also increases the possibility of the reintegration of the children into their families and culture.

Paradigms from around the world show that there are several ways children without families and family care can be taken care of by their own communities. Both informal and formal measures including guardianship, *kafala*, kinship, foster care and adoption could prove to be beneficial to the children in need. The above measures can be sustained through a range of formal measures including social protection schemes and family strengthening provisions such as counselling, sponsorship or financial assistance, free education and health services. In countries where child care and protection systems are not well developed, community-based mechanisms can be significant in supporting children in need of care by providing informal alternative care provisions.

In India, community-based care has been in place for many decades and is largely provided by extended family members or members of the

community in the absence of the parent/s of a child. Kinship and guardianship are the most prevalent forms of community-based care in India. However, legislation has recently been introduced regarding the formal provisions for community-based alternative care for children. Discussed below are the major forms of this care.

Guardianship

A guardian is a lawfully appointed adult representative for a child. The guardian's role is to make sure that a child's rights are upheld, and the child's best interests are protected. The modalities of being a guardian may vary from region to region. Where formal guardian systems do not exist, alternative systems of care may be created by having a legally documented representative for the child. Roles and responsibilities of a guardian have been broadly described in the UN Guidelines for the Alternative Care of Children 2009 and by the UN Committee on the Rights of the Child (CRC).

The laws governing guardianship of children in India include the Guardians and Wards Act, 1890, and The Hindu Minority and Guardianship Act, 1956.

Adoption

Adoption is defined as the permanent placement of a child in a family, whereby the rights and responsibilities of the biological parents are legally transferred to the adoptive parent/s. An adopted child receives the same rights, status, and privileges given to any biological child of their adoptive parent/s (UNICEF, 2006). The laws governing the adoption of children in India are the Hindu Adoption and Maintenance Act, 1956, the Hague Convention on Inter-Country Adoption, 1993 (Ratified by the Government of India in 2003), the Juvenile Justice (Care and Protection of Children) Act, 2015, and the Adoption Regulations, 2017.

Foster Care

Foster care is the temporary placement of a child with a family when their biological parents are unable to care for them. Foster care is formal care typically provided by unrelated adult/s. This arrangement is for a specific time until the child can be reintegrated and reunified with their biological family. Hence placement in foster care is not permanent in nature. Foster carers generally receive assistance to meet the child's needs which may include

training, guidance and financial assistance from the government. Foster care can be advantageous and may play an important role in a situation where a child's own family demonstrated a temporary inability to care for the child. The laws governing foster care in India are the Juvenile Justice (Care and Protection of Children) Act, 2015, and the Model Guidelines for Foster Care, 2016.

Kinship

Kinship care is full time care of a child by a relative or member of the extended family (Bromfield and Osborn, 2007). This is an arrangement which is the most common form of alternative care worldwide. It is characteristically managed without formal legal intervention. In numerous developing nations, kinship is fundamentally the only form of alternative care available (UNICEF, 2006). It offers many advantages over other forms of care since it permits family relationships to continue, keeps the children within their culture and community, and avoids the anxieties associated with the placement of children with unfamiliar adults and families.

Socio-Cultural Barriers to Alternative Care

There has been an growing number of children in India who need a home and care due to increased vulnerabilities. However, the traditional support systems that existed for decades where extended families would provide family-based alternative care for the children through kinship care are no more in place. Kinship care was traditionally provided informally, and no intervention by the government was ever needed.

Due to the changing social fabric, the resources to provide family-based care to children in need of care and protection are becoming scarce. SOS Children's Villages is an international organisation which devised a strategy to provide a family-like environment. This was done by introducing the SOS Children's Villages where the children would live in a family-like environment. Each village has 12-15 homes and every home has 8-10 children living together under the care of a house aunty or uncle. However, since these SOS Children's villages are not able to cater for the increasing demand, these children end up in institutions such as orphanages or children's' homes. These orphanages are government supported and a few are independently managed by Non-Governmental Organisations which are mandated to be registered and monitored by the government.

Family-based Alternative Care is found to be the most workable way of

ensuring protection for the children. However, there are socio-cultural barriers that create resistance to upholding formal alternative care in India.

- *Apathy:* The dislike of change creates a resistance to accepting a person (child) of a different ethnic group. Since India is a large and diverse country, the population is also diverse. Families often show resistance to accepting an unrelated child from a different background. Religion, region, caste, colour, and language of the child often become the reasons for non-acceptance by prospective foster families.

In an ideal situation it is required that foster parents should respect the religious practices and beliefs of the birthparents, even though the child is in foster care. Religious beliefs of people are rigid since practices vary vastly, hence it is challenging to place a child with a family which has different religious practices.

- *Fear of separation and emotional vulnerability:* Indian culture gives priority to emotions and believes in developing relationships with significant others. Families in India also fear developing an emotional bond and attachment to the foster child and this creates resistance to fostering a child.
- *Too much emphasis on permanent placement i.e. adoption:* Other forms/options (short term arrangements of care for the children) of alternative care are neglected by the child protection professionals since adoption has been accorded priority due to its permanent nature. Additionally, adoption as a care placement of the children has gained recognition among the general public.

The prospective families want to have parental rights over the child they provide care for so they do not want to invest in a child without having parental rights. The families prefer to have a child permanently placed with them.

- *Corruption:* As recently quoted by the CEO of the Central Adoption Resource Authority (CARA, India), foster care has been misused/exploited by people as certain unethical practices have crept in.
- *Lack of awareness:* Since the understanding and awareness of foster care and other non-institutional care options for children has not fully evolved in India, the gap between policy and practice remains. This has caused the foster care programme to become a backdoor entry into adoption or an entry point for misuse.
- *Preference for a younger child:* One of the issues that the foster care system in India is facing is that families want a younger child. Younger children are

preferred since they easily adjust to the family and it is easy to train the child to fit into their family. Not only in cases of adoption, but even families who had chosen foster care had expressed the desire for a young child. The process of placing older children who could not be put up for adoption in foster care is impractical since older children are not wanted.

- *Ambiguous policies and guidelines:* The policies and guidelines for alternative care in India are either not in place or ambiguous. There is a need for advocacy and involvement of various stakeholders to develop effective policies and guidelines. The government and concerned departments need to take a proactive move to put the systems in place.
- *Lack of trained staff:* The functionaries are neither familiar with the laws and regulations nor are they well trained to deal with the issues of child protection vis-a-vis alternative care. Capacity building programmes for the functionaries working with the children need to be designed and delivered. Additionally, they should be sensitised and trained in monitoring and follow up concerns.
- *Lack of funds to support the children and caregivers:* The budgetary allocations to family-based alternative care provisions are meagre and are not sufficient for the requirements of the children in need of care and protection. Where funds are allocated, they are being under utilised or not utilised at all.
- *Large numbers of the children in need of care and protection:* Since India is a huge country, the number of children in need of care and protection is also large. Hence it is a long and tiring process which takes a lot of effort and consistently hard work to develop a pool of prospective families willing to provide short term residential care for such children.

Conclusions and the Way Forward

Norms form the basis of collective expectations that members of a community have of each other and play a key part in social control and social order by exerting pressure on the individual to conform. It has been established that behaviours are grounded in a socio-ecological context and change usually requires support from multiple levels of influence. This results in an expansion of the Social and Behaviour Change Communication (SBCC).

To be able to bring about positive changes in the norms through the socio-behavioural outcomes of Indian society towards Alternative Care, SBCC could be considered an option for improving the situation by

encouraging acceptance among society. As SBCC is driven by a comprehensive ecological theory that targets individual level change, it targets the broader societal and structural levels. SBCC's approach focuses on the community as the unit of change (Vyas, 2016). Thus, unlike other approaches, SBCC explicitly encompasses social change perspectives that foster processes of community dialogue and action through three core components, namely:

- *Communication* using channels that are appropriate for the target audience's requirements and preferences.
- *Behaviour change* through efforts to make specific actions easier, feasible, and closer to an ideal that will protect or improve health outcomes.
- *Social change* to achieve shifts in the definition of an issue, people's participation and engagement, policies, and gender norms and relations.

SBCC relies on formative research with beneficiaries to understand the context, the issue from their perspective (why resistance) and factors that influence improved practices. It uses various communication strategies including interpersonal, group and media channels effectively to foster necessary actions at multiple levels.

Depending upon the issue and context, SBCC can achieve change as a separate intervention, but usually it is part of a comprehensive change strategy that includes multiple interventions, including communication (Vyas, 2016).

Prospects: What is required to make Alternative Care Universal?

Various strategies that may be adopted to enhance acceptance and promote family-based alternative care as a practice in India may include:

- *Emphasis on the continuum of care for the children:* Each child is unique therefore their needs differ. It is essential to prepare individual care plans for each child requiring alternative care with an action plan which keeps the best interests of the child in mind. Continuum of care emphasises family-based care and puts the institutionalisation as a last resort. Additionally, the international human rights law and policy makers understand the importance of family for a child globally and continuum of care has been accorded a high priority.
- *Advocacy:* Awareness generation among the public and the functionaries dealing with the children in need is necessary. It is imperative, since institutionalisation has been favoured by the functionaries when placing the children in alternative care. However, they need to be sensitised to

the best interests of the children and the options available to provide them with family-based alternative care where possible.

- *Capacity building:* Government functionaries working in the area of child protection ought to be given a working knowledge and information about alternative care options available in India for the children. There is also a need to have training modules and standard operating procedures.
- *Role of the community:* It is essential to generate awareness and build the capacities of the communities to become care providers and ensure the rights of the children of the community. Because India has a tradition of strong family and community ties, the community can play a significant role in child protection.
- *Role of Non-Government Organisations (NGOs):* Several national as well as international NGOs have been working for the protection of children in India. However, due to the huge population and enormous demand of their services they cannot reach out to each individual in need and their labours can make only a small impact. In future they must coordinate their activities and work together. They can support the government in the smooth and effective implementation of the programmes and policies.
- *Role of government:* The definitive accountability to protect the children of a homeland lies with the Government. By ratifying the international and national instruments, the Central Government should take appropriate measures in child protection. Central level guidelines and Acts should be formulated for Alternative Care.

For state and local governments, there is a need to take proactive steps and analyse the current state level situation of child protection. Measures should be taken by the state governments accordingly. In addition to adopting the central level policies, the states could draft their own policies and schemes to ensure a family for each child. As a preventive measure, strengthening the families through various initiatives and programmes should be the priority of the government, and programmes for this must be developed to cater for the needs of a diverse population.

References

Bromfield, L., & Osborn, A, (2007). *Kinship Care* (Research Brief No. 10). Melbourne: Australian Institute of Family Studies National Child Protection Clearinghouse.

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- Childline India Foundation. (2008). *The Essentials of Child Protection: A Handbook for Beginners*. Mumbai: CHILDLINE India Foundation.
- Child Welfare Information Gateway. (2014). *Protective Factors Approaches in Child Welfare*. Washington, DC: U.S. Department of Health and Human Services.
- CRY (Child Rights and You) (2017). *Statistics of Children In India*. www.cry.org: <https://www.cry.org/statistics-on-children> retrieved on 10 January 2018,
- GOI (Government of India) (2011). *Census*. New Delhi: Office of the Registrar General & Census Commissioner, Ministry of Home Affairs.
- GOI (Government of India) (2014). *The Integrated Child Protection Scheme (ICPS)*, New Delhi: Ministry of Women & Child Development.
- GOI (Government of India) (2017). *Supreme Court Writ Petition No. 102 of 2007*. Exploitation of Children in Orphanages in the State of Tamil Nadu vs Union of India & Ors.
- IIPS (International Institute for Population Sciences) and Macro International. (2009). *National Family Health Survey (NFHS-4) 2012-14*. Mumbai: IIPS.
- Mehta, N., & Mascarenhes, N. (2015). *The Family Strengthening and Non-Institutional Alternative Care Approach to Child Protection*. Mumbai: Family Service Centre.
- Pinheiro, P. S. (2006). *World Report on Violence against Children*. New York: UN.
- Sidebotham, P. (2001). "An ecological approach to child abuse: Creative use of scientific models in research and practice." *Child Abuse Review*, 10(2): 97–112.
- SOS Children's Villages International. (2010). *Guidelines for the Alternative Care of Children*. Innsbruck, Austria: SOS Children's Villages International.
- Udayan Care. (2016). *Alternative Care for Children: Workshop Report*. Delhi: Udayan Care.
- UN. (1989). *United Nation Convention on Rights of the Child*. London: UNICEF.
- UNICEF. (2006). *Alternative Care for Children without Primary Care Givers in Tsunami-Affected Countries: Indonesia, Malaysia, Myanmar and Thailand*. http://www.unicef.org/eapro/Alternative_care_for_children.pdf retrieved 25 December 2017.
- UNICEF. (2006). *Child Protection Information Sheet: What is Child Protection?* New York: The United Nations Children's Fund.
- UNICEF. (2010). *Child Protection from Violence, Exploitation and Abuse: Orphans and Vulnerable Children*. New York: UNICEF.
- UNICEF. (2014). *Ending Child Marriage: Progress and Prospects*. New York: UNICEF.
- Vyas, S. (2016). "Social and behaviour change communication: Essential component of contemporary health care." *Healthline Journal*, 7(1). http://www.iapsmgc.org/index_pdf/193.pdf Accessed 1 April 2018.
- World Vision International. (2011). *A Systems Approach to Child Protection*. A World Vision Discussion Paper. Uxbridge, UK: Children's Ministry of World Vision International.