



# NAVAJEEVAN BALA BHAVAN

VIJAYAWADA

(A home for Children in need of care and Protection)

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## ALTERNATIVE FORMS OF CARE: POLICY FRAMEWORK OF NAVAJEEVAN BALA BHAVAN

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Alternative Care is designed to provide parental love, care, protection, affection, supervision and support to children who do not have parents, home and caretakers. Those families who are maintaining good relationship with neighbors and relatives are identified through very careful scrutiny by the social worker and their names submitted for the Child Welfare Committee's approval for foster care. Potential parents are examined by the bench at the Child Welfare Committee (CWC) and for the fit parents, a fit certificate is issued. Foster care helps the child for healthy, psycho-social and mental adjustment.

- Identifying by a separate team, potential child candidates for foster care – as per the set parameters; for instance, a child orphaned by AIDS, etc.,
- Preparing children through in-depth counseling and training.
- Preparing potential parents through in-depth counseling and regular training.
- Required health checkups, preparation of legal documents, in collaboration with CWC, etc.,
- Regular follow-ups and required reporting after placing the child under foster care.

Deriving the philosophy from the UN Universal Declaration of Human Rights, the Convention on the Rights of the Child – ratified by India in 1992 – and the UN Guidelines for the Alternative Care of Children and recognizing the Fundamental Rights enshrined in the Constitution and various provisions of Juvenile Justice (Care and Protection of Children) Act 2000/corresponding Amendment Act 2006, safeguarding the best interests of children who are in conflict/contact with the law as well as those in need of care and protection and advocating the principle that the family holds the primary responsibility for providing care and protection of children, Navajeevan affirms that...

- A child's own family is the most conducive natural environment for the growth, well-being and protection. Hence prime importance is given to re-integration of child with the family, and measures such as, Child safety Net/Caring Community Groups, etc., are being promoted to create child friendly environment at home/village and to enable the child to remain in or return to the care of his/her parents, or when appropriate, other close family members.
- Institutionalization of a child should be considered as the last resort.
- While permanent solutions are being sought, the most suitable forms of alternative care, such as, Group Care Home, Foster Care, Kinship Care, etc. are to be identified and provided for children coming under Navajeevan's direct care and support - with care standards to ensure the quality and conditions that are conducive to create an environment, promoting the child's full and harmonious development.
- All these efforts must be grounded in the best interests and rights of the child concerned, in conformity with the principle of non-discrimination and taking due account of the gender perspective – respecting fully the child's right to be consulted and to have his/her views duly taken into account in accordance with his/her evolving capacities, and on the basis of his/her access to all necessary information.
- The most suitable provision of alternative care is identified and facilitated to the child, without giving any scope of furthering the political, religious or economic goals of the providers.
- Alternative forms of care are provided to children under the age of 18 years – those children without parental care: all children not in the overnight care of at least one of their parents, for whatever reason and under whatever circumstances.
- When a child is placed in alternative care, contact with his/her family, as well as with other persons close to him or her, such as friends, neighbors and previous care-givers, is encouraged and facilitated, in keeping with the child's protection and best interests; an effective and impartial mechanism is ensured for the child whereby complaints or concerns regarding the treatment or conditions of placement can be notified without fear and no sort of compulsions.
- Measures to promote and ensure the child's sense of self-identity are to be undertaken by the organization while placing the children under alternative forms of care, especially foster care. With this end in view, with child's participation, a life story book comprising appropriate information, pictures, personal objects and mementoes, are to be maintained.
- Though the overall objective of the afore-mentioned alternative forms of care that Navajeevan recognizes and practices is to provide temporary care and to contribute actively to the child's family reintegration, alternative but permanent family setting shall be facilitated for the child through adoption, when family re-integration (including kinship care) is not possible in any way.

### Alternative Forms of Care and Implementation of Individual Transition Plan for Various Groups of Children Rescued from Different Difficult Situations

- Transition Plan denotes that the needs of various groups of children rescued from diverse difficult situations are different – say, children rescued or weaned away from street life; child workers rescued from the situation of hazardous child labour, etc., and accordingly, Navajeevan has evolved, down the years, different sets of rehabilitation measures for different groups.
- Transition Plan in the context of 'best interest of the child' emphasizes the need to consider the individuality, uniqueness of each child with his/her own special life context, problems and needs thereof. It implies that the common norms set for a group of children in a home have to be applied flexibly, considering the special needs of a child.
- On the one side, in the context of Transition Plan/Individual Child Care Plan, there is the 'best interest' of the child to be safeguarded, and on the other, the principle of 'non-discrimination', equity/fairness of justice. This contrast/dilemma becomes more and more evident when one moves from the level of needs of a particular group of children to the realm of Transition Plan of an individual child among them.
- Again, when the situation of a girl-child is considered against a boy-child, in the current socio-cultural milieu, a girl-child, especially orphan or 'abandoned', rescued from violence and exploitation, requires, as part of Transition Plan, greater duration of rehabilitation process, close accompaniment/facilitation by a 'significant adult', which may have to extend, for a considerable duration, to her as a Care-Leaver.
- Re-Integration with families is given top priority, at any point of time of a child' rehabilitation process within Navajeevan, as Navajeevan firmly believes that the best place for a child to grow is his/her own family.
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- Navajeevan firmly believes also that, in case a child cannot be with his/her own family for various reasons, the best then for a child is alternative forms of care than the institutional care. In implementing the transition plan, alternative forms of care, especially Group Care Home, play an important and indispensable role.
- Of late, in-depth counselling follow-up on individual basis and sessions in Life Skills Education is being inbuilt into the rehabilitation processes so as to equip the child with social and psychological coping strategies – which is all the more necessary when a child is from a socially excluded – marginalized community/family. More than 70% of rescued children belong to these communities/families.

#### VARIOUS FORMS OF ALTERNATIVE CARE PRACTISED BY NAVAJEEVAN

##### ☞ Group Care Home at Different Stages of a Child within Navajeevan:

- In implementing the transition plan at different stages of a child within Navajeevan, Group Care Home, play an important and indispensable role.
- **Orientation Camps:** Children rescued/weaned away from street life are provided with the opportunity to attend Orientation Camps – two for different age groups and one for the children addicted to substance abuse: Prerana for children up to 12 years; Velugu for children above 12 years and Vimukthi for children addicted to substance abuse. All these three groups of children are placed under Group Care Home.
- **Residential Bridge School:** After Orientation Camps, the children below 14 years, who cannot be re-integrated with own families, are admitted to residential bridge school to prepare them for regular schooling. They are divided into different groups according to their age and education level, taking again, the needs of the individual child into consideration. The Residential Bridge School is located at Chiguru – Navajeevan’s Children’s village for boys and girls. The children are housed in separate cottages – each taken care of by a care mother/parent.
- Moggas – Group Care Home for School Going Children: After residential bridge course, children with family ties are enrolled in regular schools, normally accommodated in government run social welfare hostels, staying where they attend local schools. The orphan children and those from broken families, attending local schools, are normally placed in Group Homes under Navajeevan’s direct coordination.

## Group Care Homes:

Group Care Home: Chiguru – Navajeevan’s Children’s Village – Houses Residential Bridge School (RBC):

- The old names of RBCs, Mettu (RBC for boys) and Sethu (RBC for girls), have been changed into ‘Theeram’ (meaning ‘Shore’) and ‘Balika’ (meaning ‘Girl-Child’) respectively and they are relocated from rented premises within Vijayawada city to Chiguru – Navajeevan’s Children’s Village on the serene banks of the river Krishna, 9 kms away from Vijayawada.
- During April 2013 to March 2014, 319 children (200 boys and 119 girls) were housed in 6 cottages at Chiguru, taken care of by Care Mothers/Parents.
- Balika also provides residential Livelihood Advancement Skills Training (LAST) cum rehabilitation centre for girls, above 15 years, rescued from street and the victims of various forms of violence.
- These children daily attend the Bridge School/skills training, organized within Chiguru premises. The food is prepared in a common kitchen, and distributed to the cottages. Games are organized in common.
- As a motivational/behavior modification tool, the children of these homes are encouraged to participate daily in common prayer and in Hrudhaya Spandhana (groups sharing), being organized in their respective cottages. It creates a conducive atmosphere to facilitate children to share their life experiences – as part of healing process, which is therapeutic and helps them become ‘self-aware’ as well as other children to open up. It also helps the team to provide the required psycho-social support thereof.
- Apart from the day’s curriculum, children are provided individual counselling on a regular basis. They are also trained in life skills and sexual health.

Group Care Home (Moggas):

- In line with the organization’s policy of providing care in small groups rather than housing them together in a hostel/institution, the school going children, who are directly under the care of Navajeevan, are housed in small groups – in 5 rented houses in the midst of Pezzonipet village within the city. These five Group Homes for boys named Moggas are taken care of care by mothers/parents.
- Apart from these 8 Moggas for boys, there exists two Group Homes for school going girls, called Ankitha, located at Gurunanak colony in Vijayawada city and Hanuman Junction.
- These 10 Group Homes altogether house 132 school going children (87 school going boys and 45 school going girls).
- All these children attend the various local schools – both Telugu and English medium.

**Foster Care:** Foster Care of a child within a foster family – especially for orphan children – authorized by Child Welfare Committee (CWC) – with or without outside financial support/sponsorship, from individual donors/organizations /government.

- Since 2009, the team visited 870 families in connection with identifying potential families for placing orphan/semi-orphan/neglected children under foster care on an individual basis. Out of these, more than 100 families were initially selected for screening, and out of these, 47 potential families had been selected. Rejecting one family, Child Welfare Committee (CWC) gave Fit Parent Certificate to 46 families.
- So far, 21 orphan children (13 boys and 8 girls) have been placed under foster care. Out of these, for various reasons, 10 children (9 boys and 1 girl) came/were taken back. Presently, the process of placing 6 more children (5 boys and 1 girl) is almost complete.
- The process is very slow as it takes time to screen the identified foster parents; to prepare them and the orphan children willing to place themselves under foster care, through a series of in depth counselling. Finally, Child Welfare Committee (CWC) has to approve and oversee the matching process and further follow-up through District Probation Officer.

Status on Individual Child Foster Care:

Total No. of Families visited since 2009	No. of potential families identified for foster care	No. of families given Fit Parent Certificate by Child Welfare Committee (CWC)	Total children given under foster care			Children brought back from foster care for various reasons			Children Ready for Immediate Placement		
			B	G	T	B	G	T	B	G	T
870	47	46	13	8	21	9	1	10	2	3	5

**Kinship Care:** Care of a child by relatives within child’s circle – with or without outside financial support/ sponsorship, from individual donors/organizations /government - with special emphasis on children affected/orphaned by AIDS.

Under the aegis of the project (Neethodu meaning ‘We are with You’) for the Children Affected By AIDS (CABA) and their families, Navajeevan encourages Kinship Care by rendering technical and financial support to the closely related couple or relatives to provide foster care to a child whose both parents died or the surviving infected parent is not in a position to render parental care. Out of the 262 families (affected by AIDS – with 388 children/199 boys and 189 girls – including 17 infected children) supported by the Navajeevan team, 69 orphan children (32 boys and 37 girls, including 4 boys and 6 girls infected) are now taken care of by the close relatives.

## Procedures:

- Identifying the prospective foster children
- Identifying the prospective foster parents
- CWC declaration on free for foster care after DPO enquiry of the child
- Prospective foster parents and children are produced before CWC for their consent
- CWC declaration of fit persons to be foster parents after thorough enquiry of the parents
- Prospective foster children and parents are instructed to meet each other on occasions
- Subsequent to the mutual consent the child is placed in foster family.

## Procedures for Group Care:

- Identification of prospective parents (wife and husband)
- Observation and assessment of aptitude of care parents for 3 months
- Orientation on organization's mandate, vision, mission and child policy
- Placing of 15 children into group care based on their age
- Siblings are placed together

## Documents maintained:

### Child:

- ✓ Bio-data
- ✓ Home enquiry report
- ✓ DPO's report
- ✓ CWC's declaration of child free for foster care

## Foster parents:

- ✓ Family profile
- ✓ Counselor's report
- ✓ DPO's report
- ✓ Medical Test reports
- ✓ CWC: declaration of fit persons to be foster parents
- ✓ CWC's certificate of foster placement
- ✓ Post-placement follow up: once a month, quarterly, half yearly

## Shift from Institutional to Non-institutional forms of care:

- Navajeevan consciously initiated the concept of group care since its inception and moved on to foster care later. Hence, it is not fully into institutional form of care since the beginning.

## Problems:

- Majority of the foster parents approach demanding children below six years of age, whereas majority of children in the organization are above eight years of age.
- Lack of knowledge/awareness among the people about foster care
- Finding foster parents for siblings
- Finding foster parents willing to stay with the children and run such a home;
- That too for a long period of time, ensuring stability for the children;
- If the foster care mother has or the foster care parents have their own children, making sure that equal attention is giving to their foster children as to their own;
- Ensuring that the living standard of the foster care home does not become a cause threshold for children to go back to their own homes/biological parents or family;
- Ensuring that the foster parents are really family members to the children, not staff members;

## Lessons learned:

- Child should be given only after thorough investigation about the foster parents
- The child should be given only after the foster parents have training in child care.
- Age and health of the foster parents to be considered while giving the child

## Scope of improvement:

- Professional field worker for creating awareness in the people and foster parents
- Conducting awareness programmes related to foster care
- Providing financial support to family who need a child but cannot afford due to weak financial conditions

## Follow up:

- Continuous follow up about the status of child after giving for foster parents
- A weekly follow up for the first month.
- For the next two months, once in two weeks.
- Thereafter once in a month
- Weekly Planning, implementation and review meeting
- Monthly review meeting