A STUDY OF THE SOCIO-LEGAL ASPECTS OF THE ADOPTION PROCESS IN INDIA

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Executive Summary

This study examines the socio-legal dimensions of the adoption process in India. It is an attempt to analyse the laws and regulations governing the adoption process in India, along with the role of various institutions and agencies working within this legal framework to facilitate the process. This research undertakes the imperative task of evaluating the adoption ecosystem from an institutional-centric perspective. To examine the legal framework as well as the practical functioning of various stakeholders involved, the study was set out with four primary objectives:

1. Identifying lacunae in the existing laws relating to adoption in India, leading to long wait time for children as well as prospective adoptive parents.
2. Tracing the work of existing stakeholders, i.e., Central Adoption Resource Authority (CARA), State Adoption Resource Agency (SARA), District Child Protection Unit (DCPU), Child Welfare Committee (CWC), Specialised Adoption Agency (SAA), and Prospective Adoptive Parents (PAPs), within the adoption process.
3. Understanding the role of counselling for prospective adoptive parents and children in the adoption process.
4. Suggesting pragmatic solutions for reducing the wait time for children within the existing institutions.

The data collection for this study was carried out in 9 districts from 6 states across the country. 1 state from each zone with the highest percentage of registered PAPs was sampled. The 6 states are: Rajasthan, Uttar Pradesh, Tamil Nadu, Maharashtra, Assam, and West Bengal. This was further narrowed down to 1 district with the highest number of SAAs in that state. Maharashtra and West Bengal are the top 2 states with the highest percentage of registered PAPs among the 6 states; hence, more than 1 districts were included from these 2 states. In total, 9 districts constitute

the sample, namely – Jodhpur, Lucknow, Chennai, Mumbai City, Mumbai Suburban, Thane, Kamrup Metropolitan, Kolkata, and Howrah. Primary data was collected through quantitative and qualitative interviews conducted with the following stakeholders: a) CARA, New Delhi; b) SARA of each state in the sample; c) DCPU, CWC, and SAA of each district in the sample; d) PAPs or parents through adoption; e) Resource Persons – professionals, psychologist and social activists, experts working in the domain of adoption and child rights.

The study investigates gaps in the adoption laws and regulations, and their translation on the ground level by tracing these stakeholders' working and experience in the field. Looking at the legal framework shaping the adoption programme in the country, it critically analyses the Juvenile Justice (Care and Protection of Children) Act 2015, Juvenile Justice (Care and Protection of Children) Model Rules 2016, the Adoption Regulations 2022, and Mission Vatsalya 2022. Additionally, it also broadly examines the Hindu Adoptions and Maintenance Act, 1956 (HAMA).

An evaluation of the on-ground functioning of the key stakeholders – CARA, SARA, DCPU, CWC, SAA, and PAPs/PTAs – reveals the gap in the implementation of the adoption laws and regulations. The adoption ecosystem continues to face challenges such as long wait time, procedural delays, inadequate counselling support, infrastructure and resource deficits, lack of effective regulatory and monitoring mechanisms, poor coordination among parallel institutions, need of capacity building and so on. The vision laid out in the laws and regulations barely matches the on-ground realities and complexities. Lastly, the study proposes actionable reforms for an effective adoption system that ensures the best interests of children. These recommendations broadly cover six areas:

Legal Framework

The law and regulations require a re-examination to streamline the adoption process in terms of its timelines, guidelines, and protocols, such that it matches the on-ground realities. The legal framework also needs to strengthen the infrastructure of the stakeholders for their smoother functioning. Additionally, adoptions through HAMA need to be regulated. It functions parallel to the JJ Act 2015 with unclear guidelines and no regulations, and thereby poses challenges to the overall adoption ecosystem within the JJ Act 2015.

Organisational Structural Reforms

The structural and institutional setup of the stakeholders needs to be reengineered. Funding, manpower, training, coordination between stakeholders, DCPU's role, technical portal, and infrastructure of stakeholders particularly need attention. Additionally, regional centres of CARA for better monitoring, a helpline at the state level, an efficient CARA helpdesk, more CWCs in big districts, and support groups for PAPs are also required.

Process Optimisation

The procedures followed at various stages of the adoption process need to be reassessed. Some of the key aspects where this is required include the matching process, counselling, procedures followed in cases of abandoned children, criteria for unfit guardians, documentation process, among others. There is also a need for capacity building of all the stakeholders.

Enhancing Digital Capabilities

The present CARINGS portal needs to be reinvigorated, and more datasets can be used from the available information to make evidence-based improvements. Automation of declaring LFA with prompts will reduce human errors.

Research and Advocacy

More awareness and advocacy sessions need to be conducted by various stakeholders to bust myths relating to adoption and encourage safe surrender. Additionally, more research and publications are required to increase discourse and public participation in adoption and child welfare.

Regulating and Monitoring HAMA

There is a need to streamline processes relating to adoptions under HAMA by bringing it under a monitoring authority to assess the adoption readiness of parents, along with the child's well-being at the heart of the adoption journey.

Reforms are required at all six levels to enhance the overall functioning of stakeholders, as well as the legal framework that shapes their functioning. Additionally, the report highlights best practices of stakeholders observed in the field. This study advocates for recognising and implementing a child-centric approach and the need to refine the adoption ecosystem such that it is more time-bound, evidence-based utilising digital capabilities, ensuring that every child is part of a loving and nurturing family. There is a need to start looking at adoption as a nation-building tool.

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List of Abbreviations

ACM	Adoption Committee Meeting
AFAA	Authorised Foreign Adoption Agency
AR	Adoption Regulations
CARA	Central Adoption Resource Authority
CARINGS	Child Adoption Resource Information and Guidance System
CCI	Child Care Institution
CCL	Child in Conflict with Law
CMO	Chief Medical Officer
CNCP	Child in Need of Care and Protection
CSR	Child Study Report
CWC	Child Welfare Committee
DA	Data Analyst
DCPO	District Child Protection Officer
DCPU	District Child Protection Unit
DEO	Data Entry Operator
DM	District Magistrate
GWA	Guardians and Wards Act
HAMA	Hindu Adoptions and Maintenance Act
HSR	Home Study Report
ICP	Individual Care Plan
ICPS	Integrated Child Protection Scheme
IP	Immediate Placement

JJ	Juvenile Justice
JJ Act	Juvenile Justice (Care and Protection of Children) Act
JJB	Juvenile Justice Board
LCPO	Legal-cum-Probationary Officer
LFA	Legally Free for Adoption
MER	Medical Examination Report
MV	Mission Vatsalya
MWCD	Ministry of Women and Child Development
NIPCCD	National Institute of Public Cooperation and Child Development
NRI	Non-Resident Indian
OAS	Orphaned, Abandoned, Surrendered
OCI	Overseas Citizen of India
OW	Outreach Worker
PAP	Prospective Adoptive Parent
POCSO	Protection of Children from Sexual Offences
POIC	Protection Officer- Institutional Care
PONIC	Protection Officer- Non-Institutional Care
PTA	Parents Through Adoption
SAA	Specialised Adoption Agency
SARA	State Adoption Resource Agency
SCPS	State Child Protection Society
SIR	Social Investigation Report
SNC	Special Needs Children

SW	Social Worker
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
UT	Union Territory

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Chapter 1

Introduction

"There can be no keener revelation of a society's soul than the way in which it treats its children" (Mandela, 1995). Children are a nation's future and the cornerstone of a strong and diverse country. They require a conducive and enabling environment to help them blossom in every sphere of life. Therefore, by investing in their well-being and protecting their rights, one can secure their future as well as lay the foundation for a more equitable and prosperous society.

While the paths humanity illuminates for them have the power to determine the future of the world, defining a child remains a profound challenge since its meaning can be drawn from various perspectives. From the vantage point of law under the Majority Act (1875), a person is considered to be an adult or major when the person attains the age of eighteen. Anyone under this age is considered to be a minor. However, there are more parameters to understanding who a child is than age. A child is a human being who is in the early stages of physical, cognitive, emotional, and social development. Since children require many years of care to grow into adults, they require special attention and a nurturing environment to support this growth.

India has a large population of children. According to the National Family Health Survey 5 (2022, p. 21), approximately 27% of the Indian household population consists of children under 15 years of age, while 5% of children under 18 years of age are orphans with one or both parents who have died (p. 23). The National Family Health Survey data does not give a clear figure with regard to children under 18 years of age; however, the percentage of children under 15 years of age shows that children form a considerable section of the Indian population.

As children are a uniquely vulnerable population, it puts the State under the tremendous responsibility of providing care, protection, and ensuring the overall well-being of children based

on various policies, programmes, and international obligations. Ensuring that children reach their full potential is necessary for a thriving society.

In this context, the Constitution of India provides that the State shall direct its policy towards ensuring that "children are given opportunities and facilities to develop in a healthy manner in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment" in Article 39 (f) under the Directive Principles of State Policy (Constitution of India, 1950). Article 45 and 47 impose duties on the State to ensure that all needs of children are met and that their basic human rights are fully protected. This indicates that children deserve the highest priority in the national realisation of Fundamental Rights. Following this, the National Charter for Children 2003 (Ministry of Women and Child Development, 2013) emphasised its intention to secure a child's "inherent right to be a child." Further, the National Policy for Children 1974 and 2013 (Ministry of Women and Child Development, 2013) state that children are a nation's "supremely important asset," and that the State shall protect all children from all forms of violence and abuse, harm, neglect, stigma, discrimination, deprivation, exploitation including economic exploitation and sexual exploitation, abandonment, separation, abduction, sale, or trafficking for any purpose or in any form, pornography, alcohol and substance abuse, or any other activity that takes undue advantage of them, or harms their personhood or affects their development.

Besides these national obligations, India is also a signatory to various international obligations such as the 1989 United Nations (hereafter, UN) Convention on the Rights of the Child. According to UNICEF (2025), this treaty asserts that children are not merely the possessions of their parents, for whom the latter make decisions, or adults-in-training, but rather human beings and individuals who have rights of their own. The above provisions indicate that the well-being of

children is an integral part of the national and international aspirations. Hence, childhood is a special and protected time where children must be allowed to flourish with dignity (UNICEF, 2025).

The institution of the family forms the bedrock for achieving this cause. It is significant in protecting and centring the children in the narrative of the future. The realisation of every child's right to be loved and grow up in an affectionate environment requires the congenial environment of the family. Despite the necessity of a family, many children are orphaned, abandoned, surrendered, or exploited, and are left devoid of this nurturing environment. Herein, adoption emerges as a path for providing not only an affectionate environment for growing up but also for dealing with the vulnerability of these children through rehabilitation and reintegration into society. It also enables safeguarding the 'best interest of a child.'

While 'best interest of a child' is an essentially contested concept due to varying domestic/international standards and the discretion of the decision-maker (Bueren, 2021, p. 50), Section 2 (9) of the Juvenile Justice (Care and Protection of Children) Act 2015 (hereafter, JJ Act, 2015) defines it as the fulfilment of a child's "basic rights and needs, identity, social well-being, and physical, emotional, and intellectual development." Since adoption as a process helps a child reach a family where the child is given the opportunity to blossom, analysing the adoption process from the perspective of its capacity to cater to the 'best interest of a child' is significant to perceive it as one of the viable solutions to protect childhood.

1.1 Adoption in India: Historical Perspective and Present Framework

With adoption being a way of achieving a child's best interests, it is imperative to comprehend it as a concept and a practice. Sriraam (2022, p. 2) argues that the existence of the concept of adoption in India and around the world can be traced back to ancient times. The practice

of adoption has been facilitating the maintenance of power relations, social reproduction, and the formation of alliances since time immemorial (Leinaweaver, 2018, p. 2). Simultaneously, its prevalence also highlights that "all kinship is adoptive," in the sense that relationships require upkeep, assent, and intentional or matter-of-fact fostering for them to survive (Leinaweaver, 2018, p. 3). Therefore, adoption refers to taking a kinship role, responsibility, or duty in regard to another person purposefully (Leinaweaver, 2018, p. 3).

Adoption is a process through which persons or couples become legal parents of children who are not born to them. The term 'adoption,' according to Section 2 (2) of the JJ Act 2015, is understood as "the process through which the adopted child is permanently separated from his biological parents and becomes the legitimate child of his adoptive parents with all the rights, privileges and responsibilities that are attached to the relationship." It is also understood as the establishment of a parent-child relationship through a legal and social process other than the birth process. Adoption is a reciprocal process as it fulfils the child's need for a stable environment and the parents' need to nurture a child as their own. However, its evolution gave way to state regulation over time (Sriraam, 2022, p. 2). Adoption laws and policies are a result of several years of persistent efforts by social reformers and child welfare organisations.

Adoption policies underwent codification in India with the initiation of the British. The first Children's Act was passed in the Madras and Bombay Presidencies in 1920. It entrusted the state with the responsibility to look after the well-being of destitute and neglected children (Bhargava, 2005). Since 1947, a substantive number of changes have been introduced in social legislation and government policies concerning international adoption. This was due to an increase in international adoptions of Indian children since the 1960s and 1970s. In 1982, the death of an Indian child in an adoptive home abroad led to the demand for the imposition of certain stipulations

on inter-country adoption (Lakshmi Kant Pandey v. Union of India, 1986)[1]. The Supreme Court gave directions on various aspects of adoption, intending to promote adoption primarily in India. This judgement also paved the way for the start of government intervention in the process of adoption. India, further, became a signatory to the 1993 Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoptions in 2003 and is also a member of the Hague Conference. As Schupp-Star (2011, p. 140) highlights, the goal of the Hague Convention is not only to ensure that children are raised in an adequate family environment but also to protect them against any harm that may be associated with inter-country adoption. Therefore, the discourse on children's rights and adoption in India is rooted in its history. The following sections trace the same through various laws that have been enacted over the years.

[1] AIR 1987 SUPREME COURT 232

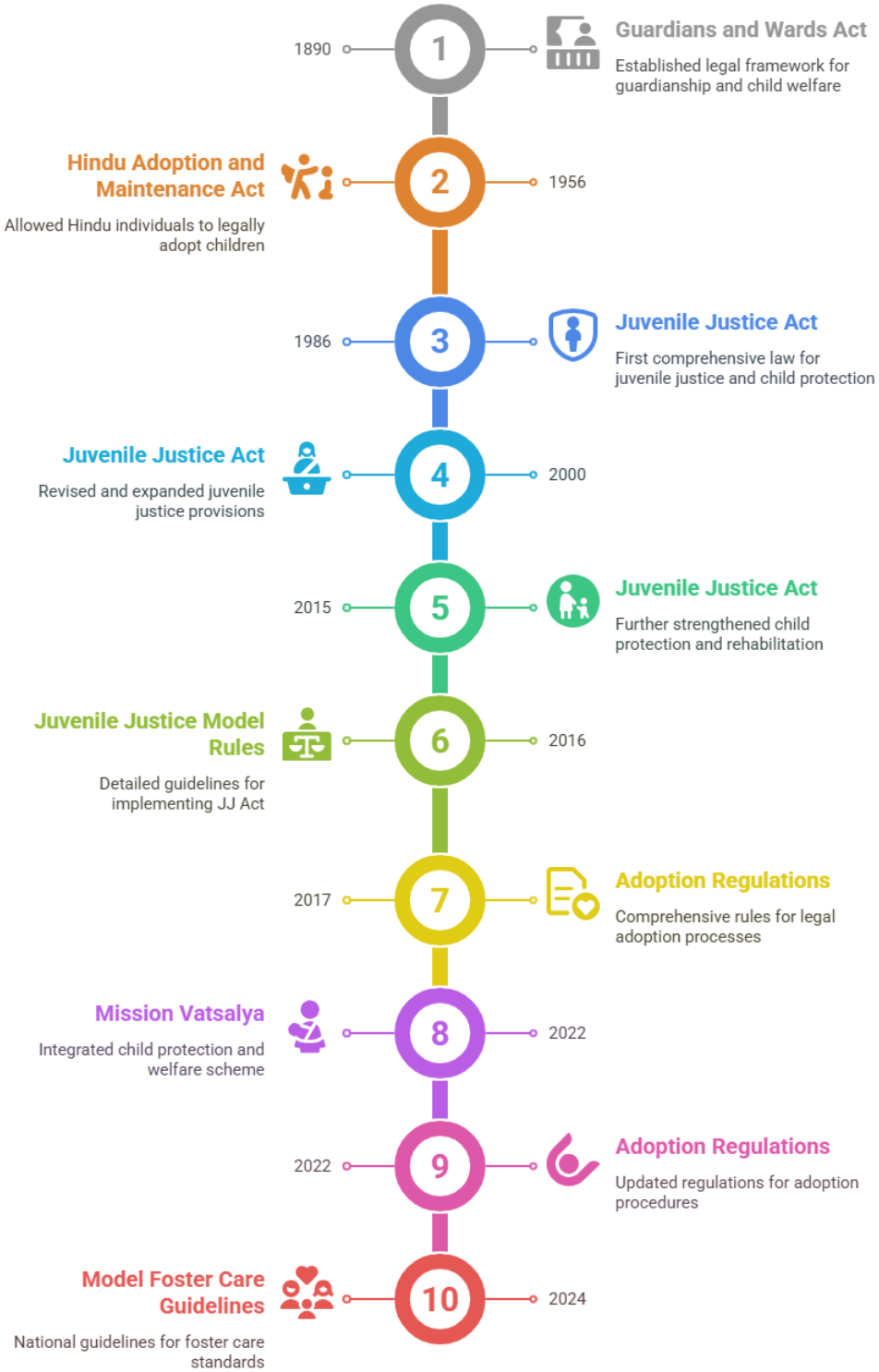

Figure 1 **The Trajectory of the Adoption Framework in India**

1.1.1 Guardians and Wards Act (GWA), 1890

In light of a denominational law guiding adoption in India, the personal laws of other religions did not recognise the adoptive child as equivalent to a natural-born child. For example, Muslims, Parsis, and Christians had not legalised adoption in their personal laws and were permitted to be only legal guardians of the child under the GWA, 1890. This Act limited itself to dealing with the custody of a child for guardianship (Deepu, 2020, p. 137). Herein, the court appoints a guardian for a minor to look after him and his property (Deepu, 2020, p. 137). This legal relationship exists until the child turns 21 years old, but the child cannot inherit the property of the guardian (Kuppuswami, 2013, p. 63). Further, Kuppuswami (2013, p. 64) highlights that inter-country adoption of an Indian child was first formalised under this Act. However, currently, the GWA has lost its relevance with the route of adoption becoming accessible to everyone, regardless of their religion.

1.1.2 Hindu Adoption and Maintenance Act (HAMA), 1956

HAMA institutionalised a system of adoption by the Hindu citizens of the state and gave the adoptive child all rights that are given to a natural-born child, such as the right to inheritance. Buddhist, Jain, and Sikh citizens are also governed by this Act (Kuppuswami, 2013, p. 59). HAMA allows the adoption of Hindu children by Prospective Adoptive Parents (hereafter, PAPs) belonging to Hinduism. The following are the key features of HAMA:

i) The adoption under HAMA may be done of a legitimate as well as an illegitimate child.

ii) Only the father has the right to give a child up for adoption. Mother can give the child up for adoption only if she is a single mother or widowed, or her husband has renounced the world.

iii) A married female cannot adopt in her own capacity. She can only be a consenting party and not even a joint petitioner with her husband in the child's adoption.

iv) Any male can adopt any gender, given that there is a minimum of twenty-one years' age difference between adoptive parent and child if they are of the opposite sex.

v) It does not permit adoption of a child of the same gender in case of an existing child, grandchild or great-grandchild of the same gender

vi) A Hindu child can only be adopted up to the age of fifteen years.

vii) A valid adoption cannot be cancelled; it is irrevocable

While HAMA is a small Act with few provisions, it falls short from the vantage point of the best interest of the child. It does not create any checks and balances to ascertain the emotional and financial readiness of the PAPs before the child is handed over to them. It neither conducts due diligence on the child's and the PAP's background nor does it include any provision of counselling. It further moves away from the best interest of the child, as it states under Section 15 that a valid adoption can neither be cancelled by the adoptive father or mother or any other person nor can the adopted child renounce his or her status as such and return to the family of his or her birth (*The Hindu Adoptions and Maintenance Act*, 1956). Such provisions in the Act, where no mechanism has been set up in the first place to assess the readiness of the parents, are counterintuitive to the idea of adoption. With the PAP's eligibility set at 21 years of age and the child's eligibility set at a maximum of 15 years of age (Kuppuswami, 2013, p. 60), it presents a different understanding of a child. It is not a gender-neutral Act, as one cannot adopt a child of the same gender as their biological child or grandchild (Deepu, 2020, p. 124).

HAMA gives an impetus to illegal trafficking and adoption being done parallel to the system created under the JJ Act, creating an instant grey market devoid of formalities. In 2018, Ranchi's Mother Teresa's Missionaries of Charity came under fire for its baby-selling racket after a nun from the shelter confessed to selling four children. Similar instances are becoming increasingly common as the pool of children available for adoption shrinks and waitlisted parents grow restless (Bardhan & Chadha, 2021). Based on various news reports, it is evident that traffickers try to get the babies before parents or unwed mothers make it to the government departments for the safe surrender of the child. Many such 'paper orphans' are then trafficked or given for adoption through the HAMA route by creating legal papers for them (Bardhan & Chadha, 2021). Since the Act does not lay down any mechanism of compulsory registration of adoption or a paper trail, the data on HAMA adoptions is also skewed. This Act, though envisioned to make adoption a simple, close-knit process, has gone beyond considering the best interest of the child with no monitoring mechanism.

Owing to its inadequacies, the JJ Act of 2000 and amendments in the years 2006, 2011, and 2015 created provisions allowing persons of other religions to adopt children, resolving restrictions established by personal laws regarding adoption. However, Section 56 (3) of the JJ Act 2015 states that nothing in this Act shall apply to adoptions under HAMA. This section lays down two parallel systems for adoption in India; one with the Central Adoption Resource Authority (hereafter, CARA) managing the adoption based on the application of the JJ Act, and the other based on HAMA, with neither checks and balances nor a governing or monitoring authority. In our interaction with the CARA, the officials informed us that 21,000[2] adoption deeds have been

[2] This figure was quoted by CARA officials during their interview conducted by the researchers during data collection. Further, HAMA, at present, is not under CARA; hence, it is not mandated to publish or verify any data on adoptions under HAMA. The fact that there is no agency tracking adoptions under HAMA or illegal adoptions becomes a core reason for fewer children in the legal adoption pool.

made in the last three years under HAMA. This number does not account for the adoptions which were not registered. It also sheds light on the large number of adoptions that are taking place under the unchecked system of HAMA, as compared to merely 10000 adoptions (in-country and inter-country) in the last three years under the JJ Act. The problem is that HAMA adoptions are not monitored or checked from the vantage point of the child's best interest.

Although HAMA has governed adoption as a part of Hindu personal law, recently, under the Adoption Regulations, 2022, Chapter VIII, CARA has been entrusted with the duty to issue NOCs for parents through adoption desirous of relocating the child abroad. However, even receiving countries do not believe that HAMA conforms to the procedures laid down in the Hague Convention (The Temple of Healing vs Union of India, 2023)[3]. Consequently, the existence of HAMA creates more problems than it aims to solve.

The present efforts of the government vis-à-vis adoption can be understood through Mission Vatsalya, the JJ Act 2015, the Juvenile Justice (Care and Protection of Children) Model Rules 2016, the Adoption Regulations (hereafter, AR) 2022, and the Model Foster Care Guidelines 2024.

[3] W.P.(C) No. 719/2022 (PIL-W)

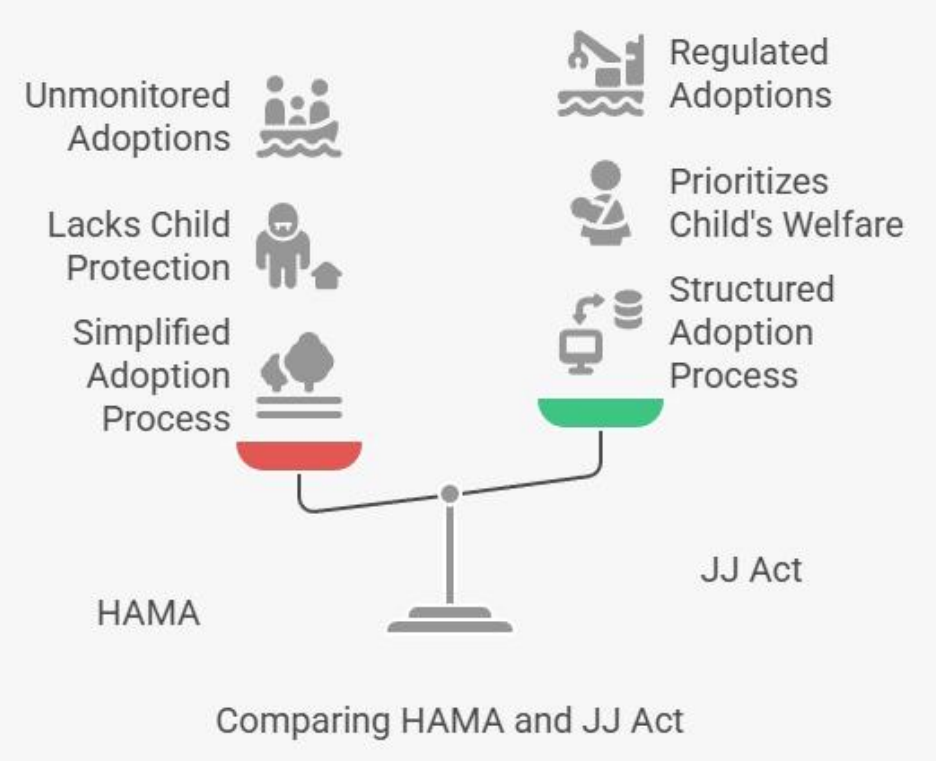

Figure 2 **HAMA versus JJ Act 2015**

1.1.3 Juvenile Justice (Care and Protection of Children) Act, 2015

The biggest inadequacy that existed within the adoption ecosystem was that there was a lack of a uniform law on adoption in India that applied to all Indians. Before the Juvenile Justice Act of 1986 was introduced, different Children's Acts of States and Union Territories were functional (Mehta, 1992, p. 55). It was under the purview of the JJ Act of 1986 that children were first classified into two categories— neglected juvenile and delinquent juvenile (Mehta, 1992, p. 55). For the neglected children, adoption was seen as a method of rehabilitation (Mehta, 1992, p. 55). This mindset still continues at present. The Act did not create a framework facilitating the process of adoption for such children. On multiple occasions, Adoption Bills were introduced in the Parliament. However, a bill advocating for a separate uniform law on adoption was opposed due to reservations on multiple fronts (Mehta, 1992, p. 56).

Later, through the Juvenile Justice (Care and Protection of Children) Act of 2000, the concept of adoption was formalised. Sec 41 (2) reads, "*adoption shall be resorted to for the rehabilitation of such children as are orphaned, abandoned, neglected and abused through institutional and non-institutional methods."* The Act did not lay out a detailed mechanism for adoption. However, already existing institutions within the Act, which dealt with juveniles in the State machinery, were made responsible for the children in need of care and protection (hereafter, CNCP). The Child Protection Unit for the State was to implement the Act.

This lacuna was bridged by the enactment of the Juvenile Justice Act, 2015. Though the new law was on similar lines to that of its predecessor, it allowed adoption by persons irrespective of their marital status and existing biological children. It also allowed persons of other religions to adopt under the Act, which was not the case earlier. This was affirmed by the Supreme Court in 2014 in the case of Shabnam Hashmi v. Union of India[4] (2014).

Based on the constitutional mandate, which lays down the duty of the State to ensure that all the needs of children are met and that their basic human rights are fully protected, the JJ Act was amended and further enforced in the year 2015. Viewing family as the core unit of society and source of development for children, it established the principle of 'family responsibility' wherein it stated that it is a family's primary duty to care for, nurture, and protect a child, whether one is a biological, adoptive or foster parent (Bajpai, 2018). Bajpai (2018) argues that this principle recognises a child's right to a family.

Further, the Act provides the entire process of adoption. It states that the adoption process will be regulated by a central agency called CARA. This agency was already in existence after the mandate of the Supreme Court in the *Lakshmi Kant Pandey* case[5] (1986). A PAP, under this Act,

[4] AIR 2014 SC 1281
[5] AIR 1987 SUPREME COURT 232

is required to register on the Child Adoption Resource Information and Guidance System (hereafter, CARINGS), an online portal under CARA that is institutionalised to streamline adoptions. The Adoption Coordination Agency of the PAPs is also entrusted with the responsibility of preparing a detailed home study report of the family willing to adopt. It scrutinises their eligibility, provides pre-adoptive counselling, and is valid for three years. Once the agency has identified a suitable child based on the preferences expressed by PAPs and their seniority, the PAPs get a referral. They are given 48 hours to reserve the child through the referral. Once reserved, the PAPs have 30 days to visit the child at the designated childcare home. If the PAP wishes to proceed with adoption, they are allowed to take the child into pre-adoption foster care by signing a foster care agreement. The Specialised Adoption Agency (hereafter, SAA)/Child Care Institution (hereafter, CCI) is required to file an application with the district magistrate, who then passes an adoption order based upon which the SAA then applies to the concerned municipal corporation for the issuance of the birth certificate of the adoptive child in the name of the adoptive parents.

Based on the strict guidelines provided for registration, home study, referral, and post-adoption follow-up, one can argue that there exists due diligence of all three actors in the adoption process, i.e., the biological parent, the adoptive parent, and the child. The Act also creates and regulates intermediaries such as CCIs and SAAs, which facilitate transparency for children entering, being taken care of within, and leaving the system. Nonetheless, once the vulnerable children reach the childcare institutions under the JJ Act, their movement through the child protection mechanism to reach a positive outcome (including the legal adoption pool) is not guaranteed (Where are India's Children, 2020). For instance, as per the provisions of the JJ Act, a child is considered "abandoned" if the family of the child is unknown or untraceable. However,

there are many children within the childcare institutions whose family is known or traceable, but they do not visit the children. Such children languish in childcare institutions year after year with no sustained contact with the biological family, nor the chance to enter the adoption pool after being declared "abandoned." Consequently, while the JJ Act 2015 made significant strides to strengthen the adoption process in India, it left many questions unanswered.

1.1.4 Juvenile Justice (Care and Protection of Children) Model Rules, 2016

The JJ Act of 2015 endowed the Central Government with the power to make model rules for children's care and protection to streamline the Act's implementation. Section 110 (1) of the Act paved the way for creating the JJ Model Rules 2016. The model rules cover several aspects related to the care and protection of children and are especially relevant in the context of adoption. Some of these rules delineate the composition and qualifications of the members of the Child Welfare Committee (hereafter, CWC), procedures for rehabilitation and social re-integration of children, requirements for the registration of CCIs, guidelines for after-care of children after they leave institutional care, eligibility of children for foster care, among other things. Apart from this, it also includes formats of forms like 'Order of Placing a Child in Child Care Institution Pending Inquiry,' 'Order for Social Investigation Report,' 'Individual Care Plan (hereafter, ICP),' and Social Investigation Report (hereafter, SIR) that are crucial at several stages of a child's movement through the adoption system. It was amended in 2022 and complements the JJ Act, 2015.

1.1.5 Mission Vatsalya, 2022

The goal behind the curation of the programme of Mission Vatsalya (hereafter, MV) was to achieve child development and protection priorities of India, as well as strengthen the juvenile justice system (*Mission Vatsalya*, 2022). Its motto- "Leave no child behind." This policy works under the umbrella of the Ministry of Women and Child Development, on the foundation laid by

the JJ Act, 2015, and the Protection of Children from Sexual Offences (hereafter, POCSO) Act, 2012 (*Mission Vatsalya*, 2022). However, it was not a novel programme but the result of years of parallel schemes and policies.

Three schemes, namely, 'Programme for Juvenile Justice for Children in Need of Care and Protection, and Children in Conflict with Law,' 'Integrated Programme for Street Children,' and 'Scheme for Assistance to Homes for Children' (Shishu Greh) functioned parallelly before 2009-10 (*Mission Vatsalya*, 2022). Later, they were subsumed under the Integrated Child Protection Scheme (hereafter, ICPS). After being renamed the Child Protection Services Scheme in 2017, it finally became Mission Vatsalya in 2022. According to Chakraborty et al. (2024, p. 2), the government spent Rs 1472.17 crores on Mission Vatsalya in 2024-25 representing an increase from its previous spending. Its fiscal policy interventions are designed and implemented under the JJ Act 2015, the Prohibition of Child Marriage Act 2006, the Protection of Children from Sexual Offences (hereafter, POCSO) Act 2012, and the Child Labour (Prohibition and Regulation) Act 2016 (Chakraborty et al., 2024, p. 2). Its guidelines demarcate fund allocation to different stakeholders of children's care and protection; strengthen institutional and non-institutional care as well as counselling support services at all levels; promote coordination and networking amongst allied systems; and bolster child protection at the family and community level (*Mission Vatsalya*, 2022). It is an important scheme that buttresses the foundation laid down by the JJ Act 2015. Mission Vatsalya provides much-needed financial fund flow arrangements as well as manpower support for the functionaries within the adoption ecosystem.

1.1.6 Adoption Regulations (AR), 2022

The Juvenile Justice Act, 2015, is supported by the Adoption Regulations 2022. It was first implemented in 2017 and later amended in 2022. The Regulation was framed under the powers of

Section 68(c) read with Section 2(3) of the JJ Act 2015. The 2022 Regulations lay out important mechanisms and processes for the adoption process in India. It elaborates on the eligibility of a child to enter the adoption pool and the eligibility of PAPs. It also lays out the procedure for declaring a child legally free for adoption.

The Regulation makes a significant change from its predecessor in relation to the adoption procedure for resident Indians from the point of removing the 'anywhere in India' option for child referral to making it more specific to PAPs' location of residence or proof of documents. The Regulations also lay out the procedure relating to NRI, Overseas Citizens of India and foreign PAPs. It serves as an important tool of legislation to understand the roles and functions of the State Adoption Resource Agency (hereafter, SARA), District Magistrate (hereafter, DM), District Child Protection Unit (hereafter, DCPU), Child Welfare Committee (hereafter, CWC), and CARA in the adoption process. The Regulation, further, in its schedules, gives various formats of the documents to be prepared in the adoption process under the JJ Act, 2015. It guides the adoption process in India and makes it more structured.

1.1.7 Model Foster Care Guidelines, 2024

While foster care is not equivalent to adoption, it is an important method that is employed to ensure the care and protection of children. It is a form of temporary alternative care within the domestic environment of a family wherein a child is placed for a short term and can possibly be restored with its biological family, unlike adoption (M. Malhotra, 2024). As Katiyar (2022b) highlights, foster parents only have guardianship rights of the child until 18 years of age. Many foster care programmes lead to the adoption of children by families. Foster care gives the child the much-needed non-institutional home care and nurture required by children.

While it is a popular form of providing non-institutional care to children in various countries, it is not as prevalent in India. However, its introduction through the JJ Act 2015 and subsequent recognition through the Model Foster Care Guidelines in 2016, which were later amended in 2024, highlights its growing need and acceptance to reach as many vulnerable children as possible. They were notified by the Central Government and charted the procedures, roles, and responsibilities of stakeholders as well as the implementation of foster care at the district level (*Model Foster Care Guidelines*, 2024). The foster care process is coordinated by the DCPU and approved by the CWC in India. The newly developed Foster Care Portal on CARA's website allows Prospective Foster Parents (PFPs) to digitally register their interest in a similar way to the CARINGS portal.

Under these guidelines, only children above the age of 6 years who are not being adopted or cannot be considered for adoption are allowed under the ambit of foster care (*Model Foster Care Guidelines*, 2024). They can be adoptable children between 6-8 years of age who do not get a family within 2 years of being declared legally free for adoption (hereafter, LFA), either in in-country or inter-country adoption; children between 8 to 18 years of age, who are LFA but not adopted within a year; and children with special needs, irrespective of the age, who do not get a family either in in-country or inter-country adoption within 1 year of LFA declaration (*Model Foster Care Guidelines*, 2024). Further, it enumerates the responsibilities of foster parents like providing adequate food, clothing, shelter, education, and support for overall physical, emotional, and mental health; ensuring protection from exploitation, maltreatment, harm, neglect, and abuse; respecting the privacy of the child and its biological family or guardian; sharing the progress of the child with the CWC, and so on (*Model Foster Care Guidelines*, 2024).

Besides this, the guidelines also include procedures related to the placement of children in foster care, monitoring and review of foster families, and emphasis on deinstitutionalisation, along with formats of fortnightly/monthly progress reports of the child, ICP, and the like. The 2024 guidelines also added the eligibility criteria for prospective foster parents, the process of identifying and registering children on the designated portal and allowed foster care which led to foster adoption.

The Miracle Foundation NGO lauded the foster care guidelines for its emphasis on viewing institutional care as a last resort for the child and ensuring a nurturing family environment for every child (M. Malhotra, 2024). The Udayan Care NGO further celebrated the inclusion of single people for consideration as foster parents and stated how such a move recognises the diversity of family structures and increases the pool of parents in India (M. Malhotra, 2024). However, the exclusion of LGBTQIA+ individuals from this pool still leaves a chasm in establishing inclusivity. Yet, opening the gates of foster care can be beneficial for ensuring the 'best interests of the child' from the perspective of providing non-institutional care to the children. The overall working and effectiveness of this new process is yet to be analysed and understood by the adoption machinery since it is still in its nascent stage.

Therefore, adoption as a concept and practice in India has had a tumultuous trajectory, constantly changing to meet the needs of the time. Even though the attitude toward adoption in India is on the trajectory towards positive change, significant loopholes remain in this process, which need to be addressed by the Indian state. The existing framework on adoption rests on the shoulders of several stakeholders, as elaborated upon in the next section.

1.2 Stakeholders of the Adoption Process in India

The adoption process in India is built on the complex interplay of roles, responsibilities, and authority shared between several stakeholders. The adoption process is primarily regulated within each state through state and district-level mechanisms, as envisaged under the JJ Act 2015. The overall national regulator is CARA, located in New Delhi. Since the process involves multiple agencies, a comprehensive understanding of these institutions is essential for the realisation and improvement of adoption outcomes in India. *Figure 3* highlights the major stakeholders involved herein.

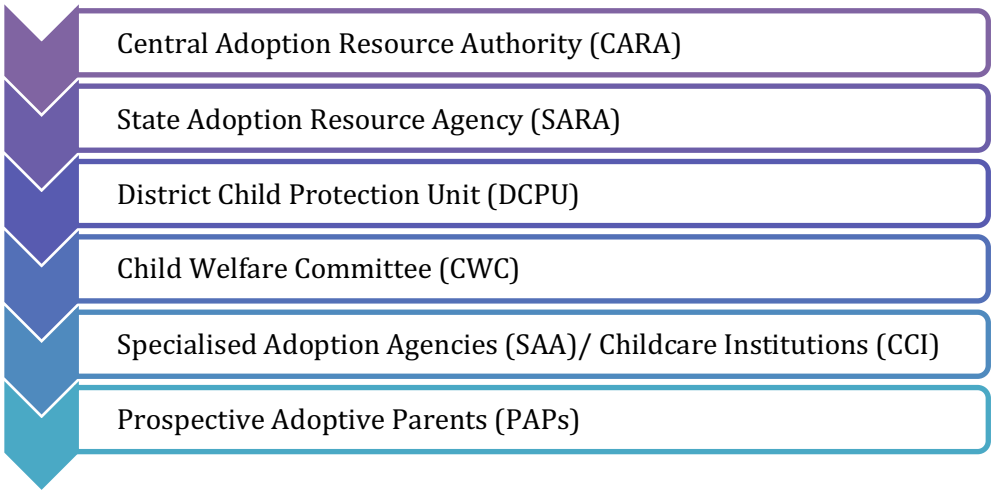

***Figure 3* Major Stakeholders of the Adoption Process in India**

a) CARA

CARA, or the Central Adoption Resource Authority, was established in June 1990. As mentioned in the previous section, it was set up as part of the directions issued by the Supreme Court of India in the *Lakshmi Kant Pandey v. Union of India* case[6] of 1986 to prevent malpractices associated with inter-country adoption and simultaneously streamline the in-country adoption process (Deepu, 2020, p. 223). It was initially registered under the Societies Registration Act but

[6] AIR 1987 SUPREME COURT 232

was subsequently made an autonomous body of the government in 1999. CARA was given the role of a statutory body under Section 68 of the JJ Act 2015 through the government notification in 2016. At present, it regulates in-country as well as inter-country adoption under the JJ Act, along with issuing NOC for adoption done under HAMA only when parents are relocating the child abroad. It is headed by the Member Secretary and CEO, with a Steering Committee regulating the authority.

To ensure that children in need of care and protection find loving families, it functions as the nodal body for adoption in India, regulating in-country and inter-country adoptions of orphaned, abandoned, and surrendered (hereafter, OAS) children through recognised adoption agencies (Central Adoption Resource Authority, 2024c). It is based on a citizen-centric approach and carries out the procedure for online registration, referral (based on seniority), reservation, and matching system through its CARINGS portal, thereby eliminating any offline procedures (Deepu, 2020, p. 224). Ensuring transparency and reducing delays were the two main reasons that CARA chose the path of e-governance (Deepu, 2020, p. 224).

CARA is responsible for several aspects of the adoption process, including creating a child-friendly adoption system, setting standards for childcare and childcare institutions, supporting the development of non-institutional family care, developing standard documentation procedures, advocacy and awareness training for promoting adoption, and conducting training and capacity-building programmes for all stakeholders involved in adoption (Deepu, 2020, p. 225). CARA is the central stakeholder of the adoption system in India.

b) SARA

SARA, or the State Adoption Resource Agency, is the executive arm of the state government, which is set up to promote, facilitate, monitor, and regulate adoption at the state level

(Central Adoption Resource Authority, 2024d). It is set up under Section 67 of the JJ Act 2015. It functions as a unit of the state government but works under the guidance of CARA. The ICPS included a provision for its establishment in each state and Union Territory (hereafter, UT) as a unit of the State Child Protection Society (hereafter, SCPS) (Deepu, 2020, p. 231). According to Kuppuswami (2013, p. 82), it monitors in-country and inter-country adoptions within its jurisdiction; inspects, supervises, and regulates the performance of the adoption agencies; and issues the Adoption Recommendation clearance for international adoption files to get the NOC from CARA. As Deepu (2020, p. 233-34) points out, SARA has Programme Managers who handle adoption, foster care, and sponsorship and are assisted by Programme Officers respectively. The existence of SARA eases CARA's load of administration and enables a decentralisation of power.

c) DCPU

DCPU, or the District Child Protection Unit, is the focal point for the implementation of the JJ Act 2015 and other measures for child protection at the district level, as given in Section 2 (26) of the Act. It is established by the state government under Section 106 of the JJ Act. The ambit of the DCPU goes beyond adoption to include coordination and implementation of all child rights and protection activities within its district (Deepu, 2020, p. 245). From preparing an SIR, directing the placement of a child in foster care, conducting inspections of residential facilities, and certifying the execution of surrender deeds to ensuring that all efforts for restoration have been carried out, the workload of the DCPU is expansive. The DCPU should be composed of the District Child Protection Officer (hereafter, DCPO) who supervises and is responsible for its day-to-day functioning; the Protection Officer- Institutional Care (hereafter, POIC) who ensures institutional care services for children in need of care and protection; Protection Officer-Non Institutional Care (hereafter, PONIC) who ensures effective implementation of the non-institutional services for

children like sponsorship, foster care, adoption, after-care, and cradled baby scheme; Legal cum Probation Officers (hereafter, LCPO) who coordinate and supervise all the programmes and activities related to children in conflict with the law; Counsellor who provides counselling services to children as well as their parents and families; two Social Workers who are responsible for coordinating activities at the field level; and three Outreach Workers to create awareness and assist the POIC and PONIC (Deepu, 2020, pp. 248-53). It needs to have an extensive staff to handle all aspects of the welfare of a child.

d) CWC

CWC, or the Child Welfare Committee, is constituted by the state government through an Official Gazette notification for every district. A district may have one or more CWCs to cater to the cases of children in need of care and protection, as per Section 27 (1) of the JJ Act 2015. It has an exclusive power to deal with all the proceedings under the JJ Act related to CNCP and is composed of a Chairperson along with 4 members appointed by the state government (Deepu, 2020, p. 240). At least one of them should be a woman and another, an expert on matters concerning children. A child should first be presented to the CWC, after which it should be placed in a Children's Home. The members should meet at least 20 days a month and inspect childcare institutions as well. The CWC plays an important role in the context of CNCP and the adoption processes.

e) SAA/CCI

CCI, or Childcare Institution, is responsible for providing residential care and protection to children, on a short-term or long-term basis and includes children's homes, open shelters, observation homes, special homes, places of safety, SAA or a Specialised Adoption Agency, and a recognised "fit facility," according to Section 2 (21) and (51) of the JJ Act 2015.

SAA refers to an institution, either established by the state government or a voluntary/non-governmental organisation, to house OAS children placed by the CWC for the purpose of adoption, as given in Section 2 (57) of the JJ Act 2015. It is responsible for the care, protection, and well-being of its children. Following Section 65 (1) of the JJ Act 2015, one or more institutions can be recognised for this purpose by the state government for the rehabilitation of OAS children through adoption and non-institutional care. Its social workers are responsible for maintaining the online database of each child, preparing the documents related to the children and their adoption, making the Home Study Report (hereafter, HSR) of PAPs, counselling PAPs, conducting Adoption Committee Meetings (hereafter, ACM), among other things. They are deeply invested in the process of adoption in India.

f) PAP

PAPs, or Prospective Adoptive Parents, are those people who are eligible to adopt a child if they are physically fit, financially sound, mentally alert, and highly motivated for the same, as per Section 2 (49) and Section 57 (1) of the JJ Act 2015. They have to adhere to the eligibility criteria and apply on the CARINGS portal to register their interest in adopting a child. After they are examined using the HSR, they become a part of a cycle of long waits to get their referral. Depending upon the age of the child selected on CARINGS, the States or zones they are part of, the wait time before the referral spans from 3 months to 4 years. If the parents accept the referral received, they appear before the Adoption Committee, allowing them to proceed with the adoption process. Successful ACMs culminate in a 2-month pre-adoption foster care arrangement and then

the final adoption order before the DM[7]. PAPs are the bedrock for this transformative journey of children in need of care and protection.

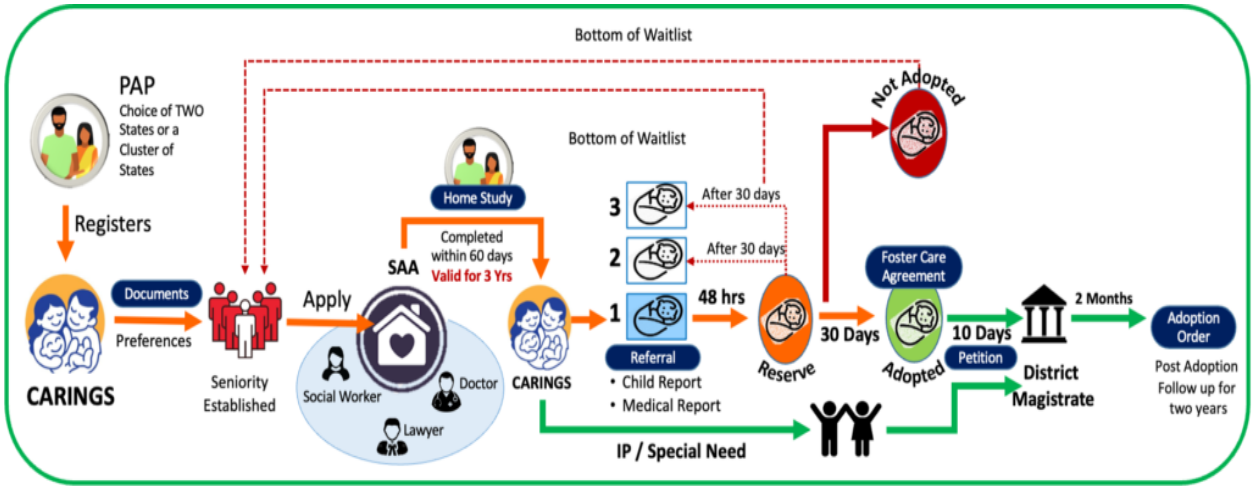

Figure 4 **Adoption Process (Families of Joy Foundation, 2025b)**

While this study has limited its scope to these major stakeholders for its data collection and analysis, the biological parents of children, the CMO, the Police, and the DM/District Court are also important stakeholders involved in various stages of adoption in India. These stakeholders together constitute a complex human-dependent system that decides the rights of millions of children in need of a loving and stable environment to nurture.

1.3 Judiciary on Adoption

The Indian judiciary has played a crucial role in shaping the adoption process in the country. A comprehensive understanding of the adoption ecosystem would be incomplete without examining key judicial decisions that have paved the way for the current legal framework. The

[7] Before the Adoption Regulations 2022, the order was passed by the District Court. In Maharashtra, during the course of this research, the adoption order was being issued by the District Court

following section highlights some of the landmark cases that have significantly influenced this area:

1. ***Lakshmi Kant Pandey v Union Of India***[8]

A Public Interest Litigation (PIL) was filed by a lawyer and social activist in the Supreme Court of India, raising concerns about the unethical practices of foreign adoption agencies. It was alleged that there was exploitation of these children being done under the garb of adoption, since there was no verification of the adopting parents.

This case highlighted the lack of a regulatory setup in the context of inter-country adoptions in India. It established a need to create transparency so as to give priority to the well-being of the child. Since there was no setup in place for monitoring these adoptions, the Supreme Court issued guidelines laying down basic enforcement procedures such as screening of foreign parents, involvement of government-approved agencies to handle inter-country adoptions, and judicial approval to be given to all such adoptions. This case clearly brought the 'best interest of the child' to the centre of child rights conversations in India.

The Court further strengthened the role of the Central Adoption Resource Agency in the context of intercountry adoption and brought focus to the plight of children being adopted. This case became the **foundation of adoption law** in India, ensuring that children's rights are protected and that adoptions, especially inter-country.

[8] AIR 1987 SUPREME COURT 232

2. ***In Re: Adoption of Payal @ Sharinee Vinay Pathak and his wife Sonika Sahay @ Pathak***[9]

This case was brought before the Bombay High Court by a married couple who became guardians to an infant girl surrendered by her biological parents. The parents later sought to legally adopt her. Under the **Hindu Adoptions and Maintenance Act, 1956 (HAMA)**, a Hindu parent is prohibited from adopting a child of the same gender if they already have a biological child of that gender. As the couple already had a biological daughter, this became a legal challenge.

The question before the Court was— Can a Hindu couple having an existing girl child adopt another girl child under the JJ Act 2000, despite the restrictions imposed by HAMA? The Court recognised the restriction under HAMA, however, stated that since the JJ Act is a secular legislation, it was applicable. Further, if there was a conflict between the two Acts, the special legislation, i.e., the JJ Act, would prevail. The case also reiterated the best interest of the child to be considered for finding her a stable, nurturing environment, which she was already a part of with the petitioners. Hence, the petitioners were allowed to adopt the child under the JJ Act.

3. ***Rajwinder Kaur & Anr v. CARA***[10]

Rajwinder Kaur resided abroad and adopted a child under HAMA through a registered deed. When the adoptive parents sought to relocate the child abroad with them, they encountered problems regarding the issuance of a No Objection Certificate from CARA.

CARA contended that its jurisdiction was under the JJ Act, 2015, and private adoptions under the HAMA did not fall under its purview. The Delhi High Court deliberated upon whether CARA had the authority to issue NOC in cases of inter-country adoptions done under HAMA.

[9] 2010(1) BomCR434
[10] W.P.(C) 279/2019 in the Delhi High Court

Additionally, was an NOC actually mandatory for the international relocation of the child under HAMA?

In this landmark case, the Court laid out that in the case of a vacuum within HAMA regarding intercountry adoption relocation, CARA must step in and look after the best interests of the child. The court also acknowledged that there was a requirement to create a framework for processing inter-country adoptions under HAMA to ensure consistency and compliance with international obligations, such as the **Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption, 1993.**

4. ***The Temple of Healing v Union of India***[11]

This Writ petition was filed in the year 2021 in the Supreme Court, laying out various concerns about the process of adoption in India. The case brought to the forefront the issues of the large number of PAPs waiting to adopt, while the adoption pool had very few LFA children. It also highlighted that the majority of PAPs preferred 'younger and healthy children,' which were very few within the SAAs.

In this case, the Court further acknowledged that despite a specific timeline for declaring a child LFA under the JJ Act as well as AR, there was no adherence to it. It was also highlighted that out of 760 districts in the country, **only 390 districts had functional SAAs**, leaving 370 districts without these essential agencies. The petitioner also pointed out the issue of vacant posts at SARAs, cases pending for a long time before CWC to be declared LFA, and many children stay at the CCIs with an indeterminate legal status or no visitations by guardians for more than a year.

[11] W.P.(C) No. 719/2022 (PIL-W)

Based on the submissions made in the petition, including the Director of CARA, the Court issued the following directives after the hearings in this case:

1. Directive to fasten the identification of children by a 'bi-monthly identification drive.'
2. **Vacant posts in SARAs and Child Protection Services must be filled without delay**.
3. All States and Union Territories were **peremptorily directed to ensure SAAs were set up in every district by January 31, 2024**. Compliance of this was to be reported to the Director CARA and Secretary, Ministry of WCD by the same date. This was also intended to expedite the identification of children.
4. States and UTs were directed to compile and submit **annual data on HAMA adoptions for 2021, 2022, and 2023** to the Director of CARA by **January 31, 2024**.
5. CARA was directed to issue directions to relevant authorities to ensure **due observance of the timelines** indicated in AR 2022 to streamline and expedite adoptions.

The evolution of adoption laws in India has been significantly influenced and guided by judicial intervention. Through landmark cases, the judiciary has not only clarified legal ambiguities but also reinforced the principle that the **best interest of the child** must remain central to all adoption processes.

These rulings have helped bridge legislative gaps, ensured greater regulatory oversight, and pushed for accountability in both in-country and inter-country adoptions. Importantly, they reflect the courts' evolving understanding of adoption as not just a legal transaction but a sensitive process that deeply impacts the lives and rights of vulnerable children. The judiciary has consistently emphasised the need for transparency, timely procedures, and institutional capacity-

building to protect these children and facilitate their integration into nurturing family environments.

As India continues to strengthen its adoption ecosystem, the judiciary's role remains critical in ensuring that laws adapt to societal needs while upholding constitutional and humanitarian principles.

Chapter 2

Research Methodology

Chapter 1 delineates the world of this study, i.e., the adoption process in India. As established in the previous chapter, children's vulnerability can be addressed and attended to in the best possible way within a family. This research aims to bridge the gap between vulnerable children and families. Consequently, this chapter is divided into five sections, highlighting the objectives of this research, its rationale, its scope, the methodology used to seek answers to the question of long wait time involved in the adoption process in India, and the significance of this research. The methodology is designed to capture both the quantitative trends and the qualitative nuances of adoption in India, ensuring a comprehensive understanding of the phenomenon.

2.1 Research Objectives

The major objectives of the study are:

1. Identifying lacunae in the existing laws relating to adoption in India, leading to long wait time for children as well as prospective adoptive parents.
2. Tracing the work of existing stakeholders, i.e., CARA, SARA, DCPU, CWC, SAA, and PAPs, within the adoption process.
3. Understanding the role of counselling for prospective adoptive parents and children in the adoption process.
4. Suggesting pragmatic solutions for reducing the wait time for children within the existing institutions.

2.2 Rationale of the Research

Many[12] children in India lack a stable and loving family and are victims of sexual abuse, trafficking, child marriage, illegal adoption, pornography, and so on. A vast majority of children are also orphaned, abandoned, or surrendered. The Parliamentary Standing Committee on Personnel, Public Grievances, Law, and Justice, chaired by Sushil Kumar Modi, observed that while there has been an increase in the number of PAPs, the number of children in the adoption pool has not kept up with this trend (The Indian Express, 2022). The decline in the number of children available for adoption is not due to better conditions for children across the country but rather points to "trafficking or a thriving illegal child adoption market" that is sustained in the nation through "unregistered childcare institutions and adoption agencies/hospitals with a past record of trafficking" (The Indian Express, 2022). Therefore, despite institutionalisation of such elaborate structures and processes, there is an evident gap between the number of children who require stable homes, the number of children who reach the legal adoption pool, and the total number of legally documented adoptions that take place in India.

In fact, the number of children available in the adoption pool has reduced yearly from 2317 in 2020 to 1709 in 2024 (Families of Joy Foundation, 2025a). The data on the adoption pool and the PAPs (currently marked at 35,550 according to the Central Adoption Resource Authority, 2025b) present a worrying inversely proportional relation leading to increasing wait time for PAPs. The laws and institutions that shape this system consequently require scrutiny.

The stakeholders discussed in the previous chapter are the foundation of the adoption process in India. However, the inefficient working of these institutions has left this foundation on

[12] The exact data on the total number of children in need of care and protection in India is not available. One of the reasons for the same is that a significant number of children are placed in non-registered childcare institutions or end up in the web of trafficking.

shaky ground. *The Temple of Healing v. Union of India* case[13] (2023) highlighted five major issues in the current system, namely, the identification of OAS children; the administrative infrastructure at the level of states; accountability in terms of maintaining procedural timelines; compilation of data to channel foster care children into the adoption system; and the need to clarify that HAMA is independent of the JJ Act, 2015. However, despite the Supreme Court's guidelines for the resolution of these issues, data presented by the Additional Solicitor General revealed that SAAs had not been set up in 370 districts till July 2024 (Mahapatra, 2024). The Chief Secretaries of 13 states and Union Territories were directed by the Supreme Court to either comply with its order by 30th August 2024 or face contempt proceedings (Anand, 2024).

Further, the difficulties, red tape, and the long wait time involved in the adoption process have been highlighted in several news reports, raising numerous questions (Nath, 2023; Roy, 2021; The Economic Times, 2023). The situation is such that a group of 300 PAPs had to complain to the Ministry of Women and Child (hereafter, MWCD) regarding delays involved in the adoption process (Roy, 2021). Further, the rise in the cases of disruption and dissolution due to "adaptive challenges" faced by PAPs (Narayan, 2024) also brings into scrutiny the role and responsibilities of PAPs as stakeholders in this process. According to Narayan (2024), about 12 parents have returned children in Tamil Nadu since 2020. Therefore, these realities need to be delved into deeply to create responsible institutions.

Further, with cases of disruption/dissolution of adoptions, issues regarding the preparedness of PAPs, lack of in-country Special Needs Children's (hereafter, SNC) adoptions, the invisibility of older children in the adoption process, lack of regard for the needs of an institutionalised child, and challenges in understanding the complex adoption process, one realises

[13] W.P.(C) No. 719/2022 (PIL-W)

the importance of counselling. However, the pivotal role that counselling plays within the adoption ecosystem has not been reflected in previous research on the topic. With pre-adoption counselling not being a legal requirement for parents and children in India, PAPs receive some much-needed counselling from support groups, civil society organisations, and a few adoption agencies (Ramanna, 2020). In contrast, children are completely excluded from this discussion (Ramanna, 2020). Children above 6 years of age are not mandatorily prepared for adoption and are merely asked for their opinion as a matter of practice (Ramanna, 2020). However, children declared LFA are sheltered in care homes and are exposed to an institutional lifestyle that is starkly different from a family environment (Ramanna, 2020). According to Maclean (2003, p. 854), this institutionalisation translates into a complex mix of social, perceptual, physical, intellectual, and emotional deprivation for children. Moreover, these children are extremely vulnerable, having been exposed to poverty, stigma, physical and sexual violence, lack of educational resources, and traumatic life events early on in their lives (Alexander, 2016).

Keeping the requirement of counselling in mind, Ramanna (2020) argues that the effect of institutionalisation on children's behaviour is conspicuous but is unfortunately neglected in the transition phase of their adoption in India. Consequently, PAPs are unaware or unconcerned with the effects of institutionalisation on the child, while the child is unprepared for the changes it may experience in a familial setup, creating the previously mentioned "adaptive changes." Additionally, when analysing inter-country adoptions, one can notice the trend that foreign nations adopt more from the SNC List as compared to the Indian registered PAPs. Less than 50 SNC were adopted within India between 2019 and 2022, accounting for less than 1% of total in-country adoptions within this period (Katiyar, 2022a). However, within the same period, the share of SNC adoptions in inter-country adoptions increased from 39.1% to 73% (Katiyar, 2022a).

Indian PAPs are considered psychologically unprepared to adopt an SNC or a transgender child, affecting their chances to be a part of a loving home. The Central Adoption Resource Authority (2025a) posits that counselling is an "enabling process" that builds people's capacity to take care of themselves, deal with issues, make better decisions, acquire coping mechanisms, and utilise their own inner resources to change their attitudes, beliefs, and actions. Contrarily, the present efforts for counselling fail to reflect this sincerity. Owing to this, analysing the need for the primacy of counselling and ways of increasing access to it becomes necessary.

Lastly, the Supreme Court has referred to the adoption process in India as "very tedious" and in urgent need of being "streamlined," specifically highlighting the 3 to 4 years wait period that PAPs are subjected to while legally adopting a child (Press Trust of India, 2022). The uncertainty associated with this wait is such that PAPs are always on edge. They try to decode their prospective referral dates by charting trends of the referrals of other PAPs or deciphering CARA's referral algorithm, as can be gleaned from the autobiographical account of a PAP (Kothari, 2024). Consequently, the stance of the Supreme Court and PAPs reveals the need to find pragmatic solutions to reduce wait time to motivate people to choose the route of legal adoption. Thus, charting these solutions is of prime significance while concluding this research.

Chadha and Bardhan (2021) argue that "socio-cultural complexities and the lack of a socio-legal framework continue to inform adoption practices in the country that lead to unfavourable realities for children whose welfare is categorically de-prioritised." Owing to the above, this research studies the socio-legal aspect of adoption in India to prioritise the welfare of children.

2.3 Scope of the Research

While adoptions in India happen on both in-country and inter-country levels, the stakeholders involved, the experiences of PAPs, and the processes involved in the latter are

different. Due to this, the scope of this research is limited to understanding the lacunae in in-country adoptions. The research objectives regarding laws, stakeholders, and counselling have been made keeping this in mind. Further, in the context of laws and schemes that govern the adoption process in India, our focus is only on evaluating the adoption laws applicable to all, irrespective of their personal laws. These include the JJ Act 2015, JJ Model Rules 2016, Mission Vatsalya 2022, and AR 2022. While HAMA and Model Foster Care Guidelines 2024 have been briefly discussed, they merely help us establish the context of the adoption process. Since HAMA is a denominational law and the foster care system has recently been introduced through a formal mechanism by CARA (its working is still in the embryonic stage), they are not the focal point of this study.

Furthermore, when discussing PAPs, this research does not delve into the adoption-related struggles faced by same-sex couples and people in live-in relationships as their struggles are unique and point to a larger debate of gender, heteronormativity, and marriage laws. Lastly, in the case of adoptees, our focus is on the process involved in the adoption of "normal" children above and below 6 years of age only. The word "normal" is colloquially used within the adoption ecosystem without a meaning under any prevalent laws, highlighting any child who has not been declared a special needs child. While cases of SNC, transgender, and siblings have been referred to in this study, these children are either adopted inter-country or are considered hard to place by CARA. The scope of this research has been delineated keeping these limitations in mind.

2.4 Methodology

Given the socio-legal framework of the study, this study set out to examine the adoption laws and regulations in the context of their application and functioning, through the stakeholders involved in the adoption process at the ground level. Wheeler and Thomas (as cited in Banakar &

Travers, 2005, p. 12) argue that the word socio in 'socio-legal' does not necessarily refer to something sociological; rather, it opens up an avenue to look at the (social) context in which the law functions. The objectives of this study necessitate us to look at the law along with its social context to comprehensively understand the status of the adoption ecosystem in the country. For the present study, it is important to consider and examine factors that fall beyond the realm of law, like the infrastructure, capacity of the stakeholders, socio-economic challenges at the ground level, among others, that influence the decision-making and exercise of roles and responsibilities (as stated in the JJ Act 2015, JJ Model Rules 2016, AR 2022, and MV 2021) of the stakeholders involved in the process - CARA, SARA, DCPU, CWC, and SAA. Hence, it becomes imperative to look at the laws and regulations at each stakeholder's level and trace their work vertically and horizontally. The timelines as stated in the law versus the actual working, and infrastructure of the stakeholders, based on the factors influencing it, constitute the social context in this study, wherein the adoption laws and regulations unfold in practice.

In terms of its research design and methodology, this study resonates with the distinction between pure and applied legal research as noted down by Chynoweth (2008), in reference to the taxonomy of legal research styles as developed by Arthurs (as cited in Chynoweth, 2008, p. 4). Unlike pure legal research, Chynoweth states that socio-legal research or law reform research (Arthurs as cited in Chynoweth, 2008, p. 4) is directed towards an examination of law in terms of its operation in order to facilitate subsequent reforms, "either in the law itself, or in the manner of its administration." One of the primary research outcomes this study is directed towards is to formulate recommendations that can enhance the working of the adoption process, resulting in reducing the waiting period for both children and the PAPs. This study scrutinises both the written law as well as its functioning by tracing the working of the stakeholders involved in the law. It

also brings to the forefront the role of counselling in the adoption process based on information gathered in the fieldwork. Further, this study is an attempt to enable awareness and discussions about the status of the adoption process in India and better policymaking for the same.

Keeping in mind the nature of the stated research objectives and the overall framework of the study, the research design was developed such that it attempts to balance between the top-down and bottom-up approaches. It looks at both the coded laws and regulations from the top and also analyses the context in which the stakeholders function from the bottom, impacting the execution and administration of the same laws and regulations. This study undertakes the task of understanding the existing law on adoption, its limitations, in terms of how it engages with the social environment, and the outcomes this yields. Therefore, a methodological interplay becomes crucial to carry out such an inquiry. This section first lays out the process of data collection and analysis used for secondary data, and is followed by the techniques employed for sampling and the data collection process for primary data.

2.4.1 Discourse Analysis of the Adoption Laws and Regulations (Secondary Data)

While there is no one universal definition or way of doing discourse analysis, the one that was employed in the current study follows the approach discussed by Rosalind Gill (2000, p. 178). She states that instead of searching for something beyond, discourse analysts are primarily concerned with the text and raise questions from within the text itself (Gill, 2000, p. 178). The team undertook a close and thorough reading of the current laws on adoption, regulations, and schemes guiding the functioning of stakeholders involved in the process, that is the JJ Act 2015, JJ Model Rules 2016, Adoption Regulations 2022, Mission Vatsalya 2022 – in order to analyse the law and regulations and identify lacunas in the written law itself. Potter and Wetherall (as cited in Gill, 2000, p. 168) argue that the outcome of doing an analysis should not be to simply provide

an overview of the considered text, rather it should be to read through the "detail of passages of discourse," to examine its vagueness, contradictions, nuances.

The close reading and analysis of the adoption laws and regulations was done with what Gill (2000, p. 178) terms the "spirit of skepticism." These were examined to cull out the lack of clarity and vagueness in definitions, division of functions of the stakeholders, and missing paradigms, among other things. In addition to JJ 2015, JJ Model Rules 2016, AR 2022, and MV 2022, case laws, government circulars, and orders (that directly or indirectly guide/influence the functioning and procedural working of the adoption process in practice) were also analysed.

2.4.2 Primary Data Collection

Following the analysis of the written laws and regulations, primary data was collected to examine the realities and working of the stakeholders involved in the adoption process, in accordance with the JJ Act 2015, the Adoption Regulations 2022, and Mission Vatsalya 2022.

a) Purposive Sampling

For primary data collection, the sampling frame (i.e., the entire territory of India) was divided into 6 zones following the zone-wise 'clusters' as laid down in the Adoption Regulations 2022. These zones, identified by CARA based on the geographical location of the registered PAP, are— North, South, East, West, Central, and North-East. Given the nature of the objectives of the study, a purposive sampling technique was employed to choose the sample from each of these zones. Purposive sampling is one of the non-probability sampling techniques. It caters to the specific requirements of the study and identifies the sample by considering the specific characteristics of the entire sampling frame (Rai & Thapa, 2015, p. 6). The units that possess the characteristics that allow one to efficiently achieve the research objectives are selected from the frame and constitute the sample. Since an important aspect of this study was to examine the

working of the adoption process and uncover the reasons behind delays and long wait time for PAPs, 1 state from each of these zones was identified with the highest number of registered PAPs in that particular zone. The selection of one state from each zone was done based on the data provided by CARA in response to the RTI[14] filed by the Principal Investigator in 2022. The data provided by CARA on the percentage of PAPs registered state-wise was as of February 2022, and the sampling of the states was done based on the same. The selected states from each of the zones are Uttar Pradesh, Tamil Nadu, West Bengal, Rajasthan, Maharashtra, and Assam.

Considering the feasibility of the study, this was further narrowed down to one district from each of the selected states in each zone. Since the objective of the study was to find out the delays in the adoption process, SAAs, which take care of the LFAs and conduct HSR for prospective parents, SAAs became the focal point of the study. The district with the maximum number of SAAs in that particular state was chosen. The list of SAAs in each state and district was accessed through the CARA's website. Out of the 6 states selected, the states of Maharashtra (from Central Zone) and West Bengal (from East Zone) emerge as the top 2 states with the highest number of registered PAPs, i.e., 12.81% and 11.79% respectively. Given that a significant aspect of this study revolves around identifying the reasons for delay in the adoption process and thereby the long waiting period for PAPs, more than 1 district was selected in these 2 states with the highest number of PAPs registered for adoption. Hence, adjacent districts to the district with the maximum number of SAAs in the two states were also added to the sample, bringing the total count of districts to 9.

[14] RTI reply by CARA on application CARAG/R/E/21/00178&179 dated 03/01/2022. Refer ***Annexure V***.

Zone	State	Percentage of PAPs Registered	District	Number of SAAs
North	Uttar Pradesh	6.23%	Lucknow	1
South	Tamil Nadu	11.68%	Chennai	5
East	West Bengal	11.79%	Kolkata	3
			Howrah	2
West	Rajasthan	2.98%	Jodhpur	2
Central	Maharashtra	12.81%	Mumbai City	6
			Mumbai Suburban	3
			Thane	2
North-East	Assam	2.89%	Kamrup Metropolitan	2

Table 1 **The states and districts where fieldwork was conducted**

The number of stakeholders, i.e., SARAs, DCPUs, CWCs, and SAAs, in each of the selected districts was tabulated based on the number of stakeholders registered on CARA's official website. Sampling depended on the number of stakeholders recognised by CARA. The team visited SAAs, DCPUs, and CWCs of each of the districts, and SARAs of each of the 6 states, as shown in *Table 1*. However, the team was unable to collect data from SARA West Bengal, DCPU Kolkata, DCPU Howrah, CWC Howrah, and a Government SAA in Howrah. The team was unable to get permission from these stakeholders despite continuous efforts. Further, to understand the overall monitoring and regulation of the adoption system in the country, data was also collected from CARA (which serves as the nodal agency), located in Delhi. *Table 2* displays the distribution of each of these stakeholders (except CARA) district-wise and state-wise based on CARA's website.

State	District	SAA	DCPU	CWC	SARA
Uttar Pradesh	Lucknow	1	1	1	1
Tamil Nadu	Chennai	5	2	1	1
West Bengal	Kolkata	3	1	1	1
	Howrah	2	1	1	
Rajasthan	Jodhpur	2	1	1	1
Maharashtra	Mumbai City	6	1	1	1
	Mumbai Suburban	3	1	1	
	Thane	2	1	1	
Assam	Kamrup Metropolitan	2	1	1	1

Table 2 **State and District-wise Distribution of Stakeholders**

b) Tool Development, Pilot Study, and Structured Interviews

The data was collected through the structured interview method with the stakeholders. Given the nature of the interview method as an interactive method that allows the interviewer to probe in order to gain in-depth information about the topic being studied, this method was chosen to collect primary data. The interview schedules were both designed and conducted following what Berg recommends, that of using a checklist that would assist the researchers to keep the interview within the ambit of the study and cover all the research questions as outlined (Berg as cited in Alshenqeeti, 2014, p. 41).

A total of 9 research tools were developed to collect data from SAAs, DCPUs, CWCs, SARAs, CARA, and PAPs, as given in ***Annexure VI*** of this report. The tools developed for DCPU, CWC, and SARA comprised a mix of quantitative and qualitative questions. A separate qualitative and quantitative tool was prepared for the SAA's administration, the social worker of the SAA, and for CARA. The tools were designed in reference to the JJ Act 2015 and the Adoption

Regulations 2022. The qualitative questions were particularly geared towards gauging the experiences of the stakeholders at the ground level to understand their interaction with the law itself, its administration, application, their coordination with other stakeholders involved in the adoption process and the challenges they face.

The overall design of all the tools was constructed in order to achieve the stated research questions in the best possible way. There were a few common themes that spanned across almost all the tools, like the constitution of the particular stakeholder, their work, their interaction with other stakeholders, counselling, and challenges. Alshenqeeti recounts a piece of advice by Richard that an interview should "always seek the particular" (Richard as cited in Alshenqeeti, 2014, p. 41). While the overall structure and design of the interview schedules were such that they cater to each and every objective of the study, probes were also added in several questions as subsets to the questions in order to gain relevant information from the respondents. This was done so that the interview flowed in the desired direction and the respondents could be prompted for further details wherever necessary.

Before commencing with the main data collection, a pilot study was conducted in Delhi. The objective of the pilot study was to test the effectiveness of the research tools –questionnaires and interview schedules– developed for the main data collection. Additionally, it was also conducted in order to better equip the team about the on-ground working of the adoption programme and its ecosystem at the district level. For the purpose of the pilot study, the team visited and interviewed SAA and the DCPU, two of the key stakeholders involved in the adoption process, in the Central district of Delhi. Through the interviews with them, the team gained an insight into the working of these two stakeholders and the challenges encountered by them, hindering the smooth execution of adoption regulations. A crucial outcome of this pilot study was

a nuanced understanding of the working of adoption laws and regulations at the grassroots level. The questionnaires and interview schedules were revised accordingly in order to collect the required information in an effective manner.

The pilot study proved to be critical in examining the suitability and preparedness of the nature of questions, and the overall design of the questionnaires and interview schedules for data collection in other districts, constituting the sample. It is to be noted that any information or data collected during the pilot study has not been used in this report. It was only meant for the team to test the efficiency of research tools and was not part of the main data collection.

Using the updated research tools, all the interviews were conducted as per the interview schedules/questionnaires prepared in advance, and, hence, were structured. A draft copy of the research tools was also submitted for the scrutiny and suggestions of NHRC before proceeding to the field for data collection. A detailed field plan was developed for each district by the team in coordination with the stakeholders. All the stakeholders were contacted via emails and phone calls in advance, and an appointment was scheduled with them after acquiring the requisite permissions for the same. The fieldwork was conducted in phases, state by state. This was done based on the availability of the stakeholders of the particular district. The team started with data collection in Rajasthan and concluded the data collection process in West Bengal.

In-person interviews were conducted with the SAAs, DCPUs, CWCs, SARAs, and CARA. During the data collection, the team ensured compliance with field protocols and research ethics. A consent and declaration form were also prepared by the team, briefing the respondent about the study and data collection process. This document was prepared in both English and Hindi, and was handed over to the respondent for them to read and sign it in order to register their consent. Each

of the interviews began once the team received the informed consent of the participant. All the interviews were conducted in either Hindi or English, based on the suitability of the respondents.

c) Convenience and Snowball Sampling

In addition to examining the work of the above-mentioned stakeholders in the adoption process, data was also collected from PAPs and parents through adoption (hereafter, PTA). Since PTA gain the opportunity to build or further their family, it is important to understand their experiences with the adoption process as an important stakeholder in the system, and their interaction with other stakeholders while going through the process of adoption themselves.

Given that the data of PAPs is confidential and cannot be shared by the SAAs and DCPU, the team resorted to methods of convenience sampling and snowball sampling for PAPs. In this context, convenience sampling refers to collecting data from a pool of respondents that is accessible and available to the researchers (Golzar et al., 2022, p. 73). Further, in snowball sampling, a sampling momentum is developed from an initial small set of contacts of the researchers, and a chain of participants is drawn from them (Parker et al., 2019, p. 3). Consequently, the team explored the possibilities of contacting PAPs and interviewing them through their own personal contacts that were directly accessible to them. To further expand the pool of respondents, the already agreed-upon participants were requested to refer other potential participants for the study. This led to the creation of our sample size for PAPs and PTAs. The data was collected from 23 PAPs and PTAs at various stages of their adoption journeys, such as newly registered PAPs, PAPs waiting for more than 2 years, PAPs that received their referrals, PAPs who have entered into pre-adoption foster care agreements, PTAs who have received adoption orders, PTAs whose post-adoption follow-up was ongoing and PTAs who have completed the legal formalities. Out of the 23 participants, 7 were single PAPs and PTAs, whereas 16 were couples.

This ensured that our PAP sample was not biased. Even though we relied on convenience and snowball sampling, we ensured a diverse set of PAPs and PTAs so that we could chart both positive and negative experiences.

d) Data Collection with PAPs

A separate research tool was developed dedicated to gauging the experiences of PAPs/PTAs. This contained both qualitative and quantitative questions. The tool was designed in order to learn about their experience in each stage of the adoption process, starting from registration to post-adoption follow-up, as well as their interaction with other stakeholders.

For PAPs, data was collected through structured interviews in the online mode and/or through Google Forms. Since many adoptive parents found it difficult to schedule an online interview, the PAPs tool was also circulated as a Google form among potential respondents. This was done in order to accommodate greater participation from the PAPs. *Table 3* summarises the overall count of stakeholders interviewed for this study.

Stakeholder Type	Number of Stakeholders
Specialised Adoption Agency (SAA)	25
District Child Protection Unit (DCPU)	8
Child Welfare Committee (CWC)	8
State Adoption Resource Agency (SARA)	5
Central Adoption Resource Authority (CARA)	1
Prospective Adoptive Parents (PAP)	23
Total Stakeholders	**70**

***Table 3* Overall Count of Stakeholders Interviewed**

2.4.3 Open-ended Interviews with Resource Persons

In order to comprehensively evaluate the status of working of the adoption process in the country, the team also conducted open-ended interviews with 9 resource persons and civil society professionals. These resource persons are or have formerly been engaged with child welfare, counselling, and advocacy about adoption in India in varied capacities. Some of these resource persons are also parents through adoption themselves. Open-ended interviews were conducted with them revolving around the themes of the current infrastructure of the adoption ecosystem in the country, organisation of the stakeholders, the status of counselling done, wait time for PAPs, and so on. These interviews gave an insight into their experiences with the system.

2.4.4 Limitations in Data Collection

This section discusses key challenges encountered during the data collection and consequently limitations incurred in the analysis of the data collected.

1. **Challenges in seeking permissions and appointments**

One of the key challenges faced during the data collection was in contacting and acquiring the necessary permissions to conduct interviews with key stakeholders. Contact details provided on CARA's website were either inaccurate or unreachable. The process of securing approvals and appointments from the authorities considerably delayed the data collection timeline. Accordingly, field plans and preparations had to be rescheduled multiple times. Despite continued efforts, the team did not receive approvals from SARA of West Bengal, DCPUs of Kolkata and Howrah, CWC of Howrah, and an SAA in Howrah. The team had started contacting West Bengal SARA in September 2024; however, our request was transferred from one official to another, and we did not receive official permission even in April 2025, when the team finally decided to collect data to finish the project on time. We submitted the NHRC authorisation letter to them several times,

but were told that SARA is waiting to hear from DWCD for permission. When asked for the phone number of the official at DWCD, there was initial reluctance. When we finally received the number and contacted the official at DWCD, our request was not heard despite the NHRC letter. We were again thrown into the loop of uncertainty. We tried contacting the Chief Secretary of West Bengal, to whom the Authorisation Letter was addressed. We left no stone unturned in our endeavour to make data collection possible in West Bengal. However, the authorities did not cooperate with us. Given that SARA did not grant us official permission after our continuous requests for 8 months, when we reached Kolkata and Howrah to collect data, not only SARA but DCPUs and CWCs also refused to talk to us officially. Consequently, data from these stakeholders could not be collected. This limitation impacted the comprehensive understanding of the stakeholder perspectives in the said region.

2. Language Barrier

Data collection was carried out across different states where languages other than English and Hindi are predominantly spoken. Language posed a significant challenge, particularly in the states of Assam and Tamil Nadu, and to a relatively lesser extent in West Bengal and Maharashtra. The interviews were conducted in Hindi and/or English, depending on the convenience of the respondent. In some cases, the respondents also found it difficult to respond effectively in Hindi/English, which influenced their ability to respond as well as the nature of responses themselves. It is assumed that some information might have been lost in translation on the part of the respondent. While all efforts were made to effectively communicate, certain phrases and sentences were occasionally difficult to comprehend due to varying regional accents and local expressions. Wherever possible, the team sought clarification during the interview itself.

Nonetheless, minor errors due to misinterpretation may persist. Responses from such interviews have been included in the report based on the team's understanding.

3. Discrepancy in Data

Data related to the number of children residing in the SAAs, the number of children declared LFA, and related figures were also collected during the study. Some of the SAAs do not maintain digital records of this data, and these numbers were maintained manually in registers. This often made it difficult for them to provide accurate figures. In some instances, the numbers shared were rough estimates based on memory, which might differ from the exact numbers. This data was collected to get a sense of the status of SAA's adoption pool and delays, and to understand challenges faced during the LFA process.

Further, there was a reluctance to share data due to sensitivity. In fact, the situation was such that officials did not want to share even anonymous information. Statistics related to HAMA were also not available anywhere, as there is no authority monitoring these adoptions. Additionally, the Principal Investigator of the project had filed several RTIs to CARA and other stakeholders, asking for information regarding SAAs and children in the adoption pool. Despite asking for exhaustive details that would have been beneficial to our study, we were directed to the CARA's website and dashboard, which contains limited data available to the public. RTI appeal to CARA also did not yield any data. The team had also sent a quantitative data tool to CARA after our interview with CARA officials on 8th November 2024. The tool asked for specific numbers with regard to children in the adoption pool based on their age, gender, health, and LFA status; PAPs; disruptions/dissolutions; CARA office memorandums; HAMA data, and so on. However, even after 10 months and follow up emails, CARA did not respond to our request for said data. The data maintenance at the stakeholder level was also a challenge since no categorised

data or digital data is maintained by majority of stakeholders at their own level. Most of it is on Mission Vatsalya portal or CARINGS. The CWC members, when asked for the data for total LFA declarations, either gave generic responses or sometimes no response at all. Therefore, while the margin of error may be minimal, the team acknowledges the possibility of slight inaccuracies in the analysis based on these numbers.

4. Response Bias

While the team made every effort to collect accurate information regarding the working of the adoption process from the stakeholders involved, this study acknowledges response bias during the interviews. Some respondents refused to answer certain questions altogether, and in other cases, the respondents seemed to be giving socially desirable responses, especially when reporting their own work. Response bias may have influenced the nature of responses, restricting them from sharing their true experiences and opinions about both their own working as well as that of the other stakeholders. As a result, some of the findings may not fully capture and present the complexities and challenges of the functioning of the adoption process. Every effort was made to mitigate these challenges, nonetheless, these have a bearing on the analysis of the data collected during the study. The analysis and findings of the study should be interpreted with these limitations in mind.

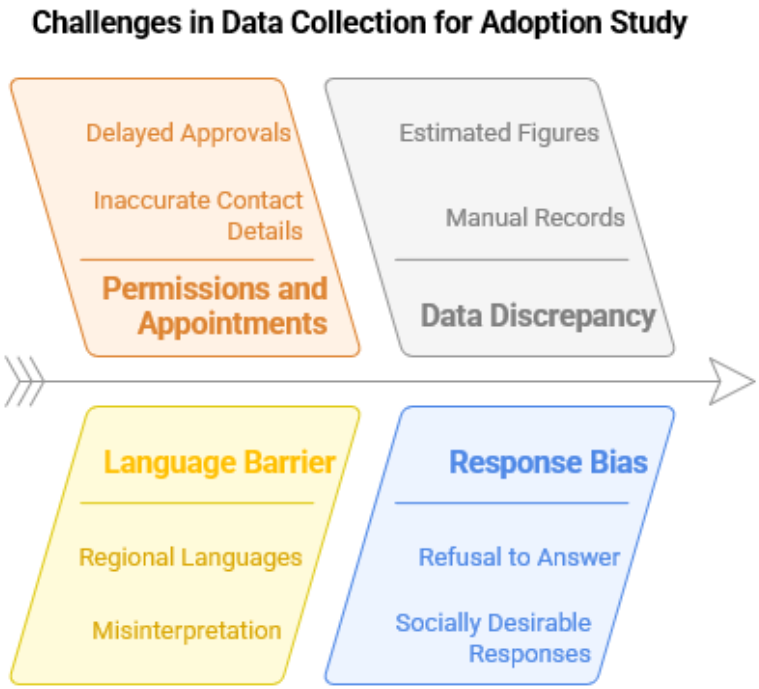

Figure 5 **Summary of Limitations in Data Collection**

2.5 Significance of the Research

This study will be a significant contribution toward research on adoption as empirical research on the same is in the nascent stage. Previous research on the subject has been largely juridical in nature. The JJ Act has been under particular scrutiny. Mehta (2008) has comparatively analysed the adoption-related provisions under the Juvenile Justice (Care and Protection of Children) Act 2000 and its amendment in 2006, in light of national and international conventions. She has presented her work in the form of a textbook, making it more a work of information than critical evaluation. Mishra (2012) also discusses the provisions relating to adoption under the JJ Act 2000 and JJ Rules 2007, along with the judicial decisions given in several cases to critically evaluate the rehabilitation and social integration of children from a legal lens. Fischer and Kamat (2013) discuss adoption law in India by scrutinising HAMA 1956 and the JJ Act 2000, concluding

that adoption procedures laid down in the JJ Act 2000 mainly addressed abandoned children and not children who were to be adopted by persons known to their birth parents.

However, rare research has been conducted on investigating the role of adoption in rehabilitating children in need of care and protection. Further, neither does the existing research exhaustively address the causes of delay in the process of adoption, nor does it analyse the adoption process in India through an institutional-centric approach. While institutional inefficiencies in the adoption process in India, adoption outcomes, and counselling issues have been briefly studied and evaluated, they have been scrutinised largely in the context of inter-country adoptions as seen in Malhotra and Malhotra (2007), Goodman and Kim (2000), and Baden et al. (2013), respectively.

It is imperative to study and analyse the adoption processes in India from an institutional approach to generate awareness about the 'best interests of a child' in the adoption process among PAPs, academicians, lawmakers, lawyers, and the public at large. The knowledge and information about present legislation are insufficient if their implementation is not scrutinised from the vantage point of the workings of government and adoption agencies. As India is party to many international commitments protecting the rights of the child, it is imperative to see whether the present system is in line with such obligations. In short, acquainting society with the intricacies and loopholes troubling the adoption process in India is essential so that steps can be taken to make it robust.

Chapter 3

The Legal Framework of Adoption: Analysing Lacunae in the Written Word

The importance of adoption as well as its non-denominational roots in the 21st century were highlighted in the *M/S Shabnam Hashmi vs Union of India & Ors*[15] (2014) case, which deliberated upon the right of a child to be adopted and that of the prospective parents to adopt, and petitioned for it to be declared a fundamental right under Article 21 of the Constitution. While the court rejected this petition by relying on precedents set in *Manuel Theodore D'souza*[16] (1999) and *Philips Alfred Malvin vs. Y.J. Gonsalvis & Ors.*[17] (1999) as well as personal laws, this case was still significant in establishing the impact of adoption on the lives of children and prospective parents. Even if adoption is not a fundamental right, safeguarding children is one of the key principles of the Indian Constitution. Given that adoption is one such effective way, the legal framework of adoption must be robust.

Consequently, this chapter deals with the first objective of this study, i.e., identifying lacunae in the existing laws relating to adoption in India that have been leading to long wait time for children and PAPs. In this endeavour, the chapter primarily relies on the Juvenile Justice (Care and Protection of Children) Act 2015, Juvenile Justice (Care and Protection of Children) Model Rules 2016, Mission Vatsalya (2022), and Adoption Regulations (2022). As these laws and regulations do not emerge, exist, or function in a vacuum, the information gleaned from them has been supplemented with 109 Programme-Related Circulars of CARA released from January 2016 (when the JJ Act 2015 was implemented) to December 2024. Additionally, 26 case laws (*Refer*

[15] AIR 2014 SC 1281
[16] 2000(2)BOMCR244
[17] AIR1999KER187

Annexure III) on adoption were analysed to cater to the dynamic nature of law. Using the method of discourse analysis as elaborated in *Chapter 2*, the written word was analysed critically to find out what is written in the law, what is not written in the law, and what is written but is ambiguous in the law. To present this critical analysis, this chapter is divided into 10 sections, which trace lacunae in the adoption process from the entry of the child into the system until its exit. Such a division allows us to comprehend the challenges faced by the system at every stage of the process. Therefore, identifying the problem is the first step to finding a solution.

3.1 The Conceptualisation and Structure of the Adoption System

The conception of the adoption system is the primary area of concern in terms of the lacunae in the law, as it lays the foundation of an inadequate system. This section, in its focus on the issues of the definition of a child, the focus of the JJ Act that provides a non-denominational understanding of adoption, state-centre coordination in adoption matters, the parallel functioning of the JJ Act with HAMA, the challenge of illegal adoptions, and issues related to staff, training, infrastructure, counselling, and awareness and grievances, gives a peek into the holes left by the mason when placing the foundational bricks of the adoption system.

3.1.1 Who is a child?

A child is the locus of the adoption system. Under the JJ Act 2015, a child is defined under Section 2 (12) as a person who has not completed eighteen years of age. However, the Act, under Section 2 (35), also uses the term juvenile to refer to "a child below the age of 18 years." This differentiation in terms leads to a bigger question of when a child comes under the implementation of the JJ Act 2015.

The Act caters to two types of children— one is a child in conflict with the law, and the other is a child in need of care and protection. Though both terms have overlapping definitions, it

appears, from reading the text of the Act, that the difference between the two terms may be derived from the applicability of the Act. Whenever a crime is committed by a child, that child is considered in conflict with the law, according to Section 2 (13) of the Act. The term used to define it is a "juvenile." In cases where the child falls within the definition of a 'child in need of care and protection,' as per Section 2 (14) of the Act, the term used to refer to them continues to be "child." Hence, in general, both terms refer to young individuals, but their implications in the eyes of the law differ. "Minor" generally refers to young and teenage individuals, while "juvenile" can signify either an immature person or a young offender (Juvenile Justice Committee, 2020).

3.1.2 Focus of the Law

As stated above, the JJ Act 2015 is an umbrella law that deals with children in conflict with the law and children in need of care and protection. Consequently, adoption is a subset of the overarching purpose of this Act, which is justice for children. Initial efforts to introduce the subject of secular adoption were done through separate bills in the Lok Sabha[18]. However, they were rejected for various reasons. Later on, the provisions of a separate bill were added as a chapter in an already existing Juvenile Justice Act dealing with children in conflict with the law. While the Adoption Regulations were notified by the Central Government later on, they ultimately derived power from the Act. The needs of children in conflict with the law and children in need of care and protection are different. Conflating them into one leads to reduced attention on the various aspects of justice for children. Adoption requires a separate law to cater to the complexities attached to it.

[18] First bill was introduced by independent member Jayshree Raiji in 1955, subsequently in 1980.

3.1.3 State-Centre Coordination

Under Article 246 of the Indian Constitution, the separation of powers between the Centre and the State exists by the creation of three lists in Schedule 7:

a) Union List

b) State List

c) Concurrent List

Due to this division of powers, the Union has the sole power to make legislation relating to the Union list, the States have the sole power to make laws relating to items mentioned in the state list, and both have the power to legislate on subjects listed in the concurrent list. The items within the concurrent list are those of joint interest of the Union and the States. It is under List III, i.e., the concurrent list, that the subject of 'adoption' is laid down.[19] This means that adoption-related legislations for children in need of care and protection are a combined effort of the Centre and the States.

However, if any conflict prevails between the Centre and the State legislation on the subject, the Centre will have the last word. In such a case, one can see that there is no consistency in the rules at the state level. For instance, while the JJ Act, 2015, or AR 2022 do not fix any income bracket for the consideration of PAPs as eligible for registration, the Kerala state adoption stakeholders follow a fixed minimum annual income of Rs. 3 lakhs for the PAPs. Another example of this inconsistency that was observed during the field work was that the CWC of Thane district follows the SAA/CCI inspection format given by the National Commission for Protection of Child Rights (NCPCR) on their mobile app named 'MASI' (Monitoring Application for Seamless

[19] Item 5 of List III states- Marriage and divorce; infants and minors; adoption; wills, intestacy and succession; joint family and partition; all matters in respect of which parties in judicial proceedings were immediately before the commencement of this Constitution subject to their personal law.

Inspection) while there is no clear format being followed in other districts in Maharashtra. West Bengal state guidelines direct its SAAs to collect an additional document from PAPs after they reserve their child from the CARINGS Portal, called the 'Post-Referral Counselling Format', which is not asked for by SAAs in other states.

Further, despite zones or clusters being introduced after the Adoption Regulations 2022, no zone-wise body was mandated by the law to oversee adoptions. When CARA was asked about its role in this coordination, it laid down the responsibility on SARA and assumed a detached supervisory role only. Such implementation of laws leads to inconsistency and confusion in the minds of all present within the adoption ecosystem. This also shows that state-centre coordination is absent in a system managed by both, and the law stands silent.

3.1.4 Parallel to the Hindu Adoption and Maintenance Act, 1956

The JJ Act 2015 and all its associated rules and regulations are non-denominational in nature, as before the 21st century, adoption laws were only associated with personal laws. While the JJ Act was revolutionary in its vision, it did not dismantle the adoption structure created by HAMA, leading to both systems running in parallel. Due to the existence of a parallel system, HAMA adoptions go unseen by the authorities since they primarily do not come under CARA. Another ambiguity in the law is that while Section 56 (3) states that nothing in the JJ Act 2015 shall apply to HAMA adoptions, Regulation 41 (18) states that CARA has the authority to issue NOCs for inter-country adoptions done under HAMA. This has also been reiterated in Circular No. *CARA-LPO2 /2 /2021 -O/o JD(Prg and Admn)(e4748)* (Central Adoption Resource Authority, 2021) of CARA. When the Adoption Regulations 2022 and JJ Model Rules 2016 gain their power from the JJ Act 2015 as given in Section 2 (3) and Section 110 respectively, the question arises regarding how regulation can oppose the law or exist in contravention of the parent Act from which

it derives its powers. Yet, Section 68 (b) of the JJ Act 2015 also allows CARA to regulate inter-country adoption. This leaves us at a crossroads, as the JJ Act is not supposed to control any aspect of HAMA, but inter-country adoptions also take place under HAMA. This ambiguity creates procedural uncertainties.

This dichotomy becomes more evident when comparing the provisions relating to adoption between HAMA and the JJ Act. In the case of 'Adoption of Payal at Sharinee Vinay Pathak and His Wife Sonika Sahay Pathak'[20] (2009), the question that came before the Bombay High Court was about the interpretation of conditions for valid adoption. Herein, the contention was whether a Hindu couple, already having a biological daughter, could legally adopt another female child who was already living with them under the order of guardianship. The Court came face to face with the confusion relating to conditions of adoptions in two laws, where under HAMA Section 11 (ii), if a daughter or son's daughter is already living, then a person cannot adopt another daughter, while the JJ Act creates no such foreclosure. While the case was ruled in favour of the petitioners, enabling them to adopt Payal in the best interest of the child, the JJ Act and HAMA have always been locked in a tussle of implementation due to many such divergent provisions. This parallel functioning undermines the sanctity of the JJ Act 2015, as parents in most cases choose whichever recourse works in their best interest rather than that of the child in question.

3.1.5 Illegal Adoptions

It is estimated that there are 3 crore orphans and abandoned children in India, out of which not even 5 lakhs make it to institutionalised care, and around 3,00,04,000 get adopted every year (Prabhudesai, 2022). Where do the rest of the children go? This points us towards the chronic issue of illegal adoptions that exists within the folds of Indian society. The reasons for such practices to

[20] 2010(1) BomCR434

continue vary from legal lacunas, lack of infrastructure, lack of awareness, social stigma, to the long legal process to get the child home. Adding to the mix is the existence of HAMA.

This issue of illegal adoptions came to the forefront in the case of *Lakshmi Kant Pandey v. Union of India* (1986)[21]. In this case, a letter was sent to the Supreme Court by a lawyer alleging malpractices in private adoption agencies facilitating the adoption of children of Indian origin for inter-country adoption. This was treated as a PIL where the court laid out various directives in the absence of legislation on inter-country adoption. This case laid the base for several aspects of the JJ Act 2015, including CARA, focusing on the staff of the scrutinising agencies, their funding, the need for a process before the declaration of a child as LFA, and the wait time in inter-country adoption. The locus of this petition was the aspect of illegal adoptions.

While all other aspects have been catered to in the present legal structure of adoption, illegal adoptions have been unable to find any recognition. The court had directed all nursing homes and hospitals that come across abandoned or destitute children to inform the Social Welfare Department of the concerned Government in 1986 itself. Yet, this did not translate into a legal acknowledgement under the present framework.

The case is such that a new term called ‘donative adoption’ is now being used by people who become parents through illegal adoption, as was uncovered during our field research. Herein, the biological mother gives her child to parents who are willing to give money. As surrendering mothers are not given any money by the system, many biological mothers choose this way. Such a case is being heard in the court in Maharashtra, deliberating whether the child should be given to the biological mother who sent her child for illegal adoption or the parent who had adopted the child illegally.

[21] AIR 1987 SUPREME COURT 232

In the year 2017, fifteen children from the SAA Jalpaiguri, operated by the North Bengal Peoples' Development Centre (NBPDC), were transferred to other institutions.[22] On January 17, 2017, the Central Adoption Resource Authority (CARA) lodged a complaint with the CID, West Bengal. Subsequently, on January 22, 2017, a report exposing a child trafficking racket involving illegal adoptions to NRI and foreign couples was published in the local newspaper. The court noted that members of the National Commission for Protection of Child Rights (NCPCR) visited Jalpaiguri on March 7, 2017, and recorded statements from members of the Child Welfare Committee (CWC). These statements revealed that one of the accused, the Secretary of NBPDC, who managed the SAA in question, requested certificates for 20 children to be declared legally fit for adoption. These children were presented to Prospective Adoptive Parents (PAPs) without having obtained the legally required Fit for Adoption (LFA) Certificates from the CWC, Jalpaiguri.

Our respondents asserted that such cases affect the waiting list as well. Giving an example of another case, they stated that the judge ruled in favour of the illegal adoptive parent, giving the reasoning that the child had already bonded with the parents. Our respondents asked pertinent questions regarding this decision and practice— "Who is the beneficiary?" "Whose interest is being looked after?" This indifference to the practice of illegal adoption affects the number of children in the adoption pool as well. Consequently, a change in perspective and stepping away from this indifference can positively impact the adoption framework in India.

3.1.6 Staff

A system is as good as the people working in it. While people can make or break a system, one must also pay attention to the conditions within which they are expected to perform. Several stakeholders of adoption are not only responsible for adoption-related matters, but also for child

[22] AIRONLINE 2020 SC 37

welfare and protection as a whole. The JJ Act 2015 casts important roles on the shoulders of the DCPU and CWC for both children in conflict with the law and children in need of care and protection. Their role and the actual workload on the ground need to be seen in this light.

Similarly, the police, DM, and CMO are weighed down with responsibilities far broader than the realm of child welfare and protection. The law saddling existing institutions with more responsibilities ignores how such an increased workload affects timelines and the proper disposal of cases. The law needs to mandate the creation of a separate machinery for the seamless handling of adoption in India.

Further, Mission Vatsalya (2022, p. 60) provides for the appointment of contractual staff at the state and district levels. It gives states the choice to engage staff on a permanent basis or offer higher salaries, on the condition that any extra expenditure incurred would be the state's responsibility. In such a scenario, it has been observed that states prefer to employ contractual staff, which translates to job insecurity and a lack of motivation for the staff on the ground. Several scholars (as cited in Bernhard-Oettel et al., 2013, p. 203) argue that temporary workers have limited prospects of job continuation and, therefore, perceive high job insecurity. The preference for permanent work is widespread in the temporary workforce (Guest & De Cuyper et al., as cited in Bernhard-Oettel et al., 2013, p. 204). Thus, the employment structure of the adoption system needs to be revamped in the law.

In the context of the CWC, our research revealed that it takes at least 1-1.5 years for the members to train themselves, leaving them limited time to serve the public. The training structure is merely procedural, leaving the majority of the understanding of the role to be learning 'on the job.' Yet, Section 27 (6) of the JJ Act 2015 and Rule 15 (4) of the JJ Model Rules 2016 state that their appointment cannot be for more than 3 years and members can be reappointed but not for 2

consecutive terms, respectively. Our respondents believe that not allowing continuous terms for the reappointment of CWC members disrupts workflow. Learning the duties of their station and building rapport with other stakeholders takes time. The CWC members interviewed lamented that by the time members learn about their jobs, their term is over. Such limited terms of appointment affect the standard of their work. The law either needs to extend the term of their employment or allow reappointments for 2 consecutive terms. Further, Section 28 (1) of the JJ Act 2015 states that the CWC needs to meet at least 20 days a month, which means that they can meet more times in the month. However, according to Mission Vatsalya (2022), they are only remunerated for 20 meetings. Additionally, given that they receive a travel/meeting allowance or honorarium for 20 meetings at Rs. 2,000 per member, according to Mission Vatsalya (2022, p. 66), it makes it difficult for the members to have any income. This creates a procedural issue within the system of child welfare, but also leads to a lack of motivation.

Another aspect of the staffing at the district level is that Rule 15 (3) of the JJ Model Rules 2016 states that the CWC members should be above the age of 35 years and have 7 years of experience working with children. However, if the CWC members need to be above 35 years of age, the honorarium system as given in Mission Vatsalya is problematic. It would require the members to have another job to meet their living expenses, making it difficult to concentrate on this job and affecting their work. As Section 27 (9) of the JJ Act 2015 confers the CWC with the powers of the Metropolitan Magistrate or Judicial Magistrate of First Class, this honorarium raises questions. If CWC members cannot be guaranteed a salary, any other emoluments associated with the station can only be a far-fetched dream. The absence of such considerations from the law regarding the staff of such an important stakeholder is, therefore, subject to scrutiny.

In the context of salaries, Nagaraju and Pooja (2017, p. 44) argue that employee efficiency and performance outcomes are impacted by rewards and benefits packages, being proportionally related to each other. Consequently, salary is an important aspect of staff retention and performance. However, the salary structure given in Mission Vatsalya is not on par with the living expenses of an individual (especially adjusted to inflation), affecting their standard of living and overall quality of life. This can be seen in *Figures 6, 7, 8, and 9*.

(B)	Staff Remuneration	Amount(in Rs.)
1	One Program Manager @ Rs.46,340/- per month	5,56,080
2	One Accountants Officer @ Rs.23,170/- per month	2,78,040
3	Two Assistants cum Data Entry Operator @ Rs.13,240/- per month	3,17,760
	Total	**11,51,880**

Annual rise in remuneration @ 3% (on cumulative basis) based on satisfactory performance from FY 2023-24 to FY 2025-26

Figure 6 **Salary Structure of SCPS** (*Mission Vatsalya*, 2022, p. 50)

(B)	Staff Remuneration	Amount (in Rs.)
1	One Program Manager @ Rs.46,340/- per month	5,56,080
2	One Program Officer @ Rs.34,755/- per month	4,17,060
3	One Program Assistant @ Rs.13,240/- per month	1,58,880
	Total	**11,32,020**

Annual rise in remuneration @ 3% (on cumulative basis) based on satisfactory performance from FY 2023-24 to FY 2025-26

Figure 7 **Salary Structure of SARA** (*Mission Vatsalya*, 2022, p. 53)

(B)	Staff Remuneration	Amount (in Rs.)
1	One District Child Protection Officer (DCPO) @ Rs.44,023/- per month	5,28,276
2	One Protection Officer - Institutional Care @ Rs.27,804/- per month	3,33,648
3	One Protection Officer - Non-Institutional Care @ Rs.27,804/- per month	3,33,648
4	One Legal cum Probation Officer @ Rs.27,804/- per month	3,33,648
5	One Counsellor @ Rs.18,536/- per month	2,22,432
6	**Two Social Workers @ Rs.18,536/- per month	4,44,864
7	One Accountant @ Rs.18,536/- per month	2,22,432
8	One Data Analyst @ Rs.18,536/- per month	2,22,432
9	One Assistant cum Data Entry Operator @ Rs.13,240/- per month	1,58,880
10	*Two Outreach Workers @ Rs.10,592/- per month	2,54,208
	Total	**30,54,468**

Annual rise in remuneration @ 3% (on cumulative basis) based on satisfactory performance from FY 2023-24 to FY 2025-26

*Number of Outreach workers can be increased up to a maximum of five on the basis of population and geographical spread of district.
**Number of Social workers can be increased up to maximum of three on the basis of population and as per the need.

Figure 8 **Salary Structure of DCPU** (*Mission Vatsalya*, 2022, p. 63)

(B)	Honorarium/Remuneration	Amount (in Rs.)
1	Travelling / meeting allowance or honorarium for 20 meetings for five members including Chairperson (Rs.2000/- x 20 meetings per month x 12 months x 5 Chairperson and Members)	24,00,000
2	One Assistant cum Data Entry Operator @ Rs.11,916/- per month *	1,42,992
	Total	**25,42,992**

***Annual rise in remuneration @ 3% (on cumulative basis) based on satisfactory performance from FY 2023-24 to FY 2025-26**

Figure 9 **Salary Structure of CWC** (*Mission Vatsalya*, 2022, p. 66)

The salary structure as defined in the State and District Annexures of Mission Vatsalya (2022) spans the spectrum between Rs. 10,592 for an Outreach Worker and Rs. 46,340 for the Programme Manager of SARA. While the upper echelons still have better salary structures with a 3% yearly raise based on their performance, the Protection Officer- Institutional Care, Protection Officer- Non-Institutional Care, Social Workers, Outreach Workers, and Data Analysts and Operators are not paid as well as their private counterparts. It discourages people with good credentials from applying for these jobs or keeps the staff anxious for better opportunities. Further, there is no increase in the funds allocated to the SARA and DCPU if they wish to increase their staff based on population, according to Mission Vatsalya (2022) guidelines (State and District Annexures). There is no clear indication in the law about sourcing more funds for the same. During our field research, the team found that either existing funds are further distributed amongst the staff, or state governments are responsible for these 'extra' funds. It severely impacts the recruitment ability of these stakeholders, as even if they need more staff to tackle the increasing workload, they are reluctant to appoint new people.

Mission Vatsalya (2022, p. 60) also allows the states/UTs to rationalise the existing manpower of implementing agencies for the "optimum" utilisation of resources. This means that states have the authority to customise manpower distribution rather than stick to a uniform formula for all districts. However, this mostly takes a negative turn as most stakeholders are understaffed. For instance, DCPU Mumbai Suburban has only 1 staff member who was a Social Worker before, but has become the DCPO due to a lack of staff; DCPU Mumbai City has only 5 staff members. Such examples show that until the work is being done, whether haphazardly or at the cost of the well-being of the staff, MV does not cater to such issues, which severely impact the

working of these stakeholders. Owing to this, it is evident that staff, which is one of the key pillars of any system, is ignored in the adoption laws and framework.

3.1.7 Training and Capacity Building of Stakeholders

Adoption is a sensitive journey for those involved. To add to the emotional journey is the legal process facilitated by various actors involved within the regulatory framework. This makes training and capacity building of stakeholders critical in a complex system. Non-denominational adoption laws are a product of the 21st century, due to which the framework established by them is comparatively new. To understand its nuances of emotional, psychological, physical and other needs of those involved, the stakeholders need to undergo continuous training and capacity building.

Capacity building is a process of developing and strengthening the skills, instincts, abilities, processes and resources that stakeholders need to survive, adapt and thrive in the changing times (United Nations, 2025). It includes various interventions which help the organisation to fulfil its objectives. While the law emphasises the importance of training, there is no protocol, benchmarks, strict schedules, or monitoring mechanisms regarding the training schedule. Our field research revealed that SAAs receive information about training sessions at the last moment and are directed to attend them compulsorily. In this scenario, their ongoing work and appointments are severely affected. The majority of training is done online without much focus on the quality and delivery of the information transmitted, which further makes the training ineffective.

Further, the guidelines for the training of the CWC members are unclear as while Rule 15 (5) of the JJ Model Rules 2016 directs mandatory training for them within 60 days of appointment, it does not highlight as to who will conduct this training, for how long it will be conducted, how will the work be dealt with during that period, and so on. While the CARA Programme Related

Circulars talk about the training of Social Workers (Circular No. *CARA/2018-19/Pilot Project Trg.*), Legal Professionals (Circular No. *1-24/2019-CARA*), Mental Health Professionals (Social Workers and Counsellors) (Circular No. *CARA/2019-20/Mental Health Professional- Trg.*), and Chief Medical Officers (Circular No. *E103700 CARA-SCI011/227/2022*) (Central Adoption Resource Authority, 2019a, 2020a, 2020b, 2023b), the training of CWC members has not been dealt with anywhere. In fact, training for all other stakeholders is not dealt with anywhere. Additionally, when the CARA circular talks about training legal professionals, it does not specify the target audience of these sessions. Therefore, training protocols need further elaboration within the law.

3.1.8 Infrastructure

Infrastructure is crucial for the efficient functioning of any system as it supports core operations, enhances efficiency and productivity, ensures stability and reliability, and encourages growth. When discussing infrastructure, it is important to understand that the term refers to the physical infrastructure and the design of the office space, sufficient ventilation, lighting, the furniture and essential equipment required for smooth running of the office such as computers, printer, telephones, basic technology like internet connectivity, along with essential facilities such as restrooms, parents and child reception areas and common areas which contribute significantly to employees' well-being.

Mission Vatsalya (2022, pp. 10, 15) in Chapter 2 states that in case the government is unable to provide the SCPS, SARA, and DCPU with space in the premises of the concerned department at the state and district level, they may function from a rented building. Our research revealed that this provision has cost the SCPS, SARA, and DCPU in terms of infrastructure. DCPU Mumbai City is located on the first floor of a dilapidated, low-cost, low-maintenance, and small

space in a residential building. DCPU Mumbai Suburban does not have an office of its own and presently sits in the office of the Department of Women and Child Development. Further, DCPU North Chennai is situated within a small building on the premises of a government boys' home temporarily. These are a few examples highlighting the gap existing within the vision under Mission Vatsalya and the needs of actual functioning of the stakeholders within the system created to fulfil the objectives under the policy.

Additionally, Mission Vatsalya (2022, p. 50) includes the provision for computers. It allows the SCPS as many computers as it has staff, i.e., 4 for states up to 5 districts, 7 for states with 6-20 districts, and 13 for states with more than 20 districts, as given in State Annexures II E. However, the provision is not as equitable for other stakeholders. While the SARA has been sanctioned as many computers as it has staff, i.e., 3, there is no provision for the increase in computers if the number of Programme Officers is increased to a maximum of 2 in states with districts above 6, according to State Annexure II F (*Mission Vatsalya*, 2022, p. 53). Similarly, the DCPU has a sanctioned staff of at least 12 people but only 5 Computers/Laptops which remain static even in the case of an increase in the Social Workers (hereafter, SWs) to a maximum of 3 and the Outreach Workers (hereafter, OWs) to a maximum of 5 based on population and need, according to District Annexure III D (*Mission Vatsalya*, 2022, p. 63). Even the CWC has a sanctioned staff of 5 members and 1 Assistant-cum-Data Entry Operator, but only 1 Computer, according to District Annexure III F (*Mission Vatsalya*, 2022, p. 66). These observations in the field clearly indicate the gap that exists within the infrastructural and technological needs of the office to function effectively. This also impacts the working of these stakeholders, causing further delay in outcomes.

Further, the transportation available to the stakeholders has also not been discussed anywhere within Mission Vatsalya. There is no provision for a car or ambulance for CWC or DCPU, given that they are responsible for SAA and CCI inspections and catering to children in need of care and protection. The travel support given to the CWC comes in the form of the honorarium given to its members, which is also a travel allowance. As discussed above, this creates issues of remuneration for them to manage their own living expenses. Additionally, NGO-run SAAs may have vehicular support depending on their funds, but government SAAs struggle with securing a safe mode of transport. As their work requires a lot of travel, from home visits for HSR, doctor appointments, and CWC visits, to post-adoption follow-ups, indifference to the aspect of mode of transportation is astounding. The expanse of infrastructural concerns needs broader recognition and needs to be catered to for better functioning of the actors within the adoption process.

3.1.9 Counselling

The children who enter the system of institutional care have dealt with diverse emotional, mental, physical, and social experiences, neglect, and sometimes abuse. On the other hand, the PAPs enter the adoption process with different perceptions, expectations, and levels of preparedness. Counselling provides the bridge that enables them to connect with one another. Counselling is the cornerstone for the entire adoption process to be successful. It is not only crucial for the biological parents to be well counselled at the time of making the decision to surrender the child, but also for PAPs to be counselled if needed multiple times to understand the needs of the child, along with their own emotional readiness to handle varied adoption-related concerns. Unfortunately, as Sastry (2020) argues, the lack of emphasis on adequate counselling for both parents and children leads them to conflict.

Counselling is mentioned in the roles and responsibilities of stakeholders in the laws and regulations, but no specific guidelines exist regarding the same. There is no framework or benchmark mentioned for training the personnel for counselling. According to Circular No. *CARA-TC011/21/2016- Trg (Pt file- II)* (Central Adoption Resource Authority, 2017a), the DCPU was supposed to set up Counselling Centres with the support of CARA or SARA to assist SAAs and CCIs for counselling PAPs, older children, adoptees for root search, and taking care of post-adoption follow-up reports and counselling to honour Regulation 34 (6) of Adoption Regulations 2017. This circular also stated that counselling facilities would be extended at the state and district levels by the state governments. However, the Adoption Regulations 2022 have removed the idea of a counselling centre from their ambit and conspicuously made it vague. This can be seen in Regulation 35 (2) (n) (*Adoption Regulations*, 2022) which states "put a system at place so that adequate number of social workers and or counsellors are available with District Child Protection Unit," and Regulation 38 (6) (*Adoption Regulations*, 2022) which states that the DCPU shall "carry out such services through the empanelled social workers or counsellors as provided in regulation 35 (2) (n) of the Adoption Regulations."

In the above-mentioned provisions, counselling, which is a very important facet of the adoption process, has been handed over to social workers or counsellors. It is interesting to note what the minimum qualifications are as per Mission Vatsalya of a social worker who is part of the DCPU. A social worker can be a Graduate, preferably in Social Work/ Sociology/ Social Sciences from a recognised university. Further weightage has been assigned for work experience and proficiency in computers. In case of counsellors, MV indicates that they can be a Graduate in Social Work /Sociology/Psychology/ Public Health/ Counselling from a recognised university or can hold a PG Diploma in Counselling and Communication. It also requires the counsellor to have

at least 1 year of working experience with the government/NGO, preferably in the field of women and child development and proficiency in computers. It is relevant to look at the course curriculum of these courses taught at major Indian universities to understand whether due weightage is given to adoption-related issues and concerns. In most of the universities, it is either not taught or becomes a very small part of their curriculum, which does not prepare them well to handle real-time adoption counselling. This oversight within MV, as well as the JJ Act 2015 and AR 2022, indicates that the vital role of counselling is not understood while drafting them.

3.1.10 Timelines

In a process where registration to adoption, to finally establishing your capacity as an adoptive parent through post-adoption follow-ups takes several years, timelines are a key consideration. Regulation 46 (*Adoption Regulations*, 2022) mandates all agencies and authorities to adhere to the timelines given in Schedule XIV regarding the various steps in the adoption process. The timeline can be understood through *Figure 10*.

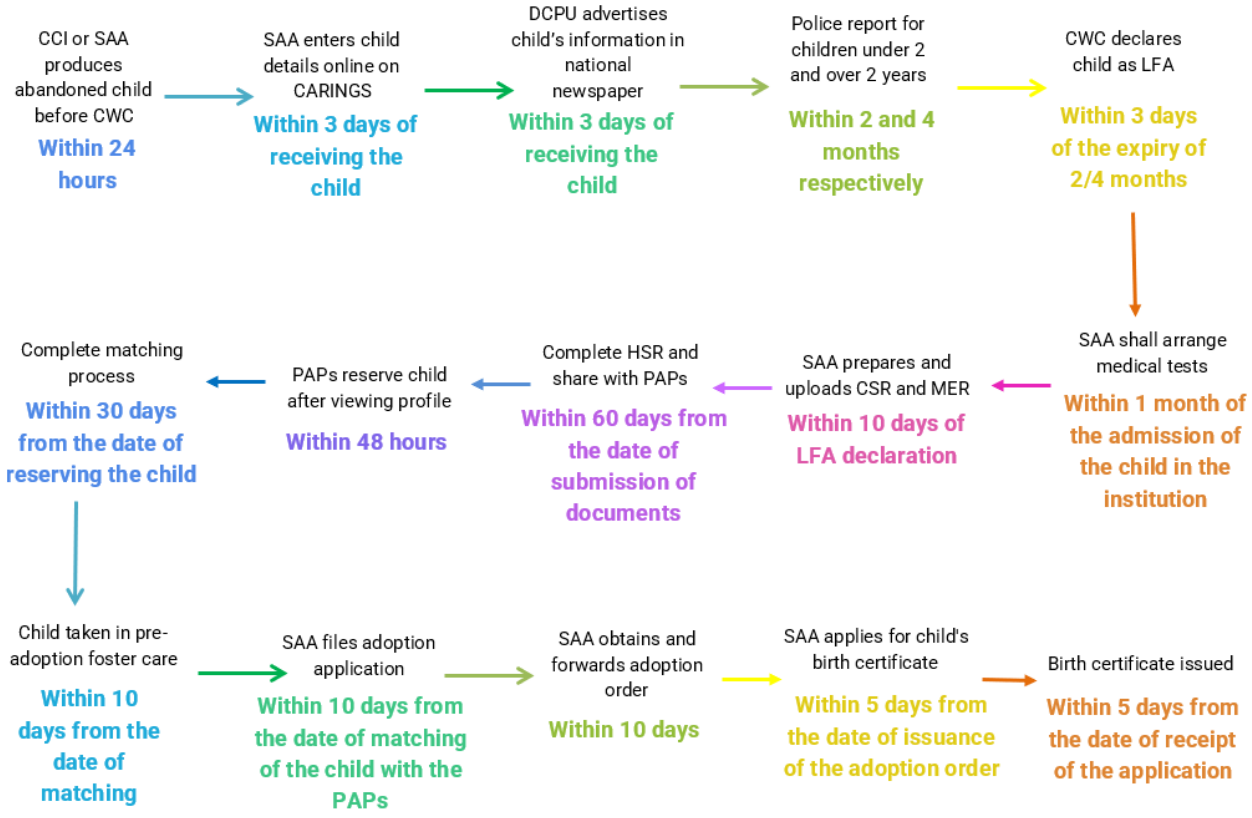

Figure 10 **Timelines Involved in the Working of Stakeholders in the Adoption Process**

However, our research from the field revealed that most of these timelines are unrealistic and fail to cater to the ground realities. They fail to take into account the workload, staff distribution, and shortages, diverse sets of responsibilities, and unforeseen circumstances that do not make these timelines pragmatic and feasible. Further, when such delays are brought to the fore, CARA places the responsibility on other stakeholders, as seen in the case of delays in the preparation of birth certificates in Circular 20-8/CD/2010-CARA (Central Adoption Resource Authority, 2019b). Some relaxation was given by CARA during COVID-19, as stated in its Circular No. *CARA/2019-20/In-Country-I* (Central Adoption Resource Authority, 2020d), but that was also not very significant. Even Section 62 (2) of the JJ Act 2015 asks SAAs to dispose of the

cases of PAPs within 4 months from the date of receipt of application, which is unrealistic and, therefore, does not translate to implementation. Consequently, these timelines need to be revisited to facilitate proper adherence to protocol.

3.1.11 Awareness and Grievance Redressal

Spreading awareness and ensuring the redressal of grievances are also important responsibilities of stakeholders, according to the Adoption Regulations 2022. Adoption is a long and complex process that often feels bewildering to new PAPs. Since adoption is a process involving people and their futures, making the process more friendly and personal goes a long way. At the time of registration of PAPs, an automated email welcoming them to the system and elaborating on the subsequent steps would help deal with the long wait for the PAPs. Without any guidance, traversing this road is not easy. Consequently, helpdesks and active channels of communication are necessary for a robust adoption system. However, the provisions relating to helpdesk are absent from MV as well as other legislations relating to adoption.

While CARA has its own helpline, our respondents revealed that it uses the IVRS (Interactive Voice Response System), which only works in Hindi and English, involves long waits and call transfers, and is largely unable to solve any issue. The PAPs interviewed also stated that they never received a response to their query emails and ultimately had to rely on their SAA. This, in turn, increases the burden on the SAA Social Workers, who revealed that they get numerous calls from PAPs with various queries. Such calls disrupt their work and divert their attention from crucial work and deadlines. The importance of a reliable helpdesk at the district, state, and central levels is evident. In their absence, the domino effect of the problems occurs. The framework needs to focus on this aspect as well.

3.2 The Entry of the Children in Need of Care and Protection into the System

Adoption as a form of non-institutional care emerged when children in need of care and protection found themselves untethered from a nurturing family. Consequently, this section seeks to understand the process of their entry into the system, where institutions become their temporary abode as well as their springboard to a caring family. This section accomplishes it by analysing the process of an SAA receiving a child, ambiguities between an SAA and CCI, considerations for licensing an SAA, and the method of categorising children.

3.2.1 Reception of the Child by a Specialised Adoption Agency

The reception of a child by an SAA is a crucial step in the adoption process as it ensures a child's safety, well-being, and transition into a nurturing environment. Be it of any age under 18 years, it is critical for a child who is considered CNCP to reach a registered SAA as soon as possible. However, to ensure that an SAA can protect and safeguard a child, several aspects need to be considered. If a premature infant is brought to an SAA, the SAA may need to be well-equipped with neonatal care facilities to cater to such children. The respondents, while discussing the challenges faced by them in this regard, informed the team that in the absence of any guidelines regarding the permissible weight of children to be sent to SAAs, underweight infants are sent to them for care and protection. As SAAs are not equipped with the technologies and staff required to take care of such precarious children, the respondents stated that children should be sent to SAAs once they have reached an optimum weight of more than 2 kg. If they are underweight at the time of reception by the SAA, it can impact their mortality. The law is silent on this concern.

Further, SAAs do not receive the discharge summary and history of the mother of the child. While it is not possible in cases of abandoned and sometimes orphaned children, it can be made available in cases of surrendered, unfit guardians, and no visitation children. Yet, our respondents

from the SAAs stated that they do not receive information about the type of birth of the child, or the medicines taken by the mother during pregnancy, among other things. Such information can impact a child's health and is critical for the SAAs taking care of them.

Additionally, another way by which children enter the institutions is through cradle baby points or *palana*. Mission Vatsalya 2022 discusses the cradle scheme, where SAAs are directed to set up cradle-baby points to receive abandoned children placed anonymously. However, the cradles placed at SAAs fail to fulfil their purpose. The respondents from Bala Mandir Kamaraj Trust, an SAA in Chennai, Tamil Nadu, revealed that when the cradle is placed outside the SAA, sometimes dogs sleep there while other times, parents living in slums put their children in the cradle and sleep next to them on the ground. The respondent suggested that cradles should be put in railway stations and bus stands- places where people are more likely to abandon children instead of SAAs. According to Circular No. *CARA-MISC/100/2021* (Central Adoption Resource Authority, 2022c), SAAs may set up cradle baby points at primary health care centres, hospitals, nursing homes, short-stay, and Swadhar Homes for Women, but states that cradle signages shall be made mandatory to make people aware. However, such prominence would make the area heavily scrutinised, making people hesitant to leave the child there as it may draw attention to them. Therefore, the execution of the cradle scheme is required to be reviewed. Admitting a child into an SAA ascertains the first shelter of a child and should, therefore, be given further consideration.

3.2.2 Specialised Adoption Agency vs. Child Care Institutions

CCIs are established to take care of children in need of care and protection, but there is an ambiguity in the understanding of SAAs and CCIs within Mission Vatsalya (2022). SAAs are treated as a subcategory of CCIs in Chapter 3 of Mission Vatsalya (2022). However, SAAs are the

institutions with the legal authority to perform adoption-related duties, while CCIs are not. Further, the adoption framework requires CCIs to be linked to SAAs to enable CCI children to become a part of the adoption pool and get adopted. Their purpose varies in 2 consecutive paragraphs on page 22 in Mission Vatsalya 2022. Initially, it states that SAAs should be located close to jails to care for children of incarcerated parents, but then limits its purview by stating that SAAs are for adoptable children below 6 years of age. Section 35 (3) of the JJ Act 2015 states that SAAs are for children below 6 years of age, but does not use the word "adoptable."

If SAAs are categorised separately only due to age category considerations, then all CCIs in India could have been converted to adoption agencies. However, that is not the case as the primary goal of an adoption agency is to facilitate adoption. Due to this overlap, confusion arises in the working of these institutions. SAAs have to deal with an expansive workload, which not only includes facilitating adoption but caring for children, particularly those under the age of 6, who require constant care and attention. It affects the fulfilment of several tasks listed under Regulation 30 (*Adoption* Regulations, 2022), leading to the long wait time in the adoption process. This also creates an artificial distribution between children below and above 6 years in the adoption pool, leading to the latter being neglected.

Section 36 (1) provides for orphaned, surrendered, or appear to be abandoned children below 6 years of age to be placed in a SAA where available but Section 36 (3) states that children in need of continued care and protection under 6 years of age shall also be placed in SAAs (*The Juvenile Justice (Care and Protection of Children) Act*, 2015). This ambiguity is the reason that many of our respondents stated that adoption centres should be separate from childcare institutions. They believed that adoption centres were opened in Shishu Grihs themselves for procedural fulfilment of the requirement. The law, thus, stays quiet on this.

Given that the ambit of SAAs is blurry, the procedure for linking SAAs and CCIs becomes a complicated and sometimes wasteful exercise. If SAAs were kept separate from childcare institutions, SAAs could have the collective information through the portal and handle cases as they come. Their focus would solely remain on adoption and its procedures instead of the additional burden of taking care of the children. This ambiguity should be perceived as a roadblock in speeding up the process of adoption.

3.2.3 Licensing of SAAs

The ambiguity between SAAs and CCIs also translates into the licensing criteria of SAAs. As our respondents revealed during their interview, the licensing criteria are the same for SAAs and CCIs, as can be seen in Rule 29 (1) (iv) and (6) of the JJ Model Rules 2016 (Refer to *Figure 11*). They stated that the criteria require SAA to have 40 sq. ft. of space per child, 1 toilet for 7-8 children, and 1 bathroom for 10 children. However, younger children do not need so much space, and the childcare staff takes care of their washroom needs. Different age groups cannot be catered to by one single standard. To ensure the 'best interest of the child' while it is living within the institution, licensing standards need to reflect the unique needs of children from different age groups, from infants to toddlers to pre-pubescents, to adolescents.

The requirement of the separation of children based on gender, wherein boys and girls are kept separate, is also unrealistic, according to our respondents. This has been discussed in Rule 29 (1) (iv) (a) of the JJ Model Rules 2016, which states that separate bathing and sleeping facilities shall be maintained for boys and girls in the age group of 5-10 years. This becomes a difficult rule in the context of siblings of different genders who are living within the institution. Being together may give them much assurance and a feeling of safety after abandonment, surrender, or becoming orphans. Another contention raised by our respondents is that such segregation does not happen in

a home. In fact, such separation leads to issues after adoption, as children refuse to sleep with siblings or adoptive parents after transitioning from an institutional setup.

(i)	2 Dormitories	Each 1000 Sq.ft. for 25 children i.e. 2000 Sq. ft.
(ii)	2 Class rooms	300Sq.ft. for 25 children i.e. 600 Sq. ft.
(iii)	Sickroom/First aid room	75 Sq.ft. per children for 10 i.e. 750 Sq. ft.
(iv)	Kitchen	250 Sq. ft.
(v)	Dining hall	800 Sq. ft.
(vi)	Store	250 Sq.ft.
(vii)	Recreation room	300 Sq.ft.
(viii)	Library	500 Sq.ft.
(ix)	5 Bathroom	25 Sq.ft. each i.e. 125 Sq. ft.
(x)	8 Toilets	25 Sq. ft. i.e. 200 Sq.ft.
(xi)	Office rooms	(a) 300 Sq.ft. (b) Person-in-charge room 200 Sq.ft.
(xii)	Counselling and Guidance room	120 Sq.ft.
(xiii)	Workshop	1125 Sq. ft. for 15 children @ of 75 Sq.ft. per trainee
(xiv)	Residence for Person-in-charge	(a) 2 rooms of 250 Sq.ft. each (b) Kitchen 75 Sq.ft. (b) bathroom cum toilet 50 Sq ft.
(xv)	2 rooms for Juvenile Justice Board or Child Welfare Committee	300 Sq. ft each i.e. 600 Sq.ft.
(xvi)	Playground	Sufficient area according to total number of children
	Total	**8495 Sq.ft.**

Figure 11 **JJ Model Rule 29 (6) Suggested norms for building or accommodation in each institution with 50 children**

Further, the law did not have any provision regarding the establishment of SAAs in every district. This led to the *Temple of Healing vs. Union of India* case[23] of 2023, which highlighted that out of 760 districts in the country, only 390 districts had SAAs, which hampered the efficacious completion of the adoption process in India by not identifying and bringing more kids into the adoption pool. The Supreme Court directed that the SAAs should be set up in the remaining 370 districts by 31st January 2024. Yet, the Supreme Court saw initial non-compliance with its directive (Press Trust of India, 2024a). At the time of writing this report[24], CARA's website

[23] W.P.(C) No. 719/2022 (PIL-W)
[24] Data retrieved on 14th May 2025

enumerated 700 SAAs (Central Adoption Resource Authority, 2025d). This total represents the data from 28 states and 1 Union Territory (UT) (Delhi). The remaining 7 UTs do not have any SAAs. While the number of SAAs has seen a rise after the ruling, it still falls short of the target of establishing at least 760 SAAs in the country.

3.2.4 Categorising Children Within the System

Under AR 2022, different categories of children require different procedures to be followed for their declaration as LFA. In cases of orphaned and abandoned children, publication of newspaper advertisements and police inquiries are conducted to trace the parents or guardians of the child. If they are not found, they are deemed non-traceable and the child is declared LFA, as per Regulation 6 (*Adoption Regulations*, 2022). In the case of a surrendered child, Regulation 7 (*Adoption Regulations*, 2022) states the procedure for declaring the child LFA, which includes an application for surrendering the child, a deed of surrender, and a reconsideration period of 60 days given to the parents. Once this period is over, the child is declared LFA by the CWC. For children with no visitation and unfit guardians, foster care is seen as the most probable option, but CWC can counsel the parents to surrender the child if reunification seems unlikely. However, it is a vicious cycle as one cannot determine the procedure to be followed unless a proper inquiry has been conducted, while a proper inquiry cannot be conducted if one does not know what to look for and where.

Till 2023, there were only three categories of children identified for care and protection, i.e., orphaned, abandoned, and surrendered (OAS). However, it was noted that many children were falling through the crevices of the law based on these three categories and remained invisible to the adoption pool. The Hon'ble Supreme Court of India in the *Temple of Healing Case*[25] (2023)

[25] W.P.(C) No. 719/2022 (PIL-W)

directed the States/UTs to carry out an identification drive every two months to identify children in the OAS category, as well as children stuck in CCIs without being declared LFA. This led to the creation of two more categories of unfit guardians and children with no visitations.

Finding children in the new categories requires synergy and cooperation amongst various stakeholders such as police, CWC, DCPU, SAA, CCI, CMO, and counsellors. All five categories have unique scenarios in each and every child's case. Here, the role of CWC is pivotal in anticipating and evaluating the situation, considering all relevant factors making decisions which prioritise the well-being of the child.

It is observed that categorising children into the categories of orphaned, abandoned, no visitation, and unfit guardians takes time, which Schedule XIV of the Adoption Regulations 2022 fails to take into account. Further, while the DCPU is directed to identify orphan, abandoned, and surrendered children in their district and get them declared LFA according to Regulation 38 (1) (*Adoption Regulations*, 2022), no procedure has been mentioned for the identification of such children, leaving the DCPU to fend for itself and create its own mechanisms. Since there is a lack of infrastructure, checks and balances, and capacity building with each State, this critical task of identifying children, going through the process of the SIR, and declaring them LFA takes more time than is in the 'best interest of the child.' This leads to children either languishing in SAAs for years or being kept in worse conditions with unfit parents or relatives jeopardising their well-being.

Further, one can also find the definition of an 'older child', which means a child above 5 years of age, according to Regulation 2 (18) (*Adoption Regulations*, 2022). This division of children creates filters within the mind of the stakeholders and shifts their priority to younger children rather than the older ones. Till a child becomes an adult, no child is too old to be adopted. Such arbitrary definitions also make 'older' children unappealing for adoption by PAPs, given

their predisposition to adopting a younger child. The category in which a child is placed can, therefore, determine their future. All children must be placed in categories based on age and not labelled as older or younger children.

3.3 Registration of PAPs on CARINGS

From the vantage point of PAPs, navigating the road to adoption may be uncertain and unclear. Under HAMA, there is no process of parents registering for adoption, since there is no governing authority, and it is an informal system. However, the JJ Act 2015 requires registration of PAPs on a portal maintained by the CARA called the CARINGS portal. This section analyses the aspects associated with their registration on the CARINGS portal, the rules for registration of PAPs, and the change in the choice from 'anywhere in India' to 'cluster of states' to assess this process of registration.

3.3.1 Portal

The Child Adoption Resource Information and Guidance System (CARINGS), the e-governance initiative of CARA, aimed to streamline the adoption process to ensure transparency, efficiency, accountability, and a seamless experience for stakeholders (Kumar et al., 2024). It was launched in February 2011 and is the sole platform for facilitating adoption in India (Kumar et al., 2024). Its legitimacy has been established by Regulation 2 (8) of the Adoption Regulations 2022, which refers to it as the "designated portal" for facilitating, guiding, and monitoring the adoption programme.

While e-governance methods ensure transparency, they overlook the levels of digital literacy amongst their target audience. As was highlighted during our field research, many PAPs are not comfortable with the online process of adoption. Some go to cybercafes to ask for the help of their staff but are, in turn, charged a hefty sum for their services. While the SAA tries to fill out

forms for some PAPs, it is not possible for them to fill them out for everyone. Further, a very important aspect of the portal is that CARINGS is available only in the English language. It is not accessible in regional languages, making it further removed from the people literate or comfortable only in their regional language. These acknowledgements are missing from the wording of the law and, therefore, need their due recognition.

3.3.2 Rules for Registration

The criteria established for ascertaining eligible PAPs have been derived from Section 57 of the JJ Act 2015 and further elaborated upon in Regulation 5 of the Adoption Regulations 2022. Regulation 5(1) states that prospective parents should be physically, mentally, emotionally, and financially capable, along with not having any life-threatening medical conditions. They should also not be convicted of criminal acts of any nature or accused of any child rights violation. The first part of this provision is a very subjective one with no clear guidelines for deciding the 'capability' of a prospective adoptive parent. Hence, this is largely based on the perception of who can provide a child with a 'capable' family. However, the word 'capable' has not been defined anywhere in the law and regulations. Further, Section 5 (2) provides that a PAP irrespective of their marital status and biological children may adopt subject to— firstly consent of the spouse in case of a married couple; secondly, a single female can adopt child of any gender; and thirdly, a single male is not eligible to adopt a girl child.

Regulation 5 (3) highlights that a couple can apply for adoption on CARINGS after at least 2 years of stable marriage. The Regulation lays down the provision, but does not discuss the parameters of this stability. It is safe to infer that this stability is concerned with 2 people being legally together and does not concern itself with their compatibility, happiness, or degree of communication. This provision is merely based on heteronormative, conventional, and unilateral

ideas of a family. For instance, CARA does not allow single PAPs who are in a live-in relationship and not married to register. This decision has experienced its vicissitudes due to a lack of inclusion in the law. Circular No. *CARA-ICA012/3/2017* (Central Adoption Resource Authority, 2018) initially stated that single PAPs in live-in relationships would not be eligible to adopt a child, a decision that was later reconsidered in October 2018. However, in 2022, CARA released Circular No. *CARAICA013/1/2022Administration* (Central Adoption Resource Authority, 2022b), which yet again reiterated the earlier decision to disallow single PAPs in live-in relationships to adopt.

While Craigie et al. (2012) define family stability as the consistency of the parent(s) with whom a child lives, Ivanova and Israel (2006) define it as the predictability and consistency of family activities and routines. Consequently, stability can take several shapes and is not particularly guaranteed in a marital setup. According to Craigie et al. (2012), stable family structures could include marriage, cohabitation, single-parent, and transition from cohabitation with the biological father to marriage with the biological father. While their study is rooted in American realities, it still gives us a renewed perspective on stability. A clear dismissal of live-in partners shows a parochial view of the law and, thus, needs to be challenged.

Similarly, the rights of the LGBTQI+ community with respect to the right to adoption are also unaddressed under the present laws on adoption. The non-recognition of same-sex marriages and nonnormative relationships under Indian law blocks LGBTQI+ couples from the opportunity to become parents through adoption. Section 5 (2) of the Adoption Regulations 2022 recognises the rights of single parents to adopt, and therefore, LGBTQI+ individuals can adopt in their individual capacity and not as a couple. Since the Adoption Regulations 2022 use the terms ‘prospective adoptive father’ and ‘prospective adoptive mother’ in the format for ‘Pre-Adoption Foster Care Undertaking’ in Schedule VIII, it is safe to infer that homosexual couples are not

considered for joint adoption as live-in partners. The fact that the online registration form on CARINGS for PAPs provides columns for only males and females and does not mention the third gender shows that there is considerable uncertainty about third-gender adoption rights (Balpande, 2021). Thus, even though the attitude toward adoption in India has changed significantly in the last three decades, significant loopholes remain in this process, which need to be addressed by the Indian state. This topic has been discussed at great length in the case of *Supriyo @ Supriya Chakraborty vs Union of India*[26] (2023).

3.3.3 Cluster of States vs. Anywhere in India

In the Adoption Regulations 2017, at the time of registration of PAPs on CARINGS, the PAP had to fill in three States of India for where they wanted the referral of the child. The PAPs may choose any State or 'anywhere in India'. This placed the PAP on the seniority list of such states or in the 'anywhere in India' option on all State lists.

With the advent of the Adoption Regulations 2022, the registering PAPs now have to select a 'cluster of States' for referral of the child. This is a big change since the 'anywhere in India' option has been completely removed from the system. Regulation 2 (7) of the Adoption Regulations 2022 has instated the option of "cluster of states," which refers to zones or regions defined by the government. It is further elaborated in Regulation 9 (*Adoption Regulations*, 2022), where PAPs can either choose two States or a cluster of States as per their identification documents. This change is largely attributed to the concerns regarding the language and cultural barrier faced by children, as well as by the PAP in the adoption. Though it is an understandable concern, if a parent is adoption-ready, then such considerations are invalid, despite the so-called 'older child' adoption.

[26] [2023] 16 S.C.R. 1209

Another major concern with the creation of the 'cluster of States' is the long wait time for parents. For PAPs who select younger children for adoption, especially between 0-2 and 2-4 years, the present wait time is already between three to four years. With the implementation of clusters of States, this wait time is bound to increase since the number of SAAs in every State varies, and bigger States have more SAAs as compared to smaller States, as can be seen in *Figure 12*.

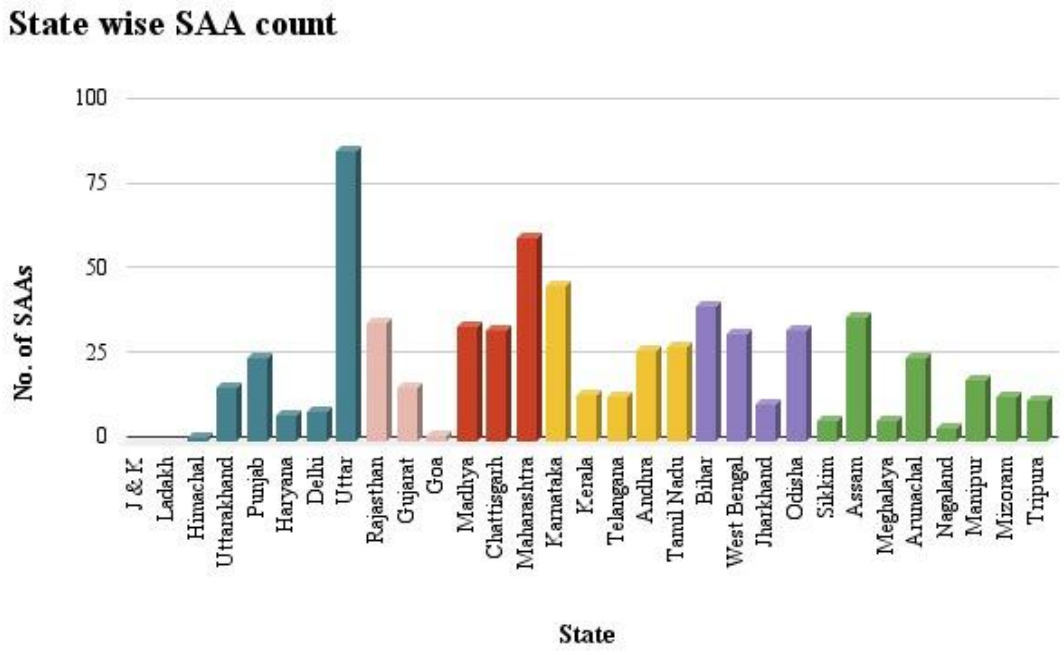

***Figure 12* State-wise SAA Count based on the Clusters of States**

In the data given in *Figure 12*, it is evident that the west cluster has a very small number of SAAs as compared to other parts of the country. This leads to the conclusion that the wait time to get the referral will also increase for PAPs in such clusters as compared to others, since the number of kids in the pool would be substantially less as well. Further, a PAP revealed during her interview that most PAPs do not care where the child comes from, as they generally choose younger children for adoption. The choice of "cluster of states" can further reduce the adoption pool and increase wait time in this scenario. In the context of the implementation of Regulation 9

(1) (*Adoption Regulations*, 2022), the registration form on CARA's website only gives the option of "Applicant State," as can be seen in *Figure 13*.

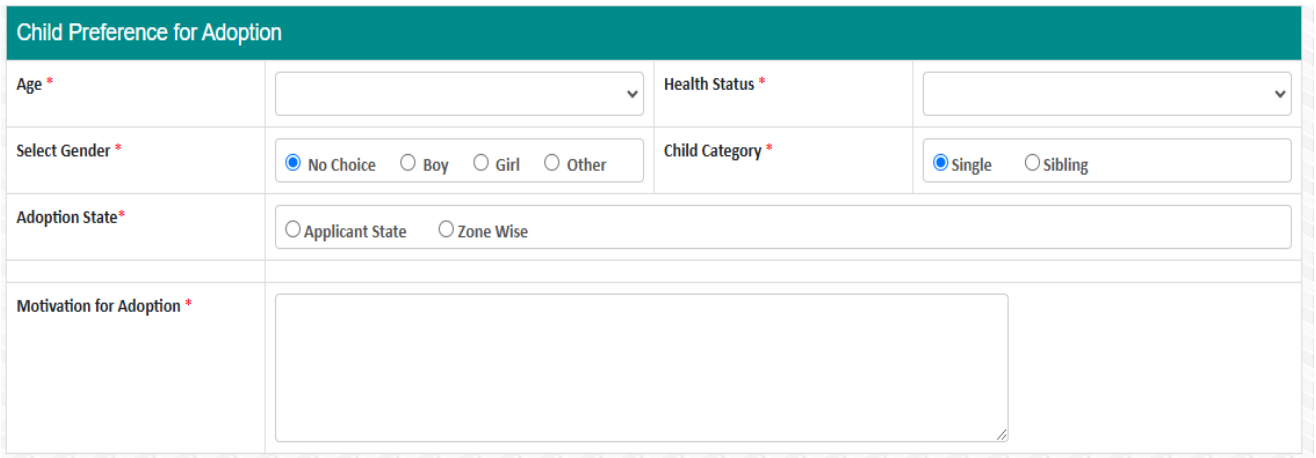

***Figure 13* Screenshot of the registration page of PAPs on CARA's website**

This leaves one to ponder whether, in the case of 2 States, it is unclear as to how that option was given to the PAPs based on their identity documents— both the PAPs could be from the same state, a single parent would only have 1 state, and so on. There is no clear mention of whether one's proximity to a State could also allow for its choice. It leaves the thesis open-ended, causing confusion. This change made under AR 2022 does not seem to be in the right direction to bring inclusivity and understanding of the values behind the beautiful journey of adoption from a child-centric perspective.

3.4 The Preparation of the Home Study Report

A Home Study Report, or HSR, is a critical step within the adoption process. It enables the adoption system to assess the eligibility of the PAPs through their social and economic status, family background, description of home and atmosphere therein, and health status. The JJ Act 2015, under Section 58, lays down that at the time of registering on CARINGS, PAP selects an

SAA for HSR. It is only on the preparation and uploading or re-validation (at the end of 3 years of registration) that the PAP is referred a child. Further elaborating on it, Regulation 2 (14) of AR 2022 also lays out he format in Schedule VII.

This HSR is prepared through the social worker of the selected SAA or the empanelled social worker of the DCPU or SARA. The HSR is to be completed in the given format within sixty days from the date of submission of the requisite documents and shall be shared with the PAPs immediately. As per Regulation 10 (9) (*Adoption Regulations*, 2022), the HSR shall be posted on the CARINGS by the SAA within three days from the date of completion of the HSR.

The duty of the social worker is to verify the information and required documents provided by the PAPs while conducting the home study. However, MV 2022, the JJ Act 2015, or AR 2022 do not give clear benchmarks for how to conduct the home study. It is presumed that the social worker has the skills and experience to understand and handle adoption-related matters. It is interesting to note here that the only clues regarding what should be asked or filed in the HSR to examine the adoption readiness of parents are given in Schedule VII of AR 2022, where the format of the HSR is given. Part 1 of the report lays out a few questions for the PAP to answer. These questions are as follows:

1. What is your motivation behind adopting a child?
2. Will you be able to support an older child, a child with an addressable medical condition or a child with special needs? Yes or No. If yes, kindly elaborate on the motivating factors for the same.
3. Have you met any adoptive families or children who were adopted? If yes, how was your experience and response
4. Are there any areas where you may need counselling or professional help in supporting the

child you wish to adopt? Please provide details.

5. Please describe how the adoption shall affect other members residing with you and extend support to the child.

Further, within the format, a few other questions are mentioned which relate to financial status, current marital relationship, attitude of grandparents or extended family members towards adoption, anticipated plans of PAPs for taking care of the child, and preparation and training for adoption. It is submitted that merely answering these questions well would qualify the PAPs to adopt without actually analysing the preparation of the PAP over the course of their waiting period.

The Regulations do not provide any guidelines regarding the number of home visits required by the social worker for the preparation of the HSR. Nonetheless, Circular 63-36/2018/Disruption/CARA/MP (Central Adoption Resource Authority, 2019c) states that there should "ideally" be more than 1 home visit and not just an interview while the answers should not just be written as yes or no but given in descriptive and analytical detail. Given that this circular is worded more as a suggestion than a directive, HSR is not able to become a window to the minds of the PAPs as was envisioned. Regular and elaborate assessment of PAPs, not only at the time of registration but also subsequently during their wait time for referral, would actually highlight the eligibility and capability of the PAPs to welcome a child through adoption.

Further, there is no clear demarcation of roles between the SAAs and DCPU with regard to the preparation of the HSR. Regulation 30 (3) (d) and Regulation 38 (15) (*Adoption Regulations*, 2022) assign the task for the preparation of the HSR simultaneously to both the SAAs and DCPU, respectively. However, such an overlap in their responsibilities not only increases the workload of DCPUs but also becomes the cause for confusion regarding their jurisdiction. The DCPU is responsible for all child welfare activities, making adoption one amongst several issues under its

consideration. Consequently, there needs to be clear demarcations of work for stakeholders, keeping their workload in mind.

3.5 The Process of Declaring Children Legally Free for Adoption

Children enter the system through various channels but officially become part of the adoption process when they are declared legally free for adoption by the CWC after due inquiry, as elaborated upon in Section 38 of the JJ Act, 2015. As per Section 38, the CWC attempts to trace the parents or guardians of orphaned and abandoned children to ensure that there is no one to claim the child. In cases of surrendered children, the CWC allows the parents to reconsider their decision to surrender for 60 days after signing the surrender deed. It establishes that the child has no claimants and can, therefore, be freely adopted by PAPs. This section further directs that the decision to declare a child LFA be made by at least three members of the CWC. However, while the number of children in SAAs and CCIs is high, the number of children in the adoption pool is very low. The 3-year waiting period is a result of this gap.

3.5.1 Focus on Restoration

The general principles of care and protection guiding the application of the JJ Act are stated in Section 3 of the same. Under the principle of repatriation and restoration, it is envisaged that every child in the juvenile justice system has a right to be reunited with his family at the earliest and restored to the same socio-economic and cultural status that they were in before coming under the JJ Act unless it is not in the best interest of the child.

Further, Sections 30 and 40 (1) of the JJ Act 2015 state that all efforts for the restoration of abandoned or lost children to their families need to be made by the CWC and CCI, respectively, thereby emphasising restoration. While focusing on the restoration of children is necessary, it often

comes in the way of declaring children LFA, as the hope for restoration never dies. There are timelines given for the declaration of children LFA under the AR 2022. However, on the ground, in a majority of cases, these guidelines are not adhered to. This leads the stakeholders in the system to look for ways to restore the child, even if it is not in its best interest, either in the short term or the long term. Consequently, these children languish in institutional care in the majority of cases while efforts to restore continue. Section 40 of the JJ Act 2015 defines restoration in an expansive capacity, i.e., restoration to parents, adoptive parents, foster parents, guardians, or fit persons. Why is the word 'fit person' added to the definition of restoration? This creates ambiguity in the idea of restoration.

3.5.2 Diverse Workload of Stakeholders

The stakeholders involved in the adoption process are not solely focused on adoption but on child welfare in general. This creates issues of workload, focus, and jurisdiction, among others, delaying the process of LFA declaration. The DCPU is concerned with all aspects of child protection and welfare under the JJ Act, while the CWC is responsible for all cases of children in need of care and protection. The police are understaffed and overburdened, making adoption-related cases a blip on their radar. According to Devulapalli and Padmanabhan (2019), only 1.9 million police officers were employed against the sanctioned strength of 2.8 million police officers in 2017 across India, depicting a 30% vacancy rate. Consequently, India's police-to-population ratio is lagging in comparison to most countries and the UN-recommended ratio of 222 police officers per one lakh people (Devulapalli & Padmanabhan, 2019). The medical practitioners and CMOs have their own share of the workload. In such a scenario, unclear demarcation of roles and overlapping responsibilities of the SAAs and DCPU create further challenges. Regulations 30 (1) (d) and 38 (11) (*Adoption Regulations*, 2022) state that uploading the LFA certificate is the

responsibility of the SAA and the DCPU, respectively. Such overlap increases the workload of the DCPU and causes more confusion.

3.5.3 Ambiguity in the Definitions of Orphaned and Abandoned Children

The categorisation of children into orphaned, abandoned, surrendered, no visitation, and unfit guardians is necessary to determine the process to be initiated for their declaration as LFA. However, the JJ Act 2015 obfuscates this categorisation through its overlapping definition of orphaned and abandoned children. Section 2 (1) refers to an abandoned child as someone deserted by his biological or adoptive parents or guardians, whereas Section 2 (42) (ii) refers to an orphaned child as someone whose legal guardian is not willing to take or is not capable of taking care of the child. Given that Regulation 6 (*Adoption Regulations*, 2022) outlines the same procedure for declaring both LFA, this confusion can delay orphan children's eligibility for adoption and prolong their stay in institutional care. For instance, a child whose parents are alive but unwilling to care for them may be ambiguously categorised as either abandoned or orphaned, depending on the interpretation of the law. If orphaned and abandoned children form separate categories for consideration, their definition needs to reflect that differentiation to ensure legal certainty and timely rehabilitation of children.

3.5.4 Abandoned Children

Statistics reveal that 6,459 babies were abandoned between 2016 and 2020 in India, showcasing a severe lack of knowledge regarding safe surrender amongst vulnerable parents and guardians (Ram, 2022). Illegal routes and abandonment are preferred by parents who believe that safe surrender involves too much paperwork (Ram, 2022). Given that less than 2% of India's roughly 3 crore-odd orphaned and abandoned children enter its CCIs, with the rest left behind in toilets and trains, trafficked, or given up in illegal adoptions (Ram, 2022), abandoned children

need the highest level of legal protection. Regulation 6 (*Adoption Regulations*, 2022) outlines the procedure for declaring an abandoned child LFA. An abandoned child is supposed to be produced before the CWC within 24 hours of being found, along with Form 17 of the JJ Model Rules 2016, which contains information about the child based on a preliminary inquiry. As further inquiry takes time, the child is sent to a CCI for interim care through Form 18 of the JJ Model Rules 2016. Efforts are made to trace the child's parents or guardians through the publication of newspaper advertisements, police inquiries, and by entering the child's data in the 'Track Child' or *'Khoya Paaya'* Portals. If the child is from another state, then publications are done in the local language of that state. If the parents cannot be traced within the stipulated time (2 and 4 months for children below and above 2, respectively), the parents are deemed as non-traceable. Within three days of the expiry of the stipulated time, the child is declared LFA by the CWC.

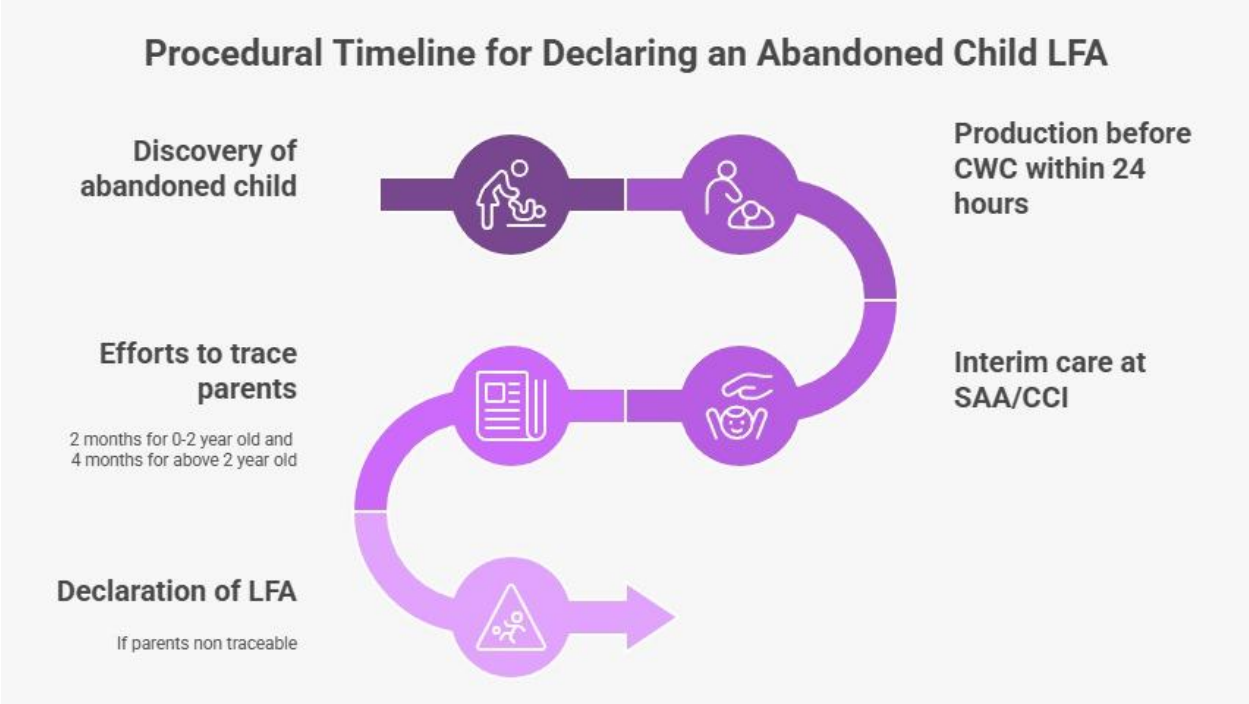

Figure 14 **Procedural Timeline for Declaring an Abandoned Child LFA**

Regulation 6 (11) (*Adoption Regulations*, 2022) states that the police report on the non-traceability of the biological parents or legal guardians is to be received within 2 months and 4 months for orphaned or abandoned children below and above the age of 2, respectively. However, the police inquiry takes substantial time as they have to investigate many people. In fact, our respondents emphasised that even the final report cannot say with certainty that the child is abandoned. Consequently, the time given for abandoned children to be declared LFA is limited as investigations take time, the child may not be medically fit to participate in investigations, and the police may have an immense workload or face other challenges. The law fails to consider these aspects in its stringent timelines.

Further, Regulation 6 (7) and (8) (*Adoption Regulations*, 2022) and Rule 19 (28) of the JJ Model Rules 2016 give guidelines to the CWC to direct the DCPU regarding the publication of photographs of orphaned and abandoned children in newspapers within 72 hours of their reception. However, these guidelines include no provision of money for the publication of these advertisements, neither by the government nor by CARA. Advertisements cannot be published within 3 days without money, as was revealed during our research. As newspapers often publish these advertisements on a pro bono basis, they publish them when they have some extra space left. Other times, the authorities publish advertisements for 3-4 children collectively, which causes further delays. Owing to this, it is safe to infer that the directive on advertisement publication is only half-baked. Abandoned children need a better system for their well-being, which is being monitored constantly by SARA and CARA through the CARINGS portal.

3.5.5 Surrendered Children

Surrendered children are comparatively the safest category of children in need of care and protection to bring into the adoption pool, as all relevant facts are known from the outset. The

procedures regarding a surrendered child are given in Regulation 7 of the Adoption Regulations 2022. A parent or guardian who wishes to surrender a child needs to apply to the CWC by submitting Form 23 of the JJ Model Rules 2016. If they are unable to submit an application due to illiteracy or any other reason, they are facilitated by the CWC through the Legal Services Authority. There are certain conditions that one needs to fulfil to be able to surrender a child— if a child born to a married couple is to be surrendered, both parents shall sign the 'Deed of Surrender' (if one of them is dead, then a death certificate is required and if one's whereabouts are unknown, then the child is declared abandoned); if a child is born out of wedlock, then only the mother or the guardian of an underage mother can surrender the child; and a child can only be surrendered by their parent or guardian. After the 'Deed of Surrender' is executed, as given in Schedule V of the Adoption Regulations 2022, they are given 60 days to reconsider their decision and reclaim the child. In case the child remains unclaimed, they are declared LFA by the CWC.

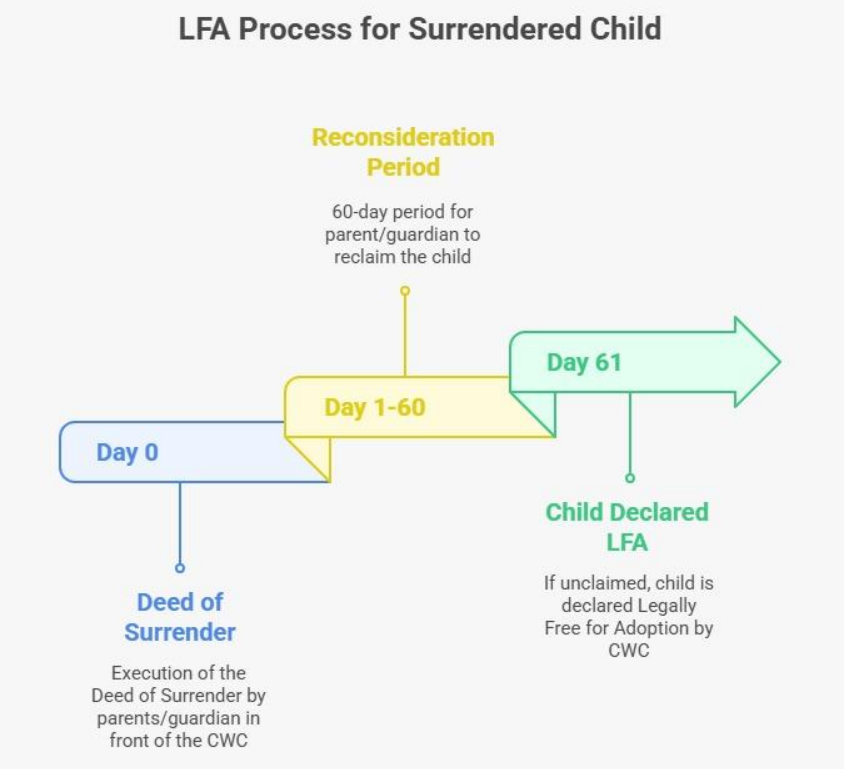

Figure 15 **LFA Process for Surrendered Child**

However, this category faces its own challenges. Regulation 47 (1) (*Adoption Regulations*, 2022) assigns an overlapping responsibility to the SAAs and DCPU to obtain the written consent of the biological parents to divulge their information during root searches (adoptees searching for their roots, i.e., biological parents). In practice, this often leads to confusion and delays, as there is no clear protocol on which authority is ultimately accountable for securing and safeguarding this consent. This overlapping responsibility adds to the already extensive workload of the DCPU and places an additional administrative burden on them. These hurdles in ensuring inter-agency coordination impact the procedure for surrendered children.

In cases of children born out of nonconsensual sexual relations or to mothers where cases have been registered under POCSO or any other provision of IPC, Circular No. *CARA/2019-20/National Consultation/1* (Central Adoption Resource Authority, 2020c) states that the CWC should declare such children LFA regardless of police or court proceedings. The judiciary is of the view that the birth of that child is not related to the criminal trial concerning the act of sexual violence (Central Adoption Resource Authority, 2020c). The circular allows a period of 2 months to collect the DNA sample, which is to be conducted before the child is given up for adoption (Central Adoption Resource Authority, 2020c). However, DNA tests incur extensive delays, and due to this, children languish in the agencies for years. The circular does not account for the complexities associated with the DNA test at the ground level regarding workload, privacy, or timelines, among other things.

Further, in the case of *Ms. Afreen vs The Sub Registrar*[27] (2024), another aspect related to these children came to light. It discussed whether the consent of the biological father, who is the accused in a rape case, is required for the adoption of a child born from that crime. This case

[27] Writ Petition No. 31063 of 2024

highlighted yet another gap in the law, which was left uncatered until as recently as 2024. The judiciary had to employ the reinterpretation of Section 9 (1) of HAMA and Section 35 of the JJ Act 2015 to recognise the independent right of a guardian to give a child up for adoption. The law had not taken the minor victim's dignity and constitutional rights into consideration, distancing the option of surrendering from these victims.

3.5.6 Unfit Guardians

Children of unfit guardians are also deemed to be children in need of care and protection yet prove to be a sensitive category for inclusion within the ambit of adoption. Section 2 (14) of the JJ Act 2015 defines various categories of unfit guardians (those who have injured, exploited, abused, or neglected the child; those who have threatened to kill, injure, exploit, or abuse the child; those who are mentally or physically challenged or suffering from terminal or incurable disease, having no one to support or look after; and so on) whose fitness is judged by the Juvenile Justice Board (hereafter, JJB) or the CWC. However, in the case of Section 2 (14) (v) of the JJ Act 2015, the words "unfit" and "incapacitated" have not been delineated and have been left subject to the interpretation of the JJB or CWC. The meaning that may be assigned to both words is subject, with no benchmarks given by the Regulations or CARA. For example, how can one determine neglect, abuse, or no 'ostensible' means of substance?

While Regulation 6 (18) (*Adoption Regulations*, 2022) delimits the scope of being unfit to "mental illness" and "intellectual disability" of a guardian, there are no guidelines for the Central or State medical board based on which they can certify an unfit guardian. This creates confusion as doctors cannot say the patient will never heal. They do not give up hope of treatment, due to which the children of such guardians live in limbo. Also, the law does not clarify if the unfit guardian is supposed to surrender the child or whether the unfit guardian certificate is enough to

declare a child as LFA. Our research also revealed that even if "unfit" guardians surrender their child, their surrender is not considered valid given their suspect mental capacity.

Further, as Section 2 (14) of the JJ Act 2015 highlights, guardians can also be unfit if a child is not safe in their custody. During our field visits, the team was enlightened by the respondents about several complex cases that obstructed the comprehension of this category. The following cases give us an insight into the nuances missing in the law in the context of this category.

CASE 1: A child has a grandmother who is a beggar on the street. When the child came to the SAA, she was bitten by a rat. Her father is an alcoholic. Despite counselling, they are not willing to surrender the child. The SAA discussed this case with CARA officials who suggested that the child be put in foster care. However, CARA failed to consider the fact that children less than 6 years of age cannot be sent to foster care. The grandmother said that till the time she is alive, she will not surrender the child. In this case, the child is not safe with her guardians, so she cannot be restored, but also, she cannot be sent for adoption or foster care.

CASE 2: A biological mother had given her child away through illegal adoption; however, the child was rescued. The mother now wants her child back. She does not even visit the child. However, presently, the child can neither be restored as she may be trafficked again, nor can she be brought within the adoption pool.

Both these cases reveal that 'unfit guardian' is an unwieldy category due to an indifference to these nuances within the ambit of the law. For the well-being of a child in such a category, it is

important to explain in detail how to clearly determine these categories so that children reach the adoption pool at the earliest. These children cannot receive care and protection from their guardians but are left devoid of a chance to find a family that fulfils this need. The CWC is left in a bind in the face of such cases, as the law does not equip and enable them with any clarity. Unfit guardian as a category requires to be reimagined, taking real cases from the ground level for such reconsideration.

3.5.7 Children with No Visitation

The concept of children with no visitation has been recognised recently, though children have been subject to it for many years. CARA Office Memorandum *E96181/CARA- EA043/9/2021* (Central Adoption Resource Authority, 2024a) added two more categories for registering children on CARINGS against the erstwhile OAS category, i.e., unfit guardians and children with no visitation. They were primarily considered as potential cases for foster care, but if declared LFA, they could also enter the adoption pool. Whenever children are staying in SAAs and are not in touch with their guardians for several years, such children fall under the category of children with no visitation. Cases of no visitation are reported to the DCPU and CWC by the case workers or Child Welfare Officers of the CCI, after which the CWC orders an evaluation of the family's circumstances and reasons for the same (Central Adoption Resource Authority, 2024b). If possible, interventions are made for their reunification by the CWC (Central Adoption Resource Authority, 2024b). CCIs and DCPUs encourage visitation of parents or guardians, educate them about the negative effects of long-term institutionalisation, and offer them counselling to either enable reunification or foster care and adoption.

No visitation as a category of children has been created on an unstable foundation and with blurry boundaries. The law has no clear guidelines regarding this category and merely states its

focus on restoration. Our respondents believe that children with no visitation should be categorised as abandoned and then brought within the purview of adoption. However, it would require a proper police report declaring the child abandoned, as if biological parents came to claim their child, it would be difficult for the PAPs. The respondents lamented the future of these children. A majority of no visitation cases are those of incarcerated people and migrant workers. In these cases, adoption is not feasible, and the route of foster care can be more rewarding. However, foster care has its own limitations with age limits and few foster families. There is a need to revisit this category.

3.5.8 Missing/Runaway Children

Section 2 (14) (vii) of the JJ Act 2015 categorises a missing or a runaway child as a child in need of care and protection. Children whose whereabouts are unknown to their parents or those who run away from their homes are included in this category. The category of missing/runaway children is complicated to include in the purview of adoption due to the lack of several considerations within the law. Sometimes, children do not want to go back home, or they forget their address or mislead authorities, which, in turn, makes it difficult to find their parents. It makes the declaration of children as LFA challenging and riddled with obstacles. The issues of language barriers faced when trying to trace where a child is from are also not discussed within the law. Due to this, the provision of a translator or even such an acknowledgement is missing from its purview. Therefore, cases of missing/runaway children require patience and are time-consuming. However, despite the focus of the laws being on the restoration of the child, there is no timeline set for them. In such an absence, their cases remain unresolved for several years. Despite non-institutional care being the focus, the lack of a timeline makes institutions the only solution.

Moreover, many times, even biological parents do not have any documents of their child, like in cases of migrant workers. Even for making an AADHAR card, a birth certificate is required.

Due to a lack of documents, sometimes getting these children admitted into schools also becomes difficult for SAAs. Documentation is yet another concern ignored by the law.

3.6 Reception of Referrals by PAPs

With the declaration of the child as LFA, the child becomes a part of the referral pool, wherein PAPs can choose a child for adoption referred to them through CARINGS. Once the registration is complete and the HSR of the PAP is uploaded on the CARINGS portal by the SAA, the parents are on the waiting list. Each PAP gets, in total, three referrals from the system of LFA children after their registration. The wait time at present depends upon the age and gender of the child selected at the time of registration and on the cluster of States the PAP is part of.

Since a majority of PAPs register for children in the age of 0-2 and 2-4 years, the wait is long and frustrating. Such a PAP is able to reach the stage of referral only after 3 years from their registration on average. Given that referrals are crucial for adoption, timely intimation to PAPs is necessary for the smooth functioning of the process. However, respondents from the field revealed that PAPs and the concerned SAA are not informed regarding the referral through the portal. They have to check CARINGS constantly on their own accord. It was revealed to us that many PAPs miss their referrals due to this. As Regulation 9 (3) (*Adoption Regulations*, 2022) states that if RI, NRI, and OCI PAPs miss 3 referrals and if foreign PAPs miss 2 referrals, they shall be debarred for 1 year, nowhere has the importance of the communication of these referrals been discussed. Given that not all PAPs are digitally literate or have continuous access to a desktop/laptop, informing them about the referral is necessary and needs to be reiterated in the regulations.

Another aspect of referral is that every PAP has 48 hours to go through the referred child's MER and CSR and decide whether to reserve or let go of the referral. Adopting a child is one of the most important life decisions of a PAP. Such a strict timeline may not be sufficient to make

this decision. Our respondents also revealed that the 48 hours given to PAPs for accepting or rejecting referrals, as given in Regulation 11 (3) (*Adoption Regulations*, 2022), are a major cause of concern. While the CARA officials interviewed stated that 48 hours is enough for this purpose, as all the requisite information is given to the PAPs, the SAAs and PAPs interviewed revealed that getting doctor appointments to understand the MER, discussions with family, and getting doubts and queries resolved is a time-consuming endeavour. Yet, some PAPs also stated that since the long wait to get the referral is already tiresome, they believe in being prepared beforehand to assess the referral. The skewed timelines become an object of scrutiny herein. To add to this issue is that many times the MER and CSR available to the parent are incomplete or inaccurate, leading to further delay in decision-making on behalf of the PAP.

Further, the algorithm of CARINGS does not check the age of the PAPs at the time of referral but makes referrals based on their age during registration. This is in sync with Regulation 5 (9) (*Adoption Regulations*, 2022), which mandates counting the seniority of PAPs from their date of registration, except for those who have crossed the composite age of 110 years. However, this leads to referrals of younger children being made to older PAPs as many registering PAPs are on the border of their composite age category. It defeats the purpose behind the provision of composite age and, therefore, requires further deliberation.

3.7 Child Study Report and Medical Examination Report

When a child's referral is made to PAPs, they receive 2 important documents regarding the child, i.e., a Child Study Report (CSR) and a Medical Examination Report (MER). According to Regulation 2 (6) and (16), a CSR contains the details of the child, and an MER highlights the health condition of a child, respectively (*Adoption Regulations*, 2022). These documents enable PAPs to make an informed decision with regard to the referral received by them. It has been

observed that the majority of MER and CSR have either vital information missing or inaccurate. The responsibility to fill in all the details of the child in the two documents rests with the concerned SAA where the child is; however, on many occasions, this information is not available for the scrutiny of the PAP to whom the child has been referred. Several CARA circulars highlight the numerous grievances raised by PAPs concerning CSRs and MERs.

Circular No. *F.No. 1-11-2017/JD/Cir.* (Central Adoption Resource Authority, 2017b, 2017c) highlights that medical problems faced by children referred under the normal category are found through later supplementary tests conducted by PAPs themselves. This circular also states that the SAAs will be held responsible for laxity in such cases and directed to reimburse the PAPs for their medical and travel costs. Further, this circular acknowledges that such incomplete information is one of the major reasons for disruption and calls for stringent action against the SAA and the certifying Medical Practitioner. This inadequacy of MERs regarding the assessment of the health status and developmental history of the child has been reiterated in Circular No. *1-11-2017-18/JD/Cir* (Central Adoption Resource Authority, 2018). Additionally, Circular No. *CARA-MISC/61/2022* (Central Adoption Resource Authority, 2022a) states that the CSR and MER uploaded on CARINGS are found to be incomplete, erratic, and blurred.

Further, probing Regulation 30 (1) (f), which requires the SAAs to prepare the MER through their paediatrician or doctor within 1 month of the admission of the child (*Adoption Regulations*, 2022), becomes necessary. It states that the MER has to be done immediately, but, as our respondents revealed, it depends on whether the child is healthy enough for the tests. Furthermore, since a majority of SAAs depend upon government medical hospitals, the doctors give appointments many days later than when the request is made, which causes inevitable delays. Sometimes, in cases of special needs children, several medical examinations need to be conducted

to understand the exact problem from which the child is suffering. Specialised medical exams are difficult to conduct as government hospital appointments take at least 2 to 3 months. Even getting the appointment of the CMO is a tough task with their workload as the head of the paediatrics department. Consequently, in this restricted time frame, issues either go unreported or underreported, leading to disruptions and dissolutions later. Moreover, MER is a complicated document to comprehend for a PAP who does not have a medical background. It necessitates consultation with a doctor for PAPs to make an informed choice. With only 48 hours at their disposal to accept or reject the referral, incomplete MERs create obstacles for PAPs on an already rough road.

Categorisation of children as special needs, normal, and transgender relies on the MER. Consequently, concerns regarding such categorisations are bound to emerge. A 'normal' child is perceived in contrast to a child with special needs. Consequently, any child who does not require special care becomes 'normal.' While the law uses the word 'normal' to simplify the understanding of the medical status of the child, the term is still a misnomer that presents a duality of children and leaves space for discrimination against those who are not 'normal.' Contrastingly, the definition of special needs given in the Adoption Regulations 2022 in Schedule XVIII and Schedule III (Part E) has been sourced from the Rights of Persons with Disabilities Act 2016. It also simultaneously suggests that this definition is illustrative and not exhaustive. Given that medical research constantly progresses, this is a valid disclaimer; however, with no limitations whatsoever, the definition leaves too much space for speculation. Insights from the field revealed that even premature children are labelled as special needs in MERs. Further, as highlighted in Circular No. *CARA-MISC/64/2023-CARA* (105550) (Central Adoption Resource Authority, 2023a), there are certain cases of temporary special needs like squint, cataract, cleft lip, hernia,

disfiguring birthmark, burns, and nutritional disorders and deficiencies, which can be treated. However, the onus of getting corrective surgeries or treatments is on the SAAs and CCIs. As was revealed to us on the field, several SAAs receive funding from corporations or private donations, and hardly, if at all, receive government funding. In this context, the law does not empower the SAAs and CCIs to give such specialised care to the children.

Further in this regard, if a child comes to SAA with a temporary 'special need' such as a minor invasive surgery required or a non-invasive treatment, the child is put in the 'special category' list. Once the child has recovered, regular medical examinations must be conducted so that the child may be placed in the 'normal category' and, in case the child is LFA, may be adopted at the earliest. Unfortunately, such a child ends up becoming invisible within the system of paperwork and remains for months, if not years, in the special needs category, restricting their adoption chances. This lack in the regulatory framework also enhances the wait time for the children as well as for the PAPs due to a lack of updated and accurate documents of the children.

Another crucial point to consider is that while registering, the PAPs are given the choice to select the sex of the child from boy, girl, other, or no choice. This format is coded in Schedule VI of the Adoption Regulations 2022 as well. However, nowhere have the terms 'other' or 'transgender' been defined. When this question was raised to CARA during their interview, the team was told that there is no way to define 'other' given that academic debates are still ongoing. If we rely on the 'Transgender Persons (Protection of Rights) Act (2019),' Section 2 (i) and (k) define a person with intersex variations and transgender person; yet clarity regarding the idea of 'other' remains elusive. Additionally, 'other' as a term is also discriminatory and draws a line between the mainstream and marginalised. Given that the CSR and MER act as a window to the

child, they need to consider these aspects to transform that translucent window into a transparent one.

The issues mentioned above arise primarily because SAA social workers lack monitoring within the ecosystem by DCPU, SARA, or CARA, and there are no penalties imposed on the SAAs that leave the MERs' information incomplete. This represents an oversight within the current ecosystem.

3.8 Adoption Committee Meeting and the Process of Matching

Matching is a crucial step in adoption that ensures the child is placed with the most suitable PAPs, thereby prioritising their best interests, well-being, and long-term stability. Consequently, after the referral is made to PAPs and they reserve the child, the PAPs go to the location of SAA where the child presently resides and present themselves before the Adoption Committee. Once the approval or 'matching' is done by the Committee, then the PAP may proceed with the pre-adoption foster care agreement. This means that the role of ACM is important to assess the best interest of the child while deciding the 'matching'. Given the importance of matching, it is interesting to note that the role and function of ACM are missing from Section 58 of the JJ Act, 2015, which discusses the procedure for adoption by Indian PAPs.

Regulation 2 (2) of AR 2022 states that the Committee comprising of the authorised office-bearer of the SAA concerned, its visiting doctor or a medical officer from a Government hospital and one official from the DCPU and shall also include a representative of the CCI, in case the adoption is from a CCI other than the SAA and the committee shall be chaired by the DCPO. During the ACM with the PAPs, the Committee must prepare the minutes of the meeting as per the format in the Regulation itself. Whether the minutes are maintained and uploaded is a blind spot for this research. The ACM scrutinises the requisite documents of the PAPs and decides

whether to select or not the PAP for matching. In case the PAPs are not selected for the child by the Adoption Committee, the reason for non-selection of the PAPs shall be recorded on CARINGS.

Further, Section 57 (1) of the JJ Act 2015 delineates the criteria for PAPs, i.e., they have to be "physically fit, financially sound, mentally alert, and highly motivated to adopt a child." This is echoed in Regulation 5 of the Adoption Regulations (2022) as well. However, there is no clarity regarding the length and breadth of these suitability markers anywhere in the law. One does not know how a PAP is considered to be physically fit, financially sound, mentally alert, or highly motivated in the context of both in-country and inter-country adoptions.

In *Craig Allen Coates vs State & Anr*[28] (2010), a Medical Expert Committee evaluated the fitness of a PAP to assuage concerns regarding their age and ability to care for the child. The court further directed CARA to request the Director of the All-India Institute of Medical Sciences (AIIMS) to constitute a committee of experts headed by the Professor and Head of the Department of Psychiatry, AIIMS. However, it made this direction in the context of inter-country adoptions.

Despite this case being deliberated upon in 2010, 5 years before the JJ Act 2015 was legislated, one can see a conspicuous lack of such a committee in the law to evaluate PAPs for inter-country as well as in-country adoptions. Circular No. *F.No.CARA-ICA012/3/2017* (Central Adoption Resource Authority, 2017d) had added that the HSR must have a section on the psychological evaluation of PAPs by a licensed/trained practitioner, but again, only for inter-country adoptions. It is supposed to be conducted as a detailed interview by a psychologist for 30-45 minutes, focusing on the PAPs' motivation for adoption, their temperament, stress tolerance, frustration tolerance, emotional stability, decision-making, and plans (Central Adoption Resource Authority, 2017d). However, the HSR format given in Schedule VII of the Adoption Regulations

[28] AIRONLINE 2010 SC 139

(2022) does not include any such section. In fact, while it is only applicable for inter-country adoptions, there should be 2 HSR formats. Yet, there is only one format that does not obey the directive of this circular. Given the validity of such a test to quantify the vague criteria mentioned in the law, its absence from inter-country and in-country adoptions needs to be questioned. Apart from these tests, there is no guideline for police verification of PAPs to check their background. This shows that vague guidelines of eligibility translate to inefficiencies in implementation.

Moreover, while Mission Vatsalya (2022, p. 23) states that the SAA has the power to match children and PAPs, it does not state any clear guidelines for the same. Consequently, the participants of our research revealed that CARA does not respect the decision of the ACM regarding matching. They despaired that the SAA raises the child, but CARA places it without any consideration. A respondent stated that CARA "treats SAAs like a post-box." They exclaimed, "If everything is centralised, then what is the need for the SAA or ACM?" Therefore, even if the ACM wants to reject a match, they cannot do that. In one instance, as revealed during fieldwork, when the ACM rejected a match, CARA shifted the responsibility of matching to SARA. Due to this, the participants felt that the offline system of matching was better than CARA's present online process as SAAs are more aware of the suitability of the PAPs for their children.

Besides this, Regulation 11 (13) of the Adoption Regulations (2022) states that if grounds for rejection of PAPs are found to be a systemic error or non-justiciable reasons, their seniority will not be impacted. However, the regulations do not provide any clarity on these "non-justiciable reasons" for rejection, thereby leaving the thesis open-ended and lessening the power of the Adoption Committee during matching. Similarly, Circular No. *CARA-LP03/32/2023 (111925)* (Central Adoption Resource Authority, 2023c) states that the Adoption Committee can only reject PAPs if they have a "life-threatening medical condition," without elaborating on it. As there is no

income bracket for measuring the suitability of PAPs, this circular suggests a subjective analysis of PAPs' economic status based on their lifestyle and living conditions. However, it does not allow the ACM to reject PAPs on the grounds of lifestyle diseases such as diabetes, illiteracy, or lack of counselling and preparedness for adoption. The term 'highly motivated to adopt' does not reflect the basis for deciding this factor. The circular also states that after a preparation time of 15 days, the ACM should reconsider cases of inadequate preparedness of PAPs. With such shackles set in the written word, the ACM remains nothing but a perfunctory stage of adoption.

Contrarily, Circular No. *CARA-MISC/14/2020-CARA* (Central Adoption Resource Authority, 2020e) talks about empowering the Adoption Committee to exercise greater diligence while matching older children in the IP category with the PAPs. Herein, motivation and preliminary bonding before pre-adoption foster care suddenly become important. While the needs of younger children and older children are different, diligence is required in the matching of all children, regardless of age. For this purpose, the ACM must be given independence through the law, training, and capacity building for decision-making. Matching is a critical step in the adoption framework and needs better safeguards and training of the officials who are conducting the ACM.

3.9 Birth Certificate of the Child

The child gains a new identity after its adoption is legally sanctioned through the adoption order. Based on the adoption order issued by the DM, the SAA from which the child was referred has to apply for a birth certificate in the name of the adoptive parents. This birth certificate, once received by the SAA, is handed over to the adoptive parents to complete the adoption process from the SAA's end.

According to Schedule XIV of the Adoption Regulations (2022), the birth certificate should be issued within 5 days of the SAA's application for the same. However, the municipal authorities

cause delays in preparing the birth certificate in a majority of cases, causing hardship, especially in cases of older children who need schooling and parents waiting for inter-country adoptions to complete to take their children to another country. Respondents revealed that this process takes at least one month to come to fruition. While Regulation 46 (*Adoption Regulations*, 2022) states that timelines are to be adhered to by all agencies and authorities involved in the adoption process, it fails to take into account the actual time and administrative constraints for processing such documents.

In this context, Circular *20-8/CD/2010-CARA* (Central Adoption Resource Authority, 2019b), which discussed the issues related to pending adoption orders, birth certificates, and passports of the adopted child, is of significance. When the delays caused due to the unrealistic timelines given in the Adoption Regulations 2022 were highlighted to CARA, it disregarded its responsibility through this circular by stating that any delays concerning court orders of in-country adoptions or issuance of birth certificates should be addressed to the SAAs and SARAs only. When the Central Government notifies such unrealistic timelines, these circulars do not exempt the central authorities from their responsibility to ensure compliance.

3.10 Post-Adoption Follow-Ups

After its adoption, the child does not cease to be part of the system. Its tether to this process is conspicuous through the requirement for post-adoption follow-up and the chance for root search. Post-adoption follow-up ensures that the child has found the right family for its nurture and care while simultaneously supporting its transition to a non-institutional family setup. However, post-adoption follow-ups have become, in most cases, a mere paper formality rather than a true assessment of post-adoption integration of parents and child as one family. The responsibility of post-adoption follow-up lies with the SAA of the PAPs where the HAS or revalidation of HSR

was conducted last. However, many times, the SAAs do not themselves check in with the parents for post-adoption follow-ups, either due to workload issues or less priority being given to these follow-ups.

While, primarily, the SAA where the adoptive parents are registered is responsible for conducting the follow-up, Regulation 14 (3) states that in the case where the adoptive parents relocate, the DCPU of their new district will be responsible for preparing the follow-up report and uploading it on CARINGS (*Adoption Regulations*, 2022). However, this provision fails to consider that the DCPU is already battling with its workload, given that it is responsible for all aspects related to child welfare. In such a scenario, either the follow-up gets delayed or is conducted haphazardly, adversely impacting the safety net of the child.

Further, the written word fails to place any onus on the adoptive parents for the conduct of the follow-up. The SAA or DCPU cannot prepare follow-up reports without the cooperation of the adoptive parents. However, insights from the field revealed that many times, adoptive parents fail to inform the SAA about their relocation, causing delays in giving appointments to the social workers, or are reluctant due to the fear of disclosure of the fact of adoption to the child. To ensure that the system is child-centric, parents need to be endowed with equal, if not more, responsibility through the written word.

3.11 Root Search

Root search is the mechanism through which adoptees can get information regarding their biological parents after their adoption. They can either apply independently online if they are above 18 years old or apply jointly with their adoptive parents if they are below 18 years of age, according to Regulation 47 (*Adoption Regulations*, 2022). Therefore, root search cannot be conducted by a third party. Since the biological parents' right to privacy cannot be infringed upon by the adopted

child's rights, they have the authority to deny the disclosure of their information. Analysing this regulation further reveals that any stakeholder can be contacted to facilitate root search, leaving the process under a shroud of ambiguity. This regulation does not lay out the mechanism and the authority to approach to facilitate root search.

Our field visits revealed that when SAAs are contacted directly with requests for root search, adoptees are told to get permission from the court or CARA, despite no such mention in the laws or regulations. It confuses and deters adoptees who are looking for some form of closure in their lives. Ambiguity in the law translates into ambiguity in its implementation. Therefore, the process for root search needs to be clarified with proper delineation of the route to be followed. Nonetheless, several of our respondents revealed that the provision for root search is not pragmatic. Fulfilling the desire of adoptees to search for their roots can be challenging, as records may be unavailable, staff at the SAA or police departments may change, or issues of stigma may arise.

Mission Vatsalya (2022, p. 23) denotes that archiving records is another responsibility of the SAA in Chapter 3. However, it fails to elaborate upon how, where, and since when this data is supposed to be recorded and archived. Given that older records exist mostly in registers and on paper, preserving and digitising them is not feasible for most SAAs with their given workload and limited digital access. This aspect remains unrecognised in the laws and regulations. Further, respondents also pointed out that sometimes, even 15-year-old children come to the SAA directly asking for information about their biological parents. The SAA is powerless in the face of such requests, as it cannot directly decline them. Any clear dismissal may cause them to run away from their house or retaliate in another way. Consequently, the provision of root search needs to be deliberated upon in detail to consider these aspects.

3.12 Conclusion

The existing legal framework governing adoption in India is symbolic of the gap between the law and the land. Therefore, through a stage-by-stage analysis of the adoption journey, i.e., from a child's entry into the system to their eventual placement, this chapter has underscored the legal challenges faced by stakeholders at each step. Laws set the foundation for building any system. If the law is vague or its enforcement fails, the system fails. Thus, the findings of this chapter lay the groundwork for reforms in policy, procedure, and stakeholder collaboration by highlighting areas that require immediate attention and improvement.

Chapter 4

The Stakeholders in the Adoption Process: Examining On-Ground Realities

The wait time experienced by PAPs and children in the adoption process in India is not due to a single problem. While *Chapter 3* highlighted the issues regarding the legal framework supporting it, this chapter scrutinises the various stakeholders involved. This institutional approach provided the team with insights, revealing that the wait time results from a combination of tangible and intangible problems faced by these stakeholders. It stems from the staff, salaries, funding, infrastructure, training, an inclination towards restoration, varying priorities, the declining adoption pool, the choices of PAPs, and the coordination between these stakeholders, among other things. These stakeholders are interdependent entities where the work and choices of one have a domino effect on the others. For them to work in tandem, there is a need for them to be aware of each other's challenges and outlook.

Consequently, this chapter focuses on the second objective of this research, i.e., tracing the work of existing stakeholders, i.e., CARA, SARA, DCPU, CWC, SAA, and PAPs, within the adoption process to understand the reasons behind the long wait time. In this endeavour, this chapter is divided into six sections to evaluate each stakeholder individually and identify areas that require immediate attention.

4.1 Central Adoption Resource Authority

Section 68 of the JJ Act 2015 deems CARA to have been constituted to promote in-country adoptions, facilitate inter-state adoptions, regulate inter-country adoptions, and frame regulations on adoption and related matters, among other functions. As CARA is the nodal agency for adoption in India, the team visited the CARA office and interviewed officials from various departments.

The interview entailed questions on several important aspects regarding CARA's role in the adoption process, its working, its training and development activities, its data and research initiatives, its financing, its role in counselling and foster care, and any suggestions the officials wished to share. It enabled the team to evaluate CARA independently as well as from the perspective of other stakeholders, in light of the long wait time.

4.1.1 Role in Monitoring and Promoting Adoption

According to Section 68 (a) of the JJ Act 2015 and Regulation 41 (1) (*Adoption Regulations*, 2022), CARA shall promote in-country adoptions, facilitate inter-state adoptions in coordination with SARA, and regulate inter-country adoptions. Further, Regulation 41 (11) (*Adoption Regulations*, 2022) directs it to carry out advocacy, awareness, information, education, and communication activities for promoting adoption either by itself or through its associated bodies. Monitoring and promoting adoption are, therefore, key functions of CARA. In their interview, CARA officials stated that they monitor everything online, conduct training and refresher programmes, communicate with other stakeholders constantly, and make team visits.

CARA has increased its focus on CWC in recent times. It has also issued office memoranda and asked SARA to increase its vigilance on the state mechanism, as stated in the *Temple of Healing* case (2023). CARA has also set up an 'Identification Cell' at its headquarters, under the direction of the Supreme Court, to check LFA pendency at the state level. This central unit of CARA coordinates with all stakeholders. CARA circulates pamphlets and advertisements, as well as uses social media and its website to create awareness and promote adoption. They also celebrate November as 'Adoption Awareness Month' every year. If they find out anything through the media, then CARA intervenes through SARA for remedial action.

Feedback can support the process of monitoring and adoption; however, there is no regulation directing CARA to collect feedback. Consequently, CARA does not collect feedback either personally or through CARINGS from any of the stakeholders, including PAPs. If feedback is collected at all, it typically only occurs during Adoption Month, which is celebrated in November. SARA Tamil Nadu stated that it collects suggestions and sends them to CARA; however, they are rarely acted upon. CARA can better monitor the adoption process if it works in tandem with other stakeholders, and can significantly impact wait time.

4.1.2 Training and Capacity Building of Other Stakeholders

Given that the adoption process is complex, involving human lives, the stakeholders must stay well-informed about not only the legal and procedural aspects of adoption but also the emotional requirements of the PAPs and children. This requires constant hands-on training from experts and capacity building. Consequently, Rule 49 (1) (vii) of the JJ Model Rules 2016 and Regulation 41 (5) (*Adoption Regulations*, 2022) direct CARA to provide support and guidance to SARAs, DMs, DCPUs, SAAs, and other stakeholders on adoption-related matters through training sessions, workshops, exposure visits, consultations, conferences, seminars, and other capacity-building programmes. Rule 89 (10) of the JJ Model Rules 2016 suggests that CARA develop appropriate training modules and manuals for SAAs and SARA and organise training programmes.

In this context, the team found that training sessions are the most common mechanism for providing support and guidance, compared to other suggested methods. In their interview, CARA officials stated that the training sessions are need-based and are conducted both online and offline, with the latter being less frequent. They conduct state-wise training sessions and call subject matter experts, mental health specialists, CWC experts, and counsellors to conduct these sessions. Understanding the adoption process, the roles of various stakeholders, nutritional needs

of children, how to declare children LFA, complaints of PAPs, problems encountered during HSR, sponsorship, and foster care are a few areas of training.

While the observations made during the field visits were largely in sync with CARA officials, the team also discovered additional findings. After COVID-19, offline training sessions have been largely replaced by online sessions, which do not prove to be as effective as envisaged by CARA. Stakeholders argued that they listen to online sessions half-heartedly in the office while attending to other official tasks. Some respondents from the stakeholders interviewed stated that due to their considerable experience, they are already familiar with most of the topics covered in training sessions. These sessions are, therefore, repetitive with no new aspect to the capacity building or training involved in them. A few other respondents argued that the trainers have average knowledge, are not good speakers, and learn things by rote learning from a book. There were also issues raised from the perspective of the medium or language used for the sessions. The language barrier between the speaker and the participants makes these sessions less effective. Nonetheless, most stakeholders find these sessions useful.

In contrast, offline training sessions are now mostly conducted by other stakeholders. For DCPUs in Rajasthan, offline sessions are conducted by SARA and Harish Chandra Mathur, the Rajasthan State Institute of Public Administration (HCMRIPA). In Tamil Nadu, the National Institute of Public Cooperation and Child Development (hereafter, NIPCCD), SCPS, and SARA, in partnership with organisations such as the Miracle Foundation, conduct these training sessions. One of these sessions included rapport-building games and skits performed by SAAs. In-person training sessions in Maharashtra are organised by SARA. CARA has largely taken a back seat in terms of in-person training sessions.

While CARA officials stated that training sessions are need-based, the data showed that sometimes, training sessions are not conducted in time. DCPU Kamrup Metropolitan, Assam argued that training is required to handle the CARINGS Portal whenever a new feature is added; however, such training sessions happen months after the introduction of the change. By then, the staff learns to manage the portal themselves after much trial and error. Other stakeholders opined that often, CARA does not engage in capacity building when it introduces anything new. Even when training sessions are held, their focus and target audience are broad, due to which the specific capabilities of different staff members are not nurtured. CARA falls short in training staff members according to the duties of their station.

Additionally, concerns were raised with regard to the conduct of these sessions. Stakeholders from Tamil Nadu revealed that the sessions are mostly conducted in Hindi or a mix of Hindi and English (some online meetings provide subtitles). This creates a language barrier for the attendees, affecting the efficacy of these sessions. Further, the information regarding the training that is supposed to be conducted for two days is given to the SAAs at the last moment, which affects their work schedule. Therefore, CARA has been unable to cater to these concerns in light of Regulation 41 (5), affecting the capability of stakeholders to reduce the overall time involved in the process and work efficiently.

4.1.3 Support to Other Stakeholders

The direction given to CARA under Regulation 41 (5) (*Adoption Regulations*, 2022) focuses on providing support and guidance to other stakeholders involved in the adoption process. This support, however, is not limited to training and can pertain to resolving queries and understanding their decisions, among other things. Stakeholders stand divided on this aspect of CARA's functioning. While some believe that CARA provides them adequate support through its

officials and helpline regarding the CARINGS Portal or legal issues, others disagree. SARA Uttar Pradesh stated that if CARA picks up their call, they see it as a miracle ("*Phone utha lete hain yahi ganimat hai*"). CWC South Chennai stated that CARA is a remote entity for them. They shared an instance where they tried to contact CARA through SARA but received no response. Even when they did receive a response, it was given in Hindi, creating a language barrier. Shishu Grih, Assam Child and Women's Welfare Society, an SAA in Kamrup Metropolitan, Assam, has been facing challenges while conducting the post-adoption follow-up of two PAPs who do not respond to their calls. CARA has not given any solution or guidance to them in this case as well. The Hindu Women's Welfare Society, an SAA in Mumbai City, Maharashtra, reported a case where the PAPs rejected the child after matching but before the pre-adoption foster care, and yet the child was shown as matched on the CARA Portal. This led to the child not receiving new referrals. The SAA had to communicate with CARA multiple times to have the child's name removed from the matched category. This process was very time-consuming, and due to this, the child was stuck in the system for one and a half years. Therefore, several stakeholders face issues in communicating with CARA. This observation is on similar lines to those discussed by the Supreme Court in the *Temple of Healing* case[29] (2023).

DCPU Mumbai Suburban, which currently has only one staff member, revealed that CARA gives her number to PAPs without checking the district to which they belong. She wastes a lot of time and energy answering these calls, which come from outside her jurisdiction. It also creates issues for PAPs. Inadequacies of the CARA helpdesk, therefore, increase the workload of other stakeholders.

[29] W.P.(C) No. 719/2022 (PIL-W)

With regard to decisions associated with matching children and PAPs, the Adoption Committee, comprised of the DCPU and SAA, rarely finds common ground with CARA and is pressured to accept all matches. Support from CARA is hard to find in cases of rejection of matches. Bala Mandir Kamaraj Trust, an SAA in Chennai, Tamil Nadu, rejected a match wherein a young child was referred to old parents. However, CARA sent them a memo telling them to reverse their decision. Maharashtra State Women's Council, an SAA in Mumbai City, Maharashtra, rejected a PAP based on medical grounds due to the incomplete information given in their HSR. However, CARA overruled their rejection. In another case, when the ACM rejected a match, CARA shifted the responsibility of matching to SARA Maharashtra. Vatsalya Trust, an SAA in Mumbai Suburban, Maharashtra, the respondent shared a case where the SAA was suspicious of a PAP. Only the husband came to the SAA while the wife did not visit once. When this suspicion regarding the couple was shared with CARA, CARA did not pay any heed to it. It took some time to decide the case of approving the adoption for them, but it was finally resolved in favour of the PAPs. SAAs argue that if CARA cannot respect the decision of the Adoption Committee, "it should do the matching itself." The SAAs raise the child; CARA's dissociated stance makes them feel like a "post-box." Most SAAs felt that CARA is unduly harsh toward them and tends to consistently side with the PAPs. In this context, it can be argued that stakeholders are not adequately supported by CARA.

4.1.4 CARINGS Portal

The entire adoption system in India under the JJ Act 2015 is centralised online through the CARINGS Portal managed by CARA. Rule 49 (1) (vi) of the JJ Model Rules 2016 directs CARA to maintain CARINGS for transparency in the adoption system. Regulation 2 (8) (*Adoption Regulations*, 2022) deems it the "designated portal" for facilitating, guiding, and monitoring the

adoption programme unless notified otherwise. Further, Regulation 41 (7) (d) (*Adoption Regulations*, 2022) holds CARA responsible for establishing uniform standards and indicators relating to safeguards and ethical practices, including online applications for facilitating hassle-free adoptions. Consequently, CARINGS is central to the smooth functioning of the adoption system. CARA officials stated that CARINGS runs on a 'dot net' platform (which is one of the fastest in the world, according to the officials) and is also being updated.

However, when the team went into the field, it found that several stakeholders faced challenges when working on CARINGS. SARA Tamil Nadu stated that there is a gap between SARA and CARA data on the portal. Further, when they contact the CARA helpdesk, they are informed that there is a technical issue. Bala Mandir Kamaraj Trust, an SAA in Chennai, Tamil Nadu, revealed that the control button does not work when uploading the follow-up report on CARINGS; there is a character limit on the name of the child; the portal is not designed for uploading the follow-up details of twin children, among other issues. Varshini Illam Trust, another SAA in Chennai, Tamil Nadu, also shared a similar grievance regarding cases of twins being adopted. They said that the portal has the option of entering the name of only one of the twins to be placed in adoption, rather than that of both children.

The Indian Association for Promotion of Adoption and Child Welfare, an SAA in Mumbai City, Maharashtra, revealed that the session time on CARINGS is very limited and should be extended, as it logs out after a short duration. Bal Asha, another SAA in Mumbai City, Maharashtra, stated that the CARINGS portal should be equipped to check the current age of the PAPs at the time of making referrals. The CARINGS portal blocks the age group PAPs can choose based on their composite age, due to which older children do not get adopted. There is a dire need to popularise older and special need children by the stakeholders involved in the adoption

ecosystem. The registration system on CARINGS, therefore, needs to be revised. This sentiment was echoed by several other SAAs. Further, many SAAs also faced technical difficulties while working on CARINGS. Yet, Children of the World, an SAA in Thane, Maharashtra, stated that the CARINGS Portal is a user-friendly portal; they argued that technical issues are unavoidable as it is used by many people. CARINGS Portal, therefore, needs to be constantly updated to meet the needs of the stakeholders working at the grassroots level. It needs to be made functional from the perspective of all users with regular updates and troubleshooting. This should be followed by the constant upskilling of people who directly work on uploading data on CARINGS.

4.1.5 Maintenance of a Centralised Database

CARA, as per Regulation 41 (9) (*Adoption Regulations*, 2022), is responsible for maintaining a comprehensive centralised database relating to children and PAPs on CARINGS. It also needs to maintain a confidential centralised database relating to children placed in adoption and adoptive parents on CARINGS, according to Regulation 41 (10) (*Adoption Regulations*, 2022). When probed along these lines, CARA officials responded that all the data visible under the 'Adoption Statistics' of the CARA website is the only data maintained, such as the total number of in-country and inter-country adoptions per year, gender distribution of adoption data, total number of registered PAPs, and so on. They added that they maintain limited data, and whatever data they do maintain is publicly available on their website. However, they made an ambiguous remark stating, "If CARA maintains any other data, it is only for CARA's records and cannot be shared."

The team was unable to get data from CARA on the number of disruptions and dissolutions that have occurred. This information was sought in the RTIs as well as a face-to-face interview with the CARA officials, however, the team was informed that CARA does not maintain the

information. It is counterintuitive that, on one hand, while CARA maintains a centralised database as per the regulations, it does not use this data to analyse and interpret trends, identify systemic gaps, or allocate resources based on the information that the nodal agency has within its own system. There is a lacuna on behalf of the JJ Act 2015 and AR 2022 to elaborate on what type of information is to be maintained and the use of the information that CARA collects through CARINGS. This greatly reduces the overall functioning as well as the evaluation of the adoption system, adding to wait time at various levels of the adoption process.

4.1.6 Standardisation of Procedure

CARA, being the nodal agency for adoption in India, is responsible for establishing uniform standards and indicators relating to the standardisation of documents in cases of adoptions, as per Regulation 41 (7) (c) (*Adoption Regulations*, 2022). However, the team's visit to stakeholders, especially in the South cluster (Chennai), revealed a discrepancy in procedures followed by stakeholders from North India and South India. Bala Mandir Kamaraj Trust, an SAA in Chennai, Tamil Nadu, stated that CARA does not request police verification, notaries, references, or undertakings from PAPs; however, other SAAs require these documents. As a result, the documents of PAPs registered with their SAA are rejected by SAAs in North India, which claim that their forms are "incomplete." Further, stakeholders from North India send documents to stakeholders in South India in Hindi, creating a language barrier. This leads to grievances regarding the claim of common procedure and standardised documents across the country, which add to the delay in the process. CARA, therefore, needs to evaluate its efforts in this direction.

4.1.7 Research Activities

According to Regulation 41 (8) (*Adoption Regulations*, 2022), CARA is responsible for conducting research, documentation, and publication on adoption and related matters. This ensures

that CARA remains informed about the on-the-ground situation and caters to the dynamic needs of various stakeholders. However, during the team's interview with CARA officials, it was stated that CARA does not conduct any adoption-related research. Some studies have been done by the Ministry of Women and Child Development. As CARA is not fulfilling its mandated responsibility, it affects its capacity to independently assess, monitor, and respond to emerging trends, challenges, and needs within the adoption ecosystem.

4.1.8 Redressal of Grievances

Given that awareness about adoption procedures is not widespread in India, PAPs experience several challenges while traversing the adoption terrain. Keeping this in mind, Regulation 62 (1) (*Adoption Regulations*, 2022) requires SARA to cater to the grievances of PAPs of in-country adoption on issues of eligibility of the PAPs or child, HSR, CSR, MER, health of the PAP, or technical issues related to CARINGS. In case SARA cannot provide a suitable response within fifteen days, PAPs may write to CARA within forty-eight hours, allowing CARA an additional fifteen days to resolve the issue, as stated in Regulation 62 (4) (*Adoption Regulations*, 2022). The data collected revealed that PAPs contacted CARA directly before approaching SARA on these issues. They contacted CARA via call and email. Out of 23 PAPs surveyed, 5 PAPs both called and emailed CARA, 8 PAPs only emailed, and 4 PAPs only called, while 7 PAPs neither called nor emailed CARA. While calibrating the efficacy of these communications, the team identified that 5 PAPs found CARA very responsive on call, 4 PAPs found them responsive on email, and 4 PAPs felt that the response received by them did not solve their query, while 4 PAPs found them unresponsive on email and 2 PAPs found them unresponsive on call. This has been depicted in *Figure 16*.

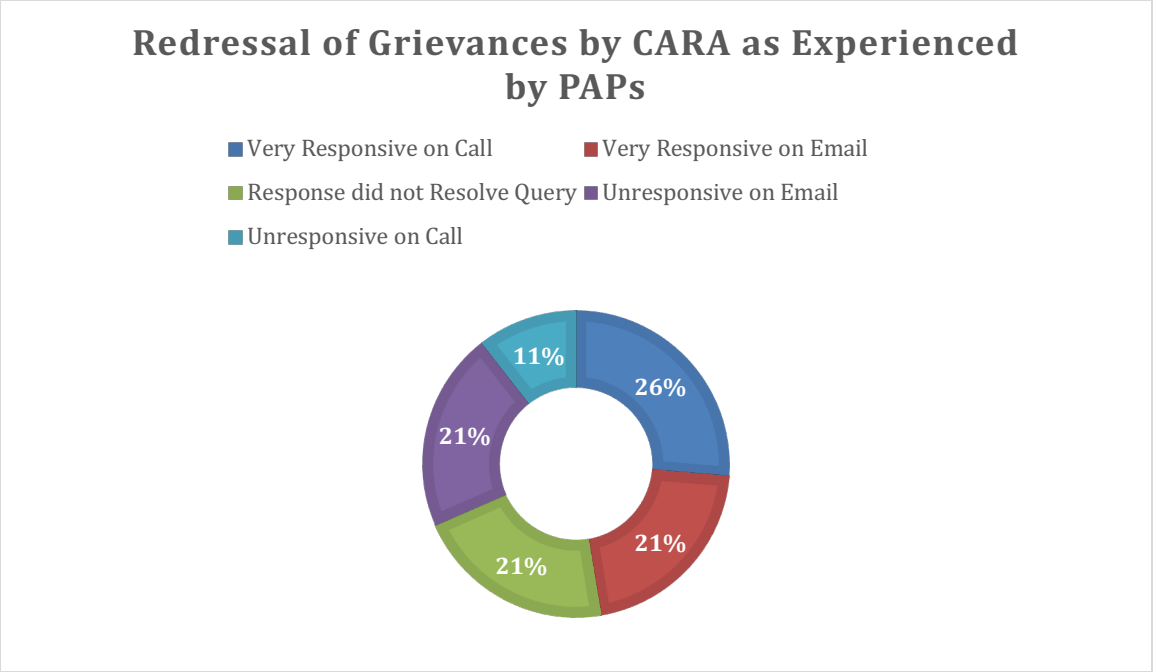

Figure 16 **Redressal of Grievances by CARA as Experienced by PAPs**

Figure 16 reveals that 47% PAPs were satisfied with the redressal of their grievances by CARA. This shows that CARA has played a somewhat helpful role with regard to PAPs. The majority of PAPs are unaware or uninformed regarding the vital role SARA plays within the adoption process. While CARA needs to work to better resolve queries, current indicators reveal that CARA is doing its best to honour the mandate of the regulation, however, further sub-delegation to either SARAs or regional offices needs to be made to cater to various unresolved issues and a backlog of PAPs, as well as children waiting. Therefore, CARA needs to be proactive and attuned to the needs of the stakeholders involved in the process and not just apply the letter of the law, creating a gap for much improvement.

4.2 State Adoption Resource Agency

State Adoption Resource Agency, as defined in the JJ Act 2015, is a State Agency constituted by the State Government under section 67 of the Act. The SARA set up within the JJ

Act 2015 deals with matters related to adoption, with CARA as its guiding body. Regulation 35 of the AR 2022 elucidates the structure and lists the functions of SARA. SARA functions as the executive arm of the State Government for promotion, facilitation, monitoring and regulation of the adoption programme in the State. Each SARA is to have a Governing Body, set up by the State Government, and the Director of the State Department dealing with adoption is to function as the Chief Executive Officer of SARA.

As per the regulation, SARA's role is to monitor and regulate the adoption programme in the State, along with promoting and facilitating the same. As part of ensuring this, it recommends SAAs for their renewal of recognition, organises quarterly meetings with them to address adoption-related challenges, identifies CCIs that are to be linked to SAAs in order to facilitate the adoption of eligible children therein, focuses on research and documentation, advancing child tracking systems, capacity building of the stakeholders, awareness and advocacy in public, and so on.

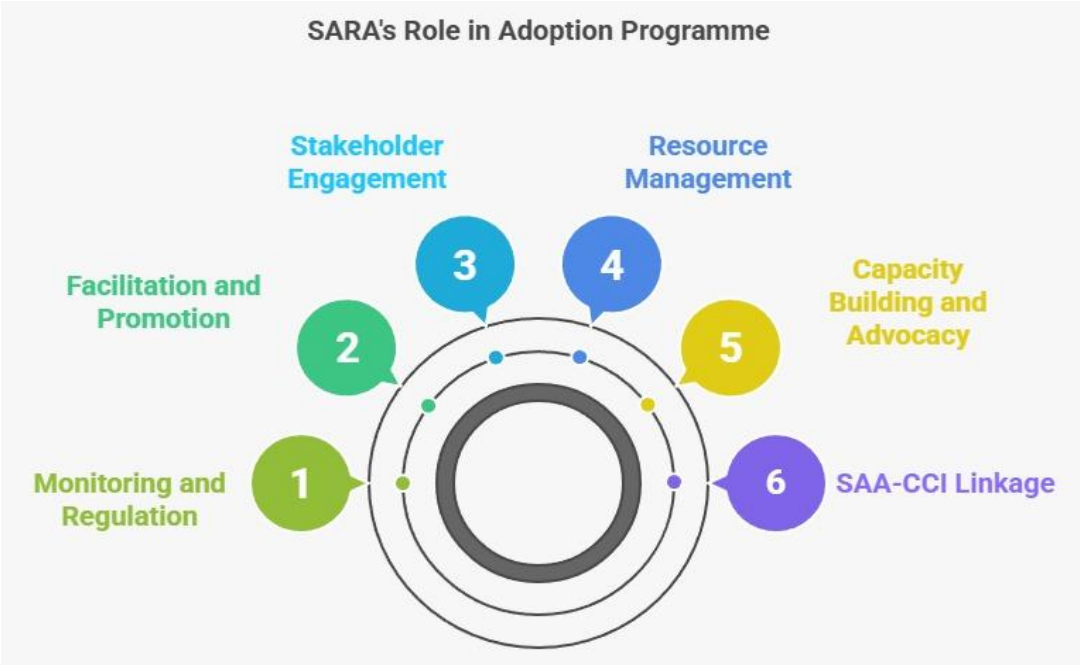

Figure 17 **SARA's Role in the Adoption Programme**

The interviews conducted with SARA were geared towards gaining an understanding of their constitution and role in monitoring, promoting, and facilitating the adoption programme in the State, their interaction and coordination with other stakeholders, and challenges faced by them in the implementation and regulation of the adoption programme. In total, 6 SARAs of the respective states of Rajasthan, Uttar Pradesh, Tamil Nadu, Maharashtra, and Assam were identified to be interviewed. Out of the 5 SARAs, the State of West Bengal did not give permission to the research team for an interview; hence, the following analysis excludes this State. These interviews were conducted with Programme Officers or Programme Managers of the respective SARA.

4.2.1 Staff Composition

SARA is a nodal stakeholder in each state and acts as a bridge between the centre and the state. As per Regulation 35 of the AR 2022, the governing body of the SARA shall be set up by the state government. The regulation lays out the composition of the governing body with 7 members, as given in *Figure 18*.

Figure 18 **Composition of the Governing Body of SARA**

Among all the SARAs interviewed, only 1 SARA has the governing body constituted with all 7 members as per the regulation. For the remaining 4 SARAs, the governing body's average composition is 79%, which translates to approximately 1 to 2 positions unoccupied on the whole. 3 of these SARAs do not have an SLSA member, and 1 of them does not have a civil society member. Particularly for the SLSA member, it was reported that their nomination is in process. However, a respondent mentioned that with the amendment in AR and transfer of adoption order issuing authority to the DM, the role of lawyers and consequently of SLSA has become

redundant. However, by SARA Pune, it was suggested that the presence of a legal member is essential and is vacant in the majority of cases, since they guide the SARA team with issues relating to law.

Figure 17 showcases that 3 members of the governing body are from the two departments (adoption and health) of the state government itself. In the case of Rajasthan's SARA, nominations from the government are pending. Currently, its governing body does not have a chairperson and the health department's director. 2 out of the 5 SARAs have a government doctor or CMO, in place of the Director of the State Department of Health, as a member of the governing body.

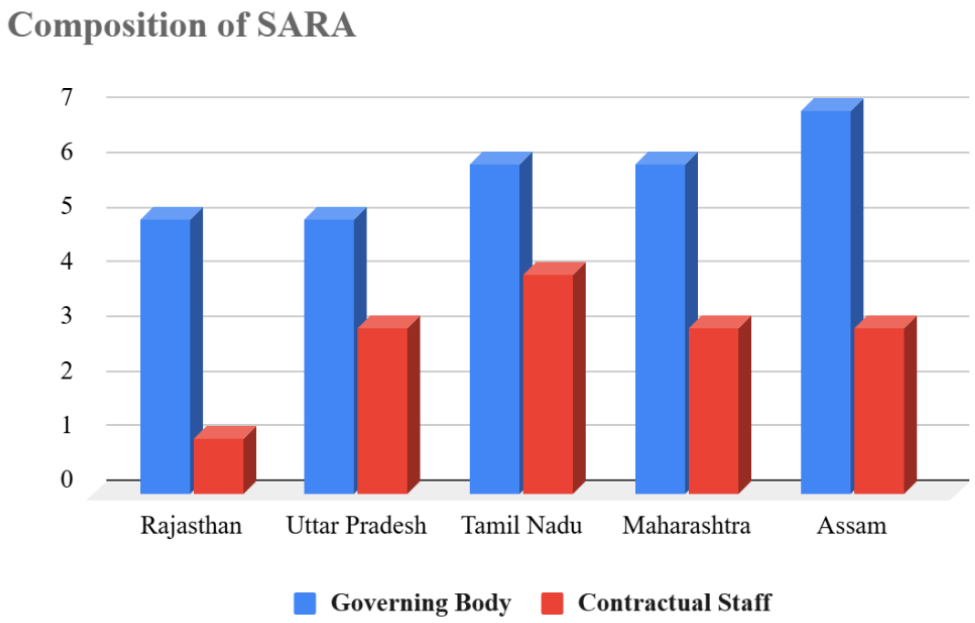

***Figure 19* Composition of SARA**

MV 2022 lays down 3 contractual staff for SARA, including – 1 Programme Manager (hereafter, PM), 1 Programme Officer (hereafter, POs), and 1 Programme Assistant (hereafter, PAs). Additionally, it also mentions that in case of states with more than 6 districts (also considering factors of geography and population), the number of POs can be increased up to a maximum of 2.

Figure 19 depicts the grim status of the constitution of SARA— governing body and contractual staff, despite the directive of the *Temple of Healing* case (2023). 3 out of the 5 SARAs had all three positions – PM, PO, and PA – occupied, with at least 1 each. All 5 states where the SARA was interviewed had more than 6 districts, and even the one with the minimum number of DCPUs is the state of Rajasthan, with 33 DCPUs (as per CARA's website). Speaking population-wise, all of the 5 states are among the top 14 populous states/UTs in India– with UP at the top, closely followed by Maharashtra at rank 3, and Rajasthan at number 6. Tamil Nadu and Assam are the 7th and 14th most populous states/UTs, respectively (Statistics Times, 2025). Despite the number of districts and the population of each of these states, only 2 of these states' SARAs had more than 1 PO– Tamil Nadu and Maharashtra. It was also reported by one of the SARAs that while they may need more staff to manage the volume of work, it is challenging to accommodate their salary given the limited funds.

Rajasthan, which is one of the largest states in India both in terms of population and territory, at the time this report was being prepared, had only 1 contractual staff in its SARA – i.e., 1 PO. It did not have both a PM and a PA, while Maharashtra's SARA did not have a PM. It was reported that the two posts of SARA in Rajasthan and 1 in Maharashtra have been vacant since 2019 and 2020, respectively.

One of the most common challenges faced by all the SARAs interviewed is that of managing the workload with fewer staff. This is true for the SARAs that have vacancies as well as the ones that do not. Given that SARAs handle sponsorship, foster care, along with adoption, it is difficult for them to manage work with limited manpower. This leads to poor implementation of the laws and regulations and hampers the timely completion of procedures. It was reported that Tamil Nadu receives approximately 4500 HSR applications in a year. Sometimes their work

carries over to Sundays as well. A limited number of staff are left to manage all aspects of the work, from documentation to coordination. Additionally, as noted previously, all these 5 states are also big states with more than 30 districts each. They oversee the adoption programme in the entire state with as less as just 1 staff. In fact, some of these posts have been lying vacant for a significant period of time. One of the respondents from another SARA added that, however, it was best for them to continue doing their work with whatever limited staff they have, as demanding more personnel could attract unnecessary problems. Maharashtra's SARA also mentioned that there needs to be a separate staff to examine documents and file affidavits. Given the bigger states like Maharashtra, there is a need to reevaluate the appointment of staff and the role of SARA under MV. Essentially, this is a gap in respect of the policy in place and the implementation at the grassroots level. More people are required to ensure the smooth running of the adoption programme and to manage the number of stakeholders at various levels.

4.2.2 Funding of SARA

The salary received by the staff of SARA is also not at par with living expenses, especially given the nature of their job and the immense workload. One of the SARAs said that even though they need more PO, they would have to manage his/her salary along with the other staff due to the fixed and limited grant-in-aid. A better salary structure also positively impacts the quality of staff and work. One of the SARAs also mentioned that previously, they had to deal with poor infrastructure, like inadequate laptops/desktops and printers. They did not have sufficient funds to buy the required number of computers/printers. There are various factors, like rain, floods, that can impair the technical infrastructure in the office, and it is nearly impossible for them to buy new systems with limited grants. Since they do not receive enough funds, it also acts as an impediment

in organising and conducting training sessions or awareness campaigns. This leads to such sessions being done only if and when funds are available.

4.2.3 Training and Capacity Building

The frequency of training sessions conducted in a year varies. It was reported by all of the respondents, and already pointed out within the report, that online training sessions are held more frequently than offline ones. One respondent, who has been working in SARA for 7 years, mentioned that he acquired most of the practical knowledge regarding the adoption process through self-training. Quarterly training sessions are conducted online by CARA, as mentioned by one of the SARAs. Another SARA noted that the training sessions are generally organised towards the end of the financial year, typically within the last two months. Some SARAs said these are conducted on a need basis, or 2-3 times a year. This illustrates the lack of consistency in achieving the goals laid out for a smooth adoption ecosystem.

The range of topics on which training for SARA is conducted includes adoption regulations, procedural aspects, guidelines and amendments, problems, and challenges faced by them. Resource persons or experts in the field of law, counselling, social work related to child protection or adoption. Some of these training sessions are also conducted by other civil society organisations. Since a majority of these sessions are conducted in an online mode, some of the respondents do not find them as effective. They mentioned that they simply log in to these sessions as a formality but continue to do their work side by side and hence are not fully attentive during online training. This clearly shows that the online training sessions format felt overly routine, which may contribute to disengagement and reduce retention of information.

4.2.4 Working of SARA

All 5 states have SAAs in all of their respective districts. In 3 of the states, it was reported that the SAAs in all the districts are not yet fully functional. The process of setting up and licensing of SAAs is underway in these states based on the directives of the Supreme Court in the *Temple of Healing* case[30] (2023). These districts did not have SAAs till now. This is true for 50% of the districts in Tamil Nadu, i.e., half of this state's districts did not have SAAs earlier. In Assam, while all the districts have SAAs, 2 of the districts did not have the adoption programme running at full swing because they did not have a CWC.

a) Capacity Building of Stakeholders and Awareness/Advocacy by SARA

Regulation 35 (2) (i) of the Adoption Regulations 2022 prescribes SARA's role in training and capacity building of other stakeholders, undertaking initiatives towards publicity and awareness, advocacy, and communication to expand the adoption programme in the state. It is to conduct mass campaigns to raise awareness on several issues like safe surrender, legal adoption, and to sensitise the public, media, and other stakeholders, as per Regulation 35 (2) (r). In addition to this, MV also notes the role of the PM of SARA as stated in State Annexure II (B. Roles and Responsibilities of Duty Holders in SARA) – collaborate with training institutions for training and capacity building at the state and district level.

4 out of the 5 SARAs conduct training for SAAs and DCPUs regularly, minimum 2-3 times a year. SARA of Tamil Nadu and Assam particularly stood out as 2 of the active SARAs in ensuring capacity building of the stakeholders at the district level through frequent training. Tamil Nadu's SARA coordinates with NGOs and other organisations like South Indian Aid and Action Programme (SIAAP). This was also reported by DCPUs in Chennai that frequent training is

[30] W.P.(C) No. 719/2022 (PIL-W)

conducted by SCPS/SARA or by NGOs in coordination with SARA/SCPS. Assam's SCPS/SARA has its own training cell that conducts training sessions. The themes on which training sessions are organised range from procedural aspects, challenges faced by stakeholders, health of the children, and so on. Sometimes they also invite resource persons from CARA or other organisations for these training sessions. It was reported that the SARA of Maharashtra does not have sufficient manpower to conduct regular training on its own. The last such session was conducted by them two years before.

No major promotion and strengthening of the adoption programme has been done in any of the SARAs through research and documentation. Steps taken by SARAs towards awareness and advocacy are primarily during the Adoption Awareness Month. Annually celebrated in November, Adoption Awareness Month is an initiative led by CARA. Several programmes are organised by SARAs during this month, wherein they invite experts, parents through adoption, and adoptees. Most of the SARAs mentioned taking initiatives regarding promotion and awareness of adoption in public and media only during this month, and hardly anything otherwise. Here again, SARA of Tamil Nadu and Assam reported undertaking relatively active initiatives like the distribution of pamphlets, developing booklets for other stakeholders, and organising campaigns with resource persons. One of them also mentioned that through these awareness and/or training sessions, they also disseminate practical knowledge about several aspects of the written law where it is particularly vague or lacks clarity. Sometimes topics related to adoption are also advertised and promoted through social media.

As per Regulation 34 (2) (r) (*Adoption Regulations*, 2022), mass awareness campaigns on safe surrender, sensitising the public and media on legal adoption, are to be conducted by SARAs; however, no such activity is done by any of the SARAs interviewed. The overall reach of SARAs

to the public and stakeholders at the grassroots level, like nursing homes, ASHA workers, through mass campaigns, awareness sessions regarding safe surrender, illegal adoption, and other adoption-related issues, is fairly limited and does not reflect any capacity-building efforts. Two of the common causes for this are limited manpower and funds.

b) Resources at the State Level

None of the SARAs, except that of Assam, has a panel of social workers. Assam's SARA has a panel of 3 social workers. These social workers assist in conducting HSRs, in case SAA is overburdened. This helps them in adhering to timelines and reducing the pendency of HSRs in the state. For other states, it was reported that the social workers and counsellors work only at the district level, in SAAs and DCPUs. There are no counselling centres in any of these 5 states. Counselling, as well, is taken care of at the level of the district. In case any such need arises, necessary arrangements are made by the concerned stakeholders. Along with this, there are counsellors available at the One Stop Centre in the districts. The dependency on the district health department, which is already burdened, is not proportionate to the need of counselling centres within each State.

c) State-Specific Database

As part of SARA's role towards strengthening and expansion of the adoption programme and child tracking system in the state, it is supposed to develop a knowledge base, through research and documentation, and maintain a state specific database, as laid down in Adoption Regulation 35 (l) and (2) (i).

All of the SARAs interviewed maintain a state-specific database, however, no concrete step is taken to process or analyse this data to advance or strengthen the adoption programme in the state. All of them regularly check the portal and actively coordinate with the stakeholders at

the district level to solve issues in particular cases. This is done on a case-by-case basis. Most of them intervene or coordinate with the SAAs or DCPUs when such a need arises or a case is flagged by the SAAs or DCPUs. This data is also not available for scrutiny and analysis except to CARA, SARA, and government agencies. Access to this data would be tremendously useful for PAP, researchers, civil society, academicians, and others.

Regular checking of the portal or identification of cases that need intervention by the SARA is done by the PM or POs of the SARA itself. There is no separate research or data team in place to analyse the data to identify trends and patterns of adoptions in the state, so that appropriate measures could be taken at a systemic level. Some of the SARAs, as showcased above, do not even have the minimum requisite number of staff. Only 1 out of the 5 SARAs, that of Tamil Nadu, reported that their data is analysed by a separate team, with an aim to reduce the pendency of cases in the state.

There is a discrepancy between the data on the CARINGS portal and that maintained by SARA. Despite regular updates and verification with DCPUs, a SARA mentioned that the portal often reflects inaccurate data. Uploading documents or updating information on the portal is also cumbersome. This process should be made smoother, urged one of the respondents. This lack of communication between the data maintained by CARA and SARA leads to failure in reflecting the present position of children in declaring them LFA and a faster process of registration, referral and acceptance of children by PAPs.

4.2.5 Coordination with Other Stakeholders

The process includes several stakeholders, and ensuring smooth coordination between each one of them at various levels is a challenge, as mentioned by a respondent. This also impedes the seamless functioning of the adoption programme and slows down the process. One of the points

raised by some of the SARAs is the unresponsiveness of CARA towards issues raised by the States. It was also reported that while SARA conveys its grievances and suggestions, it is not resolved by CARA. Apart from this, one of the SARAs also shared that sometimes, though not common, insufficient information recorded or shared by CWC during declaring the child LFA can also cause problems in root search.

Therefore, problems regarding SARA's staffing, funding, training, working, and coordination with other stakeholders need to be taken care of by both the central and state governments, for SARA to be an effective state-level body curbing the wait time.

4.3 District Child Protection Unit

District Child Protection Unit (DCPU), constituted under Section 106 of the JJ Act 2015, serves as the 'focal point' for implementing the JJ Act, including adoption and other measures related to child protection in the district. This includes establishing and maintaining institutions within the ambit of the act, coordinating with other official and non-official agencies/organisations to discharge its functions, and notifying concerned authorities regarding the protection and rehabilitation of children.

Regulation 38 of the Adoption Regulations 2022 lays down the functions of the DCPU, which include supervising and monitoring the adoption programme in the district, tracking the progress of each child and PAPs registered on the portal, assisting CARA, SARA, and CWC in adoption-related matters, and reporting to the DM regarding all matters in relation to the protection and rehabilitation of children in the district.

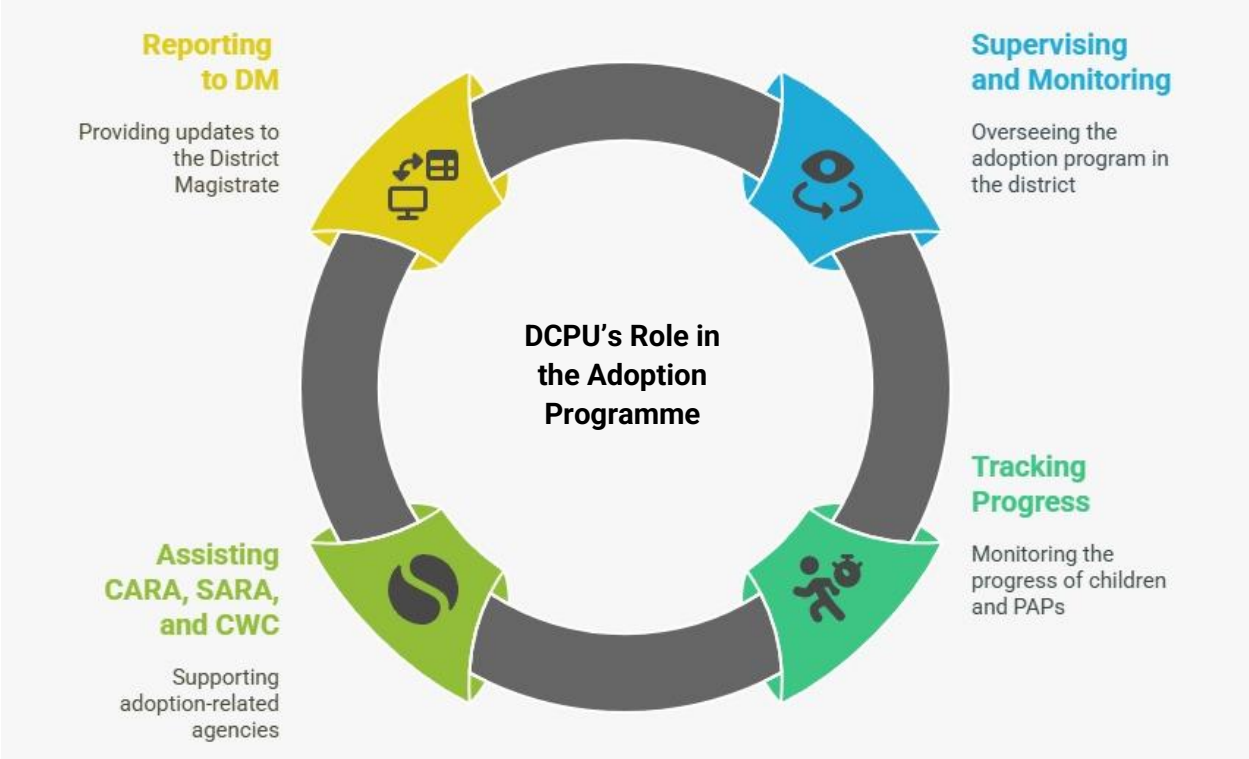

Figure 20 **DCPU's Role in the Adoption Programme**

The interviews with DCPUs sought to understand their composition, role, and functioning at the district level, challenges that hinder their work, their experience in the child protection system, and so on, as per the interview schedule. DCPUs from each district that are part of the sample were visited and interviewed, except Kolkata and Howrah. In total, 8 DCPUs were interviewed – one from each district and two from Chennai. Chennai has two different DCPUs for its North and South divisions. Interviewees included both DCPOs, as well as Protection Officers - Institutional/Non-Institutional Care.

4.3.1 Staff Composition and Vacancies

Annexures III (District Annexure) of Mission Vatsalya lists a total of 12 staff – including 1 DCPO, 1 PO - IC, 1 PO - NIC, 1 LCPO, 1 Counsellor, 2 Social Workers, 1 Data Analyst, 1 Assistant cum DEO, 1 Accountant, and 2 Outreach Workers – that constitute the DCPU. 75% of

the DCPUs in our sample did not have all 12 staff members, and more than two-thirds of such DCPUs have less than 75% of the staff mandated as per MV. The state of DCPUs staff composition demands immediate attention, with 37.5% of the total DCPUs working with not even 50% of its staff, which includes the district of Mumbai Suburban that is functioning with only 1 contractual staff, who is the entire unit herself. *Table 4* shows the staff composition of the DCPUs at the time of data collection, with green-coloured blocks indicating occupied posts and white blocks for vacant positions.

Posts as per MV	Jod	Luc	Che_N	Che_S	Mum	MSub	Tha	KamM
DCPO								
PO - IC								
PO - NIC								
LCPO								
Counsellor								
SW 1								
SW 2								
DA								
DEO								
Accountant								
OW 1								
OW 2								
Total	8	11	12	12	5	1	4	8
% of filled posts	66%	91%	100%	100%	41%	8.3%	33%	66.6%

Legend			
Jod	Jodhpur, Rajasthan	Mum	Mumbai City, Maharashtra
Luc	Lucknow, Uttar Pradesh	MSub	Mumbai Suburban, Maharashtra
Che_N	Chennai North, Tamil Nadu	Tha	Thane, Maharashtra
Che_S	Chennai South, Tamil Nadu	KamM	Kamrup Metropolitan, Assam

Table 4 **Composition of Staff in DCPUs - Filled and Vacant Positions**

As per MV, the District Child Protection Officer (DCPO) is to function as the officer in-charge of the DCPU, who is responsible for all day-to-day functions of the DCPU. As *Table 4* indicates, DCPU in the district of Mumbai City did not have a DCPO. Instead, there was an in-charge from within the unit itself, while the District Women and Child Officer oversaw the unit. As per the PO-IC of this DCPU at the time of data collection, the post of DCPO had been vacant since the time she joined in 2019. In Mumbai Suburban, no DCPO was appointed at the time of its establishment in 2019. The respondent, who was the DCPO at the time of data collection, was appointed as a social worker in 2019 along with 3 other staff members, who resigned over a period of time. She was eventually made the DCPO but continued to be a contractual employee. Thane's DCPO was also appointed on contract. All the DCPUs have a DCPO, except Mumbai City, out of which 5 of the DCPOs are government employees, while the other 2 are contractual. Excluding the DCPOs, all other staff members are also contractual.

Many resource persons also raised the concern about contractual staff of the DCPUs. Their teams are typically small, contractual, affecting their capacity to effectively monitor or follow up on cases. The contractual staff lacks job security, adequate training, and incentives impacting their motivation and accountability. They are largely overburdened and deal with a wide range of child protection issues, apart from adoption. For these overstretched DCPUs, to carry out adoption work becomes all the more demanding. This reliance on the contractual staff, without institutional support, undervalues child protection work at a systemic level. Receiving a salary disproportionate to the workload adds to this, further negatively impacting their motivation. Some of the resource persons also noted that simply adding another body like the DCPU is unlikely to improve the current situation.

The only two DCPUs out of the 8 interviewed that had a full staff of 12 members were both in Chennai, the north and south zones. While a DPO had been assigned to the DCPU of South Chennai, which had been established recently, she did not function as part of the unit as she sat in the SARA office and looked after cases of POCSO victims and their compensation, in particular. The PO-IC acted as the in-charge of this DCPU, and the staff reported to him, instead of the DPO. So even though all 12 positions were filled, functionally, they worked with a staff of 11.

Counting all the mandated staff for all the DCPUs interviewed, it summed up to the total of 96 staff members (12 x 8). Out of 96, a total of 35 positions were vacant, including all the DCPUs. Even though the *Temple of Healing* case (2023) gave a directive to fill the vacant posts, 36.4% of the seats still lie vacant. Many of these vacant posts had been unoccupied right from the beginning when that particular DCPU was established, or were '*always*' vacant, as some of the respondents said. In the case of Jodhpur and Mumbai Suburban, 4 and 7 positions, respectively, had been vacant right from the time of their constitution in 2009 and 2019, respectively. This indicates that these positions were not vacant due to staff resignation, but because these DCPUs were not constituted with their full staff capacity to begin with. The respondent from Jodhpur DCPU also added that, given the contractual nature of these positions and low salary, it was difficult to find people who would be motivated to work in such conditions.

Out of 35 total vacancies across the DCPUs, 25 of these posts have remained vacant for more than 5 years now. *Figure 21* represents that 71.4% of the total vacancies have remained unoccupied for over a period of 5 years.

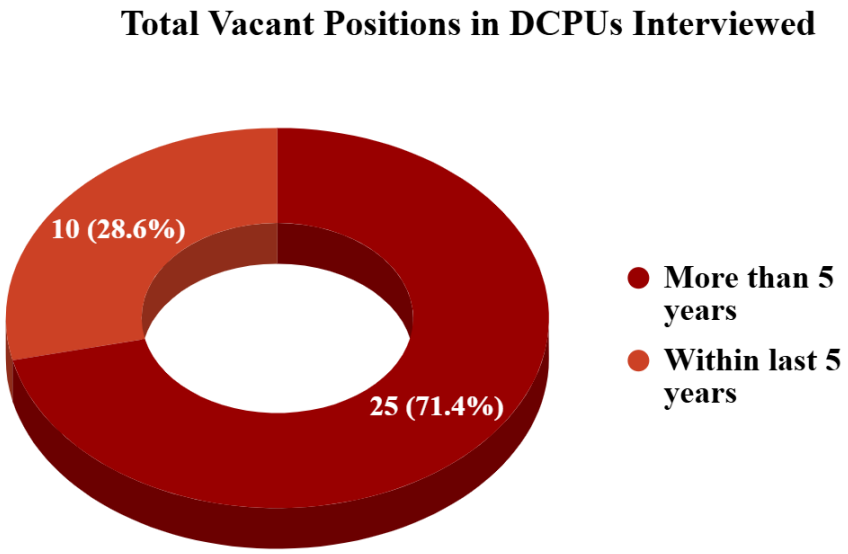

Figure 21 **Total Vacant Positions in DCPUs Interviewed**

Respondents mentioned that SARA, DWCD were aware of the vacancies, however, no action had been taken yet. This was a similar experience for all the DCPUs with vacancies. In some cases, recruitment advertisements had also been published, but no further process took place. In all these districts, the recruitment process had either not been initiated or, if initiated at all, it had not been completed for several years, as our data suggests. The respondents continued to function or barely function, with the available human resources. In the case of Mumbai Suburban, which had only 1 staff member, matters of adoption often ended up taking a back seat. The respondent expressed her guilt and stress over her workload, because of which she was unable to give the requisite attention to adoption. She added, "Even if there is a law, it would mean nothing if there are no people to implement it".

The lack of urgency and action shown by the State Government and Departments compels us to conclude that adoption perhaps struggles to find its place on the table and in their priority

list. Due to this skewed number of members of the DCPU, there exists a definite workload imbalance, resulting in inefficiency, delays, and overall degradation of the adoption process as envisaged. *Table 5* summarises the status of staff composition of the 8 DCPUs interviewed in 7 districts that are part of the study.

Total Number of DCPUs interviewed	**8**	100%
DCPUs with all 12 staff members	2	25%
DCPUs with 1 or more vacant posts	6	75%
DCPUs with less than 75% of staff (9 staff members)	5	62.5%
DCPUs with less than 50% of staff (6 staff members)	3	37.5%
DCPUs without a DCPO	1	12.5%
DCPUs with a contractual DCPO	2	25%

***Table 5* Status of Staff Composition across all the DCPUs Interviewed**

4.3.2 Workload

There are several factors that might impact DCPUs working and efficiency. The status of staff composition, as discussed above, invariably impacts their work. Staff shortage and workload emerged as two of the most significant deterrents to the timely completion of procedures by the DCPUs. 75% of the DCPUs deal with staff shortage issues, and an obvious impact of this is the increased workload on them. This eventually results in delays in following procedures within the stipulated timeline.

7 out of 8 DCPUs in total mentioned an immense workload that affects their pace of work. Despite having a staff of 11, DCPU of Chennai South Zone and Lucknow still reported a

demanding volume of work sometimes, while other DCPUs face this regularly. Surprisingly, it was only the DCPU of Chennai North Zone that did not mention workload as one of their challenges.

DCPUs work is not limited to adoption cases, they work on a variety of issues regarding children's care and protection. It becomes difficult to manage work with fewer staff. It becomes all the more challenging if multiple cases are ongoing at the same time. A respondent stated that the recruitment process is also slow. For instance, whenever someone resigns or retires, that particular post remains vacant for a while until someone new is appointed. This causes delays in their work and increases the workload on the remaining staff.

Furthermore, working with fewer staff also means that they work on cases without the requisite specialisation or expertise, since few people handle a variety of tasks. Therefore, there is not only a staff shortage and increased workload, but a lack of specialisation of the staff also impacts their work.

4.3.3 Technological Capacity

As part of the financial support to DCPU, Mission Vatsalya mandates 5 computers or laptops with printers cum scanners. 50% of the DCPUs have 5 or more working computers/laptops in their office, while the other half manage their work without an adequate number of computers. 3 of the 4 DCPUs with less than 5 computers also expressed that these were not enough as per their workload and staff. One of the respondents said that they do not have the funds to buy another desktop because of the limited funds that they are allocated. As per Mission Vatsalya, the financial support for computers, along with printers and other technological support, is a non-recurring expenditure and is to be given once in 5 years. In two of the districts with fewer than the mandated

computers, they said that while the issue has been raised with the concerned authority, it remains unsolved.

The requirement for these resources also depends on the nature of their work. DCPU staff often need to go out in the field to conduct SIR, HSR, or for inspection visits. For instance, one of the DCPOs said that they need laptops when going to the field, and they only have two desktops currently. Another respondent shared that since they do not have enough computers, she mostly uses her personal mobile phone for work, like sending emails. She added that they were in need of more printers.

4.3.4 Infrastructure

Chapter 2, section 2.7 (page 15) of the MV notes that the DCPU is to be provided with 'adequate' space, and it may occupy an office within the premises of the department building. However, in case such space is not available, it can function from a rented building. It does not elaborate on the specifics of the 'adequate' space for DCPU. During data collection, the team observed that 6 of the DCPUs function out of 1 room only, with different desks for each staff member. In the case of Kamrup Metropolitan, the DCPU shares space with CWC in one room itself. The room has been partitioned with a relatively small space for DCPU staff in one corner. In Mumbai Suburban, since there is only one member in the DCPU, she works from her desk in the DWCD office.

2 of the DCPUs function from the premises of the Collectorate Office building and 1 from the department's building. Out of the remaining DCPUs, 3 sit within the premises of SAA or Children's Home, and the other 2 sit in independent rented buildings. One of the DCPOs reported that a lack of sufficient office space affects the working of the DCPU. They sit in the campus of a

Government Boys Home, which is temporarily their office. The respondent stated that since March 2024, they had been located there and did not have a permanent office to date.

4.3.5 Training and Capacity Building

Most of the DCPUs reported participating in regular training programmes, with a minimum of three to four sessions conducted annually, either online or offline. These training sessions were organised by CARA, National Institute of Public Cooperation and Child Development (NIPCCD), SARA/SCPS, NCPCR, and various NGOs primarily.

Some of the recurring themes, as shared by the respondents, on which training sessions for DCPUs are held include:

- Legislative Framework: Training on laws and regulations such as the JJ Act, Adoption Regulations, and Protection of Children from Sexual Offences (POCSO) Act.
- Procedural Guidelines: Understanding roles, responsibilities, and operational aspects of DCPUs.
- Technical Training: Familiarization with digital portals such as the CARINGS portal, among others.
- Field Challenges and Practical Case Handling: Exposure to and discussion of real-life challenges encountered in child protection services.
- Other Child-Centric Issues: Training on topics such as child marriage, missing children, and foster care.

All respondents confirmed that most of these training sessions were conducted online. In 50% of the districts, the gap between online and offline training was much greater than in the other half. Following the COVID-19 pandemic, the frequency of offline training has significantly declined. While these online sessions cover varying and crucial aspects of the DCPU's work, they

do not prove to be as effective as offline ones, said some of them. A respondent added that hardly any offline training was conducted by CARA post-pandemic and emphasised the need for more in-person training since they seem more effective and engaging.

Another gap that was highlighted by one of the respondents was that often these trainings were delayed. Speaking specifically in the case of portals, she said that training was conducted months after the portal had been updated with a new feature. By the time training was conducted, the staff had learnt to navigate the portal through trial and error, which impacted their efficiency. These training sessions need to be targeted more towards specific aspects of their work rather than being general. She added that the personnel who primarily deal with the portal and upload data should be given focused training on the technical aspects, rather than giving generalised training to the officers.

4.3.6 Procedural Delays in the LFA Process

As per Regulation 38 (10) of the AR, the DCPU is supposed to assist the CWC in the process of declaring abandoned children legally free for adoption. This includes assisting with publishing information about the child in the newspaper, securing an SIR from the probation officer, and a non-traceable report from the police.

During interviews with the DCPUs, the team found that it was a common experience across different districts wherein they faced delays in receiving the non-traceable report from the police. Police are usually preoccupied with other cases or events, elections, for instance, that are catered to with more primacy. Whereas cases/matters of adoption or LFA-related processes are hardly given any priority. Moreover, police investigations also take time and need to be thorough, there could be details and nuances to be checked. Multiple follow-ups and reminders are usually needed in such cases from SAA's end, and DCPU intervenes if required. One of the DCPUs shared that

sometimes police personnel might also lack experience in such cases, and they might need guidance from others. Eventually, it was also about the rapport between the DCPU and the police station. Cumulatively, all these factors add to the time taken by police in preparing the non-traceable report.

While the stipulated timeline for the submission of the report as per Regulation 6 (9) of Chapter 2 of AR is 30 days, our findings from the field indicate delays in the process. 2 of the DCPUs clearly said that it was common in their respective districts for the report to take more than 30 days. This could sometimes take as long as 3 months, as mentioned by one of the DCPUs. Apart from the police report, the newspaper advertisement was also a major cause of the delay. This, along with delays in the police report, further stretches the entire process. This inordinate delay does not match the stipulated timelines envisaged in the law.

In total, 5 out of 8 DCPUs interviewed, that is 62.5% of them face challenges in the timely completion of the LFA process due to the delay in the non-traceable report from the police. 2 out of 8 said that they themselves send the report to CWC, without waiting for the police's report. Even in such cases where the DCPU timely intervenes and prepares the report, it was usual for them to face delays from the police's end. Two such DCPUs said that in case they do not receive the police's report, the child is considered to be non-traceable, and further process is initiated by them. They also mentioned that the police should prepare the report within the timeline, as one of them said, but nonetheless, they do not keep the work pending and send the report by themselves.

4.3.7 Coordination with Other Stakeholders

The coordination and support from other stakeholders at various junctures are important factors to ensure the effective implementation of the JJ Act and Adoption Regulations in the district. Some of the DCPUs face issues in coordinating with the police for the timely completion

of procedures. For instance, there are 97 police stations in Mumbai Suburban, and there is only one staff member in the DCPU. The respondent mentioned that coordinating with all of them is difficult for her alone. In addition to this, she also invariably had to follow up with them again and again to complete tasks. However, this may vary from district to district. One of the respondents added that sometimes collecting data from CCIs also takes time, and often DCPU has to face the brunt of such delays. Apart from this, some DCPUs also added that they often also need to exchange information with other districts. This is particularly a challenge given the different working styles in different districts, which slows down the procedure. In many districts, including their own, there is inadequate staff in CWC, Childline, and other such stakeholders. Managing and synchronising work with limited resources overall impedes the timely completion of processes and adds to the pendency of cases.

Hence, DCPU can only contribute towards reducing the wait time involved in adoption when its issues regarding infrastructure, staff, funds, training, working, coordination with other stakeholders, and procedural delays in LFA declaration are examined and resolved with greater depth and nuance.

4.4 Child Welfare Committee

A Child Welfare Committee (CWC) is a committee constituted, under Section 27 of the JJ Act 2015, in every district by the State Government. The committee is to exercise powers and discharge duties in relation to children in need of care and protection under the JJ Act 2015. CWC plays a pivotal role in taking cognisance of and receiving the child within the adoption system and then declaring it LFA for entering into the adoption pool.

As per Section 28 of the JJ Act 2015, the CWC is to meet for at least 20 days in a month, including visits to the CCIs, and exercise their duties and observe requisite procedures. It is

authorised to handle cases concerning the care, protection, and rehabilitation of children in need, and to ensure their basic needs and safety are met. According to Section 30 of the JJ Act 2015, it can instruct Child Welfare Officers, probation officers, the DCPU, or NGOs to carry out a social investigation and submit a report to them. It can pass orders after a satisfactory inquiry regarding declaring a child in need of care and protection, restoration of the child to parents/guardians, placement of the child in a children's home, SAA, or fit facility, and declaring a child LFA.

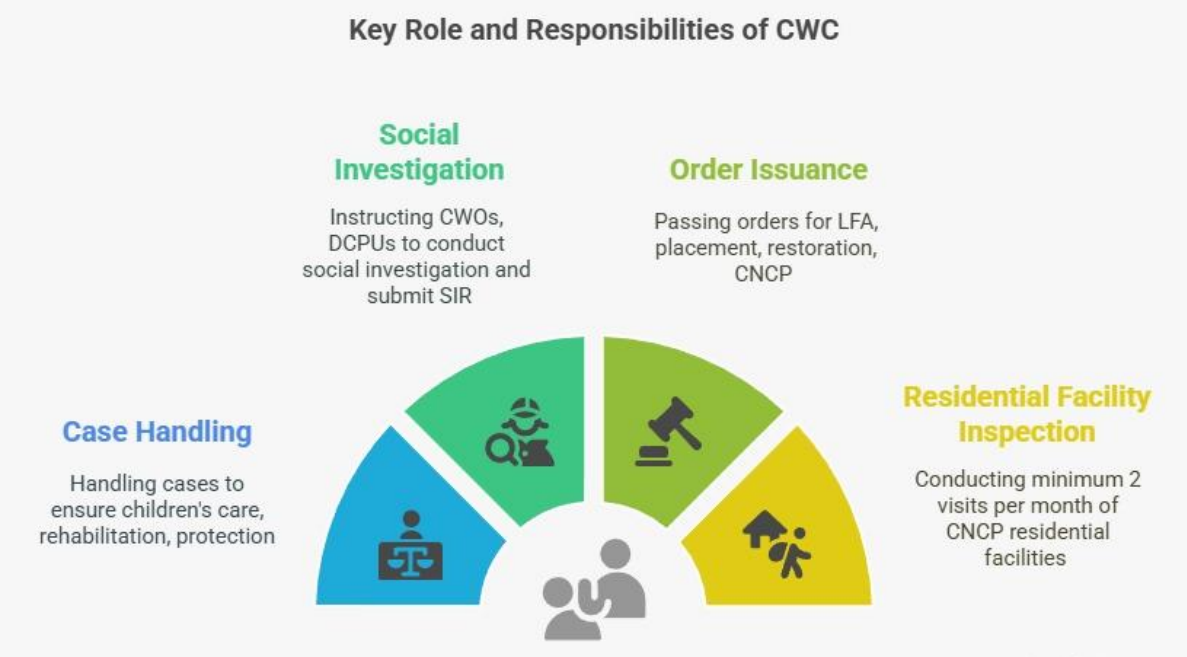

Figure 22 **Key Role and Responsibilities of CWC**

The interviews conducted with CWC attempted to gain an understanding of the capacity of CWCs, their working, and the challenges they face. Each of the districts in the sample had at least one CWC in place. The districts of Mumbai City and Mumbai Suburban have 2 CWCs each; however, only 1 CWC is functioning in place of 2 in both districts. Therefore, in total, 8 CWCs were interviewed in 8 districts (1 in each district), except Howrah. The interviews were conducted

with the Chairperson of the CWCs, mostly along with members of the committee, in a few districts.

4.4.1 Composition and Vacancy

The committee consists of a Chairperson and four members, with at least one woman member, as noted in Section 27 (2) of the JJ Act 2015. Only a person who has been involved in health, education, welfare activities related to children for a minimum of seven years, or is a professional with qualifications in the field of child psychology, law, social work, sociology, and so on, can be appointed as a member of the CWC. The appointment of a member of the CWC is mandated for a period of a maximum of 3 years.

5 of the CWCs have all 5 members as per the JJ Act 2015, the other 3 do not have their mandated number of members. In the CWCs of Mumbai Suburban and Thane, 2 positions are vacant in each, and in the CWC of Kamrup Metropolitan, 1 position is vacant. These positions have been vacant for as recently as 6 months to as long as 2 years, despite the directives of the *Temple of Healing* case (2023).

All the CWCs, even including the ones with less than 5 members, have one or more female members. This has been represented in *Figure 23* below. The appointed members of all the CWCs come from a range of backgrounds and experiences in the field of law, social work, children's welfare activities, and so on.

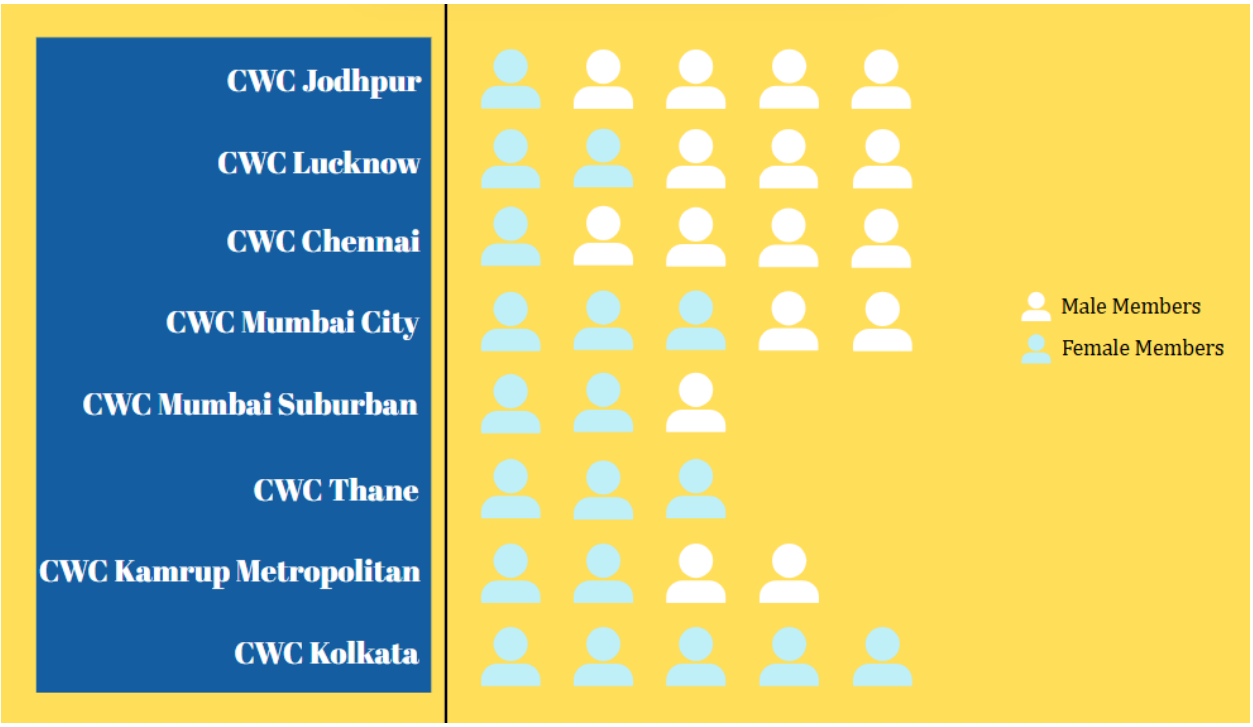

Figure 23 **Number of Members in Interviewed CWCs**

4.4.2 Training and Capacity Building

Section 27 (1) of the JJ Act 2015 prescribes that the State Government should ensure that an induction training is conducted for all members of the CWC within 2 months of the notification of their appointment. All of the 8 CWCs received an induction training or orientation. While the 7 of them received this training soon after their joining, within 2 weeks, the CWC of Lucknow reported that it was conducted very late for them and was held online. The respondent added that they are receiving training at a time when their tenure is about to end. These induction training or orientations for the CWC are conducted by NIPCCD, the State Government, or the Department dealing with adoption-related matters, or CARA.

Total number of CWCs interviewed	8
CWCs that receive **regular training**	4
CWCs that receive **training on a need basis**	3
CWCs that receive **no regular training**	1

Table 6 **Training Frequency of Interviewed CWCs**

Nonetheless, only 50% of the total CWCs receive regular training (twice a year or more), as can be seen in *Table 6*. Their training sessions include topics of regulations, family restoration, foster care, different types of cases and challenges, and so on. Most of the training conducted by CARA is online. One of the CWCs mentioned that no offline training was held for them in the year 2024. Even when offline training is conducted, not all the members of the CWC are able to attend due to the workload.

Some of the CWCs also mentioned that these training sessions are not as helpful. One of the important reasons for this is the online training, which is not effective. Some of the respondents expressed that offline and extensive training is required, as the role of CWC is very important. These training sessions should be about pragmatic cases that one has to deal with in reality, and should not simply be limited to what is written in the law. Commenting on the quality and importance of training for their work, a CWC Chairperson said: “The training is repetitive. CWC members are educated; they have PG degrees. They can themselves read and understand the law, so repetitive training about laws and regulations is not helpful. Training modules should reflect changing times. Training sessions are needed for analytical discussions as ground realities of cases are very nuanced.” One of the Chairpersons reported that not much effort is taken for CWC

training. Even though around 3 training sessions are held in a year by CARA or SARA, they are all online and hence not sufficient. An additional aspect that is overlooked in these training sessions is teaching the emotional aspects of the surrendering, LFA, and adoption for biological parents or guardians, children, and PAPs. The CWC is not well equipped with the tools and skill sets required to cater to these aspects of their roles as stakeholders within the adoption system.

4.4.3 Working of CWC

The working of CWC can be understood through its suo moto cognisance cases and its inspection of child residential facilities. They have a significant impact on the well-being of children and their potential inclusion within the adoption pool.

A. Suo Moto Cognisance

As per Section 30 (xii) of the JJ Act 2015, CWC can take suo moto cognisance of cases and directly intervene in cases of CNCP, who have not been produced before CWC. Out of 8 CWCs, only 4 of them reported taking suo moto cognisance of cases. These 4 CWCs recounted the nature of cases where suo moto cognisance was taken by them. All such cases pertained to the domain of child sexual abuse, death of a child, and child marriage. None of these cases mentioned were related to illegal adoption or child trafficking, except only 1 CWC reporting that they have also taken suo moto cognisance of an illegal adoption case. The 4 CWCs said such cases were brought to their notice via media, police, or phone calls. One of the CWCs shared how they handle such cases, ensuring the child's safety, guiding the police with the investigation. The other CWCs who have not taken suo moto so far in their tenure reported that the police, NGOs are active and sensitive in their district. They produce any such children before the CWC, and hence, there has been no such need to take up suo moto. However, there is one CWC that does not do so in order to mitigate personal risks, as mentioned by one of its members. She further advocated for CWC's

role in taking up such cases. Given that under Section 27 (9) of the JJ Act 2015, the CWC functions as Bench and has powers conferred by Criminal Procedure Code on a Metropolitan Magistrate or Judicial Magistrate First Class, the CWC does not seem to be exercising its powers to the fullest extend to fulfil its functions under the adoption system.

B. Inspection of Child Residential Facilities

As per Section 30 (viii) of the JJ Act 2015, the CWC is to conduct a minimum of 2 inspection visits in each month of the residential facilities for CNCP. 4 CWCs conduct regular visits to the residential facilities, with sometimes even more than 2 visits in a month. One of these CWCs reported that even though they go for visits more than twice a month, it was not a fruitful endeavour. Since they were not able to interact with children in confidence, these inspections are only a form-filling exercise repeatedly done over and over. The remaining 4 CWCs find it difficult to go for regular visits due to their workload and limited manpower. CWC of Mumbai City mentioned that they try to do a visit quarterly; however, their last inspection was reported 7 months ago. Another CWC mentioned that they go for surprise visits sometimes, but fail to do so regularly. In the Kamrup Metropolitan district, Assam, there are 23 CCIs, it is difficult for one CWC to manage the workload and also go for inspections. The CWC asks for reports online.

Even when these CWCs do visit or go for inspections, it is not possible for all 5 of the members to go. One of the chairpersons mentioned that usually other members go for visits, and she only attends when meetings with the SAAs are held online. Most of the CWCs maintain active coordination and contact with the SAAs and CCIs through phone.

4.4.4 Coordination with Other Stakeholders

Support from other stakeholders, like DCPU or the State Department, also affects CWCs functioning. Some of the CWCs receive support from the DCPU in carrying out their work. They

receive assistance related to administrative work, SIR, and field visits. 4 out of 8 CWCs also receive secretarial support, as mentioned in Section 27 (3) of the JJ Act. The secretary or staff functions as the data entry operator for CWC, who does the paperwork, documentation and coordinates with the DCPU, as reported by one of the CWCs. The remaining 50% of the CWCs do not receive any staff support from the DCPU, while some of them receive SIR-related support from the DCPU.

Almost all of the CWCs expressed dissatisfaction over support from DCPU in carrying out their work. This was reported by even those who get some support related to SIR or secretarial support. CWC of Mumbai Suburban mentioned that they do not receive any form of assistance from the DCPU, which itself functions with only 1 staff member. In the district of Thane, the CWC draws support from the NGOs working in their district. DCPU's own limited capacity in terms of fewer staff and workload hinders the working of the CWCs as well.

Some of the CWCs also face delays in receiving the SIR from DCPUs working in other districts. Many of the districts where data collection was conducted are major cities in their respective regions, and witness an influx of abandoned or runaway (or missing) children from other districts. SIR is important to ensure the child's restoration or rehabilitation, a CWC expressed; however, it takes time to coordinate with other districts' DCPUs and get the SIR done. This was also echoed by some of the SAAs.

While all the CWCs coordinate and communicate with the DCPU, 6 out of the 8 CWCs – 75% of CWCs – either do not receive any support from DCPU or express it as insufficient support. 6 out of 8 CWCs need support related to all or one of these – staff/secretarial support, SIR-related support, travel support.

Speaking of the travel arrangements required for visits or inspections, only 1 CWC chairperson mentioned receiving travel support. 87.5% of the CWCs do not get any travel support for field visits or inspections. Most of the respondents reported arranging their own vehicle for travel, even to remote locations. Moreover, they are neither provided with travel allowance nor reimbursed. Even the 1 CWC that does receive travel support, this isn't always provided.

Apart from support from DCPU, 2 CWCs also expressed the need for better technological infrastructure. CWC Chennai is currently using a rented system after losing its computer system due to floods. Some of them also require training support from CARA/SARA. Training, particularly in the domain of counselling, is essential, said a CWC member. CWCs are overburdened and work with limited staff. Some of them also have an additional charge for other CWCs. They require more staff, more CWCs to be set up for faster disposition of cases, better supervision and monitoring of cases in the district.

4.4.5 Infrastructure

According to Chapter 2, section 2.10 of MV (p. 17), the CWC is to sit within the premises of a Children's Home. Infrastructurally, it is to occupy 2 rooms of 300 sq. ft. For districts where there are no children's homes or the homes do not have the requisite space, MV provides funds for the construction or renting of such suitable premises for CWC. The two rooms are to be used for CWC's sitting and as a waiting area for children and families. It is further stated that there should be provisions for drinking water, a toilet, as well as recreational activities for children in the waiting area.

4 out of the 8 CWCs were within the premises of a children's home; 2 are located at a walking distance from the home or SAA; 1 is located within the campus of One Stop Centre; and lastly, 1 CWC was in an independent building. Only 37.5% of the CWCs had two rooms, one for

the CWC's sitting and one for the waiting area. Out of these, only Kolkata's CWC had large rooms sufficient for both the waiting area and the CWC's sitting. While CWC Mumbai Suburban and CWC Thane had 2 functional rooms, they were small and congested. In the case of Thane, both the sitting room and waiting room were extremely small, with barely any space to walk.

For the remaining CWCs, they operated out of 1 room only. CWC Lucknow, Rajasthan, Kamrup Metropolitan, and Chennai had only 1 single room for CWC's sitting. Even in this case, Kamrup Metropolitan's 1 room for CWC was partitioned with a small space for the DCPU staff to sit. CWC Chennai had a few chairs inside the sitting room only for people waiting. The lack of waiting room or a separate room becomes an issue when handling sensitive cases like child sexual abuse, since everyone's presence violates the child's privacy during the proceeding, reported one of the CWC Chairperson. CWC of Mumbai City had 2 rooms; however, the other room was not used as the waiting area. People had to sit and wait outside the room.

Figure 24 **A Glimpse of the Notice Board inside CWC Kolkata**

Figure 25 **A Glimpse of the Notice Board inside CWC Mumbai Suburban**

None of the CWCs had any arrangements for children's recreation; however, some of them had charts and posters pasted inside displaying information regarding child rights and child protection. *Figures 24* and *25* display the notice board from CWC Kolkata and CWC Mumbai Suburban.

4.4.6 Shrinking of the Adoption Pool

As per Families of Joy Foundation (2025), the adoption pool saw a decrease in the number of children from 2317 in 2020 to 1709 in 2024—i.e., a decline of 26.2% from 2020 to 2024 (Refer *Figure 26*). While the proportion of SNCs in the adoption pool has increased since 2020, the number of normal children, particularly below 2 years, has declined. In 2020, the number of normal children below 2 years comprised 4% of the adoption pool, and in 2024, it had reduced to a mere 1%.

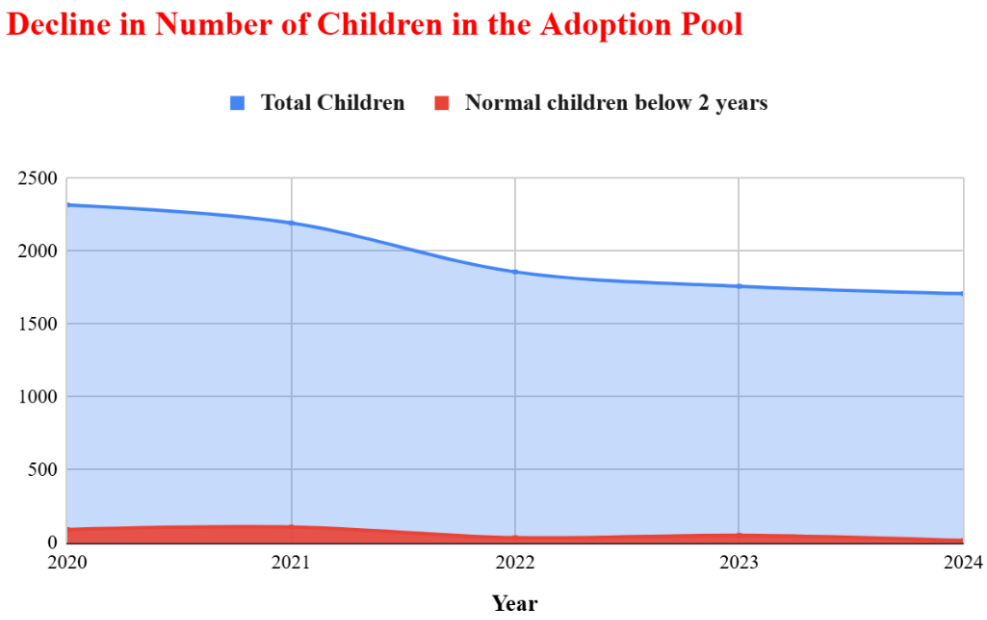

Figure 26 **Decline in the Number of Children in the Adoption Pool**

This shrinking of the adoption pool is concerning and further adds to the wait time. 50% of the CWCs attributed the increasing cases of illegal adoptions as the leading cause of the reduction of children in the adoption pool in recent years. There needs to be awareness among the public, especially in private hospitals, nursing homes – it is here where such cases happen. Doctors, nurses, police, and parents are key stakeholders who need to be sensitised and made aware of such cases. One of the CWC Chairpersons said awareness in hospitals is the first step against illegal adoption. Emphasising the rising cases of illegal adoptions, she said that in the last few months, they have not received any abandoned children. Police and even NGOs need to actively identify such cases and flag them, so that required action can be taken.

Another major factor that impacts the number of children in the adoption pool and slows down their entry into the adoption pool is the process of declaring children LFA and the disposition of cases. According to some CWCs, the process is unnecessarily complicated and lengthy. In some cases, there are complexities in the SIR or from the biological family's side which delay the

disposition of cases. As a result, the child has to stay in the institution longer. Complications and nuances of the particular cases also make the categorisation of the child difficult, thereby delaying the LFA process. Deadlines are often breached in such cases, despite the Supreme Court's directive in the *Temple of Healing* case (2023) to streamline and expedite the process.

While every CWC emphasised that the institution is and should be the last resort for children, some of them reportedly prioritise the restoration of the child with their biological family, even if it is not in the best interest of the child. This search for the biological family in cases of abandoned children can sometimes take longer than the prescribed time as per Section 38 (1) of the JJ Act 2015 – 2 months for children up to the age of 2 years, and 4 months for children above 2 years. Consequently, the child stays in the institution longer than desired. According to the data collected in the field, CWC Jodhpur and CWC Lucknow were unable to give us any data with regard to the number of children declared LFA in their tenure; CWC Chennai stated that approximately 30 to 40 LFA orders have been passed by their CWC in the last 3.5 years; CWC Mumbai City passed approximately 150-200 orders in 2.5 years; CWC Mumbai Suburban passed more than 100 orders; CWC Kamrup Metropolitan passed 24-25 orders; and CWC Kolkata and CWC Howrah refused to share any details.

Therefore, the CWC needs to be empowered through training, longer tenures, distributed workload, increased honorariums, infrastructural improvements, and support from other stakeholders so that the adoption pool may see a rise in the future, impacting the adoption pool favourably.

4.5 Specialised Adoption Agency

Specialised Adoption Agency or SAA is an institution established by the state government or an NGO to house OAS children below six years of age for adoption, under Section 2 (57) and

36 (1) of the JJ Act 2015. As explained in Chapter 3 of Mission Vatsalya (2022, p. 22), the SAA facilitates adoption for those children who are legally free for adoption. Regulation 30 (*Adoption Regulations*, 2022) discusses the functions of an SAA with regard to children and PAPs in detail, highlighting its role at every stage of the adoption process. From the admission and registration of OAS children, medical checkup, preparing their care plan, submitting reports to the CWC about the information revealed by a child (given in Regulation 6 (10) of the Adoption Regulations 2022), CSR, and MER (given in Regulation 6 (15) of the Adoption Regulations 2022), to pre and post adoption counselling of PAPs and children, assessing the PAPs suitability through HSR (also discussed in Section 58 (2) of the JJ Act 2015 and Regulation 10 (7) of the Adoption Regulations 2022) and ACM, the child's matching with PAPs (given in Regulation 11 (4), (7), and (8) of the Adoption Regulations 2022), getting the adoption order (also mentioned in Regulation 13 (1)), applying for the birth certificate (also discussed in Regulation 13 (9)), post-adoption follow-ups (also mentioned in Regulation 14 (1) of the Adoption Regulations 2022), and uploading all the documents on the CARINGS Portal, SAAs take care of everything. Consequently, SAAs are extremely crucial to the adoption process.

Keeping this in mind, the team visited 25 SAAs across the six states chosen in the sample to map their working from the vantage point of the objectives set out in the research. The Administrative Head and the Social Worker of the SAAs were interviewed during these visits to understand their role and challenges faced in the adoption process in India. Given that the adoption process majorly relies on the SAAs, their functioning gives us an insight into the various obstacles that lead to increasingly long wait times for children and PAPs alike.

4.5.1 Qualifications of the Social Worker

All the functions of the SAA laid out above with regard to the PAPs and the child are carried out by the social workers of the SAAs. Consequently, social workers must be equipped with the skill set required to perform these complex tasks. According to Rule 2 (xviii) of the JJ Model Rules (2016), a social worker should have a postgraduate degree in Social Work, Sociology, Psychology, or Child Development, or be a graduate with a minimum of seven years of experience in child education and development or protection issues. Among the 25 SAAs interviewed, all the social workers were post-graduates, showcasing a perfect implementation of this directive. Out of the interviewed social workers, 20 specialised in Social Work, 1 specialised in Psychology, 2 specialised in Sociology, 1 studied both Sociology and Counselling, and 1 studied both Social Work and Psychology, as depicted in *Figure 27*.

***Figure 27* Areas of Specialisation of Interviewed Social Workers**

However, given that their responsibilities also include counselling PAPs to make them aware of the adoption process and ascertain their level of preparedness, as per Regulation 30 (3)

(c) (*Adoption Regulations*, 2022), the data revealed that out of the 25 social workers interviewed, 20 had studied a course on psychology or counselling in their higher education. Among these social workers, the team found that psychology or counselling was one of several aspects that they studied, leaving them with no specialised knowledge on adoption-related matters. Only 3 social workers had any specialised knowledge on psychology and counselling, showcasing an absence of specialised counselling offered by SAAs to PAPs. This also points towards the need for reassessing psychology courses to make more adoption-related topics part of the curriculum at the national level. Another point to deliberate is that many children who come to SAAs have trauma and require consistent trauma-informed counselling. There are very few such trained counsellors and social workers available within the adoption system to identify children in need of such counselling and provide them with the necessary care.

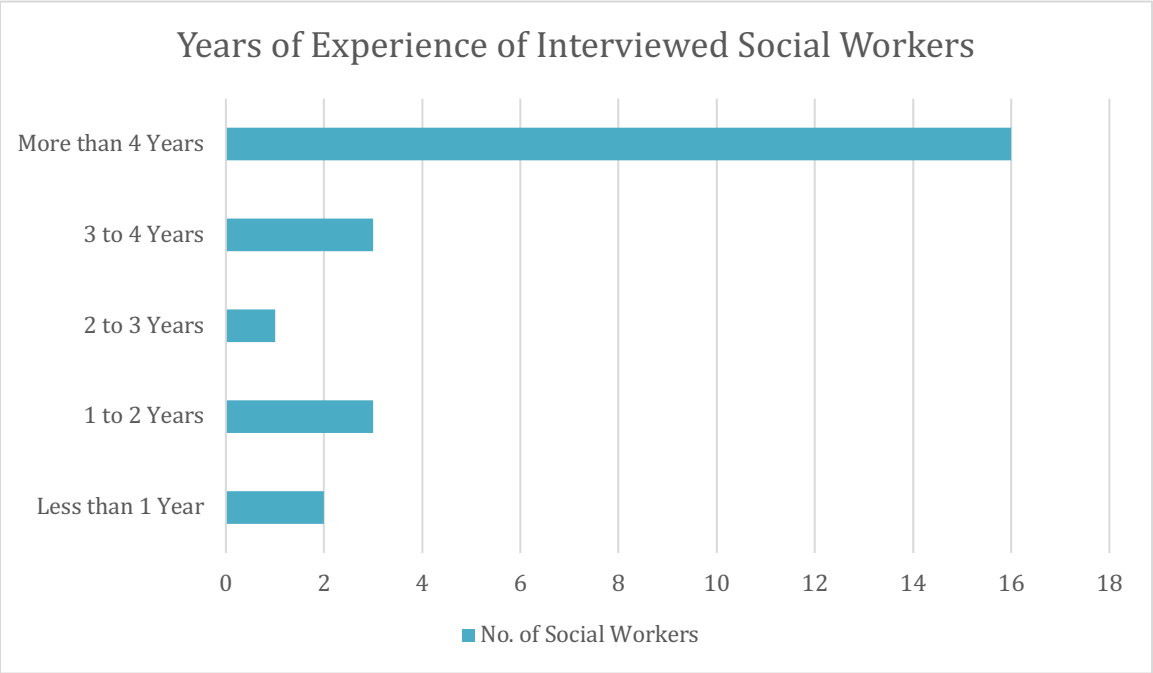

Figure 28 **Years of Experience of Interviewed Social Workers**

Further, their experience working in the field of adoption ranged from less than 1 year to more than 4 years— 2 social workers had less than 1 year experience, 3 social workers had 1-2 years, 1 social worker had 2-3 years, 3 social workers had 3-4 years, and 16 social workers had more than 4 years of experience, as seen in *Figure 28*. Their level of experience was correlated to the types of challenges they faced, giving us a broader insight into the numerous challenges faced by social workers in their work. The qualifications of the social worker can impact not only the wait time, based on their capabilities and efficiency in handling the process, but also impact the best interest of the child in question.

4.5.2 Training of Social Workers

With constant changes in the law and the dynamic nature of cases handled by social workers, they require continuous training and upskilling. In this light, Regulation 35 (2) (*Adoption Regulations*, 2022) tasks SARA to take measures for training and capacity-building activities in the state, while Regulation 41 (5) (*Adoption Regulations*, 2022) directs CARA to support SAAs in the same way. The data revealed that both CARA and SARA conduct training sessions for SAAs, along with NIPCCD, NCPCR, other SAAs (like Bal Asha Trust in Mumbai City district and Bala Mandir Kamaraj Trust in Chennai district), NGOs like Miracle Foundation, Committed Community Development Trust, Catalyst for Social Action, and Prerna. Some SAAs, like the Hindu Women's Welfare Society, Bal Asha Trust, the Indian Association for Promotion of Adoption and Child Welfare in Mumbai City district, and the Assam Child and Women's Welfare Society in Kamrup Metropolitan district, also conduct internal training for their staff.

The interviewed social workers stated that the focus of these sessions was ensuring the health and nutrition of the children, procedure-related information, information regarding any change or updates in the JJ Act and Adoption Regulations, the process for carrying out any

paperwork, HSR, categories of children, no visitation children, and the CARINGS Portal, among other topics. However, these sessions are not specifically targeted towards social workers, leading to generic discussions instead of specialised training.

Some respondents lamented that sometimes CARA does not do capacity-building programmes when it introduces anything new. While sessions are conducted both offline and online, online sessions have seen an increase after COVID-19, often at the detriment of in-person sessions. Most respondents, similar to other stakeholders, stated that they found in-person sessions more beneficial than online sessions, as during online sessions, they had to focus on their workload simultaneously and could not engage more deeply with the training. Some respondents also revealed that they face a language barrier in training sessions that are conducted in Hindi. The language barrier further diminishes the effectiveness of these sessions. Yet, the ease of conducting online sessions has made them the popular choice among CARA and SARA. Additionally, information about compulsory training sessions is given to SAAs at the last moment, affecting their work schedule and making these sessions burdensome.

When probed about their individual training after joining the SAAs, many social workers revealed that there was no induction training conducted by any other stakeholder. They were trained by the Directors and Joint Secretaries of their SAAs and learned on the job. Some social workers networked with other social workers during the Adoption Month celebrations, took guidance from them, and read the CARA guidelines, thereby teaching themselves. This shows that the induction training of social workers is not given adequate importance in the adoption process. It affects the quality and speed of their work.

In the context of developing and maintaining counselling skills, the training sessions are not very helpful. Social workers revealed that training sessions do not focus much on counselling,

but discuss it by connecting it with other topics. While it is part of the training agenda, there is no specifically dedicated training for counselling. Some SAAs also felt that counselling is not an important topic for the training of SAA social workers, as they have younger children. These respondents relegated counselling needs to older children, and therefore, felt CCI social workers would benefit more from training on counselling. This further revealed the ignorance of the importance of counselling in the adoption process, given that SAAs are primarily responsible for counselling both PAPs and children, according to Regulation 30 (3) (c) (*Adoption Regulations*, 2022). The wait time in the adoption process is, therefore, also affected by these lacunae in the training of social workers.

4.5.3 Evaluating the Work of Social Workers and SAAs

Social workers are the cornerstone of the adoption system, given their broad spectrum of responsibilities. Despite this, 11 SAAs have only 1 social worker, 6 SAAs have 2 social workers, 3 SAAs have 3 social workers, 3 SAAs have 4 social workers, 1 SAA has 5 social workers, and only 1 SAA has 6 social workers, as depicted in *Figure 29*. This skewed dynamic between increasing workload and decreasing staff has an adverse impact on the various processes involved in adoption (either causing delays or the work being done haphazardly), as well as on the well-being of social workers.

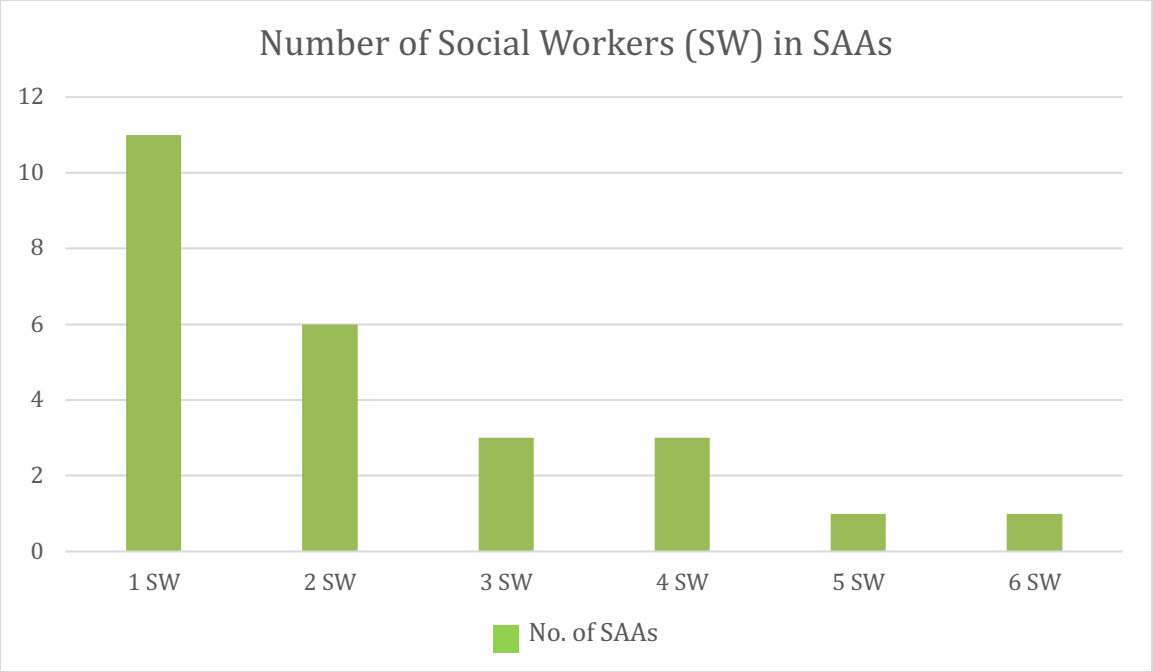

Figure 29 **Number of Social Workers in SAAs**

Regulation 30 (3) (c) (*Adoption Regulations*, 2022) states that making PAPs aware of the adoption process is one of the responsibilities of the SAAs. In this context, 16 PAPs (i.e., 69.56%) out of 23 surveyed PAPs revealed that their SAAs explained the entire adoption process to them, along with the timelines at the time of HSR, while 7 PAPs (i.e., 30.43%) responded otherwise. This shows that the experience of PAPs largely aligns with the aim of the Adoption Regulations 2022. However, deeper probing revealed that out of the 23 surveyed PAPs, only 10 PAPs (i.e., 43.47%) were informed about the various lists of children (such as the Immediate Placement list, 7 days list, SNC list) on the CARINGS portal at the time of HSR, while 13 PAPs (i.e., 56.52%) were not informed which would have helped them make informed decision regarding their wait time and may have reserved children from these lists. This lack of information also affected their referral time as they could not choose a path they did not know.

When PAPs, who had received their referral, were probed about the CSR and MER documents, 8 PAPs stated that they were highly satisfied with the reports, 4 PAPs were somewhat satisfied, 3 PAPs found it workable, while 4 were highly dissatisfied. From this, one can draw the conclusion that CSRs and MERs are not meeting the expectations of the PAPs to the fullest potential with which they have been designed in the law. This lack of complete information in a time-critical framework of 48 hours creates a decision dilemma for the parents who often resort to letting go of the referral, or reserving and then not going ahead with the pre-adoption foster care, leading to further delays. These reports are either incomplete, or the information given is insufficient or inaccurate when verified by PAPs at the time of pre-adoption foster care and ACM. Some SAAs also revealed that many SAAs make a handwritten report, which affects its legibility, adding to the problems associated with these reports. PAPs stated that apart from these reports, they should be allowed to talk to the paediatrician who has conducted the tests and receive more photos and videos of the child.

Further, given that counselling PAPs and children is also the responsibility of the SAAs, social workers have an additional burden to carry without specialised knowledge, as elaborated upon before. Most SAAs did not have specialised counsellors, trauma-informed or child and adolescent counsellors for this responsibility— 15 SAAs had no counsellors, 7 SAAs had 1 counsellor, 1 SAA had 2 clinical psychologists, and 2 SAAs had visiting/consultant counsellors on a need basis. This affects the quality of counselling received by PAPs and children, leading to problems of disruption and dissolution in the future.

4.5.4 Qualifications and Training of Childcare Staff

The qualifications required to be a childcare staff are not mentioned anywhere in the JJ Act 2015, JJ Model Rules 2016, Adoption Regulations 2022, or Mission Vatsalya 2022. Consequently,

SAAs have developed their own eligibility criteria based on the children's needs. SAAs require the childcare staff to have basic literacy and/or have studied until Class 10, as they handle children's medicines and should know how to read expiry dates and names of medicines. It also allows them to help the children as they start attending school. They hire older women with some personal experience in taking care of children. Further, the caretakers are required to live close by to ensure their availability when needed and be female.

The childcare staff is recruited on a tender basis through an agency, advertisements in newspapers, circulating information about any vacancy in known sources, referrals, or through the CWC and DCPU. Varshini Illam SAA in Chennai district employs trained staff from the nursing school, which is located right next to it. Sometimes, those children who have taken a nursing course through a government programme during their stay in CCIs are recruited by SAAs as childcare staff after they grow up.

While their qualifications are not discussed anywhere, Regulation 30 (3) (u) (*Adoption Regulations*, 2022) directs SAAs to train the childcare staff to be aware of the developmental milestones in all children and take care of children with special needs. When the SAAs were questioned about it, they stated that they train their childcare staff on several issues, like sexual harassment and gender sensitisation, developmental milestones of children, taking care of children with special needs, children's health, nutrition, and food, handling children, physiotherapy, child aggression, emotional and behavioural aspects of children, trauma, stress management, bathing and changing children's clothes, medicine, taking a child to the hospital, handling underweight infants, and using RT Tube for feeding them. There were only 2 SAAs in our sample in the Mumbai City district that did not have any childcare staff, as they ran a foster care programme where children were sent directly to foster parents, and only 3 SAAs where no such training was

conducted for the childcare staff. This shows that Regulation 30 (3) (u) has largely seen a good implementation at the ground level.

4.5.5 Technological Infrastructure of the SAA

According to Annexure – IV, Part-C of Mission Vatsalya (2022, p. 72), an SAA should have 1 computer for every 10 children. Among the 25 SAAs interviewed, 13 have 1-5 laptops/desktops, 6 have 6-10, and 6 have more than 10, as seen in *Figure 30*. While 20 SAAs stated that they have enough laptops/desktops, 5 SAAs stated that they need more laptops/desktops. Some SAAs stated they need tablets for field visits, while others stated they need good-quality desktops/laptops as their current systems constantly face technical issues.

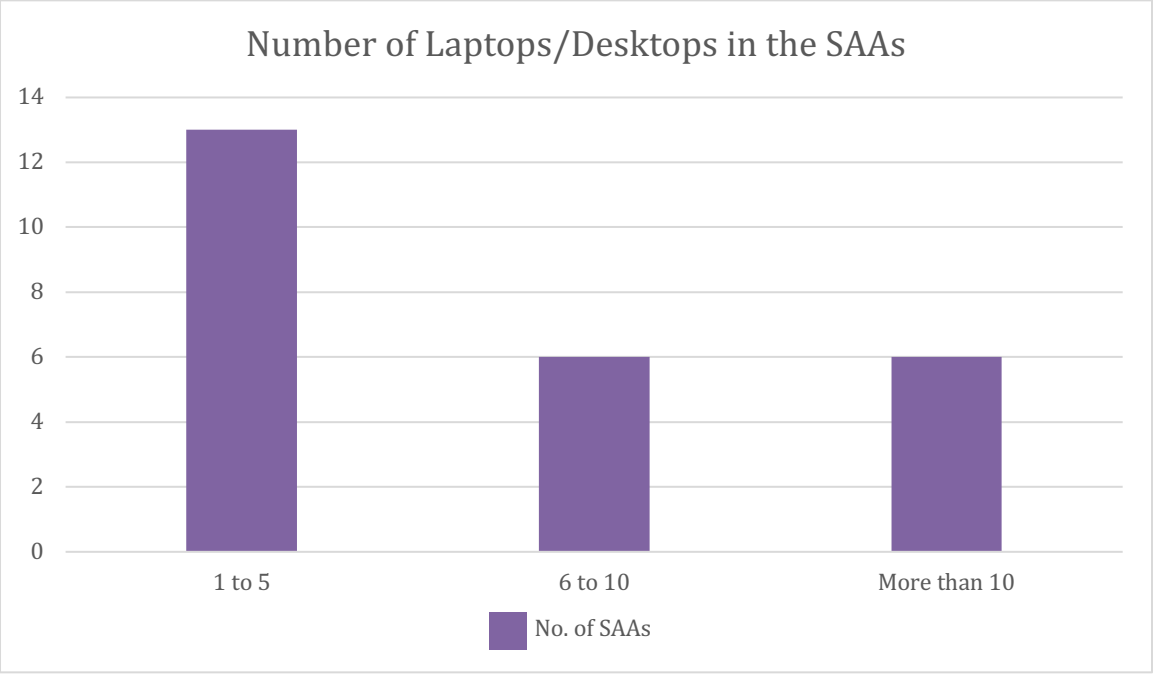

Figure 30 **Number of Laptops/Desktops in the SAAs**

The directive in Mission Vatsalya considers the number of children in the SAA to determine the number of desktops needed by the SAA for administrative work. However, an SAA is also responsible for managing the documents of PAPs, communicating with other stakeholders,

and attending online training sessions, among other tasks. This directive does not take these responsibilities into account, resulting in several SAA staff and social workers using their personal laptops or mobile phones to perform their work. Given that the entire adoption process runs online, the strength of the technological infrastructure of the SAA is crucial for reducing the wait time for PAPs.

4.5.6 Funding of SAAs

The plethora of functions that the SAAs perform concerning children and PAPs—taking care of children's needs (food, clothing, health, and education), covering the salaries of social workers, childcare staff, security, and administration, travel expenses, and more—requires a strong and steady source of funding. An SAA can function effectively and carry out its mandate within the adoption system only as long as they have sufficient funds. A lot of the above-mentioned observations may get exacerbated in case there is a shortage of funds. Since SAAs can be established by both government and non-government organisations, their funding sources are not limited to one. They can receive funding from the government, private organisations, as well as through fundraising and donations, as depicted in *Figure 31*.

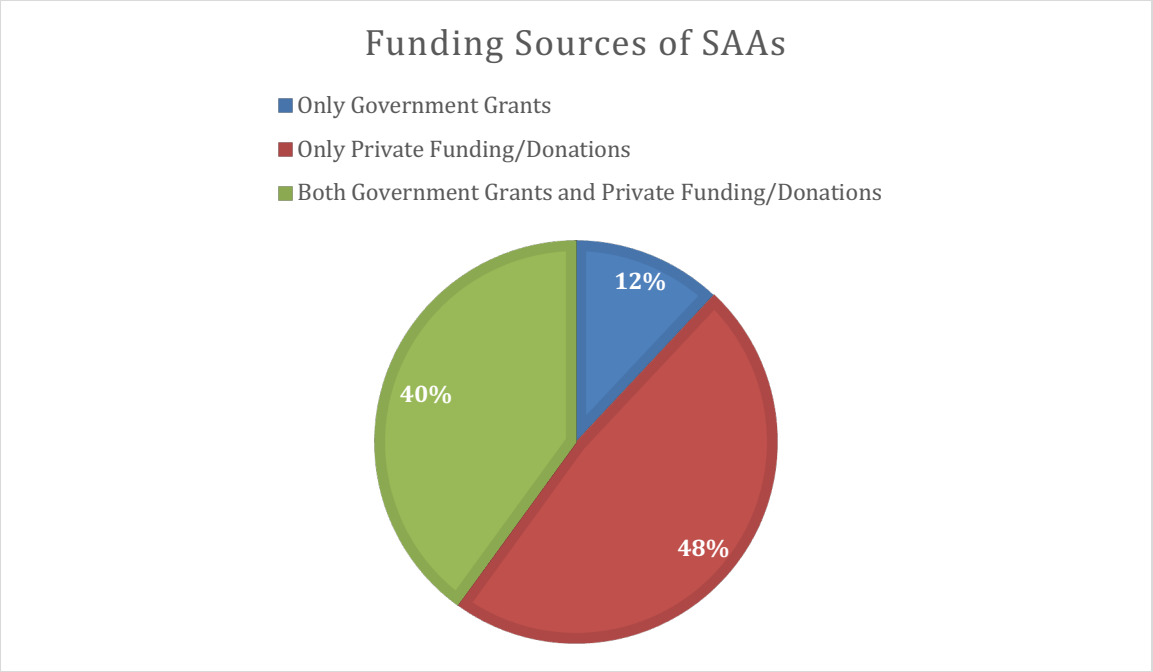

Figure 31 **Funding Sources of SAAs**

When the team probed SAAs about their funding sources, the team found that 13 SAAs were funded by the government, while 12 SAAs did not receive any government grants. While these 12 SAAs rely solely on private funding and donations, 10 SAAs out of the 13 government-funded SAAs also rely on private funding and donations, as the government grant either comes late or is insufficient. SAAs in West Bengal revealed that they are yet to receive the Mission Vatsalya funds from the last quarter of the financial year of 2024-25.

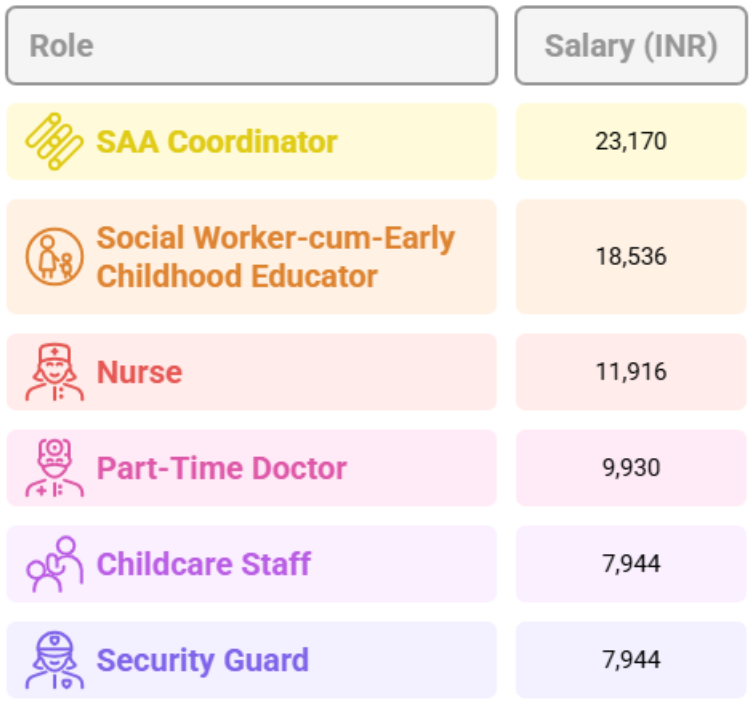

Figure 32 **Salary of SAA Staff as per Mission Vatsalya**

According to Mission Vatsalya (2022, p. 72), an SAA comprising 10 children should have 1 Manager/Coordinator, 1 Social Worker-cum-Early Childhood educator, 1 Nurse, 1 part-time Doctor, 6 *ayahs* (childcare staff), and 1 Security Guard. Further, the financial support given to SAAs, as stated in Mission Vatsalya (2022, p. 72), delineates the salaries of SAA staff, as depicted in *Figure 32*. The SAAs reported that these salaries are very low and make it difficult for them to recruit and hold on to quality staff. It affects the workload of SAAs and causes delays. This grant also includes the maintenance grant of Rs. 2,500 per child per month to cover expenses on food, milk powder, feeding bottles, clothing, medicine, soap, oil, play materials, among other things. With the late disbursement of grants, not only is the retention of staff becoming an issue, but the care of children is also left hanging. It affects the health and well-being of the child, causing delays

in MER, restoration, and other formalities. Therefore, funding is a key criterion of concern for SAAs and requires a deeper policy rethink.

4.5.7 Support from Other Stakeholders

While SAAs are tasked with several important tasks in relation to the children and the PAPs, they do not function in a vacuum. Their work depends on the coordination and cooperation of other stakeholders—CWC, DCPU, SARA, CARA, PAPs, Police, CMO, DM, Municipal Corporation, and so on. In this context, they face several challenges.

Some CWCs ask SAAs to bring the child to file the LFA petition. If they send the documents through courier, the CWC tells them to file the petition again. If the child is hospitalised, this process gets delayed. 2 SAAs in our sample had more children than their capacity, which increased their expenses and made it difficult for them to manage the SAA. For the publication of children's advertisements in newspapers, SAAs face issues with funding, while in some states, like West Bengal, the DCPU takes care of the publication. In other States, it becomes an additional expenditure. SAAs do not get SIRs from DCPU on time, leading to delays in restoration or any further decision regarding the child. PAPs do not submit documents on time, and delay HSRs and post-adoption follow-ups. SAA social workers add that gauging the intent, personality, and capability of PAPs who adopt the children proves to be very challenging.

Further, the process for getting DNA tests for children of POCSO victims takes a lot of time and is delayed incessantly by the police. There are delays in the entry of the child into the SAA as it needs a GD (General Diary) Number of the Police to register the child within 72 hours. SAAs have to do multiple follow-ups with the police for the same. The case is similar for procuring the 'Non-Traceable' or 'No Claimant Report' or 'Final Report' of the child to ascertain that the child has no biological parent or guardian to whom it can be restored. The police have other

priorities and a workload that affects their responsibilities regarding the restoration or adoption of children. Even when they sincerely work toward these cases, their inquiry takes considerable time as they have to investigate several leads. In fact, even the final report cannot say with certainty that the child is abandoned. Moreover, cases of missing children become tough to handle for the SAAs and the police as they are either not able to tell their address, or their parents have died. While dealing with the CMO, the SAAs face issues with getting appointments and preparing the MER for SNC. The Municipal Corporation takes at least a month to prepare the birth certificate, which does not cater to the given timelines.

Additionally, SAAs face difficulties in procuring mother's milk for the children as the supply of the milk banks is limited. The documentations required in the process also vary from state to state, due to which a standardised process is absent. It leads to confusion among the SAAs, as some SAAs reject documents, considering them incomplete. The varying documents include police verification, notaries, reference, undertaking, and post-referral counselling form[31], among others. This documentation support also needs to consider the language barrier faced by SAAs while interacting with each other. If the documents are sent in the local language of a state, a translated copy in English must also be attached to the documents. Further, SAAs need transport support to carry out their responsibilities. Given that most of their work is in the field and requires constant travel, a lack of this support is glaring and impacts the work of SAAs.

The support that the SAAs need is, therefore, multidimensional. All stakeholders need to work in tandem, with the best interest of the child in mind, for the process to function smoothly and reach its envisioned goals. Streamlining the process and seamless coordination among the

[31] The Post-Referral Counselling Form is a document asked for by West Bengal SAAs for PAPs who have been referred children from their SAAs. This form has been made in accordance with the state guidelines and asks other SAAs to counsel PAPs after they have accepted the referral to understand their level of preparedness with regard to their chosen child.

stakeholders are important in order to adhere to the timelines, as directed in the *Temple of Healing* case (2023). Any future attempt to offer them support must consider these nuances, as the wait time is not the result of one misstep but a culmination of several.

4.5.8 Mapping the Present Adoption Pool in the SAAs

The gap between the number of PAPs and children is the key reason for the long wait time experienced by PAPs. From the perspective of children, the number of children declared legally free for adoption is vital. However, there is no regular anonymous data published by CARA state-wise on its website highlighting the trend regarding the number of children who are LFA on a quarterly or even yearly basis, as compared to the number of children living in the SAAs.

To understand this issue deeper, since CARA has no publicly available records on it, the team was able to get an estimate for the total number of children in the 25 interviewed SAAs (0-6 years old children only), as depicted in *Figure 18*. Out of the 25 SAAs, 2 SAAs in Mumbai City district (Indian Association for Promotion of Adoption and Child Welfare, and Family Service Centre) run the foster care programme due to which they have no children living with them, and 1 SAA in Thane district was unable to give us clear data, as they did not have data organised to the specifications asked by the team leading to confusing data. *Figure 33*, therefore, represents data from the remaining 22 SAAs.

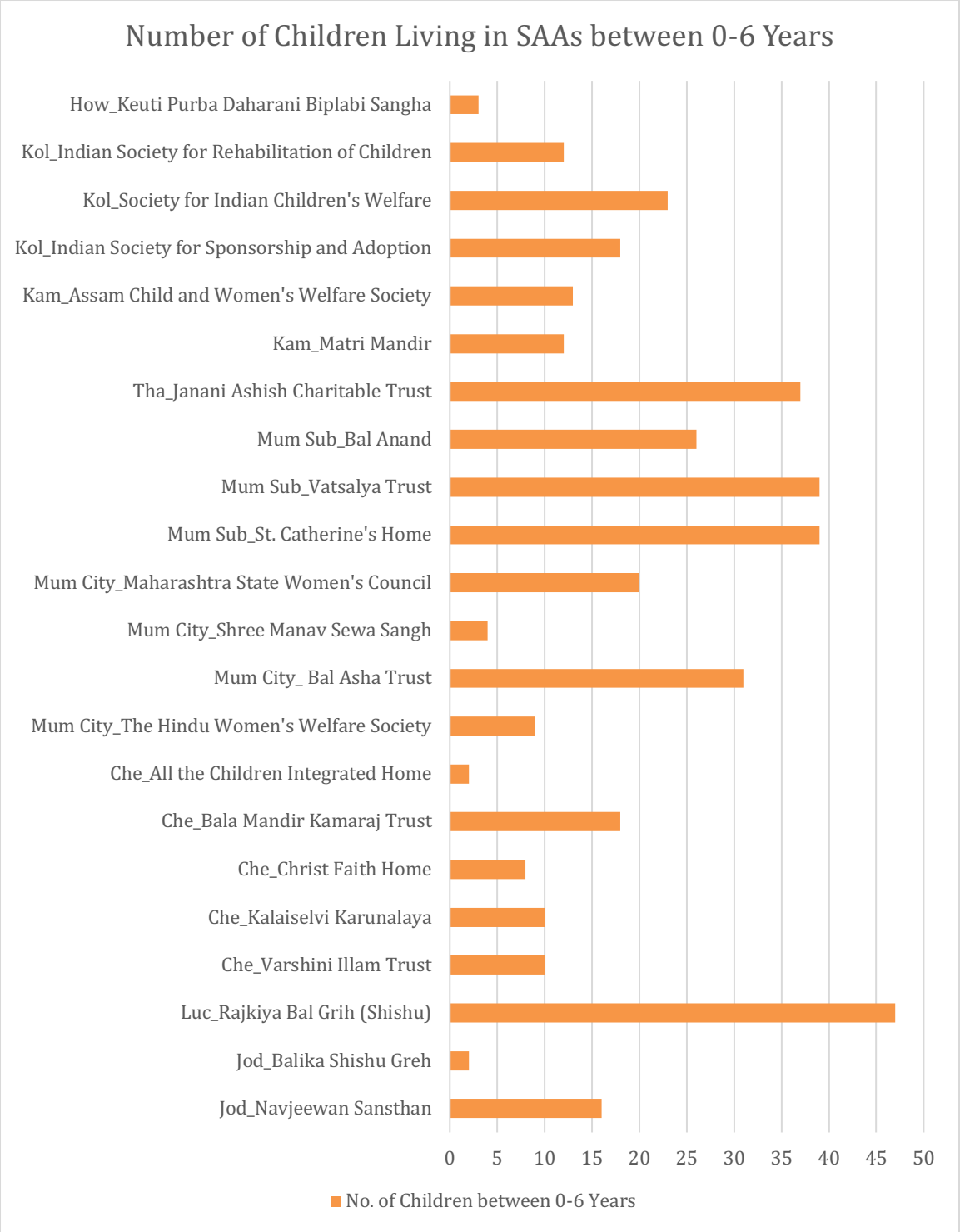

Figure 33 **Total Number of Children Living in Interviewed SAAs[32]**

[32] These numbers are subject to change. They reflect the data given to the team by SAAs at the time of their interviews, which spanned from 2024 to 2025.

As *Figure 33* suggests, the number of children available in the age pool of 0-6 is very low. Moreover, categorising them by health status reveals that SNC children are considerable in number, further reducing the pool (as parents prefer to adopt children with a normal health status over SNC). However, not all children living in the SAAs are part of the adoption pool. They have to be declared legally free for adoption by the CWC for them to be adopted by PAPs. In this context, the adoption pool mapped in the SAAs was dismal in comparison to the number of parents on the waiting list. This observation has been reiterated over the last few years by the judiciary in *the Temple of Healing*[33] case and by the 'Where Are India's Children' Report.[34] 4 SAAs have no LFA children (2 do not have children due to their foster care programme, 1 has newly opened so it received children less than a month ago of the interview, 1 has children within waiting period or children with no visitation), 18 SAAs have less than 20 children, 2 SAAs have 20-50 children, and 1 SAA was unable to share this data. This data has been depicted in *Figure 34*.

[33] W.P.(C) No. 719/2022 (PIL-W)

[34] The number of children in India's child shelters is estimated between 0.25 to 0.5 million, however, the number of children who reach the legal adoption pool through CCIs is barely 2000. Once the children reach the CCI, it becomes difficult to track their movement through the system to reach a positive outcome of adoption. (Where Are India's Children, 2020)

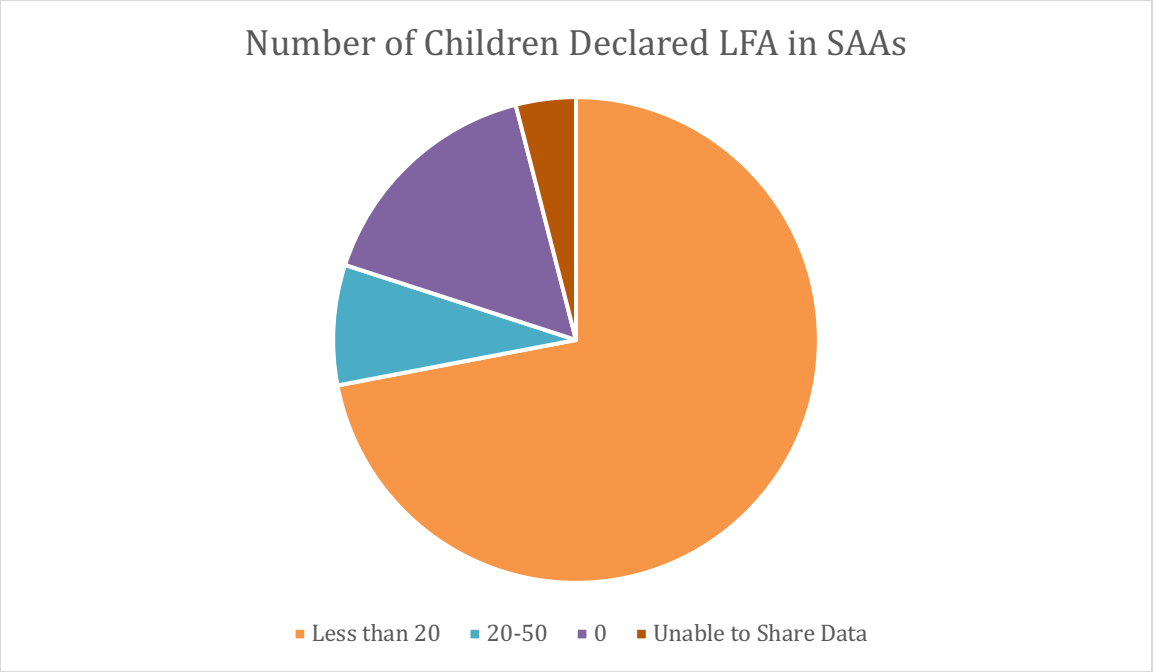

Figure 34 **Number of Children Declared Legally Free for Adoption in SAAs**

In the 25 SAAs, the children, who are not LFA, have been living in the SAAs for varying periods. In 1 SAA, the process of declaring them LFA is ongoing; in 10 SAAs, the children are within their waiting period (2 months in case of abandoned or surrendered children); in 1 SAA, the children have been living for less than a month; in 1 SAA, the children are waiting for their DNA test since 3-5 months; in 2 SAAs, the children have been living for a few months to one year; in 1 SAA, abandoned children have been living since 1-2 years; in 1 SAA, HIV+ children have been living for 2 years; and in 1 SAA, abandoned children have been living for 5 years. In 6 SAAs, approximately 10-20 children have neither been declared LFA nor been visited by their biological parents/guardians/relatives for a year or more.

These dismal numbers and scenarios lead us to ask the reasons behind the dwindling adoption pool. SAAs give us an insight into this gap. According to 15 SAAs, cases of abandoned children need more time and paperwork to be declared LFA. Given the involvement of the police

and coordinating with other districts and states (in case the child belonged to another district or state), this is inevitable. 4 SAAs stated that cases of SNC require more time and paperwork due to several medical tests involved and complexities in categorisation. 4 SAAs opined that cases of children with no visitations involve more time and paperwork due to difficulties in tracing parents, convincing them to surrender if they are unable to take care of the child and take it back, getting the child's consent if it is an older child, and the general belief of restoration over adoption harboured by the stakeholders. 5 SAAs asserted that cases of children with unfit guardians need more time and paperwork because deeming guardians unfit is challenging and complicated (has to be done through a medical board; doctors do not deem someone as unrecoverable; no clear definition of the word 'unfit'), and getting their surrender process underway takes more time (both convincing them to surrender and getting it accepted). 2 SAAs expressed that cases of children of underage mothers, and POCSO victims are also complicated due to delays in DNA tests. 1 SAA revealed that children in need of care and protection who live in the SAA because their families are unable to take care of them, also suffer in limbo as they can neither be restored nor be sent for adoption by the SAAs. This clearly indicates that, though the law exists on paper for declaring such children OAS, it is not being implemented at the grassroots level.

Further, illegal adoption and child trafficking also impact the adoption pool, keeping children away from legal recognition and protection. Mapping such cases is difficult due to underground networks, unreported cases, and cross-border complexity (as such crimes can span multiple countries), among other things. Further, no government resources or endeavours exist in this regard, increasing such difficulties. In cases of illegal adoption, the police are only responsible for finding the child and determining whether it has been adopted illegally. The SAA is only responsible for keeping custody of the child. It is the court that decides where such a child would

ultimately go. Neither the police nor the SAA can do anything in this case. Maharashtra State Women's Council, an SAA in Mumbai City district, Maharashtra, reported such a case with them wherein the child had been in the home for 3-4 months, and the court was deciding whether the child should be given to the biological mother who sent her child for illegal adoption or the parent who had adopted the child illegally. Illegal adoption becomes the cause as well as the consequence of the long wait time involved in adoption. PAPs, who want the child immediately, choose the path of illegal adoption, but when the child is identified and rescued as an illegal adoptee, its custody becomes a matter of contention, leading to unwieldy and lengthy judicial trials. This leaves the status of the child uncertain, as the child is unable to be a part of the adoption pool. Adoptions done under HAMA also go unrecorded at the level of CARA, which further impacts the adoption pool.

In the case of illegal adoptions, both the biological mother and the 'illegal' parents cannot surrender the child due to a lack of documents. Also, in cases where the mother delivers her child privately instead of through a hospital, she does not have the requisite documents and is, therefore, unable to surrender. Lack of documents is yet another variable affecting the LFA process. Understanding the complexities involved in the LFA process is necessary to decode the adoption pool.

Therefore, as SAAs play a key role in the adoption process, their voices and grievances should be heard by other stakeholders. Their perspectives should be given greater weight as they act as a bridge between the PAPs and the children. They play a major role in reducing the wait time if their role and responsibilities are recognised by other stakeholders and there is support, along with capacity building provided to them.

4.6 Prospective Adoptive Parents

Prospective Adoptive Parents (PAPs), as defined in Section 2 (49) of the JJ Act 2015, are individuals eligible to adopt a child. Section 57 of the JJ Act 2015 lays out the eligibility criteria for the PAPs, mentioning physical fitness, financial soundness, mental alertness, and high motivation to adopt a child. These criteria are nowhere further defined and are subject to interpretation by stakeholders, creating confusion. To enter the adoption process, the PAPs first need to register on the CARINGS portal, after which an HSR is conducted by the social worker of their chosen SAA, according to Regulation 10 (*Adoption Regulations*, 2022). The HSR comprises Part I and Part II, wherein Part I is filled by the PAPs themselves explaining their personal history, and Part II contains the social worker's evaluation of the PAPs and their home. It helps the social worker in adjudging their suitability for adoption. There are no guidelines laying out the path for this assessment for the social worker other than brief points mentioned in the HSR. If the SAA social worker doing the HSR is less experienced, they might not assess the adoption readiness of the parents accurately.

After the social worker uploads their HSR on the CARINGS portal, they become eligible to either receive referrals or reserve a child from the SNC list, the Immediate Placement list, or the 7 Days list. Post this stage, they are called for the ACM, composed of the SAA staff, DCPU staff, and a doctor. The PAPs are evaluated and matched with their selected child. Following Regulation 12 (*Adoption Regulations*, 2022), the PAPs sign a pre-adoption foster care agreement within 10 days of the matching, under which the child lives with the PAPs until the adoption order is formalised under Regulation 13 (*Adoption Regulations*, 2022). Post-adoption follow-ups then continue for two years after the adoption, according to Regulation 14 (*Adoption Regulations*,

2022). The PAPs bear the expenses of adoption by paying an adoption fee, following Regulation 49 (*Adoption Regulations*, 2022) and the post-adoption follow-up fees.

Given that they are a key stakeholder in the adoption process, the study focuses on analysing their experience with adoption in India to understand the issue of wait time from their standpoint. In this endeavour, the team surveyed 23 PAPs from different states across India, based on a convenience sampling model. Depending on their availability, the team conducted structured online interviews or gave them online questionnaires to examine their choices and experiences with other stakeholders at various stages of the adoption process. The sample consisted of a diverse group, including 7 single parents and 16 co-parents, to facilitate the generalisation of outcomes.

4.6.1 Considerations in Child Selection by PAPs During Registration

The CARINGS Portal allows PAPs to select the age, gender, and health status of the child they wish to adopt. Based on these choices, referral times differ for PAPs. Consequently, it is imperative to analyse these choices to determine their impact on the wait time experienced by PAPs. As has been elaborated in *Chapter 2*, the adoption pool does not have children proportionate to the rising number of PAPs. The data collected revealed that 18 out of 23 PAPs surveyed, i.e., 78.26% PAPs, preferred a child between 0 to 2 years of age, 2 PAPs, i.e., 8.69% PAPs, preferred a child between 2 to 4 years of age, while 1 PAP each (i.e., 4.34% each) chose a child between 4-6, 8-10, and 12-14 years of age, as represented in *Figure 35*.

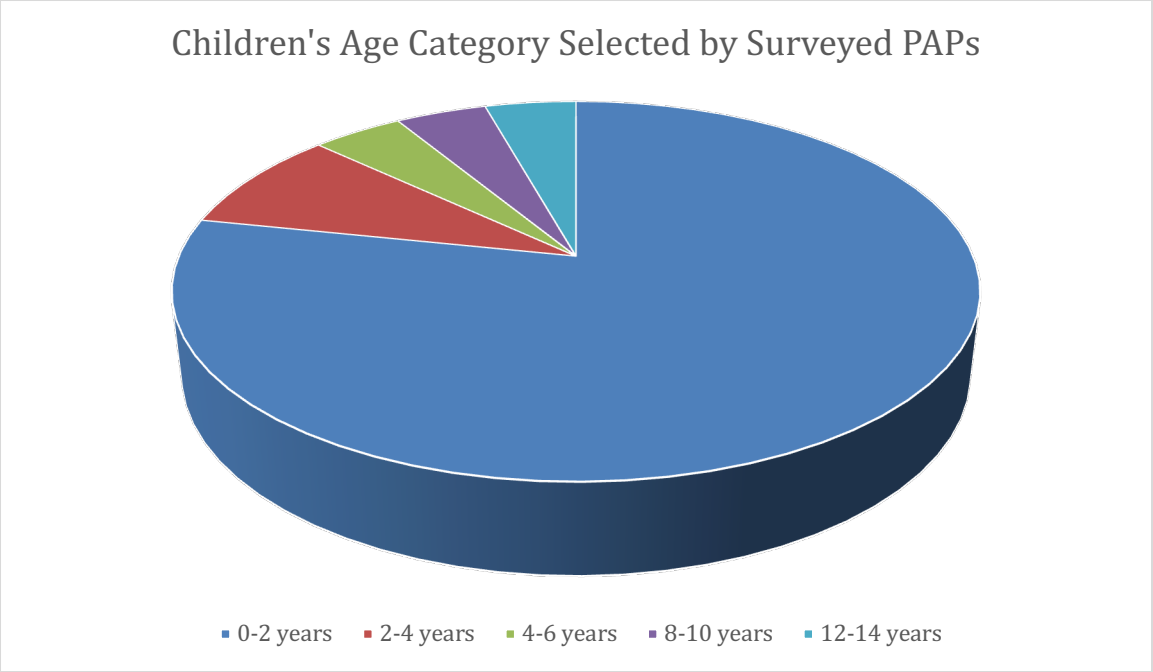

Figure 35 **Children's Age Category Selected by Surveyed PAPs**

While mapping the data on gender choices of PAPs, the data revealed that 12 PAPs (i.e., 52.17%) chose 'Girl,' 3 PAPs (i.e., 13.04%) chose 'Boy,' and 8 PAPs (i.e., 34.78%) chose 'No Choice.' According to a report by the Press Trust of India (2024b), experts highlight that more girls are abandoned and surrendered in comparison to boys due to the bias against the girl child. Therefore, the choice of gender has a lesser bearing on wait time as the constitution of the adoption pool is able to cater to the choices of the PAPs, as can be ascertained herein. However, in the context of the health of the child, the preference of PAPs is inclined toward 'Normal' children in comparison to 'Special Needs' children, with 20 PAPs (i.e., 86.95%) choosing the former, 2 PAPs (i.e., 8.69%) choosing the latter, and 1 PAP (i.e., 4.34%) choosing both, as seen in *Figure 36*.

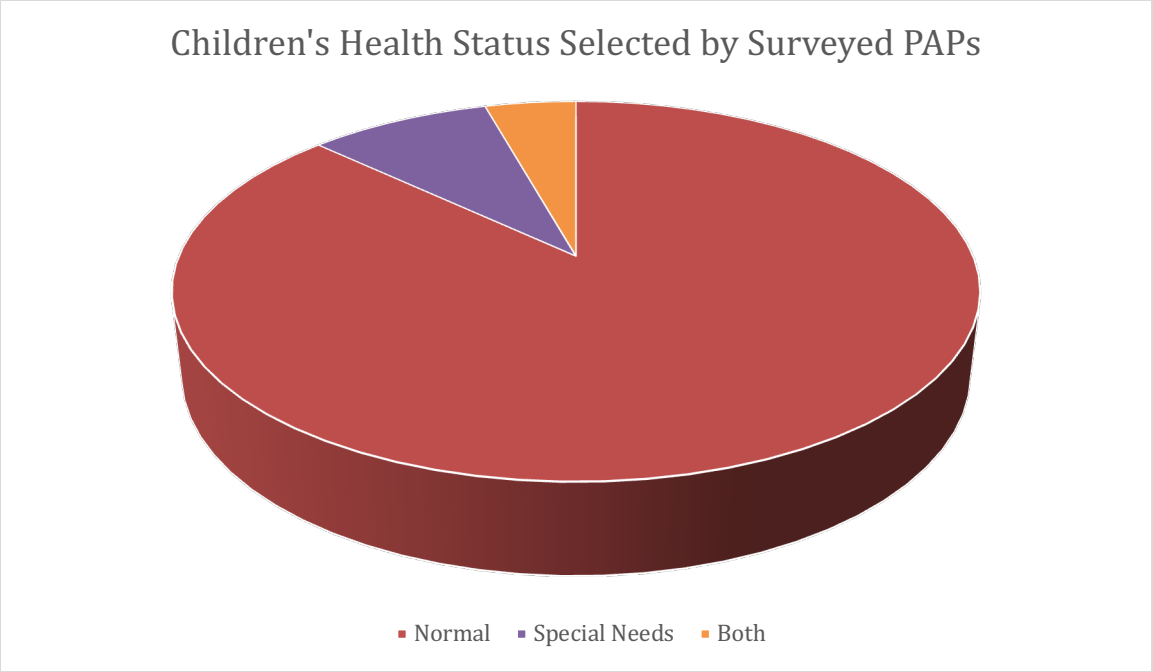

Figure 36 **Children's Health Status Selected by Surveyed PAPs**

In contrast to the choice of health status by PAPs, the total number of children available for adoption is 2471, out of which 949 are 'Normal' and 1522 are 'Special Needs' children, according to CARA's Dashboard data[35] (Central Adoption Resource Authority, 2025c). The large numbers of SNC in the adoption pool, despite increasing PAP numbers, show that there is a clear bias against SNC adoption. As revealed through our field research, PAPs are reluctant to adopt SNC because they require greater care and resources. There have been many cases of disruption/dissolution, as discussed in *Chapter 5*, if a child expressed any kind of 'special need.' Given that most PAPs choose adoption after facing difficulties in conceiving on their own, they prefer a 'normal' child. It is believed that SNC will not be able to lead 'normal' lives or survive without the constant care of their parents, strengthening prejudice against them in the minds of PAPs.

[35] As retrieved on 3rd April 2025

Further, correlating the choices of health status and age category of surveyed PAPs with broader trends of the adoption pool mapped by 'Families of Joy' NGO using CARINGS data in *Figure 37*, it can be inferred that children below 2 years of age in the 'Normal' category have been gradually declining in the adoption pool, i.e., from 19% in 2016 to 1% in 2024. This shows the conspicuous mismatch between the choices of PAPs and the availability of children in the adoption pool, leading to longer wait time for PAPs. This also raises an alarming question— since the number of children who are abandoned or orphaned has not declined, where are these children going if not within the legal adoption pool?

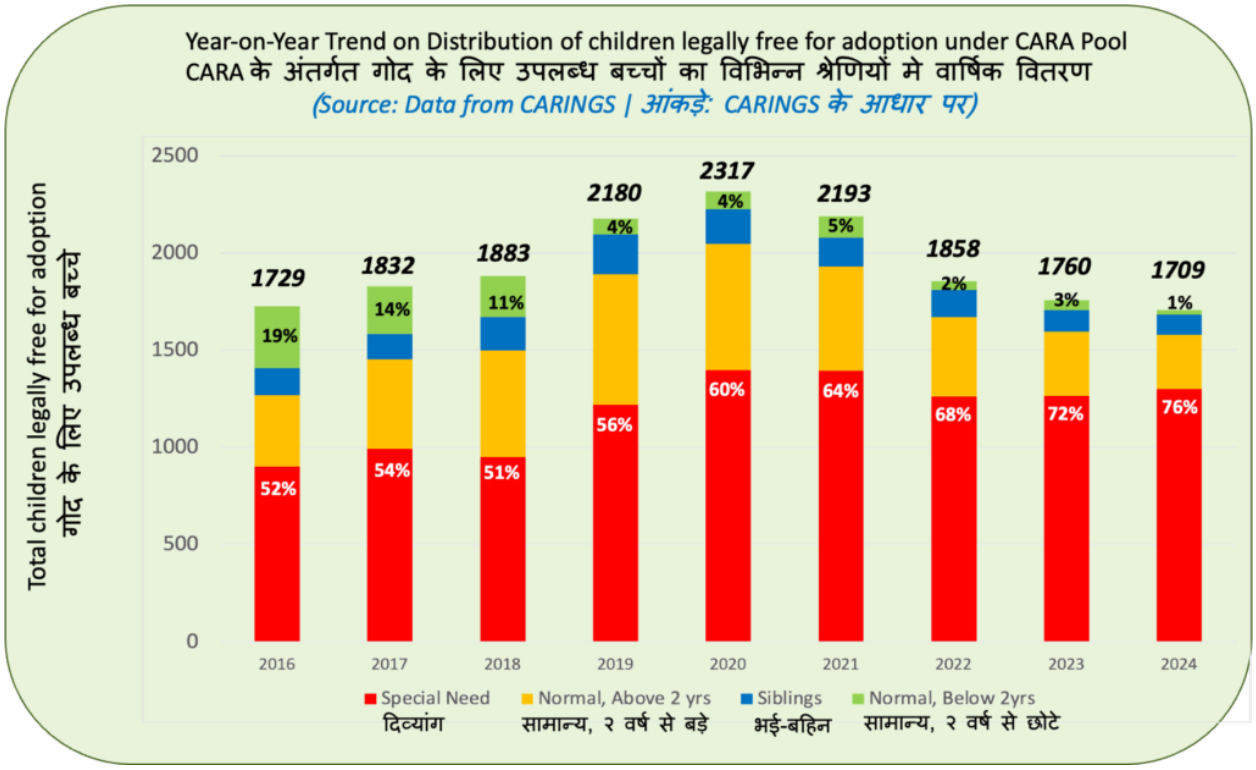

Figure 37 **Year-on-Year Trend on Distribution of Children LFA under CARA Pool (Families of Joy Foundation, 2025a)**

With PAPs choosing in the opposite direction of mapped trends, the current composition of the adoption pool is unable to cater to them. This not only increases the wait time for PAPs but

also leads to the neglect of older children and SNC from the ambit of adoption, translating into a longer period of institutionalisation for them. The preference of the PAPs to adopt a 'normal' younger child is rooted in several expectations with regard to their future bonding and attachment with the child, as will be explained in *Chapter 5*; however, there is no formula for creating a connection of the heart. PAPs should bear this in mind while making their choice. This also indicates the mindset of society regarding older and SNC children when it comes to abandonment as well as non-institutionalisation of such children.

4.6.2 The Choice of Cluster of States vs Anywhere in India

In the Adoption Regulations 2017, Regulation 9 (2) allowed PAPs to opt for a desired state or states while registering on CARINGS. Herein, they were also allowed to choose the option of 'Anywhere in India.' This made it possible for them to receive referrals from all across India (except north-east states), significantly increasing their adoption pool. However, this was amended in the Adoption Regulations 2022 to deal with disruptions/dissolutions caused due to regional disparity between the parents and the child. Further, as the adoption process requires PAPs to travel to and from the SAA of the child, it becomes easier for them to travel to states that are closer to them. Therefore, in the Adoption Regulations 2022, Regulation 10 (2) allowed PAPs to choose two states or a cluster of states as per their identification. There are six clusters of states in India, as identified by CARA: North, South, East, West, North-East, and Central.

When the surveyed PAPs were asked their preference between the two, they were either unsure of the impact of this change on referral times or stood divided between the cluster system and the option of 'Anywhere in India.' 1 PAP stated that 'Anywhere in India' was a better option because PAPs do not care where the child comes from, given that they have been waiting for a long time. If the parent is adoption-ready, they would accept and work on the attachment with the

child, irrespective of cultural or language barriers. It also restricts the pool of children for PAPs, while under 'Anywhere in India,' the chances of PAPs could have been better. Another PAP argued that most metropolitan cities have people from all over India, so the argument of 'the child staying within a similar culture after adoption' does not help on the ground level. Some PAPs believed that there had been an increase in the wait time due to this change to cluster states.

On the other hand, 1 PAP felt that while they were not impacted by this change, the cluster option makes sense as the adoption process requires PAPs to travel a lot to the referral agency, which is generally in a different state. Another PAP opined that language was a major challenge in the earlier system. If the PAPs are not local, it becomes difficult to even find a doctor. The cluster option brings some convenience for PAPs. Consequently, while the cluster system is not seen favourably in terms of wait time, it provides other benefits to the PAPs. However, some PAPs also believe that 'Anywhere in India' should always be there as an option. This change leads to the question of whether the system is more parent-centric or child-centric, keeping what the child requires and their best interest in mind, while matching the parents to the children.

4.6.3 Time Involved in Receiving a Referral

According to Regulation 11 (*Adoption Regulations*, 2022), PAPs receive the referral of a child through CARINGS. However, this process of receiving the referral has no time limit attached to it. Consequently, this stage takes the longest time, which, as per trends, can be mapped at 3-4 years. Amongst the 23 PAPs surveyed, 4 have not received their referrals, 1 PAP reserved their child from the SNC List, 1 PAP received a referral within 6 months, 2 PAP received it within a year, 1 PAP received it within 1-2 years, 4 PAPs received it within 2-3 years, and 10 PAPs received it after more than 3 years. The wait time in referral experienced by surveyed PAPs is depicted in *Figure 38*.

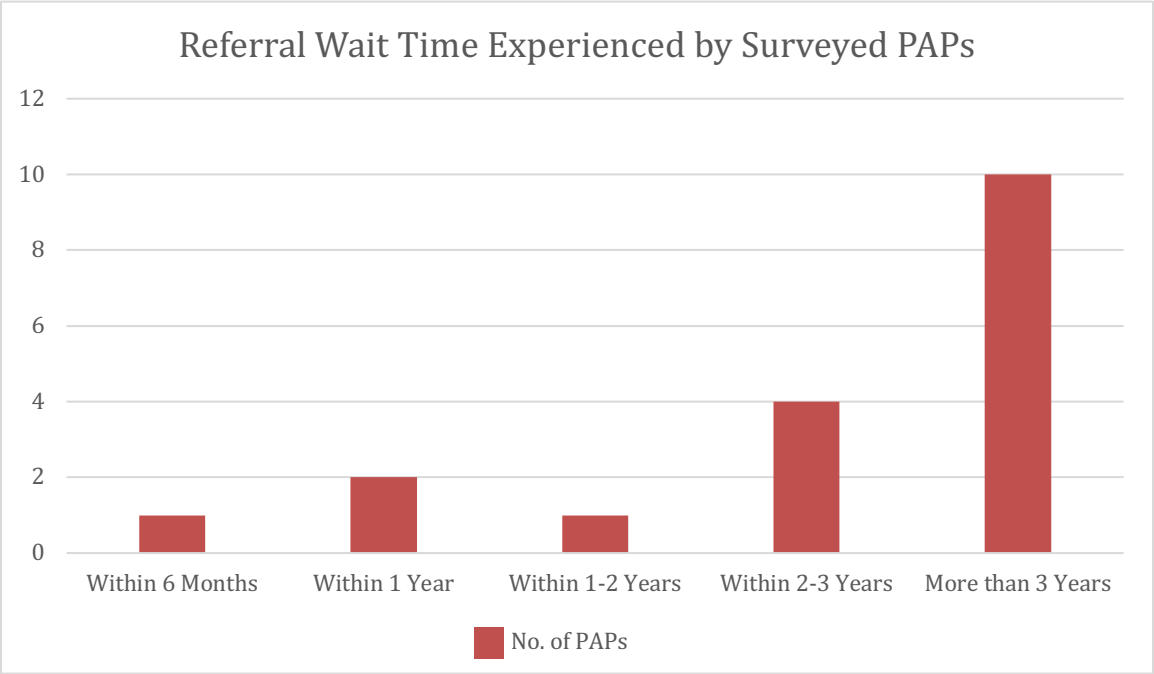

Figure 38 **Referral Wait Time Experienced by Surveyed PAPs**

Analysing the choices that led to varied wait times for the surveyed PAPs is crucial to understanding the factors behind them. The deciding factors have been analysed below:

1. 1 PAP received external counselling and was made aware of the SNC List, due to which the PAP changed their choice from the 'Normal' category to the 'Special Needs' category in the CARINGS Portal and reserved a child from the list. They came to know that the SNC categorisation traverses a broad spectrum and can refer to anything from a minor to a major need of the child. This awareness made them open to the idea of adopting a child from the SNC List, eliminating referral wait time from the equation.
2. 1 PAP received a referral within 6 months. The PAP's choices on CARINGS while registering were— siblings category, 4-6 years, 'normal' health status, and 'Anywhere in India. They registered before 2022. The swiftness of this referral was largely dependent on

the choice of the 'siblings' category, along with the age bracket of the children being older. PAPs prefer adopting a single child over siblings, as a sibling set can have more than 2 children of varying ages. Most PAPs are not prepared to adopt more than one child at once, as it is difficult to take care of them. Further, siblings are also not keen on getting adopted as elder siblings largely take up the role of guardian in their lives. This is evident in both the data gathered from the surveyed PAPs and the interviews with other stakeholders. Consequently, selecting children in the 'hard to place' category (older children, siblings, SNC, and so forth) can significantly reduce wait times, as their numbers are disproportionately higher than those of the PAPs who prefer them.

3. 2 PAPs received a referral within a year. Their choices on CARINGS while registering were— 2-4 years and 8-10 years, 'special needs' and 'both' in health status, and 'Anywhere in India.' They registered before 2022. All these preferences have individual and combined advantages. Older children and SNC are 'hard to place' as elucidated before, but are more in number in the adoption pool in comparison to younger and 'normal' children, as shown in *Figure 37*. Further, the 'Anywhere in India' option strengthened these choices, widening their boundaries. As a result, the wait time was significantly reduced for these PAP.
4. 1 PAP received a referral within 1-2 years. The PAP's choices on CARINGS while registering were— 0-2 years, 'normal' health status, and 3 choices of states, i.e., Delhi, Goa, and Karnataka. They registered before 2022.
5. 4 PAPs received a referral within 2-3 years. The PAPs' choices on CARINGS while registering were— 0-2 years and 'normal' health status. In terms of states, 2 PAPs chose 'Anywhere in India,' 1 chose Karnataka in all three options, and 1 chose Assam in all three options. They registered before 2022.

6. 10 PAPs received a referral after more than 3 years. The PAPs' choices on CARINGS while registering were— 0-2 years and 'normal' health status. While 9 PAPs chose this, 1 PAP chose 12-14 years and 'normal' health status. In terms of states, 4 PAPs chose 'Anywhere in India,' while the remaining chose states like Delhi, Haryana, Punjab, Uttar Pradesh, Andhra Pradesh, and Assam. They registered before 2022.

Summarising the data stated in Points 4, 5, and 6 above, the increasing time is related to the choices of '0-2 years' and 'normal' health status. As depicted in *Figure 37*, the adoption pool for these children has been on a rapid decline since 2016. In this scenario, the number of children and the number of PAPs are inversely proportional, impacting wait time. Therefore, PAPs need to make their preferences while keeping these correlations in mind. Apart from the 19 PAPs surveyed who have received a referral, 4 PAPs have yet to receive one. Their wait time also reflects this gradual decline in the adoption pool.

1. 1 PAP registered on 30.06.2021 for a 0-2-year-old child, 'normal' health status, and 'Anywhere in India.'
2. 1 PAP registered on 01.03.2022 for a 0-2-year-old child, 'normal' health status, and 'Anywhere in India.'
3. 1 PAP registered in May 2023 for a 0-2-year-old child with a 'normal' health status. The PAP was given 2 options: either choose a cluster or select 2 states based on their domicile. They chose Karnataka and Uttar Pradesh.
4. 1 PAP registered on 08.09.2024 for a 0-2-year-old child, 'normal' health status, and the south cluster.

Consequently, the wait time is reflected in the relationship between the adoption pool and the preferences of the PAPs. As long as the adoption pool is shrinking, the preferences of PAPs need to align with it to receive faster referrals. On the other hand, work needs to be done to expand the adoption pool, advocate for safe surrender, older, and SNC so that they also find a family soon, rather than spend years in an institution. All this is heavily dependent on the work and perspective of other stakeholders, as evaluated in this chapter.

4.6.4 Time Given to Reserve a Child

The PAPs receive the referral after a prolonged delay but are given only 48 hours to reserve the child on the CARINGS Portal, as per Regulation 11 (3) (*Adoption Regulations*, 2022). It is a crucial decision to make as adoption is a lifelong decision. Given that PAPs are debarred for one year and have to register again if they do not reserve a child out of the three referrals, according to Regulation 9 (3) (*Adoption Regulations*, 2022), the time given to reserve the child proves to be challenging.

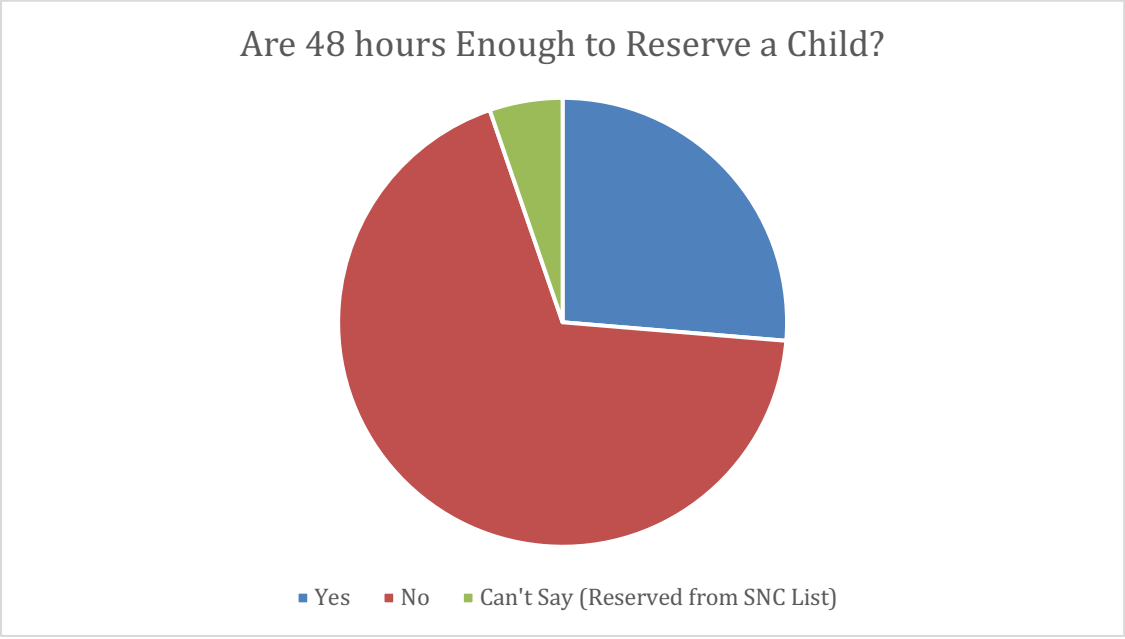

Figure 39 **Are 48 Hours Enough to Reserve a Child?**

19 PAPs out of the 23 PAPs surveyed have received their referral. Out of them, 1 PAP reserved their child from the SNC list, 5 PAPs who received a referral thought that 48 hours was sufficient time to reserve a child, while 13 PAPs considered it insufficient, as seen in *Figure 39*. PAPs need time to understand the CSR and MER, consult with doctors, discuss with their family, and so on, to make an informed decision. While the adoption process is in itself time-consuming, increasing the time for reserving the child is necessary to ensure that hurried decisions do not lead to disruption/dissolution in the future and further delay the process for both the child and the PAPs.

4.6.5 Time Taken for the Pre-Adoption Foster Care Agreement

When the child is successfully matched with the PAPs, the PAPs are required to sign the pre-adoption foster care agreement within ten days of the matching, as stated in Regulation 12 (*Adoption Regulations*, 2022). This agreement allows them to take the child with them until the adoption order is finalised. However, the trend among the surveyed PAPs shows that this timeline is not followed by the SAAs on the ground.

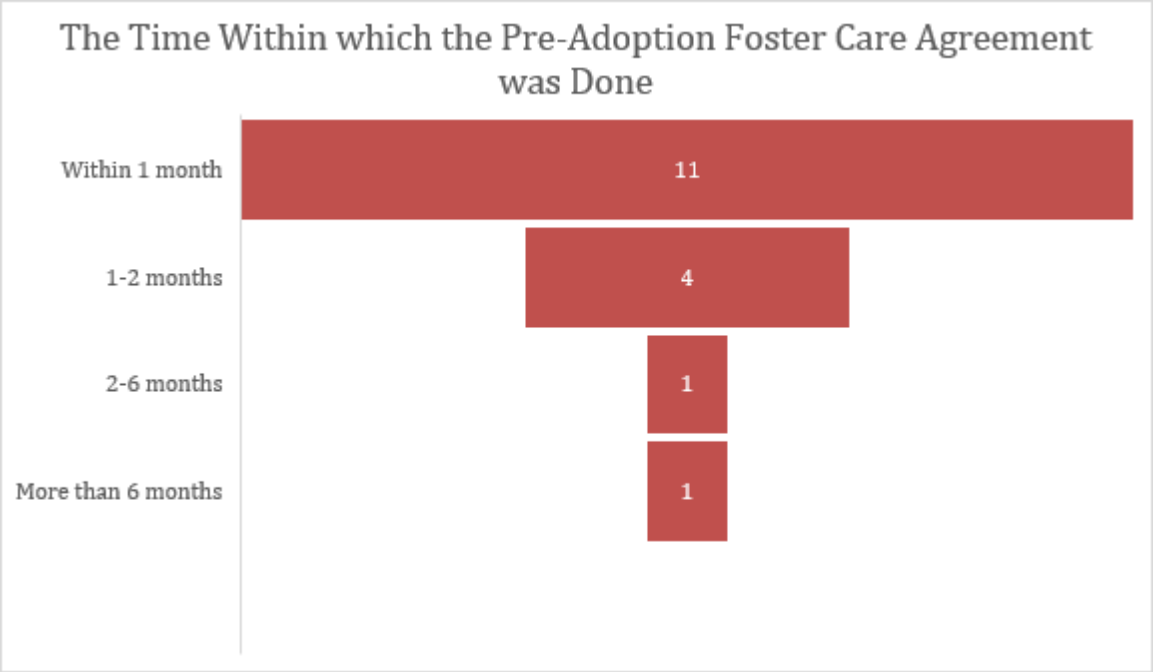

Figure 40 **The Time Within Which the Pre-Adoption Foster Care Agreement was Done**

17 PAPs have crossed the stage of pre-adoption foster care agreement out of the 21 surveyed PAPs. Out of them, 11 PAPs (i.e., 64.70%) finalised the agreement within a month, 4 PAPs (i.e., 23.52%) finalised it within 1-2 months, 1 PAP (i.e., 5.88%) finalised it within 2-6 months, and 1 PAP (i.e., 5.88%) finalised it after more than 6 months, as shown in *Figure 40*. This shows the severe disparity between the expected wait time and its disheartening reality for PAPs.

4.6.6 Time Taken for the Adoption Order

The adoption order formalises the adoption of the child by the PAPs and is a crucial legal document. According to Regulation 13 (1) (*Adoption Regulations*, 2022), the application for the adoption order is to be filed by the SAA within ten days of matching the child with the PAPs. Additionally, Regulations 13 (6),18 (1), and 36 (2) (*Adoption Regulations*, 2022) direct the DM to dispose of the adoption application within sixty days of receiving it. Yet, the experience of PAPs

reveals incongruencies. 14 PAPs out of the 23 surveyed PAPs have crossed the stage of adoption order, out of which 9 received the order within 3 months, 1 received it in 3-6 months, and 4 received it after more than 6 months, as seen in *Figure 41*.

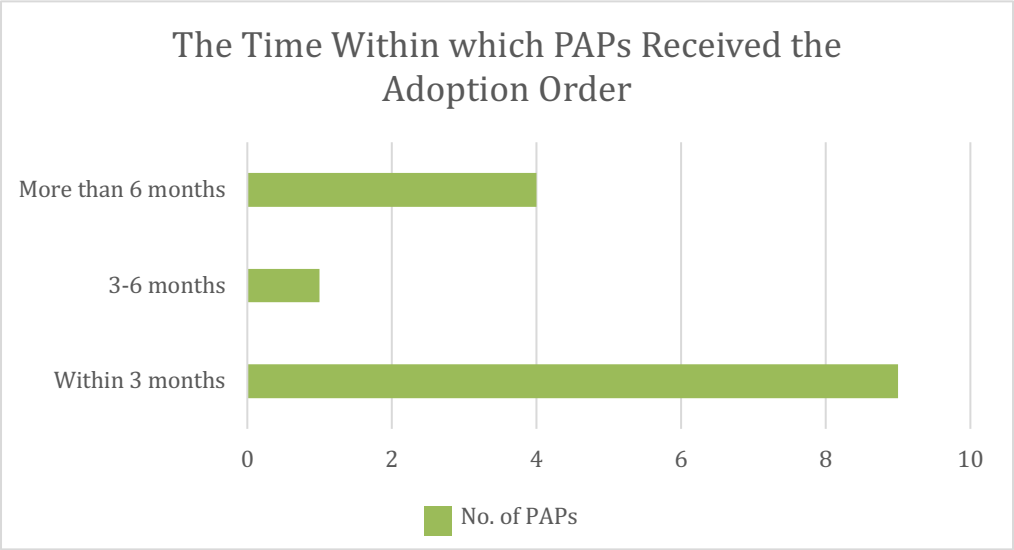

Figure 41 **The Time Within Which PAPs Received the Adoption Order**

This shows that PAPs experience delays in the stage of getting the adoption order as well, notwithstanding the directive of the Supreme Court in the *Temple of Healing* case (2023). It depicts that the timelines given in the Adoption Regulations 2022 are not adhered to primarily, because there is no authority with the singular responsibility of preparing adoption orders. The DM and the District Court (in Maharashtra) are both responsible for several other cases and tasks, due to which adoption often takes a backseat. This contributes towards increasing the wait time for PAPs. This delay is worse in the case of inter-country adoptions, where the adoption order leads to the issuance of a birth certificate, NOC by CARA, and passports for children to leave the country with their adoptive parents.

4.6.7 Time Taken for the Birth Certificate

The birth certificate serves as proof of identity, age, and citizenship and is an essential document for the legal and administrative needs of the adoptee. Consequently, Regulations 13 (9), 19 (5), and 40 (*Adoption Regulations*, 2022) state that the birth certificate should be issued within five days of receiving the application from the concerned SAA. Additionally, the concerned SAA is required to approach the birth certificate issuing authority within five days of obtaining the adoption order. The maximum time allowed for the preparation of the birth certificate is, therefore, ten days. However, the data collected from PAPs revealed that this timeline is rarely followed. Out of 23 PAPs surveyed, 11 PAPs have crossed the stage of receiving the birth certificate. Among these 11 PAPs, 4 (i.e., 36.36%) received the birth certificate within 10 days, 2 (i.e., 18.18%) received it within 30 days, and 5 (i.e., 45.45%) received it after more than a month, as depicted in *Figure 42*.

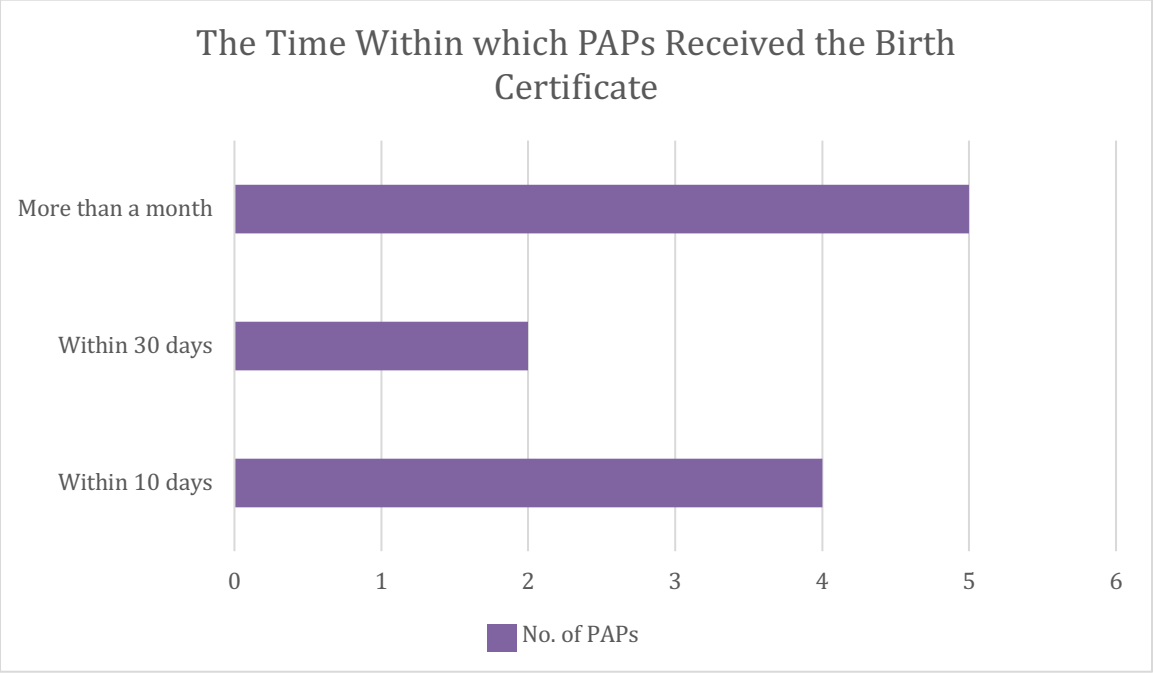

Figure 42 **The Time Within Which PAPs Received the Birth Certificate of the Child**

This correlates with what the team learnt during the interviews with the SAAs, as elaborated in *Chapter 3*. All the SAAs interviewed lamented that the timelines given in the Adoption Regulations are unenforceable since they are oblivious to the realities at the ground level. As per the Temple of Healing case (2023) directive, the process needs to be streamlined and expedited to ensure the timely completion of procedures. Even if the SAAs do their work on time and request the birth certificate, the issuing authority is slow and does not prioritise their request, given its workload. Therefore, stakeholders outside the adoption system also impact the wait time experienced by PAPs.

4.6.8 The Relationship between PAPs and SAAs

PAPs are directly connected to SAAs throughout the process of adoption, from the point of registration to the post-adoption follow-ups. Consequently, both rely on each other for the seamless functioning of the system. However, when the SAAs were asked about their experiences with PAPs, they discussed several challenges. The SAA respondents revealed that PAPs cause delays in giving appointments for HSR and post-adoption follow-ups; do not treat the social workers respectfully; make demands about how the child should bear a similarity to their family, be medically fit, and so on; are unwilling to adopt older children, SNC, HIV positive children, or a sibling set; and sometimes submit fake documents. The digitally illiterate PAPs face issues in filling out the forms. This highlights the present mindset of the people towards adoption and its complexities.

Elaborating on these challenges, SAAs stated that most PAPs are not available on weekdays and ask them to come on weekends. Bala Mandir Kamaraj Trust SAA in Chennai stated that PAPs visit their SAA on Sundays or after 5 pm without any understanding of the SAA staff

or social workers. SAAs believe that, as the PAPs are interested in adoption, they should make time and prioritise the same.

Varshini Illam SAA and Bala Mandir Kamaraj Trust SAA in Chennai revealed that social workers are not treated respectfully by the PAPs. Some PAPs do not even offer them water when they visit their homes for HSR. There are very few houses where the PAPs treat them well. PAPs do not want to pay for the HSR or post-adoption follow-up, and say, "*dena padega kya*" (Will we have to give the money?). DCPU Mumbai City added that when PAPs choose the DCPU for their HSR, PAPs from districts of Mumbai Suburban, Thane, Palghar, and so on also choose the option Mumbai City in the dropdown of the portal due to a lack of awareness of the district division of Mumbai. This leads to an increase in workload, jurisdictional issues for DCPU Mumbai City, and shows an inflated pendency rate.

Further, SAAs as well as PAPs expressed that PAPs are reluctant to adopt special children because a support infrastructure is absent in India. They want a 'healthy' child after having waited for so long and also fear that an 'unhealthy' child would not be able to care of itself after they are gone. PAPs are very doubtful regarding children and ask questions like "Why is the child's nose crooked?" "Why is there a spot on its body?" Children of the World SAA in Thane cited an example where the PAPs rejected a child because, in the photo, one leg of the child looked longer than the other.

In the context of matching, SAAs discussed several examples, giving an insight into the minds of PAPs. One SAA rejected a match where the PAPs were more than 55 years old and already had a 23-year-old daughter. They did not want to give their property to their daughter, so they wanted to adopt a boy child. They also wanted to adopt so that they could have *"budhape ka sahara"* (Someone to look after them when they are old). CARA reprimanded them for this

rejection, but the committee was adamant in its stance. In another case, an SAA rejected a single parent as she had selected the 'siblings category'. She was referred a sibling set of 3 sisters, but she already had a 75-year-old mother who was completely dependent on her. The SAA questioned her on her ability to take on more responsibility. CARA did not question their rejection in this case. This shows that PAPs also need to be mindful of their choices and perceptions to make the adoption process robust and seamless.

Therefore, the present mindset of the society, along with its biases towards adoption, is also reflected in the choices of the PAPs. PAPs are the ultimate decision makers with regard to determining the wait time they may have to experience, given the present state of the adoption process. If they make their choice by understanding present trends, as elaborated herein, their wait time can be significantly reduced and a broader category of children would be able to find a family.

4.7 Conclusion

The stakeholders evaluated in this chapter have different roles and functions within the adoption framework. Due to this, the parameters of their evaluation are different. CARA has been evaluated with respect to its functions of monitoring and promoting adoption, its training and capacity building initiatives for other stakeholders, its support to them, its management of the CARINGS Portal, its maintenance of a centralised database, its standardisation of adoption procedures, its research activities, and its redressal of grievances. As it is the nodal agency of adoption in India, its concerns do not lie in training, funding, salaries, and infrastructure issues, nor do they impact the issue of wait time. Its true evaluation can be done against its functions and whether it fulfils them to the best of its abilities. As CARA's evaluation revealed, it has been able to perform its functions, but still leaves room for much improvement.

SARA and DCPU have been evaluated based on their staff, funding, training, infrastructure, working, and coordination with other stakeholders, to get an insight into the impediments faced at the state and district levels. With different state regulations and different needs of districts, such an evaluation gave the team insight into the multitude of problems faced by SARAs and DCPUs across our sample. Despite these differences, the team was able to chart a generalised trend of challenges faced by them that affected the wait time. While CWCs were also evaluated along similar lines, the team analysed their perspectives and role with regard to the shrinking adoption pool as well. Given that the number of PAPs is on the rise but the number of children in the adoption pool is not, the role of CWC becomes crucial due to their power to declare a child LFA. The analysis of these three stakeholders, therefore, revealed that they can improve the performance of their functions with continuous capacity building, receiving support from other stakeholders and empowerment.

While analysing the work of SAAs, the team evaluated the social workers, the child care staff, their work and salaries, the SAAs' funding, their technological infrastructure, and mapped the present adoption pool through the number of children living there. SAAs as stakeholders work not just with one or two stakeholders but are accountable and dependent upon all of them due to the broad spectrum of their functions. However, their evaluation showed an initiative from the end of SAAs to deal with challenges. Yet much needs to be done from the point of experience and understanding of social workers at SAAs of adoption-related emotional preparedness of PAPs and children.

Lastly, this chapter evaluated PAPs as they are the ones who suffer the most due to the long wait time involved in the adoption process. The team evaluated their choices against the adoption pool and recognised several reasons behind delays in referral, ranging from the choice of

age group to the health status of the child. Challenges related to the time given for reservation, the delays in pre-adoption foster care agreement, adoption order, birth certificate, and their relationship with SAAs also add to the complexities involved with the wait time. Therefore, these stakeholders need to be viewed not just in a vacuum but in correlation with one another to gain a comprehensive and holistic view of the adoption process in India.

Chapter 5

Preparing for Adoption: Understanding the Role of Counselling

Traversing an expanse of emotions from hurt and grief to joy and fulfilment, adoption entails a lifelong relationship between the adoptive parents and the child and the simultaneous ending of the parental ties of birth parents with their child (Central Adoption Resource Authority, 2025a). Therefore, counselling, as "an enabling process," constructs a bridge between adoptive parents and adopted children, paving the way for a positive bond between the two as well as a successful and enriching parenting experience (Central Adoption Resource Authority, 2025a). Zarawi Mat Nor (2020, p. 2) states that counselling is designed to help people understand and clarify their views of their life space as well as learn to reach their self-determined goals. In the context of adoption, it is tantamount to making better decisions, acquiring coping mechanisms, and changing attitudes, beliefs, and actions by utilising one's inner resources (Central Adoption Resource Authority, 2025a).

Consequently, this chapter deals with the third objective of this study, i.e., understanding the role of counselling for prospective adoptive parents and children in the adoption process. To gauge the importance of counselling in this context, this chapter is divided into four sections, which discuss the counselling needs of the adoption triad (Refer *Figure*), i.e., birth parents, children, and adoptive parents, as well as the ground realities regarding the same.

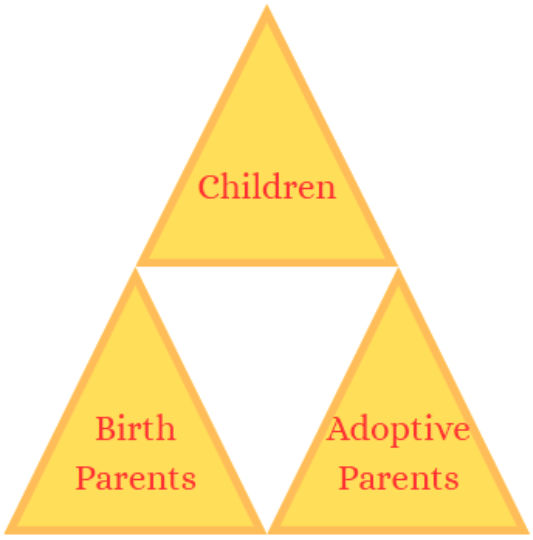

Figure 43 **The Adoption Triad**

5.1 The Legal Landscape of Counselling within the Adoption Process

The necessity of counselling emerges from the social setting, but it can only be asserted if it is embedded in the legal word. To understand the importance given to counselling through the legal lens, this section studies international conventions on child rights and adoption as well as their corollary laws in India. It highlights those articles, sections, and regulations that enable us to locate counselling within the infrastructure of the adoption system.

5.1.1 International Conventions

Two major international conventions fall within the ambit of child rights and adoption, namely, the UN Convention on the Rights of the Child (1989) (hereafter, UNCRC) and the Hague Convention on Protection of Children and Co-operation in Respect of Intercountry Adoption (1993) (hereafter, the Hague Convention). Their focus on counselling gives us a sense of locating it within the Indian purview.

Article 21 of the UNCRC discusses adoption and its need to ensure the consideration of the best interests of the child. It also mentions that the informed consent of all the persons concerned should be based on necessary counselling. However, as the UNCRC has a broader purview regarding child rights, its focus on counselling is limited and more of an afterthought.

Within the Hague Convention, several articles discuss counselling, given its specific focus on adoption. Article 4 (c) considers an adoption within its scope only if the competent authorities of the state of origin have ensured the receipt of informed consent and have been counselled as may be necessary. The same consideration is given to children, based on their age and degree of maturity, and their counselling is more firmly asserted in Article 4 (d). Article 5 (b) emphasises the counselling of PAPs, and Article 9 (c) directs the central authorities of the signing States to promote the development of adoption counselling and post-adoption services. The importance of counselling for the members of the adoption triad can, therefore, be traced to these international conventions.

5.1.2 Indian Laws

The core adoption legal framework within India comprises four components, as discussed in *Chapter 1*, namely, the Juvenile Justice (Care and Protection of Children) Act 2015, Juvenile Justice (Care and Protection of Children) Model Rules 2016, Mission Vatsalya 2022, and Adoption Regulations 2022. These laws, rules, and regulations help us understand the legal perspective towards adoption counselling in India. As these components are interdependent and interrelated, they come together to frame our understanding of counselling in the adoption process.

i) Juvenile Justice (Care and Protection of Children) Act 2015

Given that the JJ Act deals with both children in need of care and protection (CNCP) and children in conflict with the law (hereafter, CCL), its focus on adoption counselling lies at its

periphery. Section 35 (2) talks about pre-surrender counselling before the preparation of the surrender deed, and Section 37 (1) (g) highlights the CWC's power to give directions regarding psychiatric and psychological support for the child. This includes need-based counselling, occupational therapy or behaviour modification therapy. It does not talk about the mechanisms required for counselling (the staff, the topics on which counselling is needed, the training required for the same, and so on), the stages where it is needed (pre-adoption, during HSR, during referral, post-adoption, and so on), or any other important factor. The JJ Act does not establish this required foundation for adoption counselling in India.

ii) Juvenile Justice (Care and Protection of Children) Model Rules 2016

JJ Model Rules give more space and consideration to the subject of counselling. The Model Rules mentioned below reveal the focus of this legal instrument on the mechanisms and infrastructure required for counselling. While discussing the rules, only those parts have been highlighted that directly deal with counselling, such as:

1. Rule 19 (9) under which the CWC can refer the child and parents to a counsellor while restoring a child
2. Rule 21 (5) (v) under which the prerequisite for the registration of a CCI includes their plan to provide counselling services to children, among other things
3. Rule 29 (10) (i) under which CCIs shall make the provision of a counselling room
4. Rule 34 (3) (xi) under which CCIs shall provide or arrange for regular counselling of every child and ensure specific mental health interventions (including a separate counselling room) as needed
5. Rule 35 (5) under which CCIs shall either have the services of trained counsellors or collaborate with external agencies for specialised and regular individual therapy for the

child

6. Rule 83 (4) (xiv) under which the Juvenile Justice Fund may be utilised by the State Government for counsellors, mental health workers, among other specialised professionals, for the children
7. Rule 84 (1) (xi) under which the SCPS is responsible for maintaining a database of medical and counselling centres, among other such facilities, at the state level
8. Rule 85 (1) (ii) under which the DCPU is responsible for arranging individual or group counselling for children
9. Rule 85 (1) (xix) under which the DCPU shall maintain a database of medical and counselling centres, among other such facilities at the district level and forward the same to other stakeholders
10. Rule 85 (1) (xx) under which the DCPU shall maintain a database of mental health experts, counsellors, psychologists, psycho-social workers or other experts who have experience working with children in difficult circumstances at the district level and forward the same to other stakeholders

These rules show that the JJ Model Rules give more consideration to adoption counselling within their ambit. It talks about the funds for appointing counsellors, the establishment of a counselling room in CCIs, and counselling plans as a prerequisite for CCI registration, among other things. However, it also does not talk about the topics on which counselling is needed or the stages of adoption where it might be needed. Except for making SCPS and DCPU maintain databases for counselling centres, it does not make counselling mandatory.

iii) Mission Vatsalya 2022

Mission Vatsalya (2022) caters to several aspects of child protection. In this context, it discusses the work and jurisdiction of stakeholders, wherein counselling is an aspect, and lays down the financial support given to these stakeholders to carry out their responsibilities. Mission Vatsalya (2022) should be subject to a higher level of scrutiny and critical evaluation, as financial support is crucial for the health of a system. While fund disbursement may be hindered by several real-time obstacles and variables, fund allocation should at least reflect and consider ground realities. However, a deeper study of Mission Vatsalya (2022) reveals that this is not the case.

Among the various objectives of Mission Vatsalya (2022, p. 2), its fourth objective involves establishing institutional care, counselling and support services at the national, regional, state and district levels. To accomplish this, it empowers the SCPS (p. 7) to develop and increase counselling capacity as well as resource persons at the State/UT level, in coordination with the National Institute of Mental Health and Neurosciences (NIMHANS), and maintain a database of medical and counselling centres, and hospitals, among other such facilities at the state level.

Further, it mandates the CCIs, where CWCs hold their proceedings, and the DCPU to provide counselling support to the CWC (p. 18). It considers SAAs responsible for pre- and post-adoption counselling to children, counselling of biological parents/unwed mothers surrendering the child, and the pre- and post-adoption counselling of PAPs (p. 23). It directs the POIC to provide necessary support services like counselling to families and children at risk, with the support of the Outreach Worker (p. 56). It emphasises that each DCPU shall also have a counsellor for CNCP and their parents and families (p. 58). This counsellor, however, is also supposed to work with the CWC and JJB as well as supervise CCI counsellors (p. 58), thereby increasing his/her workload. It also talks about the SAMVAD (Support, Advocacy and Mental health interventions for children

in Vulnerable circumstances And Distress) centre launched by the MWCD in collaboration with NIMHANS (p. 42). The SAMVAD centre focuses on counselling support for children and their caregivers, as well as capacity building in psycho-social counselling care through engagement with apex medical health institutions in the country.

Despite these lofty goals, Mission Vatsalya (2022) delineates the salary of the DCPU counsellor at only Rs.18,536/- per month (p. 63) and the CCI counsellor at only Rs.23,170/- per month (p. 68). These low pay scales lead to poor retention of good-quality counsellors for adoption services. Therefore, there is a clear mismatch between the goals of Mission Vatsalya regarding counselling and the financial support that it makes available for the same.

iv) Adoption Regulations 2022

Given that the prime focus of the Adoption Regulations is adoption, counselling has received a more nuanced and in-depth consideration within its fold. The following regulations help us understand the stages where counselling is required, and the topics it needs to cover, emphasising the importance of adoption counselling.

1. Regulation 7 (11) under which SAAs, DCPUs, and CWCs are told to explore the possibility of parents retaining the child, through efforts like counselling or linking them to a counselling centre identified by the State Government
2. Regulation 10 (7) under which social workers of the SAA or DCPU are responsible for providing pre-adoption counselling to the PAPs
3. Regulation 14 (4) under which the SAA or DCPU shall arrange the required counselling for the child and the adoptive family, or link them to counselling services within 7 days in case of non-adjustment
4. Regulation 14 (6) (b) under which at least 2 counselling sessions by the SAA or DCPU are

necessary before making any decision concerning disruption/dissolution

5. Regulation 30 (1) (p) under which the SAA is supposed to prepare every adoptable child psychologically for their assimilation with the adoptive family
6. Regulation 30 (2) (c) under which the SAA is responsible for counselling the surrendering parents and informing them about a possible root search, in future by their child
7. Regulation 30 (3) (c) under which the SAA shall counsel the PAPs, through an authorised professional social worker or counsellor, to prepare them for the adoption process (acceptance of adoption, and preference for the child to be adopted), and adoptive parenthood (emotional readiness, the child's background and genetic factors, parenting and disciplining, sharing the fact of adoption with the child, root search, and so on)
8. Regulation 30 (3) (k) under which the SAA shall make post-adoption services including counselling to the PAPs, available
9. Regulation 30 (4) under which SAA shall counsel biological parents in case of surrender; give pre-adoption counselling to PAPs during the preparation of HSR and matching process; link them to the counselling centre at CARA, SARA, or DCPU; counsel older children before and during adoption; counsel adoptive parents whenever required; and give post-adoption counselling to the adoptees, in cases of root search
10. Regulation 35 (2) (n) under which a system needs to be established to ensure an adequate number of social workers and or counsellors with the DCPU for counselling and preparing the HSR of the PAPs; preparing the CSR and counselling older children; preparing post-adoption follow-up reports; giving post-adoption counselling to adopted children and adoptive parents; and assisting and counselling older adoptees in root search
11. Regulation 38 (6) under which the services provided in Regulation 35(2)(n) should be

carried out through the empanelled social workers or counsellors

Adoption Regulations contribute the most to strengthening the legal landscape for adoption counselling in India by elaborating the topics of counselling, the stages where it is needed, who is responsible for providing such counselling, and so on; however, it does not make counselling mandatory, ultimately becoming a collection of suggestions which may or may not be followed.

The legal landscape of adoption counselling in India is, therefore, not robust and falls prey to its own shortcomings. It fails to cater to infrastructure, funding, staff, training, specialisations, and capacity building needs of adoption counselling, along with the general stigma of counselling amongst people. Given the pervasive need for counselling throughout all stages and stakeholders of adoption, as discussed in the next section, the law needs major revisions.

5.2 The Role of Counselling in the Adoption Process

Several scholars reveal that adoptive families are generally considered nonnormative, less preferable, and inferior to biologically based families (Baxter et al., 2012, p. 265). Due to this, some form of stigma is borne by each member of the adoption triad (Baxter et al., 2012, p. 265), making counselling essential for their well-being. Herein, the unique needs of birth parents include counselling pre-surrender, the acceptance of being an unfit guardian, the probability and plausibility of root search, and the dynamics of 'no visitation' children. The needs of children entail understanding adoption trauma, dealing with the effects of institutionalisation, pre-adoption counselling, disclosure of the fact of adoption, the right for root search, the prerogative of consent in the case of sibling adoption, disruption/dissolution, complexities involved in cases of special needs and older children, post-adoption counselling, and trauma-informed counselling. In the context of adoptive parents, counselling needs include pre-adoption, referral, matching, positive

adoption language, disclosure of the fact of adoption, disruption/dissolution, bonding with the child, adoptive parenthood, parental expectations, disciplining, acceptance of the child by relatives and parents, and post-adoption depression. This section attempts to understand these varying needs through a theoretical and conceptual lens.

5.2.1 Counselling Needs of Surrendering Parents

Apart from being orphaned or abandoned, children are also surrendered by their parents to the system for varying reasons like inability to take care of the child, unplanned pregnancies, financial constraints, personal aspirations, health concerns, the mother being unwed at the time of birth, and due to the child being born out of rape, especially in the case of POCSO victims. The cause of the child's birth and the subsequent relinquishment can have severe ramifications for the birth mother (Central Adoption Resource Authority, 2025a), in terms of loss, feelings of self-inadequacy, or the complex feelings associated with the child's father. The precarity of their psycho-social status can be lessened through counselling by giving birth parents a chance to express their thoughts, discuss the reasons behind their decision to give up their child, and learn about their options (Central Adoption Resource Authority, 2025a). Given that surrendering leads to loss of custody rights for the birth parents, this counselling requires a psychological as well as a legal approach.

5.2.2 The Effects of Institutionalisation on Children

After children in need of care and protection enter the system, they are placed in CCIs. Institutional care is drastically different from non-institutional care in its effects on the psyche of the children. Children in institutional care are unrelated to each other and their caregivers (who are paid for their work), and are raised in groups (Julian et al., 2019, p. 218). They see different caregivers with less daily stability in comparison to children living with families (Julian et al.,

2019, p. 218). Their stability is also impacted when they see fellow children getting adopted. In this case, everything becomes ephemeral- the caregivers can change, the children can come and go, they themselves may be transferred to different homes based on their age and gender, they may lose their friends, they may have to change schools, and so on. Institutions follow rules and routines, and only ensure that the basic needs of children are fulfilled. Due to the focus on restoration on the ground, children are kept in institutions for a long time, making it difficult for children to transition into a non-institutional setup of family.

Consequently, for children, institutionalisation can lead to stunted physical growth, attachment difficulties, delayed cognitive development, atypical hypothalamic-pituitary-adrenal axis activity, isolation from kinship networks, and lack of participation in social, cultural, religious, and economic activities in their communities (van IJzendoorn et al. as cited in Julian et al., 2019, p. 223; Goldman et al., 2020, p. 608). Herein, it becomes evident that institutionalised children have unique needs that can be understood and helped with only through trained counselling of both children and adoptive parents.

5.2.3 Adoption Trauma Experienced by Children

Given the roots of adoption in grief and loss, adoption cannot be seen in isolation from trauma. On one hand, adoption, as a form of non-institutional care, is seen as a preventative measure against trauma (Merritt, 2022, p. 1). However, on the other hand, adoption can also be a source of trauma for the child (Merritt, 2022, p. 1). This trauma is rooted in the issues of loss and ambiguous loss (related to the loss of birth parents who may still be there and lack of closure), racial and familial identity work, and transracial adoption (domestic and international) (McSherry et al., 2022, p. 2). As the Canadian Paediatric Society (2001, p. 281) elaborates, the loss

experienced by adopted children is in regard to their biological family, their heritage, and their culture. This sense of loss and feeling untethered deepens as the adoptees reach adolescence.

Further, adoption may lead them to hurtful questions regarding their past, as to why they were placed for adoption by their biological parents or if there was anything wrong with them (Canadian Paediatric Society, 2001, p. 281). Given this scenario, adoption becomes another mechanism for adoptees to open themselves to additional abandonment instead of guaranteed permanency (Hartinger-Saunders et al., 2019, p. 4). Such mistrust and loss of control, in turn, translates into depression, withdrawal, and patterns of destructive and aggressive behaviours in children (Hartinger-Saunders et al., 2019, p. 4), which are reflective of their internal abandonment issues. The circumstances of the child's adoption also play a significant role in the experience of this trauma (Powell & Afifi, 2005, p. 132). Children adopted as infants face different uncertainties regarding their birth parents than older children (due to lack of memories in the former as compared to the latter); the transition from foster care can have a different impact; and the unique challenges posed by international adoption may impact this uncertainty and ambiguous loss in novel ways (Powell & Afifi, 2005, p. 132).

In this context, it becomes evident that adoption is not an overwhelmingly positive outcome for children and the parent. However, it can open unknown and forgotten wounds for them. Consequently, counselling becomes a tool to enable both the child and the parent to manoeuvre the trauma of adoption. Canadian Paediatric Society (2001, p. 282) highlights that the child may need to be reassured about day-to-day activities, given explanations about changes in family routine, may have difficulty falling asleep, or experience kidnapping nightmares. Dealing with adoption trauma is not a one-time occurrence but requires constant empathy and understanding,

both from the agency the child was in and the adoptive parents. Recognising these needs associated with adoption trauma is, therefore, important for the well-being of the child.

5.2.4 Pre-Adoption Counselling Needs of PAPs and Children

Adoption is a tumultuous road to travel, especially if one is not prepared to face the hurdles that may lie on it. Herein, pre-adoption counselling becomes necessary to equip the PAPs, their families, and the children to cross these hurdles with as much ease as possible. Trauma informed approach to counselling is critical here to understand the issues involved and approach to take.Adoptive families can identify and formulate their questions and difficulties in the pre-adoption phase (Central Adoption Resource Authority, 2025a), while the children can understand the meaning of adoption and the changes they may experience when transitioning to a family setup from an institution. As explained above, adoption trauma and the effects of institutionalisation make children wary of forming new connections in the context of adoption. The pre-adoption counselling of children needs to acknowledge this fact and equip them with the necessary tools to navigate the journey ahead.

In the context of PAPs, pre-adoption counselling educates them on the nuances of adoption, encourages them to examine their motivation, helps them assess their capabilities and limitations as a parent, connects them with support groups of families, agencies, and professionals in adoption, assists them in registering for adoption for the appropriate category of children, and provides them with any therapeutic support as needed (Central Adoption Resource Authority, 2025a).

Pre-adoption counselling is also required for setting realistic expectations for adoptive parents, preparing them regarding children's trauma histories, and informing them about adoption trauma and the ways to cope with it (Liang et al., 2024, p. 13). Sar (as cited in Santos-Nunes et al., 2018, p. 16) argues that pre-adoption preparation is positively correlated with more appropriate

parental expectations. When parental expectations are rooted in reality, it becomes easier for the child to be his/herself, lessening the pressure of transition on them. While dealing with expectations and trauma histories is easier for parents adopting infants, the terrain experiences an overhaul when parents have to deal with older children. Without age-appropriate and adequate preparation, disruption/dissolution cases become more prevalent. Therefore, parents need to be flexible and willing to seek help through pre-adoption counselling.

Adoptive parents are also vulnerable in the dynamics of adoption given the stress they face regarding the transition in their individual and collective roles in the anticipation of forming a new adoptive family (Derdeyn as cited in Farber et al., 2003, p. 176). While ordinary stresses associated with raising children are common for both adoptive families and birth families, the perception of adoptive families regarding adoption, marital roles, stress management, gaining knowledge of child development and parenting, telling others about their adoption, and deciding about financial costs, legal obligations, and household accommodations presents unique challenges for them (Farber et al., 2003, p. 177). They also have to grapple with issues related to the disclosure of the fact of adoption, and the effect of the adoptive child's genetic history, birth family background, and physical characteristics on their future, among other things (Farber et al., 2003, p. 177). Pre-adoption counselling can be a way to recognise and acknowledge these challenges so that they can be worked through slowly and steadily.

5.2.5 Post-Adoption Counselling Needs of PAPs and Children

Adoption is increasingly being understood as a lifelong process, according to Lee et al. (2020, p. 21). The challenges associated with adoption do not end after the act of adopting a child. In fact, in many ways, the challenges begin in the post-adoption phase. These challenges include coping with parenthood; bonding and attachment between the child and the adoptive parent;

acceptance of the child by relatives and friends; sharing the fact of adoption with the child; discipline issues; the child's schooling and academic performance; root search; and issues of disruption/dissolution (Central Adoption Resource Authority, 2025a). Post-adoption counselling involves a long-term view of adoption, focusing on supporting families to ensure the stability and permanence of children (Palacios et al., 2019, p. 9). Consequently, adoption permanency is highly dependent on the access and use of effective support services by the adoptive parents post-adoption (Lee et al., 2020, p. 21).

5.2.6 Understanding the Dimensions of Adoptive Parenthood

Given the pro-natalist social context, adoptive parenting and other ways of building a family are unfavourably compared to the 'standard' of biological parenting (Swartz et al., 2012, 140). Such comparisons place undue stress on adoptive parents to be 'more like biological parents' and on adoptees to be 'the perfect child.' In this context, without counselling, adoptive parenting can become a blind imitation of biological parenting, uncaring of the nuances of the child and the personal struggles of the parents.

The post-adoption phase begins with the process of integrating the adopted child into the family. Bonding patterns in adoptive parenting follow distinct trajectories (Swartz et al., 2012, p. 159). PAPs often decide to adopt after failing to have a biological child due to which they do not undergo the sensory experiences associated with pregnancy- watching the foetus grow, listening to a heartbeat, or feeling the baby's movement- and cannot anticipate the physical and psychological features of the child (Swartz et al., 2012, p. 139). In a transracial adoption, the difference in the features of the child and the adoptive parents is also very conspicuous (Swartz et al., 2012, p. 139). Amidst such apparent differences, developing trust and making the child feel safe prove challenging for the adoptive parents, leading to feelings of confusion, frustration, and

heartache (Carnes-Holt, 2012, p. 420). Familial relationships can deteriorate if a child continues to reject the adoptive parents, and the formation of attachment evades the latter's grasp (Carnes-Holt, 2012, p. 420).

The parent-child bonding is dependent on building trust and attachment, which requires considerable effort and sensitivity (William et al., 2023, p. 27). While the age of the child can be a factor in determining their adjustment within the family (Lee et al., 2020, p. 21), building trust is still a prerequisite for developing attachment. According to Hughes (as cited in Carnes-Holt, 2012, p. 420), a secure attachment can facilitate a 'psychological birth' of the child and enable its holistic development.

The process of bonding between the child and the adoptive parents is correlated with the expectations of the PAPs regarding the child. Generally, PAPs prefer children from their race, under 3 years of age, and without significant special needs (Moyer & Goldberg, 2017, p. 2) in contrast to the children available in the adoption pool. PAPs imagine an untroubled child (Santos-Nunes et al., 2018, p. 11) without learning or behavioural problems. Adoptive parents also imagine themselves as 'super parents' with problem-free families (Santos-Nunes et al., 2018, p. 12) who can handle anything. Most adoptive mothers experience emotional and physical fatigue throughout the adoption process (Kohn-Willbridge et al., 2021, p. 308) due to fertility treatments and the general hopelessness of not having a biological child, besides the complex processes and the long wait time associated with the process itself. The nature and demands of adoptive parenting are, therefore, underestimated by adoptive parents (Kohn-Willbridge et al., 2021, p. 301) due to their ignorance, unfamiliarity, or lack of preparedness.

Given the feelings of uncertainty and powerlessness that mar the adoption process, unmet expectations can cause added stress during the transition period and cause disappointment amongst

adoptive parents about their limited ability to 'mould' their children (depending on age) (Moyer & Goldberg, 2017, p. 9), affecting attachment. As these children struggle more in academics (due to traumas, emotional instability, and the quality of education received in their early years), it becomes a point of contention for well-educated adoptive parents who value academic success (Goldberg et al., 2021, p. 1). Consequently, post-adoption support becomes necessary for handling unmet and unrealistic expectations that hinder bonding and attachment processes. The needs of adoptive parenthood are unique, due to which constant counselling is necessary for both parents and children.

5.2.7 Disclosing the Fact of Adoption to the Child

Adoptive parenthood also requires open communication between the parent and the child. In this context, disclosure of the fact of adoption to the child becomes significant. The degree of ease of disclosure can be understood through David Kirk's 'Shared Fate Theory' which talks about the acceptance of differences between biological and adoptive parenthood by adoptive parents, empathy towards their child, and open communication (Lo & Grotevant, 2020, p. 2). This ease is also affected by the dilemmas regarding the adoptive family and the adoptee. A study conducted by Mitra et al. (2019, p. 365) revealed that adoptive families are concerned about two things in their personal context- their perception of self as 'emotionally weak' and unprepared to deal with the child's questions; and their perception of self as 'dependent on the child' intermeshed with the fear of the child leaving them. In the context of the child, they are concerned about hurting the child with the truth of adoption (Mitra et al., 2019, p. 365). If the child asks further questions regarding their birth parents or requests a root search, many adoptive parents also feel that it is because of their shortcomings (Mitra et al., 2019, p. 368), further making them question the need for disclosure. However, those adoptive parents who do not disclose the fact of adoption to their

child experience higher levels of discomfort and anxiety, according to the study by Mitra et al. (2019, p. 367). Further, secrecy, lies, or misinformation can undermine the trust and intimacy within an adoptive family and lead to long-term trust issues within adoptees (Schooler & Norris as cited in Passmore et al., 2006, p. 6).

Open communication about adoption, therefore, becomes necessary for positive developmental outcomes in children (Jones & Hackett as cited in Wydra et al., 2012, p. 63). It also helps avoid third-party revelation and the burden of blame on the adoptive parents (Kashika & Maheshbabu, 2023, p. 361). Further, children have a right to know about their roots (Kashika & Maheshbabu, 2023, p. 361) as it affects their identity and their meaning of self.

Given that children between 7 to 11 years of age start understanding the world logically, they can comprehend that adoption is simultaneously related to losing and building a family (Mitra et al., 2019, p. 361). However, such an understanding is contingent upon the use of 'respectful adoption language,' as modelled by Johnston (as cited in Mitra et al., 2019, p. 361). Family relationships should not be communicated to the adoptee in a way that implies that adoptive relationships are artificial and uncertain compared to genetic relationships (Mitra et al., 2019, p. 361). Terms like 'real mother,' 'real father' or 'real parent' should be avoided in such communications (Mitra et al., 2019, p. 361).

Similarly, Wrobel et al. (as cited in Mitra et al., 2019, p. 362) proposed a Family Adoption Communication Model, wherein in the first two phases, the adoptive family controls information sharing with the adoptee depending on the latter's age. In the third phase, the adoptee takes control of the information (Mitra et al., 2019, p. 362). Herein, open, empathetic, and regular communication with the adoptees is essential for proper disclosure (Mitra et al., 2019, p. 362). Disclosure is not limited to an exchange of information but requires the adoptive parents and the

child to be emotionally attuned, sharing, accepting, and co-constructing meaning (Barbosa-Ducharne & Soares, 2016, p. 3).

As several scholars suggest, the fact of adoption can be communicated to the child through stories, or the celebration of a 'Homecoming Day' (Mitra et al., 2019, p. 369). Adding to it, Kashika and Maheshbabu (2023, p. 362) suggest mythological stories (like the stories of Lord Krishna and Sita), and environmental exposure like exposing the child to their adoption home, showing the cradle to the child where the adoptive parents first met him/her, and telling them about the procedures they had to go through during the adoption process as aids to divulge. In the case of those adoptive parents who already had a biological child, disclosure communication also included talking about how a child is born to help them understand (Kashika & Maheshbabu, 2023, p. 362). Wydra et al. (2012, p. 74) argue that disclosure is not a one-time event but involves repeated conversations over various stages of the adoptee's life as the child's emotional and cognitive understanding develops over time. The process should start as early as 2.5 to 5 years of age of the child (Mitra et al., 2019, p. 369).

Disclosure does not take place in a vacuum. It is dependent on the socio-cultural aspects of the adoptive family and the adoptee. Societal reactions to adoption, the support received by adoptive parents from their families and other social networks, and their own attitudes and feelings towards disclosure have an immense impact on this decision (Mohanty et al., 2017, p. 3). In India, childless women and childless couples are often ostracised and stigmatised in their families and communities, making them wary of disclosing adoption for fear of further ostracisation (Mohanty et al., 2017, p. 3). Further, given that children adopted domestically can 'pass' as biological children of their adoptive parents, the need for disclosure does not appear imminent to them (Mohanty, 2015, p. 73). Concerns regarding a shift in their children's loyalty and allegiance post

disclosure also become hindrances in this process (Mohanty, 2015, p. 73). As parental authority is important within Indian families, all parental actions are considered beneficial for the child (Mohanty, 2015, p. 73). In this context, parents keeping a secret from their children is assumed to be for their benefit (Mohanty, 2015, p. 73). Further, positive adjustment of the child may not be substantially facilitated by disclosure if non-defensive communication about adoption is not maintained (Mohanty, 2015, p. 73).

Counselling becomes necessary to understand these nuances associated with disclosure so that the best interests of the child can be assured according to their socio-cultural context. If the capacity of parents to communicate and empathise is built during both pre- and post-adoption counselling, they will have the necessary tools and knowledge to disclose the fact of adoption to the child and build secure attachment. These complex needs of the adoption triad stand as testimony to the need for counselling.

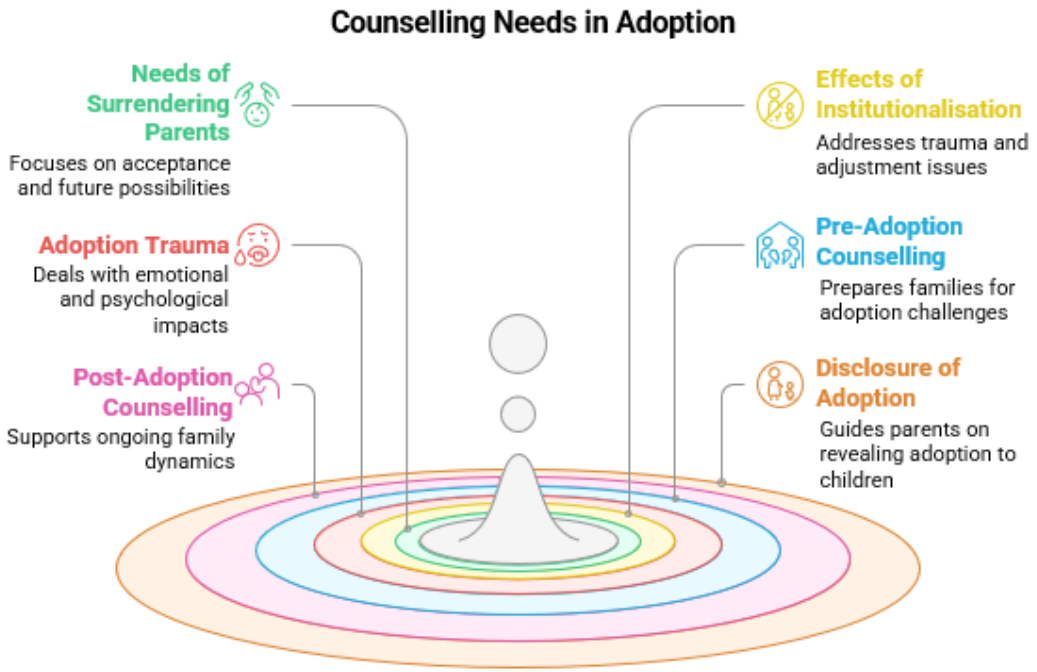

Figure 44 **Summary of the Role of Counselling in the Adoption Process**

5.3 Ground Realities of the Execution of Counselling Efforts

While counselling is one of the most significant needs of the adoption triad, our field research revealed a conspicuous gap in the implementation of counselling efforts. This section relies on a two-fold analysis, that of resource persons who have closely worked with the adoption system in India and the stakeholders who are responsible for carrying out these efforts. As elaborated in *Chapter 2*, structured and semi-structured interviews and questionnaires were used to collect this data.

5.3.1 Insights Received from Resource Persons

The team interacted with several resource persons[36] who have worked or continue to work in some capacity with the adoption process. These discussions highlighted several aspects of counselling, such as:

i) The Counselling Competency of Social Workers and Counsellors

As per our conversation with the resource persons, it was observed that the social workers are younger than the PAPs, which has resulted in their life experiences being incompatible. Most social workers lack good counselling skills, making PAPs reliant on informal networks and other adoptive parents. Counsellors have limited knowledge of adoption, while social workers are not trained to address children from a trauma-informed perspective. The adoption system in India lacks both the manpower and appropriate training measures to meet the complex counselling needs of the adoption triad. Out of the 25 interviewed social workers of SAAs, 14 reported that their training sessions included a module on counselling, 10 reported otherwise, and 1 had not attended a training session as the SAA had been established recently. This has been depicted in *Figure 45*. However,

[36] The insights received from these resource persons have been discussed anonymously on their request.

even those who reported that counselling was part of their training added that it is only a part of a larger training agenda wherein it is linked to other procedures and steps involved in the adoption process. There is no specific detailed training for counselling alone, enabling the social workers to have a deeper understanding of issues they deal with during the adoption process, as well as giving them the necessary skill sets and capabilities to handle them. In this context, the adoption-related competency of counsellors becomes questionable.

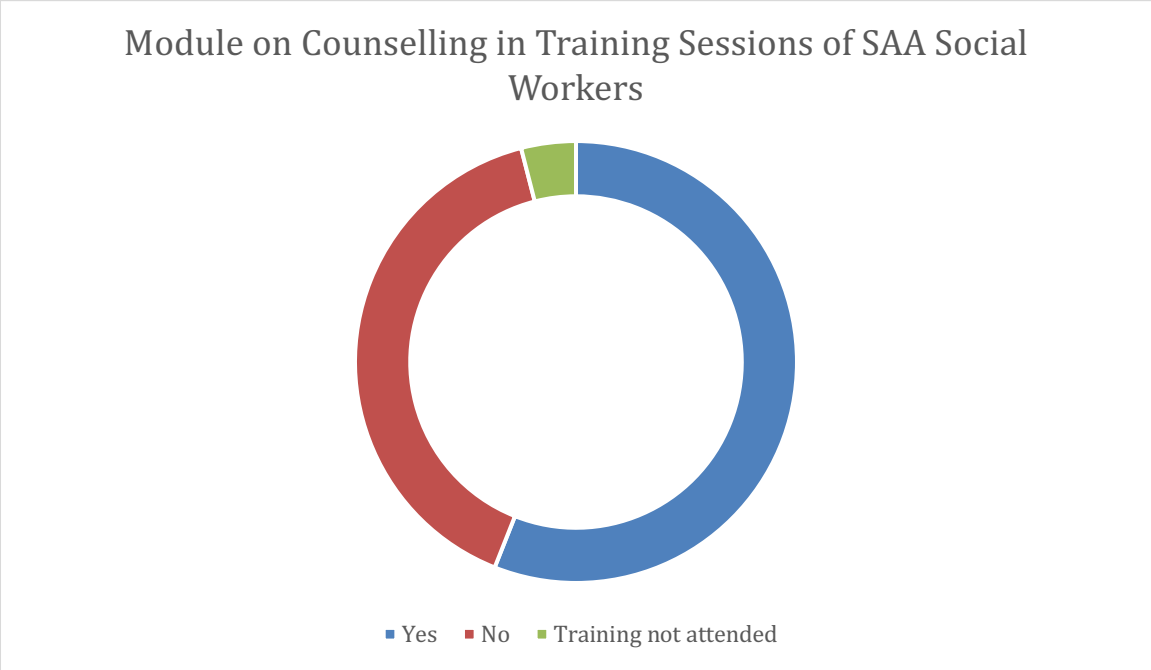

Figure 45 **Do social workers' training include counselling modules?**

Further, these counsellors feel lost and helpless due to a lack of remuneration. Even counselling centres, as mentioned in the Adoption Regulations 2017, are hard to establish, as recruiting people in the face of inadequate funds is difficult. The shift to empanelled counsellors in the Adoption Regulations 2022 is a testimony to this fact.

A resource person revealed that even in training sessions, the doubts of attendees primarily revolve around the procedure. When counselling-specific training sessions are organised, they are not made mandatory for the staff. Consequently, there is no system in place to verify whether the training was effective. Training sessions occur, yet a corresponding knowledge check, through exit interviews and viva, is not conducted, leaving the system devoid of checks and balances. This raises questions about the efficiency of these training sessions, however few they may be. The absence of a system like CME[37] (Continuing Medical Education) reflects stagnation and a gradual reduction in the capacities of these social workers and counsellors.

ii) Counselling of Adoptees

Counselling adoptees is not mentioned in the law. While Rule 34 (3) (xi) of the JJ Model Rules 2016 states that CCIs should provide for counselling of every child, the children are not prepared and counselled regardless of their age. Different counselling techniques are required for children of different ages. However, stakeholders do not pay heed to the counselling needs of children below the age of 5 or 6 years. There is this blanket assumption that it is the older children who require counselling. Younger children's counselling needs should be catered to through non-verbal mechanisms, as our resource persons elaborated. They stated that care is imprinted on the child through the smell and touch of the childcare staff. When the child is adopted, the child can feel the change. Therefore, their preparation is not done through verbal modes of communication; instead, reliance is placed on non-verbal modes of communication, i.e., through their senses. Due to this, it is necessary to build an initial bond between the child and the parents. While the

[37] Continuing Medical Education refers to the continuous education required by medical professionals in order to maintain competence and learn about new and developing areas in their field. Publications, workshops, seminars, conferences, training sessions, and so on are some of the ways involved in this continuous education. Given that medicine is a dynamic field with continuous discoveries and changing knowledge, it is necessary for medical professionals to keep up with the times.

disruption of a child's attachment during adoption is inevitable, it should not lead to a traumatic rupture of attachment. Staying connected to a counsellor in this phase is necessary for a smooth transition for the child. Knowledge regarding the importance and mechanisms of counselling younger children is negligible in the adoption framework of India.

In relation to older children, a resource person revealed a lack of preparation of parents and the child regarding integrating the latter into the family. Older children have memories and experiences that they remember. They can also have developmental trauma, learning gaps, behavioural and health issues. Trauma expresses itself differently in different children. There is a deficit of trust in these children, given the constant displacement that they have had to undergo. It takes the children time to feel secure with the adoptive family, so they lag in emotional development and studies. In such cases, building trust is very important. Due to a lack of counselling, PAPs inevitably become ignorant of the struggles of a child because they feel that the child's life starts after their adoption. This lack of support translates itself over the years in the adoptees through various issues.

The lack of preparedness workshops for children 4 years and above, as well as a negligible number of counsellors trained in different languages and working in the adoption space for older children, severely impacts the well-being of children. The Immediate Placement[38] (hereafter, IP) List children need longer counselling and preparation time. This is because they stay in the institution for extended periods and often have intricate backgrounds. For instance, in the case of siblings, the age gap between them and the number of siblings can make their adoption complicated, leading to sibling separation orders by the CWC to facilitate separate adoptions.

[38] The Immediate Placement List includes children who are considered 'hard to place'— children who have been referred multiple times without being adopted. This list mostly includes older children, siblings, and SNCs. If a PAP chooses a child from this list, they do not experience the wait time involved with referrals.

Sometimes, because siblings are of different genders, they are kept in separate living quarters at SAAs, resulting in additional emotional distress for the children due to separation and requiring regular counselling to support them. Additionally, if one sibling is older than 6 years, they are shifted to a CCI, due to which siblings end up living separately. In such scenarios, a lack of counselling can lead to trauma and emotional vulnerability. Similarly, in cases of older children, adapting to a new environment can prove challenging without any help. Therefore, counselling plays a key role in ensuring the long-term well-being of adoptees.

iii) Counselling of Children with Unfit Guardians and No Visitation

In the context of 'unfit guardians,' the law does not lay out the complete ambit of the word 'unfit.' Only a medical board is equipped to do this, constantly reviewing whether the condition is temporary or permanent. The categories of children with 'unfit guardians' and 'no visitation' are evolving at present and are better suited for foster care. Without counselling support, it has been and will continue to be difficult to include these categories within the ambit of adoption.

iv) Counselling of PAPs

It was revealed to us that the problem is not the lack of demand for counselling by PAPs; on the contrary, it is the incapacity of CARA and the other stakeholders to meet the growing demands that creates issues. A lack of pre-adoption counselling has also been noticed by several resource persons, where no preparedness workshops are held for PAPs before their registration. Even the law is silent on this much-needed provision on how to materialise this. The focus remains limited to documents, procedures, and advising. While some SAAs are active, most SAAs conduct an HSR and perceive it as counselling, justifying it on the questions laid out in Parts I and II of the HSR format. Several international agencies have created their own materials and coursework for counselling of PAPs, which involves watching videos and taking quizzes, among other things.

However, Indian institutions have not developed or implemented any such coursework. It is interesting to note that in the context of intercountry adoptions, the majority of PAPs who register at their respective Authorised Foreign Adoption Agencies (AFAAs) register after rigorous counselling sessions and preparedness. This is absent in the context of in-country adoptions.

Even while counselling PAPs, emphasis is not placed on their unresolved traumas, their emotional availability, and their parenting techniques. The agenda of PAPs dominates the narrative of counselling instead of a focus on child-centric perspectives. There is no scrutiny of the number of sessions conducted, the content discussed during those sessions, the qualifications of the counsellor, and so on. The preparation of the extended family of PAPs is another thing neglected in the counselling framework. The psychological test, which is conducted for inter-country adoptions, is a check-box test only. It only tests Intelligence Quotient (IQ), and personality styles and may not even be authentic. Replicating it in in-country adoptions may not change anything.

In the context of disclosing the fact of adoption, most PAPs struggle immensely with how the information is shared and the type of support offered to the adoptee regarding it, time after time. Given that parents do not have all the information regarding the child's background, it may be difficult for the child to come to terms with their identity. However, if the fact of adoption is not disclosed to the child by the parents, it can lead to trust issues for the child later. Herein, the grief experienced by the child is inevitable, but it can be worked through if parents are more open about it. Disclosure is not a one-time revelation but a continuous process. Therefore, counselling of PAPs is a multidimensional challenge which continues years after all procedures under the adoption framework have been fulfilled. There is no system in place to cater to these needs of the children and the parents through adoption.

5.3.2 Stakeholder Wise Analysis

Counselling can be accessible and effective only so long as the stakeholders involved make the requisite efforts. As can be gleaned from the insights received from resource persons, the stakeholders severely lack commitment to counselling to create a robust adoption system in India. Herein, the stakeholders have been evaluated based on the data collected from the field.

i) CARA

When CARA was interviewed regarding its role in counselling, its officials stated that SAAs should be responsible for conducting the counselling of PAPs as the government cannot afford counsellors. This stance of CARA revealed that despite being the nodal agency for adoption in India, it has been unable to bridge the gap between counselling needs and inadequate funding. Even after establishing a centralised system, it appears that concerns regarding counselling are not the primary focus of CARA. The stigmas associated with counselling amongst the people further demotivate them to initiate any action.

While they indicated that counselling should happen at the state and district levels, CARA also has up to 10 multilingual counsellors trained to counsel on all aspects of adoption. CARA officials disclosed that they also do counselling as and when required. This is commendable, but a very disproportionate step, since the requirement is grave and imminent at various stages of the adoption journey. However, nothing was mentioned regarding trauma-informed counsellors during the interview. Further, counselling sessions are conducted both telephonically and in person. CARA's training sessions for SAAs also focus on topics of mental health.

In the context of disruption/dissolution, the officials at CARA explained that parents want a pre-packaged child based on their expectations and needs, thereby citing faults at the end of PAPs. When the child they have adopted does not fit that criterion, it leads to

disruption/dissolution. Lack of adequate pre-adoption counselling at the end of SAA/CCI of both PAPs and children also contributes to cases of disruption/dissolution. However, when cases of non-adjustment of the child and adoptive family emerge, Regulation 14 (4) (*Adoption Regulations*, 2022) directs SAAs or the DCPUs to arrange required counselling for them or link them to counselling services within the district or state. Further, Regulation 14 (6) (*Adoption Regulations*, 2022) mandates the conduct of two counselling sessions by the SAAs or the DCPUs before filing the application for disruption/dissolution. The counselling report is sent to CARA online. CARA's role is limited to approval in these cases. Therefore, CARA's role regarding counselling is that of a passive stakeholder only responsible for supervision.

ii) SARA

While interacting with SARAs of different states, the team observed their varied capacities for counselling. As the Adoption Regulations 2022 have removed the directive for establishing counselling centres by CARA and SARA, given in Regulations 37 (16) and 33 (2) (q) (*Adoption Regulations*, 2017) respectively, the DCPU has been directed to maintain empanelled counsellors under Regulation 38 (6) (*Adoption Regulations*, 2022). Consequently, SARAs also do not have to play an active role in counselling under the new regulations. Most SARAs did not have empanelled counsellors but could call a counsellor if the need arose. They shared CARA's stance on SAAs handling the responsibility of counselling. SARA Uttar Pradesh considered 'One Stop Centres' a counselling centre in this regard, as One Stop Centre Counsellors were present in every district and were monitored by the District Protection Officer.

SARA Maharashtra stated that the Department of Women and Child Development, Maharashtra, had counselling centres in the state. However, the data collection in Tamil Nadu revealed that PAPs frequently directly visit SARA for counselling. The 1st and 3rd Saturdays of

the month were working days for SARA Tamil Nadu, wherein they assisted illiterate PAPs with CARINGS portal-related work. SARA maintained a register for counselling as well. While the nature of this counselling was mainly procedural, SARA Tamil Nadu showed more initiative than other SARAs in counselling.

iii) DCPU

While collecting data from the DCPUs of selected districts, the team observed a more active role of the DCPU in counselling. While SAAs are required to do the counselling, SAAs may refer PAPs to the DCPU depending on the nature of the case. For instance, DCPU Mumbai Suburban described a case wherein an adolescent girl was facing adjustment issues with a single parent. She wanted to return to her CCI as she missed her friends who still lived there. The SAA approached the DCPU in this case. The SAA did counsel the child, but it did not turn out to be effective. As DCPU Mumbai Suburban had only 1 staff member, the respondent stated that if she were unable to counsel the child or parent after several attempts, she would appoint a counsellor. DCPU Kamrup Metropolitan called PAPs and adoptive parents during Adoption Awareness Month and conducted counselling sessions. It also counselled caretakers not to get too attached to a particular child, as other children may feel less loved, causing problems in the future. During ACMs, DCPUs explained the procedure to PAPs, asked them questions from the perspective of older children and evaluated their answers, and discussed cases of disruption and dissolution to make them aware. However, regular adoption counselling was not their primary responsibility.

While the respondent from DCPU Lucknow believed that counselling is important, the availability of counsellors and a systematic counselling process did not exist. There was only 1 counsellor with the DCPU who handled only important cases. As was elaborated in *Chapter 4*, out of the 8 interviewed DCPUs, 3 (Mumbai City, Mumbai Suburban, and Thane districts) did not

even have 1 mandated counsellor, as required by Mission Vatsalya (2022). Often, the DCPU called university students or people from local NGOs to support counselling efforts. Therefore, counselling-related responsibilities were not handled by a specialised staff member. The interviewed DCPUs believed that, as the adopted children are generally below 6 years of age, they did not require counselling. This was a belief shared by many stakeholders interviewed. However, as revealed through a resource person having experience in this field, counselling is not limited to verbal tools but can also be conducted using non-verbal tools. In this context, the lack of specific counselling abilities in the DCPU staff becomes obvious.

The respondent from DCPU Lucknow added that there was a limited demand for counselling in small and remote districts, cities, and towns. Through this statement, the respondent highlighted the issue of demand and supply of counsellors in smaller cities and towns and brought the intersectionality of counselling concerns to the forefront. Counselling, while necessary, does not effectively serve the working class and poor, despite their substantial population (Lavell, 2014, p. 231). Caste, class, gender, and other labels of identity also delineate one's access to counselling. These intersectional identities affect the way people perceive counselling as well as their access to it. For instance, the opinions of women in heteronormative marriages are often ignored by their husbands in a patriarchal setup; therefore, even if they wish to access counselling sessions, their will may be overridden by their husbands. Similarly, someone from a lower class may not have enough money to access counselling sessions or may not know their necessity.

Further, stigmas and stereotypes around counselling in these smaller cities and towns lead to a low availability of qualified counsellors. This highlights the need for culturally competent counsellors, who do not turn a blind eye to context, to ensure the effectiveness of counselling

efforts (Ali & Lee, 2019, p. 510). Counsellors and clients are, therefore, two ends of the same string.

Nevertheless, DCPU plays a major role in counselling efforts in disruption/dissolution cases. Depending on the case and situation, DCPUs conduct need-based counselling sessions (minimum 3) with PAPs and prepare counselling reports. The DCPU tries to find the problem by approaching the family, holding meetings with them, visiting their home, and then tells the PAPs and the child (if older) to work on the issue. Some DCPUs also appoint counsellors in these cases for their specific expertise. They are called from organisations as there is a long wait time for government counsellors. As such cases are time-sensitive, they cannot wait for long. Moreover, DCPU Thane highlighted that rehabilitation of children after disruption/dissolution becomes difficult as their case history is shared with the next family that may adopt them. It leads to questions in the minds of PAPs regarding the reason the child was returned and whether that will come up with them as well. Elaborating on the reasons for disruption and dissolution, a DCPU stated that some people want children while others are interested in "child shopping." The respondent gave examples of the statements made by PAPs- *"Bacha agar gora hota toh acha hota"* (It would have been nice if the child had a fair complexion.). Counselling PAPs becomes a complicated challenge in such a context, given their mindset.

iv) SAA

SAAs are the most important link in the adoption system, connecting children to PAPs. Our field investigation revealed that SAAs play a central role in counselling processes involved in every stage of adoption. The focus, however, remains only on 2 members of the triad- the PAPs and the children.

1. **Pre-Adoption Counselling of PAPs**

SAAs conduct pre-adoption counselling for PAPs wherein they explain the entire adoption process and prepare them accordingly. Some SAAs call an adoptive parent to share their experience with the new PAPs as well. Bal Asha Trust, an SAA in Mumbai City district, also conducts pre-adoption workshops for the PAPs registered with their SAA, wherein they call a counsellor, children, and parents. SAAs conduct group and individual counselling sessions for PAPs. As elaborated upon by Bal Asha Trust SAA, in the group sessions, they make the PAPs write their questions anonymously on chits, which they later answer. Registered PAPs are called in batches for individual meetings to check their documents before their HSR is conducted. In several SAAs in our sample, a counsellor counsels the PAPs before the HSR in the SAA, while the social worker counsels them during the HSR at their home. During the HSR, social workers counsel PAPs regarding their expectations of the child, how to relate to the child, how to raise the child, the challenges they may face during the process, the issue of waiting period, the details of agency life for a child (there is only 1 childcare staff to handle 10-20 children so life at home could be starkly different for the child), a child's general history and growth, and root search.

Social Workers discuss the topic of disclosure (tells them to take the help of a doctor or counsellor to share this information with the child; she emphasises the importance of disclosure), asks them questions like what they will tell the child if they ask about their biological parents, and helps them with the adoption process. When discussing the topic of disclosure, most parents are of the view that there is no need to tell the child about their adoption. Janani Ashish, an SAA in Thane district, opined that educated PAPs are still more favourable to the idea, but mostly disagree. However, social workers tell them that if the child finds out from somewhere else, they may rebel, which can create further problems. To encourage them to disclose, SAAs like Bal Anand in the

Mumbai Suburban district share stories of Shri Krishna and talk about the importance of individual rights. They tell them that the children have the right to know. They guide them that disclosure should be done at an appropriate age and situation. The child should be told about what a family is and how connections of the heart can also make families, as the child can become curious. Most social workers notice that parents say that they will disclose the fact of adoption to the child at the time of HSR, but they do not do it later. Social Workers also counsel PAPs to change the age of the child during HSR if they are on the border of the composite age. Some SAAs also conduct online counselling sessions where they call a child psychologist for parents who have already adopted. A SAA conducts an Adoptive Parents Meet every 3-4 months, where they call people who have already adopted and counsel new PAPs.

Indian Association for Promotion of Adoption and Child Welfare, an SAA in Mumbai City district, is especially noteworthy for its counselling centre for post-adoption counselling, which organises programmes 2 to 3 times a year. The SAA's orientation programme started 30 years ago, wherein they have been doing capacity building programmes for couples. They have particularly focussed on promoting safe and legal adoption. The SAA ensures that the PAPs are aware of root search. In their counselling programmes, they talk about how sharing information with the child about their adoption works. While the SAA talks to PAPs, it has also enabled PAPs to talk to each other regarding the wait time, and how to read the CSR and MER, among other things.

Many respondents stated that before the adoption system went online, there used to be more counselling for PAPs, and their preparation was checked even before registration. The SAAs used to constantly guide and reassure the PAPs throughout the adoption process. Counselling was an integral part of the process before; however, everything is limited to the CARA website at present.

As Vatsalya Trust, an SAA in Mumbai Suburban, elaborated, SAAs face issues while counselling single parents for adoption, as the PAP mostly does not have family support. Sometimes, if the single PAP has siblings, the siblings do not agree to the adoption, as the responsibility of the child may fall on them in unforeseen circumstances. In other cases, where the PAPs are a couple, often the husband is the decision maker. Due to this, it becomes difficult for the SAAs to understand the wife's perspective as they are less vocal about their views.

SAAs also face the issue of convincing PAPs to take a child more suited to their age. Most parents want to adopt a very young child despite being on the border of the composite age requirement. This can create an issue for both the child and the parent in the long run, but is often ignored by PAPs. In the Maharashtra State Women's Council, an SAA in Mumbai City, the respondents recalled a case wherein the social worker had counselled the parents for choosing a 4-6-year-old child, but the PAPs chose a 13-year-old child from the 'Immediate Placement' list. When they appeared in the ACM, their lack of preparedness was conspicuous. Many PAPs dismiss the social workers and say that they have their elders who can give them better advice on these matters. Varshini Illam Trust, an SAA in Chennai district, highlighted that the age gap between the social worker and the PAPs becomes an obstacle during encounters with PAPs. Counselling PAPs is, therefore, a challenging process for the SAAs.

2. <u>Counselling of Adoptees</u>

SAAs also prepare the child for adoption, but this preparation has its limitations. Counselling of children is only focused on older children. This counselling is more nominal and ridden with stereotypes than given with an open mindset. Our respondents felt there was no need to counsel younger children as they would not understand anything. This, as mentioned earlier, is inaccurate. However, counselling is important regardless of the age of the child, as emphasised by

the resource persons interviewed by the team. The need for counselling remains the same, but the mode of counselling should be adjusted accordingly. Yet, this was not the case in most SAAs.

CASE 1: INSTITUTIONAL TRANSITION AND DISSOLUTION

In Maharashtra, a 3-year-old child was returned to the SAA within six months of adoption. The PAPs, an educated family with good background, cited the child's eating habits as the primary concern, stating that the child ate excessively. This situation highlights a deeper issue of institutional transition (a child moving from an institution to a family setup experiences changes in routines, expectations, environment, and so on, which may make it difficult for them to adapt to the adoptive family) along with trauma informed intervention. At the SAA, children receive meals four times a day and are regularly taken on outings. The children are also taught to distinguish between meals and snacks, with foods like McDonald's framed as occasional treats rather than proper meals. This dissolution illustrates the gap in expectations and preparedness between institutional upbringing and family environments, underlining the need for better pre-adoption counselling and support for both children and PAPs.

In the case of older children, differences in the socio-cultural dimensions of the child and the PAP can pose some adjustment difficulties. A respondent explained that these children had lived freely either on the street or in the SAA, so neither did they have the patience, nor did they want to get educated, making it difficult for them to adjust to their adoptive parents. A respondent stated that older children lived in a fantasy where they believed that they would get a mobile phone or would be able to watch a lot of TV after getting adopted. They felt that the SAA had many rules,

while there would be no rules in a home. However, SAAs guide them about the practical aspects of transitioning from an institution to a family.

In the previous offline settings, specialised matching was undertaken by SAAs, due to which disruption and dissolution cases were uncommon. A respondent gave an example wherein the child was not keen on studying or gaining education, so he was given to a PAP who was a mason (*mistri*). Therefore, counselling children requires advanced expertise, which is rarely seen in social workers and SAA's staff. Additionally, the prejudices of SAA social workers and staff may also seep into the young minds of the children, which can be avoided through trained, experienced counsellors.

Most SAAs did not have a special counsellor or any trauma counselling for older children. If a child had some childhood trauma, one respondent stated that she tried to talk to them through photos. A respondent from Maharashtra State Women's Council, an SAA in Mumbai City, was handling the case of an SNC who could not hear, so she had been unable to communicate with him properly, as they both did not know sign language. Thus, the counselling processes of adoptees require special scrutiny.

CASE 2: THE IMPORTANCE OF THE CHILD'S ACCEPTANCE OF ITS ADOPTIVE PARENTS

In Uttar Pradesh, an adoption was dissolved within 9 months in 2023. A 13-year-old child was adopted by a family. They were ecstatic after the adoption, but started facing adjustment issues based on the expectations of the parents through adoption. The social worker counselled the parents for 2 months and suggested they transfer the child from an English-medium school to a Hindi-medium school. The adoptive parents wanted the child to join the Air Force, but he was not interested in studying. The parents, therefore, worked on their expectations and tried to adjust with the child. However, the child ran away from his adoptive parents' house to his birth mother, who was a beggar. Despite the birth mother having surrendered the child, he went back to her, as it was difficult for him to become a part of a new family when he knew his mother existed. After the child was found, the parents sent many emails to CARA to resolve this issue, but to no avail. Consequently, the adoption was dissolved. This shows the need for continuous counselling of children, especially if they are older adoptees. It also highlights the need to sufficiently counsel the surrendering parent

3. Counselling of PAPs Regarding Parental Expectations:

The social workers often advise PAPs to keep minimal expectations from the prospective adoptees, as children can be groomed, and similar expectations are not placed on a biological child. However, PAPs exhibit different attitudes after adoption, according to many respondents. A respondent cited an example wherein a PAP already had a biological child before adoption, due to which the grandparents only focused on the biological child in the joint family.

CASE 3: USING ADOPTION AS A TOOL TO MANAGE GRIEF

In Tamil Nadu, a girl aged 12 years was adopted by PAPs. However, she was soon returned because the parents wanted a child who looked like their biological child, whom they had lost. They were unable to accept her as their own child. Their grief over losing their biological child did not allow them to love the girl child as their own, and created unrealistic expectations.

SAAs also faced many other problems while counselling PAPs. For example, the family members of PAPs made demands like the blood group of the child should be the same as that of the father; the child should have a face similar to that of the family; the child should be from the same state as the PAPs, and so on, showing that PAPs were not emotionally ready to adopt and required counselling. The social workers had to reiterate that even a biological child would not have all these characteristics. Bal Asha Trust, an SAA in the Mumbai City district, stated that the Indian mentality also has a role to play herein, as in the Indian culture, the expectation is that the child has to listen as "I am the parent." Parents are said to hold authority over their children and are considered to be the ultimate decision-makers in the Indian context. Due to this, obedience and adjustment are expected from the child. However, SAAs ask PAPs to rid themselves of such notions and explain to them how children can learn and slowly adapt through the constant nurture of PAPs. Consequently, SAAs' counselling on parental expectations has to traverse the sociocultural contexts of the PAPs.

4. <u>Counselling of PAPs Regarding the Transition of the Child into the Adopted Family</u>:

Transitioning from an institutional setup to a family setup should not be a traumatic rupture of attachment for the child, due to which special care needs to be taken by both the SAA and the parents. Hence, SAAs advise PAPs to meet the child for at least a week in the agency after the ACM approval. They take the consent of the children by asking them whether they are okay with accepting those PAPs as their parents. Many SAAs like Bal Asha Trust, an SAA in the Mumbai City district, ask PAPs to make albums introducing themselves. They include their pictures, pictures of their house, their neighbourhood, the school they plan to send the child to, the playgrounds, the activities and excursions they have planned, what the child should look forward to, and so on. This gives the child something to look forward to and gives them a peek into their future. These personalised albums enable the child to ease the transition from the institution to the adoptive family by creating familiarity and emotional connection, while simultaneously reducing anxiety and fear associated with it. This practice endows the child with a sense of belonging.

Following Regulation 30 (1) (m) (*Adoption Regulations*, 2022), SAAs also provide a memory album to the PAPs with pictures of the child's interests and time in the SAA. They do not erase the life of the child before their adoption. During the transition, social workers tell the parents to make the child wear the same clothes the child wore before. They tell the parents that they need to adjust to the child first. The social workers guide them to not organise or attend any major social gathering immediately after adoption, as the child may find it difficult to see so many new faces. SAAs, therefore, make several efforts to ensure a smooth transition for the child.

CASE 4: ROLE OF BONDING IN ENSURING A SMOOTH TRANSITION OF THE CHILD

In Maharashtra, an older child was adopted by PAPs who did not talk. The social workers told the PAPs about the child's history, showed them the result of their Social Quotient test, which showed that the child was shy, and counselled the PAPs accordingly. They were also shown the CCTV footage of the SAA where the child was interacting with other children. The SAA sought to alleviate any concern in the minds of PAPs. Further, the PAPs were recommended to spend some time with the child before the pre foster care agreement was sign under SAAs supervision. They spent 15-20 days regularly interacting with child in the SAA, after which the child and PAPs were able to form a bond. The sensitivity and giving time for smooth transition led to a successful adoption.

5. <u>Counselling in Cases of Disruption/Dissolution</u>:

Inadequate counselling and preparedness of parents, and different socio-cultural contexts of the child and the PAP are the major reasons that lead to disruptions and dissolutions. Since CARA did not share the data on counselling with the research team, the total number of dissolutions and disruptions of adoptions under the JJ Act 2015 is unknown. Counselling becomes necessary to prepare the PAPs for the challenges related to parenting, as well as to enable them to understand how the child's different socio-cultural context may not be in sync with their expectations. Ultimately, the issue lies in the preparedness of PAPs and the role of counselling herein.

The adoption of younger children is easier than older children, according to most respondents, as it is difficult for the latter to deal with the weight of PAPs' expectations. Some respondents reported that disruption and dissolution cases are more prevalent among older kids

due to school-related issues, behavioural issues, neighbours disclosing personal information, and so on. These children have had a rough life, without loving and nurturing families. Some have lived on the streets or in institutions for a long time, affecting their demeanour and personality. If they are from a different state from the PAPs, then language presents an added layer of complexity. For instance, a girl child who was more than 10 years old was adopted by a family who lived in a remote village in southern India. She faced a language barrier and was very lonely due to the lack of people around her. These socio-cultural aspects cannot be overlooked in these cases. Further, a respondent from the Government Children's Home (Shishu), an SAA in Lucknow, Uttar Pradesh, believed that boys have adjustment issues while girls do not, due to which disruption/dissolution is more prevalent in the former. While this belief is not statistically proven, the respondent's perspective was rooted in gender stereotypes where girls are seen as more adaptable than boys.

CASE 5: AN INSUFFICIENT MER AND DISRUPTION

In Tamil Nadu, a male child of 11 months old was adopted by PAPs. However, he was returned during the stage of pre-adoption foster care. His health status was declared 'normal' at the time of adoption. However, later tests done by the PAPs revealed that the child had a Global Developmental Delay. Herein, the MER failed to assess the child holistically, but also showed that it is not possible to gauge every possible symptom of developmental delay at such an early age. The health status of a child is subject to change as the child grows and better responds to medical tests.

In the context of parents, preparedness issues become apparent when adoptive parents compare their adopted child with their biological child, or the latter faces adjustment issues with the former. A respondent argued that PAPs do not have the patience, compassion, and trust to deal

with their adopted child. They do not know how to deal with older children and do not understand that every child's behaviour is different. Given this context, children are not able to fulfil the expectations of their adoptive parents and are sent back. The adoptive parents make these mistakes despite several explanations from the social workers. The adoptive parents need to build a rapport with the child; otherwise, attachment issues are bound to emerge. They also need a support group provided by the district or adoptive parents who can handhold the parents through transition by their personal experiences and shared knowledge. A respondent from Matri Mandir, an SAA in Kamrup Metropolitan district, Assam, revealed that parents felt that the child has to adjust to them and not the other way around. This shows the reluctance of PAPs to understand the struggles and hardships faced by the child before coming home. The SAA also tells the PAPs not to ask the children about their past. However, if the child wishes to share it, then they should give them the space to share. The child also tries to understand the change in their environment first, so adoptive parents need to be very patient. The counselling of SAA tries to highlight all these points.

The DCPU gives the first counselling when these cases are reported, after which the SAA counsels the PAPs twice. In one case of disruption, a 4.5-year-old male child was returned within 5-7 days of the pre-adoption foster care, as he had a thumb-sucking habit. While he was later adopted inter-country, he had become inactive and numb after coming back to the SAA post his disruption. The effect of disruption/dissolution on the child is seldom considered by the PAPs.

Bal Anand, an SAA in the Mumbai Suburban district, tries to make efforts to stop disruption/dissolution by getting the Intelligence Quotient (IQ) tests done for every child. They also give time to the PAPs and the child to intermingle and form a bond, whether it takes 2-3 days or 10-15 days. They only hand over the child to the PAPs if this is successful. They compulsorily get an IQ test done for children above 5 years of age and a Social Quotient test for children above

3 years of age by a clinical psychologist of a government hospital. This is part of the CSR. They share the complete medical history of the child with the family.

Children of the World, an SAA in Thane district, took the children who were returned to a child guidance clinic, where an overall assessment of the children was conducted. It could be a government and/or private setup. It had certified counsellors. The SAA identified such centres in the Sion Hospital or the Muskan Centre and sent the children there. After a year of counselling, they were sent for another adoption.

SAAs advocated that PAPs need to be counselled properly if the child is young. If it is an older child, they should also be counselled. The PAPs and the child should be counselled continuously till the child is stabilised in the family. Many social workers believed that these issues would not be so prevalent if the matching of the child and the PAPs were done offline. Herein, counselling by SAAs can only prove effective if the PAPs are willing.

CASE 6: ADJUSTMENT ISSUES AND DISSOLUTION

In Tamil Nadu, a male child under 6 years of age was adopted by a single mother PAP. However, his adoption was dissolved by the PAP soon after, as the child faced adjustment issues with her. The child used to play in the SAA but lost his freedom after adoption, as his routine changed. His routine now only involved attending school and tuition classes, eating, and sleeping. Since there was no one else to look after him, he also felt lonely and missed his friends from the SAA. These adjustment issues stemmed from the institutional transition that the child had to undergo. As the adoptive mother was unable to cater to these needs of the child, the adoption was dissolved. The social worker counselled the PAP and the child in this case to no avail. It is key to remember herein that it is the parents who have to adjust with the child and not the other way round.

6. <u>Counselling in Cases of Root Search</u>:

In cases of root search, SAAs counsel the adoptee about the birth mother's point of view over email. However, if the adoptee visited them, they counselled them offline as well. These cases require sensitivity as the adoptee was fond of their adoptive parents as well. To ensure that there is continuity in the adoptee's mind, they prepared the adoptee for acceptance in case they were unable to find an answer eventually. However, some SAAs also revealed that they did not counsel the adoptees, as most of them were over 50 years old when they came for a root search. Moreover, CARA revealed that root search cases mostly come from children adopted through inter-country adoption, so their counselling is not conducted by the Indian SAAs. Our data collection revealed that not all SAAs share the same sensitivity with regard to root search. Root search, as pointed out in the *Chapter 3*, requires attention within the provisions of law to bring uniformity and clarity.

7. <u>Post-Adoption Counselling</u>:

While some SAAs counsel parents during post-adoption, discussing issues like disclosure, most SAAs do not take post-adoption counselling seriously. Some need-based counselling can take place, but neither SAAs nor PAPs are very keen on it. Given that SAAs struggle to get appointments for post-adoption follow-ups and struggle with an immense workload, post-adoption counselling is mostly an afterthought.

CASE 7: DISRUPTION IN PRE-ADOPTION FOSTER CARE AND PAPs' APATHY TO COUNSELLING

In Maharashtra, a 3-year-old girl child was matched with PAPs from Bengaluru and started living with them under pre-adoption foster care. However, she was returned shortly after, because the PAPs faced a language barrier—the child spoke a different language from theirs— and raised concerns about the child's age-appropriate exploratory behaviour involving her private parts when unsupervised. These were factors that adoptive parents should have considered before accepting the referral of a child which speaks a different language. Given that the child was left alone a lot, the social worker explained to the PAPs that such behaviour can stem from emotional distress and isolation. She warned them that continued neglect could lead to psychological and behavioural issues in the child. Nonetheless, despite being offered counselling and support, the PAPs declined further engagement and returned the child to the SAA. This shows that counselling support is not a one-way street. If the SAAs take an effort to counsel the PAPs and resolve issues, PAPs need to reciprocate their efforts and accept such counselling to protect the 'best interests of the child.'

v) PAPs

PAPs form the third member of the adoption triad and the major target population of established counselling practices. As per Regulation 30 (3) (c) of the Adoption Regulations 2022, it is the responsibility of SAAs to counsel PAPs and prepare them for adoption. However, as can be seen in *Figure 46*, out of 23 surveyed PAPs, 10 PAPs did not receive this counselling.

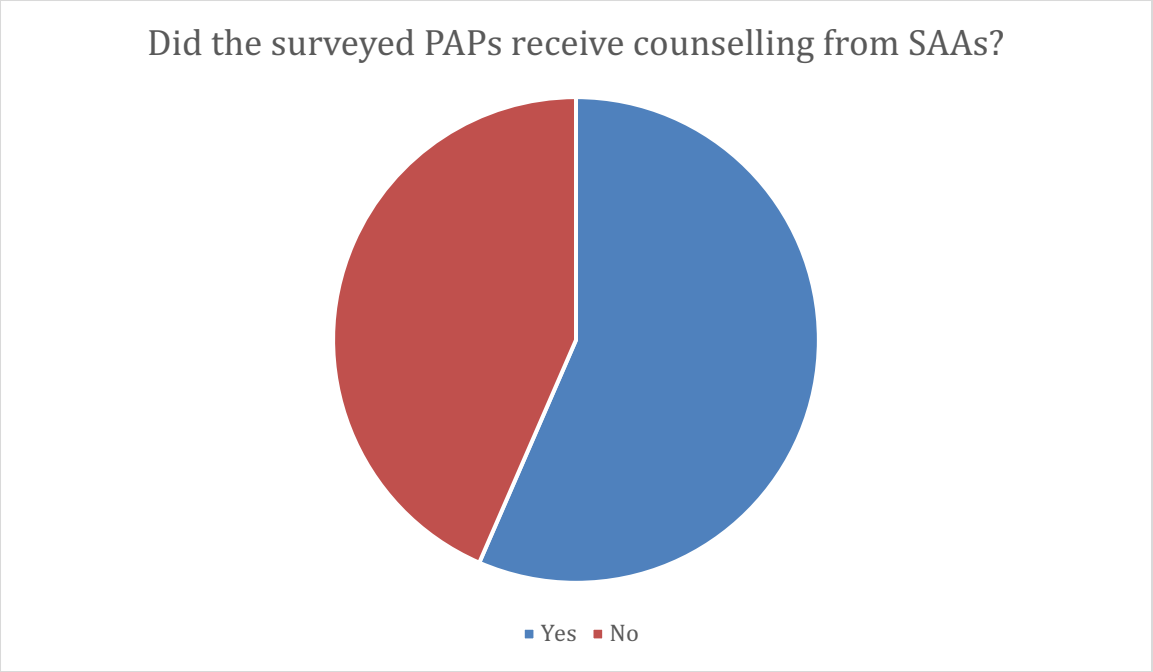

Figure 46 **Did the surveyed PAPs receive counselling from SAAs?**

The PAPs who did receive counselling from SAAs also had mixed opinions about the quality of these sessions. A PAP stated that the SAA recommended a counsellor to them for a counselling session. Apart from this, they conducted a public seminar for PAPs. The utility of this public seminar for the PAP was questionable. In another instance, a PAP reported that while the Social Worker of the SAA informed the respondent regarding the lists of children and gave related counselling, the information given was very brief, and the respondent was not impressed with the quality of the same. They learnt more about it through the counselling received from the NGO 'Families of Joy.' However, the PAPs had also told the Social Worker that they did not need her help since they were receiving external counselling and already knew the process and other essential information.

Other respondents revealed that most of these counselling sessions focused on the process of adoption and the paperwork to be submitted. A respondent reported that their counselling

session was not focused on one topic but discussed several topics like the adoption process, their expectations during the process, handling the child after adoption, and the mind of the child, among other things. Another PAP revealed that while the child was being handed over to them, the SAA counsellor asked them questions and helped them imagine different challenges that might arise in the future. For one PAP, as it was their second adoption, they only had a general conversation with the Social Worker.

The disparity between the focus and timing (the stage of the adoption process) of these sessions across SAAs shows that counselling is not given uniform importance across SAAs. Given that Social Workers also play the role of counsellors, the quality of counselling sessions is affected, making it difficult for PAPs to be truly invested in these sessions. The perception of PAPs regarding counselling sessions with the SAA can be gauged from *Figure 47*. As 13 PAPs received counselling sessions from the SAA, *Figure 47* demonstrates their experience.

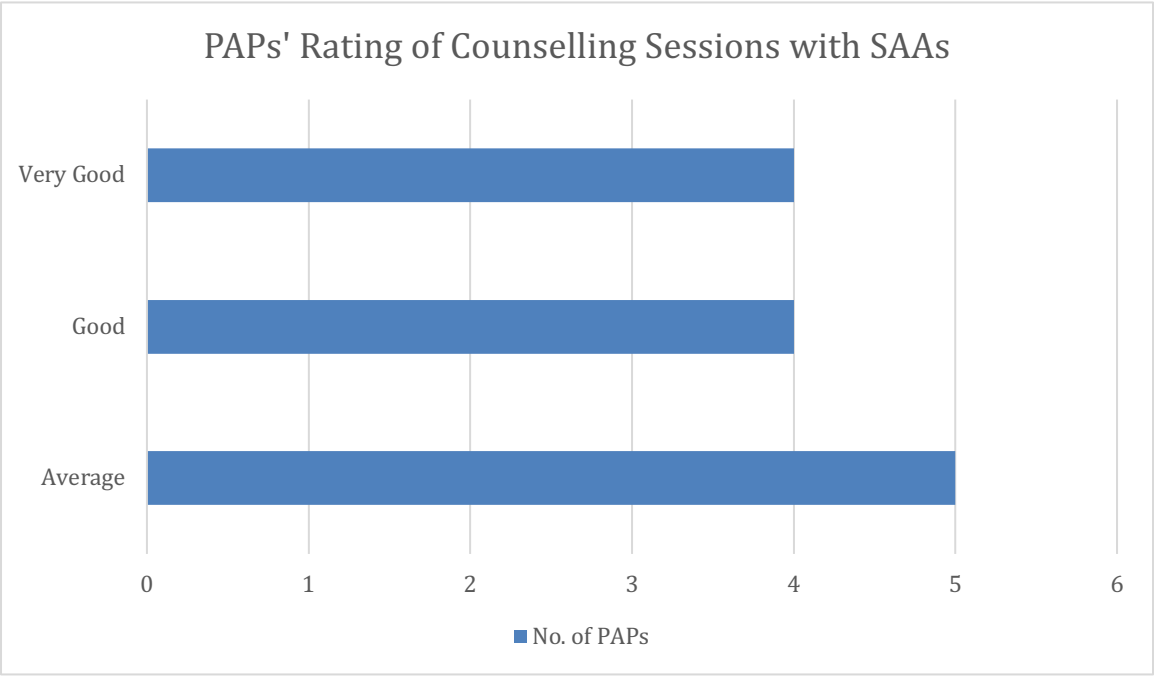

***Figure 47* PAPs' Rating of Counselling Sessions with SAAs**

In the absence of quality counselling from SAAs, PAPs rely on independent professionals/counsellors, NGOs/civil society organisations, and a network of other adoptive parents, as can be seen in *Figure 48*. A respondent revealed that other adoptive parents and PAP friends guided them and connected them to a WhatsApp support group of adoptive parents and qualified counsellors. This group informed them about the adoption processes, different experiences of PAPs state-wise and SAA-wise, updates regarding the law, and which seniority dates were receiving referrals from CARA, among other things. Another PAP had a similar experience regarding a WhatsApp group that they found through Facebook. The group was called 'Joy of Adoption,' which was a community of parents through adoption. People could raise their questions in that group and get answers, as someone had faced those challenges before.

The respondent received various types of handling and practical, emotional support, which they would other expect from the adoption system established under the law. Further, sometimes the respondent found it difficult to connect with the referral agency as they did not answer phone calls. When the PAP raised this issue in the group, they received help in contacting the referral agency. Parents also sought guidance regarding paediatricians with prior experience in handling adoption cases, developmental paediatricians, speech therapists, home schooling guidance and behavioural psychologists from members of this group, as many of them had faced these issues.

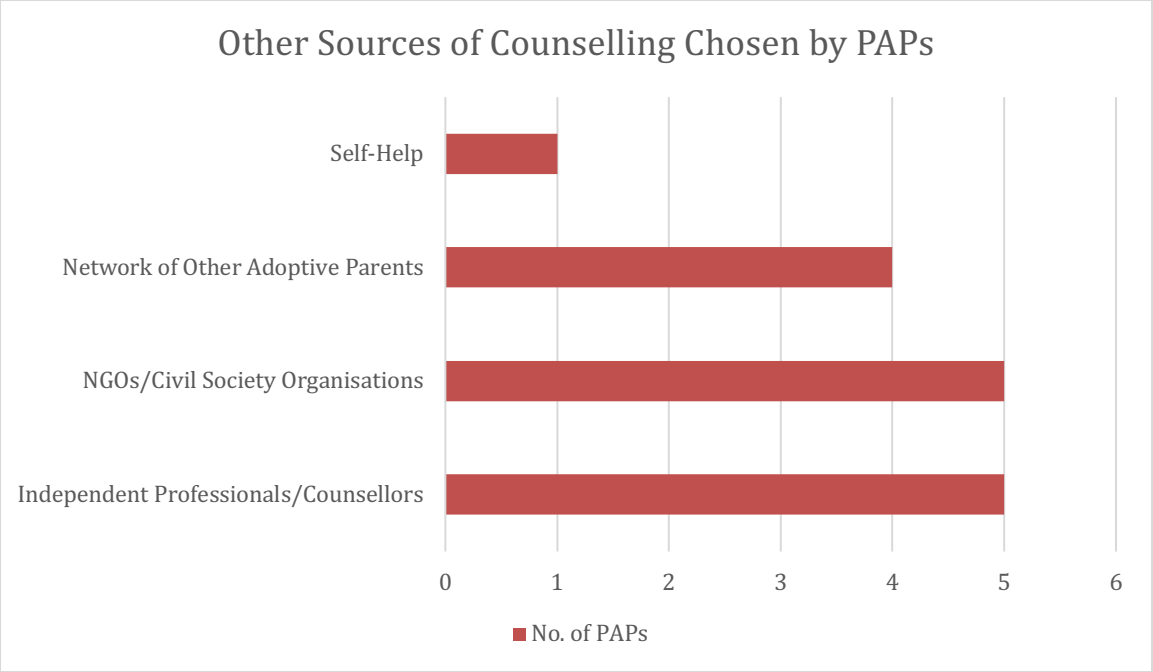

Figure 48 **Other Sources of Counselling Chosen by PAPs**

Respondents also relied on organisations such as 'Families of Joy Foundation' and 'Padme' to fill the gaps left by their SAA. These organisations discussed the adoption process, the legal and psychological aspects of adoption, and how to fill out the HSR with one respondent. The respondent further stated that the fact that they had someone available with whom they could discuss the procedural as well as the emotional side of the adoption journey proved to be very helpful. They further advised them to check the category of SNC, as they do not always have a major issue. Sometimes, even minor issues can land children in the SNC category. As soon as the PAPs learnt about this category, they shifted their choice to SNC on CARINGS. Further, the respondent did not know that they had to contact the SAA for HSR. Counsellors from 'Families of Joy Foundation' guided them regarding this as well. It was 5-6 months after their registration that they realised that an HSR was needed for the process. However, as soon as they realised, they

contacted the SAA and requested the HSR. Other respondents also took counselling from 'Families of Joy,' wherein they participated in group sessions as well as one-on-one sessions.

The response of PAPs is proof of the insights given by resource persons regarding the problem being a lack of good counselling sessions and not merely an apathetic outlook towards it, as CARA had argued. While the gap left by the system is being filled through the initiative of parents through adoption and civil society organisations, the responsibility of counselling needs to be shouldered by CARA, SARA, DCPU, CWCs, and SAAs as they are the puzzle pieces that come together to form the connected picture of the adoption process.

5.4 Conclusion

In the present adoption system, there is a significant disparity between the ideal standards of counselling, the intentions of the legal framework, and the actual practice at the grassroots level. It is evident that counselling of the adoption triad is not considered to be the heart of the entire adoption journey. While evaluating the counselling of the members of the adoption triad, it becomes evident that the needs of the children are not taken seriously or are completely excluded from consideration. In the case of birth parents, counselling surrendering parents may be a concern, but unfit guardians and guardians of no visitation children have still not been brought within the folds of counselling concerns. As there is no specialised staff to conduct counselling due to staff shortages and inadequate funding, the social worker is tasked with counselling along with procedural work. Such a scenario leads to inadequate counselling of PAPs and consequent issues with preparedness and cases of disruption/dissolution.

On the other hand, the reluctance of PAPs and their undermining of the social workers also hinders any efforts at counselling. With regard to the training and capacity building of social workers and counsellors, the limitation of training sessions to procedures and the absence of a

system like Continuing Medical Education (CME) have become the source of the inadequate counselling that guides the adoption system at present. Inadequate funding becomes the cause for the lack of counselling centres and quality counsellors, making PAPs reliant on other institutions.

Further, the quality of counselling given to the adoption triad is not monitored, and with no checks or balances, the counselling infrastructure has been left conveniently ignored within the adoption process. As most stakeholders transfer responsibility to others, the burden of the work is only shouldered by the SAA in the end. In light of the above discussions, counselling cannot be treated as a postscript to the adoption system in India. It is the cornerstone to ensure successful adoptions not just procedurally but also emotionally.

Chapter 6

Recommendations and Best Practices

This chapter deals with the fourth objective of this study, i.e., suggesting pragmatic solutions for reducing the wait time for children within the existing institutions. This study explored the adoption process from the lens of institutions and processes to understand the cause of the problem of long wait time experienced by both PAPs and children within its ambit. Our recommendations cater to the five prominent causes of long wait time, i.e., legal, structural, procedural, technological, and awareness issues, many of them reiterating the directives of the *Temple of Healing* case (2023). These suggestions also carry the voice of our respondents from the field and should, therefore, be perceived as valuable insights that reflect real-world experiences and needs. The chapter further tabulates the best practices observed by the team in the field that can and should be replicated throughout the country to strengthen the adoption process in India.

Figure 49 **Summary of Recommendations**

6.1 Recommendations to Enhance Legal Framework

The law gives legitimacy and uniformity to the adoption process in India. However, as elaborated in *Chapter 3*, several lacunae in the law have led to long wait time. In this scenario, reframing and elaborating the law will ensure better enforcement. The JJ Act 2015, along with the JJ Model Rules 2016, Mission Vatsalya 2022, and Adoption Regulations 2022, form the framework of the adoption process in India. However, given their loopholes and distance from ground realities, they need to be revised along the following lines.

1. **Establish mechanisms for state-centre coordination**

Since adoption-related legislations for children in need of care and protection are a combined effort of the Centre and the States as per Schedule 7 of the Indian Constitution, the existence of a lack of coordination between the two may lead to inefficiencies. To create better state and centre coordination, the parent Act, i.e., the JJ Act 2015, needs to clearly lay out the mechanism of working between CARA at the central level and SARAs at the State level. Regional presence of CARA, especially zone or cluster-wise, is also suggested through an amendment within the JJ Act.

2. **Evidence-based timelines**

The JJ Act 2015 and AR 2022 require updating the timelines created for the entire adoption process, from the child entering the system to post-adoption follow-ups. These timelines do not cater to the realities on the ground, requiring PAPs to undergo many procedures afresh, leading to further delays. Hence, more evidence-based timelines need to be laid out with stricter enforcement mechanisms.

3. Laying out penalties for non-adherence to timelines

In the present framework, no consequences have been laid out for the stakeholders involved at various stages of the adoption process. This directly impacts the child in need of care and protection, who eventually waits for a long duration to be part of a nurturing family. It is recommended that, along with timelines, strict civil liabilities and fines be imposed on stakeholders who do not adhere to the timelines enshrined within the law. This will create greater transparency and accountability of the actors involved in the adoption process.

4. Increase supervision and accountability of the District Magistrate

District Magistrate has a pivotal role to play in the finalisation of adoption looking after the best interest of the child. Since the duty to review the functioning of CWC is with the DM, it is important to enhance training and sensitisation of DMs from the perspective of adoption-related issues. Additionally, within the folds of the JJ Act, better accountability needs to be assigned to the DM on overseeing CWC, especially for the speedy declaration of children as LFA and de-institutionalisation of children.

5. Guidelines for the reception of the child by an SAA

At present, the JJ Act 2015, JJ Model Rules 2016, or AR 2022 deal with the reception of the child at an SAA from emotional aspects. The provisions that have been laid out are mere procedural and lack a uniform protocol that all SAAs may adhere to. CARA must lay out guidelines in consultation with counsellors, paediatricians, and adolescent psychologists for the reception of children at SAA, keeping the needs of the child at the centre of the whole system. The guidelines must keep trauma-informed approach in mind as long as the child remains in institutional care.

6. Licensing guidelines of SAAs

Licensing of SAAs forms a crucial step in the entire adoption ecosystem since the larger the number of SAAs that are well-maintained and efficient in their roles, the better the children are looked after and declared LFA. The more SAAs exist in various parts of the country, the more children can become part of the legally adoptable pool rather than be illegally trafficked or illegally adopted. The existence of a well-functioning SAA also leads to advocacy and safe surrender of children. However, the present licensing formalities are skewed and ambiguous. It is recommended that clear, uniform licensing guidelines with timelines and monitoring of grant renewal, and revocation of the SAA license be incorporated within the existing legal framework.

7. Protocol for categorising children

At present, there are primarily five categories of CNCP other than OAS, with the recent addition of children with no visitation and unfit guardians within the realm of AR 2022. However, there is still a lack of clarity regarding the parameters for CMOs to declare a parent or guardian 'unfit' or what constitutes 'neglect,' among other concerns. There needs to be a detailed protocol with examples set in place by CARA that would serve as a guiding light for the DCPU and CWC, and bring uniformity along with certainty.

8. Guidelines for the registration of PAPs

At present, the eligibility criteria for PAPs as laid down in the JJ Act and AR 2022 guide the stakeholders; however, these criteria are vague, subject to interpretation, and create a lack of uniformity. Section 57 of the JJ Act requires further clarification by the creation of guidelines for what constitutes 'physical fitness,' 'financial soundness,' 'mental alertness,' and 'high motivation to adopt.' This will provide clarity to PAPs regarding their ability to register and also serve as a guide to the SAAs, DCPUs, and ACMs concerning the adoption readiness of the PAPs.

9. Issues regarding the 'cluster of states' option

Though the move towards cluster states under AR 2022 is supported by a few PAPs in our field research, till the number of SAAs increases overall in all States, the wait time for PAPs to get a referral will remain asymmetric based on which states have more SAAs. Hence, it is recommended that CARA re-examine the concept of cluster states and make changes based on ground evidence. Additionally, for PAPs who look beyond the regional referral, the 'anywhere in India' option must be reintroduced to provide more inclusivity to diversity.

10. Preparation of HSR

HSR and its revalidation after 3 years of registration are the primary documents that establish the adoption readiness of the PAPs as envisaged in Section 57 of the JJ Act 2015. At present, the majority of SAAs and PAPs treat it more like a procedural document to be prepared rather than an assessment of the PAPs. It is recommended that detailed guidelines and training should be accommodated within AR 2022 for social workers and DCPU conducting these HSRs. They need to be more detailed in dealing with the procedural and emotional aspects of adoption and parenting.

11. Bring specificity regarding unfit guardians and children with no visitation

The procedure laid down by CARA at present regarding them leaves room for confusion and discretion in the hands of CWC and DCPU. If the parent does not visit a child for a year, such a case 'requires closer scrutiny,' but CARA does not provide for how long such scrutiny should continue at the cost of the child being devoid of a stable, nurturing environment. While the procedure for declaring a guardian unfit has been established, no timelines or concrete protocols have been provided, leaving room for errors and wasting precious time in the child's need for

family. It is recommended that CARA create a protocol with measurable goals and times, which are reflected in the CARINGS for easy tracking and reporting.

12. Procedures related to CSR and MER

AR 2022 lays out the formats for CSR and MER; however, there is no monitoring system created within the legal framework to monitor, update, and verify the information part of these two vital documents. It is recommended that a system be put in place through agencies such as CARA and SARAs to carry out these functions. The JJ Act needs to be amended to empower CARA and SARAs to verify the records and fine those agencies where the forms are inaccurate or incomplete.

13. Empowering SARA

Section 67 of the JJ Act 2015 establishes SARA at the state level, making it the executive arm of the State government on the adoption programme. However, our research suggests that though SARA has a vital role to play, it remains a toothless tiger. The lack of manpower, resources, funds, and capacity building leads to SARA not being able to carry out its functions as envisaged by the law. It is recommended that specific amendments be made to the JJ Act 2015 and AR 2022 to give more powers of monitoring to SARAs at the state level, armed with fines and penalties in cases of non-compliance.

14. Publication of State-specific data by SARA

Regulation 35 (2) (l) of the AR 2022 empowers SARA to maintain State-specific data on CARINGS; however, this data is not mandated to be published for scrutiny or research. It is recommended that this Regulation be amended, and SARA be directed to maintain a dedicated website where State-specific data is published and updated regularly for public scrutiny and deliberation. Such data must include the number of children declared LFA quarterly by the CWCs

based on their gender, age, normal and SNC category. This would give a bird's eye view to SARA and CARA of the trends relating to shrinking adoption pool and the CWC's where the issues are faced.

15. Guidelines and verification of childcare staff at SAAs

Childcare staff provide care, comfort, and love to the children as long as they remain within the institutions. At present, there are no clear benchmarks or guidelines regarding the essential qualifications, skills, and background that the childcare staff must possess at SAAs. It is recommended that CARA create uniformity in this regard by circulating guidelines, elaborating key eligibility conditions, roles, monitoring, and feedback mechanisms for such childcare workers within the adoption system.

16. Framework for root search

At present, root search merely finds a mention within the legal framework on adoption. Adoptees do opt for root search; however, there is no guiding light within the law to help them navigate this delicate route. Various SARA's mentioned different methods they employed regarding it when adoptees approached them. It is recommended that the JJ Act 2015 urgently include this aspect of adoption within the folds of the law to streamline the process of inquiry done under root search, along with uniformity to avoid any confusion.

17. Timelines for restoration with strict monitoring and accountability

Restoration of the child in its natural environment with biological parents is the first plan of action within the adoption ecosystem. All stakeholders, especially CWC and DCPU, work towards achieving this goal; only when this seems futile does the child enter the LFA pool. At present, there are no timelines for the CWC when it comes to restoration. They are to make

reasonable efforts; however, they can also take as long as needed. Sometimes this may mean years, while the child is forgotten within the system. It is recommended that a clear timeline regarding the restoration efforts be laid out within the AR 2022, so that the child spends as little time as possible in institutional care. This also gives measurable and achievable goals for CWCs and DCPUs to tread.

18. Inclusion of mandatory counselling of PAPs under AR

Newly registered PAPs must undergo a fixed number of counselling sessions from a licensed and trained counsellor dealing with adoption-related issues to prepare the PAPs for their adoption journey. This would also reduce issues relating to the dissolution of adoptions. At present, counselling is merely a provision with one uniform enforcement on the ground. This aspect needs to be included in the legal framework and monitored by SAAs and SARAs through the CARINGS portal.

19. Strengthening Adoption Ecosystem Funding through Corporate Social Responsibility

There is a pressing need for enhanced financial resources to support the comprehensive requirements of the adoption ecosystem, including the establishment of child care homes, fulfilling infrastructural needs, integrating technology, ensuring high-quality care, providing education and vocational training, addressing special needs, and securing adequate medical facilities and advocacy initiatives. Existing governmental funding often falls short of meeting these multifaceted demands.

A strategic approach to bridging this resource gap is to embed ‘adoption-related services’ explicitly within the regulatory framework governing Corporate Social Responsibility (CSR). Currently, Schedule VII of the Companies Act, 2013, offers an illustrative list of activities eligible for CSR funding by companies governed under Section 135. However, it only references

"promoting setting up homes and hostels for women and orphans" under item (iii), which does not encompass the broader spectrum of services and support needed within the adoption ecosystem.

It is therefore recommended that the regulatory provisions on CSR be expanded to specifically include a wider range of adoption-related services. This would facilitate the meaningful integration of CSR funds into various domains critical to the welfare of vulnerable children and improve the sustainability and quality of the adoption process.

20. Inclusion of concrete provisions relating to the availability of counselling centres in each State for adoptees till the age of 25 years

As shown in *Chapter 5*, the need for counselling may occur at any time during the adoption journey. Inclusion of a clear mandate on the establishment of counselling centres that are sufficient in number, well-equipped with trained counsellors, needs to be stated within the JJ Act as well as the AR. These counselling centres should cater to the counselling needs of adoptees up to at least 25 years of age.

6.2 Recommendations for Organisational and Structural Enhancements

Analysis of the structures of adoption institutions revealed that their framework is standing upon stilts. With problems in funding, staff, workload, infrastructure, training, and so on, the present adoption structure is suffering as well as becoming the cause of suffering for the people involved in it. The changes elaborated in this section are the key to buttressing this framework and making these structures capable of reducing the long wait time involved in the adoption process in India.

1. **Review and resolve budgetary allocations under Mission Vatsalya**

From infrastructure at the district level, providing counselling services to maintenance of digital portals at various levels, Mission Vatsalya lays down budgetary allocations of all stakeholders within the adoption process. It is recommended that the Ministry of Women and Child Development review all the allocations relating to adoption, keeping the feedback of the stakeholders, and timelines in mind. This would go a long way to enhance the overall efficiency of the adoption process. However, according to the report by PRS Legislative Research, the average spending under Mission Vatsalya between 2021-22 and 2023-24 was 19% lower than budgeted (Singh, 2024). This shows a clear discrepancy between the funds allocated and the funds distributed. The problems of stakeholders concerning funding are, therefore, not limited to inadequate funds allocated, but also related to the obstacles in their distribution.

As revealed during our field investigation, most SAAs are dependent on private donations, adoption fees, and 'Corporate Social Responsibility' funding, as government funding is either not given on time or is not given altogether. The situation is worse in the case of SARAs, where the funds, manpower, and so on, are misaligned with the actual needs. The guidelines given in Mission Vatsalya with regard to the funding of the stakeholders showcase that their mandated funding is also very low and ignores the administrative and salary needs of the staff. Without adequate funding, stakeholders can neither take care of the child nor conduct the requisite procedures thoroughly and on time. Consequently, funding issues need to be resolved with immediate urgency. It is recommended that evidence-based reorganisation and revision of funds be done to improve efficiencies.

2. Improve the infrastructure of the stakeholders

As discussed in *Chapter 4*, the stakeholders face several infrastructural issues— they do not have permanent premises; they struggle for space to keep records; several of their desktops do not work or are inadequate in number; few SAAs have more children than their sanctioned strength, leading to increased expenses and insufficient childcare staff; the CWC members do not get a travel allowance to visit SAAs/CCIs but are expected to use their honorarium; among other things. Despite complaints on several of these points to the state department, no action has been taken yet. The infrastructural needs of the stakeholders need to be examined and catered to as quickly as possible so that their work can improve, making the overall process more efficient.

3. Improve centre-state coordination by the creation of regional centres of CARA

Given that adoptions now take place based on clusters of states, it is necessary to establish regional centres of CARA to reduce the distance between the centre and the state and ensure effective decentralisation.

4. Remove the North India-South India discrepancy and bias

Given that our sample was selected based on the clusters of states as delineated under the Adoption Regulations 2022, the team was able to mark a sharp contrast in the working of the stakeholders from northern India and southern India. Stakeholders from North India send letters and official documentation to stakeholders in South India in Hindi. Most of the staff members in the latter cannot read and understand Hindi, due to which they have to ask around for help with translation. Language coordination becomes a major problem for stakeholders in the south. Further, the central guidelines do not ask for police verification, notaries, references, or an undertaking from the PAPs, yet several SAAs in northern India ask for these documents. Due to this discrepancy in procedure, the documents of the PAPs registered with an SAA in Chennai have

been rejected by SAAs in North India, stating that their forms are "incomplete." Such experiences highlight the lack of a common procedure and the bias against a region. It is recommended that procedural discrepancies need to be resolved with the implementation of cohesive guidelines and open channels of communication between stakeholders. However, this communication cannot be ignorant of the language of other stakeholders, as this not only delays processes but also discriminates against other stakeholders. Official communication should be conducted in English as well, given that it is one of the official languages of India. Bringing a change to alleviate this North India-South India bias requires conscientious efforts from all stakeholders at all levels. Artificial Intelligence can also be leveraged to bridge this linguistic barrier.

5. Increase the number of CWCs in districts with more workload

During the data collection, the team observed that the CWCs have an immense workload. The workload is such that CWCs in districts like Kamrup Metropolitan advocate increasing the number of CWCs for swifter resolution of cases. However, in the districts within our sample where there are more CWCs, like Mumbai City and Mumbai Suburban districts with 2 CWCs each and the Chennai district with 3 CWCs, there are several vacancies. CWC Mumbai City and Mumbai Suburban handle the charge of 2 CWCs, with CWC Mumbai Suburban only having 3 members. Similar scenarios of vacancy are visible in CWC Chennai, as elaborated upon in *Chapter 4*. Therefore, increasing the number of CWCs does not mean creating two entities for the responsibility to be handled only by one; it requires that these entities be adequately staffed.

6. Revision of roles and responsibilities to improve efficiencies

The overlap seen in the mandated functions of the DCPU and SAA, as assessed in *Chapter 3*, increasingly obfuscates the responsibility of both stakeholders. Consequently, the jurisdiction and powers of the DCPU should be made clear within the law and practice.

7. Increase the Tenure of CWC Members

Presently, the tenure of CWC members is fixed at three years. However, as several of our respondents from the CWCs argued, it takes them around one and a half years to train, learn the duties of their station, and establish rapport with stakeholders. Given that they cannot even be reappointed for two consecutive terms, it leaves them with little time to complete their work. Consequently, the CWC members should either be allowed to be reappointed consecutively for two terms or their tenure should be increased to at least five years, as it affects the standard of their work.

8. Improve the CARA helpdesk

Despite having a helpdesk at CARA, some stakeholders have had an underwhelming experience with it, citing challenges such as language barriers, long wait time, call transfers, lack of clear guidance, and so on. Therefore, there should be a Relationship Manager in CARA to deal with the different stakeholders. CARA helpline/call centre employees should be trained to deal with people who speak different languages and give clear guidance on adoption queries.

9. Create a toll-free helpline at the state level

There is a need for a toll-free helpline at the state level, with SARA heading it to solve adoption-related queries. It will distribute the workload and allow stakeholders to use their time judiciously in processing the cases of children and paying attention to their needs instead of being caught up with phone calls and emails of harried PAPs.

10. Resolve staffing issues of stakeholders

A system is only as effective as the people who run it. However, the adoption system in India suffers from severe personnel issues. At the outset, the mandated number of staff for different

stakeholders under Mission Vatsalya is limited. Additionally, even those limited seats are not filled, as discussed in *Chapter 4*. There is rampant vacancy across all stakeholders. Some posts have been vacant from 2018-19, i.e., approximately six to seven years. According to Parul Agarwal (Thapar, 2025), calls are not answered by the Childline due to a lack of staff, which, in turn, leaves the child in harsh environments for an extended period of time. This can translate into trauma and create special needs for the child (Thapar, 2025). Due to these vacancies, the work of stakeholders is immensely affected, leading to poor implementation of the vision of the adoption programme. The staff structure is also inadequate for the increasing workload and the different functions of the stakeholders. For instance, the sole counsellor of DCPU Kamrup Metropolitan handles CWC cases, mainly those of POCSO. Several delays are also seen from the end of the police and the CMO.

Owing to this, the mandated manpower given in Mission Vatsalya should be reviewed and increased accordingly. The appointments for vacant positions should not be delayed, and the workload and priorities of stakeholders should also be reviewed. A separate staff is needed solely for handling adoption, as it is a sensitive matter. Even if there is a law, it would mean nothing if there were no people to implement it. For instance, the DCPU looks after several types of cases, from POCSO to child welfare, to giving orphan certificates. The workload causes a lot of stress. This applies to the police force as well. Oftentimes, adoption gets ignored due to this. Therefore, there is a need to institute separate staff for adoption altogether.

11. Revision of salary structure under MV

The salary structure given in Mission Vatsalya also needs to be revised in the context of the changing needs of people and market realities. As elaborated in *Chapters 3* and *4*, the poor salary structure across stakeholders impacts staff quality, retention, and performance. The facilities

given to the Judicial Magistrate of First Class, as guaranteed to the CWC member by the law, should also translate into reality. Therefore, personnel issues need a deeper review.

12. Revise training methods and content

Training sessions are necessary for the capacity building of staff working in a dynamic field. However, the quality and effectiveness of these training sessions are dependent on several factors that need attention. Given that the respondents consider online training sessions ineffective, these must be conducted physically when possible. The training content also needs to be updated as the social situation when the JJ Act 2000 was enacted is different from the present, for instance, the pervasiveness of social media. Most cases of elopement involve children meeting each other on social media like Facebook and Instagram, and training sessions need to take this into account. There is a need for targeted training sessions dealing with counselling, childcare staff, and so on, instead of the broader training given to everyone at present.

Field study and exchange programmes should be conducted for stakeholders on the lines of educational and cultural exchange programmes, so that they can learn from stakeholders of other districts. Further, training and sensitisation should not be limited to the police and NGOs who are already experienced, but should target places with more cases of abandonment and surrender of children. The information regarding a training session should also be circulated well in advance so that the work schedule of stakeholders is not affected. Training methods and content should, therefore, be revised.

13. Create support groups for PAPs in each state under SARA

Amidst the lack of information and inadequate counselling service provided to PAPs, support groups become essential not only to know about the process but also to have someone to rely on during the process as well. Given the absence of support groups created by the state, PAPs

and adoptive parents have themselves taken initiatives to create WhatsApp Support Groups. They are a "lifeline" for many PAPs, according to Parul Agarwal (Thapar, 2025). However, as Agarwal states, these WhatsApp groups also help traffickers in scouting targets for illegal adoption (Thapar, 2025). Therefore, there is a need for support groups created by SAAs wherein data protection mechanisms are also put into place to provide PAPs and adoptive parents with a safe space and adequate support throughout this arduous journey.

14. Develop a partnership between stakeholders

Adoption in India is a collaborative effort, relying on multiple interdependent stakeholders rather than a single entity. Developing partnerships and coordination between them is key to reducing the wait time involved in adoption. However, the present scenario paints a different and concerning picture.

Despite being the nodal agency, CARA only monitors and supervises the adoption process in India, while SARA's contractual nature undermines its authority over the other stakeholders. The DCPU is understaffed and overburdened, due to which adoption issues often get sidelined. It has to struggle to get a permanent office space, as was observed by the team on the field. DCPU North Chennai and DCPU Kamrup Metropolitan are both located within the campus of Observation Homes, which was offered to them by the latter. The CWC faces similar struggles, which creates a domino effect of inefficiencies and delays.

There are delays in the entry of the child to the SAA. The SAA needs a GD (General Diary) Number from the Police to register the child within 72 hours. However, even such a modest task experiences delays from the police's end due to staff structures and priorities. One SAA stated that they receive this GD Number after at least 1 week. The police cause delays in preparing the non-

traceable report for abandoned and missing children, due to which the CWC is unable to declare them LFA, while the children languish in institutions.

The DNA test of surrendered children of POCSO victims also experiences delays from the police and courts, ranging from a few months to a few years, affecting their LFA declaration. Such delays lead to fewer children in the adoption pool and more wait time for everyone involved. The CMO is not able to give appointments to the social workers for the medical tests or upload the MER of the SNC. If the social workers are somehow able to secure appointments, the CMO is unable to honour them, or the social workers have to wait with the child for several hours.

While preparing the HSR, the SAAs' social workers do not receive the documents of Part 1 from PAPs on time, which delays Part 2 of the HSR. Sometimes, PAPs do not respond when the social workers call them to fix an appointment for their HSR. The SAAs face challenges in the conduct of post-adoption follow-up as well. As most adoptive parents are averse to disclosure, they introduce the child to the social workers who come for the post-adoption follow-up by referring to them as some long-lost relative during such follow-ups, making it difficult for the social worker to communicate and assess the well-being of the child. In one case, the parents used to compare their adopted girl child with their dead child. It hurt the adoptee and made her feel angry. When that particular PAP had come to the SAA to register, the SAA had told them not to register as the mother needed some time to heal and deal with the death of her child. However, PAPs rarely take the advice of the social workers seriously. In many other cases, the parents do not pick up the SAA's calls or change their address without informing, becoming unreachable. CARA has been unable to provide a solution in such cases. PAPs also do not want to pay the fees for HSR, follow-ups, and other adoption-related fees, showing reluctance by saying "*dena padega kya*" (Will we have to give the money?).

PAPs face issues because of a lack of awareness, poorly prepared CSR and MERs, and inadequate counselling given by most SAAs. The CARA Help Desk and email do not provide any resolution to the PAPs when any queries or issues arise. With the mindset of the other stakeholders focused on restoration, the children do not enter the adoption pool, making it difficult for PAPs to be referred a child. Therefore, these stakeholders need to build trust and understanding through more communication, as well as a change in their structures and mindset.

6.3 Recommendations to Optimise the Process and Strengthen Capacity Building

Along with the structure of the adoption system, the procedures that take the system forward are also in need of reassessment. Procedures regarding surrendering parents, unfit guardians, abandoned children, adoption counselling, referral, matching, and so on are caught in the paralysis of their stagnancy. All stakeholders within the system must be trained about child rights, child welfare, major roadblocks they may face while carrying out their duties, technological advancements and enablement, sensitisation regarding gender, age, colour, disability stereotypes, counselling and a trauma-informed approach to the adoption process. This section discusses these areas of concern to reduce the long wait time involved in the adoption process in India.

1. **Specify the criteria to declare a guardian unfit**

In the case of unfit guardians, the criteria to declare them unfit are vague and lead to difficulty in decision-making by the CWC. This category is unwieldy in its demarcation, as explained in *Chapter 3*, and, therefore, needs to be reviewed. CARA should specify the criteria to declare a guardian unfit. In the context of "mental illness" and "intellectual disability" of a guardian, there should be guidelines and a cutoff for the Central or State medical board, based on which they can certify a guardian as unfit. For cases where the guardian is unfit due to his/her

incapacity to provide a safe environment for nurturing the child, the nuances of these cases should be considered in building these guidelines.

2. Counsel parents who return after surrendering their child

Many parents come back to take their child years later after surrendering. However, there is no mechanism in place to protect the stakeholders and adoptive parents in such cases. Therefore, proper legal and counselling mechanisms should be in place to support such parents as well as prevent them from disrupting the new life of the child and its adoptive parents.

3. Revise procedures for handling cases of abandoned children

The time given for declaring a child non-traceable is two months and four months for children under and above 2 years of age, respectively. However, in most cases, this timeline is not followed— the investigations can be time-consuming, the child may not be medically fit to participate in the investigation, or the police may be facing issues of workload, priority, or lack of information, among other things. In this scenario, abandoned children languish in institutions for a long time without being declared LFA. Therefore, only if it is a genuine case where the police feel that they can find the parent should they be allowed any delays in cases of abandoned children; otherwise, they should be declared LFA. Moreover, the police investigating abandoned children should send a circular to all the SAAs and police stations in every district regarding the child. Limiting their search to only their own district is a futile strategy if the child came from another district. Procedures and timelines concerning abandoned children, therefore, need to be revised.

4. CARA should collect feedback from stakeholders for the improvement of the system

CARA, being the nodal agency, does not communicate with stakeholders throughout the system. For example, CARA has no interaction with a PAP unless the PAPs face issues during

referral, ACM, and so on. One of the key features of a well-functioning regulatory authority is to create feedback mechanisms for various stakeholders involved within the process to do impact analysis as well as improve the efficiency of the process and the actors. It is recommended that CARA include a feedback tab within the CARINGS portal for all stakeholders, especially PAPs, to make evidence-based changes within the existing system.

5. Reduce delays in the publication of advertisements for abandoned/missing children

The advertisement for abandoned and missing children should be published within the first few days of their being found by the authorities. The team's field research revealed that delays occur because the advertisements are published collectively for 2-3 children, increasing the wait time for the children found first. As SAAs and/or DCPUs do not have adequate funds for the publication of advertisements, they have to wait for the newspapers to have free space that has not been commissioned yet, further delaying the process. Consequently, there is a need for the allocation of funds for this purpose. Additionally, advertisements should be published interstate, as oftentimes, children are left on trains and can belong to another state instead of the one where they were found. Alternatively, having a dedicated website for publishing information about children can be a cost-effective and more efficient way of getting the desired information to the remotest corner of the country, which is connected through the internet.

6. Make counselling a mandatory part of the adoption process

Counselling should be made a mandatory part of the adoption process in light of our findings elucidated in *Chapter 5*. Regular counselling of children, especially older children, should be mandatory in the SAAs or CCIs, with a special focus on trauma-informed counselling. Quality counselling services should be easily available and feasible for PAPs and children through the concerned stakeholders. There is a need to create standardised national PAP counselling modules,

including post-adoption integration support. There should be a common platform for experts and adoptive families to interact, enabling the creation of a supportive community. There should be mandatory counselling tracking on CARINGS, wherein the report of counselling sessions given to PAPs and children should be documented. It should include a checklist of topics discussed, the qualifications of the counsellor, and the learning of the PAPs. CARA must make some counselling resources available for PAPs and children, addressing common adoption-related issues like preparedness, wait time, adoption trauma, disclosure, root search, attachment, bonding, special needs, and so on.

7. Ensure that the HSR is prepared properly

Our data collection revealed that many HSRs filled by the social workers lack the examination and analysis of the PAPs. Questions are answered in one word, like 'Yes' or 'No,' without probing the PAPs. HSR is a vital document that allows the Adoption Committee to understand and evaluate the PAPs at the time of matching. If the HSR is not in-depth, it affects their evaluation and can delay the process. Therefore, capacity building should be focused on training social workers to prepare HSR comprehensively. Further, several SAAs are asked to work on Sundays for HSRs, as PAPs are reluctant to give appointments during the weekdays. This shows that HSR is a document that can only be prepared properly and on time when PAPs and social workers work in tandem. An attitudinal shift towards the importance of HSR is required amongst PAPs as well.

8. Enable the preparation of a comprehensive MER

MER is a crucial document that enables PAPs to make an informed choice regarding the child during referrals. However, restrictive timelines, funding issues, CMO delays, and complicated medical histories of children can hamper the preparation of a comprehensive MER.

Delays are experienced in MERs when the child requires more tests due to complicated health issues. In such cases, funding also becomes a challenge and further delays these tests. A respondent gave an example where a child required a sonography for a hernia, which took some time as the SAA had to arrange the necessary funds.

Further, social workers face challenges while dealing with the CMO. When a child has to be registered as a 'special needs child,' the CMO prescribes certain tests to be conducted. Yet, when the social worker gets the tests done for the child, the CMO is unable to give the appointment to upload the documents due to workload pressures as the head of the paediatric department. Often, the CMO schedules an appointment, but the social worker still has to wait with the child for five to six hours, leading to a waste of their time and resources. Such circumstances either lead to a haphazardly prepared MER or a delayed MER, affecting the wait time experienced by both PAPs and children. It is important to be cognisant of these circumstances to enable the preparation of a comprehensive MER— increase funding, make MER timelines more flexible, and designate a separate medical officer for adoption cases.

9. Bring more nuance to the process of matching

While most respondents agreed that both online and offline matching procedures have their pros and cons, many argued that online procedures lack a human element. A respondent stated, "We [SAAs] feel as if we are sending a parcel to them [PAPs]." According to them, SAAs know the suitability of the PAPs for their child better, and under the offline system, they knew both the child and the PAPs to make an informed decision. However, they cannot build a bond with the PAPs under the online system. Further, most SAAs revealed that Adoption Committees do not reject a match even if they have doubts, as they are under constant pressure from the PAPs and CARA. A respondent also lamented, "If the ACM has no role to play in the matching and the

committee cannot reject PAPs, then CARA should remove the ACM from the process." Therefore, the process of matching needs to be more nuanced to understand these complexities. Instead of a strict division between online and offline procedures, there should be a seamless integration that combines the best aspects of both to create an empathetic matching process. Empowering the Adoption Committee is necessary for this change.

10. National Training Curriculum and capacity building of all agencies within the adoption system

As observed in the field research as well as through the text of the law, there exists a gap in the overall training of the stakeholders within the adoption process. Training needs to be structured, practical, and empathetic to the child in question. SARA, CWC, DCPU, and social worker training, at the very least, is recommended to be role-specific, focusing on various aspects of their job description. For example, legal and procedural aspects should be the focus of CWC and DCPUs training, and emotional and psychosocial aspects should be the focus of SAAs and counsellors. This is only possible when CARA imbues a bottom-to-top approach to the training, keeping the training experiential and participatory. There is a need to create a standardised national training curriculum for all stakeholders with annual certifications.

Additionally, there is a need to conduct timely orientation and induction training of CWC, DCPU, and SARA officers so that they are able to function effectively from day one of their employment, as compared to delayed training, where they are self-taught. There is also a need to have offline and round-the-table training sessions for stakeholders regularly, with the presence of adoptees, PAPs, and counsellors, so that the stakeholders also appreciate the impact of their roles and responsibilities on the lives of PAPs and adoptees. Conducting regular joint capacity-building

programmes and multi-stakeholder training sessions can further improve inter-agency coordination. Such conversations would impact the motivation of these stakeholders positively.

6.4 Recommendations to Enhance Digital Capabilities and Tools

Technology plays a crucial role in improving efficiency, accountability, accessibility, and transparency of governmental processes. This holds true in the case of the adoption ecosystem as well. Though there exists a *Khoya Paya* portal and CARINGS, the following are a few recommendations to enhance the existing system:

1. **Use of data by CARA to better understand trends and make evidence-based improvements within the system**

At present, CARA has a reservoir of data based on HSRs filled by PAPs, data by CWC, DCPU, SARA, and SAAs based on Regulation 41 (9) of AR. However, this comprehensive data is not being used or published in detail by CARA to better understand and analyse trends and improve the working of the actors within the system. Equipped with data-driven information, CARA can make better decisions. It is recommended that CARA, as well as SARA must do detailed data analytics and dashboard support to make evidence-based policymaking. There should be a National Adoption Audit Mechanism (annual) to track the implementation of reforms.

2. **Incorporate technology in declaring LFA and reduce errors**

One of the biggest impediments to faster adoptions is declaring children LFA. There are many points within the system where, due to human errors, a child may languish within an institution for years. Technology must be used to help identify children within the system, flag their profiles regularly, automate tracking of children's contact with family over time, highlight cases requiring reviews and escalation, and create prompts for regular checks with the authorities.

The LFA process should be made transparent, wherein CARA should publish anonymised quarterly data on children declared LFA, disaggregated by age, gender, and special needs. A successful example of infusing technology in this regard has already been established by 'Where Are India's Children.' Their Child Lifecycle Management Solution (Where Are India's Children, 2025) 'digitises, manages, tracks, and audits the ground-level processes of children in CCI.' Incorporating digital interoperability by linking CARINGS with civil registrations (birth certificates) can also give a better indication about children in need of care and protection, therefore, enabling the process of LFA. It is recommended that such technologies be integrated by CARA.

3. Incorporate mandatory tabs on CARINGS regarding counselling

Counselling of PAPs must be incorporated within the folds of AR, 2022. To monitor the same, CARINGS must have a tab on the PAPs and SAAs end to upload details of the number of counselling sessions attended by the PAPs, photos of the sessions, who all attended the sessions, a quiz to be taken by the PAPs to assess their adoption readiness, etc. This will help deal with issues of dissolution and disruptions in the long run.

4. Create a connection with PAPs through welcome prompts and regular check-ins on CARINGS

Waiting for the referral by the PAPs is mostly long and frustrating. The data from the field suggests that CARA does not provide a connection with the PAPs, like a welcome reading kit for newly registered PAPs. Even getting a reply from CARA via email or toll-free number is difficult. To create a better connection and improve the overall satisfaction level of the PAPs with the adoption process, it is recommended that CARA curate a welcome message, conduct regular

orientation, and check-in with the PAPs in a few months or years to keep their motivation high and improve the overall satisfaction of PAPs with the system

5. Using Artificial Intelligence

An online AI chatbot can be designed and fielded. This facility can be used for awareness and resolving queries. This tool can also primarily gauge the adoption readiness of PAPs. Furthermore, given that the entire PAP registration process is online, this AI chatbot can also assist PAPs who may not be digitally literate to participate in the adoption process.

6.5 Recommendations to Strengthen Research and Advocacy Efforts

1. Conduct advocacy and awareness sessions throughout the year

Under Mission Vatsalya, funds have been earmarked for the District Child Welfare and Protection Committee, the DCPU, the Programme Manager at SARA, and the State Child Protection Society for conducting awareness sessions for the public through campaigns, media channels, including printing and dissemination of IEC (Information, Education, and Communication) materials. However, awareness sessions conducted by these stakeholders are inadequate.

CARA, SARAs, SCPS, DCPU, CWC and SAAs must conduct advocacy programmes in various parts of the country, and promote adoption, especially of older children, and SNC. They should take steps to bust the myths and stereotypes embedded within society regarding adoption. Such efforts must be made not just in the month of November but throughout the year. This would help build a positive image of adoption as another way of creating or extending a family, as well as start a dialogue regarding other issues relating to it.

2. Strengthen knowledge-based research on adoption-related issues

CARA must encourage research on various aspects of adoption. Regulation 41 (8) of the AR already empowers it to conduct research, documentation, and publication of adoption-related matters. CARA may liaise with research organisations, NCPCR, NIPCCD, and NIMHANS to research adoption-related matters. There should be a focus on community-based promotion of adoption. Panchayats and urban local bodies should be used as platforms for awareness drives to promote adoption at the grassroots level.

3. Increase awareness campaigns on the grassroots for safe surrender

A lot of delay and wait time may be avoided if the child is safely surrendered. This also ensures the safety of the child from being left on the streets or in dangerous places. CARA, along with other stakeholders, must invite conversations and conduct a campaign along with awareness sessions advocating safe surrender of children at the grassroots level. This would vitalise local support systems such as *Anganwadi* workers and local health care networks in ensuring the safety of the child and its entry into the legal adoption pool. Widespread awareness about adoption should be promoted in IVF centres, trains, and public transport by using social media, newspapers, radio channels, posters, flyers, and any other mechanism that 'normalises' adoption as an alternative family choice and sensitises people toward it.

6.6 Recommendations to Regulate and Monitor HAMA

HAMA is not a child-centric legislation but rather a parent-centric one due to the lack of procedures to assess the parents. Yet, it runs parallel to the JJ Act, creating uncertainties and ambiguities, as elaborated in *Chapter 3*. There is no proper guidance given to the stakeholders with regard to HAMA. People doing adoptions under HAMA also come to the DCPU with their queries, leading to confusion. Further, there is no system to check HAMA adoptions. In this context, it

becomes crucial to check and regulate HAMA. Without monitoring adoptions under HAMA, the rest of the adoption ecosystem, as created under the aegis of MV, JJ Act, and AR, remains limited in its overall effectiveness of child protection in India. HAMA, though a simple process, must have checks and balances as well as accountability. There is an urgent need to create a Central Reporting System, which should be developed for registering HAMA adoption deeds, wherein the sub-registrar authenticates and uploads the deeds. There also needs to be verification of PAPs to check if the child is going into a loving family and not trafficked. Child welfare checks should be mandated for HAMA adoptions, including checks for psychological readiness of PAPs, home visits, and post-placement monitoring. This is the need of the hour and needs legislative and policy deliberation, like HAMA integration into the JJ Act or Adoption Regulations. Since the legislative process for this is time-consuming, CARA may be given the role of the authority under which all adoptions are registered, irrespective of the HAMA or JJ route. Since CARA functions as the nodal body for both in-country and inter-country adoption, it is in the best position to cater to adoptions under HAMA as well, keeping the best interest of the child in mind.

6.7 Recommendations Mapped Based on Priority

To facilitate effective adoption and prioritisation, the recommendations across all six categories—legal framework, organisational structure, process optimisation, digital capabilities, research and advocacy, and regulation and monitoring—are further classified by their recommended implementation period. Each actionable recommendation is mapped to a timeline (short-term, medium-term, or long-term) based on its urgency, feasibility, and anticipated impact. This approach ensures that immediate priorities are addressed first, while creating a structured pathway for sustainable improvements over time.

Short-term recommendations are those that can be implemented promptly and are deemed crucial for immediate progress. Medium-term recommendations are designed for phased execution within a few years and require a moderate degree of planning and resource allocation. Long-term recommendations involve more complex reforms or innovations and are intended to be realised over an extended period as the adoption ecosystem matures. This can be better understood through the following *Table 7*.

Category	Recommendation	Timeline	Responsible Agency	Expected Impact
Enhance Legal Framework	State-level/zone presence of CARA	Short-term	Parliament, Ministry of Women and Child Development, and CARA	Enhance the overall implementation of the adoption programme
	Guidelines for the reception of the child by an SAA	Short-term	Parliament and CARA	Child welfare
	Increase the supervision and accountability of the District Magistrate	Short-term	Parliament	Enhance accountability and roadblocks in declaring LFA-reduction in delay
	Licensing guidelines of SAAs	Short-term	Parliament and CARA	Increase the number of SAAs
	Protocol for categorising children	Short-term	CARA	Child welfare
	Guidelines for the registration of PAPs	Short-term	CARA	Child-centric assessment of PAPs and clarity for agencies involved
	Publication of State-specific data by SARA	Short-term	MWCD, CARA, and SARA	Enhanced monitoring and knowledge-based data availability
	Timelines for restoration with strict monitoring and accountability	Short-term	CARA	Child welfare
	Issues regarding the 'cluster of states' option	Medium-term	CARA	Reduction of long wait time in smaller states
	Evidence-based timelines	Medium-term	Parliament and CARA	Enhance efficiency
	Laying out penalties for non-adherence to timelines	Medium-term	Parliament and CARA	Enhance accountability

	Bring specificity regarding unfit guardians and children with no visitation	Medium-term	CARA	Child welfare
	Guidelines and verification of childcare staff at SAAs	Medium-term	CARA	Child welfare
	Inclusion of mandatory counselling of PAPs under AR and incorporation of mandatory tabs on CARINGS regarding counselling	Medium-term	Parliament and CARA	Child welfare and the best interest of the child
	Preparation of HSR	Long-term	CARA, SARA, DCPU, and SAAs	Child-centric assessment of PAPs
	Procedures related to CSR and MER	Long-term	CARA	Child welfare and reduction in delay
	Empowering SARA	Long-term	Parliament and CARA	Strengthening state-level implementation and monitoring
	Framework for root search	Long-term	Parliament and CARA	Child welfare
	Strengthening Adoption Ecosystem Funding through Corporate Social Responsibility	Long-term	Parliament and Ministry of Corporate Affairs	Strengthen child welfare and capacities
	Increase the Tenure of CWC Members	Short-term	Parliament	Strengthen child welfare and capacities
	Improve the CARA helpdesk	Short-term	CARA	Better communication of information and redressal of queries
	Create a toll-free helpline at the state level	Short-term	CARA	Better communication of information and redressal of queries

Organisational and Structural Enhancements	Improve the infrastructure of the stakeholders	Short-term	Ministry of Women and Child Development	Building institutional capacity for effective adoption
	Increase the number of CWCs in districts with more workload	Medium-term	State governments	Strengthen child welfare and capacities
	Revision of roles and responsibilities to improve efficiencies	Medium-term	Parliament and the Ministry of Women and Child Development	Strengthen child welfare and capacities
	Review budgetary allocations under Mission Vatsalya	Medium-term	Ministry of Women and Child Development	Prioritising child-centric welfare and support
	Resolve staffing issues of stakeholders	Medium-term	Ministry of Women and Child Development	Enhance capabilities and reduce wait time
	Revision of salary structure under MV	Medium-term	Ministry of Women and Child Development	Enhance capabilities and motivation
	Revise training methods and content	Medium-term	Ministry of Women and Child Development, CARA, NIMHANS, and NIPCCD	Improve efficiency and child welfare
	Create support groups for PAPs in each state under SARA	Medium-term	CARA and SARA	Child welfare
	Remove the North India-South India discrepancy and bias	Long-term	CARA and SARA	Addressing regional disparities and bias in adoption practices
	Develop a partnership between stakeholders	Long-term	CARA and SARA	Reduction in delays and better integration

Optimise the Process and Strengthen Capacity Building	Specify the criteria to declare a guardian unfit	Short-term	CARA	Child welfare and reduction in wait time
	Reduce delays in the publication of advertisements for abandoned/missing children	Short-term	CWC, DCPU, and SAAs	Child welfare and reduction in wait time
	Counsel parents who return after surrendering their child	Medium-term	SARA, DCPU, and CWC	Improved parental well-being and facilitation of better outcomes for children
	Revise procedures for handling cases of abandoned children	Medium-term	CARA	Child welfare and reduction in wait time
	Ensure that the HSR is prepared properly	Medium-term	SARA, DCPU, and SAAs	Child welfare and reducing dissolution
	Enable the preparation of a comprehensive MER	Medium-term	SARA, CWC, DCPU, and SAAs	Child welfare and reduction in wait time
	CARA should collect feedback from stakeholders for the improvement of the system	Long-term	CARA	Enhance efficiency
	Bring more nuance to the process of matching	Long-term	CARA	Child welfare
	National Training Curriculum and capacity building of all agencies within the adoption system	Long-term	Ministry of Women and Child Development and CARA	Enhance efficiency and continuous improvement

Enhance Digital Capabilities and Tools	Using Artificial Intelligence	Short-term	CARA	Improved user experience and accessibility
	Incorporate technology in declaring LFA and reduce errors	Short-term	Ministry of Women and Child Development and CARA	Child welfare and reduction in wait time
	Create a connection with PAPs through welcome prompts and regular check-ins on CARINGS	Long-term	CARA and SARA	Enhanced engagement and communication
	Use of data by CARA to better understand trends and make evidence-based improvements within the system	Long-term	Ministry of Women and Child Development, and CARA	Enhance efficiency and continuous improvement
Strengthen Research and Advocacy Efforts	Strengthen knowledge-based research on adoption-related issues	Short-term	CARA, SARA, NCPCR, NIPCCD, and NIMHANS	Development of multi-disciplinary expertise on adoption
	Conduct advocacy and awareness sessions throughout the year	Short-term	Ministry of Women and Child Development and CARA, SARA, CWC, SAAs, and DCPU	Higher public awareness and positive perception of adoption processes
	Increase awareness campaigns on the grassroots for safe surrender	Short-term	Ministry of Women and Child Development, SARA, CWC, SAAs, and DCPU	Increased participation in safe surrender and legal adoption channels
	Regulate and Monitor HAMA	Short-term	Parliament, Ministry of Women and Child Development, and CARA	Reduction in illegal adoptions, enhancement of child welfare, and reduction in wait time

6.8 Best Practices of SAAs

While our research revealed several loopholes in the conception and implementation of the law, observing the sense of initiative and innovativeness at the ground level was refreshing. Among the 6 states the team visited, many interviewed stakeholders showed us that one cannot merely lament impediments. Action is the key to overcoming hurdles. *Table 8* tabulates the best practices of different stakeholders as observed by the team.

Table 8 **Best Practices of SAAs as Observed in the Field**

SAA	Best Practice	Reason for Deeming it a Best Practice
Bala Mandir Kamaraj Trust, Chennai, Tamil Nadu	Since the CARA website is unavailable in Tamil, the SAA has created a video that translates the entire website into Tamil with step-by-step instructions.	Since India is a multilingual country, it becomes difficult for PAPs who do not know English or Hindi to navigate CARA's website. This practice makes the website accessible to Tamil speakers as well, and it can be replicated in other states.
All the Children Integrated Home, Chennai, Tamil Nadu	The SAA has a ball-shaped article in place of a fire extinguisher.	It is difficult for children to use fire extinguishers in case of a fire. They can throw these fire extinguisher balls into the fire instead. It is hassle-free and safe for children in case they are caught in fire emergencies.
Bal Asha, Mumbai City, Maharashtra	They have a very active social media presence and make reels on Instagram to create awareness about adoption.	Given the reach of social media, such a move demonstrates the proactiveness of the SAA in utilising effective media to raise awareness among a large population.
Bal Asha, Mumbai City, Maharashtra	They celebrate 'Family Day' in the SAA so that the families of the staff of the SAA can see the work that they are doing. They conduct canvas painting stress-relieving workshops for their staff.	Working in close quarters with children and PAPs carrying their share of traumas and dealing with complex procedures also impacts an SAA's staff. This SAA is unique in its focus on the mental health of the staff.

SAA	Best Practice	Reason for Deeming it a Best Practice
Bal Asha, Mumbai City, Maharashtra	The SAA asks PAPs to make albums introducing themselves. They include their pictures, pictures of their house, their neighbourhood, the school they plan to send the child to, the playgrounds, the activities and excursions they have planned, what the child should look forward to, and so on. The SAA also gives a life book to the child with pictures of their time in the SAA.	They do not erase the life of the child before its adoption. It helps maintain continuity in the mind and life of the child and alleviates the stigma of adoption. It can also ease the process of disclosure for adoptive parents.
Bal Asha, Mumbai City, Maharashtra	The social workers and childcare staff are sent to other SAAs in different cities for Orientation Visits, as the SAA believes in learning from others. When they return from their visits, they make a PPT and discuss their learnings and observations with others. The SAA tries to implement things that they find useful.	This shows the power of collaborative learning and can be extremely beneficial for improving the performance of stakeholders.
Bal Asha, Mumbai City, Maharashtra	The SAA runs 'Project Mumkin' to screen children with no visitation and work on their adoption.	Children with no visitation suffer in purgatory—they remain in institutions because they cannot be placed in the adoption pool unless they are surrendered and their parents' whereabouts are known. Such an initiative brings these children into the limelight and takes a nuanced approach to make non-institutional care accessible to them.

SAA	Best Practice	Reason for Deeming it a Best Practice
Bal Anand, Mumbai Suburban, Maharashtra	They allow time for the PAPs and the child to interact and form a bond, whether it takes 2-3 days or 10-15 days. They only hand over the child to the PAPs if this is successful.	Often, difficulties in bonding and attachment between adoptive parents and children result in disruption or dissolution. Such a pre-emptive measure ensures that an understanding is developed between the parents and the child before adoption.
Bal Anand, Mumbai Suburban, Maharashtra	They compulsorily get an IQ (Intelligence Quotient) test done for children above 5 years of age and an SQ (Social Quotient) test for children above 3 years of age by a clinical psychologist of a government hospital.	Such tests give adoptive parents a peek into the child's mind and help them develop their expectations accordingly. It enables adoptive parents to cater to the needs of the child.
Children of the World, Thane, Maharashtra	The children who are returned are taken to a child guidance clinic, where an overall assessment of the children is conducted. It can be a government and/or private setup. It has certified counsellors. The SAA identifies such centres as the Sion Hospital or the Muskan Centre and sends the children there. After a year of counselling, they are sent for another adoption.	Disruption and dissolution adversely impact the child, who may have hoped for a loving and caring family. This initiative recognises the psychological needs of the child after such a rupture and helps the child heal before another adoption.

SAA	Best Practice	Reason for Deeming it a Best Practice
Shishu Grih, Assam Child and Women's Welfare Society, Kamrup Metropolitan, Assam	They have developed a 'Medical Fitness of PAPs' Format.	While HSR Part 1 does ask about the physical and emotional health of PAPs, it is a self-declaration. The SAA has developed a format wherein a medical practitioner has to certify the medical fitness of PAPs, ensuring their accountability.

Chapter 7

Conclusion

We are guilty of many errors and many faults but our worst crime is abandoning the children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer "Tomorrow." His name is "Today."

-Gabriela Mistral (Mehta, 1992)

Mistral's quote invokes a sense of urgency to prioritise the well-being of children, thereby summarising the vision of this research. Adoption is a significant way to cater to this urgency. However, delays in the adoption process can deprive children of the love, care, and stability they need during their crucial developmental years. This necessitates prompt action from all the stakeholders involved in the adoption process and society at large. As Tara Narula and Parul Agarwal (Thapar, 2025) advocate, the focus of the adoption process should be on ensuring the 'best interest of the child' while simultaneously making the process smooth and just for everyone. Therefore, reducing the wait time involved in the process should not come at the cost of the best interests of the child. Maintaining a tandem between them is necessary to create a robust system.

7.1 Major Findings

In the context of the long wait time involved in the adoption process in India, the major findings of this study have been summarised under three headings, i.e., findings related to adoption law, working of stakeholders, and adoption counselling, correlating to the main objectives. They have been discussed in detail in *Chapters 3*, *4*, and *5*.

7.1.1 Findings Related to Adoption Law

While the JJ Act 2015, JJ Model Rules 2016, Mission Vatsalya 2022, and Adoption Regulations 2022 lay the legal foundation of adoption in India, the team found that there are several gaps within their framework. These gaps have been summarised in *Table 9*.

Gaps in the Legal Framework	
1.	Lack of state-centre coordination
2.	Unrealistic timelines
3.	Lack of penalties for non-adherence to timelines
4.	Lack of guidelines for the reception of the child by an SAA
5.	Licensing guidelines of SAAs should be age-appropriate
6.	Protocol for categorising children as OAS, children with unfit guardians and no visitation, and missing/runaway children LFA needs to be more nuanced and situated in the ground realities
7.	Vague guidelines for the registration of PAPs
8.	Issues regarding the 'cluster of states' option
9.	No detailed guidelines for the preparation of HSR
10.	Bring specificity regarding unfit guardians and children with no visitation
11.	Lack of monitoring of procedures related to CSR and MER
12.	Lack of guidelines to empower SARA
13.	No publication of State-specific data by SARA
14.	Lack of guidelines and verification of childcare staff at SAAs
15.	Absence of clarity regarding the process for root search
16.	Absence of timelines for restoration with strict monitoring and accountability
17.	Lack of mandatory counselling of PAPs under AR
18.	Absence of concrete provisions relating to the availability of counselling centres in each State for adoptees till the age of 25 years

Table 9 **Summary of the Gaps in the Legal Framework**

The legal framework sets the foundation of the adoption system. However, our findings outline the gaps and loopholes that affect the stability of this foundation. The legal framework, therefore, needs to be revisited to address these issues.

7.1.2 Findings Related to the Working of Stakeholders

CARA works as the nodal agency at the centre, regulating and promoting the adoption programme in the country. However, it is the stakeholders like SARA, DCPU, CWC, and SAA that bear the responsibility of implementing the adoption programme at the state and district levels. There is a huge gap in the constitution, infrastructure, and capacity of these stakeholders, which has a bearing on their working at the ground level. The key findings from the field that indicate this gap are:

1. **Staff Composition of the Stakeholders**

- In total, 13 out of 21 stakeholders, including all the SARAs, DCPUs, and CWCs— **61.9%** of them— functioned at less than their 100% capacity, as depicted in *Figure 50*.

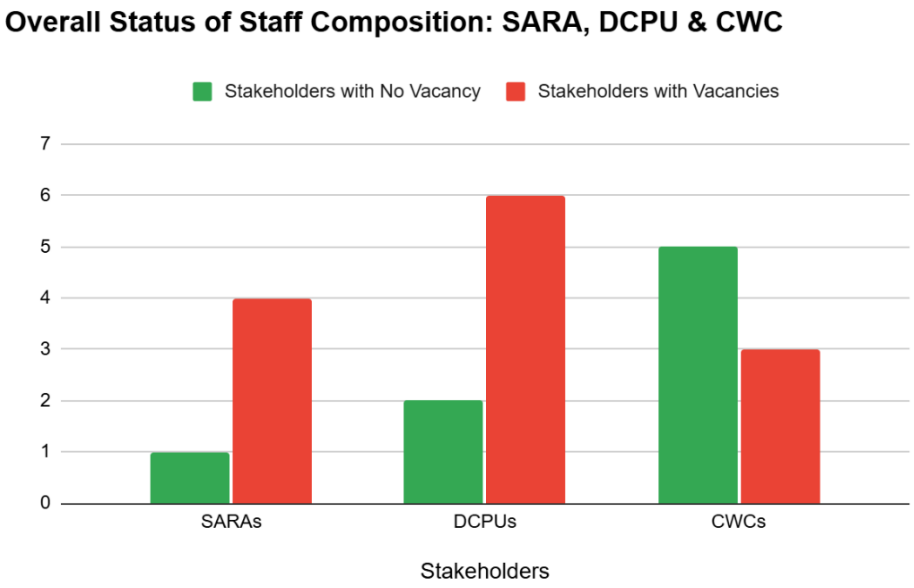

Figure 50 **Overall Status of Staff Composition: SARA, DCPU & CWC**

- 80% of the SARAs did not have a fully constituted governing body, along with the 3 contractual staff as mentioned in MV. All the sample states had more than 30 districts; however, only 2 of the SARAs had more than 1 Programme Officer.
- 75% of the DCPUs were not functioning with full staff capacity as per MV. In fact, some of them did not even have 50% of the staff.
- 37.5% of the CWCs had vacant positions. Some of them had been lying vacant for 6 months to as long as 2 years.
- These vacancies indicate that the directive issued by the Supreme Court in the *Temple of Healing* case (2023) to fill the vacant posts in SARAs and Child Protection Services has not been successfully implemented on the ground.

2. Capacity Building of the Stakeholders

- All the stakeholders, including SARA, DCPU, CWC and Social Workers, reported receiving frequent online training. With less offline training, the majority of them found the online training ineffective.
- Some of them also reported that the training sessions were repetitive, lacked practical specificities. Many of them were self-trained or learned through informal mentoring and experience.
- Very few training on counselling, in particular for the social workers

3. Technological Infrastructure

- 60% of the stakeholders overall faced difficulties operating the CARINGS portal, managed by CARA. Issues like system logout, difficulty in uploading documents, among others, were reported.
- 50% of the DCPUs did not have the requisite number of desktops/laptops, as per MV.

4. Funding

- Recruitment of additional staff and arranging required computer systems was difficult due to limited funds.
- Some of them also reported delays in receiving grants. Low pay and delayed salary impacted the motivation of the staff as well.
- Delegation of funds for conducting awareness of the public on adoption issues is limited and inadequate.

5. Performance of Functions

Tables 10, 11, and 12 summarise the performance of the stakeholders in relation to their functions, highlighting the inadequate translation of the adoption laws and regulations in the field.

Monitoring, Promotion, and Training	
CARA	• Mostly online monitoring • No mechanism for collecting systematic feedback • Largely online training, limited offline engagements • No adoption-related research conducted, only basic statistics maintained
SARA	• 80% of SARAs took initiatives towards awareness and promotion only during the Adoption Awareness Month • State-specific database maintained, but not used further for any research purpose • Only 2 of the SARAs organised regular training for SAAs and DCPUs in the state

***Table 10* Brief Analysis of CARA and SARA's Function of Monitoring, Promotion, and Training**

Procedural Delays in LFA	
DCPU, CWC, & SAA	• 62.5% of DCPUs reported delays in receiving a non-traceable report from the police, multiple follow-ups needed by SAAs and DCPUs • SIR is delayed, particularly in cases where the child is from another district. Delay in SIRs delays the decision-making for the restoration of the child • Sometimes, newspaper advertisement of abandoned children also took time • 50% of the CWCs reported nuances of cases that might complicate the case and delay the LFA process • Restoration of the child with the biological family is prioritised in some districts by the CWC • Timelines not strictly followed • Abandoned children's LFA takes the longest time, reported by SAAs

Table 11 **Brief Analysis of Procedural Delays in LFA**

Challenges Faced by Stakeholders
• Staff shortage and excessive workload managed by limited manpower • Funding constraints and delays in receiving grants • Poor technological infrastructure, difficulty operating the CARINGS portal • Low salary and contractual nature of the job • Lack of support and coordination with other stakeholders delays the process • SAAs also face challenges in coordinating with PAPs for post-adoption follow-up • Social Workers lack specialised counselling skills and training

Table 12 **Brief Analysis of Challenges Faced by Stakeholders**

The stakeholders are the pillars that support the adoption process in India. However, our findings represent that these pillars are slowly crumbling under neglect. As our sample included states with the highest number of PAPs, it is safe to say that these states are those with a comparatively better structure in place than those where PAP registration numbers are lower. This picture is, therefore, a microcosm of the true state of the stakeholders of adoption in India. Until stakeholders are strengthened, supported, and their grievances heard, the adoption process will not be able to rid itself of the long wait time.

7.1.3 Findings Related to Adoption Counselling

The role of counselling is extremely critical in every stage of the adoption process– pre-adoption and post-adoption– for both children and PAPs. Both the legal framework and the stakeholders recognise and emphasise this; however, its translation at the ground level is inadequate. *Table 13* summarises the practice of counselling, gaps and challenges in its execution.

Stakeholders' Role and Performance in Counselling	• CARA, SARA and DCPU play a passive role in counselling • DCPUs only intervene in cases of disruption and dissolution • 3 out of the 8 DCPUs do not have even 1 mandated counsellor • SAAs solely manage the work of counselling and are overburdened
Lack of Trained Counsellors	• In most of the SAAs, social workers do the counselling of PAPs and the children • Most of them are not equipped with trauma-informed counselling and are not counsellors by profession • Only 56% of the social workers reported attending a training including a counselling module • 44% of the SWs have not attended a counselling training
Lack of Clear Guidelines on Counselling	• The legal provisions themselves lack specificity regarding counselling • There are no standard protocols for trauma-informed counselling for children • Most of the counselling is geared towards the PAPs, and neglects the other two parties of the adoption triad– the biological families and the children
Lack of Effective Monitoring Mechanisms for Counselling	• There is no monitoring mechanism in place to supervise and inspect the quality of counselling • Counselling for the most part is merely a formal exercise
Institutional Constraints	• While SAAs alone undertake the responsibility of SAAs, they are not provided with any resources by the other stakeholders • Most of the SAAs and DCPUs depend on contractual counsellors, who are poorly paid

Table 13 **Status of Counselling Practice in the Adoption Process**

As *Table 13* suggests, the implementation of counselling is often superficial and inconsistent at the ground level. While counselling for children is not a standard practice across

the SAAs, even counselling for PAPs does not reveal a favourable picture. 43% of the PAPs did not receive counselling from SAAs. Out of those who did receive counselling from SAAs, 38.4% did not find it satisfactory. Many PAPs resorted to other sources for counselling, like NGOs, peer networks, and independent practitioners/counsellors. This indicates the quality of counselling resources provided by the SAAs and other stakeholders.

Counselling plays an important role in ensuring better adjustment of the child and the PAPs, for a smoother transition of the child from the institution to the adoptive family. It is one of the key factors in preventing cases of disruption and dissolution. Unfortunately, it is not prioritised and is often treated as optional.

In conclusion, the long wait time involved in the adoption process for both children and parents is the product of legal, structural, procedural, technological, and advocacy issues. While it is easier to bring about procedural changes, other changes take time. Considering this, we proposed pragmatic adjustments needed in the adoption process in the previous chapter. Centring the discussion on adoption instead of treating it as a subset of child protection mechanisms is the need of the hour. This shift in perspective would not only elevate the importance of adoption as a distinct domain within child welfare but also drive more targeted policy attention, resource allocation, and institutional accountability. Consequently, stakeholders will be able to create a system that prioritises permanence, emotional well-being, and timely rehabilitation for every child in need.

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Annexure I: List of Key Stakeholders Interviewed

1. Rajasthan

S. No.	Name of the Stakeholder	District
1.	State Adoption Resource Agency	Jaipur
2.	District Child Protection Unit	Jodhpur
3.	Child Welfare Committee	Jodhpur
4.	Specialised Adoption Agency: Navjeewan Sansthan	Jodhpur
5.	Specialised Adoption Agency: Rajkiya Balika Greh	Jodhpur

2. Uttar Pradesh

S. No.	Name of the Stakeholder	District
1.	State Adoption Resource Agency	Lucknow
2.	District Child Protection Unit	Lucknow
3.	Child Welfare Committee	Lucknow
4.	Specialised Adoption Agency: Government Children's Home (Shishu)	Lucknow

3. Tamil Nadu

S. No.	Name of the Stakeholder	District
1.	State Adoption Resource Agency	Chennai
2.	District Child Protection Unit	Chennai (North)
3.	District Child Protection Unit	Chennai (South)
4.	Child Welfare Committee	Chennai
5.	Specialised Adoption Agency: Varshini Illam Trust	Chennai
6.	Specialised Adoption Agency: Kalaiselvi Karunalaya	Chennai
7.	Specialised Adoption Agency: Christ Faith Home for Children	Chennai
8.	Specialised Adoption Agency: Bala Mandir Kamaraj Trust	Chennai
9.	Specialised Adoption Agency: All the Children Integrated Home	Chennai

4. Maharashtra

S. No.	Name of the Stakeholder	District
1.	State Adoption Resource Agency	Pune
2.	District Child Protection Unit	Mumbai City
3.	District Child Protection Unit	Mumbai Suburban
4.	District Child Protection Unit	Thane
5.	Child Welfare Committee- 1 & 2	Mumbai City
6.	Child Welfare Committee- 1 & 2	Mumbai Suburban
7.	Child Welfare Committee	Thane
8.	Specialised Adoption Agency: The Hindu Women's Welfare Society	Mumbai City
9.	Specialised Adoption Agency: Indian Association for Promotion of Adoption and Child Welfare	Mumbai City
10.	Specialised Adoption Agency: Family Service Centre	Mumbai City
11.	Specialised Adoption Agency: Bal Asha Trust	Mumbai City
12.	Specialised Adoption Agency: Shree Manav Seva Sangh	Mumbai City

13.	Specialised Adoption Agency: Maharashtra State Women's Council	Mumbai City
14.	Specialised Adoption Agency: St. Catherine's Home	Mumbai Suburban
15.	Specialised Adoption Agency: Vatsalya Trust	Mumbai Suburban
16.	Specialised Adoption Agency: Bal Anand	Mumbai Suburban
17.	Specialised Adoption Agency: Children of the World India Trust	Thane
18.	Specialised Adoption Agency: Janani Ashish Charitable Trust	Thane

5. Assam

S. No.	Name of the Stakeholder	District
1.	State Adoption Resource Agency	Kamrup Metropolitan
2.	District Child Protection Unit	Kamrup Metropolitan
3.	Child Welfare Committee	Kamrup Metropolitan
4.	Specialised Adoption Agency: Matri Mandir	Kamrup Metropolitan
5.	Specialised Adoption Agency: Assam Child and Women's Welfare Society	Kamrup Metropolitan

6. West Bengal

S. No.	Name of the Stakeholder	District
1.	Child Welfare Committee	Kolkata
2.	Specialised Adoption Agency: Indian Society for Sponsorship and Adoption	Kolkata
3.	Specialised Adoption Agency: Society for Indian Children's Welfare	Kolkata
4.	Specialised Adoption Agency: Indian Society for Rehabilitation of Children	Kolkata
5.	Specialised Adoption Agency: Keuti Purba Daharani Biplabi Sangha	Howrah

Annexure II: List of Resource Persons Interviewed

S. No.	Name	Affiliation
1.	Sindhu Naik	Member, Karnataka State Council for Child Welfare
2.	Avinash Kumar	Founder, Families of Joy Foundation; Ex-Member, Steering Committee, CARA
3.	Smriti Gupta	Co-Founder, Where are India's Children NGO; A parent through adoption
4.	Meera Marthi	CEO, Where are India's Children NGO
5.	Nilima Mehta	Former Chairperson, CWC, Mumbai City
6.	Dr. Aloma Lobo	Ex-Chairperson, CARA; Doctor; A parent through adoption
7.	Gayatri Abraham	Founder, Padme Foundation; A parent through adoption
8.	Nina Nayak	Former Chairperson, Karnataka State Commission for Protection of Child Rights
9.	Dr. Shoba Srinath	Retired Professor, NIMHANS; Member of CARA Sub-Committee of Resource Persons

Annexure III: List of Case Law

S. No.	Date	Name of the Case	Focus of the Case
1.	19.04.1967	Sawan Ram & Others vs Kala Wanti & Others on 19 April, 1967	Adoption was invalid under HAMA
2.	03.12.1986	Lakshmi Kant Pandey vs Union of India on 3 December, 1986	Illegal sale of babies; Problems with inter-country adoption
3.	19.02.1987	Rahasa Pandiani (Dead) By Lrs. And Ors. vs Gokulananda Panda And Ors. on 19 February, 1987	Whether or not an adoption had taken place way back in 1956
4.	03.11.1997	Vinod Krishnaan v. Missionaries of Charity [1997 (2) KLT 863]	Family Court does not have jurisdiction over adoption matters under HAMA, so only the District Court can accept adoption pleas
5.	05.01.1999	Philips Alfred Malvin vs. Y.J. Gonsalvis & Ors. (1999)	Recognition of adoption under Christianity and the property rights of the adoptee
6.	27.10.1999	Manuel Theodore D'Souza & Anr. [II (2000) DMC 292]—Bombay High Court (Justice Rebello)	A Christian couple wanted to adopt but could not do so under HAMA. The court allowed adoption after 2 years of guardianship if it was satisfied.
7.	21.12.2005	Shri Hanmant Laxman Salunke Since ... vs Shri Shrirang Narayn Kanse on 21 December, 2005	Adoption was invalid under HAMA
8.	19.02.2008	Andrew Mendez & others v. State of Kerala (Crl. MC. No. 2271 of 2007---judgment by Kerala High Court pronounced on 19.02.2008)	Family Court does not have jurisdiction over adoption matters under the JJ Act 2000, so only the District Court can accept adoption pleas

9.	16.09.2009	Adoption of Payal @ Sharinee Vinay Pathak and his wife Sonika Sahay @ Pathak 2009	Issue between JJ Act and HAMA-whether a Hindu couple, already having a biological daughter, could legally adopt another female child under the JJ Act 2000, despite restrictions in HAMA 1956
10.	08.09.2010	Craig Allen Coates vs State & Anr on 8 September, 2010	Creating a committee of experts for medical examination and reports of the child
11.	08.02.2013	Stephanie Joan Becker vs State & Ors on 8 February, 2013	Inter-country adoption guidelines
12.	18.10.2013	Varsha Sanjay Shinde & Anr vs The Society Of Friends Of The on 18 October, 2013	Guidelines for in-country and inter-country adoptions
13.	19.02.2014	M/S Shabnam Hashmi vs Union of India & Ors on 19 February, 2014	Whether the right to adopt and be adopted is a fundamental right
14.	18.07.2016	Pkh vs Central Adoption Resource Authority ... on 18 July, 2016	Inter-country adoptions and delays
15.	10.06.2019	Karina Jane Creed vs Union Of India on 10 June, 2019	Inter-country adoption guidelines
16.	31.08.2021	Rajwinder Kaur & Anr vs Central Adoption Resource Authority on 31 August, 2021	Issuance of a No Objection Certificate from CARA
17.	05.11.2021	Thomas P vs State Of Kerala	Relative Adoption under the JJ Act 2015
18.	20.11.2023	The Temple of Healing vs Union of India on 20 November, 2023	Establishment of SAAs
19.	16.02.2024	Debarati Nandee vs Union Of India & Anr. on 16 February, 2024	Retrospective application of AR 2022

20.	16.02.2024	Emmanuel Allan Victor And Anr. vs Union Of India And Anr. on 16 February, 2024	Retrospective application of AR 2022
21.	17.04.2024	Ms.Prema Gopal vs Central Adoption Resources Authority ... on 17 April, 2024	NOC for inter-country adoption by OCI
22.	19.04.2024	Suo Motu vs The State Of Kerala	Privacy of children given in adoption
23.	23.10.2024	Durga Sankar Behera & Another vs Pallisri Mahila Samiti .... Opposite ... on 23 October, 2024	Retrospective application of AR 2022
24.	12.11.2024	Hamsaanandini Nanduri vs Union of India on 12 November, 2024	Maternity leave benefit for an adopted child above 3 months of age
25.	12.11.2024	C.Pakkir Maideen vs The Principal Secretary To Government on 12 November, 2024	Registration of adoption deed for Muslim Parents under the JJ Act 2015
26.	22.11.2024	Ms Afreen vs The Sub Registrar on 22 November, 2024	Whether the consent of the biological father, who is the accused in a rape case, is required for the adoption of a child born from that crime

Annexure IV: Photographs from the Field

1. Rajasthan

SARA, Jaipur

DCPU, Jodhpur

CWC, Jodhpur

Navjeewan Sansthan SAA, Jodhpur

Balika Grih SAA, Jodhpur

2. Uttar Pradesh

SARA, Lucknow

DCPU, Lucknow

CWC, Lucknow

Rajkiya Bal Grih (Shishu) SAA, Lucknow

3. Tamil Nadu

SARA, Chennai

DCPU, Chennai (North)

DCPU, Chennai (South)

CWC, Chennai

Varshini Illam Trust SAA, Chennai

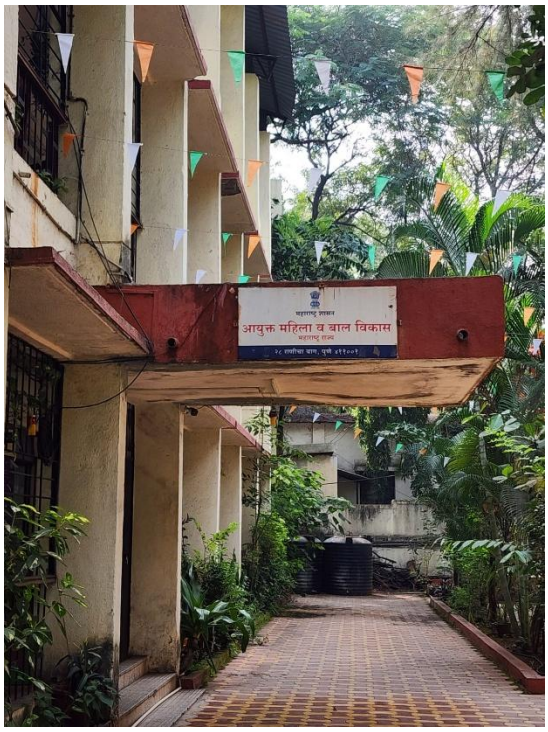
Kalaiselvi Karunalaya SAA, Chennai

Christ Faith Home SAA, Chennai

Bala Mandir Kamaraj Trust SAA, Chennai

All the Children Integrated Home SAA, Chennai

4. Maharashtra



SARA, Pune

DCPU, Mumbai City

DCPU, Mumbai Suburban

DCPU, Thane

CWC, Mumbai City

CWC, Mumbai Suburban

CWC, Thane

The Hindu Women's Welfare Society SAA, Mumbai City

Indian Association for Promotion of Adoption and Child Welfare SAA, Mumbai City

Family Service Centre SAA, Mumbai City

Bal Asha Trust SAA, Mumbai City

Shree Manav Seva Sangh SAA, Mumbai City

Maharashtra Women's State Council SAA, Mumbai City

St. Catherine's Home SAA, Mumbai Suburban

Vatsalya Trust SAA, Mumbai Suburban

Bal Anand SAA, Mumbai Suburban

Children of the World SAA, Thane

Janani Ashish SAA, Thane

5. Assam

SARA, Kamrup Metropolitan

DCPU and CWC, Kamrup Metropolitan

Matri Mandir SAA, Kamrup Metropolitan

Assam Child and Women's Welfare Society
SAA, Kamrup Metropolitan

6. West Bengal

CWC, Kolkata

Indian Society for Sponsorship and Adoption
SAA, Kolkata

Society for Indian Children's Welfare SAA, Kolkata

Indian Society for Rehabilitation of Children SAA, Kolkata

Keuti Purba Daharani Biplabi Sangha SAA, Howrah

Annexure V: RTIs Filed

The team filed several RTIs with different stakeholders of adoption in India— the Department of Women and Child Development, the Directorate of Social Welfare, the State Child Protection Society, and District Child Protection Units of all the states in India. However, those RTIs did not help us garner any significant information.

Below are the questions asked in the RTI filed by the team with the above-listed stakeholders:

1. Please inform if a new legislation or new amendment is in process to be introduced in the JJ Act, 2015, for the inclusion of the LGBTQ+ community.
2. Please inform if any proposal is being considered to introduce a new legislation for a uniform law on adoption that will harmonise both HAMA and the JJ Act, 2015.
3. Please inform if any proposal is being considered to abolish the Hindu Adoption and Maintenance Act (HAMA).
4. Please inform the name of the nodal agency and the ministry responsible for overseeing adoptions under the Hindu Adoptions and Maintenance Act (HAMA).
5. Please inform if the Government of India maintains year-wise data on adoptions taking place under HAMA. Kindly elaborate on the process used to collect the data on adoptions taking place under HAMA.
6. Please inform the steps taken by the Government of India to prevent illegal and informal adoptions so that a larger pool of children is available for placing them in adoption with families registering for adoption under the JJ Act, 2015.
7. Please inform the measures taken by the Government of India to register unregistered Child Care Institutions in India.

8. Please inform the number of unregistered Child Care Institutions closed by state Governments in the period 1 January 2016 to 30 June 2014. Kindly provide the state-wise distribution for the mentioned period.
9. As per the recommendation of Rajya Sabha, Parliament of India's One Hundred Eighteenth Report (2022) on the Subject 'Review of Guardianship and Adoption Laws,' has the government of India taken any step to conduct a third-party study of all Child Care Institutions in India?
10. Please inform the steps taken by the Government of India to provide appropriate training to District Magistrates and Additional District Magistrates, Divisional Commissioners, to determine whether adoption is in the best interest of the child.
11. As per the Rajya Sabha, Parliament of India's One Hundred Eighteenth Report (2022) on the Subject 'Review of Guardianship and Adoption Laws,' orphan, abandoned and surrendered children are to be placed in a Child Care Institution located in the same jurisdiction where the child is found/located. Kindly inform if the above-mentioned rules are notified by any State Authority. If yes, kindly provide the name of such states where the rule is being implemented.

The team also filed an **RTI to CARA on 3rd January 2022** and received a reply on 8th February 2022. This RTI helped us lay the foundation of the research. Our sample size and sampling technique were derived from this RTI. The following pages consist of the reply of the RTI received from CARA on Application Number **CARAG/R/E/21/00178&179**.

Central Adoption Resource Authority
केन्द्रीय दत्तक-ग्रहण संसाधन प्राधिकरण
(A Statutory Body of Ministry of Women & Child Development, Government of India)
(भारत सरकार के महिला एवं बाल विकास मंत्रालय की सांविधिक निकाय)

CARA

सं./No..... दिनांक/ Date.....

R-76001/1/2021/RTI/Admn-CARA/CARA 08/02/2022

To,

Sub: RTI Application no. CARAG/R/E/21/00178 & 179 dtd. 03/01/2022 for seeking information under the Right to Information (RTI) Act, 2005 – regarding.

Madam,

With reference to your RTI Application for seeking information under the Right to Information (RTI) Act, 2005. The sought information received from the concerned section/ official are as under:-

Ans: Details are as under:-

S. No.	Information Sought	Response
1	Question No 1 -2	*Not Available as per JJ Act 2015.*
2	Question No 3-7	*Annexure I - III*

2. Dr. Jagannath Pati, Joint Director CARA is the Appellate Authority in this office (Tel. No. 011- 26760310) under the Right to Information (RTI) Act, 2005.

Yours faithfully,

(**Ashutosh**)

CPIO / AD, CARA

पश्चिमी खंड–8, विंग–2, द्वितीय तल, आर. के. पुरम, नई दिल्ली–110066 (भारत)
West Block-VIII, Wing-II, 2nd Floor, R.K. Puram, New Delhi-110066 (India)
दूरभाष/ Ph: +91-011-26180194, टोल फ्री/ Tollfree: 1800-11-1311, टेलीफैक्स / Telefax: +91-011-26180198
ई–मेल/ E-mail: carahdesk.wcd@nic.in, वेबसाइट / Website : www.cara.nic.in

I

Registration No: CARAG/R/E/21/00179

Ans 3 :

Age of the child	Maximum composite age of prospective adoptive parents (couple)	Maximum age of single prospective adoptive parent
Upto 4 years	90 years	45 years
Above 4 and upto 8 years	100 years	50 years
Above 8 and upto 18 years	110 years	55 years

Ans 4 :

Age Group	Percentage of registered Parents (as on date 01 Feb 2022)
0-2 Years	70.91
2-4 Years	9.18
4-6 Years	14.33
6-8 Years	1.01
8-10 Years	4.31
10-12 Years	0.22
12-14 Years	0.06
14-18 Years	0.04

11

Ans. 5:

Sr. No.	State	Percentage of Registered Parents as on date 01 Feb 2022
1	Andaman and Nicobar Island	0.09
2	Andhra Pradesh	3.46
3	Arunachal Pradesh	0.09
4	Assam	2.89
5	Bihar	1.88
6	Chandigarh	0.87
7	Chhattisgarh	1.78
8	Dadra and Nagar Haveli and Daman and Diu	0.09
9	Delhi	3.96
10	Goa	0.87
11	Gujarat	2.93
12	Haryana	3.95
13	Himachal Pradesh	0.56
14	Jammu and Kashmir	0
15	Jharkhand	1.52
16	Karnataka	11.92
17	Kerala	4.14
18	Ladakh	0
19	Lakshadweep	0
20	Madhya Pradesh	3.42
21	Maharashtra	12.81
22	Manipur	0.18
23	Meghalaya	0.15
24	Mizoram	0.14
25	Nagaland	0.13
26	Orissa	3.15
27	Pondicherry	0.69
28	Punjab	1.37
29	Rajasthan	2.98
30	Sikkim	0.19
31	Tamil Nadu	11.68
32	Telangana	6.72
33	Tripura	0.45
34	Uttar Pradesh	6.23
35	Uttarakhand	0.64
36	West Bengal	11.79

III

Ans. 6:

Total number of Parents registered (In country & Inter Country as on date 01 Feb 2022) = 28322

Percentage-wise Parents registered

Couples	Single male	Single Female
94.37	0.44	5.19

Ans. 7(part): Children with Special need are above 17 years of age (as on date 01 Feb 2022): **81**

The team also filed RTIs to CARA in 2024, asking for some detailed adoption statistics to strengthen our research. However, we were directed to rely on the data given on CARA's website only. Following are the replies to our RTI Application Number **CARAG/R/E/24/00088** dated 12th July 2024, and RTI Application Number **CARAG/R/E/24/00102** dated 1st August 2024, respectively.

RTI Application Number CARAG/R/E/24/00088 dated 12th July 2024

CARA

केंद्रीय दत्तक ग्रहण संसाधन प्राधिकरण

CENTRAL ADOPTION RESOURCE AUTHORITY

महिला एवं बाल विकास मंत्रालय, भारत सरकार

Ministry of Women & Child Development, Govt. of India

West Block-8, Wing-II, 2nd Floor, R. K. Puram, New Delhi- 110066

CARA-MISC/196/2024-Programme (e-116264) 06/08/2024

To,

Sub: Application for seeking information under the Right to Information (RTI) Act, 2005 - regarding.

Sir,

With reference to your Online RTI Application (Reg. No. CARAG/R/E/24/00088 dated 12/07/2024) received in this office for seeking information under the Right to Information (RTI) Act, 2005.

In this regard, providing information of RTI related to CARA office as per records available, submitted as underneath:

S.no.	Information Sought	Reply
I hereby request you to provide the following information under the Right to Information Act, 2005 in respect of Adoption Status in India.		
1.	**Child Eligible for Adoption** Please provide the following information for the period 1 January 2016 – 30 June 2024: Total Number of orphaned, abandoned, and surrendered children in India. Total Number of children declared legally free for adoption. Please also share year-wise distribution. Total Number of children declared legally free for adoption in each State and Union	You have sought volume of information which is not retrievable from CARINGS. Please see adoption related information from CARINGS https://cara.wcd.gov.in/resource/adoption_Statistics.html

Sharma 6/8/24 4:20 P.M.

	Territory in India. Please share State and Union Territory-wise distribution. Please specify in process undertaken to declare children free for adoption once they enter the Specialised Adoption Agency (SAA). Number of children declared legally free for adoption in the following age groups: 0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years Gender-wise number of children declared legally free for adoption in India: Total number of girls declared legally free for adoption in India. Total Number of boys declared legally free for adoption in India. Total Number of Girls in the following age groups: 0-2 years 2-4 years 4-6 years 4-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years Total Number of Boys in the following age groups: 0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years

	16-18 years Total Number of children born to parents with mental illness or intellectual disability who have been declared legally free for adoption. Number of children eligible for foster care: In India In each State and Union Territory Number of children placed in foster care: In India In each State and Union Territory Elaborate provisions/steps taken by CARA relating to aftercare for persons who have completed the age of 18 years but have not completed the age of 21 as per section 2(5) of the JJ Act, 2015.	
2.	**Children Adopted in India** Please provide the following information for the period 1 January 2016 – 30 June 2024: Total Number of children adopted in India. Total Number of step parent and relative adoptions in India. Total Number of children adopted in each State and Union Territory in India. Please share State and Union Territory-wise distribution. Total number of inter-country adoptions in India. Total number of in-country adoptions in India. Total Number of children adopted in the following age groups: 0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years	

	Gender-wise number of children adopted in India (In-country): i. Total Number of girls adopted in India. ii. Total Number of boys adopted in India iii. Total Number of Girls adopted in the following age groups: 0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years iv. Total Number of Boys adopted in the following age groups: 0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years Total Number of children who died in Specialized Adoption Agencies in India. Total Number of children who died in Specialized Adoption Agencies in the last five years. Total Number of children who are missing from Specialized Adoption Agencies in India. Total Number of children missing from Specialized Adoption Agencies in the last five years. Total number of adoptions that have happened through the Hindu Adoptions and Maintenance Act, 1956. Total number of adoptions registered and NOCs issued for intercountry adoption

	under chapter VIII of Adoption Regulation, 2022 relating to Procedure for Children Adopted Under the Hindu Adoption And Maintenance Act, 1956, By Parents Who Desire To Relocate The Child Abroad. As per section 66 for the JJ Act, kindly provide, in the period 1 January 2016 – 30 June 2024, the number of Child Care Institutions which are registered under the JJ Act, 2015 but are not recognized as SAAs. Please provide the total number of children in these institutions. Total Number of adoption orders issued by District Magistrates in India. Please provide State and Union Territory wise distribution. Total Number of adoption orders issued by District Courts in the case of Maharashtra after the notification of Adoption Regulations 2022. Total Number of adoption orders pending in India. Please provide State and Union Territory wise distribution. Total number of pre-adoption foster care agreements filed with CARA. Please provide State and Union Territory wise distribution.
3.	**Financial Aspects** Please provide the following information for the period 1 January 2016 – 30 June 2024: Total Number of Specialized Adoption Agencies in India that have received the grants in aid. Total Number of Specialized Adoption Agencies in each State and Union Territory that have received the grant. Please specify the amount of the annual grant that Specialized Adoption Agencies receive per year and the criteria set for giving the grant.
4.	**Prospective Adoptive Parents** Please provide the following information for the period 1 January 2016 – 30 June 2024: Total Number of prospective adoptive parents registered on the CARINGS portal in

	India. Total Number of prospective adoptive parents registered on the CARINGS portal in each State and Union Territory in India. Please share State and Union Territory wise distribution. Total Number of prospective adoptive parents registered on the CARINGS portal in the following category: Single parents in India: Couples in India: Single females in India: Single males in India: Foreigners: Non-Resident Indians: Persons of India Origin: Oversea citizens of India: Relatives: Stepparents: How many prospective adoptive parents have chosen the following as their gender preference for the child: Male Female No Choice Percentage of prospective adoptive parents registered for the following preferred age groups of the child: 0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years Percentage of prospective adoptive parents registered in the following zones of India as per Adoption Regulation 2022: North: South: West: East: North-East:

	Central: Regulation 5(8) of Adoption Regulations 2017 states that "couples with three or more children shall not be considered for adoption except in case of special need children." Regulation 5(7) states that "couples with two or more children shall only be considered for special needs children and hard-to place children". Please specify which regulation is applicable for those prospective adoptive parents who registered prior to implementation of Adoption Regulation 2022, with two children and were waiting for their referral at the time when the Adoption Regulation, 2022 was imp0lemented. Please elaborate the manner in which such registered prospective parents treated within the CARINGS portal. Total Number of foster families who are willing to adopt and have registered on the portal: In India In each State and Union Territory
5.	**Stakeholders** Please mentioned the total number of the following stakeholders in India as of 30th June, 2024: State Adoption Resource Agency (SARA) Specialized Adoption Agencies (SAA) District Child Protection Units (DCPU) Child Care Institutions (CCI) Child Welfare Committee (CWC) Please mention the number of following stakeholders in each State and Union Territory as of 30th June, 2024: Specialized Adoption Agencies Child Care Institutions District Child Protection Units (DCPU) Child Welfare Committee (CWC)

6.	**Wait Period in Process of Adoption** Please provide the following information for the period 1 January 2016-30 June 2024: Average number of days that prospective adoptive parents spend from their registration on the portal to DM granting adoption order Average number of days taken from referral of a child to pre-adoption foster care. Average number of days taken from pre-adoption foster care to adoption order. Average number of days taken from registration on the portal to post-adoption follow-up for single prospective adoptive parents all over India. Average number of days taken from registration on the portal to post-adoption follow-up for couple prospective adoptive parents all over India. Average number of days that children spend from coming into SAAs to being declared legally free for adoption. Average number of days that children of the following age groups spend from coming into SAAs to being declared legally free for adoption. 0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years Average number of days that children spend from being declared legally free for adoption to getting adopted in India. Average number of days that children of the following age groups spend from being declared legally free for adoption to getting adopted in India:

	0-2 years 2-4 years 4-6 years 6-8 years 8-10 years 10-12 years 12-14 years 14-16 years 16-18 years Average number of days that children spend from being declared legally free for adoption to getting adopted in each State and Union Territory. Please share State and Union Territory-wise distribution. Gender wise average number of days that children spend from being declared legally free for adoption to getting adopted: Girls Boys	
7.	**Disruption and Dissolution:** Please provide the following information for the period 1 January 2016-30 June 2024: Total Number of children who were adopted and then returned (dissolution order was finalized). Total Number of children who were adopted and then returned in case of in-country adoptions. Please share year-wise distribution Total Number of children who were adopted and then returned in case of inter-country adoptions. Please share year-wise distribution. Total Number of children who were adopted and then returned in each State and Union Territory. Please share State and Union Territory-wise distribution. Number of children who were adopted and then returned in the following age groups: 0-2 years 2-4 years 4-6 years 6-8 years	

	8-10 years 10-12 years 12-14 years 14-16 years 16-18 years
	Please list the specific steps taken for the rehabilitation of children who were adopted and then returned in the last five years.
	Please state the process and average time it takes to declare children legally free for adoption who were adopted and then returned.
	Total Number of children who have been declared legally free for adoption after they were adopted and returned.
	Average number of days taken to return the child in cases of disruption/ dissolution to the SAA in the state of origin.
	Total Number of dissolution orders passed in India.
	Total Number of dissolution orders passed in each State and Union Territory in India. Please share State and Union Territory- wise distribution.
	Total Number of pending dissolution applications in India.
	Total Number of pending dissolution applications in each State and Union Territory in India. Please share State and Union Territory- wise distribution.
	Please specify the role of the Child Welfare Committee (CWC) in cases of disruption and dissolution.

2. Dr. Jagannath Pati, Director (Prog.) is the Appellate Authority in this office (Tel. No. 011-26760310) under the Right to Information (RTI) Act, 2005.

Yours faithfully,

Rupanshi

(Rupanshi Pandey)
CPIO (Prog.), CARA

RTI Application Number CARAG/R/E/24/00102 dated 1st August 2024

CARA

केंद्रीय दत्तक ग्रहण संसाधन प्राधिकरण

CENTRAL ADOPTION RESOURCE AUTHORITY

महिला एवं बाल विकास मंत्रालय, भारत सरकार

Ministry of Women & Child Development, Govt. of India

West Block-8, Wing-II, 2nd Floor, R. K. Puram, New Delhi- 110066

CARA-MISC/214/2024-Programme (e-116704) / 19382 30/08/2024

To,

Sub: Application for seeking information under the Right to Information (RTI) Act, 2005 - regarding.

Sir,

With reference to your Online RTI Application (Reg. No. CARAG/R/E/24/00102 dated 01/08/2024) received in this office for seeking information under the Right to Information (RTI) Act, 2005.

In this regard, providing information of RTI related to CARA office as per records available, submitted as underneath:

S.no.	Information asked regarding RTI	Information as per records available in CARA office
I hereby request you to provide the following information under the Right to Information Act, 2005 in respect of Adoption Status in India.		
(i).	**Special Needs Children Eligible for Adoption** Please provide the following information for the period 1 January 2016 - 30 June 2024: 1. Total number of special needs children living in SAAs or CCIs or child care homes in India. 2. Total number of special needs children living in SAAs or CCIs or child care homes in each State and Union Territory. Please provide state and union territory wise distribution 3. Total number of special needs children declared legally free for adoption in India.	You have sought volume of information which is not retrievable from CARINGS. Please see adoption related information from CARINGS https://cara.wcd.gov.in/resource/adoption_Statistics.html

4. Total number of special needs children declared legally free for adoption in India in each State and Union Territory, Please provide state and union territory wise distribution 5. Total number of special needs children adopted in India. Kindly also provide State and Union Territory wise distribution. 5. Kindly provide the total number of special needs children adopted: In country Inter country By stepparent By relative 6. Total number of special needs children who were adopted and then returned in India. Kindly also provide State and Union Territory wise distribution. 7. Out of the total number of special needs children returned, kindly provide the total number of special needs children who have been declared legally free for adoption. 8. Please indicate the total number of counsellors, special educators, social workers in India specially designated or employed for caring of special needs children. Kindly also provide State and Union Territory wise distribution. 6. Kindly provide the total number of training/refresher courses conducted specifically for counsellors, social workers, staff working with special needs children from 1 January 2016- 30 June 2024. 7. As per Regulation 51(6)(d) and (e) of Adoption Regulations 2022, please provide the number of special needs children, with treatable health ailments, whose treatment has been completed. 8. Kindly provide the total number of CCIs designated by SARAs for special needs children in India. Please also provide state and union territory wise distribution.	
Transgender Children 1. Please specify whether transgender children living within CCIs and SAAs are considered adoptable under JJ Act, 2015. 2. Please share the total number of Transgender children living in SAAs or CCIs or childcare homes in India.	

3. Please also provide state and union territory wise distribution total number of Transgender children living in SAAs or CCIs or childcare homes in India. 4. How many transgender children are eligible for adoption in India? 5. Please specify the process to declare a transgender child legally free for adoption. 6. Please share the total number of counsellors and social workers in each State and Union Territory designated separately for well-being of transgender children. 7. Please elaborate what protocols have been set in place by CARA at SARA and SAA levels for counselling needs specially of transgender children.	
DCPU 1. Please elaborate and specify the internal protocols for DCPU regarding the following: a. As per Regulation 38(4) of Adoption Regulations 2022,DCPU is to track the progress of adoption of each child and to expedite the process. b. As per Regulation 38(5) of Adoption Regulations 2022, to track the progress of application of each prospective adoptive parent registered on the portal c. As per Regulation 38(7) of Adoption Regulations 2022, the DCPU is to supervise and monitor the adoption programme in the district. Elaborate the steps taken by the DCPU for monitoring the adoption programme. 2. Kindly provide the number of home study reports revalidated in: a. 2019-20 b. 2020-21 c. 2021-22 d. 2022-23 e. 2023-24 3. Kindly provide the number of prospective adoptive parents found ineligible or unsuitable for adoption during revalidation of home study reports. Please state the grounds for finding them unsuitable as well. 4. Kindly provide the average number of days taken by the DCPU to issue a pre-approval letter in case of step parent or relative adoption.	

	5. Kindly elaborate the eligibility and qualifications for the social workers and counsellors which are part of the district child protection unit. 6. Kindly elaborate how many registered counsellors are there with CARA for it helpline along with total number of counselling sessions done during 2020-2021, 2021-2022, 2022-2023 and 2023-2024. 7. Kindly elaborate how many counselling done by mental health professionals and counsellors at district levels in each state and union territories. Pls give state and UT wise data. 8. Kindly provide under Regulation 6(9) of Adoption Regulations 2022, the number of non-traceable reports submitted by DCPU to CWC for orphan and abandoned children in: a. Total data of India from 2016-2024 b. Total data of each State and Union Territory from 2016-2024 c. Each State and Union Territory wise in the year. i. 2019-20 ii. 2020-21 iii.2021-22 iv.2022-23 v. 2023-24	
	Child Welfare Committee 1. Kindly provide the data as per Regulation 6(3) of Adoption Regulations 2022, the number of orphan or abandoned children (who were not in a condition to be produced before CWC) visited by CWC in: a. 2019-20 b. 2020-21 c. 2021-22 d. 2022-23 e. 2023-24 2. As per Regulation 6(7) of Adoption Regulations 2022, specify the risk factors considered by CWC while tracing biological parents or legal guardians of the orphan or abandoned children. 3. Kindly provide the number of orphan or abandoned children, identified as missing children, who have been restored with their biological parents or legal guardians from 2019-2020, 2020-2021, 2021-2022, 2022-2023 and 2023 to June 2024.	

4. Kindly provide the data as of June 2024 on the number of children living in SAAS or CCIs or child care homes of the following category: a. Children born out of non-consensual sexual relations b. Cases of children registered under the POCSO Act, 2012 5. Please provide the average number of days taken by CWC to collect DNA sample of children born out of non-consensual sexual relations, children surrendered by biological mother, for cases registered under POCSO Act 2012. 6. Kindly elaborate how many CWCs are in existence under the JJ Act which deal with adoption, Please provide the data upto June 2024. 7. Please elaborate and specify the internal protocols established by CARA for CWC to conduct the affairs, meetings and maintenance of records as per Chapter V of the JJ Act, 2015. 8. Kindly elaborate what are the criteria to declare a child care home as a fit facility under JJ Act in regards to keeping children in need of care and protection 9. Kindly elaborate what kinds of steps taken by CWC for rehabilitation of sexually abused children reported as children in need of care and protection. 10. Kindly provide the number of suo motu actions taken by CWC under Sec 30 (xii) of the JJ Act for reaching out to the children in need of care and protection, who are not reported or produced before the CWC. Please provide the data upto June 2024.	

2. Dr. Jagannath Pati, Director (Prog.) is the Appellate Authority in this office (Tel. No. 011-26760310) under the Right to Information (RTI) Act, 2005.

Yours faithfully,

Rupanshi

(Rupanshi Pandey)
CPIO (Prog.), CARA

Annexure VI: Data Collection Tools

The team prepared qualitative and quantitative tools for the stakeholders interviewed, which are as follows:

1. Central Adoption Resource Authority Interview Schedule
2. State Adoption Resource Agency Interview Schedule
3. District Child Protection Unit Interview Schedule
4. Child Welfare Committee Interview Schedule
5. Specialised Adoption Agency Administration Interview Schedule
6. Specialised Adoption Agency Administration Questionnaire
7. Specialised Adoption Agency Social Worker Interview Schedule
8. Specialised Adoption Agency Social Worker Questionnaire
9. Prospective Adoptive Parents Questionnaire

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Interview Schedule
Central Adoption Resource Authority

Respondent's Details	
Date of Visit	
Name of Resource Person(s) Interviewed	
Designation	
Year of Joining	
Qualification	
Experience (Area/Years)	
Department	
Nature of employment	
Number of staff members	
Total number of vacant seats in CARA	

1. Could you please tell us about your role in CARA?

I Adoption Process and CARA

2. Please elaborate on the role of CARA in monitoring the adoption process online and offline.

3. According to UNICEF's State of the World's Children Report 29.6 million India's children were orphaned in 2014. That same year, less than 4000 children were adopted in India through CARA. The number of children available in the adoption pool has reduced yearly from 2317 in 2020 to 1760 in 2023, as per the data available on CARA's website.
    - Please specify the reasons for this yearly reduction in the number of children available for legal adoption.
    - Please also elaborate on the role of CARA in linking SAA and CCI to bring in more kids into the adoption pool.
    - What has CARA done to speed up the LFA process?
    - What according to CARA are the reasons for delays at various levels of adoption for parents to wait 3-4 years for children in the 0-4 age group?

4. In our preliminary observations from the field, few cities have SAAs for children in the age group of 0 to 6. However, there are no SAAs and adoptions taking place for older children in these cities.
    - How are SAAs structured and children segregated? Are children segregated based on age?
    - Where do children above the age of 6 years live - in CCIs or separate SAAs? How is their adoption taking place, what procedure/structure is in place for adoption of children above the age of 6 years?
    - Is CARA able to monitor the existence and adoption of kids age wise in SAAs?

5. How do PAPs select the age of the child in case of siblings?
    - Could you please clarify the process of adoption in the case of siblings where one is below the age of 6 years and the other one above the age of 6 years?

6. Are children first produced before CWC and then placed in SAAs? In such cases, where do the children stay before they are produced in front of the CWC? What is the role of the child helpline in this?

7. Elaborate on the basis on which the algorithm matches a parent to a child. Which factors are considered while matching the parent and the child?

8. How does CARA define a child as 'hard to place' in the algorithm?
    - Please elaborate on the timeline followed for each child being matched under the 'hard to place' category.
    - As per Regulation 2(13) of AR 2022, a child within the 0-5 age group is first referred to RI, OCI, NRI for 60 days - then moved to the IP list for 7 days - then referred to Foreign PAPs - and then is considered for Foster Care. Please clarify the number of PAPs the child will be referred to before moving to the next category in the 60 days period.
    - Is the category 'hard to place' only for normal children or does it also include children with special needs?

9. Since the JJ Act and AR do not specify any minimum income requirement for PAPs, is there any internal protocol that is mandated for SAAs/DCPUs to follow regarding the assessment of financial capability of PAPs to adopt?
    - The State Social Justice Department of Kerala has fixed a minimum annual income of 3 lakhs for PAPs, dated October 30 2019.

II <u>Functions of CARA</u> (Promotion and Monitoring) [JJ Sec 68, 69 and 70]

10. Under Section 68 (a) of the JJ Act, 2015 CARA is mandated to "promote" in-country adoptions. What steps are annually taken by CARA to further this objective?
    a. Awareness session with corporates/govt/ NGOs
    b. Public awareness steps _____
    c. Safe surrender awareness sessions with hospitals/doctors/paramedical/Anganwadi workers
    d. Workshops with social workers/ counsellors/ occupational therapists/ physiotherapists/educators
    e. Other, please specify _____

11. Both SARA and DCPU are mandated to monitor the activities of the SAAs at the local level as per the Annual Report 2021-2022. Please elaborate on how the work of monitoring is distributed/delegated between the SARA and DCPU so that their roles and responsibilities are clear along with accountability.

12. Under Section 68 (a) of the JJ Act, 2015, CARA is also required to facilitate inter-state adoptions in coordination with State Agencies and Section 70 [1] (a) states that authority has the power to issue instructions to SAA or CCI.
    - One of the functions of CARA is to coordinate with State Governments or the SARAs and advise them in adoption-related matters. How frequent are such

consultations? Specify the State Governments with which CARA has coordinated on adoption-related matters in the last one year. Kindly elaborate on the matter deliberated upon.

- What steps are undertaken by CARA for inspection and monitoring of the SAAs or CCIs at State level? Are they conducted jointly with the State government or SARA? Are there any surprise visits done?
    - If yes, were there any cases of non-compliance such as poor living conditions, inadequate food being provided to children in SAAs or CCIs?
    - Section 70 [1] (b) and (c) requires CARA to issue instructions, and in case of non-compliance, recommend appropriate action against the institution to the concerned government. Please specify if there have been any such cases.

13. How often do CARA officials visit SARAs in a year? Is there an inspection done annually of SARA? Are there any records maintained?

14. Is there any infrastructural support given by CARA to SAAs (such as furniture, desktops, internet access)?

15. SAA doesn't have control over the portal. There is a gap between the data on the portal and the data that they maintain. How frequently does CARA update the adoption statistics on its website and on CARINGS? (example, deregistration/closure of SAA yet reflecting on the portal)

16. Kindly elaborate on how many members are there in the steering committee of CARA. Who are they?

17. Kindly elaborate on how often the steering committee meets in a year. (As per Sec 69(4) of the JJ Act, it shall meet once a month).

18. Does CARA maintain data on the number of deaths in institutional care in India (SAAs) and the reason for the death?

19. CARA's website shows there is a SARA and several DCPUs in the union territories of Jammu and Kashmir (20 DCPUs), and Ladakh (2 DCPUs). What procedure/system is in place for adoption in these 2 union territories? Are SAAs functional there? CARA's website does not show SAAs in these territories (only DCPU and SARA details are there). Which cluster are these 2 territories part of?

20. What does the option of 'others' mean while selecting the gender of the child? How many adoptions in this category have happened?

21. Is CARA's helpline multilingual/bilingual? How does CARA ensure effective communication (including documentation) among different stakeholders across the country, given the linguistic diversity?
    - Our observation in Chennai - SAAs and DCPUs find it very difficult to communicate with SAAs/DCPUs in North India given the language barrier. They receive documents in Hindi. Even CARAs helpline is at times difficult to access because of the language barrier.

III Training & development activities

22. Elaborate on the type and frequency of training/workshop conducted by CARA for understanding the adoption regulatory framework in India for social workers, DCPUs and District Magistrates.

23. Is there an induction or training programme conducted regularly by CARA for SARAs? If yes, is it online or offline? What is the frequency of the programme?

24. What is the agenda of the training programme/workshop for SARAs, DCPUs, DMs and social workers respectively? Are PAPs and adoptees part of these workshops for a better understanding of the ecosystem by the stakeholders?

25. Has CARA organised any field visits or country-wide consultations, conferences and seminars to discuss the adoption process in India with NGOs and PAPs or other concerned stakeholders? How many such events have been conducted by CARA in the past 1 year? Have all SARAs, DCPUs and SAAs attended these events?

26. Is there a protocol or eligibility guidelines set up by CARA for caregivers in institutions?

27. Does CARA collect PAP's feedback and suggestions? If yes, at which stage of the adoption process, does it collect the feedback?

IV Data and Research Initiatives by CARA

28. Elaborate on the types of data relating to adoption maintained by CARA. How is it used to interpret/analyse trends and patterns and identify issues within the adoption ecosystem?

29. What kind of research activities has CARA conducted on adoption-related matters?

30. One of the primary functions of CARA is to, "maintain a comprehensive centralised

database relating to children and prospective adoptive parents for the purpose of adoption in the Child Adoption Resource Information and Guidance System". Can the database provide an analysis of the data related to the adoption process including all stakeholders? (number of children who died in the shelters, number of disruptions/dissolutions cases, performance evaluation of SAAs, SARAs etc.). Please elaborate.

V Finance

31. The Integrated Child Protection Scheme has become part of Mission Vatsalya since 2021. CEO CARA is a member of the approval board of Mission Vatsalya. How does CARA monitor implementation of adoption related provisions under the Mission Vatsalya within the territory of India, especially from the perspective of vacancies and finances at the State level implementation of the Mission?

32. Does CARA give financial aid to SAAs? What are the criteria for grant of aid (basic services within SAA for children, training and development of staff)?
    - Are SAAs audited?

VI Counselling

33. How many counselling centres are available all over India to PAPs and adoptees during and post-adoption completion process?

34. Does CARA have a counselling centre in its headquarters? If not, why?

35. How is CARA equipped to handle trauma-informed counselling of children? Is there a structure existing at the state or district level?

36. How does CARA equip the SAAs, children and PAPs in case of adoption of older children? Are there services available post-adoption as well?

37. How is information regarding the availability of counselling services disseminated to SAAs, PAPs and adoptees?

38. Please elaborate on how CARA supports SARAs in setting up, and maintaining counselling centres in various states.

39. How does CARA facilitate root search as envisaged under JJ Act? The JJ Act does not elaborate on it.

40. What has been CARA's experience relating to disruption and dissolution?
    - What are the primary reasons for the same?
    - Which is the age group in which disruption and dissolution happen the most?

41. Please elaborate the process of mandatory counselling in cases of disruption or dissolution. Who facilitates the process of counselling in these cases? CARA/SARA/DCPU/SAA?
    - Other than counselling, does CARA take any steps to rehabilitate the returned children?
    - Once the child comes back after disruption/dissolution, what is the process followed to reintegrate the child back into the system? How much time does this process take?

42. How many registered counsellors are there with CARA for its helpline? What are their qualifications and experience?
    - Are there bilingual/multilingual counsellors?
    - Total number of counselling sessions done in 2023-2024.

VII Foster Care

43. How are foster care families decided upon by DCPU? What are the criteria?

44. Has CARA started foster care in India post the notification? What has been its experience? Is there any state in India where foster care has been done before the Model Rules of 2024 were notified?

VIII Suggestions

45. What has been your overall experience with the adoption process in India? What changes would suggest to enhance the rehabilitation of the children along with reducing the wait time?

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Schedule
State Adoption Resource Agency

Basic Details

Date of Visit	
Name of the SARA	
Address	
State	
Date of Establishment	
Respondent Details	
Name	
Designation	
Age	
Gender	
Contact Details	
Nature of Employment	a. Contractual b. Permanent c. Other, please specify _____
Year of Joining	
Qualification	

I Constitution of SARA

1. Could you please tell us the role and responsibilities of SARA in the adoption process in the State? Also, briefly elaborate SARA's role towards the following:
    - Licensing adoption agencies
    - Ensuring SAAs/CCIs compliance with regulations
    - Providing training and resources

2. Could you describe the organisational structure of SARA? How are the various departments divided?
    - How are staff members recruited in the SARA?

3. Total number of current staff in SARA, category wise:

   (Please fill number of current staff category wise)

Total Staff	
Government/Permanent Staff	a) Secretary of State Dept b) Director of State Dept c) Director of Dept of health/ hospital administration d) Other, please specify _____
Contractual Staff	
Representative of a SAA	a. Yes b. No
Chairperson of CWC	a. Yes b. No
Member of a civil society engaged in child welfare for at least 10 years	a. Yes b. No
Member of SLSA	a. Yes b. No

4. Number of vacancies:

Government/Permanent Staff	
Contractual Staff	

If there are vacancies,

5. How long have these positions been vacant for and why?

6. Could you tell us about your (respondent) roles and responsibilities, and the nature of your work in the SARA?

II Data on Adoption in the State

7. Total number of PAPs waiting within your state for adoption:
   _____ (exact number)
   a. None
   b. Less than 10
   c. 10-50
   d. 50-100
   e. More than 100

8. Total number of Child Care Institutions not registered under the JJ Act in your state:
   _____ (exact number)
   a. None
   b. Less than 10
   c. 10-50
   d. 50-100
   e. More than 100

9. Total number of Child Care Institutions that have been recommended to be recognized as SAA in your state in the last 1 year:
   _____ (exact number)
   a. None
   b. Less than 10
   c. 10-50
   d. 50-100

III Working of SARA

10. Have any CCIs/Homes been deregistered by your SARA in the last 5 years? If yes, what are the reasons for deregistration?

11. How many meetings of the SARA governing body were held in the last 1 year?
_____ (exact number)
    a. None
    b. 1
    c. 2
    d. 3
    e. More than 3

12. Apart from the governing body, who all are part of these meetings?
    - Are representatives of the Department of Birth and Death registration, passport office invited as special attendees?

13. Are minutes of these meetings maintained?
    a. Yes
    b. No

14. How many districts in the State do not have SAAs?
    a. None
    b. 1-5
    c. 5-10
    d. 10-20
    e. More than 20

15. What is being done in these districts that do not have SAAs? How is the adoption process taking place and monitored in these districts?
    - Regarding entrance of children in the adoption pool
    - Registration of PAPs and following procedures such as HSR, etc.

16. How do you ensure that all CCIs in the State, registered under JJ Act, are linked to the SAAs for adoption? What is the procedure followed for this?

17. How do you identify CCIs/Homes that are not registered under the JJ Act?
    - Do you maintain a record/data of unregistered CCIs/Homes?
    - What is being done to get these CCIs/Homes registered under the JJ Act?
    - How are they penalised or reprimanded for non compliance or delay in registration?

18. Number of meetings conducted with SAAs in the State in the last 1 year?
    a. None
    b. 1
    c. 2

d. 3
e. More than 3

19. Are minutes of these meetings maintained and uploaded on CARINGS portal?
    a. Yes
    b. No
    c. Sometimes
    d. Maintained, but not uploaded on the portal

20. How do you evaluate the functioning of SAAs, DCPUs and CWCs regarding adoption work in the state?
    - How frequently are inspections done?
    - What aspects of their working do you evaluate during inspections?
    - Which designated official goes for these inspections/what is the constitution of inspection committees?

21. When was the last inspection of SAAs done?
    _____ (exact date/month/year, if possible)
    a. Last month
    b. Within last 3 months
    c. Within last 6 months
    d. Within last 1 year
    e. More than a year ago

22. Were your observations post inspection recorded and implemented? In case of non compliance by SAA, what steps were taken by SARA?

23. Were any actions taken or support provided by your SARA to the SAAs in the State based on the last inspection?
    a. Yes
    b. No
    c. Work started, but it was not completed

If Yes,

- The action taken or support provided was towards (tick all that apply):

(23B)

    a. Health of children
    b. Health of special needs children
    c. Cleanliness

d. Drinking water
e. Equipments and aids for differently abled
f. Education of children
g. Safety and Security of children
h. Documentation and Record Keeping
i. Stay of children
j. Counselling
k. Preparation of Home Study Report
l. Preparation of Child Study Report
m. Preparation of Medical Examination Report
n. Staff and recruitment
o. Constituting new committee
p. Technological infrastructure
q. Coordination with other stakeholders/institutions - DCPU, CWC, SARA, etc.
r. Tie ups with external NGOs, professionals for services like education, health, counselling, etc.
s. Other, please specify _____

24. How often do you conduct training sessions for SAAs, social workers in a year?
    a. Monthly
    b. Quarterly
    c. Bi-annually
    d. Annually
    e. Training sessions not organised

25. What is the focus of these training sessions? Who is the instructor for these training sessions?

26. Do you maintain a panel of professionally trained and qualified social workers?
    a. Yes
    b. No

27. How many Counselling centres are there in the State?
    - Are there counselling centres in each district of the state?
    - What professionals are part of these centres (nature of their employment and qualifications) and what kind of services do these centres provide?

28. Does your SARA gather feedback from stakeholders about the adoption process in the state (e.g., SAAs, CWC, DCPU, adoptive parents)? If yes, how is this done and are any actions taken based on the feedback?

29. What are the steps taken by your SARA for the waiting PAPs in the State?
    - Are any preparedness workshops or interactive sessions organised for them?

30. What is the process for handling complaints or violations reported against adoption agencies by your SARA? (Tick all that apply)
    a. Investigation
    b. Imposition of financial penalties
    c. Suspension or revocation of licence of the SAA
    d. Suspension of the concerned staff member
    e. Closure of SAA
    f. Other, please specify _____

31. How do you identify and designate SAAs or CCIs for catering to special needs children, children with HIV AIDS for their quality care and treatment?
    - How many such SAAs/CCIs are there in the State?

32. How do you validate and verify the data uploaded by SAAs, DCPUs, CWCs on the CARINGS portal?

33. What steps have you taken for awareness and advocacy for safe surrender, child trafficking, etc. in the State?
    - Do you organise mass campaigns for these?
    - Do you organise any sessions for these? If yes, who conducts these sessions and who constitutes its audience?

34. Do you maintain State specific data? Is the available data analysed to identify patterns and issues with the working of the adoption process in the State?
    - Is there a dedicated research team for this?
    - Are there any steps taken based on the available data?

IV <u>Support, Challenges and Suggestions</u>

35. What support does your SARA provide to SAAs and other stakeholders for adoption related work?
    - With regards to training sessions, resource material, financial or staff assistance, technological infrastructure, etc.

36. On what aspects of the adoption process, do you coordinate with DCPUs? What support do you receive from them for implementation of the process?

37. How often are training sessions/workshops organised for SARA's staff?
    a. Monthly
    b. Quarterly
    c. Bi-annually
    d. Annually
    e. Training sessions not organised

38. Training sessions/workshops are most often organised by:
    a. CARA
    b. Other NGOs/institutions/organisations/Government bodies
    c. Training sessions not organised

39. What is the focus of training sessions conducted for SARA?
    - Who conducts (trainer - counsellors, trauma informed counsellors, doctors, adoptive parents, adoptees) the training?
    - Do you think these training sessions benefit you or other staff members in SARA?

40. What are the operational or logistical challenges that you face while implementing and monitoring the adoption process in the State?

41. What support do you currently receive from CARA and the State Government?

42. What support do you additionally want from CARA and the State Government?

43. Based on what criteria is the child matched with the PAP? Does SARA or SAA provide assistance with matching?
    - Do you think in person matching is better or digitally matching?
    - Do you think 48 hours are sufficient for reserving the child after referral?

44. With the amendment in Adoption Regulations and the transfer of adoption order to DM from District Court, how has this affected the entire adoption process?
    - Do you think this has further slowed down the process? If yes, why and how?

45. According to you, what changes should be brought in to enhance the functioning of the entire adoption system? Please provide suggestions.

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Schedule
District Child Protection Unit

Basic Details

Date of visit	
Date of Establishment	
Address	
District and State	
Respondent's Details	
Name	
Designation	
Age	
Gender	
Contact Details	
Nature of Employment	a. Contractual b. Permanent c. Other, please specify _____
Year of Joining	
Qualification	

I Constitution of DCPU

1. Total number of current staff in DCPU, category wise:

(Please fill number of current staff category wise)

Total Staff	
Government/Permanent Staff	
Contractual Staff	
Social Workers	
Social Workers (only for adoption cases)	a. Yes, _____ b. No
Counsellors	a. Yes, _____ b. No
Probation Officer (institutional and non - institutional)	a. Yes, _____ b. No

2. Number of vacancies for:

Total vacancies	
Government/Permanent Staff	
Contractual Staff	
Social Workers	

If there are vacancies,

3. How long have these positions been vacant for and why?

4. Could you please tell us about the recruitment process of various staff members in DCPU?
    - What is the eligibility and pre-requisites for the social workers and counsellors?

5. Are there different departments or different staff members delegated to different tasks that the DCPU handles?
    - How is the work divided within the DCPU and who handles the adoption cases?

II Working of DCPU

6. Could you please tell us about DCPU's overall role in the adoption programme at the district level?
    - Elaborate the steps taken by the DCPU for monitoring the adoption programme.
    - How have you initiated foster care in the district?
    - What are the different kinds of cases you handle in the district regarding the process of adoption in your district?

7. As per regulation 38, DCPU is to track the progress of each child in the adoption pool. What steps have you taken for the same?
    - How frequently do you check the status of each child?
    - What are the common issues, according to you, that SAAs face in progressing with the adoption process within the stipulated time?
    - Could you please tell us about instances where SAAs/CCIs reached out to you for support or help in expediting the process? How did you help them with the same?

8. How do you track the progress of applications of PAPs registered on the portal?
    - How frequently do you check the status of application of PAPs?
    - What support do you provide to SAAs for facilitating the progress of PAPs' applications?

9. In cases where the biological parent or legal guardian of the child cannot be traced, how is the report for such cases prepared (which is to be submitted to the CWC)? What paperwork/documents are required for this report?

10. Average number of days it takes to submit a non-traceable report to the CWC in cases where the biological parent or legal guardian of the child cannot be traced from the date on which the child was produced before the CWC?
    a. 15 days
    b. 30 days
    c. More than 30 days

    If more than 30 days,
    - What are the reasons for delay in submitting the report?

11. How many Adoption Committees are there in your district?
    - Is DCPO part of the Adoption Committee of the district? What is the DCPO's role in the committee?
    - How and when are its meetings held?

12. Do you work in any other district apart from this one?
    - In districts where there is no SAA, how is the HSR conducted?
    - Have you conducted HSRs? If yes, how many?
    - How do you facilitate the linkage of CCIs in other districts (where there is no SAA) to SAAs of another/your district?
    - Have you revalidated HSRs? Have there been cases where PAPs were found ineligible during revalidation? If yes, on what grounds?

13. What is your role in counselling the PAPs and the children during the adoption process?

14. What is your role in cases of disruption and dissolution?
    - How many counselling sessions are done in such cases and by whom? What is your role in facilitation of counselling in such cases?

15. How many social investigation reports have been prepared by your DCPU?
    - What is the procedure followed to prepare these reports?
    - Who prepares these reports?

16. When was the last inspection of SAAs in the district done?
    _____ (exact date/month/year, if possible)
    a. Last month
    b. Within last 3 months
    c. Within last 6 months
    d. Within last 1 year
    e. More than a year ago

17. Were your observations post inspection recorded and implemented? In case of non-compliance by SAA, what steps were taken by DCPU?

18. Were any actions taken or support provided by your DCPU to the SAAs in the district based on the last inspection?
    a. Yes
    b. No
    c. Work started, but it was not completed

    If Yes,
    - The action taken or support provided was towards (tick all that apply):

(18B)

    a. Health of children
    b. Health of special needs children

c. Cleanliness
d. Drinking water
e. Equipments and aids for differently abled
f. Education of children
g. Safety and Security of children
h. Documentation and Record Keeping
i. Stay of children
j. Counselling
k. Preparation of Home Study Report
l. Preparation of Child Study Report
m. Preparation of Medical Examination Report
n. Staff and recruitment
o. Constituting new committee
p. Technological infrastructure
q. Coordination with other stakeholders/institutions - DCPU, CWC, SARA, etc.
r. Tie ups with external NGOs, professionals for services like education, health, counselling, etc.
s. Other, please specify _____

19. How many laptops/desktops do you have?
    a. 1-5
    b. 5-10
    c. More than 10

20. Do you think that the laptops/desktops available are enough according to the number of staff and workload?
    a. Yes
    b. No

21. What are the challenges faced by your DCPU in following procedures within the stipulated time? (tick all that apply)
    a. Staff shortage
    b. Lack of periodical training/sensitization of staff
    c. Workload
    d. Lack of technological infrastructure
    e. Lack of support/coordination with other stakeholders (CWC, Police, etc.)
    f. Other, please specify _____
    g. No challenges

III Training and Support to DCPU

22. How often are training sessions/workshops organised for DCPU's staff?
    a. Monthly
    b. Quarterly
    c. Bi-annually
    d. Annually
    e. Training sessions not organised

23. Training sessions/workshops are most often organised by:
    a. SARA
    b. CARA
    c. Other NGOs/institutions/organisations/Government bodies
    d. Training sessions not organised

24. What is the focus of training sessions conducted for DCPU?
    - Who conducts (trainer - counsellors, trauma informed counsellors, doctors, adoptive parents, adoptees) the training?
    - Do you think these training sessions benefit you or other staff members in DCPU?

25. What support do you currently have from CARA, SARA, CWC, Child Protection Society of the State - specifically in the domain of adoption?

26. What support do you additionally want from CARA, SARA, CWC, Child Protection Society of the State?

27. With the amendment in Adoption Regulations and the transfer of adoption order to DM from District Court, how has this affected the entire adoption process?
    - Do you think this has further slowed down the process? If yes, why and how?
    - What are the challenges that you face in getting the adoption order from the DM within the stipulated time?

28. According to you, what changes should be brought in to enhance the functioning of the entire adoption system and to ease your workload? Please provide suggestions.

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Schedule
Child Welfare Committee

Basic Details

Date of visit	
Date of Establishment	
Date of Constitution of the Current Committee	
Address	
District and State	
Respondent's Details	
Name	
Designation	
Age	
Gender	
Contact Details	
Nature of Employment	a. Contractual b. Permanent c. Other, please specify _____
Qualification	

I Constitution of CWC

1. How many CWCs are there in the district?
    a. 1
    b. 2
    c. More than 2

2. How many members are there in the CWC?
    a. 5
    b. Less than 5
    c. More than 5

3. Is there a female member in the CWC?
    a. Yes
    b. No

4. How are the appointments made of the members of the CWC?
    - Can members be re-appointed?
    - Have they been re-appointed?

5. What are the qualifications of the CWC members?

6. How often does the CWC meet?
    a. 20 days in a month
    b. Less than 20 days in a month
    c. As per requirement
    d. Other, please specify _____

II Work Process

7. What is the role of CWC in dealing with children in need of care and protection?
    - What is the procedure followed in disposing of such cases?
    - What is the average time taken to place the child in the CCI/SAA?

8. What is the procedure followed by the CWC to place the child in the children's home:
    - when the CWC is in session
    - when the CWC is not in session

9. Please elaborate the process of declaring a child orphaned, abandoned or surrendered.
    - What aspects are looked into?

10. Please elaborate on the process for handling missing children by the CWC.
    - What is the procedure followed to declare them LFA? What is the timeline for the same?

11. What is the process followed by the CWC for placing children in foster care?

12. What is the procedure followed by CWC for parents who wish to surrender their child?

13. What efforts are made by the CWC for the restoration of the lost or abandoned children to their families?

14. What is the process followed regarding cases of children who die within the childcare homes? Is there any provision relating to it under the JJ Act 2015 or under Adoption Regulations 2022?

15. How many suo moto cognisance have been taken by this CWC?
    - What was the nature of such cases? And from where did you receive the information?

16. In case of non-traceability of biological parents, what is the timeline followed to declare children non traceable in the following age groups:
    - Child from 0 to 2 years of age
    - Child above 2 years of age

III <u>Coordination with other stakeholders</u>

17. How many orders declaring children LFA have been passed in your tenure?

18. How many orders have you passed for LFA for siblings/twins?

19. What steps are taken for training and sensitization of the CWC staff members?
    - Are there regular trainings held for CWC members?
    - Was there an induction and sensitization training at the time of appointment? (within 2 months as per Section 27 of JJ 2015)
    - Who conducts the training?

20. What assistance is provided by the DCPU to CWC?
    a. Staff
    b. Administrative support

c. Technological infrastructure (laptop)
d. Ambulance/Car
e. Other, please specify _____
f. No assistance provided

21. Is there any legal and counselling support provided by the DM when required?
    - Do children's homes provide a counsellor/peon to you when required?

22. Under the JJ Act 2015, the CWC is equated as Judicial Magistrate of First Class or Metropolitan Magistrate. What emoluments or services do you get according to that? (Allowance/ Pension/ Salary/ Medical Facilities)

23. CWC directs the Child Welfare Officers, Social Worker of SAA, District Child Protection Unit and Non- Governmental organisations for social investigation and also to submit a report before the Committee.
    - What is a social investigation report?
    - What is the purpose behind preparing a SIR?
    - What is the timeline of submission of SIR? (Form 22 to be submitted within 15 days)
    - In cases of non compliance of timeline, have you taken any action or penalized SAA/DCPU? How many such cases have you dealt with?

24. How many inspection visits are conducted by the CWC in the child residential facilities in the last 1 month? (to be done twice a month)
    a. None
    b. 1
    c. 2
    d. More than 2

25. Do you make recommendations at the time of visits to SAAs/CCIs for improvement of facilities to DCPU and State Government? Sec 30 (8).
    a. Residential facilities/infrastructure
    b. Food and nutrition of the children
    c. Health and medicine of the children
    d. Education and vocational training of children
    e. Recreational facilities for children
    f. SAAs/staff's compliance with regulations and timeline
    g. All of the above
    h. Other, please specify _____

26. Are these recommendations maintained as records?
    - Are there any actions taken in case of non compliance?

27. Does CWC submit a quarterly report to DM on the number of disposed and pending cases?
    - How many reports have been submitted in 2024?
    - How many reports have been submitted since the constitution of the committee?

28. Are there any reviews of the CWC conducted by the DM?
    - How often are such reviews conducted? (to be done on a quarterly basis)

29. Do you require any support from other stakeholders such as DCPU, CARA, SARA, SAA, State government? (In terms of training, workload, technological infrastructure, etc.)

30. What in your opinion are the reasons for the reduction of children available in the adoption pool in recent years?

31. What are your suggestions for the overall improvement of the Adoption process and system in the country?

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Interview Schedule
Specialised Adoption Agency - Administration/Management

I Rapport Question (to be asked while recording Respondent's details)

1. Could you tell us about your role and responsibilities in this SAA?

II Adoption Related Questions: Procedure and Challenges

2. What kind of documents are required to be furnished before CWC for declaring a child legally free for adoption (hereafter LFA)?

3. What are the challenges/institutional roadblocks that you face in cases where there is delay in declaring children LFA? Is there any cause of delay due to other stakeholders involved in the procedure?

4. What do you do with children who have no visitors? What is the procedure followed to declare them LFA? Do you think these children urgently need to be included in the adoption pool?

5. Does CWC conduct quarterly review of cases of children in the SAA, particularly those children with unfit guardians and no visitations? What are the documents you submit for these reviews?

6. Who do you consider as a guardian? Is there an internal protocol of your SAA for deeming a person as a guardian (particularly when it comes to surrendering a child and visiting a child)? Have you received any direction or guidelines from SARA or CARA related to guardians?

7. Which category of adoption takes more time after being declared LFA to getting adopted? What are the challenges of the category that takes more time?
    - In your experience, what type of adoption is the most difficult to complete (age/ health/gender/category wise)?

8. What are the reasons for disruption or dissolution in cases of older children, special needs children?
    - Most common factors
    - How do you think this can be prevented?
    - What is your SAA doing to prevent disruptions/dissolutions?

9. How many cases of root search have been done by your SAA? Could you tell us about the procedure followed for root search, and who does counselling in these cases?

10. In your experience what is the most challenging part of the entire adoption process?

III <u>Working of the SAA</u>

11. Please state the required qualifications and experience for the recruitment of childcare staff and social workers? Kindly elaborate on the process of their recruitment.

If the SAA doesn't have a Children's Committee,

12. What is being done for the safety and well being of the children?

13. Could you elaborate the routine/schedule that is followed in the SAA for children living here?

14. Do you conduct offline or online counselling for prospective adoptive parents?

15. Do you regularly schedule formal/informal interaction with prospective adoptive parents after registration and before referral?

16. How is the matching of the child and the PAPs done?
    - What are the factors (culture, physical attributes, etc.) considered while matching?
    - Does SAA have a role to play in approving the match?
    - If done digitally, how does the algorithm work? How accurate and efficient is it in preventing disruption/dissolution?

17. How is an individual child care plan prepared?
    - What all is included in the plan?
    - Is a record maintained for the same? Is it updated from time to time based on the growing/changing needs of the child?
    - How is it prepared in cases of special needs children?

18. Could you tell us about the procedure followed for post adoption follow up?
    - How and what aspects of the child and the parents do you assess during post adoption follow up?
    - What are the challenges that delay the process of post adoption follow up?

IV Support and Suggestions

19. What support would you need from CARA, SARA, CWC, DCPU?
    - Related to overall functioning of the SAA, continued association/registration staff, counselling, training sessions for the staff, equipment etc.

20. According to you, what changes should be brought in to enhance the functioning of the entire adoption system?
    - What are the challenges/institutional roadblocks in the present system?

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Questionnaire
Specialised Adoption Agency- Administration/Management

Basic Details

Date of Visit	
Name of SAA	
Type	a. Government b. Private/Non-Government c. Other, please specify _____
Date of Establishment	
Date of latest license renewal/issue	
Address	
District and State	
Respondent's Details	
Name	
Designation	
Age	
Gender	
Contact Details	
Nature of Employment	a. Contractual b. Permanent c. Other, please specify _____
Year of Joining	
Qualification	

I Children within the SAA

1. How many children in total are registered within this SAA?
   Note: Please count all children who are currently living in the SAA and are being managed by the **SAA**.

   (Please fill the number of children, category wise, living in the SAA)

Category of Children	Number of Children (Age 0-6)	Number of Children above the age of 6, if any
Girls		
Boys		
Transgender		
Special Needs Children		
Total		

   In case, there is a CCI attached to the SAA or,

   Please fill the number of children, category wise, living in the **CCI**:

Category of Children	Number of Children	Age range of children in CCI
Girls		
Boys		
Transgender		
Special Needs Children		
Total		

   Age range of these children living in the CCI:

   _____

2. What type of adoptions does your SAA primarily handle?
   a. In-country
   b. Inter-country
   c. Both

3. Number of total adoptions completed by your SAA under the JJ Act 2015:
_____ (exact number)
    a. None
    b. Less than 20
    c. 20-50
    d. 50-100
    e. More than 100

4. Number of adoptions completed by your SAA under the JJ Act 2015:

(Please fill the number of adoptions done, category and age range wise)

Category of Children	Age Range				
	0-6	7-11	12-16	16-17	Total
Girls					
Boys					
Transgender					
Special Needs Children (In-country)					
Special Needs Children (Inter-country)					
Total					

5. How many children in total are legally free for adoption in this SAA?

_____ (exact number)
    a. None
    b. Less than 20
    c. 20-50
    d. 50-100
    e. More than 100

6. Which of the following cases requires more time and more paperwork in being declared legally free for adoption by CWC? (Tick all that apply)

a. Transgender
b. Orphaned Children
c. Abandoned Children
d. Surrendered Children
e. Special Needs Children
f. Children with no visitations
g. Children with unfit guardians

7. Children in this SAA who are not legally free for adoption,

- How long have these children been living here?

(7A)

_____

- Have all these children been produced before the CWC once?

(7B)

a. Yes
b. No

If No (in 7B),

- The number of these children who have not been produced before the CWC even once:

(7C)

_____ (exact number)

8. Average time it takes to produce a child before the CWC?
   a. 24 hours
   b. 1 week
   c. 1 month
   d. More than a month

If No in 7B or more than 24 hours in Q8,

9. What are the reasons for non-production or delay in production of children before CWC?
   a. CWC is not accessible (distant location, lack of coordination from CWC, CWC doesn't sit, etc.)
   b. Inadequate staff
   c. Other work priorities/commitments/workload
   d. Not aware about legal requirements for production of children before CWC
   e. Other, please specify _____

10. Number of children in your SAA who have neither been declared legally free nor been visited by their biological parents/guardian/relative's for an year or more:
_____ (exact number)
    a. None
    b. Less than 20
    c. 20-50
    d. 50-100
    e. More than 100

11. Number of children's cases pending with the CWC to be declared legally free for adoption:
_____ (exact number)
    a. None
    b. Less than 20
    c. 20-50
    d. 50-100
    e. More than 100

12. Average time it takes in in-country adoptions from referral (matching) acceptance to getting DM's order:
    a. 1 year
    b. Within 2 years
    c. 2-3 years
    d. More than 3 years

13. How many cases of post adoption follow up are currently ongoing in your SAA?
_____ (exact number)
    a. None
    b. 1-5
    c. 5-10
    d. 10-15
    e. 15-20
    f. More than 20

14. Number of dissolution or disruption cases in your SAA under the JJ Act 2015:
_____ (exact number)
    a. None
    b. 1-10
    c. 10-20

d. More than 20

II Working of the SAA

15. Total number of current staff in this SAA:

(Please fill number of current staff category wise)

Total Staff	
Government/Permanent Staff	
Full Time Staff	
Part Time Staff	
Social Workers	
Counsellors	
Caregivers/Child Care Staff	

16. Number of child care staff that stays at the SAA during the night:
Note: Please count all staff members that are present in the SAA during the night, including both who are on night duty and/or who stay there 24x7.
_____ (exact number)
    a. None
    b. 2
    c. 3-5
    d. More than 5

17. Has a Management/Executive Committee been constituted here?
    a. Yes
    b. No

If yes,

- How often does the committee meet?

(17B)

    a. Monthly
    b. Quarterly
    c. Bi-annually
    d. Annually

- Are minutes of the meeting maintained and updated?

(17C)

a. Yes
b. No
c. Sometimes

If this SAA has children above the age of 6 years,

18. Has a Children's Committee been constituted here?
    a. Yes
    b. No

If Yes,

- How often does the committee meet?

(18B)

a. Monthly
b. Quarterly
c. Bi-annually
d. Annually

- Are minutes of the meeting maintained and updated?

(18C)

a. Yes
b. No
c. Sometimes

19. When was the last inspection done by SARA?
    _____ (exact date/month/year, if possible)
    a. Last month
    b. Within last 3 months
    c. Within last 6 months
    d. Within last 1 year
    e. More than a year ago

20. Do you receive a copy of the inspection report?
    a. Yes
    b. No

21. The action taken or support provided by SARA/DCPU based on the last inspection was towards (tick all that apply):
    a. No action taken

b. Health of children
c. Health of special needs children
d. Cleanliness
e. Drinking water
f. Equipments and aids for differently abled
g. Education of children
h. Safety and Security of children
i. Documentation and Record Keeping
j. Stay of children
k. Counselling
l. Preparation of Home Study Report
m. Preparation of Child Study Report
n. Preparation of Medical Examination Report
o. Staff and recruitment
p. Constituting new committee
q. Technological infrastructure
r. Coordination with other stakeholders/institutions - DCPU, CWC, SARA, etc.
s. Tie ups with external NGOs, professionals for services like education, health, counselling, etc.
t. Other, please specify _____

22. In the last 1 year, number of visits or meetings with SAA organised by:

- SARA

(22A)

a. 1
b. 2
c. 3
d. 4
e. Non-numeric response _____

- CWC

(22B)

a. 1
b. 2
c. 3
d. 4
e. Non-numeric response _____

- DCPU

(22C)

a. 1
b. 2
c. 3
d. 4
e. Non numeric response _____

23. How are visitation records of children maintained?
    a. Manually entered in a register
    b. Documented digitally
    c. Other, please specify _____
    d. Records are not maintained
    e. No one visits the children

24. How many laptops or desktops are available in this SAA?
    _____ (exact number)
    a. None
    b. Less than 5
    c. 6-10
    d. More than 10

25. Do you think that the laptops/desktops available are enough according to the number of staff and workload?
    a. Yes
    b. No

26. Which of the following services do you provide (tick all that apply):
    a. Pre Adoption Counselling for children
    b. Post adoption counselling for children
    c. Pre adoption counselling for PAPs
    d. Post adoption counselling for PAPs
    e. Training sessions for social workers
    f. Training sessions for all staff (including social workers)
    g. Preparedness workshops for PAPs
    h. Root Search
    i. Other, please specify _____
    j. None of the above

27. How often do you update children related information (health, physical changes, adoption related documents) on the portal?
    a. Bi-annually
    b. Annually
    c. Non-numeric response _____
28. Is matching/referral of PAPs and the child done in person or digitally?
    a. In person
    b. Digitally
    c. Both

29. Do you provide counselling during the Home Study Report?
    a. Yes
    b. No
    c. Only in cases of special needs children
    d. Only in cases of older children

30. Do you provide counselling/guidance to the PAPs after a child has been referred or at the time of reservation of child?
    a. Yes
    b. No
    c. Only in cases of special needs children
    d. Only in cases of older children

31. Do you have different counsellors/social workers for (tick all that apply):
    a. Younger children
    b. Older children
    c. Children with special needs children
    d. Transgender children
    e. Dissolution/Disruption
    f. No different counsellors

32. Your SAA conducts or has conducted training for child care staff on (tick all that apply):
    a. Sexual harassment or gender sensitization
    b. Developmental milestones of children
    c. Taking care of children with special needs
    d. Children's health, nutrition, food
    e. Positive adoption language
    f. No training conducted
    g. Other, please specify _____

33. Is your SAA linked to external organisations/NGOs/institutions/professionals for:
    - Counselling for PAPs

      (33A)

      a. Yes
      b. No
    - Mental health services

      (33B)

      a. Yes
      b. No
    - Vocational Training

      (33C)

      a. Yes
      b. No
    - Health

      (33D)

      a. Yes
      b. No
    - Education

      (33E)

      a. Yes
      b. No
    - Occupational Therapist/Physiotherapist/Speech Therapist

      (33F)

      a. Yes
      b. No

34. What are the challenges faced by your SAA in following procedures within the stipulated time? (Tick all that apply)
    a. Staff shortage
    b. Underqualified staff
    c. Lack of training/sensitization of staff
    d. Lack of funding
    e. Workload
    f. More children than the SAA's capacity
    g. Lack of technological infrastructure
    h. Lack of support/coordination with other stakeholders (DCPU, CWC, Police, etc.)

i. Other, please specify _____
j. No challenges

35. What is the funding source of your SAA?
a. Government
b. Private
c. Fundraising/Donations
d. Other, please specify _____

III Infrastructure/Welfare of Children

36. How many CCTV cameras are there?
_____ (exact number)
a. None
b. Less than 5
c. 5-10
d. 10-20
e. More than 20

37. Are there different washroom facilities for girls and boys?
a. Yes
b. No

38. Is there a separate washroom for differently abled?
a. Yes
b. No

39. Is there a separate washroom for the staff?
a. Yes
b. No

40. Are children segregated on any basis for stay and activities?
a. No
b. Yes, Gender
c. Yes, Age
d. Both b and c
e. Yes, special needs
f. Other, please specify _____

41. Is there a schedule or a daily routine that has been prepared here and is followed?
    a. Yes
    b. No

If Yes, and if this SAA has children above the age of 6 years,

- Was it prepared in consultation with the Children's Committee?

(41B)

    a. Yes
    b. No

42. Drinking water facility:
    a. Tap water
    b. Water purifier
    c. Other, please specify _____

43. Is an individual child care plan prepared for each child?
    a. Yes
    b. No

44. Is there a first aid kit available for children in this SAA?
    a. Yes
    b. No

45. Is there a Nurse or paramedical staff present in the SAA 24x7?
    a. Yes
    b. No

46. How frequently are health checkups done for special needs children?
    a. Fortnightly
    b. Monthly
    c. Once in 2-6 months
    d. Once in 6-12 months
    e. On need basis

47. In case a child needs physiotherapy/speech therapy/occupational therapy, how frequently are therapy sessions organised for these children?
    a. Once a week
    b. Once in 2 weeks
    c. Once a month
    d. Other, please specify _____

48. In case the SAA has special needs children, what types of equipment/devices/facilities are available in the SAA to assist with their needs?
    a. Wheel chairs
    b. Braille kits
    c. Hearing aids
    d. Prosthetic devices
    e. Walking frames
    f. Other, please specify _____

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Interview Schedule
Specialised Adoption Agency - Social Worker

I Working in SAA

1. Briefly describe the nature of your work.
    - Do you only work on adoption related cases?
    - What are the other kinds of cases/activities that you are required to work on?
    - What motivates you to work in the field of adoption for children?

2. Please elaborate on how you were recruited in this SAA?

3. Have you participated in any training sessions or workshops that are organised for social workers? *If yes*,
    - What was the focus of these sessions?
    - How did these sessions benefit you?
    - In what ways have you used or implemented teachings from these training and workshops in adoption cases?

II Procedure Related Questions

4. Could you tell us about the procedure that is being followed by SAA or by you to highlight children before CWC to make them legally free for adoption?
    - What should be done to make more children eligible for adoption?

5. In your opinion, what category of children should be prioritized by SAA for adoption or foster care? Why so?

6. How is an individual child care plan prepared?
    - What all is included in the plan?
    - How is it prepared in cases of special needs children?

7. How do you conduct the home study report?
    - How does that help you assess the PAPs readiness, capability to adopt?
    - What are the factors/things you evaluate or look into during the HSR process?

8. How is the matching of the child and PAPs done?
    - What all factors are taken into consideration while matching?
    - How do these factors ensure smooth transition and inclusion of a child from institutional care into a family?

9. What do you think are the reasons for disruption or dissolution?
    - What is your opinion on contributions of following incidents in context of disruption and dissolution?
        a) false matching,
        b) inadequate counselling and preparedness of parents, and
        c) different socio-cultural contexts of the child and the PAP

If the SW has worked on disruption cases,

- From your experience, what were the core issues in the disruption cases that you worked on?
- What do you think is the role of counselling and the counsellor in preventing dissolution?
- In your opinion, dissolution happens or is likely to happen with what kind of children/PAPs?

Post adoption follow up

10. Could you tell us about the procedure followed for post adoption follow up?
    - How and what aspects of the child and the parents do you assess during post adoption follow up?
    - If and how do you do counselling during post adoption?
    - What are the challenges that delay the process of post adoption follow up?

If the SW has worked on root search cases,

11. Could you tell us about the procedure followed for root search, and how do you do counselling in these cases?

III Challenges, Support and Suggestions

12. What are the challenges that you face while counselling?
    - While counselling Prospective Adoptive Parents, in general
    - While counselling older children
    - While counselling parents adopting older children
    - While counselling parents adopting special needs children

13. What are the major challenges (overall, not counselling specific) that you encounter while working as a social worker in an adoption agency?

14. What support do you currently have and require in future from CARA, SARA, CWC, DCPU, SAA's administration/management?
    - Related to overall functioning of the SAA, staff, counselling, training sessions for the staff, etc.

15. According to you, what changes should be brought in to enhance the functioning of the entire adoption system? Please provide suggestions.

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Questionnaire
Specialised Adoption Agency - Social Worker

Respondent's Details	
Name	
Age	
Gender	
Contact Details	
Year of Joining	
Qualification	

I Background Questions

1. What is your highest qualification?
    a. Undergraduate
    b. Post graduate
    c. Other, please specify _____

2. Area of specialization/qualification/degree
    a. Social work
    b. Psychology
    c. Social work with specialization in counselling
    d. Other, please specify _____

3. Did your curriculum involve a course on psychology/counselling/adoption?
    a. Yes
    b. No

4. Nature of Employment:
    a. Private - Full Time
    b. Government - Full Time
    c. Private - Part Time
    d. Government - Part Time
    e. Contractual
    f. Others, please specify _____

5. How many years of total experience in adoption do you have?
    a. Less than 1 year
    b. 1-2
    c. 3-4
    d. More than 4 years

II Working in SAA

6. How long have you been working in this SAA?
    a. Less than 1 year
    b. 1-2
    c. More than 2 years

7. Do you also do counselling related to adoption (of PAPs, older children, adoptees)?
    a. Yes

b. No

8. Have you ever worked on a case that involved a special needs child?
    a. Yes
    b. No

9. How often are training sessions/workshops organised for social workers?
    a. Monthly
    b. Quarterly
    c. Bi-annually
    d. Annually
    e. Training sessions not organised

10. When was the last time you attended a training session/workshop?
    a. Last month
    b. Within last 3-6 months
    c. Within last 6-12 months
    d. More than a year ago
    e. Never attended a training session

11. Do these training sessions include a module specifically on counselling?

OR

Are there any training sessions organised specifically related to counselling?

    a. Yes
    b. No
    c. Conducted but did not participate

12. Do you think you benefit from these training sessions/workshops?
    a. Yes
    b. No
    c. Sometimes

13. Training sessions/workshops are most often organised by:
    a. SAA
    b. SARA
    c. CARA
    d. Other NGOs/institutions/organisations/Government bodies
    e. Training sessions not organised

14. Is an Individual child care plan prepared for every child?
    a. Yes
    b. No

15. Is a child study report prepared for every child?
    a. Yes
    b. No

16. How many times do you visit PAPs' house for HSR?
    a. 1
    b. 2
    c. 3
    d. More than 3

17. How many disruption/dissolution (process and counselling) cases have you worked on/handled?
    _____ (exact number)
    a. None
    b. 1-2
    c. 3-5
    d. 6-10
    e. More than 10

18. How many cases of root search (process and counselling) have you worked on/handled?
    _____ (exact number)
    a. None
    b. 1-2
    c. 3-5
    d. 6-10
    e. More than 10

III <u>Challenges and Support</u>

19. What are the challenges faced by you in following procedures within the stipulated time?
    a. Staff shortage
    b. Underqualified staff
    c. Lack of training/sensitization of staff
    d. Lack of funding
    e. Workload

f. More children than the SAA's capacity
g. Lack of technological infrastructure
h. Lack of support/coordination from SAA's management/administration
i. Lack of support/coordination with other stakeholders (DCPU, Adoption Committees, CWC, Police, etc.)
j. Other, please specify _____
k. No challenges

20. What support would you like from SAA/CARA/SARA (tick all that apply):
a. Training
b. Paperwork
c. Technological infrastructure
d. More staff
e. Bridge the gap between DCPU/CWC/SARA
f. Funding
g. Better salary
h. Other, please specify _____
i. No support needed

A Study of the Socio-Legal Aspects of the Adoption Process in India

(This study is sponsored by National Human Rights Commission)

Schedule
Prospective Adoptive Parents

Respondent's Details	
Date of Interview	
Name	
State	
Single or Couple	
Details of SAA (where PAP is registered)	
Age of PAP (Individual/Composite)	

I Reasons for Adoption

1. Could you please tell us what motivated you to adopt or register for adoption?

II Categories of the Child

Please select the category of the child you have selected on the CARINGS portal for adoption or the category of the child adopted:

2. Age category of the child:
    a. 0-2 years
    b. 2-4 years
    c. 4-6 years
    d. 6-8 years
    e. 8-10 years
    f. 10-12 years
    g. 12-14 years
    h. 14-16 years
    i. 16-17 years

3. Gender of the child:
    a. No Choice
    b. Girl
    c. Boy
    d. Others

4. Health Status of the child:
    a. Normal
    b. Special Needs
    c. Both

5. Cluster of States:
    a. North
    b. South
    c. West
    d. East
    e. Central
    f. North-East
    g. Others, please specify (for PAPs who registered before Adoption Regulations 2022) _____

III Stages of Adoption

6. When did you register on the CARINGS portal for adoption?
   _____ (exact date/year, if possible)

7. Which stage of the adoption process are you currently in:
   a. Registration done
   b. Registered and HSR done
   c. Received referral
   d. Pre-adoption foster care agreement
   e. Adoption order received
   f. Post-adoption follow-up
   g. Entire process is completed (including post-adoption follow-up)

8. Did you receive any email or guidelines from CARA or SAA (or any other stakeholder) after registration on the portal, elaborating or orienting you about the process?
   a. Yes
   b. No

   If yes,
   - Could you please tell what was the focus or content of this email/guidelines/document? Did you find it useful?

9. How long did it take for the social worker to visit you for HSR after registration?
   _____ (exact number of months/years, if possible)
   a. Within 3 months
   b. 3-6 months
   c. More than 6 months

10. How long did it take for the SAA to upload the HSR on the portal after the completion of the HSR?
    _____ (exact number of days/months, if possible)
    a. Within 3 days
    b. Within a week
    c. 15-30 days
    d. More than a month

11. Did you have to remind the SAA for HSR visit?
    a. Yes, I had to remind them
    b. No, SAA contacted itself

12. How long did you have to wait to get your referral?
_____ (exact number of months/years, if possible)
    a. Less than 6 months
    b. 6-12 months
    c. 12-18 months
    d. 18-24 months
    e. More than 2 years
    f. Referral not received yet

13. At the time of the referral, were you satisfied with the information mentioned regarding the child in the Child Study Report and the Medical Examination Report?
    a. Highly satisfied
    b. Somewhat satisfied
    c. Neutral/workable
    d. Dissatisfied
    e. Highly dissatisfied

14. Did the Child Study Report and Medical Examination Report have all the information? (Tick all that apply)
    a. Yes
    b. Information against some particulars were incomplete or insufficient
    c. Some particulars/columns were left blank

If options b. and c.,

- Information on what aspects were missing or incomplete from the Child Study Report? (Tick all that apply)

(14B)

    a. None
    b. General Information
    c. Behaviour and relationship of the child with others (children, staff, adults)
    d. General Intelligence
    e. General personality and description of the child
    f. Dietary Habits
    g. Developmental Assessment
    h. Social Background

- Information on what aspects were missing or incomplete from the Medical Examination Report? (Tick all that apply)

(14C)

    a. None

b. General Information
c. Medical Details
d. Immunization Details
e. Medical Examination Details
f. Development Milestones Details
g. Special Needs Condition

- Did you request additional information that was missing or incomplete in the reports from the SAA?

(14D)

a. Yes
b. No

- Was SAA able to provide you with the information?

(14E)

a. Yes
b. No

- Did you opt for any alternative route to acquire additional or detailed information about the child? If yes, how did you do so?

15. According to you, what changes may be incorporated in the Child Study Report and Medical Examination Report to make them more comprehensive? Please give suggestions.

16. Do you think 48 hours are sufficient to reserve a child on the CARINGS portal?
    a. Yes
    b. No
    c. Can't say

17. How long after the referral did you get your pre foster care agreement done?
    _____ (exact number of months/years, if possible)
    a. Within 2 months
    b. 2-6 months
    c. More than 6 months

18. Did you appear before the Adoption Committee at the time of pre foster care agreement?
    a. Yes
    b. No

19. At the time of taking the child in pre foster care agreement, did the SAA provide you with all the medical documents and vaccination card of the child?
    a. Yes
    b. No

20. How long after the pre foster care agreement did you get your final adoption order?
    _____ (exact number of months/years, if possible)
    a. Within 3 months
    b. 3-6 months
    c. More than 6 months

21. Did you face any challenges to get an appointment with the DM/District Court for the adoption order?

22. How long after the adoption order did you get your child's birth certificate from the SAA?
    _____ (exact number of days/months, if possible)
    a. Within 10 days
    b. 11-20 days
    c. More than a month

23. For the post adoption follow up, did the SAA contact you itself?
    a. Yes, SAA contacted itself
    b. No, I had to remind them

IV Interaction with the Stakeholders

24. Did the social worker explain the various lists of children (such as Immediate Placement list, 7 days list, Special Needs Children list) on the CARINGS portal at the time of HSR?
    a. Yes
    b. No

25. Did your SAA explain the entire adoption process along with the timelines at the time of HSR or counselling?
    a. Yes
    b. No

26. Was there mandatory counselling conducted by a counsellor/social worker of your SAA at the time of HSR or revalidation of HSR?
    a. Yes
    b. No

27. How many counselling sessions in total were conducted by your SAA?
    a. None
    b. 1
    c. 2-3
    d. More than 3

28. Who did your counselling? (Tick all that apply)
    a. Social worker of the SAA
    b. Counsellor of the SAA
    c. Social worker/counsellor of the DCPU
    d. Social worker/counsellor of the counselling center
    e. Counsellor/professional from external organisation linked to the SAA
    f. Others, please specify _____
    g. Counselling was not done

29. Could you tell us about your counselling experience with the SAA? What was the focus of these sessions?

30. How would you rate the counselling session(s) conducted by your SAA?
    a. Very good
    b. Good
    c. Average
    d. Unsatisfactory

31. Apart from your SAA, did you take counselling sessions from some other source as well?
    a. Yes
    b. No

If yes,

- Where did you take counselling sessions from?

(31B)

    a. Independent professionals/counsellors
    b. NGOs/Civil society organisations
    c. Other adoptive parents
    d. Others, please specify _____

- How would you rate them?

(31C)

    a. Very good
    b. Good

c. Average
d. Unsatisfactory

32. Did your SAA or SARA conduct any awareness sessions relating to the adoption process that was attended by you?
    a. Yes
    b. No
    c. Session was organised, I did not attend
    d. Don't know

33. How does the SAA maintain contact with you, for sharing information or updates?
    a. Email
    b. Calls/Messages
    c. WhatsApp group
    d. Others, please specify _____

34. How responsive was the SAA in the overall adoption process?
    a. Very responsive
    b. Somewhat responsive
    c. Not responsive

35. Have you ever tried calling/emailing CARA to resolve adoption-related queries?
    a. Yes
    b. No

    If yes,
    - How responsive was CARA's helpline number or email helpdesk?

(35B)

    a. Very responsive
    b. Not responsive
    c. Did not answer my queries

V <u>Challenges and Suggestions</u>

36. What were the challenges faced by you while interacting with the stakeholders such as SAA, social workers, SARA, CARA, DCPU, DM?

37. According to you, what changes should be brought in to enhance the current adoption process? Please provide your suggestions regarding:
    - Decrease in waiting time

- Better preparedness/readiness of the PAPs
- Standard of care and overall health of the children living in SAAs/CCIs
- Faster paperwork, documentation, and avoid procedural delays

38. Do you think that the concept of cluster states has led to an increase in the wait time for PAPs, since 'Anywhere in India' as an option has been removed?

VI <u>Additional Questions</u>

For parents who adopted older children,

39. In your experience, did you think that SAA and social workers were sensitive enough to handle older children's adoptions?

40. Was the child counselled during the adoption process by SAA?

For parents who adopted special needs children,

41. In your experience, did you think that SAA and social workers were sensitive enough to handle special needs children's adoptions?

42. While the child was staying at the SAA, were their special needs met? Did they receive regular occupational therapy/physiotherapy/speech therapy?

Annexure VII: Declaration and Consent Form

A Study of the Socio-Legal Aspects of the Adoption Process in India
(This study is sponsored by National Human Rights Commission)

Declaration Form

घोषणा पत्र

We at Amity Law School, Noida (ALSN) are working on a research project titled 'A study of the socio-legal aspects of the adoption process in India'. The duration of the project is 1 year, and is **sponsored by the National Human Rights Commission** (NHRC).

हम एमिटी लॉ स्कूल, नोएडा (एएलएसएन) में 'भारत में गोद लेने की प्रक्रिया के सामाजिक-कानूनी पहलू' नामक एक शोध प्रोजेक्ट पर काम कर रहे हैं। यह प्रोजेक्ट एक साल के लिए है, जिसे राष्ट्रीय मानवाधिकार आयोग (एनएचआरसी) द्वारा प्रायोजित किया गया है।

The data collection for this project is being conducted in 9 districts across the country, namely Jodhpur, Lucknow, Kolkata, Howrah, Guwahati, Mumbai City, Mumbai Suburban, Thane, and Chennai. The data would be collected through questionnaires/interviews with SAAs, Social workers of SAAs, DCPUs, CWCs in each of the above-mentioned districts, as well as SARA of the respective states - Rajasthan, Uttar Pradesh, West Bengal, Assam, Maharashtra, and Tamil Nadu.
Additionally, the team is also conducting interviews with Parents through adoption and Prospective Adoptive Parents to know their experience with the adoption process. All personal details of the parents will be kept confidential and no such information that may disclose the identity of the respondent will be mentioned in the report.

इस प्रोजेक्ट के लिए डेटा संकलन देश के 8 जिलों, यानी जोधपुर, लखनऊ, कोलकाता, हावड़ा, गुवाहाटी, मुंबई शहर, मुंबई उपनगर, ठाणे, और चेन्नई में किया जा रहा है। उपरोक्त प्रत्येक जिले में एसएए, एसएए के सामाजिक कार्यकर्ताओं, डीसीपीयू, सीडब्लूसी तथा संबंधित राज्यों - राजस्थान, उत्तर प्रदेश, पश्चिम बंगाल, असम, महाराष्ट्र और तमिलनाडु - के एसएआरए के साथ प्रश्नावली/इंटरव्यू के माध्यम से डेटा एकत्र किया जाएगा।
इसके अतिरिक्त, टीम गोद लेने की प्रक्रिया के साथ उनके अनुभव को जानने के लिए दत्तक माता-पिता और भावी दत्तक माता-पिता के साथ भी इंटरव्यू कर रही है। माता-पिता के सभी व्यक्तिगत विवरण गोपनीय रखे जाएंगे और रिपोर्ट में ऐसी कोई भी जानकारी का उल्लेख नहीं किया जाएगा जिससे प्रतिवादी की पहचान हो सके।

Your participation in this study will prove to be extremely beneficial to better understand the working of the adoption laws in the country and devise recommendations to address the issues therein. We request 60-120 minutes of your time to participate in the questionnaire/interview.

इस अध्ययन में आपकी भागीदारी देश में गोद लेने के कानूनों की कार्यप्रणाली को बेहतर ढंग से समझने और उनमें मौजूद मुद्दों के समाधान के लिए सुझाव तैयार करने में बेहद मददगार साबित होगी। हम प्रश्नावली/इंटरव्यू में भाग लेने के लिए आपसे 60-120 मिनट का समय अनुरोध करते हैं।

We assure you that any information/data collected from you will be strictly used for research purposes of this particular project, and will not be shared with any external parties or used for any other projects. The data collected will only be available to our team at ALSN and NHRC.

हम आपको आश्वस्त करते हैं कि आपसे एकत्र की गई किसी भी जानकारी/डेटा का उपयोग केवल इस प्रोजेक्ट के अनुसंधान उद्देश्यों के लिए किया जाएगा, और किसी बाहरी पक्ष के साथ साझा नहीं किया जाएगा या किसी अन्य प्रोजेक्ट के लिए उपयोग नहीं किया जाएगा। एकत्र किया गया डेटा केवल एएलएसएन में हमारी टीम और एनएचआरसी के लिए उपलब्ध होगा।

During the questionnaire/interview, your responses will be documented in the form of notes in a register/notebook by our team conducting the questionnaire/interview. The team will also be taking photographs of the premises, which may be included in the report. Please be assured that no photograph that shows the face of any children or staff will be used.
Your participation in this study is voluntary, and will have no risks or benefits to bear on you.

प्रश्नावली/इंटरव्यू के दौरान, हमारी टीम आपके जवाब को एक रजिस्टर/नोटबुक में नोट्स के रूप में दर्ज करेगी। टीम परिसर की तस्वीरें भी लेगी, जिन्हें रिपोर्ट में शामिल किया जा सकता है। कृपया आश्वस्त रहें कि किसी भी बच्चे या स्टाफ का चेहरा दिखाने वाली तस्वीर का उपयोग नहीं किया जाएगा।
इस अध्ययन में आपकी भागीदारी स्वैच्छिक है, और इससे आपको कोई जोखिम या लाभ नहीं होगा।

Feel free to ask any questions you may have before proceeding with the questionnaire/interview. In case you have any questions later, please reach out to the below mentioned contact:

Principal Investigator: Dr. Deepika Prakash
Email Id: dprakash@amity.edu

प्रश्नावली/इंटरव्यू के साथ आगे बढ़ने से पहले, यदि आपको कोई प्रश्न है तो बेझिझक पूछें। यदि बाद में आपको कोई प्रश्न हों, तो कृपया नीचे दिए गए ईमेल आईडी पर संपर्क करें:

प्रधान अन्वेषक: डॉ. दीपिका प्रकाश
ईमेल आईडी: dprakash@amity.edu

A copy of this form will be handed over to you for your own records, and a copy will be kept with our team.

इस फॉर्म की एक कॉपी आपको आपके रिकॉर्ड के लिए दी जाएगी, और एक कॉपी हमारी टीम के पास रखी जाएगी।

Consent:

सहमति:

Do you agree to participate in this study?

- Yes
- No

क्या आप इस अध्ययन में भाग लेने के लिए सहमत हैं?

- हाँ
- नहीं

Kindly sign below and write today's date to register your consent to participate in the questionnaire/interview.

प्रश्नावली/इंटरव्यू में भाग लेने के लिए अपनी सहमति दर्ज कराने के लिए कृपया नीचे हस्ताक्षर करें और आज की तारीख लिखें।

_____ _____

Signature of the Respondent Date

प्रतिवादी के हस्ताक्षर दिनांक