

Does de-institutionalization always serve 'best interest' of the child?

A study of the ground realities of restoration of Children in Need of
Care and Protection in India.

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Abstract

This paper is the result of a field study conducted by Catalysts for Social Action (CSA) on the outcomes of restoration of 29 'Children in Need of Care and Protection' (CNCP) who were residing in Child Care Institutions (CCIs) in Madhya Pradesh. The study was conducted in the year 2018-19 with the objective to analyze the process which was followed, to look into the follow-up and support provided after the child was restored with the family, to gather information on the situation of the child, and find out the effect of deinstitutionalization on various growth and development parameters of the children.

The core argument of this paper is that while every child has a right to grow up with his / her family and the Government's efforts towards restoration of institutionalized children with their family is a step in the right direction, undertaking the exercise without diligently following due process, without ascertaining whether the risk due to which the child was institutionalized has been mitigated, without ensuring that the family is supported to care for the child, and without periodic monitoring of the effect of restoration on the child, can lead to adverse outcomes for the child, contrary to the envisaged objective of restoration. This argument is supported by findings of the study which reveals gaps in the system and indicates a degree of non-compliance with critical steps of the process, as a result of which, most of the children restored with their family were found to be living in detrimental circumstances. This leads to the question as whether the deinstitutionalization or restoration of children with family indeed proved to be in the best interest of the child, as it has been envisaged to be.

In its conclusion, the paper recommends actions for policy makers and for the implementers drawing from finding of the study and CSA's experience of working with stakeholders in the child protection system.

1. Prelude

Over the last 3-4 years, increasingly, doubts have been raised about institutionalized care as the means of rehabilitation of the child in need of care and protection (CNCP). Conversations particularly in media, government and social circles have centered around the quality of institutionalized care and the care outcomes. There is a growing belief that a child is best cared for in her own home with her family and where that is not possible, through alternative parenting options such as Adoption and Foster Care.

The movement of children into and out of Child Care Institutions (CCIs) for various reasons is a regular activity. However, over the last couple of years, in the course of our work with CCIs, we observed that the overall number of children residing in institutions is decreasing in the states where we work. Trends seem to suggest that many children in child care homes are being sent back to their families / extended families. A preliminary inquiry into the probable reasons suggests that concerted efforts are being made by CCIs / District authorities, to 'restore' children who have some kind of parental / family contact (their immediate or extended family). Undeniably, restoring children to their families and homes is a welcome move. Questions however arise about the preparatory diligence that should precede such a restoration and the current care conditions prevailing in the family. Are, for example, the prevailing family conditions any different from those circumstances under which the Child Welfare Committee in the first place thought it fit to commit the child into institutional care? Is in fact, sending the child back home the best option, and in his / her 'best interests'? Does a monitoring mechanism exist, which ensures the final rehabilitation outcome? Is any attempt made to track the child's progress and to make affirmative alternative arrangements in a negative situation?

India-specific research or data to substantiate the view that rehabilitation outcomes at homes for CNCP children are better than a child being brought up in an institution does not seem to be available. It would thus appear that the approach adopted by CCIs / authorities largely borrows from the knowledge and research conducted in this field in western countries, which suggest that children are often sent to homes despite family support being available; that developmental outcomes of children growing up in institutions are inadequate and do not compare even remotely to family-based care; that the existence of Institutions/Orphanages is the outcome of manipulative individuals who seek to exploit the children for commercial gain and defaulting parents who are unwilling to take on the child's responsibility. The focus in Western countries, on Adoption and Foster-care as alternative care models is well known.

More recently, in December 2019, the UN General Assembly adopted a Resolution on the Rights of The Child on the same lines. In the Resolution¹, all of the 193 member states of the United Nations agreed that orphanages harm children and recognized that the vast majority of children in orphanages having living family should be reunited with or supported to remain with

¹ United Nations General Assembly Resolution No. A/74/395; Available at <https://undocs.org/A/74/395>; Last accessed 27 March, 2020.

their families. India being a signatory to the Resolution, it is expected that India would soon fall in line and perhaps, start sending children back or even shut down some Child Care Institutions. In fact, we are already seeing movement in this direction in the form of a 3-year action plan being prepared by UNICEF post consultation with stakeholders. The action plan sets targets set for 45% reduction in the number of institutionalized children in the next three years.

At CSA, we have been working on all three prevalent modes of child care - Adoption, Foster Care, and Institutionalized Care. We unanimously agree that Adoption / Foster-Care are the best rehabilitation options for CNCP, and our endeavor has always been to find a home for a child wherever possible. Harsh reality, however, is that not every child has the option to seek alternate family care modes and some children must perforce remain in institutions. Consequently, a natural extension of our work on Adoption led us to the children in CCIs; we work with CCIs to deliver a high quality of care comparable to family-care. Our work now covers 4 states (Maharashtra, Odisha, Goa and Madhya Pradesh), 80 CCIs (including Adoption Agencies) who we partner with, and 5000 children who we seek to support with 'family-like-care'. Our direct interventions with the CCIs and the children gives us the opportunity of insights into the parental / home background of some of those children. Our belief is that, more often than not, these children are victims of abject poverty, social ostracization, rejection (of the girl child), disharmony in families, lack of / disinclination to educate the child, inadequate health facilities, migration, exploitation and abuse. In our experience (and we say this with conviction and a deep sense of responsibility), a well-run CCI, where a child's needs in terms of nutrition, education, health, life-skills, vocation and Aftercare services are provided, can yield unmatched rehabilitation outcomes. We cannot, therefore, accept at face value, the basic premise that what applies to the rest of the world applies to India as well. We believe that prudence requires us to validate the hypothesis that restoration of a child to her home is an unquestioned option in her best interests. We feel that there is need to understand what had changed in the family's situation which made reuniting the child with the family a decision in her best interest.

Accordingly, as an elementary assessment exercise, we initiated a study covering 29 children in 5 CCIs, in 3 districts of Madhya Pradesh. We aimed at analyzing the process which was followed prior to de-institutionalization, the outcomes of de-institutionalization and the support provided to the family which enabled the child's rehabilitation with them. This paper elaborates our findings; we are presenting the facts as they come across in this study. We believe that notwithstanding a rather small and perhaps, not entirely representative sample, the conclusions yet, provide a preliminary insight into the situation as it actually is, and offers a base for more detailed examination. Given the fact that similar efforts of reuniting children residing in CCIs with their families are likely being considered across states, we feel that our findings could assist the assessment of 'on-ground' realities and contribute meaningfully, to the decision-making process.

2. Social Context

India is home to 440 million children, approximately a third of its total population, and reports suggest 170 million or almost 40% of these children are vulnerable or experiencing difficult circumstances characterized by their specific social, economic and geo-political situations². While there is no specifically categorized data available on the kind of vulnerabilities these children are facing, it is estimated that close to 30 million of these children are orphans³, about 10 million children less than 14 years of age are victims of child labour⁴, and 1.5 million girls are victims of child marriage⁵. A considered assumption would suggest that there are at least 20 million children in India who are in a situation of grave risk and vulnerability, and hence potentially in need of care and protection.

The Juvenile Justice (Care and Protection of Children) Act, 2015⁶ ("JJ Act") - India's law which provides for care, protection and rehabilitation of vulnerable children - identifies CNCP as those children who are homeless, victims of child labour, residing with an abusive or exploitative person, residing with someone who is unfit or incapable of taking care of him, those who do not have parents or have been surrendered by their parents, those who are victims of armed conflict or natural calamity, and those who are in the imminent danger of child marriage⁷. The JJ Act provides for placement of such children in a CCI (usually a children's home or a Specialized Adoption Agency), during pendency of inquiry about the child's family and situation. When established that the child has no family or ostensible support, or it is found that the child is in continued need of care and protection, the Act provides for the child to be placed in the CCI till suitable means of rehabilitation have been found for the child, or till the child attains the age of eighteen years.

As per a 2018 study by the Ministry of Women and Child Development, Government of India⁸ (hereinafter referred to as 'MWCD Report'), India has about 3.7 lakh children residing in about 9500 Child Care Institutions. The same study found that the most common reason why a child is placed in an institution is that the parents / guardians of the child are incapable of caring for them. There are 1,84,195 such children, which is almost 50% of the total number of children

² Chapter 4 - Para 4.1, Annual Report 2015-16, Ministry of Women and Child Development, Government of India; Available at <https://wcd.nic.in/sites/default/files/annual-report-2015-16.pdf>; Last accessed 27 March, 2020.

³ Table 4, Pg. 131, The State of the World's Children 2016, UNICEF; Available at https://www.unicef.org/publications/files/UNICEF_SOWC_2016.pdf; Last accessed 27 March, 2020.

⁴ Children in India 2018 - A Statistical Appraisal, Ministry of Statistics and Programme Implementation, Government of India; Available at http://mospi.nic.in/sites/default/files/publication_reports/Children%20in%20India%202018%20-%20A%20Statistical%20Appraisal_26oct18.pdf; Last accessed 20 March, 2020.

⁵ Estimated by UNICEF; Source: <https://www.unicef.org/india/what-we-do/end-child-marriage>; Last accessed 20 March, 2020.

⁶ Available at <http://cara.nic.in/PDF/JJ%20act%202015.pdf>; Last accessed 20 March, 2020.

⁷ Section 2 (14) of the JJ Act.

⁸ The Report of The Committee for Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care & protection of Children) Act,2015 and Other Homes Volume-I, Available at <https://wcd.nic.in/sites/default/files/CIF%20Report%201.pdf>, Last accessed 20 March, 2020.

residing in CCIs. The report further states that 56,198 children residing in institutions are orphan / abandoned / surrendered whereas 1,20,118 children have a single parent alive. Other children include victims of child sexual abuse (1575 children), victims of trafficking (3173 children), run-away / missing children (3780 children), victims of child marriage (479 children), children affected and infected by HIV and AIDS (4999 children), victims of man-made and natural disasters (2160 children), homeless children (8573 children), and mentally and/or physically challenged children (9040 children). This data also illustrates that there are a wide variety of reasons why children are placed in institutional care and many of the underlying reasons are difficult to address in a family environment.

Institutional care is therefore one of the main, important and essential methods to rehabilitate children in need of care and protection. The above data also suggests that 50-60% of the children have family connection and could potentially be sent back to their families. Assuming that District Child Welfare Committees adhere to the 'principle of best interest (of the child)' and other guiding principles mentioned in Section 3 of the JJ Act, one can deduce that either living in an institution has been found to be in their best interest, or the authorities have been unable to make family or community based care arrangements for the child. It thus becomes even more important to ensure that family circumstances have changed for the better and the risk of neglect and deprivation of child rights have been mitigated before sending the child home back with the family.

3. The process of deinstitutionalization of children in contact with parents / guardians

Every child in the India's juvenile justice system has a right to be reunited with his or her family. This is provided in clause 3 (xiii) of JJ Act in 'Chapter II - General principles of care and protection of children' - which states:

"Every child in the juvenile justice system shall have the right to be re-united with his family at the earliest and to be restored to the same socio-economic and cultural status that he was in, before coming under the purview of this Act, unless such restoration and repatriation is not in his best interest."

India's National Policy for Children, 2013⁹, in various clauses in the Preamble and body of the policy, also gives priority to family-based care. Section 4.10 of the Policy reads thus:

'To secure the rights of children temporarily or permanently deprived of parental care, the State shall endeavour to ensure family and community-based care arrangements including sponsorship, kinship, foster care and adoption, with institutionalisation as a measure of last resort, with due regard to the best interests of the child and guaranteeing quality standards of care and protection'.

In line with this policy, rehabilitation of children back with their family is a good objective. However, the overriding objective is "best interest of the child". The principle of best interest¹⁰ in the JJ Act reads thus:

"Principle of best interest: All decisions regarding the child shall be based on the primary consideration that they are in the best interest of the child and to help the child to develop full potential."

The authority to rehabilitate children in need of care and protection rests with the District Child Welfare Committee. As per the JJ Act, the very placement of the child in a Child Care Institution initiates the process of rehabilitation and reintegration. This can be deduced from a reading of Section 40 (1) and Section 53 (1) of the JJ Act which provide for restoration of a child in need of care and protection, and the services which may be provided to children in institutions respectively.

The process of de-institutionalization of a child in contact with parents or family, living in a Child Care Institution for any reason, involves the following steps as per Rule 82 of the Juvenile Justice (Care and Protection of Children) Model Rules, 2016:

1. The Child Welfare Committee must give a hearing to the child and his / her parents or guardian;
2. On satisfying itself as to the identity of the persons claiming to be the parents or the guardian, the Committee may make an order in Form 44 for the release of the child

⁹ Available at https://wcd.nic.in/sites/default/files/npcenglish08072013_0.pdf; Last accessed 27 March, 2020.

¹⁰ Section 3(iv) of the JJ Act.

placed in a Child Care Institution. Such order of the Committee takes into account home study reports and other reports which may be prepared by the Probation Officer, social worker or Child Welfare Officer or Case Worker or non-governmental organization.

3. The order of restoration must include an individual care plan prepared by the Probation Officer or the social worker or the Child Welfare Officer or Case Worker or non-governmental organization.
4. If necessary, the Committee may pass an order for an escort for the child in Form 45.
5. Where a child expresses unwillingness to be restored to the family, the Committee must interact with the child to find out the reasons, and record the same. The child must not be coerced or persuaded to go back to the family.
6. In case the social investigation report or home study report establishes that restoration to family may not be in the interest of the child, where the parents or guardians refuse to accept the child back, the child is not restored back to the family, and the Committee may provide alternative means for rehabilitation.
7. A copy of the restoration order along with a copy of the order for escort is forwarded by Committee to the District Child Protection Unit which provides funds for the restoration of the child, including travel and other incidental expenses.
8. A follow-up plan must be prepared as part of the individual care plan by the Probation Officer or the Child Welfare Officer or the Case Worker or the social worker or the non-governmental organization. The follow-up report states the situation of the child post restoration and the measures necessary in order to reduce further vulnerability of the child.

4. Research methodology and questions

This study was conducted in Indore, Madhya Pradesh. 3 districts - Ujjain, Khandwa and Jabalpur, 5 CCIs, and 29 children (in the age-group of 14-18 years) who had left their CCIs during the preceding year, constituted the sample for the study. The steps were as follows:

1. Data of children in the age group of 14-18 years who were deinstitutionalized from the 5 CCIs in the previous year was collected from their respective personal files.
2. The child records of the process of restoration of the child with the family, was examined with special focus on the three most critical steps viz.:
 - a. Home study report;
 - b. Individual care plan;
 - c. Follow up report.
3. Our social researchers visited the home of the de-institutionalized children and met them. This was quite an intensive exercise because the children were spread across many towns and villages.
4. Focused interview was conducted with each of the 29 children.
5. Two structured templates were used during the study of the CCI's and home visit and interview with child:
 - a. The CCI template to capture the Child data from records
 - b. Post-de-institutionalization Child Assessment template to capture the home visit and child interview.

The study adopted a quantitative as well as qualitative approach to understand the pre and post implications of deinstitutionalization.

In this context, the questions that this study sought to answer were:

- 1. What was the reason for the child to be deinstitutionalized?** Had the situation of the family which warranted institutionalization of the child in the first place, changed significantly for the better? Had the risk diminished?
- 2. What was the process followed before deinstitutionalization of the child?** Was a home study conducted? What was the quality of the assessment? Was the individual care plan prepared before deinstitutionalization? Was the child counselled? How robust is this process in ensuring the best interest of the child? Is the process scalable, and if not, how can it be improved?
- 3. What is the socio-economic background and situation of the parents of the child or the family to which the children were restored?** What are the child care conditions at home? Have the development indicators improved post restoration with family?
- 4. What follow up or monitoring of the child's situation was carried out post de-institutionalization?** Were funds under the ICPS scheme provided to the family? Were follow-up visits done? How does the state ensure that the risk factors due to which the child was institutionalized in the first place have been properly addressed?

5. Findings

The findings of the study are as follows:

1. **Reason for deinstitutionalization:** As per individual child files:
 - a. 14 of the 29 children were de-institutionalized because they “wanted to go home”; this is simply the way responses were recorded and may not reflect the true intention of the child. Of the 14, two children were those whose families had been traced; 2 others had turned 18. Reasons for the remaining 15 children was not recorded.
 - b. Except for the 4 children for whom de-institutionalization was the natural outcome, no case file indicated any change in the family circumstances or mitigation of risk factors as a reason for de-institutionalization. This was very surprising and concerning because change in risk factors should be the primary driver for de-institutionalization of children.

2. **Analysis of the process followed for deinstitutionalization:**
 - a. Individual Care Plan had been made for only 15 of the 29 children. Aftercare plan had been prepared for another 3. No information on Individual Care Plan or Aftercare plan for the remaining 11 children was available.
 - b. Counselling prior to restoration was provided to 19 of the 29 children. For the remaining 10, 5 had not been counselled. No information was available for the remaining 5.
 - c. Consent of 24 out of the 29 children was taken prior to deinstitutionalization. There is no information on the status of consent from the remaining children.
 - d. Home study was conducted for 14 of the 29 children prior to being de-institutionalized. Information for the remaining 15 children was not available.
 - e. Verification of identification of the adults to whom the children were handed over was carried out for 27 of the 29 adults. Information about the 2 other children was not available.

3. **Assessment of the family to which the children were restored and living conditions:**
 - a. According to the CCI records, 19 of the 29 children were restored to parents, 4 were sent with step-parents, and 1 with other family members. Data was not available for 5 children. Home visit of the 19 children restored to parents revealed that all of them were either with a single parent (9), broken family (8) or living with guardians (2). None of the children were with both natural parents living together. This seems to indicate that the risk factors prevalent in the first place may be continuing.
 - b. Assessment of the living conditions to which the children moved after restoration showed that 15 of the children were living in ‘kuchcha’ type house of which 10 were rented and 5 were owned. 11 were living in ‘pukka’ type house, of which

7 were rented and 4 were owned. Information about the homes of 3 other children was not available.

- c. Drinking water was available at 15 out of the 29 homes, and not available in the homes of 14 other children.
- d. Toilet inside the home was available in the case of 18 of the 29 children; the rest had no access to toilets.
- e. The monthly household income of the family of 13 of the 29 children was between Rs. 3000 and Rs. 8000, whereas that of 6 children between Rs. 8000 and 15000, and 5 children was more than Rs. 15000. Household income of 2 of remaining 5 children was under Rs. 3000 whereas the families of the 3 remaining children did not have any regular source of income. Average household income of the restored family was Rs. 8666.
- f. The number of working members in the family was 1 in the case of 11 children, and 2 in the case of 7 children. The number was unknown in the case of 3 children, whereas for the rest, it was 3 or more than 3 working members in the family.
- g. The study found that 16 of the 29 children had discontinued their studies after restoration. Among 13 of the remaining children, 3 were found to be not attending school regularly, 1 had to drop a year. There was only 1 child whose studies were not affected. Information about 7 others was not available.
- h. Only 13 of the 29 children were found to have access to health checkup facilities and treatment in the vicinity. The remaining 16 children did not have access to proper health facilities. 9 children had started falling ill after restoration, while the rest were healthy.
- i. 9 of the 29 children were not getting proper meals at home. The remaining 20 children seemed to be getting proper meals.
- j. 12 of the 29 children were found to not have friends in the neighborhood, signifying lack of proper social reintegration. Information for the remaining children was not available.
- k. 8 of the 29 children were reported to be either aggressive or depressive after being deinstitutionalized. Information was not available for the remaining children.
- l. Children who were restored to broken families or guardians were found to be doing worst in parameters of education, health, hygiene, nutrition, while those restored to single parent families were slightly better.

4. Follow up and monitoring post deinstitutionalization

- a. Not a single follow up visit was conducted to ensure implementation of the Individual Care Plan or Aftercare plan for any of the children. In brief they were “forgotten” by all authorities completely.
- b. No financial support was given to any of the families under the Sponsorship scheme.

- c. No attempt was made at linking or giving awareness about the Government Sponsorship scheme or other schemes such as MNREGS, NRLM, etc. to any of the children or their families.

6. Conclusions

The above findings give rise to a few pertinent questions - what constitutes “Best interest of the child”? Does simply sending the child back home result in the child’s best interest being served? Were the children better off after being restored to the family? Did deinstitutionalization achieve its envisaged outcome? In this context, our conclusions from the study are as follows:

- a. The reasons for de-institutionalization are poorly recorded. In nearly all cases, there is no reference to the original risk factors and whether they have been mitigated.
- b. The key process in taking a decision – the Home Study and preparation of Individual Care Plans was not followed in approximately 50% of the cases.
- c. Of the 29 children that were de-institutionalized, the vast majority of them were not better off.
 - ◆ Educational outcomes suffered significantly for most children post deinstitutionalization.
 - ◆ Health, hygiene, nutrition and infrastructure outcomes also showed significant reductions in quality.
 - ◆ The prospects for a decent livelihood have clearly deteriorated.
- d. Existence of stability and harmony in the family is an important risk indicator to consider prior to restoration.
- e. There is no follow-up support to the child or family. The Sponsorship scheme remains on paper.

A significant observation in the study with respect to post restoration follow up and support has been that accountability is not assigned; the assumption, is that the CCI will see the child through her entire rehabilitation process, both within and outside the institution. This seems like a misplaced expectation; CCIs are not geared to provide support outside the institution, nor should it be their responsibility. Thus, in the absence of accountability and resources, the follow-up process and implementation of sponsorship scheme is a non-starter. In effect, the rights of a child for “care and protection” remains unaddressed, and de-institutionalization in many cases leads simply to the child being returned to the vast majority of the vulnerable crowd (of children) not on the radar of the government or civil society.

6. Recommendations

Evidently, there is a huge gap between what is required to be done and what actually is done. When benchmarked against the expectations set and conditions mandated by the JJ Act, the existing situation as reflected in this study, is indeed a cause for concern. There is no denying the fact that the best place for a child to grow up is with a caring and nurturing family. A child is placed in a Child Care Institution only when it is established that in the given circumstances, it is in her best interest to stay at the institution until suitable rehabilitation options are available. Improved circumstances can arise either from change within the family situation or, support from outside. Restoration of the child with the family should be carried out only when it is established that the situation of the family has sufficiently changed for the better, and the danger / risk which the child faced in the family does not exist anymore.

Restoration of the child with the family without following due process, without ensuring support to the family, and without monitoring and follow up can put children back in the situation of risk from which they were rescued in the first place (when placed in the CCI). State action plans with targets for deinstitutionalization could be severely detrimental to the cause of child protection since the focus on numbers may dilute the importance of due process.

On the base of our findings, and our experience of working with children, the following are key recommendations:

1. De-institutionalization cannot be a matter of routine; a development pathway for the restored child must be chalked out and the rules of engagement set. There is need for oversight and accountability; roles and responsibilities must be clearly defined.
2. Targets for deinstitutionalization should not be set because they result in focus on meeting numbers rather than following due process
3. A proper home study must be done to assess the family conditions and risk indicators. Personnel carrying out the home study need to be trained to carry out this exercise. The study should evaluate the family and social environment where the family resides on key parameters necessary for the development and well-being of the child.
4. The reason why the child was admitted to the CCI in the first place needs to be clearly documented and reviewed in depth at the time of considering whether the case is fit for deinstitutionalization.
 - a. If there is a risk of abuse or trafficking, the child should not be deinstitutionalized without abundant caution and follow-up process in place.
 - b. If the primary reason was economic, then child should be deinstitutionalized after ensuring that the family is given support under the sponsorship scheme and rehabilitated possible under the supervision of an NGO. In the absence of this support, the best interest of the child may well be with a well-run CCI.
 - c. If the child is deinstitutionalized because the family circumstances were temporary, or restored to parents, or on becoming an adult, it is a good outcome.
5. The accountability for doing the social investigation, home study and preparing the individual care plan should continue to remain with the CCI. However, the follow-up and

implementation cannot be done by the CCI and the accountability for the same must shift to the CWC which in turn can take the help of a panel of trained social workers or an NGO for this task.

6. The CWC must be made accountable for the follow up and support. Financial support to the family after the child is restored must be ensured. De-institutionalization of the child must be conditional to the provision of financial support and if the follow-up indicates poor indicators, the child should be brought back to the institution.

CSA has been working with CCIs for almost two decades now implementing programs on health, education, life skills, vocational training and Aftercare for the children residing. Our observation has been that with adequate resources and capacity building, outcomes for children in CCIs can be exceptional – better than what most CCIs are able to achieve presently, and much better than what the outcomes for the child would probably have been with the family. CCI's today are the mainstay for rehabilitation of CNCP. At present, CCIs cater to less than 2% of the total number of CNCP in the country, and this is the bare minimum capacity which is very much required, considering the magnitude of such children in India. There are many examples of CCIs providing excellent "family like care" to children residing. Thus, CCI's should be strengthened so that they can offer better outcomes in terms of health, mental and emotional wellbeing, education, and preparation for adult life and decent livelihoods to all children residing.

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