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Using the 'Circle of Care' to Strengthen Families for Their Reintegration After Transition Away from Institutional Care

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Abstract

A safe family environment is held the best place for children to grow to their full potential. However, it has been observed that there has been an increasing trend in children without parental care still living in Child Care Institutions (CCI), although majority of them having one or both parents living and could be easily reunited. The Supreme Court's Directive to the CCIs during the Covid-19 pandemic to send children living with them back to their families in an attempt to prevent the spread of the virus amongst children, saw many children being reunited with their families. But the reintegration proved to be a challenge for both the children and their families during this crisis. The efforts of the organisation Udayan Care in this regard, led to the initiation of the family strengthening project FiT, Families Together in the year 2021, to assure effective reintegration of the restored children with the families and to prevent their re-separation. The paper discusses provides an overview of the on-ground practices, its evidence-backed framework for re-integration, the Circle of Care approach and the necessary interventions under different domains, while also sharing some of the case studies from the project beneficiaries highlighting the impact of the inclusive care approach.

Keywords: *Reintegration, children without parental care, family strengthening, deinstitutionalisation, India*

Introduction

There is growing evidence over the recent years that a safe family environment is undoubtedly the best place for children to grow to their fullest potential. But in India, 370,227 children are without parental care and living in 9598 childcare institutions (CCI) (MOSPI, 2018). Amongst them, 80 percent children have one or both parents living and they can be easily reunified and reintegrated with their biological families/parents. Various circumstances can result in the institutionalization of children, including parental death (either one or both parents), health issues (disabilities or illnesses affecting a parent's caregiving ability), poverty (inadequate material resources or inability to meet the child's needs), and abandonment (a parent leaving the child, relinquishing parental rights, or voluntarily placing the child in a Child Care Institution [CCI]) (Wilke et al., 2022; Willi et al., 2020). It is widely acknowledged that numerous children residing in institutions, lacking parental care, still have living family members, including at least one parent or relatives. In light of this, there is a global call for efforts aimed at achieving family reunification. States have been urged to take measures to strengthen families and promote family-based care, as outlined by the United Nations in 2019. A substantial body of evidence underscores the detrimental effects of institutionalization on children's mental health and development (Colvert et al., 2008; Ellis et al., 2004; Maclean, 2003; Vorria et al., 2003). Consequently, numerous countries, including India, have initiated efforts to decrease the reliance on institutional care for children and transition towards deinstitutionalization (Ramaswamy & Seshadri, 2020). Governments worldwide have implemented deinstitutionalization programs, replacing institutions with various existing alternative care services that emphasize prevention as the primary stage of child protection. These services prioritize family-based upbringing for children (Chege & Ucembe, 2020).

History of Alternative Care in India is witness to the fact that institutions or residential care have been the first go-to choose for care and protection of children without residential care. At the same time, it is clear that most placements in childcare institutions in India are unnecessary. India is now awakening to the acknowledgment that family-based care has far better outcomes for children and their separation from families must be prevented. There is growing awareness that the best place for a child to grow up is a safe, nurturing and loving family, where children can get a steady and supportive environment to develop to their fullest potential. Gatekeeping is also important in terms of working towards reintegration, which entails proper support in place to reunite them fully with their birth families and reintegrate them into the community. Supporting children and youth who leave care and are restored to their families is imperative if we have to ensure that they do not get re-separated and fall through the cracks again. This includes intensive preparatory work with children, youth and their family members as well as close and intensive follow-up post restorations. Working to reintegrate children with their families is challenging, but critical in ensuring children's right to live in a family.

In India, during the pandemic, several directives were issued by multiple agencies, including the Supreme Court of India, to send children living in Child Care Institutions (CCIs) back to their families (Pandit, 2020). The underlying idea here was to protect and prevent the spread of the virus among children as they stayed in CCIs with little or inadequate provisioning for quarantine. In July 2021, 1,20,169 boys and 1,05,516 girls in CCIs were restored to their families in India. While the Supreme Court was very clear that restoration of children from children's homes to parents/ guardians will happen only after individual assessment as mandated under the Juvenile Justice (Care and Protection of Children) Act of 2015, on the ground, this was hardly implemented². The National Commission for Protection of Child Rights (NCPCR), in September 2020, released a directive aimed at district-level authorities (District Magistrates and Collectors) to several states in India to send back children. It did restore many children back to their families away from institutional life, but their reintegration with their families and communities was a challenge for both children and the families during this crisis. Reintegration is a crucial process which involves multiple steps such participatory decision-making about the suitability of family reintegration, preparing the child, family, and community for reintegration, carefully planned reunification, and extensive follow-up support to ensure successful reintegration. But, due to the constraints during the pandemic, assessments and preparations before restoration and required follow-ups were often not possible. There are several aspects associated with dysfunctional family functioning and parental stress, which increase the risk of separation of the children from their families and placement in institutional care (Duschinsky et al., 2020; Jain, 2016).

Against this backdrop, Udayan Care initiated a family strengthening project namely, FiT Families Together in 2021, with an objective to assure effective reintegration of the restored children with the families and to prevent their re-separation from their families, which is an essential principle of family strengthening. FiT was aimed to establish a demonstrable and scalable model of supporting families at risk of separation and those who have had their children reintegrated and need support to stay together. The purpose was to ensure appropriate follow-up and linkages to social welfare schemes for family strengthening so that the family can care for and protect their children within their family. The project is currently ongoing and has entered a next phase, but faced several on ground challenges during its initial phase. This initiative started with providing support for fifty four children who were restored back their families, identified with the support of DWCD (Department of Women and Child Development), CWC (Child Welfare Committee), and DCPU (District Child Protection Unit) and different CCIs. The project developed an evidence-backed 3R framework of Reach – Reinforce – Reintegrate (See Figure 1) for case management that includes thorough assessments of the socio-economic background, neighborhoods safety of the children and their families as part of the continuum of care that must be made after children were deinstitutionalised post-COVID-19.

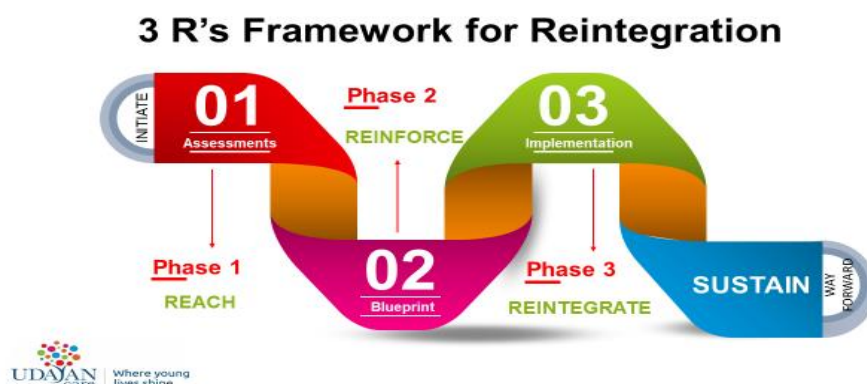
Research Methodology

This conceptual paper based on exploratory research design provides an overview of the on-ground practices, its evidence-backed framework for re-integration, the Circle of Care approach and the necessary interventions under different domains, while also sharing some of the case studies from the project beneficiaries highlighting the impact of the inclusive care approach.

Conceptual Framework - The Circle of Care- An Approach to Strengthening Families

A unique approach called the 'Circle of Care', was applied in order to map the child and family interventions' for ensuring the smooth reintegration of the restored children and prevent their re-separation of these children from their families.

Figure 1: 3R's Framework for Reintegration

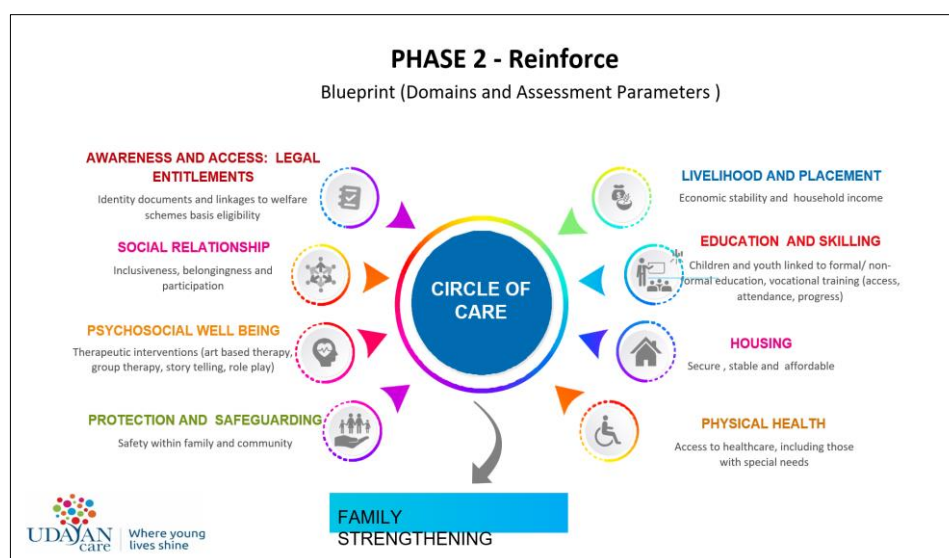


Objective of the Study

The Circle of Care framework was developed based on the review of literature related to family strengthening practices and the identified needs of the children and families through Need Assessment Baseline Study (NABS) conducted during the Phase 1 (Reach) of the study. This framework includes eight inclusive, interrelated domains which represent essential components for the holistic development of the child and the family (See Figure 2). The detailed objectives include:

- 1) Effective reintegration of children post-restoration so as to ensure appropriate follow-up with the families and their children to prevent relapses
- 2) To support selected families with services and resources including, counselling, employment, entrepreneurial ventures and linkages to social welfare schemes so as to ensure family strengthening and family empowerment
- 3) To establish a demonstrable and scalable model of family strengthening

Figure 2. Circle of Care Approach



Results and Discussion

A description of the Circle of Care approach and the support provided to the children and families under the domains have been discussed below. Some of the case studies from the project beneficiaries highlighting the impact of the inclusive care approach have also been provided.

Domain1 Livelihood and Placement

This domain measures the caregiver's ability to look after the child's basic needs. The gross income should be enough to take care of the needs of all the family members. The domain also explores the families' ability to pay their bills on time, make regular savings and meet emergency expenses. The assets and liabilities of the family is evaluated. The current financial condition of the family and the scope to improve the condition is also assessed.

Intervention: The project had been approaching 10 families and requesting microfinance to start their own enterprise and one of the caregivers shared the tentative budget and demand sheet for his current enterprise.

Domain 2 Education and Skilling

The domain encompasses the child's access to education which is the foremost component of a child's development. The skill development of the youth is also addressed under this domain so that young members of the families would be equipped with sufficient vocational skills which can improve the financial situation of the families.

Intervention: Most of the restored children under the project were dropped out of school due to the long distance between home and school and the shutting down of the schools. Therefore, special focus has been given to re-enrol them to government schools near their communities. The project is providing educational support to 54 children and 15 youngsters are enrolled in different skill development courses.

Domain 3 Housing

This domain assesses the stability & safety of the shelter the family is living in. Availability of electricity, running water, toilets and other basic civic amenities are also evaluated. The adequacy of the shelter to house all the members of the family is also noted. *Intervention: The project identified families who live in poor housing conditions with inadequate civic amenities and connected them with 'Pradhan Mantri Awas Yojana', a centrally sponsored housing scheme to ensure safe housing conditions.*

Domain 4 Physical Health

The domain encompasses the details about the health of the child/family members. Health is measured in terms of nutrition, development, growth, and access to health care. The domain also measures the level of accessibility of disability services for children/family members with intellectual or physical disabilities.

Intervention: A total of 22 families were getting healthcare support under the project including 10 primary caregivers and 6 children were linked with medical camps for medical check-ups and medicine and 2 children were registered for a full medical check-up and IQ as well.

Domain 5 Protection and Safeguarding

The domain measures the safety of the child within the family and the wider community. It also encompasses the exposure of the child to violence and abuse. The child's exposure to alcohol and drug use in the family and the community are also covered.

Intervention: Regular counselling sessions with children and families help prevent children to indulge in substance abuse and decrease their exposure to domestic violence.

Domain 6 Psycho-Social Wellbeing

This domain encompasses the psychological and emotional wellbeing of the child and family. It addresses their capacity to cope up with the stresses of life, realize their abilities, learn and work well and contribute to their community. *Intervention: The children in the project went through a difficult time due to the transition from CCI to their families. This change had an impact on their psychosocial health and relationships in the family, reflecting the need for psychological support. Most of the children have difficulty integrating with their caregivers and into the community. During the initial period, most of them were reluctant to communicate and had difficulty making eye contact. The need for motivation and positive emotional support was observed among all. With precise planning and counselling sessions using alternative therapy, all children were provided psychological support. A large number of children were drawn around different fields (sports, arts and crafts, writing, business) so the focus is given to*

enhancing their talents. Career counselling is also provided to those who are in need and guide them to choose a suitable option for life and future growth of their future.

Domain 7 Social Relationship

This domain encompasses the ability of the child and family to maintain a meaningful long-lasting relationships with each other and also with the community. The lack of social connection affects the emotional and physical development of children. Maintaining a safe relationship with caregivers is essential to learning and improving early social skills.

Intervention – In order to build the social relationship, group counselling sessions, recreational events, contact visits and community meetings are being organised regularly. In addition, efforts have also been made in creating awareness of social norms and behaviour.

Domain 8 Awareness and Access

This domain encompasses the child's and the family's access to government schemes and other aids they are eligible for. Awareness about the rights and entitlements is also noted.

Intervention - Most of the families have minor errors in their legal documents due to which linking them with welfare schemes and programs was a challenge. Therefore, efforts have been made on rectifying the errors and making the details/information in a uniform manner. The 'Aadhar cards' of the children were updated with their current contact numbers and residential address. Similarly, the bank account of the children got transferred to their respective neighbourhood bank branches and their Know Your Customer (KYC) details have also been updated. In addition, two of the caregivers were supported to connect with the widow pension programme as well.

Case Studies from the Project Beneficiaries

Shared here are some case studies of the project beneficiaries highlighting the impact of the inclusive care approach.

Case Study 1

Shankar is an ambitious child who is very passionate about his bright future. But during the lockdown period, his school went shut down, and in order to support his family he had to start a tea stall. Even when the school reopened, his parents were not convinced that he should be sent to school. The FiT project successfully intervened here and supported him to convince his parents and he is a school going child now.

Case Study 2

Roshni is 17 years and is a middle child among five children. She undertakes a lot of household responsibilities for her siblings while her parents are working. She became interested in sewing after her mother insisted on using her creative skills in this field. During her counselling session, she expressed her dissatisfaction with the lack of time and independence in her home, which was affecting her self-esteem. With the team's continuous efforts and after counselling the possessive parents, Roshni was linked to a 6-month sewing course offered by NARI RAKSHA SAMITI to empower women. Within a few weeks of attending the class, her body language reflects confidence and development. She sewed her first suit and when she wore it for the first time, she was surprised at how well it looked. She said, "Now, I feel more confident and independent"

Case Study 3

Maya has a loving and caring personality, with excellent skill at shouldering responsibility. Her family with 2 adults and 4 minor children lives in a rented single-room apartment in South Delhi. During the post-restoration period, she was facing issues in building attachments with her parents. Having dropped out of school due to the change in location after restoration, she at times feels bored and misses the structured activity sessions that she was part of at the institution. Efforts are being made to work on improving parent-caregiver-child relationships, and parental skills to engage constructively with children through good communication. With this gatekeeping and family strengthening mechanism, it is hoped that Maya will continue to grow, belongs, and be nurtured with love by her family.

Case Study 4

Sharnaz is a single mother and the only provider for her three young boys. She is in a constant battle to make both ends meet. In strive to find good life for her children, she sent her two children to CCI. She hoped that they would get better facilities and attention that she was not able to provide at

that time. She was working day and night and couldn't attend to the children. Sharnaz took her children back home when she found that they were unhappy in the CCI. They wanted to go home and be with their mother. Sharnaz struggled to find finances for the expenses of three grown children. She worked different jobs including construction work, security guard, and housemaid. But these jobs didn't earn enough to meet the expenses for the family of four. Finally, she took training and became a massage therapist. But, she had to leave the job because of an injury. She could not get proper treatment due to a lack of funds. That aggrieved her injury. She lost a steady income source because of the incident. Sharnaz now runs a tea stall and the project team linked her to one cooperative office as a part-time cleaner for three hours in the morning, which is very near to her tea stall and walking distance from home. She is earning sufficient to provide for three children now. The project is working on registering Sharnaz and the children to the PMJAY scheme to ensure affordable health care for everyone in the family. She has entrepreneurship skills and is willing to expand her enterprise.

Conclusion and Suggestions

Conclusion

In a nutshell, it is evident that the 'Circle of Care', by keeping the children and families at center and catering to the best interest of the child, ensure the reintegration of the children with their families and strengthens the families to protect their children. The approach became unique and effective since it was developed by identifying the needs of the children and families and ensures that each individual child and family receive the right support in the reintegration process. The progress of the project with the inclusive approach of Circle of Care shows that such systematic measures are essential to create a nurturing family environment by enhancing the psycho-social well-being of families for the constructive and healthy development of the child.

Suggestions

Globally, it is widely acknowledged that a secure and nurturing family environment is optimal for a child's development, with institutionalization being viewed as a last resort for child care. Therefore, utmost efforts should be made to ensure that every child receives family-based care and to prevent unnecessary separation from their families. Addressing the root issues within families that render them unable to care for their children is crucial in preventing institutionalization. In India, child care institutions have often been the primary choice for caring for children without parental support, despite robust laws and policies for child protection. This trend persists due to factors such as poverty and insufficient family support measures.

During the pandemic, the project effectively responded to the crisis by addressing immediate needs. Through systematic interventions, the FiT project provides tangible examples, compelling evidence, and comprehensive guidelines for establishing an effective family strengthening mechanism in the Indian context. Initial steps include conducting needs assessments and vulnerability mapping to identify families at risk of separation. Subsequently, families are connected with various social welfare schemes, skill development programs, and income-generating opportunities to improve their socio-economic status. With the best interests of both children and families in mind, the project emphasizes that family strengthening is paramount for reintegration efforts, requiring holistic support to effectively reunite children with their birth families and reintegrate them into the community.

In the development of social work in Southeast Asia, the *Circle of Care* model offers a promising approach to child reintegration and family strengthening. This approach places children and their families at the center of intervention, ensuring that each child and family receives appropriate support throughout the reintegration process. Its emphasis on identifying the specific needs of children and families makes this approach both distinctive and effective.

The expansion and adaptation of the *Circle of Care* model in Southeast Asia could make a significant contribution to social work practices in the region. Given that a safe and nurturing family environment is optimal for child development, and that institutional care should be a last resort, efforts must be directed toward preventing unnecessary family separation. This calls for social work in Southeast Asia to proactively address the root causes within families that hinder their ability to care for their children.

With the best interests of children and families in mind, family strengthening must be prioritized in reintegration efforts. This requires holistic support to reunite children with their biological families and reintegrate them into society. Social workers in Southeast Asia can utilize this model to:

1. Build local capacity: Develop training programs for social workers and community stakeholders on the implementation of the *Circle of Care* model, adapted to the cultural and social contexts of each country.

2. Promote cross-sectoral collaboration: Facilitate partnerships among governments, non-governmental organizations, and the private sector to provide comprehensive support (such as livelihood assistance, education, healthcare, and protection) for vulnerable families.
3. Advocate for evidence-based policies: Leverage evidence from the success of the *Circle of Care* approach to inform the development of child protection and family strengthening policies that promote deinstitutionalization across the region.
4. Conduct comparative research: Further studies can explore how the *Circle of Care* model can be adapted and implemented across ASEAN and ASEAN Plus countries, taking into account their diverse social, economic, and cultural landscapes.

By implementing systematic approaches such as the *Circle of Care*, social work in Southeast Asia can effectively foster nurturing family environments, enhance the psychosocial well-being of families, and support the constructive and healthy development of children.

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Author/Authors Brief Bio

Gurneet Kaur Kalra, (MA,PhD) Social Work, is a trained researcher and social worker, who is committed to research and field-work practice. She is currently engaged as an Manager, Research and Advocacy at Udayan Care and has authored numerous papers in national and international journals.

Kiran Modi, (MA,PhD) in American Literature, founded Udayan Care, a non-profit organisation in 1994. She started several programs at national and international level with a focus on family strengthening and care reform. Besides direct programs, Dr Modi has pioneered several advocacy and research initiatives, including biennial international conference (BICON) and an international journal, ICB, on family strengthening and alternative care. She is recipient of many prestigious awards, and has contributed to several research papers in national and international journals.

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