



Inclusive Care Reform and Ensuring Community Inclusion for ALL Children

10 and 11 December, 2024, New Delhi



Accessibility Statement

Children and Families Together CAFT - India is committed to ensuring digital accessibility for persons with disabilities in its publications by applying relevant accessibility standards. This publication includes alternative texts on figures, and a contrast checker.

Readers can distribute, remix, adapt, and build upon the material in any medium or format for non-commercial purposes only, and so long as attribution is given to CAFT - India.

Cover photograph: Group photo of participants.

Acknowledgements

This report has been developed as part of the activities of Children and Families Together CAFT - India. It provides a summary of the learning event titled “Inclusive Care Reform and Ensuring Community Inclusion for ALL Children” organized in Delhi on 10 and 11 December, 2024. The session was made possible through funding from USAID and Rural India Supporting Trust (RIST). The report has been put together by Keystone Human Services International and Keystone Human Services India Association with editorial support from Hope and Homes for Children (HHC).

Table of Contents

01

Executive Summary

1.Executive Summary	07
2.Key Highlights and Takeaways	09

02

Day 1

A. Opening Session	11
B. Harmonization of Child Protection & Disability Laws	14
C. Inclusive Care Reform in India: Present Scenario	18
D. Community Perspective: Voices from the Ground	21
E. The Future We Want: Perspectives from People with Lived Experience of Care and Young Persons with Disabilities	25

Day 2

F. Presentation on Tools Adaptation	28
G. Feedback on Proposed Adaptations to SIR Form	31
H. Marketplace	36
I. Way Forward & Closing	39

Appendices

1.Program Agenda	40
------------------	----

Abbreviations and Acronyms

- ANM - Auxillary Nurse and Midwife
- CAFT India - Children and Families Together - India
- CCI - Child Care Institution
- CPS - Child Protection Services
- CSO - Civil Society Organizations
- CWC - Child Welfare Committee
- DCPU - District Child Protection Unit
- DWCD - Department of Women and Child Development
- HIV - Human Immunodeficiency Virus
- ICP - Individual Care Plan
- ICPS - Integrated Child Protection Scheme
- IEC - Information, Education, and Communication
- ISL - Indian Sign Language
- JJ Act - Juvenile Justice (Care and Protection) Act 2015
- LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Questioning
- MWCD - Ministry of Women and Child Development
- NCPCR - National Commission for Protection of Child Rights
- NCRB - National Crime Records Bureau
- NGO - Non-Governmental Organization
- OPD - Organization of Persons with Disabilities
- POCSO - Protection of Children from Sexual Offences Act 2012
- RPWD - Rights of Persons with Disabilities Act 2016
- SIR - Social Investigation Report
- UNCRC - United Nations Convention on the Rights of the Child
- UNCRPD - United Nations Convention on the Rights of Persons with Disabilities
- UNICEF - United Nations Children's Fund

About CAFT - India

The Children and Families Together – India CAFT-India is a 5 year consortium program, comprising of Child in Need Institute (CINI), Keystone Human Services International (KHSI), Keystone Human Services India Association (KHSIA) and Hope and Homes for Children (HHC), with a collective commitment for ensuring the rights of all children particularly those at risk. In the last couple of months CAFT-India have undertaken several activities to create the foundation for evidence based collective action on advancing inclusive care reform.

The program has three main components namely -

1

Collective will: CAFT-India will work collaboratively with State governments and representative civil society organizations such as Organizations of Persons with Disabilities (OPDs), Care Leavers' networks and associations or networks of parents and families to create an eco-system for inclusive community services supporting family care that will strengthen the implementation of the government's national strategy.

2

Strengthening and expanding know-how: Care reform practices and system strengthening will be modelled in Jharkhand with a sharp focus on children with disabilities. The learning and experiences from Jharkhand and care reform initiatives from other States will be captured to influence broader care reform strategies in up to 11 partner States.

3

Capacity, knowledge (sharing and learning), and inclusion: CAFT-India will support State officials to drive care and mobilize systemic change. Through meaningful partnerships with CSO networks, Care Leavers' networks, OPDs, associations of parents and families and academic networks, CAFT-India will facilitate sharing of learning and expertise to ensure care reform best practices are captured and implemented, and shared on state, national, regional and global levels.

The program's overriding objective is that children at risk of separation from their families and communities benefit from a supportive, protective, and nurturing family environment that helps them develop to their full potential, and that there are pathways developed for children already in residential care to be reintegrated with families.

The aim of this two-day event was to bring together the care reform movement and the disability movement to collectively identify the priorities for inclusive care reform in India. With this in mind, the national learning event focused on creating an interactive space for exchange of ideas, providing feedback on key issues around legal harmonization and adaptation of case management tools, as well bringing community and lived experience to the fore.



Executive Summary

India is home to over 444 million children, which is one of the world's largest children and adolescent populations. Going by global estimates, of these at least 10 percent are children and adolescents with disabilities. According to the Census 2011 data, one in every 100 children in India under the age of 6 had a disability. But largely, there is a lack of reliable and comparable data on children and adolescents with disabilities in general, and those that are institutionalized in particular. Every child has a right to grow up in a supportive, protective, and nurturing family environment that helps them develop to their full potential, and that there are pathways developed for children already in residential care to be reintegrated with families. But across India, children continue to be separated from their families, many of whom end up in Child Care Institutions (CCIs). When it comes to children from marginalized communities such as children with disabilities, the risk of institutionalization becomes more pronounced. Despite lack of data on the number of children with disabilities living in residential care in India, available evidence shows they face several forms of neglect. They are also less likely to be prioritized or even considered in family reintegration and community inclusion interventions.

In the recent past, there have been significant shifts in the legislative and policy space in India to support care reform and a move away from institutionalization. The Juvenile Justice (Care and Protection of Children) Act, 2015 and Mission Vatsalya (2022) reflect a promising commitment in this direction. But there is still a huge chasm between intent and implementation. While there is a growing discourse on inclusive care reform, children with disabilities and their families, and OPDs are still underrepresented in these conversations. With the focus on Mission Vatsalya and its promise of convergence, and the recent Supreme Court of India's Juvenile Justice Committee spearheading a discussion on strengthening the child protection system in the country to address the situation of children with disabilities in need of care and protection, there is now a significant momentum. But the journey from commitment to action requires collective efforts – from all child protection actors as well as the disability movement, together with government and other stakeholders.



The Children and Families Together – India (CAFT-India) program organized a two-day national learning event on ‘Inclusive Care Reform and Ensuring Community Inclusion for ALL Children’ on 10 and 11 December 2024 in New Delhi. The program saw participation of 67 participants from 12 states representing government and United Nations agencies, Organizations of Persons with Disabilities (OPDs), NGOs, child protection organizations, care reform organizations, networks of people with lived experience of care, parents’ organizations, among others. **This was the first time that the disability movement and the care reform movement came together under the same roof to share their knowledge, and collectively discuss the priorities and way forward to advance efforts necessary to support the inclusion of all children particularly the children with disabilities in care system and community life.** The program featured panel discussions and presentations by experts in the field of child rights, disability rights, gender rights and inclusive education, young persons with lived experience of care, and parents along with interactive workshops that focused on strategies for reforming care system to ensure inclusion for all children. It was recognized that the event had come at a time when the need for such reform is more critical than ever, as we face an increasing global demand for better care practices that promote dignity, equity, and opportunity for all children.

Participants explored topics such as harmonization of child protection and disability laws, present scenario of inclusive care reform in India, legal frameworks for inclusion and adaptation of tools and resources particularly on case management. The program saw participants discuss and share policies and practices that have successfully included children with disabilities into mainstream communities and care systems as well as how to adapt these approaches to their own local contexts.

Key Highlights and Takeaways of the National Learning Event

Placed below is a summary of the key takeaways of the National Learning Event.

- The program was first of its kind to bring together child rights and disability rights experts and putting forward an intersectional approach to inclusive care reform for all children.
- The program highlighted the importance of shifting the focus from institutionalized care to strengthening families through a more inclusive approach by creating accessible environments, equal opportunities, and integrated community services.
- The program emphasized the need for family and community-based care. Services need to be made available within local communities to strengthen families with children with disabilities and support them to be included into the mainstream.
- The event stressed the need for cross-sectoral partnerships involving healthcare providers, educators, policymakers, non-profits, and families to ensure a cohesive and supportive system for children with disabilities.
- The event highlighted the need for stronger policy reforms and more engagement at the local governance level, both rural and urban.
- The event emphasized the importance of addressing social stigma surrounding disabilities. Awareness campaigns and education are key to changing societal attitudes, fostering acceptance, and promoting the rights of children with disabilities.
- The event underscored the critical role of families and caregivers in the inclusion process. Providing them with resources, training, and support networks is essential for ensuring that they can effectively advocate and care for children with disabilities.
- The program also stressed on building inclusion into case management tools like the Social Investigation Report (SIR) to make them responsive to the needs of all children, including those with disabilities.

Opening Session



Opening Session

The opening session included remarks from the Chief Guest Sanjeev Kumar Chadha, Additional Secretary, Ministry of Women and Child Development; keynote address by Michelle Lang-Alli, Director - Health, USAID/India; and special remarks from Soledad Herrero, Chief of Child Protection, UNICEF India. Dr. Joseph Sebastian, Chief of Party, CAFT - India set out the context of the event and provided an overview of the program.

Addressing the event Sanjeev Kumar Chadha highlighted the importance of deinstitutionalization and shared the government of India's commitment to ensuring that no child is left behind as we transition to non-institutional alternate care. Uprooting any child from their families or communities is unjust to a child and should be a last resort. While there are huge challenges in its implementation considering the diversity of the country, Mission Vatsalya, the government's flagship program has made tremendous progress. He highlighted that in 2022-23 there were around 30,000 children under sponsorship through Mission Vatsalya and in 2023-24 the number increased to 100,000. He further shared that the funds for the CCIs have been gradually reducing. He emphasized the need for States to do surveys to identify vulnerable children and map them so that they are not separated from families, and ensure that those who are currently in institutions can be integrated into society.



He shared that care and protection of children with disabilities is the duty of the government and this responsibility cannot be on civil society organizations (CSOs), who must work in collaboration with the government to advance this work. Children must be covered in foster care, extended family and other alternate care options. The government has approved budgets for CCIs to be able to support children with disabilities currently in these institutions. Additionally, a child helpline is operational in all districts. CSOs can help the government to train the members of the Child Welfare Committees (CWCs). Similarly, Anganwadi workers also need to be trained, especially to identify children with disabilities so that adequate interventions are possible.

Michelle Lang-Alli, in her keynote address, emphasized the need for a safe environment for all children. She added that inclusion is not just a principle but a moral imperative. She further highlighted USAID's recently launched disability policy titled 'Nothing without us' that prioritizes accessibility and ensuring representation from people with lived experience. She stressed the need to support families with children with disabilities to ensure a stronger community.

Soledad Herrero, in her remarks, acknowledged the role played by persons with disabilities themselves in leading the discourse on disability inclusion. She highlighted the multiple marginalizations faced by children with disabilities. Data shows that children with disabilities are 17 times more likely to be institutionalized, and have 100 times higher mortality rate as compared to other children in institutions. Almost 50 percent of children with disabilities are likely to be out of school. Herrero spoke about the twin track approach to disability inclusion where not only mainstream services must be inclusive of children with disabilities, but where necessary, specialized support must also be provided to children with disabilities. Recognizing the role that families play, Herrero stressed the importance of equipping families with adequate support. She called for recognizing that children with disabilities should be first and foremost regarded as children. The disability of a child does not define them; it is just one aspect of their identity.

Harmonization of Child Protection & Disability Laws

Laws Harmonized with
CRPD

Harmonized
of Persons with Autism,
and Multiple

1992 - not harmonized



Harmonization of Child Protection & Disability Laws

This session looked at the legislative context of care and protection for children with disabilities in the country. India ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007 and had brought in two new disability legislations harmonized with this Convention: The Rights of Persons with Disabilities (RPwD) Act 2016 and the Mental Health Care Act 2017. The Juvenile Justice Act 2015, which was amended in 2021 after the RPwD Act had come into force, has not included the provisions of the UNCRPD or the RPwD Act when it comes to children with disabilities. The presentation categorized the divergences under the following areas:

Definitions and Terminologies: The JJ Act and the RPwD Act use different definitions of children with disabilities. While the RPwD Act follows a social model of disability and then lists 21 conditions in its schedule, the JJ Act uses different terms like “physically challenged”, ‘mentally challenged’, or ‘mentally ill’ to refer to disability. Additionally, the JJ Act still refers to the Persons with Disabilities Act 1995 which was repealed by the RPwD Act in 2016. These discrepancies mean that children with disabilities who enter the child protection system face lack of dignity having to go through multiple assessments for their impairment to be identified, they do not receive the appropriate support and face inadequate rehabilitation and restoration.





Case Management Cycle: This encompasses training of child protection actors, roles and responsibilities of Child Welfare Committee, including production of a child in need of care and protection, and identification of the type of disability during the investigation process. In the absence of specific training on disability and no linkages made between Section 9 of the RPwD Act that covers family separation for children with disabilities to the JJ Act machinery, children with disabilities continue to either fall through the cracks or remain invisible in the system. Additionally, the RPwD Act does not refer to the JJ Act, and while it speaks to no child with disability being separated from their family on the basis of disability, it is silent on cases of abandonment.

Alternative Forms of Care: There is an evident move by the government of India towards non-institutional forms of alternative care. Mission Vatsalya has a big focus on sponsorship for vulnerable children. The Foster Care Guidelines of 2024 is another indication of this shift. However, these interventions have not taken into account provisions within the RPwD Act such as additional financial assistance to children with disabilities with high support needs, caregiver allowance and higher social protection allowances to address the extra costs of disability. In terms of foster care, the myths and stigma associated with disability, lack of linkages to support services, etc. discourage potential foster parents to take in children with disabilities.

Key discussions

- While for (CAFT) - India the focus is on children with disabilities, the scope for advocacy for legislative reforms must be broader and must look at all marginalized groups of children from an intersectional lens. Additionally, a few other laws may need to be brought into the ambit of the legal gap analysis work as currently the work only focuses on children in need of care and protection.
- There must be a short-term and a long-term objective as legal harmonization is a process that requires political will. In the meantime, efforts must be made to create more awareness and capacity within the child protection mechanism for it to be responsive to the needs of children with disabilities.
- There was a strong call for inclusion of representatives from the disability movement in Child Welfare Committees.
- There is an urgent need for training of educators, and service providers including ensuring community-based support for parents.
- There is a need for convergence of services at district level particularly those related to social protection.
- There needs to be more engagement with Panchayati Raj Institutions (PRI) to raise awareness at the local level on disability.

Inclusive Care Reform in India-Present Scenario



Inclusive Care Reform in India-Present Scenario

The objective of this session was to expound on the term 'care reform' as a comprehensive transformation of child care and protection systems so that they are able to better address the needs of ALL children. This not only includes prevention of family separation but also transitioning away from institutions and strengthening community-based care. The session highlighted how currently our child care and protection systems are addressing the needs of children with disabilities, the gaps and possible solutions so that children with disabilities are able to grow up in safe, nurturing environments, with the necessary support services in the community.



Key discussions

- It is the right of all children, including children with disabilities, to be raised in the family and not to be separated. Inclusive care reform requires systemic changes including the community, public and private system. It encompasses laws and policies, mechanisms, and participation. These changes promote societal changes and the community's ability to care for children. It decreases reliance on institutions and promotes transition that repurposes resources away from institutions.
- As far as children with disabilities are concerned, there is little data on trafficking, abandonment, orphaned, and those who are living in institutions. As a result, children with disabilities have become invisible in the system.
- There are gaps in identification of disability both at the community level and in CCIs. Children with disabilities in CCIs do not find any pathway out to aftercare as they never received any education or skilling through their childhood and adolescence. They also do not have access to any assistive devices.
- While there is a lack of training for service providers, there is also a need for more research into what kind of services are required and when. There is no cookie cutter approach to support services.
- There is a lack of schemes and inadequate budget allocation to help communities to care for children with disabilities.
- There must be coherence at the ministry level on inclusion of children with disabilities in care and protection. A multi-sectoral approach is needed to ensure that inclusion in care and protection goes alongside inclusion in education, health, etc.
- At the state and district levels, plans on deinstitutionalization exist, but they do not include any parameters for inclusion. There are also ongoing surveys which do not include children with disabilities. This gap needs to be addressed.
- Case management tools need to be adapted to be inclusive of disability.
- Inclusive care reform interventions need to be participatory and should be contextualized.
- Participation of Organizations of Persons with Disabilities, community organizations is critical for successful inclusive care reform. The experience of community-based organizations needs to be harnessed to support deinstitutionalization. It is also important to invest in care leavers so that they become care leaders.
- There must be increased visibility of children with disabilities in IEC materials on care and protection.

Community Perspectives: Voices from Ground



Community Perspectives: Voices from Ground

This session aimed to identify the ground realities when it comes to care and protection of children with disabilities. It highlighted the challenges, experiences, and solutions that can inform how community inclusion of children disabilities can be advanced.



Key discussions

- There is a need for greater focus on early identification and intervention. Parents shared their experiences of how sometimes even something as critical as a disability certificate is out of reach.
- Child-centred interventions, especially community-based child protection measures must include children with disabilities. It is important that children with disabilities are not only identified but there are referral mechanisms to services. Increasing the social security net is critical to prevent abandonment. Participation of children in these processes must be ensured.
- Panelists shared examples of their work at the community with persons with psychosocial disabilities. There is a need to change the paternalistic approach towards service provision, where services are seen as steps to 'fix' a problem. There is a need for attitudinal change towards disability.
- The agency and choice of persons with disabilities and the evolving capacities of children must be recognized. There is often an assumption that others know better than the person with disability themselves, especially when it comes to difficult decisions. Dignity of risk must be accorded to persons with disabilities.



Key discussions

- Deinstitutionalization is possible, even for persons with high support needs. A model of community inclusion for adults with intellectual and psychosocial disabilities from Uttarakhand was presented which emphasized that persons with disabilities can become an integral part of a community. Entering an institution is simple while pathways out of them are often complicated with bureaucratic knots. Showcasing models such as this can help with scaling transitioning out of institutions.
- Acceptance begins at the family level. Strengthening families is essential to both prevent separation and to sustain reunification. Parents' support groups must be encouraged.
- There must be a focus on getting accurate data on disability through the adoption of the Washington Group question in the upcoming Census.
- There is currently definitive progress in laws and policies. We must capitalize on this opportunity - "get on the bus" to reach where we want to be. Working with the government is therefore critical.
- For deaf children, their right to Sign Language is often denied. It is essential that deaf children have access to Sign Language education at an early age as language deprivation adversely impacts cognitive and social growth.
- There must be investment in developing partnerships and in leveraging the expertise of community leaders, women's networks, grassroot workers, etc.
- Absence of Sign Language in school also means that deaf children often go through a simplified and often inadequate curriculum at school as they miss out on studying many subjects such as mathematics, science, etc.
- Isolation is exacerbated in deaf children as they are excluded due to communication barriers, including in their families where they are left out from discussions, family decisions, etc. Parents and families must also be made aware on learning Sign Language.
- The legal recognition of Indian Sign Language (ISL) is a significant step in promoting the rights and inclusion of deaf persons.
- Frontline workers at the community level such as Anganwadi workers and ASHA workers are often overburdened with a range of responsibilities. There is a need to create disability champions at the Panchayat level who can support disability inclusion at the village level.
- The role of the private sector must also be considered in supporting disability inclusion.

Future we want - Perspectives from Care Leavers and Young Persons with Disabilities



Future we want - Perspectives from Care Leavers and Young Persons with Disabilities

This session put a spotlight on the issue of young persons with lived experience of care and young persons with disabilities. The session focused on intersectionality, the stigma and stereotypes that persons with lived experience of care and young persons with disabilities face.



Key discussions

- Young persons with lived experience of care face challenges ranging from acquiring government identity documents, skills training, finding livelihoods, etc. Care leavers from rural areas face even greater barriers due to lack of access to education and other skilling opportunities. Networks of persons with lived experience of care play a crucial role in providing peer support to care leavers on these issues, including overcoming the stigma that they face.
- Mentorship programs for persons with lived experience of care is necessary to create a pool of care leavers who can lead care reform. Till a couple of years back, there was no organized network of care leavers. While the situation has changed, there is still much to be done to support care leavers to become a strong resource for care reform.
- Support must be provided to existing networks of persons with lived experience of care to ensure that their safe spaces are inclusive of care leavers with disabilities.
- Identity of being a person with lived experience of care is intersectional and cuts across other identity such as disability, sexual orientation, HIV status, etc. The issues faced by them therefore are also different, and support systems particularly aftercare support must take this into account.
- Panelists shared experiences of working with young persons living with HIV/AIDs and how the stigma exacerbates when this identity intersects with being a care leaver. This trauma can also lead to psychosocial disabilities.
- From the legislative perspective, gender identity is still binary. The issues of queer youth, trans persons are often invisible. This also applies to laws for care and protection. For queer youth, sometimes violence stems from their families and community. Many LGBTQIA+ youth are forced into institutions and shelters because of this violence. This trauma also leads to psychosocial disabilities.
- There is a need for greater awareness raising to remove stigma and stereotypes. There is a need for diverse groups to come together and stop working in silos.



Presentation on Tools Adaptation

General Question

Group-1

- Person filling the form is unclear - prepare checklist for district
- Q5- Add PHC also
- Instead of mother mention parent-
- Kinship
- Annexure - List of all benefits
- Another set of paper/questions if child has disability

Presentation on Tools Adaptation

One of the tasks that CAFT-India had undertaken was to look at a few tools of the case management system under the JJ Act and review them from a disability lens. This includes the Social Investigation Report (SIR), the Individualized Care Plan (ICP), and the Case History Form (Form 43). This session included a discussion on the finding of the review and feedback from the participants.



Key discussions

- These tools are used by different personnel who will not have the awareness or information required to fill out the disability questions. Therefore, the adapted tools will not only have to be comprehensive but also easy to use tool. They may not always have the specific knowledge or awareness required to understand disability-related terms or the nuances in (RPwD) Act, so there must be a focus on capacity building.
- Children with disabilities can have multiple intersecting identities, which can further exacerbate their marginalization. Therefore, it is crucial to approach these case management tools for children with disabilities from a holistic lens.
- The Social Investigation Report (SIR) and the Individualized Care Plan (ICP) are crucial tools when assessing and providing services for children with disabilities. Both tools must adopt a multidisciplinary approach and be based on the necessity and suitability principles, which means they should be designed in a way that aligns with the unique needs of each child. A multisectoral perspective ensures that the child's needs are understood and addressed holistically.
- To address the major implementation challenges of the Social Investigation Report (SIR), a multi-stakeholder approach must be adopted, ensuring that stakeholders like parents, teachers, healthcare providers, social workers contribute to filling out the form. Additionally, while phone-based submissions may offer some benefits, it should not be the sole method of data collection, as it can exclude certain information. In-person method would allow for greater accuracy in the data collected.
- There is a lack of trained specialist educators in the system, particularly in the context of Child Welfare Committees (CWC). Adequate training of these professionals and their understanding of disability laws are key to improving the effectiveness of the system and ensuring that children with disabilities receive adequate support.

Feedback on Proposed Adaptations to SIR Form



Feedback on Proposed Adaptations to SIR Form

The participants collectively analyzed the findings from the review of the SIR tool and range of adaptations needed to make it disability inclusive. They provided inputs based on the following questions.

Are the changes suggested for disability inclusion adequate to capture all aspects of children with disabilities?

Key inputs:

- There is a need for a simple checklist that is used to determine whether the child has a disability. If the disability cannot be determined, the child should automatically be placed in the category of children without disabilities.
- Under the question on the category of the child in terms of orphaned, abandoned, surrendered, and additional category on disability should be added.
- There should not be a separate annexure for disability.
- There should be a question on identified and suspected disability.
- There should be changes in language to focus on difficulties of access, instead of disabilities alone.
- In the section on details of the child, Primary Health Centre (PHC) also needs to be added.
- 'Parent' should be added as caregiver rather than just the mother. The care giver needs to be identified and the details to be mentioned.
- Translation to other languages, including Sign Language should be integrated.
- In the question on gender, other genders should also be included.
- Add an annexure must be added that helps determine whether there are any schemes the child is benefiting from and the type of education system they are enrolled in, e.g. government/public/private/special/home-based.

- In the question on education, it must be checked whether the child is in an age-appropriate class.
- From using terms such as out-of-school, the language should be changed to include children not attending/difficulties in attending school.
- Under the reasons for leaving school, the onus for not attending school should not be on the student.
- Under the question on habits of the child, there should be an option to add 'playing in isolation'.
- Under the question on reasons for leaving the family, there should be an option 'abuse by others – siblings / neighbour'.
- In the question on reasons for leaving the family, options particularly related to children with disabilities should be included.





Are these changes to the SIR adequate or do we need additional changes to make it comprehensive for the needs of all children, including those with disabilities?

Key inputs:

- It is important to ensure that the child's agency is respected in decision making.
- Include Indian Sign Language (ISL), easy to read or UDL (Universal Design for Learning) with other languages and facilities at school.

Who should be making the decision to identify the child as a child with disability? What suggestions do we have to make this an effective process?

Key inputs:

- Child protection functionaries should be the decision makers, however there should be detailed sensitization process for them for which a training curriculum must be developed. Persons with disabilities should be involved in these trainings.
- There should be enough funds allocated for capacity building of child protection functionaries involved.
- Mentors should be identified from the communities and they should be involved in identifying children with disabilities.
- The process of identifying a disability should take place before the child is sent to a (CCI). Medical board should also be involved along with the ANM to support in the decision making.

What are the suggestions from the participants to take the process of tools adaptation forward?

Key inputs:

- The CWC and the District Child Protection Unit (DCPU) should join hands and work in coordination.
- The process should include individual and group consultations.
- There should be representation of persons with disabilities.

What are the other stakeholders that we need to engage with to make the process of tool adaptation comprehensive?

Key inputs:

- ANM's should be involved along with community-based organizations and civil society organizations.
- Therapists, and other disability support specialists should be included in the process.
- Block and cluster resource teachers should also be involved.
- The process must adopt a life cycle approach.
- The process at the state level must be improved first before addressing the national level.

Marketplace



Marketplace

The two-day learning event ended with a marketplace session where a few organizations showcased their work. These organizations were ASTHA, Deepshikha, Udayan Care, Keystone Human Services and CINI, each presenting the work they do to advance inclusion and support for children including those with disabilities.

The marketplace allowed for fruitful exchange of ideas and facilitated networking among different stakeholders to drive a collaborative effort towards more inclusive child care systems for children particularly for those with disabilities.



Way Forward and Closing



Way Forward and Closing

The two-day was a critical stepping stone in bringing together diverse voices, experiences, and expertise in the pursuit of creating an inclusive care system and ensuring the community inclusion of all children, especially those with disabilities. The program highlighted the importance of strengthening collaborations, training and capacity building, proper implementation of existing laws and policies and community engagement and awareness. As we move forward, it is imperative that we take the insights and commitments made here and translate them into actionable steps that lead to real change on the ground.



Appendices

Program Agenda

December 10- DAY 1

9.00 am – 09.30 am

Registration

9.30 am – 10.45 am

Opening Session
 Sanjeev Kumar Chadha, Additional Secretary,
 Ministry of Women and Child Development
 Rajeev Sharma, Joint Secretary, Ministry of Social
 Justice and Empowerment
 Michelle Lang-Alli, Director - Health, USAID/India
 Soledad Herrero, Chief of Child Protection, UNICEF
 India
 Joseph Sebastian, Chief of Party, Children and
 Families Together- India (CAFT-India)

10.45 am – 11.10 am

Tea/Coffee

11.10 am – 12.30 pm

Harmonization of child protection & disability laws
 Presenters:
 Sangita Bhatia, Director, Care Reform (CAFT-India)
 Dorodi Sharma, Director, Inclusion (CAFT-India)

12.30 pm -1.30 pm

Inclusive Care Reform in India-Present Scenario
 Panellists:
 Manoranjan Dash, Technical Lead, Catholic Relief Services
 Radhika Alkazi, Founder Chairperson, ASTHA
 Tulika Das, Chair, State Commission for Protection of Child
 Rights, West Bengal
 Kiran Modi, Founder and Managing Trustee, Udayan Care
 Dr. Prashant Chauhan, Associate Professor, Amity
 University
 Moderated by: Arman Ali, Executive Director, National
 Centre for Promotion of Employment for Disabled People
 (NCPEDP)
 Q&A

December 10- DAY 1

1.30 pm – 02.30 pm

Lunch break

2.30 pm – 03.30 pm

Community Perspective-Voices from the Ground
Panellists:

Phoolmati, Parent associated with ASTHA

GV Reddy, Former Board Member, National
Association of Deaf

Geeta Mondol, Director, Community Programs,
Keystone Institute India

Praveen Guru, Disability Rights Specialist

Kavita Nair, Board Member, Bapu Trust

Dr. Swati Chakraborty, Assistant Director, CINI
Kolkata

Moderated by: Subhadeep Adhikary, Jharkhand State
Lead CAFT-India

3.30 pm – 4.00 pm

Tea/Coffee

4.00 pm – 5.00 pm

The Future We Want- Perspectives from care leavers
and young persons with disabilities

Panellists:

Mausumi Das, Saarthi – Association of Indian Care
Leavers

Kamal Bhargav, Positive Yuva Network

Pooja Udayan, Care Leavers Advocacy Network
(CLAN)

Vayu Nandan, ChildLine UP, and Care Leavers United

Sadam Hanjabam, Ya_All and Transforming
Communities for Inclusion (TCI)

Moderated by: Vibhu Sharma, Inclusive Practices &
Capacity Building Manager, CAFT-India

5.00 pm – 5.30 pm

Way forward & Closing

Moderated by: Sachin Kumar, Senior Manager,
Learning & Development, CAFT-India

December 11- DAY 2

9.00 am – 9.15 am

Recap of previous day

9.15 am – 10.45 am

Presentation on tools adaptation (CAFT-India)
Juvenile Justice Act -tools (SIR, ICP, Case History form)

Presenters:

Sangita Bhatia, Director, Care Reform, CAFT-India
Radhika Alkazi, Founder Chairperson, ASTHA

10.45 am – 11.10 am

Tea/Coffee

11.10 am – 12.30 pm

Marketplace (Stakeholder presentation)

Keystone Institute India

CINI

Deepshikha

ASTHA

Udayan Care

Coordinated by Sachin Kumar

1.30 pm – 1.40 pm

Closing

1.40 pm

Lunch & Departures

