

# INSTITUTIONAL CARE MODEL



## MODELS OF CARE





# Institutional Care Model

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## ACKNOWLEDGEMENT

Dear Users of our Knowledge Products,

On the observance of the World Day Against Trafficking in Persons we are dedicating this document – Models of Care in the service of the known and unknown child victims of commercial sexual exploitation & sex trafficking as well as to those state and social forces who have been caring for them with unwavering dedication and commitment.

The movement against CSEC & T cannot spread wider and hold firmer roots without a strong knowledge base and sharing. We, at the Anti Trafficking Centre (ATC) of Prerana do just that since knowledge building and sharing is our identity.

We are placing in the public domain three detailed documents each on one of the prominent Models of Care, namely, Institutionalization model, Restoration model and Aftercare model and one Summary document for a quick read.

For over three decades now Prerana has been working in the midst of the red-light areas with the actual and potential victims of CSE&T. By 1996 we started actively intervening in the domain of Post Rescue Operations. The intervention became intense and started yielding success stories thereby consolidating our self-confidence and faith in positive transformation. In 1999 the idea of setting up an anti-trafficking resource centre started taking shape and was soon launched with the help of the US Government. An officer from the US Government, Mr. Mark Taylor encouraged us to set up the ATC. Over last two decades the ATC has proved its utility and made substantial contributions to the anti-trafficking cause.

When Global Fund to End Modern Slavery (GFEMS) started to begin its fight against modern slavery it thought of Prerana as one of its trusted partners. I clearly remember how sitting in the head office of GFEMS in Washington DC, Priti and I with Helen Taylor, Mark Taylor and Jason Wendle from GFEMS fleshed out our first collaboration project, Sentinel for the intervention in the state of Maharashtra and very specifically the research project Models of Care. These three representatives of GFEMS were fully convinced about the need and the utility of a research project on the various options of PRO victim care in the neglected domain of victim assistance. Particularly Jason's conviction about the need of the study and us being the right people to do that was firm and encouraging too.

Having witnessed the annoyingly incorrect use of the term research back in India we were hesitant to call it a research project. Hence, we committed to come up with a learning and teaching tool, a knowledge product that could broaden the understanding of the policy makers and other stakeholders about the prominent options in victim care and rehabilitation in the PRO phase. Ms. Kashina has been a strong team member from the beginning of the actual study looking after the overall coordination. Our team of three Priti, Kashina and I constantly reminded ourselves that we were not doing any kind of comparative research or comparative analysis although it was an activity very exciting, tempting, obvious, and much needed.

While we tried to keep it practical and doable, we realized that we had seen, observed, analysed and learnt so much over these years and that people would be interested in knowing about it and hence we should break the barriers and share more extensively and intensively.

We at Prerana firmly believe in learning, sharing, networking and partnering. In doing all this we are only fulfilling our promise to build a strong knowledge base for a specialized AHT social movement ... our *raison d'être*.

First and foremost, we are grateful to GFEMS especially to Ms. Helen Taylor, Mr. Mark Taylor and Mr. Jason Wendle for trusting in us and supporting us generously and encouraging us into believing that we were the right people to do this study.

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- Our network partners who have enriched our understanding of the subject.
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- Our Design Consultant Ms. Snehil Srivastava for creating illustrations for the documents.

Dr. Pravin Patkar on behalf of the team of authors --

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# Abbreviations

CBO – Community Based Organisation

CCI – Child Care Institutions

CCL – Child in conflict with law

CH – Children’s Home

CNCP – Child in need of care and protection

CSE – Commercial Sexual Exploitation and

CSE&T - Commercial Sexual Exploitation & Trafficking

CSEC - Commercial Sexual Exploitation of Children

CSO – Civil Society Organisation

CTE – Career and Technical Education

CWC – Child Welfare Committee

DCPU – District Child Protection Unit

DLSA – District Legal Services Authority

GH – Group Homes

GH-EA – Group Home-Externally Assisted

ICDS – Integrated Child Development Services

ICP - Individual Care Plan

ICPS - Integrated Child Protection Scheme

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

Maharashtra Rules 2018 – Maharashtra State Juvenile Justice (Care and Protection of Children) Rules, 2018.

NIOS – National Institute of Open Schooling

POCSO Rules – Protection of Children from Sexual Offences Rules, 2020

POCSOA – Protection of Children from Sexual Offences Act, 2012

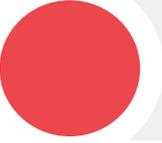
PTSD – Post Traumatic Stress Disorder

SH – Shelter Home

SIR – Social Investigation Report

UNCRC – United Nations Convention on the Rights of the Child

VET – Vocational Education and Training



# INTRODUCTION

## 1.1. Institutionalization

Sociologically, institutionalization refers to the inculcation of values, mores, practices, and patterns of behavior in society. For instance, they can refer to rituals involved in a marriage, elections, money lending, etc. Institutions, also known as social institutions, are the products of institutionalization. Marriage, family, and government are called institutions. The first institution that one socializes in, as a child, is the family. The family ensures that a child's need for safety, care, and nurture are met. However, in instances where a child experiences a violation of their rights, it is considered a crime against the State. When a child is rescued from commercial sexual exploitation and trafficking (CSE&T), the State intervenes to ensure that the victim is entitled to a fair process of justice as well as rehabilitative services to recoup from physical and psychological loss and injury. While the State or society does not aim to or consider itself competent enough to replace a family, in case of a crime against a child, or when the family is deemed to be unable, unwilling, or incompetent to be a caregiver, the State may decide to temporarily take over the custody of the child. This is done by adopting a globally common measure of creating shelters or places of residential care and protection for all such children. Such a shelter is referred to as an 'institution,' and the process or system of keeping children in institutions is called 'institutionalization'.

In India, this take-over of responsibility of the State is authorized, laid down and facilitated by the instrument of law called the Juvenile Justice (Care and Protection of Children) Act, 2015, commonly referred to as the JJA. In the law, such children are referred to as Children in Need of Care and Protection (CNCP). However, the formal JJ system in India does not define the term 'institution' or 'institutionalization'. Instead, it uses the term Child Care Institutions (CCI) by enumerating the types of institutions that fall under it.

## 1.2. Child Care Institutions

Section 2(21) of the JJA defines a ‘child care institution’ as a children’s home, open shelter, observation home, special home, place of safety, specialized adoption agency and a fit facility recognized under the Act for providing care and protection to children, who are in need of such care services. CCIs act as a one-stop center for the comprehensive care of vulnerable children —addressing their need for safe shelter, healthy lifestyle, educational and vocational development, recreation and leisure, and cultivating age-appropriate living skills. A CNCP is placed in a CCI only after an Order is passed by the Child Welfare Committee (CWC), the body responsible for looking after the CNCP. The time or duration of the child’s stay in a CCI is regularly assessed by the CWC with assistance from the staff members of a CCI and voluntary organization service providers associated with the institution.

CCIs can be of three types: either run by the government, aided and recognized by the government but run by a voluntary organization (CSO) or run by a voluntary organization (CSO) with recognition but without aid from the state. As per the JJA, every CCI must be registered with the State Government regardless. The State government also provides various external regulatory mechanisms for the management and monitoring of such CCIs in the form of State Rules—and the CCIs are mandated to follow the same. In this document, the institutions run by voluntary organizations (CSOs) will be discussed in detail, with special focus on Naunihal, a Children’s Home (CH) run and managed by Prerana.

## 1.3. Institutionalization as a Measure of Last Resort

The life of a child living in a CCI is very different from their life in the family. Thus, the JJA mandates that a child shall only be placed in institutional care as the last resort based on social inquiry, under the principle, *institutionalisation as a measure of last resort*.<sup>1</sup> The ultimate goal of the institutional model is to strengthen systems that enable the child to move out of the institution and back into family life at the earliest—provided, such restoration is in their best interest. To achieve that, the child and their family need to be equipped with adequate resources, information, and support to function independently.

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<sup>1</sup> A child shall be placed in institutional care as a step of last resort after making a reasonable inquiry.

## 1.4. Needs Identified in the Institutional Model

The care within institutions should contribute to the development of a child victim, reduce vulnerabilities that affect their life chances, and gradually help them de-institutionalize and reintegrate into society. Thus, institutionalization should be treated as a stop-gap arrangement that provides temporary care and protection in a way that enables child victims to transition back into society as smoothly as possible. The chapters that follow discuss the immediate, medium-term and long-term needs of the victim rescued from commercial sexual exploitation while living in institutions. Primarily, these focus on:

- Shelter
- Health
- Development
- Social Protection/Welfare Schemes
- Legal
- Social Integration

For each of these needs, specific components have been identified and the best practices adopted by Prerana are detailed under 'Prerana Practices'. Finally, each chapter concludes with the challenges faced in addressing that specific need.



## SHELTER

### 2.1. Safety



#### 2.1.1. Social and Legal Status

The need for safe shelter is imminent after a child has been rescued from a situation of CSE&T. The process of rescue is both mentally and physically exhausting for child victims, and they may still be reeling from the traumatic experience of sexual violence. Thus, providing them with a shelter is the first step in responding to the crisis. The care provided to the child victim must be trauma-informed and sensitive so that they are not re-victimised. The JJA states that a CH must be set up in every district for the placement of a CNCP.<sup>2</sup>

To provide the necessary safety for children living in an institution, the CCI or CH must be registered under the JJA via a competent authority and declared fit to provide care and protection to a CNCP or child victim.<sup>3</sup> Registering a CH with the State is a long and tedious

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<sup>2</sup> As per Sec 50 (1) of the Juvenile Justice Act 2015, the State Government may establish and maintain, in every district or group of districts, either by itself or through voluntary or non-governmental organisations, Children's Homes, which shall be registered as such, for the placement of children in need of care and protection for their care, treatment, education, training, development and rehabilitation.

<sup>3</sup> As per Sec 41 (1) of the Juvenile Justice Act 2015, the State Government shall establish and maintain in every district or a group of districts, either by itself, or through voluntary or non-governmental organisations, observation homes, which shall be registered under section 41 of this Act, for temporary reception, care and rehabilitation of any child alleged to be in conflict with law, during the pendency of any inquiry under this Act.

process which requires patience and commitment. Usually, the Superintendent or the person in-charge of the CH (if the CH has been registered previously) coordinates with the State and District authorities about document submissions and maintains regular follow-ups. The State Government may, at times, grant a provisional registration within one month of receiving the application. This provisional registration may be valid for a maximum period of six months. In cases where the provisional registration is not received, the CCI can use the proof of receipt of the application as a provisional registration to run an institution for a maximum period of six months.<sup>4</sup> However, even during this period, it is advisable to communicate with the District WCD Office regularly to check the status of the application. It is also advisable that the CCI informs CWC of all the children residing in the CH. No admissions or discharges from the CCI should be done without their Order.



### Prerana Practices

Since 2000, Prerana has advocated for and worked towards a clear and elaborate understanding of institutional care as an interim need of a child living away from their family. The organization has actively practiced, developed, and disseminated protocols on the minimum standards of care and protection for children in institutions. Some of the activities undertaken by Prerana are:

- **Refining tools of inquiry:** Prerana helps competent authorities like the CWC take informed, evidence-based decisions on whether a child victim requires institutional care or is ready to be restored with their family. Prerana has also developed and refined tools of inquiry such as the Social Investigation Report (SIR) that is now a critical component of an inquiry process as per the JJA, 2015.
- **Assessing a child victim's social environment:** In cases of child victims of CSE&T, Prerana assesses the dangers in a child's physical and socio-cultural environment. If vulnerabilities exist, the organization advocates for temporary institutional care and protection without undermining the need to strengthen family-based support systems for an early restoration.
- **Clarifying concepts:** Prerana advocates for deinstitutionalization as a goal of institutional care. The ultimate goal of institutional care is to help child victims rehabilitate and reintegrate into society.

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<sup>4</sup> As per Section 41 of the Juvenile Justice Act 2015, if the State Government does not issue a provisional registration certificate within one month from the date of application, the proof of receipt of application for registration shall be treated as provisional registration to run an institution for a maximum period of six months.

## 2.2. Protection

### 2.2.1. Minimum Standards of Care and Protection

Section 110 of the JJA empowers the State Government to make rules to the JJA to define the procedure, criteria and manner in which it would be implemented.<sup>5</sup> A provision to this Section also empowers the Central Government to frame Model Rules until such time as the State Government publishes its own Rules. The Maharashtra JJ Rules, 2018 provide the minimum standards of care to be followed by a CH in that state.

One objective of the Rules is to ensure that the CH in which a child victim is placed is fit and equipped to provide comprehensive care and protection. Following are certain criteria that have been laid down by the Model Rules (to be adopted by State Government to form their own Rules) to ensure that the children receive due care and protection:

<b>RULE 26</b>	<i>Details of personnel managing and monitoring the institution</i>
<b>RULE 29</b>	<i>The criteria for physical infrastructure for accommodation in the institution</i>
<b>RULE 30</b>	<i>The minimum standards for clothing, bedding, toiletries and other articles in the institution</i>
<b>RULE 31</b>	<i>The facilities in the institution for maintaining sanitation and hygiene</i>
<b>RULE 39</b>	<i>Setting up of Management Committees in an institution for its management and monitoring the progress of the children</i>
<b>RULE 41</b>	<i>Inspection of an institution by the Inspection Committees set up by the State Government</i>

<sup>5</sup> As per Sec 110 (1) of the Juvenile Justice Act 2015, the State Government shall, by notification in the Official Gazette, make rules to carry out the purposes of this Act: Provided that the Central Government may, frame model rules in respect of all or any of the matters with respect to which the State Government is required to make rules and where any such model rules have been framed in respect of any such matter, they shall apply to the State *mutatis mutandis* until the rules in respect of that matter are made by the State Government and while making any such rules, they conform to such model rules.

<b>RULE 61</b>	<i>Duties of the Person-in-Charge</i>
<b>RULE 62</b>	<i>Duties of the Case Worker</i>
<b>RULE 63</b>	<i>Duties of the House Mother</i>
<b>RULE 67</b>	<i>Security measures</i>
<b>RULE 74 (9)</b>	<i>Search of visitors</i>



### Prerana Practices

Prerana's best practices for running a CH have evolved through years of efforts to attain and maintain certain minimum standards of care and protection in its CH, Naunihal. Some of these are detailed and administrative in nature but extremely essential for the effective day-to-day functioning of a CH.

- **Conducting safety rounds in the CH:** The 'on-duty' staff is assigned the responsibility of making safety rounds at least twice a day—once in the morning and once at night before locking the facility. During the day, the staff is expected to make regular rounds of the facility.
- **Conducting an internal safety audit:** The Superintendent is expected to conduct an internal safety audit every month. This includes ensuring that the locks are in working condition, checking whether the security staff is provided with a uniform, baton, torch light, and other amenities, and assessing the facility for dangerous objects like a broken glass or a live wire. Staff members are assigned responsibilities to resolve concerns raised during the safety audit.
- **Conducting an external safety audit:** Twice a year, the team from Naunihal facilitated an external safety audit. The team conducting this audit is composed of staff members and the resident girls of Naunihal. To ensure transparency and accountability it also includes members from a different Prerana project. The objective is to gather

information and discuss various aspects that are responsible for the safety of a child, evaluate risks and assist the team in finding solutions to mitigate the risks. A report is prepared after the visit and shared with the Naunihal team. The team at Naunihal is then expected to submit a response to the report addressing concerns, if any, and communicating the interventions planned along with timelines to resolve the concerns.

- **Organizing daily morning debriefs:** There is a briefing session every morning to discuss the day's schedule in the CH. The duties are discussed and delegated amongst the staff members that include but are not limited to escorting children to and from schools, tuitions and other vocational training programs, looking after their medical, first-aid, food and nutrition needs, developing care plans with the children, and undertaking follow-up visits.
- **Organizing capacity building programs:** Prerana advocates for and has developed the art and science of the minimum standards of care and support systems required in institutional settings. Many of these have been derived from Prerana's experience of running a Children's Homes. Prerana also conducts capacity building programs on the same for institutional authorities, duty bearers, caregivers, service providers and other stakeholders.
- **Maintaining a standard staff-to-child ratio:** As per the organizational policy, Prerana's residential facilities have a child-to-staff ratio of 10:1 to provide better care and access to rehabilitative developmental opportunities.
- **Assigning the staff duty roster:** Staff duties are assigned on a monthly basis, including night rounds and weekly offs for the staff members. This system is managed by the Superintendent of the Home and is reviewed on a weekly basis. At any given point in time, a minimum number of staff are available on residential duty at the Home.
- **Conducting a background verification of staff members appointed for residential care at CH:** A police background check is mandated for those appointed as residential staff members at Prerana. Lately, all those associated with any care services for children are required to conduct a police verification and submit the same to the organisation.
- **Allocating and distributing cases:** The cases of children referred to the CCI are distributed amongst the staff members. The staff is responsible for interacting with the child regularly, helping them adapt to the institution, discussing their rehabilitation, and preparing and executing care plans.
- **Conducting induction orientation for every child:** Every child receives an Induction Orientation upon entry into the CH. This includes helping them understand why they are

being admitted into a CCI, their rights in a CCI, services offered, orientation to different staff members and their roles. This is also followed by giving them a basic welcome kit with a pair of clothes and necessary daily essentials without them having to wait in anticipation or ask. This is an effort for the child to get a feeling that the CCI is a place which cares for them.

- **Orienting visitors about Naunihal's Child Protection Policy:** Every visitor who comes to Naunihal is given a brief orientation on the care that they need to take while they are in Naunihal to ensure that they don't violate the child's right to dignity and privacy. Those interacting with the children at Naunihal for a consistent time period as volunteers or interns are also expected to sign the Child Protection Policy and abide by the Rules stated in the Policy.

### 2.2.2. Access to open society

Institutionalization is different from incarceration. Incarceration is punitive in nature whereas institutionalization is not. Incarceration suspends the freedoms and liberties of an individual as a punishment or incentive. However, in the case of institutionalization, the restrictions for a child are aimed at protecting them from the harmful influences or vulnerabilities in the society. A child living in a CCI is expected to go through extensive case work and rehabilitation which are expected to help them protect themselves and tackle the risks, dangers and vulnerabilities in society when they leave institutional care.

It is important to ensure that the closed setting of the institution does not become the child's only way of life. Even while living in an institution, the child's contact with the outside world should not be suspended permanently. Instead, they need to be gradually prepared to socialize and reintegrate into society. It has been often observed that if a child is not permitted to step out at all while staying in the institution, the child develops a fear of venturing out alone even once restored to the family, and this often continues beyond 18 years of age.

To this end, every child should have access to society on a case-to-case basis. The interactions of the child must be supervised by the case worker or staff members in the CH. One of the common ways of ensuring this regular contact is by helping the child access educational and vocational opportunities outside the institution. The Maharashtra State JJ Rules has the following provisions to ensure the same:

<b>RULE 38(1)</b>	<i>Provision of educational opportunities, both inside and outside the premises, as per the age and ability of the victim.</i>
<b>RULE 39(1)</b>	<i>Provision of vocational training, both inside and outside the premises, as per the age, aptitude, interest and ability.</i>
<b>RULE 39(3)</b>	<i>When a victim attends vocational training outside the premises of the institution, the victim shall be escorted with proper security planning and services.</i>
<b>RULE 40</b>	<i>Options for recreational facilities may include indoor and outdoor games, picnics and outings, etc.</i>



### Prerana Practices

At Naunihal, Prerana tries to ensure that the child's contact with the outside world remains unbroken. It has developed a set of practices to ensure that a child's growth and development are achieved through access to education, vocation and life-skill education, and leisure and recreation both inside as well as outside the CH. Some of the activities undertaken by Prerana are:

- **Ensuring access to educational opportunities outside Naunihal:** Once a child is admitted in Naunihal, the Staff at the CH undertake an educational assessment. Based on the assessment and the interest of the child, a proposal of the child being enrolled in the local school is presented before the CWC. Resident children thus attend regular school, college or vocational training courses while living in Naunihal. The staff members escort the children to and from the school. The residents may be escorted by staff members or they may travel by themselves in smaller groups, especially those who are enrolled in college.
- **Ensuring access to vocational training programs:** In consultation with various civil society organizations and other local groups, opportunities for vocational training are discussed with the resident girls at the CH. Based on their interests, aspirations and skills, the residents attend vocational training programs at centers outside the institution and are either escorted by the staff members or travel by themselves in smaller groups.

- **Organizing recreational visits:** Exposure visits are organized in consultation with children once every six months. The children are accompanied by the staff members to science exhibitions, museums, libraries, day treks and cultural programs. Naunihal also organizes two or three outdoor residential camps in a year. These camps enable the residents to interact with other children and learn from their experiences. Recreational activities such as visits to parks and movie theatres are also organized fortnightly.
- **Organizing other visits:** The Naunihal team obtains 'Miscellaneous Orders' from the CWC which permit children to step out of Naunihal (always accompanied with a staff) for various legitimate purposes. These include visits to the beauty parlor, purchasing clothes or the tailor for stitching or alteration of clothes and purchasing other essential supplies.
- **Organizing safety protocol meetings:** This is not a one-time task and is often repeated during individual casework interaction between the child and the case worker. The child is acquainted with emergency helpline numbers and how to use the public transport system. This also helps them learn age-appropriate independent living skills. For more details on the measures adopted for safety protocol, the '*Safety Guidelines for Resident Girls of Naunihal*' can be referred to.
- **Organizing visits by volunteers at the CH:** Approved/ vetted volunteers are encouraged to interact with the residents of the CH. They assist the residents with their academics, spoken and written English, and other recreational activities like dance, art, and theatre. The time, frequency and duration of these visits is decided based on the convenience of the volunteer and the residents.
- **Participating in local cultural events and functions:** Residential societies and other local well-wishers often invite the Naunihal team including the girls for various cultural events organized by them in their localities like the Ganesh festival, Navratri, etc. These events serve as an opportunity for the girls to socialize and participate in cultural programs.

These activities are undertaken on a case-to-case basis after due consultation with the CWC with the child's inputs are taken into consideration. No child steps out of Naunihal without the approval and corresponding Order of the CWC and without adequate safety measures.

### 2.2.3. Adult Supervision

A child's need for care and protection cannot merely be fulfilled by infrastructural measures. It is important for the child to be surrounded by trained and sensitive adult caregivers who can help them in establishing and maintaining a daily routine. The JJA lays

down the roles and responsibilities for various personnel involved in the running of a CH. The personnel in these posts should have the relevant educational background and experience of working with children. Rule 28(6) of the State Rules mandates police verification for every person appointed to work in a CCI.<sup>6</sup> Further, Rule 28(7) suggests a staffing pattern that may be used for a CCI to provide quality care by qualified individuals who have been trained to do so. Besides, the state government engages the CCI staff in training programs to build their capacities and sensitize them from time to time. Following are certain positions that are a part of the staffing pattern:

- Person-in-charge for the residence known as the Superintendent
- Probation Officer, Child Welfare Officer or Case workers (NGOs)
- Counsellor, psychologist, or mental health expert
- House Mother/House Father (residential and non-residential)
- Part-time Educator/Tutor
- Medical Officer (on call)
- Para-medical staff (residential)
- Part-time art and craft activity teacher
- Physical Training (PT) instructor-cum-yoga trainer
- Cook
- Helper
- Housekeeping personnel (residential)
- Security personnel (shift-wise)



### **Prerana Practices**

The Naurihal staff team includes both full-time, residential as well as part-time staff. The team ensures round-the-clock competent adult

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<sup>6</sup> As per 28(6) of the Maharashtra Rules 2018, no person shall be appointed to or work in a Child Care Institution without police verification.

supervision. Some of the activities undertaken by the team to ensure quality adult supervision at Naunihal are:

- **Organizing regular training programs for the staff team:** Training programs on developing Individual Care Plans, conducting Social Investigations and documenting Reports, Gender Sensitization and sensitive communication with children, understanding JJA and POCSO are organized to improve the team's understanding of laws and procedures related to children and to sensitize them so that they are able to deliver and respond to the needs of the children.
- **Monitoring the progress of the child:** Case workers routinely observe the child and make a note of any change in eating habits, stress-levels, concentration in studies, and participation in activities. If a positive change is observed, the child is appreciated for the same. If stress-related behaviors are observed, the child may be referred to the counselor after due internal discussions.
- **Documenting detailed guidelines and SOPs:** Prerana has put together a document titled 'Safety Guidelines for Resident Girls of Naunihal' which is used to make the resident girls aware of safety protocols for their protection. Another document, 'Working with Children Sensitively,' is based on observations and field experiences of counselors and caregivers working with children in institutional settings.
  - Over the years, Prerana has also developed protocols on specific practices within CH such as Rules for sensitively checking the personal lockers for children at CH.
- **Planning the duties of the team:** Every month, the Superintendent, with assistance from the management, prepares a duty roster for the staff members. The duties are reviewed on a weekly basis. The standard child-to-staff ratio is maintained while developing the monthly staff roasters. Staff appointments and leaves are also sanctioned accordingly.
- **Conducting regular case work sessions with the child:** Within Naunihal, every child is primarily referred to one case worker who actively follows up with the child and coordinates with the CWC. The case worker also meets the child for weekly sessions to discuss any challenges or concerns they may be facing at the CCI.
- **Family strengthening interventions:** With the objective of restoration and long-term social reintegration of a child, the Naunihal team facilitates regular meetings of the parents with their children residing at Naunihal. This is done with due consultation and after securing relevant permissions from the CWC. The case

workers may also conduct some visits to the child’s residence pre-restoration to prepare the family, if needed. In certain cases, in consultation with the CWC, a child may be returned home for a trial period to understand how they can adapt and adjust to their life back home. Such interventions help in strengthening the families and in building their capacities to address concerns, if any.

- **Handling disclosures appropriately:** The Naunihal team is equipped in handling disclosures or additions to previous disclosures (especially in cases of sexual violence) sensitively and providing the necessary support to the child. The team works to provide a safe, supporting, enabling environment where the child feels comfortable and is assured that their disclosure would be managed sensitively and appropriately.



### 2.3. Challenges Faced While Addressing This Need

Some of the risks that CCIs face in terms of access to a safe and secure environment for children are:

- **Registration with the State government:** As per the JJ Act, 2015, all CCIs, whether run by the government or CSO are mandated to register with the State. The process of this registration is time-consuming, resource-intensive, and often requires extensive follow-up. Sometimes, the staff in a CH may not be equipped to go through the rigorous process of online registration. Besides, the time and energy of the staff gets diverted in attending to such procedures and completing the formalities while the core function of engaging with the children takes a backseat. The problems caused by lack of clarity are compounded by the differing or divergent responses of the district authorities to queries raised about the registration.
- **Understaffing and transfers:** Human resource shortage is a huge challenge in implementing core functions at CCIs, especially those run by the State. For instance, a staff member may not always be available to escort the child outside of the institution. Even within the CH, multiple posts are often vacant due to shortage of applicants, lack of qualified and trained candidates, and professional burnout amongst the current staff. Routine transfers affect continuity of care provided to the residents. The expectations of the State in terms of the appointment of human resources is also not in line with the field realities. The Rules state the appointment of a part-time arts and craft teacher, a

yoga instructor. Such individuals may be difficult to locate in a remote set-up. Some institutions may also not have the necessary resources to arrange for these individuals.

- **Inadequate sensitization amongst the staff:** There may be shortage of funds or personnel to conduct adequate sensitization training, stress management, and self-care training programs for the different stakeholders involved. As a result, the quality of care provided to the residents of the CH suffers. For government-run CCIs, the salaries of the staff are also often delayed due to the gaps in the funding structure. All of these lead to compromises in the quality of care offered to the victims.

## HEALTH



### 3.1. Nutrition

#### 3.1.1. Regular Nutrition

Taking care of a child's nutritional needs is a crucial responsibility of the staff members in a CCI. Rule 35 of the Maharashtra State JJ Rules lists the nutrition and diet scale that should be followed by CCIs. The Rule provides clear guidance on the number of meals that a child should be provided as well as the nutritional value of the meal. The meals are to be prepared with the help of a nutritional expert or doctor to ensure a balanced diet for the child.



#### Prerana Practices

Some of the practices that Prerana follows to provide regular and balanced nutrition to the residents include:

- Creating a daily menu for the children:** A menu for four (breakfast, lunch, light snack and dinner) meals in a day is prepared in consultation with the cooks and the children. This menu is discussed and reviewed once every two months during the general monthly meetings with the children. The children are also made aware of the nutritional content of the meal plan and the importance of a healthy diet. The menu is put down on a chart and presented in the dining area for easy access to all.

- **Setting up a Nutrition Committee:** The JJA mandates creation of Children’s Committees at the CH.<sup>7</sup> At Naunihal, a Nutrition Committee is set up to ensure that children get together to eat their meals on time, oversee the wastage of food items, and look out for favoritism or discrimination in the preparation and serving of the meals.
- **Involving children in menu planning and in kitchen activities:** When individual donors donate food items to CCIs, the children’s inputs are considered while coordinating food options. Children are regularly oriented on the importance of a balanced diet and encouraged to adopt healthier food options like fruits, vegetables, and dry fruits instead of fried and oily snacks. The resident children, above 14 years of age are encouraged to observe and if they are comfortable, to participate in the kitchen activities as well as to provide the necessary feedback on food practices to the staff members. This also helps in facilitating independent living skills amongst children living in CCIs.
- **Tasting of food before being served to the children:** Once the meal has been prepared, a Staff member undertakes a tasting of the entire meal in modest quantities to ensure safety of the food being served to the children. The Staff also maintains a register for comments and feedback on the taste and quality of the food which is to be filled after the initial tasting. These comments are discussed with the cooks and among the staff on a regular basis.

### 3.1.2. Special Nutrition

Sometimes, children may require special nutrition due to medical conditions or health issues. For instance, the Maharashtra State JJ Rules specify an extra diet for nourishment like milk, eggs, sugar, and fruits on the advice of the doctor in the CH in addition to the regular diet, to gain weight or for other health reasons.<sup>8</sup> The Maharashtra State JJ Rules also has a provision for a separate menu for sick children.<sup>9</sup>



#### Prerana Practices

Prerana ensures that a separate menu is created for children with specific nutritional needs as advised by the doctor. It is the responsibility of the

<sup>7</sup> As per Section 53 (3) of the Juvenile Justice Act 2015, the officer in-charge of every institution, housing children above six years of age, shall facilitate setting up of children’s committees for participating in such activities as may be prescribed, for the safety and well-being of children in the institution.

<sup>8</sup> Maharashtra State Rules – 35(6)(iv)(c)

<sup>9</sup> Ibid.

staff members in the CCI to ensure that the children get their required nutritional supply within their daily food intake. case workers also discuss the importance of the same with the children to help them make an informed choice about their diet. Nutritional experts also conduct sessions on healthy eating habits to help the children understand the relation between diet and health.

## 3.2. Hygiene

### 3.2.1. External Hygiene

Hygiene is an important part of the overall health and well-being of children. Observing standard hygienic practices protect children from being exposed to unclean environments, which could make them sick. Rule 33 of the Maharashtra State JJ Rules elaborates on the standards of hygiene and sanitation facilities that CCIs should adhere to.

#### **Rule 33: Maharashtra State JJ Rules**

<b>PREMISES</b>	<i>All floors must be swept and washed every day.</i>
<b>MEDICAL ROOM</b>	<i>The medical center must be clean and hygienic. The sick room or isolation room must be fumigated after every discharge, especially in the case of a contagious or infectious disease.</i>
<b>FOOD HYGIENE</b>	<i>Washing vegetables and fruits before use. The kitchen slabs, floor, utensils and stove must be cleaned after every meal.</i>
<b>WATER HYGIENE</b>	<i>Clean water must be available for drinking, bathing, and washing. A separate space must be provided for washing and drying. The CH must also ensure proper storage, cleaning, and maintenance of water storage systems.</i>
<b>WASTE HYGIENE</b>	<i>Toilets must be well-lit, airy and cleaned with disinfectants twice every day. Regular maintenance of the drainage and garbage disposal systems must be ensured.</i>

**PESTS  
RELATED**

*Protection from mosquitoes, pests and rodents, especially in the storeroom where food and other supplies are maintained.*

The responsibility of ensuring that these practices are duly followed in the CH is assigned to the Child Welfare Officer or Case worker, House Mother or House Father, Person-in-charge or Superintendent. The Child Welfare Officer and Case worker have been assigned the duty of verifying the daily cleaning in the premises twice a day. These practices can also be reviewed by the Home Management Committee.

**Prerana Practices**

In addition to the Maharashtra State JJ Rules, Prerana practices the following to maintain hygiene standards:

- **Delegating responsibilities within the team:** While the primary responsibility of keeping the premise of the CH clean lies with the members of the staff at Naunihal, the resident girls are encouraged to take part in such activities voluntarily. Those residents interested in participating in the cleaning activities are paired with either an older resident or a staff member to undertake cleaning activities. This is an effort to build on their independent living skills.
- **Cleaning water storage facilities:** Water storage tanks are thoroughly cleaned twice a year by engaging external professional cleaning services. Similarly, plumbing and water seepage repairs are done minimally twice a year and as per the need of the Home. The contractors for the cleaning services are duly vetted and the finances are discussed with the management before taking a decision.
- **Involving residents in healthy environmental practices:** Naunihal staff members along with the children started a kitchen garden with support from a local voluntary organization. Naunihal grows some plants, vegetables and fruits that require low maintenance and are being utilized in the Home's kitchen.
- **Setting up Children's Committees:** As per Rule 42 of the Maharashtra State JJ Rules, every CCI should facilitate the setting up of Children's Committees for different age groups of children to participate in the functioning of the CCI. In Naunihal, besides other committees a Cleanliness Committee is formed which consists of representatives from the residents who are responsible to oversee the cleanliness of the premise. They are expected

to flag any cleanliness related concerns with the staff members and discuss the possible options for efficient redressal of the same.

### 3.2.2. Personal Hygiene

Maintaining desirable standards of personal hygiene keeps the children safe from diseases and helps inculcate in them healthy living practices. The Maharashtra State JJ Rules states/ lays down personal hygiene and cleanliness practices to be followed in the child's daily routine.<sup>10</sup> The Rules also lay emphasis on making the child understand the importance of practicing cleanliness. Children referred to CCI as victims, rescued from sex trafficking often belong to marginalized communities and their personal hygienic practices may be influenced by their impoverished background and customs. Thus, when they are referred to CCI, it is essential that the staff members engage with them on essential practices like regular brushing of teeth, handwashing, bathing, washing of clothes, regular clipping of nails, treating lice infestation, maintaining menstrual hygiene & disposal of sanitary waste products, and keeping the bed clean.



#### Prerana Practices

Following are some of Prerana's best practices to inculcate healthy personal hygiene practices amongst the young residents at Naunihal:

- **Conducting sessions with children about personal hygiene:** Informative video sessions and discussions on personal hygiene management are arranged for the residents. These sessions are conducted with the help of external resource persons.
- **Revising personal hygiene practices during casework and counseling sessions:** Case workers observe the daily routine of the child such as brushing, bathing, cleaning, and cutting nails and discuss observations about such practices with them during their case work sessions. In certain cases, these discussions may also be taken up by the counselor during their individual sessions with the child.
- **Assisting young girls with their hygiene needs:** Young girls are accompanied to a nearby beauty parlor every month for body hair removal to inculcate the practice of keeping one's body clean. The children are also taken for a regular haircut once in three

<sup>10</sup> As per Rule 34 (2) of the Maharashtra JJ Rules, the daily routine shall, inter alia, provide education and opportunities for individual creative expression, free time and a regulated and disciplined life. The routine shall include adequate time for play, personal hygiene and cleanliness, physical exercise yoga, educational classes, vocational training, organised recreation and game, life skills moral education, group activities such as singing, dancing, acting etc; and celebrations for special programmes for Sundays, holidays, national holidays, festive days, birthdays

months to a nearby beauty salon. Case workers discuss with the child about their preference of hairstyles to help them maintain their hair hygiene.

- **Regular provision of personal hygiene products:** Personal hygiene products like soap, hair shampoo, hair oil, sanitary pads, etc. are regularly distributed amongst the residents. In cases where children require such products before the distribution cycle, they approach the respective staff members to avail the same.

### 3.3. Physical Health

#### 3.3.1. Medical Care

The day-to-day responsibility of looking after the child's health in a CH falls on the staff members. The Maharashtra State JJ Rules have laid down several provisions to ensure access to medical healthcare as well as divided the responsibility amongst various staff members to ensure the implementation of the same. The staffing includes an on-call doctor and a residential paramedical staff or a nurse. Some of the important provisions under Rule 36 of Maharashtra State JJ Rules are:

- Each child should go through a basic medical examination by the Medical Officer within 24 hours of their admission at the CCI and within 24 hours in case the child is to be transferred to another CCI.
- The CCI should maintain a medical record for each child.
- Quarterly medical checkups including dental checkup, eye-testing, screening for malnutrition and skin problems should be facilitated by the CCI.
- Children with any special medical needs should be referred to a hospital. In case of any serious surgical interventions, prior consent of their parent or guardian is essential, except in emergency situations.
- Tests for pregnancy or diseases for victims of sexual offences are to be conducted with the Order of the CWC or the Children's Court (where applicable). The DCPU is expected to facilitate the procedures laid down in the Medical Termination of Pregnancy Act, 1971.
- A psychosocial background of every child should be maintained by the CCI and updated as a part of the ICP. Medical needs including deficiencies should also be included in the ICP.



### Prerana Practices

- **Appointing a General Physician (GP):** A General Physician (GP) visits Naunihal every month for periodic medical check-ups over and above the required provision of him being available to visit on call. In case of an emergency, the child is taken to the physician's clinic.
- **Setting up a medical room:** Naunihal has a Medical Room where the doctor examines the children. There is also a Recovery Room, if a child needs to be isolated to treat an infectious disease.
- **Maintaining a First-Aid Kit:** In-house provisions are made through a fully functional first aid kit to address basic health complaints like headache, indigestion, etc. Staff team members are also trained in using a first-aid box to help during emergencies.
- **Conducting regular medical camps for residents:** A health camp is conducted in Naunihal twice a year which includes ear-nose-throat, dental, blood tests, gynecological examination, immunization (if applicable) and deworming treatments. A tetanus injection as well as lice treatment is administered once a year. Scheduling these treatments during the year is the responsibility of the staff members.

## 3.4. Mental Health

Unlike physical health, mental health care continues to be a taboo in society. Children rescued from CSE&T require regular psychosocial support in the form of trauma-informed counseling. Trauma of exploitation often affects their ability to trust. The first few months of counseling are often spent in establishing a rapport with the child and helping them stabilize their stay in a CH. It is crucial that the CH be an institution that is free from abuse, and a safe environment for children to gain confidence. Rule 37 of the Maharashtra State JJ Rules lays down the importance of facilitating an enabling environment by working in collaboration with the counselors as needed. This Rule lays special emphasis on the

availability of milieu-based interventions<sup>11</sup> and individual therapy for every child in all institutions.<sup>12</sup>



### Prerana Practices

Naunihal has a trained mental health professional who is available for counseling for the children three to four times a week. The children residing in Naunihal are also made aware of the counselor's presence. Some children are referred to the counselor by the case workers while others may directly approach the counselor themselves. The counselor and the staff members try to maintain a non-threatening and non-judgmental conduct, providing the necessary safe space to the children to share their thoughts and feelings. As per the Maharashtra State JJ Rules, a counseling room is set up for individual therapy and it is stocked up with stationery, art supplies, and other resources as directed by the counselor.

Sometimes, the counselor may refer the child for psychiatric assistance or medication. This assessment is conducted by the doctors in the psychiatry department of the local government hospital and the Naunihal team follows-up with the hospital on further treatment and medication. In certain cases, external assistance from practicing psychiatrists is also sought.



## 3.5. Challenges Faced While Addressing This Need

- **Budgetary constraints:** Lack of proper budget disbursement systems and delay in securing the funds can strain the CH staff. For instance, delay in obtaining budgets for medications can severely limit the CH's access to provide children with the right treatment. Sometimes, prescribed medicines may not be available at the government hospitals near the CH. In cases where the CCIs do not have the necessary resources to

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<sup>11</sup> For the purpose of this sub-rule, "Milieu based intervention" is a process of recovery, which starts through providing an enabling culture and environment in an institution so as to ensure that each child's abilities are discovered and they have choices and right to take decisions regarding their life and thus, develop and identify beyond their negative experiences, such intervention which has a critical emotional impact on the child.

<sup>12</sup> The Rules further mandate that every institution shall have the services of trained counsellors or collaboration with external agencies such as child guidance centres, psychology and psychiatric departments or similar Government and non-Governmental agencies, for specialized and regular individual therapy for the children. Every child shall have direct access to a counsellor, social worker in confidence, if the child chooses to avail such service.

take care of such needs, the quality of care to the children at the CCI may be compromised.

- **Understaffing:** Due to the low staff-to-child ratio and high vacancy in positions, it is challenging to follow-up with each child on their personal hygiene habits. Sometimes, medical officers as well as the nurse may not be available 'in house' and the residents may need to be taken outside the premises for their medical needs.
- **Lack of sensitivity towards the child's health concerns:** The principle of confidentiality is not upheld in the highest regard when addressing a child's health concerns. In the past, staff of government hospitals have been insensitive towards victims of sexual exploitation. Some CH staff members may also lack the awareness about mental health and disorders, may not be equipped to deal with children who have been through traumatic experiences which may end up in re-victimizing the resident.
- **Lack of medical facilities for CCIs located remotely:** Location of the CCIs is crucial in determining the access to services for their residents. In cases where the CCIs are in a remote district or town, medical facilities may not be readily available to the residents. They may need to undertake travel on a regular basis to reach the nearest district hospital which would in turn pressurize the human and financial resources which may be limited in the first place.

## DEVELOPMENT



Institutional care aims to protect child victims from the vulnerabilities of the outside world not by blocking their mobility but by equipping them with the skills and opportunities required to protect themselves while moving around in society. It is the responsibility of a CH to provide a child with a secure and enabling environment that is conducive to their development.

### 4.1. Implementation of the Individual Care Plan (ICP)

The State Rules mandate the preparation of an Individual Care Plan (ICP),<sup>13a</sup> comprehensive development plan<sup>14</sup> for the rehabilitation of the child. The ICP details the child's age- and gender-specific needs, and case history, prepared in consultation with the child, in order to restore the child's self-esteem, dignity and self-worth and nurture them into a responsible citizen. The ICP is reviewed regularly as the needs of the child

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<sup>13</sup> As per Rule 2(1)(ix) of the Maharashtra JJ Rules, 2018, the Committee shall direct the person or organisation concerned to develop an individual care plan in Form 7 including a suitable rehabilitation plan. The individual care plan prepared for every child in the institutional care shall be developed with the ultimate aim of the child being rehabilitated and re-integrated based on the case history, circumstances and individual needs of the child.

<sup>14</sup> As per Rule 2(1)(ix) of the Maharashtra JJ Rules, 2018, "individual care plan" is a comprehensive development plan for a child based on age and gender specific needs and case history of the child, prepared in consultation with the child, in order to restore the child's self-esteem, dignity and self-worth and nurture him into a responsible citizen and accordingly the plan shall address the following, including but not limited to, needs of a child, namely:- (a) health and nutrition needs, including any special needs; (b) emotional and psychological needs; (c) educational and training needs; (d) leisure, creativity and play; (e) protection from all kinds of abuse, neglect and maltreatment; (f) restoration and follow-up; (g) social mainstreaming; (h) life skill training.

evolve.<sup>15</sup> This document is also monitored by the CWC and the Home Management Committee.<sup>16</sup> The JJA also requires the case worker to prepare a progress report on effectiveness or inadequacy of the ICP with appropriate reasons.



### Prerana Practices

- **Conducting regular meetings:** When a child is admitted in the CCI, case workers start the process of developing the care plan within the first fortnight. By the first month, a basic draft of the care plan is developed in consultation with the child as well as other stakeholders such as teachers, medical professionals, counselors, etc. Subsequently, case workers meet with the child once a month to review the ICP.
- **Assisting the child to find the right opportunities for their skills and interests:** The varied interests of the children such as dancing, drawing, jewelry-making, and karate are incorporated in the ICP. Efforts are made by the case workers to find appropriate service providers who would be willing to provide such opportunities to the children.
- **Coordinating with different stakeholders:** Other stakeholders involved in the implementation of the ICP include a counselor, doctor, educational and vocational service provider. case workers coordinate with these stakeholders and seek periodic updates on the child's progress from them.
- **Submitting the report to the authorities:** Case orkers assess a child's progress and update the CWC through regular follow-up reports. These care plans are also presented and discussed in the Home Management Committee meetings and feedback is sought from those present.

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<sup>15</sup> As per Rule 21(iii) of the Maharashtra JJ Rules, 2018, Periodic review and revision by child care institutions and the competent authority of the Individual Care Plan may be made depending on the requirements of the child to ensure protection from all forms of child abuse, neglect and exploitation including the right to special protection from abuse in the criminal justice system.

<sup>16</sup> As per Rule 41(4)(vi) of the Maharashtra JJ Rules, 2018, the Management Committee shall meet at least once every quarter or sooner as per need to consider and review.

## 4.2. Education

### 4.2.1 Functional literacy programs

Literacy is often understood as the ability to read and write text and calculate numbers in a language which can be used to communicate with others. Even if a child has never been a part of the formal education system, identifying numbers and the alphabet is an essential skill to help them buy groceries, manage finances, and use public transportation, among other things. The level of literacy required for an individual for effective day-to-day functioning of such activities can be referred to as functional literacy. In Prerana's experience, there are many children, especially from India's marginalized communities, who are still deprived of this skill. There are some children in institutional care who are unable to identify numbers and alphabets in any language. It has been observed that child victims rescued from sex trafficking tend to have limited exposure to formal education. Thus, access to basic literacy programs is essential to ensure that the children grow up to become self-reliant.



#### Prerana Practices

- **Conducting educational assessments:** Case workers conduct an educational assessment to test the child's reading and arithmetic ability using the ASER tool before enrolling them in a formal educational program. It helps them understand the level of education of the child based on their age and last educational qualification.
- **Facilitating in-house learning programs:** Efforts are made to enroll the child in a formal educational institution. However, in cases where the child's interests are not aligned, they are enrolled in an in-house basic literacy program, as per their needs. Regular assessments are conducted to track the progress of the child.
- **Assigning older residents as mentors:** Older resident girls assist others with basic literacy lessons. This social interaction also helps residents develop healthy interpersonal relationships and learn from one another.

### 4.2.2. Access to Formal Education and retention in the Education System

Children who are placed in institutional care may have attended a formal educational institution prior to the rescue. Even if some children have not attended a formal institution,

they may express an interest in pursuing it while at a CH. A child should not be deprived of formal education opportunities while residing in a CH. Rule 38 of the State Rules mandate every CH to provide education to children, both inside and outside the Home. The Maharashtra State JJ Rules include the provision of a range of educational opportunities including mainstream-inclusive schools, special schools, bridge-school, open-schooling, and non-formal education and learning. The Rules also specify the assessment of learning disorders in children, if any, and access to special education accordingly. The child is also given the opportunity to apply for scholarships and sponsorships, wherever applicable.



### Prerana Practices

- Educating children about the available options:** Case workers orient the children with the educational options available as per their needs and abilities, and in the language in which the child feels the most comfortable. Case workers also arrange for exposure visits to an educational institution for the child to better understand the options. Case workers also encourage the children to pursue educational options that require them to travel out of Naunihal, whenever possible, so they continue their socialisation beyond the premises of the CH and communicate with their peers. The educational plans of the children residing in Naunihal are customized as per their needs.
- Coordinating with CWC:** Case workers discuss a child's educational options with the CWC and obtain the relevant Orders, in case the child has to travel in the vicinity (beyond Naunihal) to pursue education.
- Orienting and promoting the child's safety while accessing educational opportunities:** Case workers ensure that the children are safely dropped and picked up from school if they leave Naunihal. For older children, case workers conduct discussions on personal safety while travelling alone or using public transportation. Usually, their orientation includes visits to the educational institution to familiarize the children with the routes.
- Facilitating in-house learning and Open Learning Programs:** In Naunihal, the children are provided in-house tuition or support classes as additional assistance to help them learn better. In case a child is not interested or comfortable in pursuing their formal education through a regular school, they are encouraged and supported to pursue their education through the National Institute of Open Schooling and eventually encourage them to appear for 10<sup>th</sup> standard Board examination NIOS.

- **Organizing career counseling:** Throughout their time at the CH, children are motivated to continue their education and also plan for their future. Thus, various career counseling sessions are organised in Naunihal through diverse professionals to orient the children on the various career options and the educational journey associated with each of the careers. Case workers also help the children to cope with stress and anxiety, especially during examinations.
- **Collaborating with mentorship and sponsorship programs:** Naunihal connects the children with professionals after due diligence and vetting in specific fields or careers so they can receive one-on-one guidance and mentorship. Naunihal also links the children with educational sponsorship opportunities or other organizations for financial support to enable the children to pursue higher education.

### 4.3. Skill Development for Future Employability

#### 4.3.1. Access to Vocational Training

Rule 39 of the Maharashtra State JJ Rules also requires CHs to provide gainful short-term and long-term vocational training to children according to their age, aptitude, interest and ability. Vocational training includes occupational therapy, skill and interest-based training, aimed at suitable placement at the end of the course. The students are provided with a certification towards the end of the program.



#### Prerana Practices

- **Facilitating learning of basic computer skills:** At Naunihal, every child is encouraged and provided with an opportunity to learn basic computer skills. The importance of such skills for future employment is emphasized. Children who want to pursue an advanced course are also linked to service providers.
- **Facilitating learning of spoken English:** The importance of learning English is discussed with children. Spoken English classes are conducted regularly within the CH and staff members are also encouraged to communicate with each other as well as with the children in English.
- **Training in soft skills:** In Naunihal, small groups of girls are encouraged to attend in house soft skill training, which covers skills like interpersonal (people) skills, communication and listening skills, time management and empathy among others.

- **Facilitating training in other vocational skills:** Training in skills such as jewelry-making, fitness-training, *mehendi* (henna art), beauty care etc. is facilitated after discussing the options and with the residents and understanding their interests. Those who are interested in the same are enrolled and encouraged to stay on and complete the training program. Certificate training programs are prioritized and promoted amongst children.
- **Involving children in the decision-making process:** Case workers conduct one-on-one and group discussions about the importance of vocational skills with the children. While reviewing their ICPs, the various options available as well as the child's interests are discussed and accordingly, interventions are planned. In the past, children have been provided with training on tally accounting software, Photoshop software for editing photographs, beauty care, and hospitality management. After consulting the child and the CWC, family members are also informed about the child's desire and interest in a particular profession.

## 4.4. Life Skills

### 4.4.1. Independent Living Skills

UNICEF defines life skills as *“psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.”*<sup>17</sup>

They are loosely grouped into three broad categories of skills: **cognitive skills** for analyzing and using information, **personal skills** for developing personal agency and managing oneself, and **interpersonal skills** for communicating and interacting effectively with others. The Maharashtra State JJ Rules also highlight the importance of inculcating life skill development lessons to children in CCIs. These skills are essential for any individual to live independently in society. When a child is living in a CH, most of their needs are looked after by the staff members. However, a child can only reside in a CH up to the age of 18 years. Post that, they are either restored to their family or linked with an aftercare facility. Thus, it is important that the child is equipped with the requisite skills to help them reintegrate into society as smoothly as possible. These skills include learning basic financial skills, negotiating and purchasing, cooking, traveling independently using public and private transport, personal care, crisis management, and general awareness about society and global issues.

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<sup>17</sup> WHO, Skills for Health, 2003 [https://www.who.int/school\\_youth\\_health/media/en/sch\\_skills4health\\_03.pdf](https://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf)



### Prerana Practices

- **Simulating “Flat Deputation”:** This is the system of allotting a resident girl who is over the age of 16 years, the opportunity to live independently within Naunihal to prepare her for the near future post-exit.

This intervention involves a group of 4 to 5 children to move to a ‘flat’ (*a self-contained apartment*) for 3 to 4 days in a month that is located within the Naunihal building and equipped with facilities. This enables them to learn the skills required for independent living. Resident girls learn how to deal with a budget, buy their groceries, cook, clean, and share space.

- **Conducting regular capacity building sessions with the residents:** Case workers discuss important topics such as healthy cooking, basic financial skills like savings and banking, and cultivating habits like reading the newspaper and knowing one’s civic responsibilities. Other important topics like rights of an individual with regards to the police, and information on prevention of child sexual maltreatment and sexual harassment at the workplace are also discussed with the girls on a regular basis. External resource personnel may also be contacted to conduct these sessions for the residents.
- **Inculcating independent living skills in the daily schedule of the residents:** The residents at Naunihal are regularly involved in the day-to-day functioning of the CCI. This includes observing the activities in the kitchen, participating in cooking and managing the kitchen and food hygiene, keeping the CCI and its surroundings clean, managing budgets while living with others during flat deputation, traveling in groups and accessing public transport. Case workers also discuss these skills with the individual residents during their individual casework meetings.



### 4.6. Challenges Faced While Addressing This Need

- **Location of the CH:** The location of a CH may limit a child’s access to vocational training or formal educational institutions outside the CH. Government-run CHs also depend on CSOs for providing vocational training.
- **Budgetary constraints:** Lack of funds may discourage a CH from enrolling the children in vocational training programs outside the institution. Another challenge is understaffing. A low staff-to-child ratio makes it harder to escort the children outside the CH to attend school, college, or vocational training classes.

- **Limited skills of the staff members:** Sometimes, the staff in the CH may have limited skills, training, and understanding required to prepare an ICP, network and provide necessary linkages, etc. In fact, the ICP is often not created with inputs from the child, despite being legally mandated. This may also hold the child back from establishing a rapport with the staff of the CCI.
- **Low motivation of the child:** Sometimes, it can be hard to motivate and encourage children to continue education and retain them in formal or vocational educational institutions.
- **Unavailability of the child's documents:** In cases where children are rescued from sex trafficking, it may be hard to obtain the right documentation to enroll them in formal education.

## SOCIAL PROTECTION AND WELFARE



### 5.1. Social Protection Documents

A democratic welfare State like India offers a very wide range of social protection services for the underprivileged and disadvantaged population such as low-income group housing, health insurance, subsidized food grains, employment guarantee, mid-day meals, etc. To avail them, one requires to first establish to the respective authorities one's personal identity as well as eligibility.



#### Prerana Practices

When children are referred to Naunihal, case workers conduct a preliminary social investigation visit and submit a corresponding report to the CWC. During this visit, they interact with the child's family members and assess their socio-economic background. Documents like Birth Certificate or School Leaving Certificate of the child, and other identity documents of the family are taken into consideration while making this assessment. If certain documents are missing or there are discrepancies with regards to age, name or address, it is brought to the notice of the CWC and efforts are made to rectify the errors on the documents. Some of the activities undertaken by Prerana are:

- **Verifying the documentation of the child:** Prerana runs a check on the name and birth date of the child to see if they are uniform across all the documents shared by the parents or guardians. If there is any discrepancy, case workers approach the competent redressal

authority to rectify the errors. They also help the child and their family with other documents such as the Aadhar Card, PAN Card, etc. In the past, case workers have also assisted ex-residents for any documentary assistance even if they had turned 18 years or had been restored to the family.

- **Setting up a bank account:** If the child does not have a bank account in their name, case workers help in starting up a bank account. Sometimes this may involve coordinating on identity documents as well which are essential for opening a bank account. Having a bank account is crucial in case the compensation from the State comes through.
- **Procuring other relevant documents (Birth Certificate, School Leaving Certificate) of the child:** In case the child hails from another district or state, the case worker in consultation with the CWC approaches child protection authorities of the respective district to procure the relevant documents and share copies of the same with the CCI for further procedures.
- **Coordinating and procuring an Aadhar Card:** Aadhar is an essential identity document for the citizens of India. For children referred to Naunihal, who do not have an Aadhar Card, case workers initiate the process of getting it issued through the local post office and also follow up until the card is issued. Efforts are made that such identity documents are received and shared with the child before they are discharged from the Home.
- **Coordinating with the Child and relevant authorities for Orphan Certificate:** If the child is an Orphan (as defined under the JJA), the case workers in consultation with the CWC and DCPU help the child (in some case care leavers, 18+) to submit relevant documentation and follow up on the process of securing an Orphan Certificate. This Certificate may be helpful for the child in accessing educational and job opportunities as well as access other such State schemes for Orphans.



## 5.2. Challenges Faced While Addressing This Need

- **Lack of clarity on document issuance:** Some documents that establish personal identity often serve as a gateway to other documents of establishing eligibility. When the former is missing, it becomes impossible to create the latter. There is little clarity about which authority is competent to issue what documents. The fact that there are innumerable children without any document whatsoever, has not received any attention of the state and hence there is no solution in sight.

- **Navigating bureaucracy:** Individuals applying for identity or eligibility documents often experience great delay in receiving these documents from the issuing authorities. There is also the need to consistently follow up on such matters, which may not be possible for the CCIIs that do not have the necessary resources to do so.
- **Challenges in communicating with families, especially if the child does not belong to the same district:** Sometimes, when children do not belong to the district where they are found, presented before the CWC and placed in an institution, it may be difficult to trace the child's family back in their home district. At times, families may not be willing to share required information or hold back relevant identity and personal documents. The process of building trust with the family may also be long and time consuming.

## LEGAL



The socio-legal need of children is two-fold. Firstly, a child rescued from commercial sexual exploitation and trafficking is a CNCP under the JJA<sup>18</sup> and has the right to rehabilitation under the law. Secondly, under other criminal laws, there is an ongoing effort to get the offender punished for the offense of trafficking a child for commercial sexual exploitation. The child victim is entitled to assistance under both these circumstances.

Along with providing a child victim with relevant rehabilitation services, making victim-witness protection services available to the child is also essential and enforceable by law. This section addresses two broad sub-needs: **prosecution**, the process in which a victim participates as the witness of the State to the crime; and **care and protection**, where the victim is offered the necessary rehabilitative services for eventual social reintegration.

### 6.1. Prosecution

In the Indian criminal justice system, heinous crimes of serious nature such as trafficking of persons for sexual exploitation are also treated as crimes against the State and not just

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<sup>18</sup> Section 2(14)(viii) "child in need of care and protection" means a child—who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts;

against an individual. The State leads the prosecution of such cases, and the trial process is aided by oral evidence of the witnesses who could prove or disprove the commission or non-commission of an act punishable under law.

The prosecution is a complex and long-drawn process which requires the assistance of victims as witnesses to build a case against the offenders. The entire process of investigation and trial can be overwhelming for a child and there is a high chance that the child gets re-victimized and forced to revisit the details of the traumatizing incident. Thus, it is important to provide the child with assistance at each stage of the trial process.

### **6.1.1. Legal orientation for the Victim (and Family, if applicable)**

Given the sensitive nature of child sexual offenses and the traumatized mental state of the child victim, the POCSOA, 2012 has mandated child-friendly victim assistance that is in the best interest of the child. The amended POCSOA Rules, 2020, provide for the appointment of a 'Support Person' to assist the child throughout the process of investigation and trial.<sup>19,20</sup> The role of the support person includes explaining to the child and the family about the child's role as a witness, the procedural steps involved in a criminal prosecution, status of investigation of the crime, information on arrest and bail of the accused, status of appeal and the verdict of the trial.



#### **Prerana Practices**

Prerana believes in a child-centered approach with positive interventions for the victim. The organization ensures that the child and their family receive orientation—if the family is not involved in the exploitation—about the procedures of trial

<sup>19</sup> As per 4(8) of the Protection of the Children from Sexual Offences Rules, 2020, the CWC, on receiving a report under sub-section (6) of section 19 of the Act or on the basis of its assessment made under sub-rule (5), and with the consent of the child and child's parent or guardian or other person in whom the child has trust and confidence, may provide a support person to render assistance to the child in all possible manner throughout the process of investigation and trial, and shall immediately inform the SJPU or Local Police about providing a support person to the child.

<sup>20</sup> As per 4(9) of the Protection of the Children from Sexual Offences Rules, 2020, the support person shall at all times maintain the confidentiality of all information pertaining to the child to which he or she has access and shall keep the child and child's parent or guardian or other person in whom the child has trust and confidence, informed regarding the proceedings of the case, including available assistance, judicial procedures, and potential outcomes. The Support person shall also inform the child of the role the Support person may play in the judicial process and ensure that any concerns that the child may have, regarding child's safety in relation to the accused and the manner in which the Support person would like to provide child's testimony, are conveyed to the relevant authorities.

and prosecution during the regular social case work sessions. Case workers also keep the child updated on the progress of the case, including age-appropriate expectation setting.

During the initial stage, case workers also engage with the child and the family to assess if there is a need to seek external pro-bono legal assistance. Accordingly, the case worker may approach a relevant service provider (lawyers empaneled with District Legal Services Authority – DLSA, other private sector pro-bono advocates), who would then help the Public Prosecutor (of the State) in the process of trial in the Court.

### 6.1.2. Victim Assistance Provided During the Investigation Stage

The prosecution of any offense cannot be carried out without an investigation into the commission or non-commission of the crime. When a complaint is lodged to report the crime, the law enforcement officers conduct an inquiry to ascertain facts and gain more information. The information obtained by these officers during their inquiry may yield evidence about the commission of the crime. It is only ascertained whether a crime has occurred, and a suspect may be identified. At this stage, the child victim is considered as the State's witness to identify the location of the crime and the suspect. The child victim's assistance is required for the following procedures:

- **Spot Identification (*Panchanama*):** Spot Identification refers to the visit made to the place of crime, or an attempt to locate the scene of crime by the Investigating Officer based on the information (or, the lack thereof) provided by the child victim. When the Investigating Officer draws a Spot *Panchnama* in the presence of two independent witnesses, it constitutes a Spot Identification. In cases of child victims rescued from sex trafficking, this means revisiting the place where the child was sexually exploited for commercial purposes.
- **Test Identification Parade:** As per Section 54A<sup>21</sup> of CrPC, the suspect of a crime is exhibited along with a group of people with similar height, weight, build, etc. and the victim is asked to identify the suspect.
  - These procedures may lead to recollection of traumatic incidents from the child's past and thus require hand-holding and assistance.

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<sup>21</sup> Criminal Law Amendment 2013



### Prerana Practices

- **Orienting and training the team with the process of investigation:** Prerana equips its staff members with a thorough understanding of the investigation process through regular training programs (both internal and external training programs). The team member may also be assisted throughout the process of hand-holding the child either through a senior team member or an external resource person.
- **Maintaining contact with the police:** The police is the key functionary in the process of investigation and prosecution. Prerana keeps in contact with the police for regular updates on the status of the legal case.
- **Ensuring that child-friendly practices are followed:** Prerana ensures that all child-friendly practices mandated by the law are enforced by the relevant law enforcement officers when interacting with the victim to prevent re-victimization. Naunihal has a separate room for recording the statement by police officers and in the presence of a case worker for the child's support, if required by the child.
- **Documenting and disseminating best practices evolved nationally and internationally:** The team takes efforts at documenting and sharing best practices through the online knowledge resource center, social media, and other conventional mediums around victim protection to bring in better and evolved standards of care for the victim. These are also discussed during capacity building and sensitization programs with the relevant functionaries.
- Prerana has published a document that emphasizes the victim-witness protection process, enumerating the provisions of the law along with the practices followed by the organization during their on-ground intervention. For more information, read the *Best Practice Guide for Case Workers providing assistance in legal and court proceedings to a child rescued from sex trafficking - in the best interest of the child.*
- **Keeping the child (and if appropriate, the family) in the loop of all processes:** Case workers orient the child on the criminal justice system age-appropriately. They also accompany the child during the investigation process and provide them with psychological support, as and when required. Case workers also keep the child informed about the progress of the case.

### 6.1.3. Victim Assistance Provided During the Stage of Trial

Once the investigation process ends, the police submit a final report, known as a charge sheet.<sup>22</sup> It contains details of the complete investigation made by the police, the charges or the relevant punishable sections that are being invoked against the accused, the evidence collected by the police during investigation in the form of recorded statements, list of witnesses and seizures, and other documentary evidence. The Investigating Officer submits the documents in the court as per the procedure, and it is the responsibility of the Public Prosecutor to represent the State. The Public Prosecutor opens the case and presents the facts based on the final report. Once the presiding Judicial Officer of the Court peruses the evidence presented before it, the charges on which the trial will be conducted are framed by the Court.<sup>23</sup>

The victim plays an important role in the next stage of trial, known as the stage of evidence.<sup>24</sup> The victim-witness may be summoned to the Court to present the oral testimony to corroborate relevant facts. Generally, the victim is a prosecution witness and is subjected to cross-examination by the defense counsel. In cases of children rescued from sex trafficking, it may not be easy for the child to narrate the traumatizing incident resulting from their exploitation. Visits to the court may also be intimidating for the child due to the non-familiarity of the environment. They may not understand the language of the advocates, may experience anxiety due to lack of clarity about procedural steps or the confusing physical infrastructure, and may not want to narrate the facts of the case in front of a lot of people.

POCSO Act and Rules have made provisions for child friendly treatment of child victims of sexual offences. Section 36 of the POCSO Act, 2012 requires the Court to ensure that the child does not come in contact with the accused during the time of recording of the evidence.<sup>25</sup> This can be done by providing a separate room in Court to record the child victim's statements.<sup>26</sup> Apart from that, the Court can also permit video conferencing, one-way mirrors, curtains, or any other devices to separate the child from the suspect while

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<sup>22</sup> u/s 173 of CrPC

<sup>23</sup> u/s 228 of CrPC

<sup>24</sup> u/s 231 and 233 of CrPC

<sup>25</sup> Sec 36 POCSO Act

<sup>26</sup> As per Rule 56(17) of Maharashtra JJ Rules, 2018, separate rooms for vulnerable witnesses may be designated in every Court Complex to record the evidence of child witnesses.

recording the statement.<sup>27</sup> Similarly, Rule 56(13)(i) of the Maharashtra JJ Rules mandates that the Magistrate shall record the statement of the child under section 164 of the CrPC in the Children's room or, in a CCI in a child-friendly manner.<sup>28</sup>



### Prerana Practices

- Orienting the team with the process of trial:** Prerana equips its team members with a thorough understanding of the trial process through regular training programs (both internal and external).
- Ensuring that child-friendly practices are followed:** Prerana ensures that all child-friendly practices mandated by law are followed by the relevant law enforcement officers when interacting with the child victim to prevent re-victimization. This may be done either by citing the law or in some cases reaching out to senior authorities for intervention in the processes.
- Accompanying the child to the court:** Case workers accompany the child to the court during the process of trial. The child may be expected to be present in the court for two or more such visits during the trial. The case workers, if appointed as Support Person may also extend this support to the child in the courtroom. This support is of utmost importance to the child considering the process of trial can be overwhelming and retraumatizing for the child.
- Keeping the child in the loop of all processes:** Case workers initiate the process of orienting the child about how the criminal justice system works, based on their age and understanding. They also accompany the child during the trial process and provide them with psychological support, when required. Case workers also keep the child informed about the progress of the case.
- Extending emergency psychosocial support to the child:** The process of trial, especially the examination-in-chief and the cross examination may be mentally and emotionally exhausting for the child. Memories of traumatic incidents resurface and thus, the child may need immediate psychosocial assistance. The Counselor is informed about these

<sup>27</sup> As per Section 36 (2) of the POCSO Act, 2012 gives the Court the power to record the statement of a child through video conferencing or by utilizing single visibility mirrors or curtains or any other device.

<sup>28</sup> As per Rule 56(13)(i) of the Maharashtra JJ Rules states that the Magistrate shall record the statement of the child under section 164 of the CrPC in the Children's room or, if possible, in the child's place of residence including, home or institution where he or she is residing or any place where the child is comfortable, in a child friendly manner.

processes well in advance so that they can be available if the child needs assistance during or after the process of trial.

- **Liaising with the appointed Support Person:** Case workers stay in touch with the Support Person (if appointed by the CWC) and assist them in orienting the child for their role in the process of trial.
- **Communicating with the Public Prosecutor:** Case workers stay in touch with the Public Prosecutor either directly or through the police. This helps in getting relevant legal information on the case and keeping the child updated about the same.
- **Reaching out to pro-bono legal service providers:** Sometimes, Prerana seeks assistance from sensitized lawyers or organizations offering pro-bono legal services for child victims. These lawyers may be appointed as watching advocates and help in assisting the public prosecutor during the trial. They also interact with the victim to keep them updated on the legal processes.
- **Creating and disseminating literature on Best Practices:** Prerana has published a document that emphasizes the victim-witness protection process, enumerating the provisions of the law along with the practices followed by the organization during the process of trial. For more information, read the *Best Practice Guide for Case Workers providing assistance in legal and court proceedings to a child rescued from sex trafficking - in the best interest of the child.*

## 6.2. Care and Protection

Prosecution of offenses is important as it punishes the offenders. Under the criminal laws and procedure, there may also be a monetary compensation that may be declared for the victim by the court. Another important aspect of the legal needs of the child victims includes their 'care and protection.' While prosecution deals with matters related to the police and the court, care and protection covers the rehabilitative needs of children rescued from CSE&T. Even the JJA rightly emphasizes 'Care and Protection' in its title.

### 6.2.1 Regular presentation of the victim before the CWC

The CWC is the authority responsible for making decisions about the rehabilitation and restoration of a child victim. It has the powers to issue directions to the CCI to look after the child's immediate shelter, medical, psychological and educational needs.<sup>29</sup> A Child

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<sup>29</sup> Section 37(1)(g) of the Juvenile Justice Act, 2015, the Child Welfare Committee to issue directions to persons or institutions or

Welfare Officer or a Case Worker is appointed within the CCI to look after the care and development of a victim placed in institutional care and report the child's progress to the Committee.<sup>30,31</sup> The case worker also ensures that the child is presented before the CWC for regular follow-ups.<sup>32</sup> During such follow-ups, the CCI is mandated to submit a progress report with the interventions planned for the child's rehabilitation to the CWC.<sup>33</sup> The CCI also sets up a Management Committee for monitoring the progress of every child placed in a CCI.<sup>34</sup> Regular presentation of the child before the CWC also provides them an opportunity to present their thoughts and grievances, if any. Maintaining regular contact between the child and CWC promotes the child's participation in their rehabilitation plans.



### Prerana Practices

Prerana's field experiences reveal that a child feels cared for and satisfied when they are included in the planning of their future. The child also feels proud when their achievements are shared with the CWC and stays motivated to do better. Thus, maintaining a healthy contact between the child and the CWC goes a long way in building an environment of trust and safety. Some of the activities undertaken by Prerana are:

- **Presenting the child regularly before the CWC as ordered by them:** Prerana ensures that the child is presented before the CWC for regular follow-ups. The case workers also ensure that the child is produced before the CWC when such a request is made by the child themselves, or if the child faces any concerns, including their desire to be restored

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facilities in whose care the child is placed, regarding care, protection and rehabilitation of the child, including directions relating to immediate shelter and services such as medical attention, psychiatric and psychological support including need-based counselling, occupational therapy or behavior modification therapy, skill training, legal aid, educational services, and other developmental activities, as required, as well as follow-up and coordination with the District Child Protection Unit or State Government and other agencies.

<sup>30</sup> As per Rule 64(5) of Maharashtra JJ Rules, 2018, every child living in a Children's Home shall be assigned to a Child Welfare Officer or a Case worker. Such a Case Worker shall be responsible for the child assigned to him in all respects viz. care and development of the child, reporting to the Board or the Committee or the Children's Court about the child or maintaining the child's record in the Child Care Institution.

<sup>31</sup> As per Rule 64(6)(xix) of Maharashtra JJ Rules, 2018, duties of such Case Worker also include maintaining record of the next date of production of the child before the Committee and ensuring the production of the child on the said date.

<sup>32</sup> As per Rule 19(10) of Maharashtra JJ Rules, 2018, in all cases pending inquiry, the Committee shall notify the next date of appearance of the child not later than fifteen days of the previous date and also seek periodic status report from the social worker or Case worker or Child Welfare Officer conducting investigation on each such date.

<sup>33</sup> As per Rule 75(2) of the Maharashtra JJ Rules, the case file shall be produced before the Committee on every date of production of the child for the perusal of the Committee. Case file to include reports, observations, progress reports, etc.

<sup>34</sup> Rule 41(1) of Maharashtra JJ Rules, 2018 - Management Committee for monitoring the progress of every child.

or transferred to another facility. Case workers ensure that the child is present during the submission and review of their ICP so they can participate and share their inputs.

- **Ensuring that the child is present while obtaining a Renewal Order:** Prerana ensures that the child is present when the CWC issues the Renewal Order for the child's stay in the CH. This way, the child is made aware about the decision made by the CWC and they can also share their opinions and concerns, if any, before the CWC.
- **Updating the CWC about the child's progress:** Case workers submit progress reports and fulfill any other requests from the CWC related to reporting on the care and protection of the child.

### 6.2.2. Assessing the socio-economic background of the child and the family

The provisions for care and protection in the JJA emphasize the importance of family care for a child. The JJA also recognizes family as the primary institution for the care and protection of children and lays down a principle that considers institutional care as a last resort. As per this principle, it is important to understand the background of the family to ascertain their role and involvement in the child's exploitation, if any, as well as obtain information on the family's inclination, capacity and plan for the child's rehabilitation. The responsibility of conducting such an inquiry is assigned to the Child Welfare Officer or Case Worker.<sup>35</sup>

Case workers use a socio-economic assessment called the Social Investigation to ascertain the family's background and submit a report on the same to the CWC.<sup>36</sup> Then, they prepare a report known as the Social Investigation Report<sup>37</sup> (SIR) that documents the circumstances of the child's family based on economic, social, psychosocial, and other

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<sup>35</sup> As per Section 30(iii) of the Juvenile Justice Act, 2015, the CWC can direct Child Welfare Officers or probation officers or District Child Protection Unit or non-governmental organizations to conduct social investigation and submit a report before the Committee.

<sup>36</sup> As per Rule 64(4) of Maharashtra JJ Rules 2018, on receipt of information from the police or Child Welfare Police Officer or on arrival of a child in the Child Care Institution, the Child Welfare Officer or Case Worker shall forthwith conduct social investigation of the child through personal interviews with the child and his family members, social agencies and other sources, inquire into antecedents and family history of the child and collect such other material as may be relevant, and submit the Social Investigation Report to the Committee, within fifteen days.

<sup>37</sup> As per Rule 2(1)(xvii) of the Maharashtra JJ Rules, 2018, a social investigation report means the report of a child containing detailed information pertaining to the circumstances of the child, the situation of the child on economic, social, psycho-social and other relevant factors, and the recommendation thereon.

relevant factors.<sup>38</sup> The JJA states that children with unfit and incapacitated parents may be in need of care and protection.<sup>39</sup> Case workers thus investigate the vulnerabilities a child may be exposed to when restored with the family and whether the family members are willing and able to provide a safe and nurturing environment for the child. The report details the cultural practices of the family, their financial ability to look after the child, and social vulnerabilities (if any) in the child's immediate environment. Case workers also add their own observations of the interactions conducted with the family and neighbors. The SIR as well as the child's opinions on their rehabilitation help the CWC reach a decision that is in the best interest of the child.<sup>40</sup>



### Prerana Practices

- Refining tools of inquiry:** Until 2016, SIRs were not as comprehensive to cover the status of the family and did not help the CWC much to make an informed decision. However, Prerana's continuous input on strengthening and streamlining SIR helped develop a more effective process of conducting the inquiry that now helps the CWC make informed, evidence-based decisions on whether a child victim requires institutional care or is ready to be restored with their family.
- Enriching the practice of Social Investigation beyond just family visits:** In addition to visiting the child's residence, Prerana ensures that the case workers conduct a physical verification of the social environment of the child including visits to the child's educational institution or a visit to the house of any other relevant family relative, and the parents' place of employment for a thorough assessment. They also identify the likelihood of any other risk factors such as proximity to the traffickers' family, threat from them or cases of substance abuse in the neighborhood that can be brought to the attention of the CWC. For more information, read Prerana's training guide for conducting a social investigation, *'Process to conduct a Social Investigation: Guide.'*

<sup>38</sup> As per Section 36 (2) of the Juvenile Justice Act, 2015, the social investigation shall be completed within fifteen days so as to enable the Committee to pass the final order within four months of first production of the child.

<sup>39</sup> Section 2(14)(iv) of JJA, 2015

<sup>40</sup> As per Section 37(1) of the Juvenile Justice Act 2015, On being satisfied with the inquiry, the Committee may, on the consideration of the Social Investigation Report, decide whether the child is in need of care and protection, or not. It also has the power to pass Orders in favor of the child's placement in a Children's Home for care and protection or restoration of the child to the family, with or without follow-up/supervision.

- **Including case workers' observations in the SIR:** Prerana emphasizes the importance of including 'Observations of the Case Worker' and 'Recommendations of the Case Worker' in the SIR to help the CWC make an informed decision. This includes observations that the case workers make based on the body language of the family members, interaction of the parents' with the rest of the family, or the grievances of the household, plans of the family with regards to the child's future, etc. In the SIR, the case worker also analyzes and presents any discrepancies in the statement of the child and the family.
- **Conducting capacity building programs:** Prerana initiated extensive capacity building sessions and training programs for case workers to improve their skills to conduct the inquiry and the documentation of SIRs. These programs are conducted with diverse stakeholders both govt and from the voluntary sector.

### 6.2.3. Age Verification

The age of a victim rescued from sex trafficking is a major factor in deciding the course of their rehabilitation. If the victim is under 18 years of age, the case falls under the jurisdiction of the CWC and the child victim is sent to a CH for care and protection.<sup>41</sup> For victims over 18 years, the case does not fall under the purview of the JJA. The adult victims are sent to a Protective Home that provides them with the age-appropriate care and takes care of their protection needs.

Since the victims generally do not have documents to prove their age during rescue, their age is primarily ascertained by the CWC in the following ways. First, the authorities seek the birth certificate from the school (if the victim was previously part of the formal education system), or the matriculation or equivalent certificate from the concerned examination Board, if available. In case that is not available, the child's Birth Certificate issued by a corporation or a municipal authority or a panchayat is sought. If neither of these documents are made available to the CWC, only then the age of the victim is determined by an ossification test or any other latest medical age determination test conducted on the orders of the Committee.<sup>42</sup> Post this assessment, it is important that the CWC for its own records, clearly states the date of birth/age of the child in their records.

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<sup>41</sup> As per Section 94(1) of Juvenile Justice Act, 2015 - Where, it is obvious to the Committee, based on the appearance of the person brought before it that the said person is a child, the Committee shall record such observation stating the age of the child as nearly as may be and proceed with the inquiry.

<sup>42</sup> Section 94(2) of JJ Act, 2015 - In case, the Committee has reasonable grounds for doubt regarding whether the person brought before it is a child or not, the Committee shall undertake the process of age determination, by seeking evidence.



### Prerana Practices

During its intervention, Prerana has encountered cases where the age verification medical examination (AVM) would contradict the documents submitted by the family subsequently. The AVM exam would prove the victim to be a child, but the documents that the claimants would produce before the CWC showed them to be above the age of 18 years. It has been observed that claimants can sometimes forge or submit inauthentic documents in attempts to prove that a child is actually an adult (above 18 years). It is generally believed that it is easier to 'free' the victims if it is proved that they are above 18 years of age. It is a common belief among the claimants (often the traffickers themselves) that once the child is declared to be an adult, they would be eligible to be handed over to their immediate claimants. Thus, the documents submitted by the family as evidence to prove the child is actually an adult, ought to be thoroughly verified to ensure that the CWC has all the facts to determine the age of the victim. To protect the best interests of the children, Prerana undertakes the following activities:

- **Gathering the requisite documents from the family:** During the social investigation, case workers request the family for Birth Certificate or School Leaving Certificate of the victim to be presented to the CWC. Efforts are made to only take the photocopies of these documents and not the original ones. In case these documents are not available during the preliminary visit, the case workers follow up with the family to make these documents available for the CWC.
- **Suggesting the verification of the documents:** Prerana plays an active role in suggesting and assisting the CWC in verifying the documents gathered from the family or submitted by the family. It assists the CWC in issuing directions for verification of the documents by the issuing authority through the Police or Investigating Officer in case of uncertain facts coming to light.
- **Documenting case studies and practices about age verification:** Prerana publishes case studies that emphasize the need for determining the true age of the victim along with the procedure of verification and re-verification. For more information, read Prerana's '[Case Study on Ascertaining the age of a rescued victim.](#)'

## 6.2.4. Inquiry into Propriety of Custody Claims

### ***When the Claimants approach the CWC for the custody of the child***

A child rescued from sex trafficking who has been placed in a CH can be restored to their family in two ways. First, the CWC conducts an inquiry to ascertain whether the child may be restored to the family. If the child's safety is not at risk with their family, they may be restored with or without supervision of an external voluntary organization or the DCPU. In cases where the family is not found to be capable of taking care of the victim, the child is placed in institutional care for a specific period, while positive interventions are undertaken with the child and the family to equip the family to take custody of the child. Second, any individual who claims to be related to the child and is willing to look after the child can approach the CWC with relevant documents to request the custody of the child. The CWC uses the period of inquiry to understand if the person requesting such custody is equipped to look after the child. The CWC passes a Final Order after the completion of its inquiry, which includes assessing the socio-economic background of the child's family along with the authenticity and lawfulness of the custody claims.

- Generally, the following aspects are included while ascertaining the proprietary and validity of the custody claims made by the family members:
- Identity proof of the claimants by a valid issuing authority
- Documentary evidence to prove relationship with the child (Birth Certificate, Ration Card, etc.)
- Documentary evidence to show financial capacity or source of income to look after the child
- Proof and nature of residence (temporary or permanent), etc.

After scrutinizing the facts and evidence produced before it, the CWC can either grant the custody of the child to the claimant or refuse to grant said custody. In its Order, the CWC must make a note of the procedure adopted to reach the conclusion and back it with reasons and evidence.

### ***When the claimants approach the court of law***

Sometimes, when the CWC makes a decision of institutionalizing a child, the claimants may approach the court of law to challenge this decision. This is done by filing a custody application to a higher court of law such as the District Sessions Court or the High Court. Some of the instances include:

1. Cases where parents of minor victims rescued from sex trafficking have filed a Habeas Corpus Writ Petition in the High Court, demanding the child to be produced before the Court.
2. Cases where the Order of the CWC to place a child in the CH for their rehabilitation has been challenged in the District Sessions Court by way of appeal under Section 101 of JJ Act, 2015.
3. Cases where parents of the child have moved to a higher court of law to prove the age of the victim to be over 18 years.



### Prerana Practices

- **Coordinating with the claimants and the CWC:** Prerana actively coordinates with the claimants, updating them about the process of inquiry from time to time. The case workers also coordinate with the claimants on producing the relevant essential documents before the CWC, as required.
- **Following up with the Court:** Case workers play an active role in assisting the CWC, if required when a case is being challenged in the Court. The Court may ask for evidentiary reasons as to why the child was not reunited with the claimants. The case worker may thus be required to submit the SIR as well as other documents, as requested by the Court in coordination with the CWC.
- **Verification of the documents:** Prerana assists the CWC to verify the personal documents and the residential proof of the claimants through the Police officials and avail the findings to make further decisions. The case workers also actively follow up with the Police, as and when required.

#### 6.2.5. Preparation of the Individual Care Plan (ICP)

When a child is identified to be in need of care and protection, they may be placed in a CH. The idea of placing the child in a CH is to ensure that they have access to services that enable their rehabilitation and reintegration into the society.<sup>43</sup> The needs of a child are identified, and a rehabilitation plan is prepared. The tool used to identify the major areas of concern for the child along with proposed interventions to remedy the same is called

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<sup>43</sup> As per Section 30(vi) of JJ Act, 2015, the functions and responsibilities of the Committee shall include ensuring care, protection, appropriate rehabilitation or restoration of children in need of care and protection, based on the child's individual care plan.

an Individual Care Plan (ICP).<sup>44</sup> The ICP is prepared in consultation with the child to ensure that their needs and expectations are considered. The ICP is prepared by the case worker assigned to the child and is submitted to the CWC. Once prepared, the ICP is reviewed, implemented, and monitored regularly.



### Prerana Practices

- **Orienting the child with the process of ICP:** Case workers engage with the child to inform them about the ICP, the objective and the desired outcome of the same. Each section of the ICP template is explained to the child in terms of their rehabilitation.
- **Involving the child in the preparation of the ICP:** The inputs of the child are most valuable while preparing an ICP. Case workers discuss the needs and concerns of the child and include their expectations in the template. The case workers and the child together devise intervention plans to address the needs and concerns.
- **Reviewing the ICP with the child:** Case workers review the ICP with the child regularly to understand the progress made on the planned interventions. The case worker and child work together to review the concerns and the interventions planned in the past. To that end, an ICP serves as a dynamic tool to take care of the changing needs of the child.
- **Liaising with different stakeholders:** Prerana collaborates with different stakeholders for the effective implementation of the ICP like the hospital, mental health professional, educational professional, DCPU, DLSA, vocational service provider, etc.

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<sup>44</sup> Rule 2(1)(ix) of Maharashtra JJ Rules, 2018 - individual care plan" is a comprehensive development plan for a child based on age and gender specific needs and case history of the child, prepared in consultation with the child, in order to restore the child's self-esteem, dignity and self-worth and nurture him into a responsible citizen and accordingly the plan shall address the following, including but not limited to, needs of a child, namely: health and nutrition needs, including any special needs; emotional and psychological needs; educational and training needs; leisure, creativity and play; protection from all kinds of abuse, neglect and maltreatment; restoration and follow-up; social mainstreaming; and life skill training.

## 6.3. Repatriation

### 6.3.1. Identifying and ascertaining the Nationality of an Individual

Amongst those rescued from sex trafficking, there may be children belonging to nations other than India who may be required to be repatriated and restored to their home country for further rehabilitation.<sup>45</sup> In such a case, the District Child Protection Unit is responsible for initiating the process of repatriation.<sup>46</sup> Till the process of repatriation is initiated and completed, the child may be placed in a CCI for care and protection.<sup>47</sup> Repatriation of a child victim rescued from sex trafficking to their home country can be of two types. They can either be restored to their family back home or transferred to a CCI in their home country.<sup>48,49</sup>



#### Prerana Practices

- Following up with the CSOs in the child's home country:** Prerana collaborates with organizations in the child's home country to conduct the initial assessment of the child's family, neighborhood and social environment. It also follows up with the relevant offices in the child's home country to further the process of repatriation and the support systems required for the child.
- Providing procedural assistance to the child:** Case workers explain the procedures and laws to the child victim and also accompany them to the government offices when required. Extensive follow-ups are undertaken with relevant government and non-government authorities to complete this process.

<sup>45</sup> As per Rule 83(6) of Maharashtra JJ Rules, 2018, where the child is a national of another country, the Committee shall inform the State Government immediately on the production of the child before the Committee which may initiate the process for repatriation of the child immediately in consultation with Ministry of Home Affairs and Ministry of External Affairs, as the case may be.

<sup>46</sup> As per Rule 19(15) of Maharashtra JJ Rules, 2018, where a child has to be sent or repatriated to another district or State or country, the Committee shall direct the District Child Protection Unit to take necessary permission as may be required, such as approaching the Foreigners Regional Registration Offices and Ministry of External Affairs for a no-objection certificate, contacting the counterpart Committee, or any other voluntary organization in the other district or State or country where the child is to be sent.

<sup>47</sup> As per Rule 83(7) of Maharashtra JJ Rules, 2018, during the period pending the finalization of the repatriation, the child shall be kept in a Child Care Institution.

<sup>48</sup> As per Rule 83(8) of Maharashtra JJ Rules, 2018, the expenses for the repatriation of the child to another country shall be borne by the State Government concerned.

<sup>49</sup> As per Rule 89(10) of Maharashtra JJ Rules, 2018, the child welfare officer or the head of the Special Juvenile Police Unit shall arrange for escort for repatriation and/or restoration of the child.



## 6.4. Challenges Faced While Addressing This Need

- **Training the staff in the CH:** Often, it is time-consuming and resource-intensive to train the staff about the legal procedures to be followed during investigation and trial. Sometimes, the staff may have limited awareness, understanding, or sensitivity towards the child victims.
- **Delays in legal procedures:** Delays in the completion of a criminal investigation hinders the process of prosecution and more importantly the process of rehabilitation of the victim. Police may also lose contact with the victim and other stakeholders in the case during this period. Sometimes, the staff is not given advance notice of the upcoming legal procedures by the competent authorities such as the police or the public prosecutor.
- **Lack of coordination between the police and the CCI staff:** Often, due to human resource-related challenges, it may be difficult for the CCI staff and the police to be in regular touch. This may not have a positive impact on the legal process resulting in delays in communication and coordination, which may eventually put the victims in uncomfortable, unprepared circumstances. Any disagreements between the police and the case workers may also result in disruption of the legal services to the child.
- **Lack of clarity for the child's family about the legal procedures:** The child's family members may be unclear about the role of the staff in the process of rehabilitation and restoration. The family may expect that the staff has the authority to release the child from the CH when they have a limited understanding of the process of inquiry or appeal. This can be a source of stress for the child in the CH, the case worker involved, and the family members. This may also affect the relationship of the child, the CCI staff and the family and working on family strengthening might also become a challenge.

## SOCIAL REINTEGRATION

### 7.1. Support Mechanisms



A child victim cannot stay in institutional care forever. Thus, children in institutions ought to be restored and socially reintegrated sooner than later. In cases where the victim turns 18 years of age and is not willing or ready to return home (be restored), they may be moved to an aftercare facility. In either case, a victim can only stay in a CH until they turn 18. Even as the child moves out of institutional care, they still need the support to transition into society. To facilitate the same, preparing the victim for life after institutional care begins while the child is in a CCI. The child is taught the importance of building an independent and economically self-reliant lifestyle outside the institution. In addition, the case workers play an important role to help the child reintegrate into society. They conduct regular follow-up, assist the children in times of an emergency, and find them mentors to support. Such support mechanisms are also mandated by the CWC under the JJA in the form of follow-up directions.<sup>50</sup>

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<sup>50</sup> Section 37 of the JJA authorises the CWC to issue directions to follow-up on the child.



### Prerana Practices

- Creating a safety net for the child:** Before the child moves out of an institution, case workers ensure that the children are linked to individuals and organizations that can assist them with educational or vocational training, and financial or employment assistance.
- Connecting the child with peer support groups:** Case workers connect the children with former residents or others who have been in institutional care to help them create a network of peers once they move out of the CH. This also helps children build a social circle and seek the assistance they require as they transition into society.
- Maintaining a follow-up directory:** Prerana maintains the details of the children who have moved out of Naunihal. These children are informed that they can reach out to Naunihal for assistance even after they have moved out, if required.
- Sharing an Exit Handout for children being discharged from CCIs:** Prerana shares important contact information with a child exiting the CCI – helpline numbers like child helpline number, police helpline number, location and details of one stop crisis center for women and children in distress, case workers from both NGO (if there is any associated with the case) and the CCI, child welfare committee, district legal services authority, etc. These may be helpful to the child or young adult in the process of transitioning from a CCI.



## 7.2. Challenges Faced While Addressing This Need

- Lack of support systems in the immediate social environment:** Lack of necessary support systems within the immediate social environment of the child may make the process of restoration and eventual social reintegration quite challenging. Efforts need to be made by the case worker to help the family in coping up with the difficulties during and after the restoration of the child.
- Dependence on the CCI or CH:** Sometimes, individuals may develop an overdependence on the CCI and the staff. Thus, it might become difficult to wean out the support and help the child/ young adult in the process of social reintegration. Some children may keep coming back to the institution for care, support and assistance.
- Threats or vulnerabilities post social re-integration:** Threats and harassment from traffickers, exploiters, or family members can aggravate the disruption caused by the

incidence of sexual violence in the life of the victim child and family and deepens the trauma already being experienced by them. The child's and their family's mobility and freedom may be severely curtailed. The child may be pulled out of school and confined to their homes in the name of safety. Many times, the child is shifted away from their families into CCIs or sent back to the village. There have been cases where the entire family has migrated to a different state because of the continuous threats and pressure from the larger community.

- **Refusal of the child to reintegrate in society:** Often, children may anticipate the threats mentioned above and may express their desire to not go back into such an environment. The CH or CCI need to be alert about such threats to the child in the education institution or place of work once they are restored with the family.



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