AFTER-CARE:
Intervention in a Neglected
Post Institutional Domain

Priti Patkar
Saumya Bahuguna
Dr. Pravin Patkar
After Care - Intervention in a Neglected Post Institutional Domain

Publisher:
PRERANA
Naunihal, Plot No. 20, Sector 5,
Kharghar node, Navi Mumbai - 410210
Email - preranakp2010@gmail.com
Web Site - preranantitrafficking.org

© Priti Patkar, Executive Secretary - PRERANA 2013

First Edition : May 2013

Cover Photo Credit : Pratham Patkar

All rights reserved. No part of this book may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording or by any information storage or retrieval system, without permission in writing from the publisher.
Dedicated to -

all those children who had to one day leave their shelters inadequately prepared to face the unfeeling & unwelcoming outside world

P.S. you may not know how much we regret for we couldn’t reach in time to help you transit as we were just a few and far between.....

- on behalf of all of us engaged in the child protection field
ACKNOWLEDGEMENT

We are grateful to Catholic Relief Services for supporting Prerana in carrying out the Group Home experiment, in holding the comprehensive consultative exercises thereupon, and in the printing of this book.

Our heartfelt thanks to:

Ms. Aparna Dhopeshwarkar (Prerana)
Mr. Dhananjay Mehta (Our Children)
Ad. (Ms.) Maharukh Adenwala
CONTENTS

Foreword 7

Abbreviations 8

Introduction 9

Section I  The After-Care Journey

Chapter I : Prerana’s Pilot Phase 13
Chapter II : Prerana’s Ground Work on Understanding After-Care 26
Chapter III : Prerana’s Original After-Care Model - Group Home 35
Chapter IV : Experiences of Other Organisations 39
Chapter V : Prerana’s Best Practice Models In After-Care 54
Chapter VI : Vocational Training and the Group Home Experience 59
Chapter VII : Case Studies 64

Section II : Towards a Comprehensive Policy on After-Care

Chapter VIII : A Comprehensive Policy on After-Care 99
Chapter IX : The After-Care Scheme 102
Blank Page
FOREWORD

We at Prerana believe that the civil society organizations are not here to replace or duplicate the state. They are here to innovate, pilot, field test social interventions, evolve success stories out of them, and standardise them so that they can be disseminated effectively for wider adoption.

In our social intervention spanning over two decades and a half, we have followed certain principles namely; socializing the intervention, partnering and networking with other interventionists, engaging in broader consultations, and sharing the lessons learnt.

Professional interventions for their wider adoption have to be backed by literature. While being very active in the field on 24X7 basis, we made an honest effort to generate such useful literature and shared that with the key stake holders in the field. Our literature was, thus, always non commercial in nature. In the past decade and more in the field of human trafficking for commercial sexual exploitation and in its specialized constituent fields, we generated a large volume of literature in various forms such as research reports, books, booklets, handbooks, manuals, SOPs, protocols, critical essays, award winning TV fillers, resource directories, etc. While some of it was published by some prestigious organizations we got the rest printed and distributed as soon as we found someone to sponsor the cost of printing.

This book is the latest in this tradition. It is an account of Prerana’s efforts to address the need of After-Care through an innovative social intervention called ‘Group Home’. It also describes the process of putting together an After Care scheme.
ABBREVIATIONS

AC – After-Care.

CJS – Criminal Justice System.

CSE&T – Commercial Sexual Exploitation and Trafficking.

CTS – Vinimay Trust’s Coomiben Babubhai Shah Tarun Sadan.

CWI – Child Welfare Institution.

ESGT – Elimination of Second Generation Trafficking.

GH – Group Home.

HIV/AIDS – Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome.

IRG – Intended Resident Girl.

ITI – Industrial Training Institute.

NGO – Non Governmental Organization.

OC – Our Children.

RG – Resident Girl.

SOP – Standard Operating Procedures.


VOCSET – Victim of Commercial Sexual Exploitation and Trafficking.
INTRODUCTION

We are living in a fast changing world. A part of such a world is life full of challenges emanating from within the world and from outside of it, i.e. from its environment. Society through its various parts keeps addressing such challenges innovatively and internalizes the innovations in building certain patterns or routines. Usually a governmental bureaucracy assumes the task of internalizing innovations and routinizing them in the form of set patterns. Civil society on its part primarily takes over the responsibility of emerging with innovations. In the post independence period increasingly the civil society organizations have been providing social innovations in order to address new challenges before the society, especially in the domain of social problems. On various counts that appears to be an apt role for the civil society organizations variously called as NGOs, social service organizations, or voluntary organizations.

Various factors are responsible for precipitating disintegration of primary relations and structures based thereupon namely family and kinship. The mechanisms that met the basic needs of children are fast getting eroded and children are becoming vulnerable to the vagary of nature and exploitation by other social elements. States through their legal institutional appendages have created residential care and protection services for such vulnerable and eroded children. This has given rise to two problems – one, the solutions themselves have given rise to newer problems such as maltreatment to such children and their acquired institutional behavioural syndrome, and two, as the solutions come to an abrupt end on some technical grounds it has resulted in exposing the children to fresh vulnerabilities and dangers at a time when they have not been prepared to face them. The issue that is seeking our urgent attention today is that of the continuum of care and protection for children even after the age of 18 most appropriately termed as the issue of After-Care. We at Prerana have persistently faced the above situation. After having successfully and comprehensively protected one sector of children who badly needed external, including residential, care and protection we were faced with the issue of continuum of care and protection that was needed to ultimately lead them to self sufficiency and self dependence.

As readymade solutions were not available we had to innovate. The Group Home is one such innovation for facilitating After-Care. It is a solution evolved in real time and space. To be able to convince the larger world about the utility
of what we had innovated we had to field test our ideas. We had to also describe the details of the lessons learnt and the wisdom earned in the process so that it helps the others who want to adopt this solution. This account is also to make the task of the state easier as finally it is the state which has to adopt the innovation and institutionalize it.

The book contains Prerana’s earlier experiment, the lessons learnt and its later understanding after having broadened the scope of consultations and sharing with its key network members. This account is also supplemented with various useful formats.
SECTION I
THE AFTER-CARE JOURNEY
I

PRERANA'S PILOT PHASE
CHAPTER I:
AFTER-CARE JOURNEY –
PRERANA’S PILOT PHASE

Prerana, a civil society organization, has been working for the last 26 years to save actual and potential women and children victims of human trafficking for commercial sexual exploitation (CSE&T). Based in the red light areas of Mumbai and Navi Mumbai in the state of Maharashtra, it has been successfully working to end second generation trafficking into prostitution and to protect women and children by defending their rights and dignity, providing a safe environment, supporting their education, health and overall well being, as well as by undertaking major advocacy efforts at various levels – local, national, regional, and global.

Prerana has successfully pioneered an important and path-breaking intervention ‘Elimination of Second Generation Trafficking’1 under which, children born to the red light area based prostituted women who are therefore directly and closely exposed to the dangers of sexual exploitation and human trafficking, are provided comprehensive protection on 24x7 basis and are also offered the option of full time shelter-based protective and developmental inputs. While the night-time shelter through its Night Care Centres was its path-breaking innovation; Prerana also provides day-time protection and care through its Day Care Centres and wherever appropriate, shifts such children away from the red light areas to shelter facilities run by the State and other voluntary bodies that provide long term residential care and other required developmental inputs.

Over the years, Prerana has encountered a peculiar and ironic situation. Children who have been removed from dangerous situations or situations of abandonment and severe deprivation and placed at various ages in institutions for long term residential care and protection, cease to be legally qualified to continue to benefit from such protective services including shelter merely because as per the law of the land they reach the age of 18 at which by law they cease to be children anymore. Ironically, that is the time in their lives when certain fresh vulnerabilities emerge. It is also a time when their formal education or vocational training is not complete nor are they introduced to the labour market as adult

1 ESGT
earnings. Such insensitive rules or the lack of appropriate legal administrative provisions expose them to fresh exploitative forces and nullify the benefits of the previously provided care and protection.

The advent of HIV/AIDS in India brought with it more severe implications for the red light area-based prostituted women and their children than for the members of the mainstream society. HIV/AIDS compounded their plight manifold. They were wrongly blamed for bringing the horror of HIV/AIDS. HIV itself was equated with AIDS and AIDS with imminent death. It was grossly linked with ‘immoral’ life. These women and their children became the inescapable victims of the societal treatment of stigma and discrimination. Many of the young girls from the red light areas have been orphaned due to the untimely death of their HIV-positive mothers caused by a variety of opportunistic infections. Sadly and shockingly, some of the shelter facilities/institutions explicitly created and licensed for the purpose of providing residential care and protection for children in need of care and protection2 started violating their mandate by either flatly refusing to keep children orphaned by HIV/AIDS in their facilities or by employing every trick in the book to have them expelled. In any case, by and large, the institutions were firm on not allowing such children to overstay once they reached the age of 18 years.

Prerana has also worked tirelessly to rehabilitate minor girls rescued from the sex trade. After the initial healing and self-reintegration, it was seen that the victims of organized crime, particularly human trafficking and physical and sexual assaults suffer from a variety of mental illnesses such as anxiety, depression, Post Traumatic Stress Disorder, aggression, self-destructive tendencies, etc. Ironically they also offer non-cooperation to their caregivers, service providers, and such other helping professionals. In this context, the term ‘self-reintegration’ refers to the process of physical and mental recovery of the victim accomplished through medication and other healing inputs like psycho-social counselling. This is often a prerequisite to the next stage i.e. ‘social reintegration’. It is equally important that the victims get reintegrated with oneself adequately before they go into vocational training; the latter being an effective ladder to their social reintegration. Prerana provides a variety of professionally selected, designed, and delivered livelihood options so that these girls may become economically self-dependent. These vocational training initiatives have been very successful and have received an immensely positive response from trainees, trainers, and sponsors. However, it was seen that cities, which offered maximum work opportunities also posed a huge and equally insurmountable problem of getting a place to stay. Not all girls who received training through Prerana were willing to return to their families or native places due to fear of rejection; while still others were either orphaned or did not have any support system to fall back upon. Some of them felt that they should earn some money and work experience before they return to their families. Prerana’s special training ensured they could get jobs in Mumbai but the question “where would the girls stay?” kept seeking a satisfactory answer.

2 As defined in the Juvenile Justice (Care and Protection of Children) Act, 2000.
All these issues briefly touched upon above were largely also conceptually and practically linked with the phase after these children’s stay in shelter facilities/institutions providing residential care and with the discontinuation of the care and hence, we categorize them as pertaining to the domain of “After-Care.”

Although on ad-hoc, piece meal, and case to case basis, Prerana had earlier addressed the issues arising out of the need for After-Care against the specific background mentioned above, since 2003, Prerana in collaboration with ‘Our Children’ started addressing the issue of After-Care in a more sustained and holistic manner.

Initially certain premises for the initiative were identified as follows:

The problem in After-Care had three components namely offering a workable livelihood option, providing residence, and overcoming dis-junctures while shifting from an institutional life to a non-institutional life and adapting to living in open society.

In metropolitan areas like Mumbai and its satellite cities, finding livelihood was not as difficult as finding residence. Evolving an individual solution to the problem of finding a residence looked unthinkable and hence a collective solution was regarded as more practical. There was no previous experience or empirical data base to fall back upon to derive lessons from. It was believed that passing through a small group life might make smooth, the shift from life in the large collectivity of institutions to an individual post institutional self dependent life.

As a preliminary idea, it was felt that an interim collective solution to address the issues arising in the post-institutionalization phase may be tried out. Although girls and boys both suffered gravely from the lack of provisions and the rampant uncertainties in the domain of After-Care and though both needed After-Care at that moment, it was felt that priority may be given to addressing the needs of girls first as their vulnerability appeared more frightening and urgent. It was felt that the basic need i.e. residence must be first met. The idea synthesized into a project whereby a group of around 4 to 6 girls graduating out of institutional life be helped with an alternative residence which they would manage on their own with a little financial help and a substantial socio-psychological support system and inputs from us. The idea was given the name ‘Group Home’. (GH)

The very first meeting in this regard organized by Prerana involved representatives from Our Children. The meeting had the following agenda:

- Basic infrastructural, super-structural, and logistical requirements of starting the programme (GH);

3 Our Children is a Mumbai based civil society organization working for the wellbeing of destitute girl children, with a special focus on orphans or those with single parent/mother belonging to an underprivileged background.

4 GH
• Funding requirements and mobilization of funds;

• Addressing the issues of identifying and obtaining all the required legal administrative permissions and licenses from appropriate authorities.

This meeting reached the following important decisions;

• ‘We shall evolve a protocol on the proposed solution.’

• ‘We shall prepare and submit project proposals seeking funds and sponsorships and mobilize the same. This responsibility will be entrusted to Prerana.’

• ‘Our Children shall handle the task of managing the funds of the programme.’

To begin with, Prerana identified 6 intended resident girls\(^5\) (IRGs) who were interested in enrolling for the GH programme. Prerana made follow-up visits to the institutions where the girls were then residing and discussed with them their pre-placement expectations from the GH programme.

**Managing Food:** “Soon after the first group started living in the first group home, we received complaints of girls falling ill one after the other. We obviously first looked into their diet only to discover that the girls were mostly making quick noodles from some of the popular ‘2 minutes’ noodle’ brands which contained hazardous preservatives. After their work/job, they would return to the group home all exhausted and had no energy to cook an elaborate meal. Very often under the pangs of hunger, while returning from work they would pick up the Bombay vada paav – yet another deep fried high calorie roadside fast food and hit the sack as soon as they reached the group home.”

**The objects of desire:**

Several decisions had to be taken with regards to the entire process. To begin with, there were suggestions that the GH should have amenities such as television, refrigerator, etc. However, Prerana along with Our Children did not think it appropriate to sponsor those facilities to the RGs; the logic being that since the RGs were expected to manage their home within their economic abilities these facilities would be unaffordable in the initial stages when they were living entirely on their own. On the other hand it was felt that if they acquired these facilities with improvement in their economic condition, they would enjoy them better and it would serve as a motivating factor for further economic improvement. Finally, it was decided that such facilities would not be provided to the RGs.

\(^5\) IRG
The locality:

Choice of locality was the next question to be resolved. Our Children had two rooms in a chawl at Borivali, a western suburb of Mumbai. This place was the perfect setup for a GH. Unfortunately, the housing society in which those rooms were situated had issues with the entire arrangement. This was discussed at the Society meeting where Our Children tried convincing the residents to let them stay on but it’s efforts were unsuccessful.

After that incident Prerana and Our Children kept looking for alternative places to set up the GH; again in vain. Success eluded them for long.

Managing Time and Leading an Independent Life: “That is not all”, one of them, JB, from a group home in Navi Mumbai explained, “In the institutions where we were brought up, we were used to a 24 hours water supply from the overhead water tank and someone from the security or staff would fill the overhead tank during the hours of public water supply. Here the municipal water comes at 4 am. There is no overhead tank. We have to store water in various vessels and tanks as it comes. This meant we had to get up at 4 am and fill water. That was quite a stress but we still enjoyed as this life is full of independence and is self managed. We enjoy it.”

In the meantime, the founder member of Our Children offered an unoccupied flat at Dadar, a central location in the city of Mumbai, for kick-starting the programme. Initially, Prerana was apprehensive as the flat was located in a posh locality, was very well furnished and was equipped with every desired amenity at the fingertip. It was felt that providing the intended RGs (IRGs) with such a facility would make their eventual, much desired, transition to self-dependence difficult when they would be required to shift to much smaller rooms and manage without these amenities. Unfortunately, time was not on our side, the project was getting delayed and we had girls who were in urgent need of the GH facility. Finally, it was decided that since it was important to start the programme, the Dadar flat would be used for the purpose of setting up the GH with a few modifications. It was made very clear to the IRGs that the Dadar flat was just a temporary arrangement till another place was identified.

The bare necessities:

A meeting with the IRGs of the After-Care programme was convened to prepare a list of provisions, amenities and necessities in the GH. Some other issues of managing the GH on a day-to-day basis were also on the agenda. The meeting was conducted in a participatory manner. The IRGs were asked to prepare a list of things needed in their GH. They came up with a long list which included a television, washing machine, refrigerator, etc. The group was helped to understand that in the given budget it was not possible to have such
luxuries; they had to use their discretion and focus on their priority needs. This was a great learning process. The group finally settled on the following items as essentials:

- Toiletries
- Stove
- Grains, vegetables, grocery, provision items
- Mattresses, pillows, and bed sheets
- First Aid kit

Managing Money: “I had just started working and earning. When I received my salary my joy crossed all bounds. There were so many things I had desired all my life and all I was waiting for was my salary. For the first six months I spent all my earnings on nail polish, fancy clothes, and pairs of sandals. I wanted to have them in abundance since in institutions we used to get just 2 pairs of earrings, two pairs of new and 4 pairs of old clothes and just a pair of sandals. We couldn’t choose our clothes. So once I had money in hand, I just indulged without giving in much thought. Once I fell ill and realized that I had no money to spend on my treatment. In institutions we would be taken care of when ill and the institution would pay our medical bills. Now I had to pay for my treatment. I learnt a lesson that I had to save from my earnings and make a provision for such days too.”

Prerana along with Our Children had planned to sponsor the food, travel, education, and other maintenance-related expenses for the GH meant for non-working resident girls i.e. mostly those undergoing their formal education or vocational training. It was decided that for a GH where the beneficiary girls were working with a stable job, the parent organizations would support their rations (food grains and provision material) for the first two months as the IRGs would not be in a position to do so since they had just started working. It was also decided that the entire first year’s rent would be paid in advance by the parent organizations if the property owner demanded so, and the IRGs could then repay the same to the organization in installments.

At the meeting, some other issues were discussed and the following suggestions emerged:

- The IRGs did not want daily supervision from any organization and wanted to stay independently.
- The IRGs did not want a fixed meal pattern.
• They did not want a deadline in terms of time – returning back to the flat. However, it was decided that a ‘resident movement register’ would be maintained where everyone leaving the flat and/or entering the flat would make an entry and sign against the same. It was also decided that if any beneficiary is required to report later than 10:00 pm on grounds of traffic snarls etc. she would inform the other IRGs about the same.

• The IRGs would maintain a book of accounts.

• Our Children would provide a monthly allowance to beneficiaries who are non-working and pursuing some training or academic coursework.

The IRGs were reminded throughout the meeting that the Dadar flat was a temporary arrangement and that they would have to move out as soon as another suitable place was identified.

To mark and celebrate their life of independence; the girls, Prerana, and Our Children decided to kick start the GH at the Dadar flat on the 15th of August (2004), the Indian Independence Day. It was decided to meet again before starting for a final check-up.

Two days prior to 15th of August i.e. on 13th August, 2004 Prerana and Our children held a meeting with the IRGs. The focus of the meeting was to orient the resident girls to the rules and regulations of the housing society of which the flat was a part and hence which were binding on the girls. The agenda was also to evolve a Code of Conduct to be followed as part of the After-Care programme.

Adjusting to Mainstream Society and Following Societal Norms: “When you live on your own you have to abide by the rules and societal norms. In institutions, there would be external control and even otherwise deviance would be handled in a non-punitive manner. In group homes, we had to make rules to ensure conformity and ask a non-conforming member to leave. On a couple of occasions some of our girls returned home very late in the night. The society members suspected that they were bar girls and asked all of us to vacate the flat.”

The meeting covered and clarified several points and the girls took the following decisions;

• Identifying a Contact Person for crisis situations.

• Observing the Rules and Regulations of the housing society.

• Barring the entry of male friends inside the flat.

• Locking of doors and observing all other safety measures.
• Disposing the garbage and such other waste rationally and as per the rules of the Society.

• Using the telephone only for receiving incoming calls and keeping the conversation very short.

• Displaying important information on community/public resources such as medical aid, grocery stores, etc. A representative from the organizations took the IRGs around to all those places to orient them.

• Deciding as to who would keep the keys to the flat.

• Having the flat owner’s maid to visit the IRGs once a day to see if they were doing fine.

• Disqualifying a girl who did not either start pursuing a formal educational programme or did not start working gainfully within eight days of joining the GH, to be a resident of the GH.

• Informing Prerana about their boyfriends if any and availing casework\textsuperscript{6} services from Prerana in that matter.

• Availing casework with regards to marriage with an emphasis on not to rush into marriage without due thought and consideration.

• Not allowing any men inside the GH flat even if they belonged to the parent organizations. They were to be allowed only if accompanied by a woman representative from the parent organizations.

Systems pertaining to basic supervision were put in place considering the safety of the girls. The parent organizations too were embarking on such a project for the very first time and there was total uncertainty with regards to the running of the GH. There was also a lack of clarity on the legal status of such an initiative, and the various legalities applicable thereto.

An informal inauguration of the flat was done on August 14, 2004. Next day on August 15, 2004 the representatives of the organizations Prerana and Our Children gave the IRGs a warm welcome and oriented them to where all their items of daily need were stored. The IRGs were very happy seeing all the items neatly arranged. A representative of Prerana stayed with the IRGs in the flat for a day to help them get going. The IRGs thus, became the Resident Girls\textsuperscript{6}(RGs).

The RGs stayed in the flat for some time keeping in mind all the rules and regulations of the housing society. However, soon some problems erupted. First one was pertaining to the visits by the boyfriends of some of the RGs. The second revolved around the relationship

\textsuperscript{6} RG
between the younger and the older RGs in the GH. For example, there was a 17 year old RG in the GH who did not wish to take her Secondary School Certificate examination. She found it difficult to interact with the other RGs as they were older than her. She would not actively help in doing the household chores and was unhappy staying in the GH. This caused a lot of friction amongst the RGs.

Adjusting and Adapting to the Fellow Residents/Monitoring Mechanisms during Initial Handholding: “Once one member of the group home did not return to at night. We reported the matter to the social worker. She asked us not to worry but to look at the Movement Register where all the details of movement of the residents as well as the contact details of their workplace are supposed to be entered. The social worker asked us to find out the girl’s office address and number and start inquiring. It was then that we realised that we had never taken the Movement Register seriously. The girl had changed her job and the details of the new job had not been entered in the register. The girl had not bothered even to inform the social worker about her job change. She returned the next day and told us that she was with her boyfriend the previous night. The remaining 3 members of the group home together discussed the whole issue and finally asked the girl to leave the group home immediately. We were so stressed that we didn’t even bother to think about the wellbeing of that girl. After the day’s hard work and with so many responsibilities we just did not want to have any more issues to worry about.”

Three months later Prerana identified a room for the RGs in a chawl in Chembur, yet another suburb of Mumbai. When the RGs were informed about it none of them liked the idea. It was suggested that they visit the locality first, see the arrangement for themselves, and then take a decision. A visit to the new house was arranged. After the visit, the RGs became very disheartened. They felt the room was very small and did not have an attached washroom. Prerana made it clear to the RGs that this was just a suggestion and that if the RGs could find a place that they felt was more suitable, then the parent organizations would consider their proposal. However, a limit on the deposit amount was set between 10,000 INR to 20,000 INR with an upper limit of the monthly rent at 1,500 INR. The RGs decided to take up this task and put in a lot of efforts but all in vain. They requested Prerana to increase the rent limit. However, they were informed that the deposit amount could be increased by 5000 INR but not the limit on the rent.

This was followed by numerous unsuccessful attempts at finding an alternate house. Finally, the RGs decided that they would shift to the chawl room in Chembur. Once the shift was made, the beneficiaries were unhappy as they had a lot of issues and the number of complaints increased by the day. The complaints were;

• The RGs did not want to use the public toilet as they stated that it was inconvenient for them to do so.

7 SSC
• They complained that the water supply was limited to just a few hours in the day or the night.

• The RGs who were enrolled in courses and academic programmes had to do all the household work that created friction between them and the beneficiaries who had jobs.

• The people in the neighborhood had many complaints with regards to the RGs.

Managing Pool Money: “We were well trained in keeping daily accounts. Still, we never bothered to do so. For six months we did not realise where all our earnings went. Whenever we were short of money we would fight among ourselves. We were unhappy about not having enough provisions but were also unable to explain why we were short of money. Initially no one wanted to take the responsibility to keep the accounts but we were helped by the social worker and learnt how to do the same. We now realise how important it is to keep regular accounts. It was the key to peaceful living.”

On one particular occasion when representatives from Prerana made a wandering visit to the GH, they realized that the RGs were staying in very unhygienic conditions. Besides that, some RGs had very specific issues that needed to be resolved.

This visit was followed by one more meeting with a view to get an overall feedback from the RGs on the GH experience. In that meeting, the following issues were highlighted;

• The RGs complained that the rules of GH were being flouted by some of them.

• The older RGs were found dominating the younger RGs.

• Those who were enrolled for academic programs and vocational courses were doing all the household work without receiving any assistance from those who held jobs.

Adapting to Life outside the Institution/Reality Check: “Throughout our institutional life, we did not bother about things such as electricity bills and never tried to find out how much does the organization pay towards the same. We were very negligent and carefree. In the group home, however, when we received the electricity bill we got a shock. We instantly took to switching off the lights when not required and enforced that rule very strictly.”

When asked to come up with solutions for the same, the following suggested were given by the RGs;

• It was important to have rules and regulations in place and that they should be adhered to by all members residing in the GH.

• It was important to focus on having nutritious food that was easy to prepare rather than fancy food items.
• Responsibility for varied household chores should be fairly shared amongst all the RGs and a chart should be prepared with regards to who is entrusted with what responsibility.

• Provision of a deposit should be made so that the money can be collectively used for picnics or movie outings.

A multitude of issues started to arise as time went by. Some of them were as follows;

• It was pointed out to the RGs that they had a careless attitude towards the expenditures incurred. They purchased the best of everything without considering the cost and usually ended up making very expensive purchases. They did not realize the mistake until they were asked to contribute towards these expenses from their salaries, to meet the extra expenses.

• The RGs were careless about how much food to cook and that resulted in daily wastage of cooked food.

• When one of the RGs fell ill there was no one to look after her and to provide her basic care and support.

Issue of Shelter and Preparing for Emergency Situations: “It is not at all easy to get a flat to live in. In smaller towns, people are conservative and in bigger towns there aren’t enough flats and hence the rent is usually very high. A group home starts with a willing group and a flat owner ready to lease.”

Even in fixing up a flat for our group home, the social worker played an important role. We, however, took it for granted. Twice before when the lease was over the social worker worked out the renewal of the lease by talking to our flat owner. The third time the social worker was not supposed to intervene. As soon as the flat owner got to know that the social worker would not be intervening, he refused to renew our lease. Fortunately we had been trained to keep a back-up plan ready. We had identified a couple of alternative flats as the back-up plan but flat owners of the back-up plan were hesitant to give us the flat on lease. We told them we were employed and showed him the certificates issued by our employers. It is only when one flat owner called up our employer and verified that we were truly employed he gave us his flat on one year’s lease.”

There was yet another point at the managerial level – whether to seek any kind of registration of the After-Care programme especially the ‘Group Home’ from the Ministry of Women & Child Development, Govt. of Maharashtra. This discussion was held in order to gain clarity on what would be the legal status of a Group Home running under the After-Care programme and what would be the legalities and procedures involved. No answers could be arrived at, but the parent organizations went ahead with the project as there was a pressing need for the after-care programme.
Lessons Learnt:

The journey on the setting up and dealing with the first GH was of learning, revelation, and introspection. From the first GH at Dadar in 2004, the journey went on to a GH at Vashi Naka in 2005, followed by a GH set up at Dockyard Road in 2006, and then in Mulund in 2007. These were all in Mumbai, followed by one at Kamothe in Navi Mumbai in 2008. The last GH that Prerana was actively anchoring was at Charkhop set up in the year 2009.

The After-Care initiative undertaken by Prerana and Our Children went through many ups and downs. Nonetheless, there were many achievements to our credit and impressive statistics to quote in support of the fundamental soundness and effectiveness of this solution.

By the year 2011, around 120 girls went through and substantially benefitted from the GH projects and finally got properly integrated into the mainstream society – the ultimate aim of any after-care programme. Feedback through former RGs helped Prerana learn that around 50 girls subsequently took the initiative to emulate the GH model on their own once they moved out of the official After-Care\(^8\)/GH run by Prerana and Our Children.

- The Group Home model is a very effective and an almost complete answer to address the various issues revolving around the lodging and boarding needs of young women in their after-care phase.

- The parent organizations realized that most young girls availing of the AC-GH module were in their adolescence and thus, craved independence. During the initial exploration stages, it was learnt that the institutionalized girls did not desire, in fact, rather disliked the idea of an institution-based after-care programme after having spent several years in an institution.

- After staying in the conventional institutions/closed Homes over a long period of time the girls exhibited some kind of burn out. GH as a way of AC offered them a rejuvenating and re-energizing option.

- The GH module is fundamentally a sustainable model particularly in cities and towns where the need for an AC programme is more imperative as compared to rural areas where a child/young adult has access to family and community resources that are very approachable.

- Success of GH based AC can be ensured with close monitoring at every level.

- If all the steps in implementing the model are carried out well then after a period of 2 years, the voluntary organization running the group home can begin the process of weaning the girls away from this care in order to ensure a smooth transition and exit into mainstream society.

\(^8\) AC
• In some cases, Prerana’s experience was that once the location for a GH has been fixed the young women even changed their jobs and found new jobs closer to where they were living. Housing in Mumbai is expensive and the cost of living is high. During its GH experience, Prerana learnt that Navi Mumbai and Thane have ample job opportunities and the cost of housing and living in those areas are comparatively reasonable.

Security Issues Accompanied by Freedom: “I remember how excited I was when I got my first cell phone. My enthusiasm soon eclipsed when I started getting anonymous calls asking me for a date.”

• Group Home is the best after-care option for young girls rescued from trafficking as they are able to stay independently and also have access to psychosocial support from their fellow RGs who have lived through and survived similar experiences.

• A GH helps girls to save their earnings substantially as the costs are shared and there is a close monitoring even by way of self-regulation.

• It is advisable to have separate GHs for girls below 18 and girls above 18 years of age. It is seen that the older RGs tend to dominate the younger ones which results in friction, altercation, and dissatisfaction. A GH meant for RGs below 18 years of age⁹ would do better with 24 hours supervision from the parent organization.

• Merely providing freedom to the RGs during the after-care phase does not ipso facto lead to their better integration into the mainstream society. The RGs need to be taken through an induction and orientation process whereby they internalize the fact that freedom is accompanied with responsibilities.

It becomes important to let the beneficiaries know at all stages of the AC programme that if they desire a higher standard of living in the future, then they are required to work towards this goal outside the AC programme and not rely solely on the allowances provided by the parent organization or the organization running the AC-GH.

---

⁹ Below 18 years in this case means beneficiaries in the age group of 17 years and above as the Juvenile Justice (Care and Protection of Children) Act 2000 extends after-care to only those who fall in the age range of 17 to 21 years.
CHAPTER II:
PRERANA’S GROUND WORK ON UNDERSTANDING AFTER-CARE

The following chapter is a gist of Prerana’s understanding on After-Care and After-Care through Group Homes that prevailed in the beginning of its early interventions, while working with children in need of care and protection. This is prior to initiating an exercise with other network members for an articulation of a broader collective thinking.

❖ What is After-Care?

The term After-Care mainly refers to; (i) an intervention strategy and programme (ii) an arena of social intervention. It indicates intervention that takes place ‘after’ a ‘care’ programme. It implies some kind of continuity of care but not its mere extension.

In the middle stages of our work, as we started addressing some of the needs of resident children graduating from closed institutional life, we realised the need for some kind of After-Care intervention.

Our first task in this regard was to conceptualize ‘After-Care’ which was as follows;

In the social intervention field, whether offered by the State or by civil society, it refers to the provision of a purposefully devised and administered service in the life of children who have been earlier provided comprehensive non-family based residential care and development and who are now on the verge of being sent out of this system, mainly due to a very narrow understanding of the legal definition of the term ‘child’ and its administrative implications or consequences.

Summing up, the following elements are important in understanding After-Care;
✓ Children who are legally and administratively on the verge of ceasing to be ‘children’ and entering adulthood.

✓ Discontinuity of certain welfare and protective services offered to a child.

✓ Need for continuity of the service in an appropriately altered form.

✓ Not a mere extension of the earlier services normally offered to a child in a non-family based, collective residence based format.

❖ Why After-Care?

Every society, especially a modern civilised society considers it to be its responsibility to address the problematic situation of children who for various reasons are so precariously and disadvantageously placed, that their primary support systems like family and parents are either absent, unwilling, or too dysfunctional to provide for these children and thereby ensure their survival, uninterrupted growth, and development in a normal manner. Legally and technically, such children in India, under its central legislation – the Juvenile Justice (Care and Protection of Children) Act, 2000 are covered under two categories: ‘Children in Need of Care and Protection’ and ‘Juveniles in Conflict with Law’. Although the two categories may be distinct, the formal orientation of the State and the civil society as reflected in the law is non-punitive, caring and protective.

In the past, several intervention measures have been evolved and mainstreamed by civilized societies to carry out this responsibility.

With the breakdown of the primary provisioning systems like immediate or extended families, the State offers welfare services which are also developmental in nature. These services have been mainly residential. Although there have been attempts to recreate a family-like situation for such children; e.g. foster care placement programme with a ‘fit’ person, etc., in India these measures have neither found any roots nor shown any promising results.

The most common measure in India is the institutional care model; where such children are kept in shelter facilities variously termed under or outside the purview of law namely Special Home, Children’s Home, Observation Home, Orphanage, Shelter Home, etc.

However, most such residential welfare services offered to children by the State or by civil society groups, either state aided or an unaided basis, comes to an abrupt end as the beneficiary child crosses the age till which he/she is legally regarded as a ‘child’. Although the child has legally become a ‘major’ (adult person); this in itself does not mean that the child is able to look after herself/himself like a full-fledged adult. Often this young adult is found pursuing her/his formal education, which in the case of higher education, is in the beginning stages. The young adult has not started earning and hence, he/she is still financially dependent. It is seen that in a fast changing social environment, young women,
are particularly sexually vulnerable. The degree of vulnerability may vary from simple sexual harassment to trafficking for the sex trade.

The discontinuation of residential, protective, and welfare services for such young adults often results in undoing of all the good that results from the earlier investments made in ensuring a better future for the young adult. Hence, such discontinuation is not only dangerous for the young adult, but a clear economic loss to the state and society.

It is being increasingly noticed by researchers and other child welfare activists that the children who grow up in such collective residential facilities exhibit certain traits which may be termed as ‘institutional syndrome’.

The following inabilities which form part of it have received special mention;

1. Not being able to cook for a small group at a time.
2. Not being able to navigate in the outside world on his/her own.
3. Not knowing the prices of essential commodities like grocery items, clothes, toiletries, and such other basic/daily necessities.
4. Inability to think out of the box.
5. Inability to assess people resulting in easily trusting those who act friendly.
6. Inability to analyse a situation in practical terms and hence, a tendency to be impulsive in behaviour. This arises out of insecurity and so they get easily manipulated.
7. Inability to understand that it is normal to live on one’s own without having any kind of a personal primary relationship all the time. Lack of exposure to and understanding about the life of individuals in mainstream society makes them believe that for anyone to be considered normal he/she has to have a family relationship and continued support.
8. Inability to access and benefit from various civic rights and welfare and development schemes due to a lack of identification documents such as birth certificates, caste certificates, ration cards, etc.
9. Lack of individual health management skills.

Whether brought up in a conventional family set up or in an institutional set up, it is inevitable that in human society every child is sooner or later expected to become independent.

Finding a metaphor might make it easier to understand this point. Most plant nurseries have an extension wing as a part of the nursery where plants which are about to be planted in open air conditions are kept for some time for what is called as “hardening”. Such a transit is gradual and it is marked by a purposeful reduction in the protective measures
so as to expose the plants to the conditions of the outside world in which they have to survive and grow.

All children who are brought up entirely or mostly in institutional setups require such ‘hardening’ and adaptation. Some of the children under these categories may have their own functional or dysfunctional family systems/primary provisioning systems while some others may be complete orphans without any protection or support systems. Most children will have to unlearn some behaviour which was suitable for an institutional life but unsuitable for life in an open society. They may have to give up certain behavioural traits and acquire some others. All these concerns and identified needs form the justification for a special intervention termed ‘After-Care’.

After-Care is not merely limited to preparing a child prior to her/his stepping out into the outside world, but is an active continuation of some services and measures so as to assist the child in making that gradual shift from being dependent on others to being independent.

❖ When does/should After-Care begin? How long should it continue?

This point is technical in nature and is largely dictated by the legal definition of the category ‘child’. The time slot appropriate for After-Care may also vary according to the changes in this legal administrative definition.

As of today, since 18 years is the cut-off point; it is suggested that After-Care intervention should begin as the child completes 16 years of age (beginning of 17 years\(^1\)) and should continue till she/he completes 21 years of age. As the goal of this intervention is protection, welfare, and development of the child; the approach should be dictated more by the concern and ‘best interest of the child’ with a dynamic understanding of each child and her/his specific situation and not by the legal and administrative definition alone.

❖ Who requires After-Care?

Every child who has spent a major part of her/his childhood in institutions in a collective manner, who is about to graduate from such institutional life and who does not have access to a ready and willing support system and protection mechanisms based upon primary relations (e.g. nucleus or extended family) needs After-Care.

❖ How does one identify and select the resident child (boy or girl) for After-Care through Group Homes?

At the initial stages, Prerana had boy and girl children who were institutionalized for long periods having been declared as children in need of care and protection by the competent authority namely the Child Welfare Committee. It had in its care; trafficked minor girls rescued from the sex trade by the police under the various anti-trafficking legal provisions

\(^1\) But for a period not exceeding 3 years.
and were briefly kept in protective custody in residential institutions. These children either did not have any primary support systems or it was not advisable to send them back to the places/communities from where they had been rescued. There were yet others who did not wish to go back to their communities/families/relatives. After their initial successful self-reintegration and after providing them with viable livelihood options, it was felt necessary to provide them with After-Care.

**What traditional systems of After-Care existed in the past?**

There is no long record of such measures either in the political and administrative history of state institutions or in the cultural history of human society.

The concept is linked to the acceptance of the idea that civilized society should be built on compassion and harmony and a ‘welfare system’ that is primarily wedded to the idea of social justice. Civil society is increasingly adopting a rights-based approach while the state is becoming answerable to the demands of human rights.

The idea of After-Care is a product of the extension of these lofty values which guide our laws, policies, and programmes in the public domain. It is a modern product just as ‘institutional care of children’ is a modern product. Since by definition, it is linked with post-institutional care; its history does not predate institutional care.

**Who is supposed to provide After-Care as of today?**

India being a vibrant republic and constitutional democracy based upon the values of equality, liberty, justice, socialism, peace, and harmony; its civil society actively evolves and pursues its social intervention agenda and its state often responds to the demands of the civil society. Hence, both have a mandate to offer After-Care. The state *per se* is not free in that sense not to offer after-care as it is mandatory for the State. The civil society organizations on the other hand are free to offer after-care but it is not mandatory for them to do so. It is often seen that because the state is not doing a satisfactory job, civil society volunteers do so as an interim arrangement.

**What were the strengths and weaknesses of After-Care that were being offered by the State and civil society agencies in the early days of the joint efforts by Prerana and Our Children?**

The field of After-Care has received scant attention from the state agencies. The state’s efforts can best be described as tokenism. Individual institutions (Orphanages, Children’s Homes, Shelter Homes, Observation Homes, etc.) out of their attachment to the graduating resident boys and girls, or for their own convenience have, in some cases, allowed such resident children to overstay and continue to benefit from such services. However, rarely has this facility been extended to each and every child graduating from the institution on completing 18 years of age, and certainly not as a matter of the child’s right or the institution’s routine obligation.
There was a ‘Hostel’ model of After-Care which existed till the first ‘Group Home’ model was tried out by the civil society organizations like Prerana and Our Children commencing in the year 2003.

The field has been left largely unexplored by academic institutions, research centres and documentation experts in India. Hence, it is difficult to conclusively comment on the strengths and weaknesses of After-Care models being offered.

❖ Is After-Care same as Rehabilitation?

Rehabilitation and After-Care are two distinct concepts; but are not completely mutually exclusive. There is an element of overlap. The distinction can further be elaborated. Persons who require rehabilitation are not necessarily institutionalized and hence, may not need After-Care. Similarly, persons who are graduating from an institutional life may not be in need of any rehabilitation whatsoever. A number of persons who are in need of rehabilitation may belong to institutionalized life for varying durations. If such persons have spent most of their life in the mainstream society i.e. mostly in family or extended family system and/or if their tenure in institutionalized system is brief, then they may not require After-Care.

❖ What are the specific objectives of After-Care?

a) To prepare and equip institutionalized children to live a self-dependent life in an open mainstream society.

b) To help institutionalized children overcome the ‘institutional syndrome’.

c) To help institutionalized children ‘learn’ new traits and behaviour patterns required for life in an open society and ‘unlearn’ some others which are incompatible or unsuited for a life in an open society.

d) To continue to provide certain services and access to services to an institutionalized child who is graduating mainly because he/she has completed 18 years or any other age appropriately decided by the competent authority.

e) To increasingly reduce in a purposefully planned and phased manner the dependence of the institutionalized child on institutional life, provisioning systems, supportive and protective mechanisms.

f) To enable the graduating child to get linked up to support systems and protection mechanisms available in an open society.

❖ What are the activities required under After-Care?

a) Learning/acquiring;
- **Knowledge and skills** about life in open society, knowledge of life in a primary setting of relations (family and extended family).

- **Attitudes and traits** appropriate to life in open society and life in a primary setting of relations (family and extended family).

b) **Training in self-dependence.**

c) **Transiting from mass/collective institutional life to nuclear family based or self-dependent life through small group living.**

d) **Unlearning;**

- **Skills, attitudes, and traits** appropriate to life in institutional setting which are incompatible with life in open society, or life in a primary setting of relations (family and extended family).

- **Learning skills, attitudes, and traits** appropriate to life in open society and life in a primary setting of relations (family and extended family).

e) **Physical provisioning** such as shelter, dwelling unit, livelihood.

f) **Non Physical provisioning** such as protection mechanisms, support systems, etc.

❖ **What kind of specialized manpower is required for effective After-Care?**

✓ It was found that unlike institutional set ups Group Homes should not have any residential staff or supervisor. However, the occasional planned and impromptu visits by a professional social worker were found extremely useful by both the resident girls as well as the after-care organization i.e. Prerana. It was felt that a supervisor could supervise around 7 to 10 Group Homes as the inputs required for each Group Home *per se* were expected to be marginal and progressively decreasing in nature.

✓ Counselling/casework and psychosocial education services were found necessary at several stages of Group Home living.

ü The seniors within the Group Home and/or alumni or other relatively more experienced Resident Girls (even from other Group Homes) could provide such counselling which is otherwise known as peer counselling or peer mentoring.

ü Besides such handholding, the Resident Girls were eager to get useful tips on cooking and health care and hence occasional or periodic sessions by a variety of experts could be provided as an add-on input.

❖ **What kind of networking is required for effective After-Care?**

Although the basic unit of residence and day to day management of the Resident Girls
changed with their entering the Group Home; a part of their environment continued unchanged namely the educational institution, training institution, work situation, other legal institutions especially the legal institutional mechanisms of the Juvenile Justice System, families and guardians if any, the world of civil society organizations and their provisioning, etc. Obviously even after the exit from a closed institutional life the parent organizations (here Prerana) had to continue networking with those agencies and stakeholders.

v How to and on what counts should one assess and evaluate the performance of the Group Home based After-Care package?

The success of a Group Home based After-Care was to be essentially measured against its goals and objectives. The following points were considered relevant in the evaluation process;

✓ Smoothness in transition from an earlier closed and collective based institutional life to a nuclear family based or self-dependent life in open society.

✓ Optimum physical provisioning in terms of shelter, dwelling unit, livelihood, etc.

✓ Planned provision of non-physical inputs by the parent organization such as protection mechanisms, support systems, etc.

✓ Smooth and progressive withdrawal of protective and support mechanisms provided externally by the parent organization.

✓ Learning of knowledge, skills and attitudes appropriate for leading a self-reliant life in open society.

✓ Learning self-dependence.

✓ Unlearning of skills, attitudes, and traits appropriate to life in an institutional setting which are incompatible with life in open society, or life in a primary setting of relations (family and extended family).

✓ Overall physical and mental well-being of all members.

✓ Democratic and participatory management of the Group Home.

✓ Active pursuit of the subsequent stage of transition on part of the Resident Girls.

❖ What formats, check lists, SOPs², protocols, list of criteria are required for the smooth management of a Group Home/After-Care Programme?

There was no other exercise which we were involved in where we so acutely felt the need

11 Standard Operating Procedures
to have some ready guidelines, checklists, SOPs, and protocols for running a specific programme. At every stage in running the first few Group Homes, we felt the need for having such protocols, and therefore, initiated a process of gathering all the ideas, suggestions, tips and lessons learnt with a view to process and synthesise them into proper guidelines, checklists, SOPs, protocols, etc.

❖ Is the work of a Group Home limited to the residential matters alone?

No! It usually doesn’t and ideally shouldn’t remain limited to residential matters alone. At this age, children/young adults engage in sexual experimentation, courtship, marital alliances and individual friendship from among a relatively large option pool. They have problems related with the workplace where they need guidance and counselling.

❖ Does the work of a Group Home spill over and cover the workplace of the After-Care beneficiary?

Yes, the work of Group Home and hence of After-Care also spills over to the residence as well as the work place. Such external intervention may also be necessary for girls who have grown up in a family or extended family setting and not necessarily in an institutional setting. A workplace is a complete change in social, legal, political, economic, and cultural terms and every individual entering such an environment needs inputs ranging from modest orientation to training and hand holding over a period of time. In that sense, institutionalized children are not an exception. Institutions where resident children get exposed to a large formal organization (e.g. the home administration itself) or intermingle with working children or residents of working women’s hostels etc. knowingly or unknowingly provide orientation on work life. It may be wholly or partly appropriate or inappropriate.
III

PRERANA’S ORIGINAL AFTER-CARE MODEL
GROUP HOMES
CHAPTER III:
PRERANA’S ORIGINAL AFTER-CARE MODEL – GROUP HOMES

Note: The following document was first drafted in the year 2004.

✧ Defining the Group Home Model under Prerana’s After-Care Programme

There are 2 main types of GHs running under Prerana’s After-Care Programme;

✧ Type I – GH for young women who are working and earning.

✧ Type II – GH for young girls/women who are enrolled for full time studies and are pursuing their full time education and thus non-working and non-earning.

In the type I model for the working young women, a GH is a rental place where a group of 4 – 6 young women (IRGs) who are working and earning, live together and share the monthly expenses on food, rent, electricity, etc. They also share the responsibility for household chores.

In the type II model meant for a young girl/woman pursuing education (and thus non-working and non-earning), a GH is a rental place where a group of 4 – 6 young girls/women who are pursuing their full time education, live together and share responsibility for household chores, with the after-care organization sponsoring the expense for grocery, education, maintenance, travel and other incidentals.

Who is eligible?

Type I model – a young woman who has completed 18 years of age, is employed and is thus, earning and meets all the other eligibility criteria as decided upon by the mentoring organizations.
Type II model – a young girl/woman who has completed 18 years of age, is pursuing education, is a qualified beneficiary under the Prerana After-Care Scheme\textsuperscript{12} and has met with all the other eligibility criteria pertaining to living in a Prerana run group home.

**What is the ideal number of RGs in a GH?**

A Group Home becomes financially viable if there are a minimum of 4 members living in a single dwelling unit. Ideally a size of 6 keeps the face-to-face interaction and harmony besides facilitating economy. However, the number of RGs will also vary according to the area, amenities, and rent of the dwelling unit.

**How did we go about setting up a GH?**

- The organization and the IRGs/young women take the responsibility of locating a place available on rental basis that is suitable for collective living. The budget at their disposal for paying the deposit amount is a key factor in such a selection. In case of the Type I model, the budget is decided based on what the RGs decide to be a feasible/ manageable budget. For the Type II model, it will depend upon the decision of the parent organization that sponsors the expenses.

- In case of Type I model, the selection depends upon the location of the work place of the IRGs. It is advisable that they try to get a house on rent somewhere close to their workplace so that they can save on their travel time and expenses.

- A detailed case history of each girl/young woman covered under the After-Care programme is taken down at the outset. This detailed case history should have the IRG’s latest photograph\textsuperscript{13}, medical report – including her blood group, any history of epilepsy or any other medical condition, disability, information on allergies if any, etc. The case history should also include the telephone and other contact details of the employing establishments. This would equip the organization to work better with the beneficiary so as to be able to devise an individual-based care plan for each beneficiary.

- Prerana takes responsibility to pay the deposit amount for the group home for the first 2 years and then the young women are expected to take over the same facility in the 3\textsuperscript{rd} year or find some other housing facility. Prerana assists them during this change.

- For a Type II model GH comprising of young girls who are still studying and hence not earning, Prerana does the hand holding for all the 3 years.

\textsuperscript{12} Annexure III

\textsuperscript{13} Passport size photograph with the beneficiary’s full face clearly visible.
How to supervise?

- Ensure that the RGs are trained to play the role of future peer counselors for immediate and long-term support.
- For the first 2 years, get the RGs to maintain the following registers:
  a. Incoming and Outgoing registers – visitors, groceries, other household supplies, etc.
  b. Movements register for the RGs.
  c. Accounts register.
  d. A register monitoring the menstrual cycle of the RGs.
  e. Visitor’s register – for noting address and contact details of the visitors.
    - For a Type I model group home, by the 3rd month of the start of the GH, a fixed security deposit amount should be collected from each RG. This amount will help recover the RG’s dues in case she leaves the GH without notice.
    - For administration and security purposes, Prerana’s representative will meet the office bearer(s) of the housing society (in which the GH is located) at least once a month and will have regular contact with the owner of the house.
    - Prerana representatives will make impromptu and unscheduled visits to the GH.

What should be ensured as part of induction?

- The induction counseling and induction orientation pertaining to a AC-GH should start much before a IRG completes 18 years of age and is about to be discharged from the Juvenile Justice System.
- The contact numbers of all the RGs, the local police station, local physician, social workers of Prerana, and that of the available Helpline should be prominently displayed in the GH and all the RGs should be oriented to the same.
- The peer counseling should be in place.
- Type I model: The RGs should have their bank accounts opened and they should be encouraged to start saving money from the 4th month of moving into a GH.
- Type II model: The RGs should be encouraged to take up part time jobs although not at the cost of their education.
- The RGs should be helped to assimilate into mainstream society as they begin to stay in a cosmopolitan community/neighborhood and develop support systems other than that of Prerana.

- Other voluntary sector organizations providing specialized services should be identified and the procedure and process of approaching them and availing of their services should be explained to the RGs.

- By the end of the 1st year, the RGs should know how to approach and deal with a police station, a public hospital, a notary, a rationing office and such other relevant government offices including the offices of the political parties (they might need to access these offices for obtaining letters for issuing of ration cards or other identity proof documents), etc.

- A local family should be assigned to function as a mentor for the RGs of the GH by the end of the 1st year of starting the GH.

- During this process of after-care, the RGs should acquire new skills or upgrade their existing skills. For example, improve their literacy skills to supplement their current work, etc.

- During this process of after-care, the RGs should complete their formal education wherever applicable.

- A communication system among the RGs and with the Prerana coordinator should be properly built and clearly spelt out.

A blueprint on sharing of responsibilities towards sharing of household chores amongst the residents should be worked out.
Blank
IV

EXPERIENCES OF OTHER ORGANIZATIONS
CHAPTER IV:
EXPERIENCES OF
OTHER ORGANIZATIONS

Following are the experiences of some other organizations through their journey in dispensing after-care services.

ORGANIZATION: SAATHI

Brief: Saathi, registered in 1997, is a development organization in Mumbai, India, committed to working with issues facing homeless youth living on the streets and runaway, abandoned or trafficked adolescents and young adults. Over the 15 years of work, we have built an understanding of the links between the child entering the city, the institutionalized adolescent “aging out”, the youth who has been on the streets for years, or the girl ensnared in exploitative networks.

Through this journey, Saathi expanded from its initial intervention with the youth on the streets, to the Girls Project in 1999 for the girls and young women on the streets.

Journey from Protection to Possibilities

Saathi...... Altaf and Deepali

Girls Project

Runaway Girls and young homeless women living on the streets

Vision:

An Equitable and Inclusive world

Mission:

The project’s aim is to empower the vulnerable girls and young women using requisite information and tools for economic, social, political development.
Rationale:

Girls and young women between the ages 16 years – 24 years who arrive in the city are homeless for various reasons, including abandonment, trafficking and the institutionalized adolescent “aging out”, who has been on the streets for years, or the girl ensnared in exploitative networks. Within this larger group there is a special needs groups with even more limited resources, particularly those who are physically challenged and affected with some form of mental illness/disorder.

In 1999, a situational analysis was done to understand the fates of girls arriving in Mumbai. It highlighted a lot of problems that these girls face, the most significant one is their being seen as a sex object and repercussions surrounding it. For girls/women with no support system in the form of family or peers, leading a life of dignity and safety become the greatest challenge.

The objective of the project is thus to empower the adolescent girls and young women towards their rehabilitation through a nurturing and learning environment. This nurturing environment requires a holistic approach. Unless, there is physical and emotional security their development and rehabilitation is rendered incomplete. This led to the beginning of incorporating the shelter programme for the girls, under the ambit of the Girls Project.

Purpose of Shelter: Protection, A tool for rehabilitation:

The shelter under the Girls Project is envisaged as a secure place of stay with provision of basic amenities. Since it is one of the important tools for rehabilitation, an understanding of the sequence of movement through the project’s system is necessary.

Shelter Design:

Saathi: Shelter Design The Shelter Programme for the Girls Project is comprised of three spaces:

Group Home

The duration of stay of the girls is not fixed, and it depends on the requirements of the case and the girl’s individual needs / plans for rehabilitation. From ours experience, the girl usually stays in the shelter and Group home from 6 months to 3 years, however it may vary depending on the complexity of the girls’ life situation and issues. The criteria for admission of the girls in the shelter depend on the availability of space in the shelter.

Crisis Shelter – Immediate Support and Stabilization:

This is the primary phase of intervention with the girls. The Crisis Shelter provides a safe place for girls who have just come into contact with the project and are in a stage of gaining some stability so that further plans can be made. In this phase the young girls’ basic needs such as nutrition, shelter and basic amenities are taken care, and the focus is on her emotional state. Simultaneously, the investigation process is carried on to ascertain
the root cause of their current situation. After moving through various stages of through care the girls move into short stay home which is the aftercare programme.

**Short-stay Home – Self Discovery towards Independence:**

After the first stage of stabilization in the crisis shelter, the focus is on the individuals overall development and grooming. The focus in this phase is on life skills training for independent living. This is achieved by providing vocational training, education, and alternative income generation methods. In addition, sessions to understand identity issues, relationships, and sexuality are conducted for individual growth. At every stage the individual is included in the decision making process so that they make informed choices. This self-discovery process takes about a year and a half in the short stay home.

**Group Home:**

Group Home is the other option of testing ones preparedness before the final exit. A small home is rented in the community either under the guarantee of the Organization or the girls themselves, where stay in a group and ‘run the household’ through sharing of resources, contributing finances, earning their own living etc. The group is homogeneous with regard to their activities and plans for the near future. Mentorship programmes are introduced here with those participants who are already walking on their independent path.

**Mentorship:** Mentorship process enabling them to maximise their potential and transform their lives. During the time of transition, each decision and action they take is crucial. Even day-to-day matters like livelihood issues become a struggle due to constraints in their living conditions. Often they long for someone with whom some ideas about their future could be bounced off. In this situation a positive role model who may facilitate their life path, motivate them could very valuable.

**A few Guidelines followed:**

**Ground rules:** The rules and regulations are arrived at through a consultative process with the residents and staff. Shelter meetings are conducted at least once in 15 days, where the girls come together to share their concerns, challenges and arrive at solutions or ways to overcome them. This is also used as a space for the girls to provide feedback to each other, and the staff.

**Monetary Contribution:** The girls do not make any contribution in the crisis shelter and short stay home. In the group home, the Organization arranges for the deposit and the girls also take the responsibility for the rent. The girls also contribute a nominal amount every month, of which half goes into the common pool for running of the home by the girls and the remaining half goes as compulsory saving for each girl. This amount is handed over to the girl at the time of exit. This ensures that they have the discipline of contributing; saving and as a result there is some monetary security while leaving the organization.
**Safety**: Staff of the Girls Project are female. Male members are not allowed to visit. Permission of the girls is sought before any visits are made. Physical or verbal abuse within the shelter is taken up very seriously. Girls are given information about nearby police station and its procedures in case they want to seek help themselves.

**Crisis Handling**: The shelter staff is trained to handle emergencies in the shelter, such as basic medical care or hospitalisation, and in instances which demand intervention of the police.

**Monitoring**: Individual progress of the rehabilitation plan and developmental programmes monitored on a weekly basis by the staff and participants in a meeting – through case sharing and surprise visits to the shelter. An open house where feedback is welcome on monthly basis helps to resolve issues before they turn into something huge. Besides quarterly and annual evaluation, an evaluation process conducted by external resource persons helps the programme evolve.

**Moving ahead:-**

**Alumni meetings**: A sustainable outcome is when girls form a group and live independently in the community. At times, they do feel the need for belongingness and therefore a steady flow of communication is maintained. Discussions and sessions are conducted on various themes that may be of concern to them. An event named **Yuwati Mela** is organised annually, where they come together to share their feelings, emotions, struggles, thoughts and achievements.

**Challenges or limitations**: The girls and young women who end up in the project have journeyed through various levels of oppression, discrimination, abuse, and trauma. Their senses of utter loneliness in life without adequate means for independent living in the society make them face several fears and insecurities. The limited options available to them in terms of sustainable livelihood options, long-term shelter options, also curbs their decision making. They often explore relationships and their sexuality, but the social stigma associated with it causes more confusion in them, and they are often trapped in the cycle of harassment in their relationships too.

Issues of young adult with mental illnesses or major physical health issues are even more pronounced, as they face difficulties to get **sustainable options for survival** – work, places of stay and employment. There is a lack of willingness to accept people with such challenges, generally in the society.

**Safety** for the women is of paramount importance for them to explore their **identity** and sense of **dignity**, however their repeated experiences of harassment, abuse and exploitation deepens their insecurities and they often find themselves trapped in a vicious cycle of exploitation. A **social stigma associated with a woman living alone makes** it difficult
for them to get places to stay in the community on rent too. There is a need for long-term options of shelter and safe places of stay, and in the light of such a severe lack of options. Issues of mental health continue to be a taboo and girls affected by it are looked down upon.

**Us and After-Care:**

An appropriate understanding has developed that our rehabilitation process for individuals within structures is akin to the phases of government stated after-care programmes. For instance, after our initial intervention, the girl moves out from crisis shelter to short stay home and group home and then movement towards independent living. This is similar to the Govt. After-Care intervention where the girls move out from the children’s homes to After-Care hostel and then finally exits.

We are fully aware of our limitations as a voluntary Organization and that our reach is limited. Therefore we need to focus on Govt. run Aftercare programmes while exploring other options simultaneously. Despite all the limitations, After-Care is seen as a programme that contributes towards the benefit of the young adults.

**ORGANIZATION: OUR CHILDREN**

**Brief:** Our Children is a Mumbai based voluntary organization working towards providing opportunities for growth and development to underprivileged children and youth.

**Our Children - Group Home programme for Girls**

Adolescent girls (those who have no family support or support from extended family or are orphans) are left to fend for themselves when they reach the age of 18 by Child welfare institutions citing government laws. For many of these girls the umbilical cord which got cut at the time of their birth gets cut once again when they are forced to move out of their Institutions which was their home for the past many years.

While these Girls who are still children at heart and soul, being so dependent on their Didis and Madams of the Institutions where they have been sired and are either into education or just getting out of it. For them to learn skills of living all alone by themselves are an arduous task, which even a grown up adult finds it difficult to endure.

With a view to provide succour to at least some of the girls ‘Our Children’ jointly with Prerana endeavored to find a secure shelter for them. Through efforts of likeminded people OC could identify a place in the western suburb of Mumbai and thus started the first Group Home. OC has also opened its second Group Home in central suburb in Chembur. Presently 10 girls stay in these Homes.

With a view to make these girls self-sufficient and inculcate the habit and value of living together, in an environment different from the typical army-like enforced discipline of
Institutions, OC facilitates and trains them to budget their expenses, save some money for their use etc. Apart from minor skirmishes, which happen even among siblings, these girls live together peacefully and look forward to developing their career and life from hereon.

As the idea of the Group Home is to provide shelter in the transition phase of their life, these girls are told to move out when they reach their age of 21. This facilitates them to plan their path in advance and also allows newer girls in need of shelter to move in.

OC’s dream is to provide transition comfort to as many girls as possible and intends to set up more homes in and around Mumbai. Likeminded people with spare infrastructure are welcome to join OC in this endeavour.

ORGANIZATION: VINIMAY TRUST

Brief: Vinimay Trust is a social work organization [NGO] working for underprivileged children and youth staying in, and emerging out of, child welfare institutions (CWIs) in the city of Mumbai.

VINIMAY TRUST’S TRANSITION HOSTEL FOR UNDER-PRIVILEGED YOUTHS EMERGING OUT OF CHILDREN’S HOMES

ABBREVIATIONS USED:

1] CWI  = Child Welfare Institutions (Residential)

2] CTS  = Vinimay Trust’s Coomiben Babubhai Shah Tarun Sadan

VINIMAY – A SHORT HISTORY

1] 1982: Started as a small group of volunteers — Child Development Programme supplementing the work of CWIs through holistic programmes for children — run by (unpaid) volunteers.

2] 1985: Child Development Programme led to Youth Development Programme for helping ex-students of CWIs. – Aim was social rehabilitation – activities: standing as guarantee, job placement, group housing, education, financial grants, loans, help in personal crisis, marriage etc. — run by (unpaid) volunteers.

3] 1989: Registered as a Charitable Trust

4] 1999: Established Tarun Sadan Hostel for boys to handle more effectively the “Youth Development Programme” which was growing at a fast pace – run by paid (skeletal) staff assisted by volunteers.

ABOUT TARUN SADAN
• What is Tarun Sadan
• Aim
• Facilities
• Staff
• Finances
• Data
• Challenges

**WHAT IS TARUN SADAN**

A hostel for boys emerging out of CWIs.

**AIM**

To prepare the boys to get into mainstream society (hence called a ‘transition’ hostel) by providing stability (shelter, food, medical care) and guidance so that they develop social skills, stabilize in a job and save enough money to launch into mainstream society.

**FACILITIES**

Rooms for boys, each can accommodate 5 to 8 – total capacity 50 – common facilities: office, kitchen, store, dining-cum-meeting hall & study room – Students get free food, shelter, water & electricity (they pay a small fee amounting to about 15% of total expenses).

**STAFF**

• One residential Superintendent, one residential Supervisor, two part time cooks
• Students do cleaning, cooking, minor maintenance etc.
• Trustees, Committee members & volunteers (all unpaid) assist in running the hostel.
• Administration is by a Managing Committee.

**METHOD**

Admission

Students are referred for admission by CWIs – ex-students of CWIs can also apply directly
– Admission by Interview Committee – Priority is given to absolutely destitute boys – No conditions on educational & emotional status.

**Induction**

Boys are allowed a maximum period of six months for acclimatizing – within this period they should get employed for which Vinimay helps – during this induction period students get extra facilities (in addition to food and shelter) viz. medical help, clothing, bedding etc.

**Development**

**Education:** since boys should become self-supporting within a short time, full time education (except ITI), not allowed; they should get employed and can pursue part-time studies or training.

**Jobs:** All the boys except those pursuing ITI are expected to take up a job. From their earnings they are allowed to spend a maximum of 1000 per month, the balance has to be saved in their bank account.

**Social Skills & Attitudes:** since boys come with a wide range of educational (some are illiterate), cultural and emotional level, it is difficult to design a common development programme or even aptitude and attitude tests, for all. A recent study by a Counseling Agency has led to same conclusion. Hence, social skill development is mainly on individual basis, though formal sessions are also organized. Considering their background, they are handled with a lot of patience and leniency. When needed they are referred for counseling, psychiatric treatment, de-addiction programmes etc.

**Money Management:** Boys manage their own money – they have bank accounts in their individual names (and not jointly with Vinimay officials) – however, their spending habits are periodically monitored.

**Monitoring**

Development of boys is monitored by a Review Committee. Committee meets once a month to consider cases needing attention / decision. Each boy is interviewed and assessed at least once in six months.

**Tracing**

Based on the information available in the boy’s case paper, or on the boy’s ability to recollect some of information about the whereabouts of his family Vinimay assists in tracing the boy’s family.

**Farewell**
• Boys generally leave CTS when the time given to them is over (normally three years).
• Sometimes they leave earlier if they feel they can take care of themselves or if they feel they will do better outside CTS.
• Sometimes they are asked to leave if they do not fit into the system of CTS.
• in all the above cases boys are assisted in finding a place to stay after they leave CTS and assistance is continued even after they leave CTS.

Post-CTS Follow up

• Relationship is not cut off but it is tapered off. Boys continue to use the hostel as postal address and for safe keeping of their documents, till they feel comfortable in outside world (normally six months).
• Monthly contact meetings, annual picnic etc. are organized for ex-students.
• They continue to get support in personal matters from Vinimay.
• In special cases (e.g. serious medical problem), ex-students are given re-admission for specified periods.
• Efforts are on to monitor ex-students for three years to know the effectiveness of CTS; a study once conducted by TISS had found that 80% of boys felt they gained by staying at CTS.

FINANCES

Funding is by donations from public. No government or corporate funding (except corporate funding for building).

<table>
<thead>
<tr>
<th>Exp. Head</th>
<th>For 45 boys (in Lakhs)</th>
<th>Per boy (in Thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>3.73</td>
<td>8.3</td>
</tr>
<tr>
<td>Food</td>
<td>4.15</td>
<td>9.2</td>
</tr>
<tr>
<td>Others*</td>
<td>4.22</td>
<td>9.4</td>
</tr>
<tr>
<td>Total</td>
<td>12.10</td>
<td>26.9</td>
</tr>
</tbody>
</table>

Annual Expenses (2010-11)

About 2250/- per boy per month.
[Others* = medical and medical insurance for the first year of their stay at the hostel, education, maintenance, taxes etc.]

### Annual Income (2010-11)

<table>
<thead>
<tr>
<th>Income Head</th>
<th>Amount (in Lakhs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest on Corpus Fund</td>
<td>6.50</td>
</tr>
<tr>
<td>Hostel Fee from students</td>
<td>2.05</td>
</tr>
<tr>
<td>From donations</td>
<td>3.55</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12.10</strong></td>
</tr>
</tbody>
</table>

**Some numbers as of April 2012**

The number of boys who have been given admissions. 213
The number of boys who have been discharged. 165
The number of boys who were asked to leave. 20
The number of boys who have got married. 29
The number of boys who have government/good jobs. 43
The number of boys whose family has been traced. 19

### Challenges

- **Bonding**: some of the boys participation/involvement at CTS is less, it could be because they might be thinking that CTS is part of a process which they have to go through (from remand home to CWIs to After-Care to CTS; this would be more for boys who have spent less time at CWIs due to which they have had less interaction with Vinimay).

- **Decisions**: About the type of jobs, upgrading their skills, acquiring new knowledge, pursuing/continuing their education – should it be forced or left to the boys themselves.

- **Trust**: Some of boys feel that society (more at work place) is suspicious of them.

- **Anger**: There’s a lot of pent-up anger and the boys easily give vent to this emotion – be it at CTS, job etc.
• **Habits**: Overcoming some of the habits that had been learnt/picked from childhood – smoking, taking drugs, having tobacco, stealing.

• **Identity**: Many of the boys don’t have birth certificate, ration card and some don’t have any proof of identity.

• **Address**: Some of the boys don’t have a permanent address once they leave CTS; keeping in mind the workload and the continued dependency of the boys on CTS we don’t allow them to give CTS as their permanent address.

• **Future**: Once the boys move out of CTS, there are chances they may just float around; their motivation to lead a purposeful life might not be high.

**ORGANIZATION: PRAYAS**

**Brief**: Prayas is a field action project of the Centre for Criminology and Justice, School of Social Work, Tata Institute of Social Sciences, established in 1990. Prayas’ focus is on demonstration of social work intervention through service delivery, networking, training, research and documentation, and policy change with respect to the custodial/institutional rights and rehabilitation of socio-economically vulnerable individuals and groups.

**Aim**

• To contribute knowledge and insight to the current understanding of aspects of CJS policy and process in India- with specific reference to socio-economically vulnerable and excluded communities, groups and individuals who are at greater risk of being criminalised, or exposed to trafficking for the purpose of sexual exploitation.

• To work towards rehabilitation of women and youth processed by criminal justice systems and those vulnerable to criminalisation and victimization.

**Outreach**

• Women and youth undertrial prisoners and those being processed by the criminal justice system; and their families (including children of women prisoners left outside, while the mothers are inside);

• Women and girls rescued by the police from sexually exploitative situations;

• Destitute women and girls, especially those vulnerable to crime and/or commercial sexual exploitation; and

• Women or youth referred by personnel within the criminal justice system, voluntary Organizations, ex-beneficiaries of Prayas and the general public.

**Geographical coverage**
• Prisons in Mumbai, Thane and Bharuch Districts.
• Government Protective Home in Mumbai, for women rescued from commercial sexual exploitation.
• Kasturba Mahila Vastigruha (government run shelter for women in distress) in Mumbai.
• Courts and legal aid systems in Mumbai, Thane and Bharuch.
• Police Stations in Bharuch.
• Juvenile Justice Systems in Bharuch and Mumbai.

**The Approach**

To facilitate a process where a person shifts (away) from an environment conducive to crime or commercial sexual exploitation to one that offers stability and safety in following areas:

a) Shelter

b) Income in the legal sector

c) Increasing connections in mainstream society

This is expected to reduce the chances of a person resorting to or being subjected to exploitative behaviour.

**What does Prayas do?**

Social workers and training instructors visit different settings including prisons, police stations and government run institutions for women. Services such as counselling, information and awareness programmes, arranging for government recognised certificate courses, family support and legal aid are focused upon. This is done with the objective of establishing rapport and to provide information about rehabilitative services.

In order to counter problematic individual and environmental situations, a programme has been designed to replace illegal/inappropriate acquaintances, behaviors, and support systems with those that are socially acceptable and stable. A team of social workers and vocational training instructors provide services and implement programmes.

**Rehabilitation**

Prayas largely works with those who come from marginalised communities, lack adequate education and employable skills, and have poor family support. Prayas’ rehabilitation
programme is designed to address the socio-economic and individual limitations as well as counter influence by the illegal sector. The following services are provided:

a) Emergency support is provided including medical aid, house repair and rent, legal aid, child support, travel to hometown, etc.

b) Shelter facilities in institutions, hostels, and group homes are arranged for persons who cannot live with their families, due to past behaviour, family circumstances and social stigma.

c) Family support and counselling services is provided to ensure support and enable the family deal with difficult circumstances while also supporting the person who has been/being processed by the criminal justice system.

d) Legal documents are obtained in order to help a person exert rights as a citizen.

He/she is also encouraged to gain access to public systems like nationalized banks, the health system and welfare schemes.

e) Enhancement of livelihood skills through the NGO Placement Programme

_The NGO Placement Programme: A Model for Socio Economic Rehabilitation for Women and Youth processed by Criminal Justice Systems_

The NGO Placement Programme, initiated in 2003, attempts to create opportunities for employment and supportive systems to persons released from institutions and those vulnerable to crime, commercial sexual exploitation and destitution. The concept and design of the programme has been introduced and developed by Dr. Sanober Sahani, Project Advisor, Prayas. The programme emerged from a need to facilitate reintegration of persons exposed to crime, commercial sexual exploitation and destitution into mainstream society.

The NGO sector was selected as it showed potential to provide exposure and guidance for developing a range of employable skills and work habits. It also extended other supportive services such as child support, shelter, vocational training and education, counselling, arranging marriage, medical aid, savings, promoting access to documents for citizenship, etc. Most importantly, the sector showed potential for providing protective space and a nurturing environment in which a person could gradually develop self, under supervision and guidance.

14 Lack of educational and vocational skills, adjustment probems, poor work ethics, negative self image and esteem, disturbed memories of violence and oppression, fear of being threatened and followed by past associations, loss of property, distancing from family and community, lack of social support, etc.
**Objectives of the NGO Placement Programme**

- To provide a work environment that is helpful to rehabilitation, offers mentors, and is less competitive and stressful.

- To increase self-esteem and self-confidence by facilitating learning in a nurturing environment.

- To explore sustainable livelihood avenues through absorption in the NGO sector.

- To counter the negative life experiences and environment associated with crime, violence and exploitation.

**Process**

- Identification of cases at various settings visited by Prayas – prisons, courts, Govt. Protective Home for women rescued from commercial sexual exploitation, State Home for women in distress, police stations, juvenile justice boards and observation homes, or through referral from the community.

- For this programme to produce desired results, it needs to be supported by services that enhance stable shelter, stability in physical and mental health, child care and family support.

- Exposure visits to NGOs are organised to facilitate awareness about profile and nature of work undertaken in NGOs.

- Gradually, the woman/youth assumes the status of a trainee.

- Every exposure visit is followed by detailed discussion about learning gained from the visit. Trainees with formal literacy skills are encouraged to maintain reports of visits.

- Following this, discussion with trainees help decide specific areas that are of interest for training. Trainees may be referred to NGOs for short periods, such as 2-3 days. The initial placement may extend up to one month. This period is further extended depending upon the learning needs of trainees and interest in the NGOs to continue hosting the programme. Trainees are provided with a stipend and travel expenses.

- If it appears that a person is unable to adjust in the selected NGO, or if it is better that he/she be transferred to another NGO to promote learning, then necessary arrangements would be made by Prayas. Necessary counselling and guidance needs to be provided to address instabilities in behavior, attitudes and lifestyle that negatively affect the learning process.

- The programme is monitored in order to review and address trainees’ personal and professional growth, scope for learning, aptitude for the selected area of work, and
trainees’ strengths and limitations.

- Some trainees pursue vocational training or education through the open schooling or open university system during or following the Placement Programme.
- The total duration of training could extend up to three years.
- Information and guidance about potential employers and employment opportunities are provided, after the trainee indicates development of employable skills.
- A placement agency may absorb the trainee as an employee.

Challenges

- Persons distanced from family and community lack documentation for access to government (welfare) schemes and facilities.
- Lack of non-institutional residential options hinders interest to continue engagement with the rehabilitation programme.
- The pull from the illegal sector by way of options offered for relationships, income, legal support to obtain discharge from institutions/custody are factors that influence the person’s decision to move towards exploitative situations.
- Sustaining the rehabilitation programme continues to be a challenge owing to limited resources.

Impact

- Contact with social workers and completion of the programme is found to significantly reduce chances of return to crime, situations of commercial sexual exploitation and destitution.
- Associations with social workers and other personnel of the helping profession replace association with unstable support systems that could promote drift to exploitative situations.
- There is increased stability in health, shelter, confidence levels and self-esteem.
- Interest in pursuing education and training is visible.
- There are increased chances of acceptance by family due to altered image and behavior.
- His/her self and societal image is expected to change from one of a ‘problem case’ to a contributing member to family and community.

- Compiled by the Prayas Team
V

PRERANA’S BEST PRACTICE MODELS IN AFTER-CARE
CHAPTER V: PRERANA’S BEST PRACTICE MODELS IN AFTER-CARE

The Context:

Prerana’s Naunihal Centre at Kharghar was established as a home for children in need of care and protection as defined under the Juvenile Justice (Care and Protection of Children) Act, 2000. This Children’s Home primarily houses girl children vulnerable to trafficking, violence, and other forms of maltreatment.

From time to time, Naunihal also admits minor girls (with orders from the Child Welfare Committee) who have been victims of trafficking or other forms of maltreatment and violence, to be given livelihood skills training in varied fields. However, the main focus area of Naunihal is on girls who are below 18 years of age placed there under the orders of the Child Welfare Committee for their long term care and protection.

The unique feature of this Home is that it houses within its premises a 2 room flat similar to the kind one would find in a regular housing society in the city of Mumbai. This flat was built with the purpose of preparing girls who are close to legal adulthood i.e. those aged 17 ½ years, for living conditions outside of institutions. As they are released out of the institution at 18, these girls may have to live in a rented flat – thus, the dummy flat aiming to prepare the girls for this significant transition. The aim was to bridge the gap between life in an institution and life outside of it – to prepare them for the “group home experience”.

The Pilot Run:

In the year 2012, Prerana kick-started its first mock drill with a group of 6 Naunihal beneficiaries who were all between ages 17 ½ to 18 – some had joined Prerana as residential care staff and some who were in Prerana on a short-term basis for livelihood skills training.
This first endeavour involved the group of 6 staying in the dummy flat over a weekend as if they were living in a house of their own. Though the flat has one bedroom with a built-in toilet, an open kitchen with some spare space, and an open drawing/living room; not all of this space was made accessible to the girls. They only had access to the kitchen area and the living room. They were given 500 INR for managing their food and other expenses out of which they had to keep aside 50 INR as rent for the flat. They could access the washrooms located on the third floor of the building. The mock drill required them to move into the flat on Friday night and handover the keys of the flat to the Superintendent of Naunihal on Monday morning. During the weekend they were also expected to report to work and attend sessions and meetings at Prerana like they usually do. Besides this, they were required to do their own shopping, cooking, cleaning, etc. – the idea was to present them with a simulated setting just like the outside world.

Reflections – Sweet and Sour:

After two rounds of this drill, a feedback session was conducted with the girls, and the response was a mixed one. The girls stated that they were very excited about moving into the flat and thought that they will save money from their grocery shopping and buy chocolates for themselves. They had also planned to have their favourite food items on all days but soon reality struck them. Not only did they have a meagre amount of 450 rupees to take care of all their needs, they soon realised that in the real world “things do not come for free”. They realised that everything was “so expensive” and quickly learnt that they will have to prioritize what was important and what was not if they were to manage their finances successfully and survive.

The grocery shopping experience was a particularly gruelling one and the girls stated that as things were so expensive, their plan of saving some money was shattered. They complained about not having enough money and stated that the commute to the market and back to the flat took them a lot of time and that they did not even have the option of taking an auto-rickshaw as they couldn’t fit the fare in their limited budget. Stepping out of the shelter on their own also made them realise that there are many different kinds of people in this world and not all of them will be good to the girls. This was shared in the context of the grocer selling them the costliest items without telling them that many cheaper yet equally good quality brands were available in place of the items purchased.

When asked about the challenges that they faced, the girls had a long list ready. They stated that when they were about to move in to the flat, they had the impression that they would be provided with all amenities present in the flat – including a refrigerator. However, they soon realised that that was not going to be the case. They stated that due to this, they had
no option but to buy groceries one day at a time as otherwise the food would get spoilt.

The girls also faced major hurdles in managing their time. They stated that with all responsibilities suddenly on their own shoulders, their daily schedule went for a toss with them finishing dinner at 12:30 in the night and all of them feeling that they were sleep deprived during their stay in the flat. They were upset that having to attend sessions and ‘work’ (study classes, Centre activities such as newspaper reading, library time, general meetings with the resident girls, and chores volunteered for, etc.) as usual in the afternoons did not give them time to go and shop and finish other household chores. The unavailability of a refrigerator only made things worse. They did not know where to dry their clothes so decided not to wash clothes at all since they had to stay in the flat only for a couple of days; however, they acknowledged that this option was not feasible once they were living outside the home.

The girls stated that on their very first day in the flat, they did not have any breakfast as they could not take a collective decision with regards to the same. “Different people wanted to have different food items, and by the time we could decide it was time for lunch!” They then realised that to begin with, they will have to sit down and jot down “what is it that we need and what can we buy with the amount of money that we have in hand. We would then buy items for one day and then again sit and think the next day as to what can we accommodate now with the amount of money that we have left with us.”

The girls were also upset that the flat had only one fan and that too in the small space in the kitchen area. They stated that they all had to cram and sleep in that small space but also acknowledged that when they move out to a house of their own, in all probability that space is all they will have. They also felt that 500 rupees were not enough but it also made them realise what kind of limitations they will face in the outside world.

Though the girls faced many challenges, they were also happy about being able to manage certain things well. They stated that they did well at the division of household chores amongst the resident girls and also did not get into frequent fights barring one occasion when there was some trouble with regards to the residents not completing the household chores assigned to them. The girls also ensured that each of them got a chance at everything, for example being able to sleep directly under the only available fan.

They also had their moments of laughter when they realised that they had finished a litre of oil in 2 days as they had absolutely no idea about how to cook judiciously and how much oil to use.
Taking It Forward:

By the end of two rounds, the girls already had their “to-do” list prepared for a smooth sailing in the future. They figured that they needed to learn how to manage their time, their money, and the resources available to them. They also learnt that they needed to work on managing responsibility and working in a group collectively and effectively.

The girls also stated that though they did face a lot of challenges and difficulties living in the flat, they did realise that paying 50 INR was nothing to what they would have to pay outside. Besides, they realised that living in the dummy flat meant having access to cooking gas, a continuous electric and water supply, availability of more than one washroom and no travel for work. They understood that once they were on their own, they would have to manage all their expenses including rent, travel, food, clothing, savings as well as their education, all of which came free while they were at Prerana.

The girls stated that these mock drills were a good idea and should be made available to all the girls moving out of Prerana. According to the girls, as they have lived in an institution all their lives they do not realise how difficult it is to live and survive in the world outside. This experience would better prepare the girls to live in mainstream society.

To sum up the experience as quoted by a mock drill participant, “When we were told we will get to live in the flat, we were all very excited and happy. All of us at some point or the other have thought about moving out of Prerana at the earliest so that we can live on our own terms and eat whatever we want and whenever we want; but when we actually lived that life and money suddenly became such a huge issue, we learnt how difficult it is to live outside. We had thought that once inside the flat, we would be free and would do whatever we wanted but we found ourselves constantly tense and thinking about how to manage the money that we had in hand. This happens with everyone living in hostels. All of us think that life outside the hostel is so much better and carefree but this experience brought us face to face with reality and we realised that the opposite was true.”

A recent development in evolving best practice models in the domain of after-care has been payment of pocket money to beneficiaries above 18 years of age who are enrolled in Prerana’s after-care programme. The beneficiaries are paid 100 INR on a monthly basis in which they have to manage the expenses of their toiletries\(^{15}\) and use the remaining money under whatever head they wish to e.g. eating *vada pav*, making a telephone call, buying

\(^{15}\) Prerana spends a total of 65 INR per beneficiary on toiletries per month.
fancy hair clips, etc. The group home model in after-care is a very effective answer to address issues based on and surrounding the lodging and boarding needs of youth living in institutions moving into the after-care phase. Thus, the ‘mock drill’ becomes an important exercise in preparing youth for after-care. Those organizations building their own shelters might want to consider including a dummy flat for such mock drills.
VI

VOCATIONAL TRAINING AND
THE GROUP HOME EXPERIENCE
CHAPTER VI:
VOCATIONAL TRAINING AND
THE GROUP HOME EXPERIENCE

This is a base document prepared following a session on “Vocational Training and the Group Home Experience” conducted at the 3 Day JJ Nursing Association Camp organized for beneficiaries from the Government Special Rehabilitation Home for Girls, Deonar from February 24 to February 26, 2009. Ms. Priti Patkar from Prerana facilitated the session. The resource persons were from among the girls themselves who had the experience of undergoing vocational training and had stayed or would be staying in a Group Home post their training. The experiences shared by Ms. B, Ms. R, Ms. R, Ms. H and Ms. D during the session have been presented below in the form of FAQs vis-à-vis vocational training and staying in a Group Home.

Q. What is a Group Home like?

A. A Group Home is like any other normal house with a kitchen, washrooms, bedrooms, etc. However, 4 – 5 girls share the house together.

Q. Does one have to do one’s own work in a Group Home?

A. In a Group Home, the 4 – 5 residents usually coordinate with each other and share the household chores as per their differing work schedules. Coordination and cooperation is the key to living in a Group Home.

Q. Is any residential staff staying with the girls at the Group Home?

A. No. There is no staff staying at the Group Home. However, periodic visits can be made by staff members to the Group Home.

---

16 Names of resource persons have been withheld in order to protect their right to confidentiality.
17 FAQs regarding the Group home have been answered keeping in mind only Prerana’s Group Home services and rules and regulations may differ from organization to organization.
Q. How long does the training go on for?

A. There is no fixed time period for the completion of training. The time frame required for the completion of a particular training differs from course to course and batch to batch as well as from organization to organization with regards to a similar course.

Q. Will I get a job as soon as I complete training?

A. You might or might not get a job right after you have completed your training. The most important thing to keep in mind here is that you have to have completed 18 years of age to get a legal job. Those who are below 18 years of age might or might not be able to obtain an on-the-job training. One cannot give a guarantee that you will get a job after your training. Thus, it is important to look at the training as an opportunity to acquire a new skill rather than merely a means of getting a job.

Q. Is it permissible to take up a job that is available even if one is below 18 years of age?

A. No. It is illegal18 for anyone who is below 18 years of age to be engaged in a job. Any person, who employs a person below 18 years of age, is punishable by Law.

Q. What is the meaning of an on-the-job training?

A. An on-the-job training means that the person is not permanently employed by the employer and is just learning a skill while working in a real work setting. Thus, the person is not referred to as an employee but as a trainee or an intern. The trainee/intern might/might not get paid a stipend for the same.

Q. Is there an age limit for being eligible to stay in a Group Home?

A. Yes. One should have completed the age of 18 to be able to stay in a Group Home.

Q. For how long can one stay in a Group Home?

A. Generally, one can stay in a Group Home for a time period of two years after which one has to move out.

Q. In the absence of a job guarantee, is there a point in undergoing vocational training?

A. Yes. One should look at vocational training as a means of acquiring a skill and at the same time utilizing one’s time constructively while at the Home. The better trained and experienced a person would be; the better the job would be. Moreover, it is not possible

18 This is as per what was stated by the girls who came in as resource persons for the session. However, the facilitator explained the same with facts and also informed the group that formal and organized sectors insist on employing persons only above 18 years with a proof of age.
for the NGO to be able to give a call on when will one get a job. Whether or not a person will get a job depends a lot on the person who is the employer. The NGO can only make an attempt to get the girl a job.

Q. After I complete my training and get a job but choose to stay in a Group Home; can I connect with my parents later on if I wish to do so?

A. Yes. There is absolutely no problem with that.

Q. Can I meet my relatives while I stay in the Group Home?

A. Yes. Your relatives can even come and visit you at the Group Home but a prior permission for the same would have to be obtained from the appropriate authority. However, “brothers”, who would want to eventually marry you, are not allowed.

Q. Is the money the girls earn from their jobs enough to sustain them in a Group Home?

A. No. It is not enough. But it takes some time and experience to get a better paying job. Also the organization pays the deposit while the girls chip in and pay the rent.

Q. How does one feel when all the other girls at the Home get placed in jobs post their training but you do not get a job as you are underage?

A. It does not feel very good but one needs to understand that it is not possible to obtain a job when one is below 18 years of age.

Q. What is a pre-placement visit? Is it required at all?

A. A pre-placement visit is made by the girls to an institution before making the final decision of going and staying in that institution. For example, if 10 girls have been selected to go and undertake vocational training from a particular institution; those 10 girls will have to visit that particular institution before they finally shift base there. This visit is essential as the girls get to see the place where they would be staying, get oriented to the staff there and the rules and regulations of the institution. They also get to meet all others who would be undertaking the course with them. The staff of the new institution also gets oriented to the girls. Thus, after the visit, the girls can make an informed choice about whether or not they want to undergo training. It is important to keep in mind here that the pre-placement visit can only be conducted for the place of stay and not for the actual training.

19 This is case specific. This was the response given by the girls who were present on the panel as resource persons.
Q. Is the Group Home facility available only for those who are not from Bombay?

Generally, a Group Home is for those girls who do not have anyone in the local city. However, those who have a family in the local city but this family, for whatever reason, is unable to keep them, can stay in a Group Home. However, if after some time, the girl feels that she wants to meet her parents, she can choose to do so. For this, the girl has to apply for a permit to visit her family. But one should keep the trust reposed in them and not visit their boyfriends instead, because sooner or later when the parents call up the organization the staff will get to know the truth. An NGO shows trust in the girls and keeps them in the Group Home. If they break the trust, future batches suffer.

Q. Should one tell their colleagues about their past (in relation to being victimized)?

A. No. Generally, it’s not a very good idea to disclose the details of your past to your colleagues. If one does disclose intimate details about one’s past to one’s colleagues; they might take advantage of you. It is simply enough for your social worker to know where you are coming from and no one else at work should be told about this. Moreover, if one has a fight with our colleagues or friends, it is inevitable that in anger they will use their knowledge of our past to hurt us and get back at us. Thus, to avoid any kind of trouble one must not disclose details of one’s past to one’s colleagues. There are also occasions when customers may harass one on the job because of prior knowledge of your past. At times such as these, one must immediately inform their employer/supervisor about the harassment. It is also beneficial to let people know that you have an NGO to back you up. For example; there was a time when a particular customer was troubling a girl. The girl complained to her supervisor. She also told this customer that if he continued to trouble her, she would lodge a complaint against him with the Police. When an NGO worker visited the girl’s workplace for a follow up visit, the girl showed this client that she was associated with an NGO and that she would make a complaint against him with the NGO as well. The customer stopped harassing her from then on.

Q. Are there any rules and regulations that prevail in a Group Home?

A. Yes. There are certain rules and regulations regarding general discipline that one has to follow while staying in a Group Home. However, the rules and regulations in a Group Home are very much relaxed as compared to an institutional shelter home. For example, one can sleep and wake up at whatever time one wants, one can choose not to go to work daily (though that might have its own repercussions), one can choose what to cook and when to eat out, etc. Periodic parties are also held in a Group Home.

Q. Can we invite our friends over to the Group Home?

A. Yes. Friends can be invited to the Group Home as long as they are female friends.
However, prior permission must be taken from the appropriate authority. Male friends are not allowed in the Group Home at any point in time.

Q. For how long can one depend on an NGO for support and backing?

A. Once a girl has completed her training and moves to a Group Home, the NGO is still there but to a lesser extent than when the girl was in an institution. Once the girl moves out, she must learn how to cater for herself. This does not mean that the NGO will not provide any help whatsoever. The NGO will still help if it is asked to do so, but in a different capacity from what it did earlier. An NGO too has limited funds and they can’t keep helping the same girl forever as they require to cater to the needs of other girls who are still in institutions.

Q. Does one face any problems staying in the Group Home locality?

A. Yes. There are times when the local boys/men trouble the girls as they know that the girls are staying alone in a Group Home. However, one can take the help of the local police in such instances.

Q. Keeping in mind the salary that a first job will fetch; is it possible to have savings? Are savings important? Why?

A. Yes. It is possible to have savings even if on a small scale. Savings are very important. One must open an account with a bank in order to start their savings. Bank documents also act as an identity proof. When one is in an institution, the NGO caters to all the monetary needs of the girls. However, when one is on their own, it becomes difficult to arrange for a lot of money in times of trouble. Thus, one must have savings for the future like health concerns, emergencies, for days when one might not have a job, to pursue any plans (education) that one might have for the future.

Q. Is it a problem when men are around at work?

A. Yes. At times girls face a lot of problems when men are around in the workplace. The men intentionally trouble the girls as they do not want a woman working in a male dominated area. Thus, they try and create trouble so that the girl gives up and quits the job. However, in such a situation, one must complain to the supervisor instead of quitting the job as that would mean you are letting the other person win. As one resource person (who works at a fuel station) put it, “The boys do not want us to work. They even get more pay than us. They try to harass us sexually. There was an instance when certain boys who were our colleagues left blue film posters in our lockers. We went and complained to the supervisor and things became fine from then on”. There are certain work settings where one will face more problems with the opposite sex as compared to certain other work settings.
VII

CASE STUDIES
CHAPTER VII:
CASE STUDIES

This chapter presents a spectrum of cases from Prerana’s after-care programme. These cases are not specific to the success or failure of any individual case or the programme in itself but attempt to present before the readers a gamut of experiences and learning; things that worked and others that did not.

CASE # 1: PM

Age: 20 years (at the time of enrolling for the group home).

Religion: Hindu

Native Place: Karnataka

Education: Standard VIII

Case Trajectory: PM’s mother was a victim of commercial sexual exploitation and trafficking and lived in one of the city’s red light areas with her two daughters. Around 1990, she approached Prerana for enrolling her daughters into the Night Care Centre and subsequently to a safe shelter home. PM and JM were thus, enrolled in a boarding home through Prerana.

When PM’s mother expressed her desire to move out of the sex trade, Prerana assisted her with seeking financial assistance and she eventually started to sell small items, dress materials, and readymade garments in the local trains.

---

20 Names of certain persons and places have been changed / withheld in order to protect the identity of the persons.
21 The widely used term ‘boarding home’ refers to Children’s Homes as defined in the Juvenile Justice (Care and Protection of Children) Act, 2000.
Around the year 1995, PM was shifted to another boarding home due to adjustment issues. Here, she was enrolled into the fifth standard and studied until the eighth. She then failed to pass the ninth standard and after two failed attempts dropped out of school. PM was 18 by this time and the boarding home wanted her to move out. The children’s home gave her the option of undergoing a Balwadi teacher’s training and job in a residential shelter but she did not show much of an interest. Prerana worked with the shelter in order to let PM continue staying there. During this time, she enrolled for the night school and started undergoing vocational training courses being offered by the boarding home and subsequently joined the After-Care programme being offered by the same boarding home.

During this phase, there were several complaints from the boarding home staff about PM being arrogant in her attitude and not keeping her promises. Within 4 months of joining a soft toy making company she left her job stating that she was underpaid. This job had been procured through the contacts of the boarding home and thus, the authorities were not happy with PM quitting the job. They no longer wanted to keep PM in their After-Care programme.

PM eventually started to stay with her mother around the end of November 2003 even though her mother was not very happy with this decision. Prerana continued following up the case and next PM informed Prerana that she wanted to take up a beauty parlor job. However, subsequent visits around early 2004 revealed that PM and her mother did not have a house of their own and were staying with a woman who used to be a VOCSET\textsuperscript{22} and PM was helping her with all household chores. PM’s mother was not very happy with this arrangement and informed Prerana that PM had not been able to procure a job in any beauty parlor. She also informed Prerana that her elder daughter JM was working as a bar dancer and had taken up residence in a western suburb and that PM used to go and stay with her sister at times. The mother was worried that PM would get influenced by her elder sister and start going to the bar to dance.

Prerana at this point started discussions with PM about her future plans and aspirations. PM at this time was living with her sister who was a bar dancer and staying in an area where majorly bar dancers and henchmen had their houses. During this process of case work with PM, Prerana learnt that PM wanted to move out of the area and do something meaningful with her life. She expressed her wish to strengthen her skills in beauty care so as to better her job prospects. Prerana during the casework phase with PM, gave her an orientation to the varied options available to her. PM opted for the group home option and was thus, referred to Prerana’s After-Care programme (group home initiated in collaboration with Our Children) and was one of Prerana’s first cases for after-care.

PM joined the group home around August 2004. By then she had procured a job in a reputable beauty parlor and was doing well. Prerana helped her get a sponsorship for

\textsuperscript{22} Victim of Commercial Sexual Exploitation and Trafficking.
enrolling for an advanced training course at the same parlor.

However, soon there were teething issues with regards to following the rules of the group home. It was noticed that PM would return very late from work crying and would ask the other resident girls of the group home to give her a massage as her body was aching. Prerana subsequently learnt from another resident girl that PM had a boyfriend who was physically abusing her. PM continued with her relationship despite the frequent battering and did not mention anything about this to Prerana.

PM then started getting personal calls on the phone pass (PP) number for the group home. The local community raised objections as they had to answer these calls sometimes. They were also aware that PM was returning very late from work and that she was constantly crying because of the physical abuse that she was going through. When questioned, PM told Prerana that she had to stay late at work due to over time. When Prerana tried to verify this with the parlor, the owner denied it. Prerana also learnt that someone was dropping PM to the group home every day late at night which was against the Prerana group home rules.

PM was counseled by Prerana about her abusive relationship and was offered assistance, but PM chose to continue with it.

In due course, PM started breaking other rules of the group home like allowing her mother to stay for a night without informing the concerned authorities even though as per the rules, no one apart from the residents could stay in the house without a permit. When confronted, PM displayed a degree of aggression and even got her boyfriend to visit the group home. Despite frequent warnings from the authorities and objections from the other resident girls, she continued to disobey the rules of the group home.

After discussion with the other residential girls in the Group Home, PM was asked to either mend her ways or to leave the group home and Prerana offered to assist her with finding a place to stay which PM declined. She took up residence in a western suburb close to her workplace. She did not share her residential details with Prerana and her workplace remained the only way of staying in touch with her. Subsequently Prerana learnt that some of her friends from work had also joined her in this new house emulating the group home programme.

PM eventually completed her advanced training in beauty care and was granted a promotion on the job. She then enrolled for her standard X through Prerana. Throughout this period, Prerana was not able to meet PM directly and followed up on her through PM’s employer who informed Prerana that PM was fed up of her boyfriend and wanted to get out of the relationship. She was also keen on shifting base to Pune. Through PM’s employer, Prerana conveyed to her that she could turn to Prerana if she needed any assistance and a beautician’s kit was bought for her in case she wanted to take up freelance work.
However, Prerana did not hear from PM and PM’s employer conveyed to them that she was very ashamed of her past behavior and was therefore hesitant to seek help from Prerana.

**Conclusion:**

- Though PM had a lot of teething issues with her stay at the Prerana group home, she eventually managed to set up a group home on her own with other working girls thus highlighting the fact that the group home model is a replicable one and addresses issues related to the sustainability of the project.

- Issues related to friendship and relationships often arise as the girls are in that age and stage of their life and such issues need to be handled with care.

- This was one of the first after-care cases being handled by Prerana and the learning was that participation and group decision-making by the residents are essentials for a group home to run successfully.

**CASE # 2: PS**

**Age:** 17 years (at the time of enrolling for the group home).

**Religion:** Hindu

**Native Place:** Nepal

**Education:** Standard X (dropout)

**Case Trajectory:** PS was born in Mumbai off a VOCSET from Nepal. Around the year 1992, when PS was 5 years old, her mother brought her to Prerana for enrollment in the Night Care Centre and subsequently wanted her to be shifted to a safe shelter. PS was enrolled in Prerana’s Night Care Centre and subsequently moved to a boarding home.

Around the end of 1993, Prerana heard from the shelter home that PS’s mother had stopped visiting her at the shelter. On further follow up, Prerana found out that her mother had fled away from the red light area. This was a great source of shock for PS and she stopped eating resulting in enormous weight loss. She would often keep asking about her mother.

PS’s mother started visiting her at the shelter home again around March 1994 informing the child that she had migrated to Surat. This reassurance made PS become more stable and her mother started visiting her more frequently. However, around July 1996, PS’s
mother again stopped visiting her leading to further emotional trauma for PS. This second occurrence of the same episode affected PS’s overall personality growth and left her feeling very insecure. This gradually manifested in her behavior and she ended up being labeled stubborn and arrogant.

Prerana could not locate PS’s mother. PS was referred for long-term counseling to help her, as this episode of her mother suddenly disappearing led her to doubt if her mother was still alive. She managed to study up to standard IX but could not complete standard X as she lost all interest in studies and other activities. She became deeply unhappy and asked Prerana to go leave her in the same place where they had found her. Despite long term counseling, PS continued to show behavioural problems. She started to display denial with regards to other matters. She believed she would secure around 60 per cent marks in her standard X exams even when she was unable to grasp anything and needed additional support and help. PS had turned 17 by this time. Eventually the shelter home was not ready to keep her with them.

This was when Prerana started counseling her to consider after-care and she eventually agreed to enroll. PS started staying at the group home around August 2005. Her counseling continued and she was encouraged to take up some kind of skills training as a prerequisite for staying in the group home. During the planning stages it was decided that only those girls who are above 18 years and have a source of income could avail of the group home programme in addition to those who are studying or studying and working. It was made clear that those who are not enrolled in a training/educational programme or do not have a job cannot avail of the group home programme. The idea was to get her involved in something constructive so as to facilitate her healing process and at the same time to help her pick up a skill that she could use to earn her livelihood once the after-care phase was over. Prerana had to encourage PS a lot to decide to take up a skill of her liking as she was just not interested in thinking about herself as she still saw her mother’s disappearance as a rejection and betrayal from her mother. She eventually took up a course in tailoring.

PS faced problems while settling down in the group home. She got into frequent fights with the other resident girls. It took her about 4 – 5 months to settle down in the group home. She learnt how to prepare her own meals. She also took up courses in computers and fashion designing along with the course in tailoring. This helped boost her self-confidence. ‘Our Children’ pitched in with contributions to the funds for her to pursue these courses.

Meanwhile Prerana also started encouraging PS to enroll for standard X but she did not show much interest in the same. It soon came to the notice of Prerana that PS had started missing her tailoring classes and instead she was spending time with her boyfriend.
When Prerana made an attempt to discuss the same with PS in a counseling session, she refused to admit she had a boyfriend. PS also developed a disturbed pattern of eating either insufficiently or not eating at all. She grew very weak and fainted on one occasion which scared her. She became preoccupied with the thought of contracting AIDS. During counseling, PS denied having made any sexual contact with anyone or being exposed to any syringes. Prerana suggested that she get tested for TB as she showcased indicative symptoms. When PS tested negative for TB, she once again became preoccupied with the thought of having contracted AIDS. Prerana suggested that if she was so worried, she should consider getting herself tested. Though PS eventually tested negative for HIV, it is probable that she had a physical relationship with her boyfriend.

PS was offered psychosocial counseling throughout the after-care process. As PS was not a working girl and was still a minor when she joined the after-care programme, she was dependent on the major girls for care and support. There was a phase when Prerana had to monitor her by making her training instructors sign a daily attendance book just to ensure that she was regularly attending her training courses. She eventually adjusted and started to attend her courses regularly and also began to handle better her interpersonal relationships with the other resident girls at the group home. Subsequently, PS got a job in Hyderabad through ‘Our Children’ and decided to move there.

**Conclusion:**

- Girls often face very basic issues such as how to cook their own meals once they enter group homes as most of their adolescence is spent living in child care institutions where readymade food is provided. Thus, the after-care programme becomes a suitable teaching tool in the journey from institutionalization to living in mainstream society because it helps the beneficiaries get exposure to real life problems such as health management issues and handling expected and unforeseen expenses.

- Group homes are a viable alternative for many beneficiaries who do not have any family support and they cannot stay in institutions as either they have completed 18 years of age or the institutions do not want to keep them on varied grounds. After-care thus, becomes an essential component of their rehabilitation as they still require a lot of inputs (livelihood options training, life skills, soft skills, etc.) before they step out into the real world.

- As mentioned in the previous case, issues pertaining to intimate relationships often do crop up in the after-care phase and require careful handling.

- Separate group homes should be set up for beneficiaries who are above and below
18 years of age. As in most cases, it was realized that the older beneficiaries would dominate the younger ones and make them take care of all the household chores.

**CASE # 3: PK**

**Age:** 19 years (at the time of enrolling for the group home).

**Religion:** Hindu

**Native Place:** Karnataka

**Education:** Standard IX

**Case Trajectory:** PK’s mother, a VOCSET admitted PK to Prerana’s Night Care Centre in 1988. PK dropped out of the Night Care Centre and was then readmitted in 1993. Her mother was very ill around this time and PK was leading a disorderly life as there was no one to take care of her. The brothel keepers would give her money to eat in the local restaurants and she would loiter around the community until late at night. Prerana had grave doubts about the intentions of the brothel keeper with regards to PK. Prerana started counseling PK about placement in a boarding home. The brothel keeper, however, had major control over PK’s mother and she got the mother to refuse to PK being placed in a boarding home.

Around 1994, PK’s mother fell very ill and finally agreed to placing PK in a boarding home. The brothel keeper agreed on the condition that she should be allowed to visit PK at the boarding home. At that time, Prerana agreed to this condition, as the most important thing was to get PK out of the red light area. That particular brothel keeper was infamous for housing minors and pushing them into prostitution. Prerana was convinced that she had similar plans for PK as her mother was on her deathbed. Prerana discussed this with the boarding home and made an agreement whereby the brothel keeper could visit PK while her mother was alive and then disallow these visits on the grounds that the brothel keeper is not PK’s legal guardian. This was necessary as PK’s mother was still living with the brothel keeper and was under her control.

PK’s mother passed away in early 1995. Prerana immediately informed the boarding home to disallow the brothel keeper to meet PK. As expected the brothel keeper visited Prerana to claim PK’s custody. Prerana told her that it was not possible as she was not biologically related to PK nor was she legally appointed as PK’s guardian. The brothel keeper threatened Prerana of dire consequences. Meanwhile PK was transferred to another
boarding home without the brothel keeper’s knowledge. PK stayed in this boarding home till mid 2002 while appearing for her standard X. At this time she expressed her wish to return to Mumbai. She was eventually brought to Mumbai and was placed in the same boarding home where she was placed earlier.

PK did not seem happy. She took up vocational courses at the boarding home but the home authorities soon started complaining about certain behavioural issues. There were complaints about her skipping classes and work and spending time instead at her friend’s house. Prerana convinced them to let PK complete her training as a midwife while staying at the boarding home. The authorities agreed and even found her a job post the training but asserted that she has to move out.

PK moved to the after-care programme (group home) in August 2004. Prerana was already counseling her on the need to take responsibility for her own life and to start earning as she was now an adult and did not have any other support system. In order to prepare her for life outside, Prerana gave her contacts for exploring job options. PK eventually managed to get a job through her own efforts that helped boost her self-confidence.

PK had to take a long commute to work and was managing well. However, soon she was asked to take up the night shift and this she was reluctant to do as all this was very new to her. Prerana convinced PK’s employers to let her continue with the day shift temporarily but also started counseling her to try out the night shift. Eventually she tried it out a few times successfully which was again a great boost to her confidence.

PK soon started to have problems with the authorities at her work place. She soon changed jobs. She was not happy with the salary offered. Further she was told that she would be provided with accommodation which did not materialize. As she was unhappy with the salary as well, she worked there for less than a month.

PK soon took up a caretaker’s job with the mother of her previous employers. However, that did not last long as the lady was not happy with the quality of PK’s work. She then returned to her previous job. She continued working there till she found another job of her choice. She was very clear that she has to have some source of income at all times as she had no other financial support.

Meanwhile, Prerana moved its group home to another suburban locality as the property owner had refused to extend the lease further for a second year. PK found herself a job near this new locality and worked there for around 2 months and subsequently joined another job. PK frequently changed jobs. She would change jobs whenever she came across a better paying one. PK always kept Prerana updated about her job changes.
Prerana started counseling PK about the disadvantages of such frequent job changes. It was explained to her that starting salaries would never be good, but with time and a consistent performance, the salary might increase. However, she continued job hopping, with earning more money as the motivating factor. There were times when she took up more than one job at a time.

However, by this time, PK had started saving some money as opposed to her earlier habit, when she would spend most of her money on fancy clothes and food. She banked the money in her own account and also through a Prerana partner organization.

At this time, Prerana began counseling her to complete her standard X education but PK was not interested. She was too occupied with earning money. PK had also been instrumental in assisting girls from the group home to meet their boyfriends which had caused problems in the group home. When asked, she denied having a boyfriend.

PK by this time had started to take an interest in cooking. However, she would never clean up after cooking. She was not very health or hygiene conscious. She used to drink a lot of tea and sometimes substituted tea for meals. She was advised about the bad effects this would have on her health. She also started visiting the church on Sundays and wanted to consider herself a Christian as she had grown up in a Christian community.

Prerana by this time had started thinking of giving PK the option to move into another group home as she was not adjusting to the group home she was living in. The idea was that a change of environment would be beneficial for her as well as the individuals who were a part of the group home.

**Conclusion:**

- As after-care is the last step between institutionalization and the mainstream society, it is important not to spoon feed the beneficiaries during this phase. The organization should just play the role of an anchor and let the beneficiary explore what possibilities lie ahead of them in the outside world, so as to better prepare them for the same.

- There are times during the after-care process when girls are faced with situations where they require taking certain decisions. For example, in this case PK’s constant job changes. At such times, it becomes important that the mentor organization assists the girls in taking their decisions rather than getting anxious and making those decisions for the girls. The role should be that of a mentor and facilitator and making the girls understand the pros and cons of varied situations.
There are times when a particular composition of people do not work together even after making various attempts. At such times, it’s important for the mentor organization to recognize/acknowledge the situation and give the girl the option of moving to another group home. It is important to keep the other resident girls of the group home in the loop as far as such changes and developments are concerned so that they too can plan their work and finances accordingly.

**CASE # 4: SG**

**Age:** 17 years (at the time of enrolling for the group home).

**Religion:** Hindu

**Native Place:** Maharashtra

**Education:** Standard IX

**Case Trajectory:** SG and her elder sister BG lived in one of the city’s red light areas with their grandmother, who had come to Mumbai to get a job and had started to sell peanuts on the street side. The girls’ mother had abandoned them and neither the girls nor the grandmother knew if she was alive. Sooner or later, the grandmother expressed to Prerana that she was not able to take care of the girls.

Around 1991, Prerana enrolled the two girls in a boarding home. The girls were keen students and were well settled at the boarding home. Their grandmother visited them often and would take them to their village during vacation time. They also had a distant aunt living in Mumbai, and they would go visit her on holidays.

Around 1997, the girls’ grandmother went to her native place and never returned back. Post this, the girls’ uncle and aunt started visiting them at the boarding home and would take them to their native place during vacations. In the year 1999, BG was discharged from the boarding home and returned to her village along with her uncle and aunt. She was eventually married off to her cousin at the village. BG had an unhappy marriage and was given a tough time by her family and relatives. SG was witness to all of this when she visited BG during her vacation. SG made up her mind never to get married to anyone from her village.

Around 2002, Prerana came to know that SG had a boyfriend who studied in her class.
Prerana discussed the same with her so that she does not lose focus on other things because of her relationship. When SG and her boyfriend entered standard X, Prerana counseled\(^{23}\) both of them together about focusing on their studies.

Around December that year, the boarding home authorities informed Prerana that they were not willing to keep SG with them post her standard X as she had a boyfriend. SG expressed that she wanted to stay at Prerana instead of any other institutions and assured Prerana that she would pass her standard X exams.

At the end of her exams in March 2004, SG went to her native place for a vacation without informing Prerana. She returned back in June with her aunt, just when her exam results were to be declared. She failed all but one subject. When Prerana met her, SG stated that she did not wish to return to her village. However, she was given a discharge order from the boarding home. As at that time, she did not have any place to go to, she returned to her village to stay with her sister.

When SG came back to Mumbai, she told Prerana that she did not wish to return to her village as she could not adjust to the life there. She stated that her relatives would marry her off and that she did not want to end up like her sister. She told Prerana that she would never meet her boyfriend again and that she would focus on her studies and work towards procuring a good job so that she could lead a dignified life.

Prerana gave her orientation to the group home programme and SG was very excited about availing of the facility. SG joined Prerana’s aftercare programme (group home) around August 2004. At the time of induction, she was counseled with regards to her life in the group home and was encouraged to think about her day to day activities and her short term and long term goals. She mentioned that she was keen on joining the police force and Prerana reasoned out the feasibility of the same with her. SG was made to realize that (at that point in time) she was not physically fit for such a job as she had not been taking care of her health and had poor eating habits. She was counseled about having short term goals like taking care of her health if she wished to join the police force.

SG also expressed that she enjoyed working with children. Prerana counseled her with regards to the same and eventually she took up a Balwadi teachers’ training course. This suited her well as this training left her with ample time for self-study so that simultaneously she could clear her standard X exams. Around this time, she appeared for exams (standard X) in two subjects and passed both.

When Prerana shifted its group home to a central suburb, SG started to have issues. She seemed to be lost in her own world and would sit and day dream for hours. Prerana found out that she was seeing a boy from the locality. This was problematic as she used to meet

\(^{23}\) Casework. Does not mean professional psycho-social counseling.
the boy in his house as well as outside and the community started to have issues with the same. The community started complaining and raising questions. One of the resident girls from the group home would help SG to meet her boyfriend. Prerana counseled her about the same and asked her for details but she completely denied that any of it was true. The boy’s mother too was very angry and threatened to physically abuse SG.

A girl from the community brought a letter to Prerana that was written by SG for her boyfriend. The contents of the letter were disturbing as SG had mentioned that she had had a meeting with the boy’s uncle. This was disturbing as Prerana did not know who this man was and what his intentions were with regards to SG. Moreover, SG was very gullible and could easily be manipulated by the boy’s uncle. Prerana confronted SG with the letter and she admitted everything.

Meanwhile Prerana started receiving complaints about SG from her mentor. SG’s Prerana appointed mentor was associated with Prerana’s networking partner and lived in the same locality. SG’s mentor informed Prerana that she was returning late to the group home and had also started missing training sessions. Thus, SG was shifted to the residential organization from where she was pursuing the Balwadi teachers’ training programme.

Following this, Prerana had a meeting with all the resident girls of the group home to discuss this issue with them. All aspects of the case were discussed and the resident girls gave their views on the same. They collectively decided that such behavior was not acceptable in the group home and that rules and regulations had to be followed. Meanwhile, Prerana also kept a follow up for SG. She seemed settled at the shelter and was working hard on her training and was doing well.

SG as such was very hardworking but innocent and gullible and people could easily take advantage of her. There were times when the resident girls of the group home would get her to do their share of work.

While her counseling was still on, SG expressed to Prerana that she did not wish to return back to her native place. As she was soon going to turn 18 and was doing well in her training, Prerana offered her a job at their Balwadi at the Centre in Navi Mumbai. This was a residential post and she could work and stay at the Centre itself and could later move onto the group home once she is fit to be transferred to the same. She moved into the Navi Mumbai Centre and within six months she moved to a group home once again and also procured a job in an industrial estate.

**Conclusion:**

- Sometimes girls who have led an institutional life do not adjust to the sudden life of
independence. Therefore, moving them to a hostel kind of life becomes necessary. It is also necessary for the After-Care organization to tell such beneficiaries that the shift is not a permanent exit from the group home just because they are facing adjustment issues and that they can always rejoin the programme as and when they are prepared and legally eligible for the same.

✓ Prerana recommends a minimum of 2 years of handholding because of the various issues that erupt and a professional and guided intervention becomes the key to sustaining the programme.

CASE # 5: MT

Age: 17 years (at the time of enrolling for the group home).

Religion: Hindu

Native Place: Nepal

Education: Standard VII

Case Trajectory: MT was a year old when her mother abandoned her while still in her native place. Till the age of nine a woman from the same village took care of MT and then brought her to the Kamathipura red light area of Mumbai. Prerana’s first contact with MT took place when the Prerana outreach workers met her in the community during one of the outreach visits. MT’s foster mother C, expressed to the Prerana team that she wanted to enroll MT in a boarding home.

Around July of 1994, she was enrolled in a boarding home in Varap through the orders of the concerned Child Welfare Committee. However, due to the boarding home being very remote and cut off from the main city, MT faced adjustment issues and returned to Mumbai post a year. She was then enrolled in another boarding home at Thane where again she faced adjustment issues. While Prerana was looking for an alternative boarding home for her, around July 1995 the team learnt that a man from her foster mother’s brothel had already enrolled her in a local boarding home. Slowly and gradually, she began to settle there.

MT studied at this local boarding home up till standard V but then started to fail in her class. She would stay at the Prerana Day Care Centre when she briefly returned to the community during her vacation.

Starting in the year 1999, MT started to develop a lot of adjustment problems at the local
boarding and the housemother pulled her up for the same every now and then. Prerana was providing her with counseling as she was facing psychological issues pertaining to her mother and foster mother’s involvement in the sex trade. MT had also started to develop a strong dependence on another Prerana beneficiary from the same boarding home. The dependence was so strong that when the beneficiaries’ cottages were changed as part of regular administrative process, MT refused to stay in any other cottage apart from her friend’s cottage. Such excessive emotional dependence on another individual needed psychosocial intervention.

Meanwhile, MT continued to have conflicts with the housemother which led to a lot of frustration in her. Prerana suggested the option of shifting to another boarding home but she refused the same. In the November of 2003, MT attempted suicide by over the counter drug overdose and ingested soap water. Post this episode, the housemother further severed communication with her and did not want MT to stay at the boarding home.

Around December 2003, the boarding home administration changed and they decided that they did not want MT in their boarding home. However, Prerana convinced the authorities to continue with her admission as she required psychosocial and psychiatric intervention. Prerana referred her to the organization’s regular psychiatrist who informed Prerana that MT was very frustrated with the housemother’s behavior towards her and was tired of the constant reprimanding. Her suicide attempt was carried out for seeking attention with regards to the situation. The psychiatrist also stated that MT was upset as since the day she was enrolled in the boarding home, no other person apart from the Prerana social workers had visited her; not even her foster mother. Prerana communicated this to the boarding home authorities and took responsibility of following up MT’s case.

MT would stay at Prerana’s Day Care Centre during her summer vacation. Her psychosocial counseling continued around May of 2004 and her psychologist informed Prerana that MT was prepared to take up a short term training course. MT expressed her wish about wanting to complete her standard X through the open school system post undergoing a training course.

Eventually, MT completed her standard X and moved into a group home. She was provided with an induction orientation and well-adjusted in the group home. She followed all the rules and regulations. While still in the group home, she took up a job and two years later moved into an independent group home which was put together by her peers.

**Conclusion:**

✓ Girl children belonging to the red light area community usually face a lot of resistance
from boarding homes as they do not want to keep children from the red light area in their shelters. Thus, group homes serve as the best resort for such beneficiaries who do not have solid support systems within the community.

✓ After a time when Prerana also got hold of the Group Home model, encouraging girls to move into their own group home became a reality and a smooth transition.

**CASE # 6: JS**

**Age:** 19 years (at the time of enrolling for the group home).

**Religion:** Hindu

**Native Place:** Nepal

**Education:** Standard XII, Diploma in lab technology.

**Case Trajectory:** JS was enrolled in the Prerana Night Care Centre in the June of 1993. In the year 1994, she was enrolled in a boarding home by Prerana as per due procedure. JS’s mother was found to be HIV positive and also had tuberculosis and succumbed to the disease in June of 1995. JS was disturbed with her mother’s death and was provided psychosocial counseling to cope with the same.

The year 2000 onwards, JS started displaying behavioral issues where she would back-answer promptly and was very fixated on her rights and would often keep asking about the same. Whenever she felt that her rights were being quashed, she would become aggressive and back-answer. The boarding home where she was enrolled started to have issues with such behavior patterns. Prerana social workers tried to work with JS and explain to her that rights go hand in hand with responsibility and were situation specific. Thus, she needed to be aware as to when she should raise her voice with regards to her rights. JS behaved in a manner where she almost made it seem like she was facing extreme exploitation at the boarding home; which in reality was not the case. JS seemed to be living in her own utopian world. In order to help her understand what her options were available, Prerana social workers arranged for her to visit another boarding home. Here she found the rules were stricter as compared to her earlier boarding home. After staying there for a month, JS wished to return to her initial boarding home.

However, this acceptance of the initial boarding home was short lived as JS soon returned to the same behavioral pattern. Her defiant thought process was soon reflected in her
behavior as she started assisting the other beneficiaries of the boarding home to get access to articles that were prohibited within the boarding home. This resulted in the boarding home not wanting to keep JS in their shelter. JS on the other hand did not wish to go to any other boarding home.

Post one year, JS was introduced to the concept of after-care but she refused to leave her boarding home. This went on for one year after which she finally agreed to being shifted to an after-care home (Group Home) and working at the same time. She also wanted to undergo some kind of livelihood skills options training.

JS was an independent girl and was very clear in her views. By this time, she came across as someone who was responsible and had some focus in life. She enrolled for the very first after-care initiative of Prerana in the August of 2004 which was started in collaboration with Our Children. JS got along well with the other beneficiaries in the group home. She was working as well as pursuing an academic programme. During this time, she completed her course in lab technology and took up a full time job as a lab assistant. Prerana realized that JS had immense leadership potential. She had the potential to understand that challenges involved in the process and had the capability to work around things and also lead the group in a way so as to face all the challenges of living in a group home without complaints. During this time, Prerana also learnt that JS had a boyfriend but she did not talk much about him as she asserted that he was just a friend and that there was nothing beyond that to their relationship.

In the very first group home started by Prerana, a total of 6 beneficiaries were co-sharing the house. They shared a very cordial relationship with their neighbors; which was a great positive. Post the first cycle and completion of a year in that particular group home, the beneficiaries could not get an extension to their lease and had to move to another group home in the central suburbs of the city.

JS and the other beneficiaries were well settled in this new group home and the new environment. Representatives from Prerana and Our Children made frequent visits to the group home and had periodic feedback meetings with the beneficiaries.

As time passed, JS was elected as the mentor for the rest of the beneficiaries. She did have anger management issues but responded well to counseling. During this period, JS also completed her graduation from the University of Mumbai. This time round, when it was time to renew the lease of the property where the group home was running and the property owner was not prepared for the same, JS displayed leadership skills by identifying another property in the same location where the group home could be shifted. She stressed
on the same locality so that the support systems that they had built in the locality remain accessible to them. JS also carried out all the lease and agreement work on her own with very little assistance from Prerana and Our Children and contacted the two mentoring organizations only for checking the draft prepared by her. There were also certain issues with regards to eve teasing, which again she handled with a lot of confidence. JS today, has completed her MSW and is working for an NGO in Mumbai.

Conclusion:

✓ Having a senior beneficiary stay in the group home helps reduce supervision related work for the after-care organization and is also a healthy practice as the aim of after-care is to create self-reliant and confident individuals who can be mainstreamed into society.

✓ It is important to identify good leaders through the after-care process as they serves as ideal peer mentors for the other beneficiaries.

✓ Prerana also realized that working with ‘Our Children’ on an innovative programme was very beneficial as you are not alone and have the support of each other and also have someone to bank on and brainstorm with.

Case # 7: UK

Age: 18 years (at the time of enrolling for the group home).

Religion: Hindu

Native Place: Maharashtra

Education: Standard X

Case Trajectory: UK was enrolled in Prerana’s Night Care Centre in July of 1990. Her mother had been abandoned by her husband and she had nowhere to go around that time. A female acquaintance of hers got her from Pune to Mumbai and sold her in the red light area of Kamathipura.

While in the red light area, UK’s mother learnt of Prerana’s activities through the organization’s outreach staff while they made their regular home visits. UK’s mother expressed her wish to enroll UK in a boarding home as she did not want her daughter to be pulled into the sex trade. UK was thus, enrolled in a boarding home in June of 1992 through the orders of the concerned Child Welfare Committee.
UK was a very sensitive and emotional girl. Though she socialized with the other beneficiaries at the boarding home, she mostly remained calm at all times. She did not display any sort of aggression. UK was very concerned about her mother’s wellbeing. While she was still living in Kamathipura, it was evident that she had understood to some extent what Kamathipura was all about and thus, showed increasing concern for her mother. During this time, UK’s mother’s health had started to deteriorate and she was admitted to a destitute home in the city where eventually she succumbed to her illness. UK was very disturbed to hear about her mother’s death. Prerana at this stage provided her with psychosocial counseling to help her cope with the same.

UK was enrolled in the after-care programme in the August of 2004. However, she expressed her wish against the same as she wanted to continue staying in the boarding home and complete her studies through the shelter. As all her friends were there, she wished to complete her standard X while living in the same boarding home. She took her standard X exams in the year 2005 and post the same expressed her wish to be transferred to the after-care programme. She also wanted to join some kind of a livelihood skills training as she felt that the same would help her procure a job. Her pre-placement counseling was thus started.

However, once UK moved to the group home, she was not particularly happy. Around the same time, Prerana had started a residential training programme in fashion designing. When UK was informed about the same, she expressed her interest in enrolling for the programme.

Post 7 months of training, UK took up a job in a garment factory and moved into a newly set up group home. UK was well adjusted to the new group home but subsequently left her job as the travel and job timings were having an adverse effect on her health. At this point, she decided to join Prerana as an office assistant and did her job with great responsibility. However, post a year of work at Prerana, her performance started to deteriorate. When Prerana discussed the same with her, it surfaced that she was disturbed because of her strained relationship with her boyfriend. The after-care organization asked UK if she wanted any intervention on their part and she refused the same. Eventually, she left the job at Prerana and took up another job at a mall in one of the central suburbs of the city.

For this particular group home where UK was staying, Prerana had paid the basic deposit amount as well as the rent for 11 months in advance. It was agreed upon by all the beneficiaries that as all of them had jobs, they would contribute a monthly sum and the return the monthly rent amount to Prerana in installments. As UK was one of the oldest beneficiaries in the group home and had shown that she was dependable, the
responsibility of collecting the monthly rent was given to her by all the girls. She took the
responsibility and for the first few months the rent was collected and came to Prerana on
time. However, from the 7th month onwards, UK did not pay the collective rent money to
Prerana. When asked, she stated that she would pay the same but total inaction followed.
When reminded time and again, she started to make excuses and would say that she will
soon pay the rent.

When the rent amount did not come in the 8th month as well, the after-care organization
confronted her. At this time, UK cried a lot and stated that she would return the money in
a week’s time. However, before the end of the same week, UK took all her belongings and
left the group home without informing anyone. The after-care organization was worried
as to where she had disappeared. Subsequently, UK called up the mentoring organization
and stated that she was safe but would return only when she was in a position to return
the money.

For a year after this episode, the after-care organization did not hear from UK. The after-
care organization tried to locate her at the mall where she worked; but she had stopped
reporting to work. Post a year of this, UK called up again and said that she was fine and
apologized for not having repaid the money. She informed the after-care organization that
she had rented a house near Thane and was co-sharing it with three other girls. When the
after-care organization visited UK’s house, they were impressed as the house was very
neat and well kept. UK had chosen a house which was close to the station. UK told the
after-care organization that she was able to manage on her own only because she was
trained well while in the after-care programme. She apologized for not having returned the
money and shared with the after-care organization that her boyfriend wanted the money
and never returned it back to her.

Conclusion:

Though the after-care organization had a difficult experience with UK with regards to
money matters, encouraging leadership and independence during the after-care process
helps beneficiaries better prepare for life outside the after-care programme.

✔ During after-care, the beneficiaries are at such a phase of their life where they are
constantly vouching for a relationship for social and emotional support. However,
relationships at that stage can be a tricky issue and needs to be handled with great
care.
CASE # 8: BS

Age: 19 years (at the time of enrolling for the group home).

Religion: Hindu

Native Place: Chhattisgarh

Education: Standard V

Case Trajectory: BS was initially referred to Prerana by the State run shelter home for minors rescued from a trafficking situation. She was an orphan when she first came into contact with Prerana. Prior to coming to Mumbai, she had been staying with her relatives who eventually left her at a spiritual leader’s ashram in Ahmedabad. She stayed in the ashram for a few years but one day ended up coming to Mumbai with a female friend from the ashram. In Mumbai, BS had an interface with the Child Welfare Committee of Mumbai suburban who admitted her to the State run home for minor girls.

As Prerana’s Post Rescue Operations project was based in the Government Shelter Home, BS was referred to Prerana for short term training in Catering and Hospitality Services being offered by Prerana through the Institute of Training and Management at New Bombay. Post many rounds of orientation, pre-placement counseling and a pre-placement visit, BS was transferred to Prerana’s Naunihal Home in September of 2007.

Though BS was a responsible and active girl, she would constantly break the rules of the organization. While her stay at Naunihal, she completed other short term courses such as tie and dye and jewelry making apart from the main training. Around December 2007, BS had become very aggressive and started to have strained interpersonal relationships with the Centre staff. During individual counseling sessions it surfaced that BS would crave the Centre staff’s attention, in the absence of which she would grow aggressive; so much so that, BS attended only one counseling session and told the counselor that she did not require her assistance.

Despite of all other behavioral issues, BS was a very hard working girl and loved to take on responsibility. She participated in all Centre activities and was good at taking initiatives. BS successfully completed her training in Catering and Hospitality Services in the January of 2008. Due to her excellent performance, she was offered an internship with the ITM itself around March of 2008. However, during one wandering visit made by the Prerana staff at the ITM, it came to Prerana’s notice that BS had borrowed a cell phone from one of her colleagues at the ITM in order to make a phone call to her boyfriend in Chhattisgarh.
Prerana had a discussion about the same with BS where she was asked to think about what she wanted to do – whether she would like to continue with her internship or marry her boyfriend as she had known him for 5 – 6 years. She also shared her boyfriend’s number with the team. When the Prerana team got in touch with her boyfriend, he stated that he knew BS but had no plans of taking the relationship any further.

Around the same time, BS was also being counseled for shifting into a group home for which she was very reluctant and apprehensive. However, she eventually prepared herself for the change. Meanwhile she also continued her internship with the ITM and was well adjusted.

In 2008, Prerana set up a group home with 5 girls in Navi Mumbai and BS was one among them. All five had an induction orientation to the rules to be followed at the group home. Initially, all five had problems with cooking and managing their ration with no refrigerator to keep left overs. They realized they had to work on this. They had to ensure there was no wastage and also realized if they cooked in proper quantity they saved money. They were disappointed that they did not have television. Almost after 6 months they bought a music system so that they could listen to the radio and songs if not view television. In the second year of the group home programme, they agreed to pitch in money and bought a pre-used television. With the new found freedom all the girls in this home spent a lot of money on talk time. None of them saved money for almost eight months. This was the first Prerana group home which became independent within 2 years of coming into existence.

In this group, there was one girl who had a boyfriend who would come to the group home every now and then and when the society found this, they called the Prerana representatives for a meeting and said the girls would have to move out as this kind of behavior would bring ill reputation to their building. The other girls decided they would ask this particular girl to move out and they could not jeopardize their wellbeing because of one girl. We tried to intervene but the other girls said that this girl had to move out of the home. Around this time we had our marriage questionnaire ready and we read it out to this group and received their feedback as well as discussed the same with the girls individually.

Today the same group continues to be together and now located in a New Bombay Suburb. BS has been in touch with Prerana and is trying to complete her standard X. She also shares with us every now and then that she should have listened to Prerana about completing her standard X first and then starting work as she found that for her, pursuing studies along with work was an extremely difficult task.

BS also says that life outside an institution is tough. For her, group living means a lot of
adjustment and complimenting and supplementing each other. Out of the 4 remaining girls in the original formation, one girl got married in 2011 and now as of September 2012, there are 3 of them living together.

**Conclusion:**

✓ As an organization we also improved with experience.

✓ All the girls in this home were from Naunihal and so already had a bonding and therefore adjustment was not a major issue as such.

When one girl in the group home breaks a rule and collectively the other members decide to get her out, the organization should help the entire group to think rationally and with reason and not push and oust the girl as she needs to be helped to take her life further. Alternatively, if the group is adamant on getting any member(s) out, then the mentoring organization needs to work on the rehabilitation of the ousted member(s) if they so desire.

---

24 Prerana run Children's Home for girls at Navi Mumbai.
ANNEXURE I:
PROTOCOL FOR AFTER-CARE
PLACEMENT PROGRAMME

Note: This document was part of the initial brainstorming done by Prerana with regards to starting the after-care project with specific focus on the group home model. This was first drafted in the year 2003.

What is after-care programme?

After-Care Programme refers to the positive intervention to help the child, girl or boy who has graduated from residential child care (welfare and development services) and having completed 18 years to make use of facilities such as stay, food, security, recreation, formal education, value education, medical care, counseling, vocational guidance, vocational placement (apprenticeship), legal help, social and cultural life till the child becomes a major / completes a minimum of 21 years.

The intervention process may start a couple of years prior to the child turning 18 and may continue a couple of years after the completion of 21 years of age though in a reduced degree, in order to make the child self-reliant and independent physically, socially, and economically.

AREAS OF IMPORTANCE

❖ Livelihood Skills Options:

Sending beneficiaries for vocational guidance, vocational training, apprenticeship/job placement when they are about to complete their stay at the various Homes.

❖ Educational Sponsorship:

Sponsorship to selected children (i) placed in outside institutions for residential care (ii) living in the community who are in need of special inputs to support, sustain, and strengthen their formal education.
What all will it involve?
What all will it not involve?

**Identification:**
Who will identify the child?
Who will identify the Home?
How will the child be identified?
How will the Home be identified?

**Suitability:**
What minimum aspects will be checked about the prospective Home?
What minimum aspects will be checked about the prospective child; i.e. who is qualified to be under this programme?

**Preparation:**
What will go into preparing the child for placement in the after-care programme?
What will go in preparing the Home authority and staff?
Who will prepare the Home?
Who will prepare the child?

**Time Period:**
What minimum of time frame is required?
Who will decide the time period?

**Participation:**
What steps will be undertaken to ensure maximum child participation?

**Financial Liabilities:**
Who will pay for what?
❖ **Monitoring:**

Who will monitor?

What are the monitoring procedures?

Is there going to be joint monitoring?

❖ **Reporting:**

Who will report and to whom?

What must be incorporated in the report?

❖ **Crisis Management:**

What crisis situations are anticipated?

Who will handle the crisis?

❖ **Follow up:**

Who will do the follow up?

How long will the follow up be?

How will the follow up be made?
ANNEXURE II:
PRE-MARRIAGE QUESTIONNAIRE

Note: This document was prepared as a need was felt for orienting the beneficiaries with regards to taking important decision in life pertaining to their partner and marriage as it was observed that at that stage, the beneficiaries were getting into relationship on the basis of impulsive decision making.

Getting married is one of the most joyous moments in one’s life. However, there are certain aspects that demand attention before walking down the aisle. There are certain questions you should ask yourself and know about your partner, ask your partner before you commit yourself to marriage.

1. Do you know the full name of your friend?
2. Do you know his/her age?
3. Do you know his/her educational qualifications?
4. From which religion is your friend?
5. And his/her family members?
6. Have you met with his/her family? Yes/ No
7. What were your impressions?
8. Does your friend have a place of his own to stay? Or does he rent a house?
9. Does your friend work? Yes/ No
10. If yes, do you know the details of his employment?
11. Do you know his/her income? Yes/ No
12. Do you know his/her friend circle? Yes/ No

Your impressions:

13. Do you think it is important that you tell him/her about your background? Yes/ No/

Why?

14. If yes, have you already told him/her? Yes/ No

Remarks:

15. If no, do you plan to tell him/her? When? Yes/ No

16. Does your friend consume alcohol? Yes/ No

17. Does your friend smoke? Yes/ No

18. Does your friend take drugs? Yes/ No

19. Do any of his/her family members consume any of the above? Yes/ No

20. Do you think it is important for you to know whether your friend has any criminal background? Yes/ No

Why?

21. If your friend says that his/her family does not live in the city but in the village, do you think you want to insist that you get more details about them? Yes/No

22. Do I think of marriage as my ticket to freedom?

23. Am I giving into family or peer pressure?

24. Am I hoping marriage will solve all the problems in our relationship?

25. Is marriage a more comfortable and secure alternative at this point of time to being single?
Once you decide to get married

1. Have you met your partner’s family members?
   
   Yes/ No
   
   Your Impressions

2. Where will you live post-marriage?

3. (for girls) Will you be allowed to work after marriage?

4. (for girls) Will you be allowed to pursue your education after marriage?

5. Will your partner agree to a blood test?
6. Will your partner agree to a total health check-up (TB, STI, HIV, etc.)?

7. Will your partner agree to a Prerana representative or any other intervening agency to meet him/her and his/her family?

8. Will your partner agree to a Prerana representative or any other intervening agency meeting his/her employer to get an opinion about his/her performance at the work place?

9. Are you and your partner familiar with each other's financial situations? Including loans taken. Girls said sometimes boys like to marry working girls like them as they have taken a loan which they need to repay and as the girls are earning, they can assist the boys in repaying the loan.

   Yes/No

   Do you intend to get information about your partner’s bank balance?

   Do you intend to inform him of your bank balance?
10. Would you and your partner prefer a registered marriage or a religious one?

11. Would you like to fix a date for your marriage or have you already fixed a date?

12. Would you and your partner like to undergo counseling related to marriage?
   Yes/ No

13. Do we share common values and lifestyle choices?

14. Are your sexual expectations in sync?

15. How many children do you want to have?

16. Do you have any specific religious, moral, cultural ideas on raising them?
   Please check the topics you would like for counseling
   
   Marriage counseling
   
   Sex life education/ counseling
   
   Family planning counseling
   
   Any other areas you would like counseling in:

Inputs by: Ms Priti Patkar, Ms. Aparna Dhopeshwarkar, Ms. Kalpana Mistry, Ms. Gayatri Divecha.

This document is prepared keeping young adolescent girls and young women

Updated on 22nd November 2008.
ANNEXURE III:
AFTER-CARE SCHEME

The following After-Care Scheme is aimed at making a person enrolled in this programme, self-reliant and independent in all respects. The programme is very generic in nature and will be tailored to the specific needs of every beneficiary who qualifies the programme.

SECTION I: Which is the population that should avail of After-Care services?

As per Prerana’s After-Care scheme, the following category of beneficiaries should qualify for availing After-Care services;

1. A girl under the Juvenile Justice System who has been discharged from the Children’s Home and whose rehabilitation plan/education is still not complete.

2. A girl under the Juvenile Justice System who is an orphan; has been discharged from the Children’s Home and is studying/receiving vocational training.

3. A girl under the Juvenile Justice System who has been discharged from the Children’s Home and no care plan had been prepared during the girl’s stay at the Children’s Home.

4. A girl who has never been under the Juvenile Justice System but is suddenly found in a situation where there is a total lack of support systems when she is around 18 years of age and she needs a livelihood training, a stay facility, psychosocial inputs and such other support systems.

5. A girl who came under the Juvenile Justice System when she was 16 – 17 years old and there weren’t sufficient number of years to work with her
to enable/empower her towards social reintegration.

SECTION II: At what age will the After-Care services be provided?

After-Care services will be provided to the qualified beneficiaries once they have completed 18 years of age.

SECTION III: What will be the period of After-Care?
18 years to 21 years – a total period of 3 years.

SECTION IV: What are the services that will be provided to the qualified beneficiary when being covered under Prerana’s After-Care scheme?

The following services will be provided to a qualified beneficiary who is being covered under Prerana’s After-Care Programme;

1. At the outset, the specific project associated Prerana team will conduct an assessment of the qualified beneficiary’s strengths/needs, existing educational qualification, interest areas, etc. and the prepare a care plan/action plan for the following 3 years. This care plan/action plan will be assessed, reviewed and revisited by the Prerana team and the qualified beneficiary every three to six months depending on each individual case.

2. Prerana will bring it to the notice of the qualified beneficiary, the resources it has to offer to the qualified beneficiary. Prerana will also begin referral processes in case it does not have its own resources that match with the needs of the qualified beneficiary.

3. Prerana will house the qualified beneficiaries in their rented Group Homes. Prerana will maintain separate Group Homes for qualified beneficiaries pursuing further studies and qualified beneficiaries who have earning jobs.

4. The qualified beneficiaries residing in these Group Homes will attend monthly meetings with the Prerana team and will attend one Life Skills Education session every month.

5. Where needed, Prerana will refer the qualified beneficiary for livelihood training and pay for one such training during the three years of providing After-Care services.

---

25 “Qualified” as in the context of Prerana’s After-Care Scheme. A person “qualified” for After-Care services will be a person who meet all or one of the categories mentioned in Section I of this document.

26 Though the After-Care Programme will be generic in nature covering a vast range of services; all the services listed in this document might/might not apply to every qualified beneficiary. Thus the programme will be tailored to meet the specific requirements of every qualified beneficiary.

27 As per the needs assessment done under Section IV Subsection 1.
6. Prerana will refer such a qualified beneficiary for a job placement once; and subsequently will train the qualified beneficiary to explore job placement opportunities.

7. Prerana will equip the qualified beneficiaries to access services such as – health, legal, law enforcement system, banking, civic rights – obtaining a ration card, a PAN card, unique identity card, voter identification card, etc.

8. Prerana will pay for the stay, food, clothing, toiletries, bedding, medical, recreational needs of those qualified beneficiaries who are enrolled for studies or for livelihood training and the process they are enrolled for is ongoing.

9. Before moving a qualified beneficiary into an After-Care facility, a medical checkup will be conducted for each qualified beneficiary. This will be required to maintain a medical record/medical history document for the qualified beneficiary and will assist a medical practitioner in providing medical services to the qualified beneficiary in the future if need be. This medical report WILL NOT under any circumstances; be used to refuse admission into Prerana’s After-Care programme.

10. Some of the other services which will be provided to a qualified beneficiary during the duration of the After-Care programme are – pre-marriage counseling, family relationship counseling, legal rights counseling, etc.

SECTION V: Checklists for assessment of the programme. Prerana’s After-Care Scheme will be assessed every three to six months on the following broad indicators;

1. Procurement of;

2. Ability to avail the following services;

3. Level of Financial Independence.

Level of Social/Civic Independence.

28 As under Section IV Subsection 5.
29 This is just an example of certain of the broad indicators that need to be looked at during assessment. For the actual assessment, please refer to the detailed set of checklists for the assessment of Prerana’s After-Care Programme.
30 Both in terms of approaching and finances.
SECTION II
TOWARDS A COMPREHENSIVE POLICY
ON AFTER-CARE
In June of 2011, Prerana embarked upon a very rigorous consultation process to this effect, whereby Prerana presented a very broad framework of what an after-care scheme should look like just to initiate the initial discussion with partner organizations leading to a more comprehensive after-care scheme. This first meeting kick-started an entire process lasting eight long months, with more and more civil society organizations joining the cavalcade as the exercise progressed. This process led to the formation of a ‘Working Group’ comprising of Advocate Maharukh Adenwalla, Saathi, Aangan, Vinimay Trust, Our Children, Committed Communities Development Trust, International Justice Mission, Chaitanya Mahila Mandal, Prayas, Salaam Balak Trust, Justice and Care, Rescue Foundation, Freedom Firm, Child Welfare Committee of Mumbai Suburban, Parivartan Mahila Sanstha, Oasis India, Navjeevan Protective Home, Kasturba, Bombay Teen Challenge, and Crossover Foundation; with Prerana anchoring the entire process.
VIII

A COMPREHENSIVE POLICY ON AFTER-CARE
CHAPTER VIII:
TOWARDS A COMPREHENSIVE POLICY ON AFTER-CARE

In the year 2008, one of the main focus areas for Prerana’s Anti Trafficking Centre was ensuring minimum standards of care and support services to victims of trafficking and other forms of violence. With its Post Rescue Operations project based in the State run Government Shelter Home at Deonar and the Naunihal Children’s Home at Kharigar being the focal point for the same, Prerana was also involved in organizing a series of workshops with regards to minimum standards.

The need for understanding the issue of ‘after-care’ and the need for having a written ‘exit policy’ first came up in one such State level workshop organized by Prerana in August of 2008. The issue again emerged in the March of 2010 at a workshop on the Scope and Issues in Rehabilitation vis-à-vis the anti-human trafficking work. Almost all the participants of the workshop felt the need to discuss issues pertaining to after-care and having a concrete exit policy for clients – focus on ‘exit’ in terms of exit from institutional life into after-care. This was especially true of those who have completed 18 years of age and/or those clients who are 18 years and above and have been under the care and support services of the organizations working for such populations. Each one felt the need to discuss the issue and arrive at some common understanding on a workable, appropriate and sound after-care/exit policy.

In April, 2010; Prerana took the initiative of convening a consultation with this view in mind. The idea was to come up with some sort of a workable draft on after-care/exit policy that can be moulded and put into use by organizations working with children on varied issues. The consultation looked at certain broad areas of concern such as;

- Closure with beneficiaries who have completed 18 years of age.
- Closure of after-care services.
- The legal framework pertaining to after-care and closure.
- Need for the beneficiary to gain an understanding of the whole concept of ‘Exit’.
- Looking at ‘Exit’ as a necessary step in the whole process of rehabilitation/reintegration and to not use it as a tool to get rid of a person.

This further led to small group exercises with the purpose of brainstorming on what an after-care programme should comprise of with special focus on points such as;

- Which categories of beneficiaries require After-Care? (WHO?)
- What services are we going to provide as part of After-Care – After-Care Schemes? (WHAT?)
- Developing of checklists for gauging the trajectory of the After-Care programme. (WHERE IS IT GOING?)

This consultation culminated in a collective decision that each of the participant organizations would try and develop an after-care scheme to be shared with the larger group for further deliberation with the aim of tabling a comprehensive after-care scheme.

In June of 2011, Prerana embarked upon a very rigorous consultation process to this effect, whereby Prerana presented a very broad framework of what an after-care scheme should look like just to initiate the initial discussion with partner organizations leading to a more comprehensive after-care scheme. This first meeting kick-started an entire process lasting eight long months, with more and more civil society organizations joining the cavalcade as the exercise progressed. This process led to the formation of a ‘Working Group’ comprising of Advocate Maharukh Adenwalla, Saathi, Aangan, Vinimay Trust, Our Children, Committed Communities Development Trust, International Justice Mission, Chaitanya Mahila Mandal, Prayas, Salaam Balak Trust, Justice and Care, Rescue Foundation, Freedom Firm, Child Welfare Committee of Mumbai Suburban, Parivartan Mahila Sanstha, Oasis India, Navjeevan Protective Home, Kasturba, Bombay Teen Challenge, and Crossover Foundation; with Prerana anchoring the entire process.

June to September saw a series of meetings between the Working Group and member organizations with significant contributions from each one in their area of expertise. Small groups from within the Working Group visited the existing after-care programmes running in the city, while other small groups visited institutions to understand schemes that could be integrated with after-care. The process also saw the formation of a smaller core group comprising of members who did their homework regularly and brainstormed on the feedback obtained by the larger group. The process put together some organizations that were already running after-care programmes with others who were eager to understand the concept. The understanding evolved as the process evolved; one example being that what was started as an after-care scheme for children in need of care and protection was now extended to all children falling under the ambit of the Juvenile Justice System.
Meanwhile, Prerana also ensured client participation by sharing this entire process with beneficiaries at the annual Senior All Girls’ Camp – both those who had been beneficiaries and those who were still in Prerana’s after-care programme. There was also a meeting with those beneficiaries with whom Prerana and Our Children had started their first group home.

The last round of meetings took place somewhere around September 2011 after which Prerana along with Advocate Maharukh Adenwalla kick-started the documentation process; consolidating all the data gathered and generated through the entire consultation process.

With the final document still under preparation, October saw UNICEF (Maharashtra) joining the cavalcade. UNICEF was also looking at the issue of after-care, and learnt around this time of the process embarked upon by the Working Group. They expressed their interest in joining hands with the Working Group with the intention of pushing the document at the State level and help in it being adopted as a guideline at the national level in the domain of after-care under the Integrated Child Protection Scheme.

The Working Group document on an integrated scheme on after-care reached completion towards the end of December 2011 with a dissemination for the Working Group conducted in January 2012.

The entire process was a very enriching one for the Working Group and the final document was a very comprehensive one taking care of various issues such as;

- Making the document inclusive by including both children in need of care and protection and juveniles in conflict with law.
- Looking at not only group homes but also at after-care hostels as an equal component of after-care.
- Since after-care is the last step towards leading a mainstream life, ensuring that the after-care scheme encourages the beneficiaries to be as independent and as self-reliant as possible is very important.
- Ensuring that the after-care scheme is a legally sound document.

The following chapter presents the integrated after-care scheme prepared by the Working Group.
CHAPTER IX:
THE AFTER-CARE SCHEME

INTRODUCTION

An after-care programme is necessary for an institutionalized child in need of care and protection or a juvenile in conflict with law that requires further assistance for completion of the process of rehabilitation or attainment of self-sufficiency on his release from the Children’s Home / Special Home. It could be a vital final stage in the continuum of care for certain identified children / juveniles. When in after-care, it is important to ensure that the child / youth is freed of any stigma attached to their association with the juvenile justice system. To achieve this end, it is necessary for the State Government to formulate a scheme of after-care programme, and to establish, manage and maintain after-care programmes in different districts.

Needless to state, on completion of their term in the Children’s Home / Special Home, the child / youth will be restored to their parents / guardians. It is only in cases where the child / juvenile / youth opts for the after-care programme and is found fit by the competent authority to do so, will the child / juvenile / youth be admitted to the after-care programme.

This document is prepared on the basis of the parameters of after-care contained under the Juvenile Justice [Care and Protection of Children] Act 2000. The best interest of the child / juvenile / youth shall be of paramount consideration while governing any after-care procedure and / or decision. The child / juvenile / youth’s opinion shall be taken into account at every stage.

In this document, a child / juvenile, after he / she has entered the after-care programme is referred to as “child” when below the age of 18 years, and on crossing 18 years, is referred to as “youth”.

I. EXISTING LEGISLATION IN RESPECT OF AFTER-CARE

The Juvenile Justice [Care and Protection of Children] Act 2000

Section 44. After-care organization. – The State Government may, by rules made under this Act, provide –
(a) for the establishment or recognition of after-care Organizations and the functions that may be performed by them under this Act;

(b) for a scheme of after-care programme to be followed by such after-care Organizations for the purpose of taking care of juveniles or the children after they leave special homes, children homes and for the purpose of enabling them to lead an honest, industrious and useful life;

(c) for the preparation or submission of a report by the probation officer or any other officer appointed by that Government in respect of each juvenile or the child prior to his discharge from a special home, children’s home, regarding the necessity and nature of after-care of such juvenile or of a child, the period of such after-care, supervision thereof and for the submission of report by the probation officer or any other officer appointed for the purpose, on the progress of each juvenile or the child;

(d) for the standards and the nature of services to be maintained by such after-care Organizations;

(e) for such other matters as may be necessary for the purpose of carrying out the scheme of after-care programme for the juvenile or the child:

Provided that any rule made under this section shall not provide for such juvenile or child to stay in the after-care Organization for more than three years:

Provided further that a juvenile or child over seventeen years of age but less than eighteen years of age would stay in the after-care Organization till he attains the age of twenty years.


**Rule 18. Establishment and recognition of After-Care Homes.** –

(1) The After-Care Organization, as outlined in the Act, are to take care of juveniles or children after they leave special homes and children’s homes.

(2) Government may establish and maintain as many After-Care homes as may be necessary for the reception of the juveniles and children discharged from the institutions or homes for the purpose of enabling them to lead an honest and useful life.

(3) Where the Competent Authority is of the opinion that any institution other than an institution established under sub-rule (2) is fit for the reception of the juvenile or child to be sent there from the institution or home may be recognised as an After-Care Home for the purposes of this Act.

(4) The objective of these homes shall be to enable such children to adopt to the society
and during their stay in these transitional homes these children will be encouraged to move away from an institution-based life to a normal one and to help the individual to make smooth adjustments to his post release environments;

(5) The target groups will include juveniles or children who have either been discharged or released on probation or bond from the special homes or children’s homes.

(6) This may include setting up of temporary homes for a group of youths, who can be encouraged to learn a trade and contribute towards the rent as well as the running of the home.

(7) There shall also be provision for a counselor, who will be in regular contact with these youths to discuss their rehabilitation plans and provide creative outlets for their energy and to tide over crisis periods in their life.

(8) The programmes in the aftercare home shall include:

(a) Facilitating employment generation for these youths will be a key programme.

(b) After a youth has saved a sufficient amount, he can be encouraged to stay in a place of his own and move out of the group home.

(c) Loans to these youth to set up entrepreneurial activities may also be arranged.

(d) A counselor shall also be made available for youth at these homes, as at this stage of life, they can be lured into crime or drug dependence and such other habits or deviant behaviour.

(9) The strategy for children who have been juveniles or have left special homes shall be to help them to return to normal life and adjust and adapt to their environment.

(10) There shall be provision for vocational training of these children to enable them to sustain themselves through their own efforts.

(11) Before a juvenile or child is discharged from a home, as the case may be, and is sent to an After-Care home, the Probation Officer or the Case Worker shall prepare a report regarding the need and nature of after-care assistance required by the juvenile or child, the period of such after-care and supervision thereof.

(12) The Superintendent of the after-care home in which the juvenile or child is placed shall periodically submit a detailed progress report on the juvenile or child to the competent authority till the juvenile or child is reintegrated into the community.

(13) The internal management, functions and responsibilities of the after-care home and the standards and nature of services to be maintained by it shall be regulated by the instructions as issued from time to time by the Government.
(14) The After-Care Homes shall network with other Non Governmental Organizations to carry out its functions.

II. OBJECTIVES OF THE AFTER-CARE PROGRAMME

(a) To facilitate the smooth transition into society of a child in need of care and protection / juvenile in conflict with law who was placed in a Children’s Home / Special Home under orders of the Child Welfare Committee / Juvenile Justice Board, and to encourage them to move away from an institution-based life.

(b) To ensure that the child / youth develops skills and abilities so as to be able to better their employment chances and sustain an independent lifestyle that is responsible, safe, stable and secure.

(c) To provide the child / youth with education / vocational training / apprenticeship / life skill education so that he / she is able to obtain a job / initiate a livelihood option and / or is able to integrate into the community as self-reliant and independent individuals.

(d) To assist a child / youth to obtain personal documents [Ration Card, PAN Card, Bank Account, etc.] that would be necessary in his / her future life.

(e) To provide the child / youth with linkages to governmental and non-governmental agencies / schemes that could provide support on completion of the after-care programme.

III. ELIGIBILITY FOR ENTRY INTO THE AFTER-CARE PROGRAMME

(a) Those children in need of care and protection [any category under section 2(d) of the Juvenile Justice (Care and Protection of Children) Act 2000] and juveniles in conflict with law who had been placed in Children’s Home / Special Home by the competent authority and who have been found fit by the Child Welfare Committee / Juvenile Justice Board to join an after-care programme.

(b) Children / juveniles over seventeen years of age but who have not completed their eighteenth year.

(c) Children / juveniles who have crossed the age of eighteen years (i) prior to the child’s inquiry having been concluded and final orders having been passed by the Child Welfare Committee, or (ii) during the juvenile’s stay in the Special Home under orders of the Juvenile Justice Board.

IV. IDENTIFICATION OF CHILDREN / JUVENILES REQUIRING AFTER-CARE

(1) Probation Officer.

(2) Competent Authority, i.e., Child Welfare Committee / Juvenile Justice Board, as the
case may be.

(3) Parent / guardian of the child / juvenile.

(4) The child / juvenile himself / herself.

(5) Non Governmental Organization working with the child / juvenile when in the institution.

(6) Any other functionaries [medical practitioners, vocational trainers, teachers, mental health professionals] providing services to the child / juvenile while he / she is in the institution.

Placement in an after-care programme shall be through the orders of the Child Welfare Committee / Juvenile Justice Board passed (i) on its own motion or (ii) upon a Probation Officer’s Report or (iii) upon an application made by those mentioned at item Nos. 3 to 6 above. On an application being made by those mentioned at item Nos. 3 to 6 above, the competent authority shall refer the case to the Probation Officer for submission of the Probation Officer’s Report assessing such child / juvenile’s need for after-care.

V. PROCESS OF IDENTIFICATION OF CHILDREN / JUVENILE FOR AFTER-CARE AND ITS TYPE

(a) To enable a child / juvenile to avail of an after-care programme, all children / juveniles or their parents / guardian should be oriented about the after-care programme, including an exposure visit, at least 3 months prior to such child / juvenile’s release from the Children’s Home / Special Home. Such orientation shall be through the competent authority / Probation Officer / Superintendent of the Children’s Home / Special Home. Such orientation is an integral part of the process of exit [Stage I] which is detailed at clause X above.

(b) In the event of the child / juvenile, opting to join the after-care programme, the competent authority shall assess such child / juvenile’s suitability to join the after-care programme after discussion with the Probation Officer / child or juvenile / parent or guardian / non-governmental organization or any other functionary that has worked with the institutionalized child / juvenile. While assessing the child / juvenile’s suitability, the competent authority shall consider, amongst other things, the gender, maturity, capability of the parent / guardian, particular circumstances relating to that child / juvenile. And if found suitable, the type of after-care [Group Home / After-Care Hostel] that would be most effective for that particular child / juvenile shall be decided by the competent authority in consultation with the child / juvenile. After assessment, the competent authority shall pass a written order giving reasons with regards to the child / juvenile’s suitability or unsuitability to join the after-care programme.

(c) The consent of the child / juvenile shall be a pre-requisite to placing such child /
juvenile in an after-care programme. Such consent shall be recorded by the competent authority.

(d) The competent authority’s acceptance or refusal of a child/juvenile to an after-care programme shall solely depend on the merit of each case, and such decision should not be a means of punishment/detention/expulsion.

VI. AFTER-CARE PLAN

(a) To help the child/juvenile to move towards his/her goals, prior to leaving the institution, the Probation Officer in consultation with the child/juvenile and/or parent/guardian, if any, and the Social Worker associated with the selected after-care programme shall prepare an After-Care Plan for implementation within the after-care setting. This After-Care Plan shall be periodically assessed and reviewed during the child/juvenile’s participation in the after-care programme. The points to be considered and recorded in an After-Care Plan are at Annexure “A”.

(b) In appropriate cases, on completion of 18 years of age, at the behest of the Social Worker associated with that after-care programme and with the consent of the relevant youth, that youth may be placed in another after-care programme. The only consideration at the time of placement shall be those in the interest of that youth and necessary for his/her comprehensive rehabilitation. Prior to such placement, the intention to do so along with the reasons should be brought to the notice of relevant competent authority in the presence of that youth.

(c) Prior to completion of 18 years of age, if it is required to place the child into another after-care programme in the interest of that child, an order to that effect shall be obtained from the Child Welfare Committee / Juvenile Justice Board. The Child Welfare Committee / Juvenile Justice Board shall hear the child/juvenile and/or the parent/guardian at the time of passing of such order.

VII. PLACEMENT ORDER OF COMPETENT AUTHORITY

(a) The competent authority’s order placing a child/juvenile in an after-care programme shall be passed prior to such child/juvenile completing 18 years of age or on completion of 18 years in cases falling under III (c) above.

(b) The Child Welfare Committee / Juvenile Justice Board at the time of passing an order to place a child/juvenile in after-care shall also mention the type of after-care programme [Group Home or After-Care Hostel] in which that particular child/juvenile shall be placed.

(c) At the first instance, the competent authority may place the child/juvenile in an after-care programme for a specific period of time, which period may, as the competent authority thinks fit, be extended from time to time. The total period of placement of
a child / juvenile in after-care shall not exceed 3 years.

(d) At the time of passing the placement order, the competent authority may call for periodic progress reports from the agency / after-care Organization in whose care the child / juvenile / youth has been placed. The periodic progress reports shall include the following information:

(i) educational status, if child / youth is studying;

(ii) vocational training, i.e., the type and level of training;

(iii) employment status;

(iv) life skill education and other capacity building programmes attended;

(v) health status, also mention any specific health problem;

(vi) general progress of the child and his / her psycho-social development.

(e) The order in respect of placement in an after-care programme, and any other subsequent order in this respect, shall be passed by the competent authority in the presence of the child / juvenile, after considering the child / juvenile’s views.

VIII. ESSENTIALS OF AN AFTER-CARE PROGRAMME

(a) No child / youth shall continue in an after-care programme for a period exceeding three years.

(b) An After-Care Plan is to be prepared in respect of each child / juvenile that is found suitable for the after-care programme prior to such child / juvenile’s release from the Children’s Home / Special Home.

(c) The After-care Plan should be flexible, and not rigid. It should be such that it can be modified as per the unique needs of that child / juvenile.

(d) There should be a periodic review of the progress made by the child / youth to evaluate his / her preparedness to attain independence.

(e) Separate after-care facilities for boys and girls.

(f) With a view towards non-stigmatisation, different categories of children in need of care and protection [rescued from prostitution, rape victims, runaway children] and juveniles in conflict with law, should participate in an after-care programme. Furthermore, there should be no segregation on the ground of religion, caste, language, physical disability, mental capability, etc.

(g) The environment in an after-care programme should be safe and nurturing, and at the
same time not controlling, and should be such that will help the child / youth adapt to life in the community.

(h) The child / youth should be steered towards making independent decisions and taking responsibility for herself / himself; and towards this end, the child / youth should have free access to counselors / peer mentors.

(i) To ensure that the child / youth receives education / vocational training that results in attaining financial independence. And towards this end, to ensure that he / she is able to access appropriate educational facilities / vocational training within the community.

(j) To provide the child / youth with life skill education to enable him / her to handle and cope with emotional and psychological needs, as well as deal with daily chores and routine, such as personal hygiene, cooking, cleaning, traveling, budgeting. To provide a stipend to the child / youth till such time that he / she starts earning so that he / she is able to handle money to meet his / her daily needs.

(k) To assure a child / youth with special needs access to different types of therapeutic services.

(l) To provide information about (i) documents [PAN card, Voter Identity Card, ration card, domicile certificate] required to access basic civic amenities and if required, to assist in obtaining these documents; (ii) government schemes [financial aid, shelter, medical assistance], should be given to the child / juvenile whilst in after-care; (iii) external support system [governmental and non-governmental] that can be accessed to fulfill specific requirements, including, crisis situations.

IX. IMPLEMENTATION OF AFTER-CARE PROGRAMME

(a) The prime responsibility of after-care shall be that of the State Government. The State Government shall establish and maintain After-Care Hostels and Group Homes in every district.

(b) The competent authority may recognize any registered Non-Governmental Organization to take a child / juvenile / youth in after-care, and the State Government shall upon directions of the competent authority, fund such placement.

(c) The State Government shall fund Non-Governmental Organizations to establish, manage and maintain after-care programmes.

(d) The State Government shall fix the amount to be paid as stipend to any child / youth who is part of an After-Care Programme, whether managed by the government or Non-Governmental Organization. The State Government shall also fix an amount for the monthly contribution to be made by the child / youth when staying in an After-Care Hostel, whether governmental / non-governmental.
X. PROCESS OF EXIT

A child / juvenile may have gotten used to life in an institutional-setting where he / she is under somebody else’s care, and their daily needs are being taken care of. Hence, he / she may be insecure and stressed about surviving and adjusting to life in the community, especially when the child / juvenile has no family support. The child / juvenile is suddenly faced with the responsibility of working and earning for which he / she feels ill-equipped. To prevent such situation it is necessary to have a structured system in place within the juvenile justice system for his / her ultimate mainstreaming; this will gradually prepare and adjust the child / juvenile / youth to lead life within the community and take responsibility for himself / herself. Preparing of a child / juvenile to lead a life in the community should start as soon as he / she is institutionalized or joins an after-care programme, but this should be specifically focused upon at least 6 months prior to the child / juvenile’s date of release from the Children’s Home / Special Home and / or after-care programme.

The process of exit will be at two stages:

Stage I: when the child / juvenile is to leave the Children’s Home / Special Home as per the orders of the competent authority.

Stage II: when the child / juvenile is to leave the after-care programme.

Attached at Annexure “B” is the checklist to be followed during the process of exit under Stage I.

Attached at Annexure “C” is the checklist to be followed during the process of exit under Stage II.

XI. TYPES OF AFTER-CARE PROGRAMMES

After-care, as abovementioned, shall be made operational by the State Government through the following after-care programmes:

(a) Group Homes, and

(b) After-Care Hostels.

The best interest of a child / juvenile shall be paramount while selecting the after-care programme. The after-care programme for a child / juvenile will be selected depending upon what is most appropriate and effective for that particular child / juvenile. The preference of the child / juvenile shall be taken into account while ascertaining the type of after-care programme. A child / youth may be shifted from one sort of after-care programme to another depending upon the changing needs of a particular child / youth.

(A) GROUP HOME
Objectives

(a) To allow the child / youth to start the process of reintegration with society, while still providing guidance and support;

(b) To provide guidance and support to the child / youth to plan and prepare for their independent living;

(c) To provide a facilitative environment for the child / youth to put into practice the education / training / skills acquired by them;

(d) To mentor the child / youth, and provide guidance and support for retention of job / livelihood option by ironing-out any difficulties faced by them in this setting.

Criteria for Eligibility to Group Home

The following criteria shall be considered when determining the suitability of a child / juvenile to enter a Group Home:

(a) in cases where a particular child / juvenile / youth does not require constant supervision;

(b) the child / juvenile / youth understands the schedule of the after-care programme and the Group Home, and is in a position to adhere to it on his / her own.

Concept of Group Home

Group Home is a residential tenement [unit] in a building or anywhere else, on rent or otherwise, where children / youth stay together. Staying in a Group Home acquaints the child / youth with the challenges of living in a community and fending for herself / himself. It is to inculcate a sense of responsibility within those residing in the Group Home towards each other. It is necessary for the residents along with the Social Worker to lay down practices [informing the others if one is returning late on a particular night, seeking permission of the others for a friend’s visit] to ensure the children / youth’s safety and security, and that the views of each of the residents is respected and considered in matters relating to the Group Home.

Establishment and Maintenance of Group Homes

(i) The child / youth staying in a Group Home shall share the monthly expenses of the Group Home, such as electricity, food, etc. In case of the child / youth not earning or having insufficient earning, the State Government or Non-Governmental Organization shall pay a stipend [fixed by the State Government] to such child / youth so that he / she is also able to contribute towards the monthly expenses.

(ii) The State Government or Non-Governmental Organization running the Group Home shall pay the rent of the Group Home.
(iii) The State Government or Non-Governmental Organization running the Group Home shall bear the fees for education / vocational training of child / youth who has no means of earning or who has insufficient earnings.

(iv) Residential accommodation for Group Homes may be identified by the State Government, Non-Governmental Organizations or the beneficiaries themselves.

(v) The executing of documents for security of tenure shall be the responsibility of the State Government or the concerned Non-Governmental Organization.

(vi) Supervising and mentoring of those residing in the Group Home shall be the main task of the agency [State Government / Non-Governmental Organization] that is implementing the after-care programme. Such supervision and mentoring may be done by social workers, counsellors and peer mentors.

(vii) During the entire process of the child / youth’s stay in the Group Home, the State Government / Non-Governmental Organization implementing the programme shall extend their complete support and guidance to the child / youth in the Group Home to enable them to move towards their goals. This support will continue as the initial adjustment and settling down may require assistance.

(viii) The State Government shall make the necessary budgetary allocations for setting up and running of Group Homes, and for funding Non-Governmental Organizations to run Group Homes.

**Induction Orientation for Group Homes**

The induction orientation for Group Home has to be given to the child / youth by the Social Worker on the first day of their entry into the Group Home. While facilitating the induction, the Social Worker may also involve a child / youth who is already a resident of a Group Home.

1. Explaining the existing roles and responsibilities and division of work in the Group Home, and in appropriate cases, assisting in altering the same to adjust to the new entrant.

2. Assisting in the formulation of rules and regulations of the Group Home when all the residents have been newly inducted.

3. Orientation into the legalities of the Group Home [every resident will have to give her photo identity to the police station in case the after-care programme is being run from rented premises, etc.].

4. Orientation to what the organization has to offer [Counselor, Peer Mentor, life skill education, etc.].
5. Orientation to the role of the Social Worker.

6. Explaining in detail the After-Care Plan that was prepared prior to the child / juvenile leaving the Children’s Home / Special Home.

7. Mapping the challenges [crisis management graph and possible solutions].

8. Orientation to the community resources around the Group Home, e.g., police station, hospital, grocery store, etc.

9. Orientation to the activities that the child / youth is required to participate in while residing in the Group Home.

Staff

The child / youth in a Group Home may require to turn to someone for emotional support and ventilation of their feelings. It is a known fact that persons moving out of the protected environments of an institution with limited social contact and exposure find it difficult to cope with their sudden freedom, independence and societal pressures. This could lead to them succumbing to negative peer pressure, getting into substance abuse, dropping out of the education system, losing jobs or committing crimes. Therefore, the roles of the Social Worker, the Counselor and the Peer Mentor [if available] are extremely crucial in providing the child / youth with directional guidance, support and decision making skills.

Every Group Home, whether managed by the State Government / Non-Governmental Organization shall appoint the following staff to implement its after-care programme and help the child / youth to attain his / her goals of independent living:

(a) Social Worker [Masters in Social Work];

(b) Counselor [qualified mental health professional];

(c) Peer Mentor [if available].

The above persons shall work as a team whose head shall be the Social Worker. This team may be appointed for one or more Group Homes. This team shall assist the child / juvenile / youth to adjust to life in a Group Home and handle day to day problems, including those faced at the work place. The Social Worker and Counselor shall make weekly visits on a stipulated day and time to the Group Home to meet with the children / youth staying there, and on other days shall be easily accessible to the children / youth.

(1) The following are the specific responsibilities of the Social Worker while supervising the functioning of a Group Home:

(a) Checking on the education / vocational training and employment of the child /
youth in the Group Home.

(b) Getting regular updates from the child / youth about their progress.

(c) Advising the child / youth, whenever advise is sought by them.

(d) Lay down practices in consultation with the children / youth in a Group Home to ensure their safety and security, and to ensure that the views of each of the residents, in matters related to their stay in the Group Home, is respected and considered.

(e) Conducting surprise checks on the Group Home to ensure that everything is in order.

(f) Checking on the health status of the child / youth.

(g) Referring the child / youth to the Counselor, and maintaining regular contact with the Counselor / Peer Mentor.

(h) Responding to emergencies, if any.

(i) Discussing disciplinary issues, if required.

(j) Documentation, viz., particulars of the child / youth and their period of stay in the Group Home, making notes of the meetings held with the Counselor / Peer Mentor.

(k) Helping the child / youth to obtain documents, such as, PAN Card, Voter’s Identity Card.

(l) Reporting to the Child Welfare Committee / Juvenile Justice Board, if so required by the placement order.

(m) Preparing a list of resources available in the neighbourhood, such as hospitals, dispensaries, police station, post office, banks, grocery shop.

(n) Periodic assessing and reviewing [a minimum of once in every three months] of the After-Care Plan that was prepared prior to the child / youth’s entry into the Group Home.

(o) The Social Worker shall identify those cases where the child / youth is ready to leave the Group Home to lead an independent life, and refer them to the Counselor.

(p) To network with other Organizations and mobilize resources to help the child / youth for their life post-exit from the After-Care programme.

(q) Encourage the child / youth to maintain contact with parents / guardian.
(2) The following are the specific responsibilities of the **Counselor** whilst dealing with children / juveniles / youth staying in a Group Home:

(a) To mentally and emotionally prepare the child / youth who is found ready to move to an independent life.

(b) Support the child / youth through new difficult experiences.

(c) Model healthy and productive lifestyle choices, appropriate behaviour and positive habits.

(d) During the weekly visits to the Group Home, the Counselor shall hold group and individual sessions with the child / youth, and any relevant therapeutic sessions depending on the need.

(e) Offer information regarding the child / youth’s choices so that he / she can make informed decisions.

(f) Explore the child / youth’s strengths and assist him / her to develop these further.

(g) Explore and discuss with the child / youth possible interventions to meet their needs.

(h) Be in regular communication with the social worker to assess and support the child / youth’s progress.

(i) To report to the Social Worker, any cases of severe mental health issues amongst the children / youth residing in the Group Home as a measure to prevent any harm to the person of that and / or any other child / youth residing in the Group Home.

(j) Develop and maintain comprehensive documentation of sessions held with the child / youth.

(3) A **Peer Mentor** has a vital role to play in enabling the children / juveniles / youth to adjust to living in a community. A Peer Mentor is a person who has gone through the after-care programme and has achieved self sufficiency and independence, and is willing to take up the responsibility of voluntarily mentoring those who are residing in the Group Home and is found fit by the State Government / Non-Governmental Organization managing that Group Home.

The main function of the Peer Mentor is to build a rapport with those residing in a particular Group Home. Meetings between Peer Mentors and children / youth are informal to allow for flexibility depending on the needs of the child / youth and may be fixed as per mutual convenience.

The Peer Mentor must meet at least once in two weeks with the Social Worker and will bring
to the attention of the Social Worker any information gathered that requires appropriate intervention. In case of urgent intervention, Peer Mentor must immediately bring the information to the notice of Social Worker.

A Peer Mentor will be assigned to one or more Group Homes by the agency managing the Group Home.

(B) AFTER-CARE HOSTELS

After-Care Hostel is an alternative model that may be established and implemented by the State Government.

Criteria for Eligibility to After-Care Hostels

The following criteria shall be considered when determining the suitability of a child / juvenile / youth to enter an After-Care Hostel:

(a) a particular child / juvenile / youth requires constant supervision and / or a structured set-up to adhere to his / her After-Care Plan;

(b) a particular child / juvenile (i) has not yet, joined any educational / vocational training programme, or gotten a job / chosen a livelihood option, and till then requires to be engaged in some constructive activity; (ii) requires some preparation prior to joining an educational / vocational training programme or acquiring a job / livelihood option.

(c) A child / juvenile / youth expresses the need to remain in a supervised secure setting due to apprehension of external threat which he / she feels will cause a hindrance in achieving their goals.

When no Group Homes have been established in a particular district or there is no vacancy in Group Homes, a child / juvenile / youth found suitable to join an after-care programme may be placed in an After-Care Hostel.

Concept of After-Care Hostel

An After-Care Hostel is a residential structure containing more than one room and in each one of these rooms two or more children / youth stay together. The residential structure has common spaces, such as kitchen, washrooms, which are to be used in common by all those residing there. As stay in an After-Care Hostel is for the ultimate purpose of acquainting the child / youth with the challenges of living in a community and fending for himself / herself, it is important to note that life in an After-Care Hostel should be akin to a community-setting, and not an institution-setting.

Establishment and Maintenance of an After-Care Hostel

An After-Care Hostel may be established by the State-Government or a Non-Governmental
Organization. The State Government shall fund Non-Governmental Organizations that have established and / or are managing After-Care Hostels. Non-Governmental Organizations may establish and / or manage After-Care Hostels without accepting any funds from the State Government.

The maintenance of an After-Care Hostel shall be the shared responsibility of the children / youth staying there and the agency [State Government / Non-Governmental Organization] that is managing it. Establishment, maintenance, including payment for renting the premises, and repair of the structure shall be the sole responsibility of the agency managing the hostel. The individual rooms shall be kept clean by those residing in that room whereas the common spaces shall be cleaned by the staff of the agency managing the hostel. The salary and wages of the staff shall be payable by the agency managing the After-Care Hostel. The residents of the hostel will do their own cooking or make arrangement for the same.

A monthly charge will be fixed by the State Government which every child / youth shall pay for his / her stay in the After-Care Hostel, irrespective of whether it is managed by the State Government or Non-Governmental Organization. As in the case of a Group Home, in case the child / youth is not earning or is earning a paltry amount, the State Government or Non-Governmental Organization shall pay a stipend [fixed by the State Government] to such child / youth so that he / she is able to contribute to the monthly charge for stay in the After-Care Hostel and other expenses.

Every After-Care Hostel shall maintain a Suggestion Box to enable the residents to voice their suggestions / grievances either in their name / anonymously. This Suggestion Box should be kept sealed and shall be opened once a month by a representative of the State Government or the management of the non-governmental organization that is implementing the after-care programme, and shall hold meetings with the residents, in the presence of the Social Worker, to discuss the grievances.

**Induction Orientation for After-Care Hostel**

The induction orientation has to be given to the child / youth by the Social Worker / Superintendent on the first day of their induction into the After-Care Hostel. While facilitating the induction, the Social Worker / Superintendent may also involve a child / youth who is already a resident of the After-Care Hostel.

1. Orientation of the rules and regulations to be followed in the After-Care Hostel.
2. Orientation to the roles and responsibilities and division of work in the After-Care Hostel.
3. Orientation to the facilities available in the After-Care Hostel.
4. Orientation to the residential and visiting staff of the After-Care Hostel.
5. Orientation to the community resources around the After-Care Hostel, e.g., police station, hospital, banks, grocery store, etc.

6. Orientation to the activities that the child/youth is required to participate in while residing in the After-Care Hostel.

7. Explaining in detail the After-Care Plan that was prepared prior to the child/juvenile/youth leaving the Children’s Home/Special Home.

**Staff**

Over and above the staff required to run a Group Home [Social Worker, Counselor, Peer Mentor (if available)], the agency managing an After-Care Hostel shall employ a full-time residential Superintendent, and staff to do the house-keeping and maintain security. These persons shall work as a team whose head shall be the Social Worker.

1. The following are the specific responsibilities of the **Social Worker** while supervising the functioning of an After-Care Hostel:

   (a) The Social Worker shall be easily accessible to the children/youth.

   (b) Engaging the children/youth who have newly entered the After-Care Hostel in life-skill education, personality development, personal safety programme, etc., and to prepare them to join an educational/vocational training programme.

   (c) The Social Worker will give a periodical update in writing to the Superintendent on the progress made by the child/youth. The Social Worker will inform the Superintendent regarding any cases of severe mental health issues amongst the residents as a measure to prevent any harm to the person of that and/or any child/youth residing in the After-Care Hostel. The Social Worker shall also inform the Superintendent of any untoward incident that has come to his/her notice for appropriate action.

   (d) Checking on the education/vocational training and employment of the child/youth in the After-Care Hostel.

   (e) Getting regular updates from the child/youth about their progress.

   (f) Advising the child/youth, whenever advise is sought by them.

   (g) Referring the child/youth to the Counselor, and maintaining regular contact with the Counselor/Peer Mentor.

   (h) Responding to emergencies in cases referred by the Superintendent.

   (i) Documentation, viz., particulars of the child/youth and their period of stay in
the After-Care Hostel, making notes of the meetings held with the Counselor / Peer Mentor.

(j) Helping the child / youth to obtain documents, such as, PAN Card, Voter’s Identity Card.

(k) Reporting to the Child Welfare Committee / Juvenile Justice Board, if so required by the placement order.

(l) Periodic assessing and reviewing [a minimum of once in every three months] of the After-Care Plan that was prepared prior to the child / youth’s entry into the After-Care Hostel.

(m) The Social Worker shall identify those cases where the child / youth is ready to leave the After-Care Hostel to lead an independent life, and refer them to the Counselor.

(n) To network with other Organizations and mobilize resources to help the child / youth for their life post-exit from the After-Care programme.

(o) Encourage the child / youth to maintain contact with parents / guardians.

(2) The following are the specific responsibilities of the Superintendent while supervising the functioning of an After-Care Hostel:

(a) The Superintendent of a State Government run After-Care Hostel will report to the District Women and Child Development Officer whereas, the Superintendent of a Non-Governmental Organization run After-Care Hostel will report to the management of the After-Care Hostel.

(b) During the absence of the Superintendent, the Social Worker, and during the absence of both, any other person authorized by the Superintendent shall perform the duties of the Superintendent.

(c) The Superintendent will reside in the After-Care Hostel. The Superintendent shall be in charge of general monitoring / supervision and maintenance of the After-Care Hostel.

(d) The Superintendent shall be responsible for the property of the After-Care Hostel, and all money and stores received for the functioning and maintenance of the After-Care Hostel.

(e) The Superintendent will prepare a list of resources available in the neighbourhood such as hospital, medical dispensary, police station, post office, banks, grocery shop, etc.
(f) The Superintendent shall be responsible for coordinating the roles and responsibilities and the discipline amongst the subordinate staff [house-keeping and security] as well as the residents of the After-Care Hostel.

(g) The Superintendent shall be in charge of office correspondence and visitors to the After-Care Hostel.

(h) Checking on the health status of the child / youth.

(i) Responding to emergencies, if any and may also refer cases to the Social Worker when required.

(j) Lay down practices in consultation with the children / youth in the After-Care Hostel to ensure their safety and security, and to ensure that the views of each of the residents, in matters related to their stay in the After-Care Hostel, is respected and considered.

(k) Conducting surprise checks on the rooms in the After-Care Hostel to ensure that everything is in order.

(l) Safe-keeping of money / valuables that the child / youth has entrusted to the Superintendent. Making a list of such money / valuables and obtaining the signature of the child / youth on the same, and furnishing the child / youth with a copy thereof.

(3) The following are the specific responsibilities of the Implementing Agency [State Government / Non-Governmental Organization] while running an After-Care Hostel:

(a) Constructing or taking on rent, a structure for the After-Care Hostel and ensuring that it is equipped with all facilities like electricity, sanitation, water supply, security guards, etc.

(b) Maintaining and repairing of the structure / facilities provided and keeping the After-Care Hostel in an adequate livable condition.

(c) Providing for common facilities in the After-Care Hostel such as cooking facilities, bathing facilities, recreational facilities, etc. which can be used by all the residents residing in the After-Care Hostel.

(d) Employing a full time Superintendent and Social Worker.

(e) Appointing a Counselor.

(f) Appointing a Peer Mentor [if available].
(g) Appointing staff to do house-keeping and maintain security.

(h) The State Government / Non-Governmental Organization running the After-Care Hostel shall pay for the rent of the premises, electricity, water charges and gas cylinders.

(i) The State Government / Non-Governmental Organization running the After-Care Hostel shall bear the fees for education / vocational training of child / juvenile / youth who has no means of earning or who has insufficient earnings.

(j) Supervising and mentoring of those residing in the After-Care Hostel shall be the main task of the agency [State Government / Non-Governmental Organization] that is implementing the after-care programme. Such supervision and mentoring may be done through the Superintendent, Social Workers, Counselors, and Peer Mentors.

(k) During the entire process of the child / youth’s stay in the After-Care Hostel, the State Government / Non Governmental Organization implementing the programme shall extend their complete support and guidance to the child / youth in the After-Care Hostel to enable them to move towards their goals. This support will continue as the initial adjustment and settling down may require assistance.

(l) To arrange for programmes such as life-skill education, personality development, personal safety, etc. for the children / youth who have newly entered the After-Care Hostel.

(m) In cases where the child / youth is not earning, the State Government / Non-Governmental Organization will pay a stipend to such child / youth so that she / he is able to contribute towards her / his stay in the After-Care Hostel and her / his daily expenses.

(4) The following are the specific responsibilities of the Counselor whilst dealing with children / youth staying in an After-Care Hostel:

(a) The Counselor will be a visiting Counselor and will visit the After-Care Hostel on a weekly basis or as per the requirement of the children / youth residing in the After-Care Hostel.

(b) To mentally and emotionally prepare the child / youth who is found ready to move to an independent life.

(c) Support the child / youth through new difficult experiences.

(d) Model healthy and productive lifestyle choices, appropriate behavior and positive habits.
(e) During the weekly visits to the After-Care Hostel, the Counselor shall hold group and individual sessions with the children/youth, and any relevant therapeutic sessions depending on the needs of the child/youth residing in the After-Care Hostel.

(f) Provide the child/youth with information regarding their choices [vocation/job/livelihood option] so that he/she can make informed decisions.

(g) Explore the child/youth’s strengths and assist him/her to develop these further.

(h) Explore and discuss with the child/youth possible interventions to meet their needs.

(i) Be in regular communication with the Social Worker to assess and support the child/youth’s progress.

(j) Develop and maintain comprehensive documentation of sessions held with the child/youth.

(k) To report to the Social Worker or Superintendent any information gathered from a child/youth that requires intervention.

(l) To report to the Social Worker or Superintendent, any cases of severe mental health issues amongst the children/youth residing in the After-Care Hostel as a measure to prevent any harm to the person of that and/or any other child/youth residing in the After-Care Hostel.

(5) The Peer Mentor in an After-Care Hostel plays the same role as in a Group Home. One or more Peer Mentors may be assigned to an After-Care Hostel. A Peer Mentor may be assigned to one or more After-Care Hostels managed by the same agency.

The following are the specific responsibilities of the Child/Youth residing in the After-Care Hostel:

(a) Arranging for one’s own food, ensure cleanliness of their respective rooms and arranging for one’s own utilities, toiletries, clothing, bedding, etc.

(b) To coordinate with the Social Worker and make oneself available for individual/group meetings and other relevant sessions organized for the child/youth by the management of the After-Care Hostel.

(c) To ensure that while staying in the After-Care Hostel, the monthly contribution as prescribed by the State Government is made to the agency managing the After-Care Hostel.
(d) To respect the rules and regulations of the After-Care Hostel, and to respect the staff and other residents.

(e) To report any untoward incident to the Superintendent.

(C) REMOVAL OF A CHILD / YOUTH FROM GROUP HOME OR AFTER-CARE HOSTEL

(1) In the event of the social worker, after having put in all efforts to retain the child / juvenile in after-care, being of the opinion that a child / youth should be expelled from the after-care programme as despite efforts that child / youth has failed to change his / her conduct or behaviour and this is adversely impacting the other children / youth engaged in the after-care programme, the social worker should in writing, with reasons, inform his / her opinion to the State Government or Non-Governmental Organization running that after-care programme. Such expulsion could be for any of the following reasons:

(a) the child / youth displaying a lack of interest in the after-care programme offered;

(b) regularly breaking the rules and regulations of the Group Home / After-Care Hostel;

(c) not co-operating with the other residents of the Group Home / After-Care Hostel and / or constantly fighting with them;

(d) being a negative influence on the other residents of the Group Home / After-Care Hostel due to his / her bad habits, such as alcohol / drug addiction.

(2) On receipt of the social worker’s opinion in writing, the State Government or Non-Governmental Organization running that after-care programme shall apply their mind to the same and recommend steps to be taken with regards to the relevant child / youth, and communicate the same to the social worker.

(3) In the event of the State Government or Non-Governmental Organization running that after-care programme having recommended removal of the relevant child / youth, the matter should be brought by the Social Worker to the notice of the Child Welfare Committee / Juvenile Justice Board that had placed the child / youth in the after-care programme for appropriate orders. The relevant child / youth shall be heard by the Child Welfare Committee / Juvenile Justice Board prior to passing any orders.

(4) The decision of the Child Welfare Committee / Juvenile Justice Board removing the child / youth from the after-care programme shall be communicated by the social worker to the State Government and to the Non-Governmental Organization running the after-care programme.
XII. CONCLUSION

The above shall be adhered to by all the agencies, viz., the State Government or Non-Governmental Organization, irrespective of whether it is funded by the State or not, running an after-care programme. The purpose is to ensure that the child / juvenile is assisted in his / her transition from institution-based life into the community by being provided with the skills and opportunities necessary to lead a self-sufficient and independent life.

ANNEXURE “A”

After-Care Plan

An After-Care Plan would include “what is it that the child / juvenile / youth wants to achieve” and “how does one go about achieving the same”. An After-Care Plan is developed prior to the child / juvenile leaving the Children’s Home / Special Home, and is to be regularly reviewed by the Social Worker / Counselor associated with the after-care programme.

A. Personal Details

1. Name of the child / juvenile
2. Age
3. Sex
4. Father’s & Mother’s Name
5. Current educational status
6. Current vocational status
7. Current health status

B. Administrative Details

1. Name of the Social Worker / Probation Officer
2. Name of other people involved in the making of the After-Care Plan
3. Date of the first and subsequent meetings

C. Goal Setting

1. What is it that the child / juvenile wants to achieve before moving out of the After-Care Programme.
2. Listing of the strengths and weaknesses of the child / juvenile as stated by the child / juvenile.

3. Listing of the efforts that the child / juvenile needs to make in achieving his / her goals.

4. The Social Worker has to help the child / juvenile to map his / her future life:
   
   2 years, 5 years and 10 years, hence.

D. Career Mapping

1. What is the career that the child / juvenile wants to choose

2. What is the reason for choosing this career

3. In order to achieve the career goals set, what are the steps that the child / juvenile needs to take, including related vocational training and skill building needs.

E. Savings

1. How does the child / juvenile plan to make financial savings for the future

F. Documents

1. List of documents that the child / juvenile already possesses.

2. List of documents that the child / juvenile needs to secure before he / she moves out of the After-Care Programme.

G. Other Needs

1. Identify and address health needs

2. Identify and address Psychosocial needs

3. Identify and address Recreational needs

4. Identify and address protection related issues - protection from all kinds of abuse, neglect and maltreatment

5. Identify and address social and relationship needs

ANNEXURE “B”

Stage I – Exit Checklist

This process of exit has to be facilitated by the Social Worker / Probation Officer, and if
need be, in the presence of the Counselor, prior to the child / juvenile leaving the Children’s Home / Special Home. This is a process and therefore should not be done in one sitting, and should start at least 6 months prior to child / juvenile’s date of release from the Children’s Home / Special Home.

1. Identifying and addressing issues specific to that child / juvenile through individual counseling sessions to discuss (a) life post-release from the institution, (b) particulars of the after-care programmes, and (c) any queries that the child / juvenile may have prior to his / her release.

2. Documents that the child / juvenile should be given:
   (a) Reference letter [attached hereto];
   (b) Marksheet [if any];
   (c) School Leaving Certificate;
   (d) Certificates of any achievement, vocational skill learnt, etc.;
   (e) Health / Medical case papers;
   (f) After-Care Plan;
   (g) List of articles and belongings that were given to the child / juvenile during his / her stay in the Children’s Home / Special Home and that the same have been handed over to him / her;
   (h) List of important contacts and welfare services [police, hospitals, lawyers, de-addiction services, helplines, shelters and hostels, job placement agencies, etc.].

3. Assuring the child / juvenile that he / she will continue to have access to social worker, counselor, Probation Officer in case of need.

4. Provide Life Skills Education:
   (a) Involvement in daily routine and chores such as marketing, cooking, cleanliness, personal hygiene, maintenance of living premises, budgeting and money management, independent commuting, etc.;
   (b) Exposure visits and activities: banks, markets, post office, OPD of local hospital, Group Home, After-Care Hostel, etc.;
   (c) Imparting skills: communication, negotiation, working as a team, decision making, problem solving, coping with stress and anger, time management, peer / family pressure / influence, etc.
5. In the event of a child / juvenile showing willingness to join the after-care programme, he / she should be oriented to the existing after-care programmes, including, the expectations of the implementing agency, and the adjustment problems that the child / juvenile may initially face. Thereafter the process contained above in respect of identification of child / juvenile for after-care shall commence.

ANNEXURE “C”

Stage II – Exit Checklist

This process has to be facilitated by the Social Worker, if need be, in the presence of the Superintendent and / or Counselor, prior to the child / youth leaving the Group Home / After-Care Hostel. This is a process and therefore should not be done in one sitting.

1. Review of After-Care Plan.

2. To assist a child / youth in procuring a job or initiating a livelihood option.

3. To assist the child / youth in obtaining accommodation / shelter, like independently functioning Group Homes, working person’s hostel, etc.

4. Assuring the child / youth that he / she will, in case of need, continue to have access to Social Worker, Counselor, Peer Mentor.

5. Assist the child / youth to obtain personal documents:
   (a) PAN Card;
   (b) Enrollment of name in the Electoral Roll;
   (c) Health Insurance;
   (d) UID Card;
   (e) Ration Card;
   (f) Bank Account.

To return to the child / youth all the documents that the child / youth had brought with him / her while entering the Group Home / After-Care Hostel from the Children’s Home / Special Home.