

# SUMMARY

## CARE MODELS

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# Summary of Care Models

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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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- Prerana's Board members for their unconditional support.

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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	4
<b>INTRODUCTION</b>	<b>1</b>
1.1. Models of Care	1
<b>INSTITUTIONAL CARE MODEL</b>	<b>5</b>
2.1. What is Institutional Care?	5
2.2. Why Do We Need Institutionalization?	6
2.3. Needs Identified in the Institutional Care Model	6
2.3.1. Shelter	6
2.3.2. Health	7
2.3.3. Development	9
2.3.4. Social Protection & Welfare Schemes	10
2.3.5. Legal	11
2.3.5.1. Prosecution	11
2.3.5.2. Care and Protection	12
2.3.6. Social Reintegration	13
2.4. Challenges of the Institutional Model	14
<b>RESTORATION MODEL</b>	<b>16</b>
3.1. What is Restoration?	16
3.2. Why Do We Need Restoration and Family Strengthening?	16
3.3. Needs Identified in the Restoration Model	17
3.3.1. Shelter	17
3.3.2. Health	18
3.3.3. Legal	20
3.3.4. Social Protection & Welfare Schemes	21
3.3.5. Development	21
3.3.6. Social Reintegration	23
3.5. Challenges of the Restoration Model	23
<b>AFTERCARE MODEL</b>	<b>25</b>
4.1. What is Aftercare?	25
4.2. Why Do We Need Aftercare?	26
4.3. Needs Identified in the Aftercare Model	26
4.3.1. Shelter	26
4.3.2. Health	28
4.3.3. Social Protection & Welfare Schemes	29

4.3.4. Development	30
4.3.5. Social Reintegration	31
4.4. Challenges in the Aftercare Model	33

# Abbreviations

AH – Aftercare Homes

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

Prerana is a Mumbai based civil society organization actively working in the field of child protection for more than 30 years. The organization provides child trafficking preventive services to end intergenerational sex trafficking through its Night Care Centers as well as other critical services in the red-light areas on a 24X7 basis. Prerana also works very closely with the government departments in the post-rescue domain and provides extensive victim assistance and rehabilitation services.

Prerana also assists the systems by evolving and disseminating child-friendly practices and protocols. With over three decades of experience in the anti-human trafficking sector, the organization has developed extensive knowledge and skills required for working with victims of sexual violence. Prerana has also assisted various governmental and voluntary sector actors in providing better victim assistance.

To further this objective, Prerana has put together its learnings in three documents that highlight the organization's best practices on providing care through Child Care Institutions (CCI), restoring a child with their family and aftercare services for care leavers, i.e., children who exit institutional care. Titled, the "Models of Care," each document delves into a specific care model—Institutional Care Model, Restorative Care Model, and the Aftercare Model.

This document is a consolidated brief of the three original models of care for victims of commercial sexual exploitation and trafficking (CSE&T). It does not aim at comparing the three models.

## 1.1. Models of Care

A family is regarded as a basic unit of human social existence. For a child, it is the first institution to learn about social rules and mores. Several international and national platforms have consistently upheld the importance of family as natural for the socialization of a child. To that end, according to recent laws and instruments children have the right to not be separated from their family. In case of a separation for whatever reasons, children have the inalienable right to be restored to their families.

Sometimes, children may get deprived of parental care and protection under a variety of conditions. For example, disintegration of family, orphaning, parental disabilities, neglect, separation, abandonment, violence, maltreatment, and impoverishment, etc. In some of these situations, children may be separated from their families for their care and protection. Where natural parenting provisions fail or become a source of harm to the child, the State temporarily takes over the responsibility of providing alternative parenting to the child. In such a case, the State must provide not just for the common, basic needs such as nourishment, shelter, protection, etc. but also immediate and long-term assistance, recovery, rehabilitation, reintegration.

In India, the Juvenile Justice Act (Care and Protection of Children) Act, 2015, referred to as JJA 2015, is based upon this systematic arrangement for promoting, protecting, and safeguarding the rights of children and has been guiding the rehabilitation of neglected, exploited and vulnerable children. The JJA 2015 elucidates the significance and need for children to grow up within a family environment. The principle of family responsibility, the principle of institutionalisation as a measure of last resort, the principle of repatriation and restoration enshrined in the JJ Act all signify that the family is primarily responsible for taking care of children and the child has the right to be reunited with his/ her family at the earliest unless such a decision is against the child's best interest.

The JJA 2015 also establishes the principles, systems, and processes to cater to the needs of a child in need of care and protection (CNCP). The Child Welfare Committee (CWC) constituted under the JJA is the main statutory body to provide care and protection to the rescued child who is a CNCP. The JJA also directs the States to make Rules to translate into reality the text and the spirit and of the law. One such instrument is the Maharashtra State JJ Rules, 2018.

In cases of CSE, the process often begins with rescue from a situation of captivity, and/or exploitation. Rescue of a child from the sex trade conceptually and theoretically represents a comprehensive and sustained liberation from a captive state of exploitation. It also represents the episode of a physical rescue of a trafficked person from physical captivity carried out by the enforcement agencies.

After the rescue and the immediate post rescue legal protocols, the victims are temporarily sheltered in institutions or Shelter Homes (SH) as per the Orders of the Magistrate. However, minor victims are to be produced before the CWC, which may pass an Order to temporarily provide shelter to the victim in a Children's Home in the respective jurisdiction where they are presented.

As per the JJA 2015, the CWC through an agency such as Civil Society Organizations (CSOs) or District Child Protection Unit (DCPU) makes an inquiry known as Social Investigation. The Investigation aims to understand.

- the socio-economic condition of the child's family,
- factors leading to the exploitation of the child,
- prevalence of any harmful socio-cultural practices in that family; and
- the family's perception of the offence being committed against the child.

This inquiry shall be made within the first 15 days to enable the CWC to arrive at a decision within four months after the child is first produced before the CWC. During the time of the inquiry, the child may either be placed in the Children's Home or with their family. If the *prima facie* evidence does not suggest the involvement of the family in causing harm to the child, and the child is willing to be sent to the family or parents, then the CWC determines that the child may not be separated from the family during the inquiry—as deemed in the best interest of the child. However, in practice, for most cases of CSE&T, the victims are placed at the Children's Home pending inquiry.

To help such minor victims of CSE, the State aims to provide rehabilitation services with the goal of social reintegration. The State ensures that the child victim is provided with the necessary care and protection that helps them develop the skills they need and grow into healthy, self-reliant individuals who are able and willing to live independent lives as responsible adults.

In the last two decades of working with girl children rescued from CSE&T, Prerana has advocated for a continuum of care for the victims. Prerana runs a Children's Home (CH), that houses girl children needing care and protection. The organization advocates for care and protection to be extended to the child during the immediate and long-term post rescue phases. To that end, the care needs of a CNCP and the ways of addressing them have been identified by Prerana under three Models of Care (MoCs).

**Institutional:** After rescue, a child may be temporarily placed in a shelter facility known as a Child Care Institution (CCI) until the CWC makes a decision about the child's return to their family. They may also be placed in institutional care for long-term rehabilitation if after a due inquiry the family is found unfit to receive the child and take care of them or the child's family cannot be traced, or the child does not want to be restored or the family refuses to take charge of the child.

**Restoration:** Once the background of the child and their family is ascertained and submitted to the CWC, the latter may decide to restore the child with their family. In such a case, it is important to ensure that care and protection support is extended to the child even after the child returns home to their family. This is ensured by assisting both the child and their family post-restoration.

**Aftercare:** An individual can only reside in a CCI until they turn 18 years. Once they are an adult per law, they exit the CCI and are referred to as care leavers. Even when they leave the CCI, care leavers may continue to require shelter based or non-shelter-based care and protection. Shelter-based care. Aftercare is provided through Aftercare Homes or Group Homes once the now new-adults leave or exit CCIs.



## INSTITUTIONAL CARE MODEL

### 2.1. What is Institutional Care?

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 comprehensive residential care and protection for all such children. Such a shelter is referred to as an ‘institution,’ and the process and system of keeping them in institutions is called ‘institutionalization’.

However, the formal Juvenile Justice (JJ) system in India does not define the term ‘institution’ or ‘institutionalization’. Instead, it defines and uses the term Child Care Institutions (CCI) by enumerating the types of institutions that fall under it.

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, capabilities, 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.

## 2.2. Why Do We Need Institutionalization?

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 is 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.

## 2.3. Needs Identified in the Institutional Care Model

Prerana has identified the following immediate, medium-term, and long-term needs of the victim rescued from commercial sexual exploitation while living in institutions.

### 2.3.1. Shelter

The process of rescue is both mentally and physically exhausting for child victims, and they may still be reeling from the traumatic experiences of sexual violence. Thus, providing them with a shelter is the first step in responding to the crisis post their rescue.

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. The CH must be a fit facility that is equipped to provide comprehensive care and protection to the child.



Prerana started running a CH, Naunihal in the year 2010. Some of the best practices evolved by Prerana while running Naunihal include:

**Ensure the orientation of the child when they enter the CH:** 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, the services offered, orientation to the roles of different staff members. This is also followed by giving them a basic welcome kit with a pair of clothes and necessary daily essentials without them having to run from pillar to post or wait in anticipation. This is an effort to pass on the message that the CCI is a place which cares for them.

**Conduct internal and external audits:** 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. Similarly, twice a year, an external audit is conducted 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.

**Ensure safe access to the outside world:** At Nauniha, 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 schools, vocational training programs, cultural events, picnics, and other activities of leisure and recreation outside the CH.

**Maintain adult supervision inside the CH:** The Nauniha staff team includes both full-time, residential as well as part-time staff. The team ensures round-the-clock competent adult supervision. The staff at Nauniha plans the duties for each day, monitors the progress of the children and conducts regular case work sessions with the child.

**Design best practices for the case workers and staff:** Prerana conducts regular training programs on Individual Care Plans, conducting Social Investigations and documenting Reports, and Gender Sensitization to improve the team's understanding of laws and procedures related to children and to sensitize them towards the necessary social issues so that they can evolve a response to the same. Prerana has put together a document titled '[Safety Guidelines for Resident Girls of Nauniha](#)' which is used to make the resident girls aware of safety protocols for their protection. Another document, '[Working with Children Sensitively](#),' is based on actual 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](#).

### 2.3.2. Health

The JJA and the Maharashtra State JJA Rules 2018 state that the staff members of the CH are responsible for looking after the health of a child. Some of the best practices followed by Prerana are:

**Involve children in kitchen and food practices:** Children are taught about the importance of a balanced diet. Nutritional experts also conduct sessions on healthy eating habits to help





the children understand the relation between diet and health. Children's opinions are considered when making nutrition-related decisions. For instance, the JJA mandates creation of Children's Committees at the CH. 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.

**Involve children in maintaining the hygiene of the CH:** 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. This is an effort to build on their independent living skills.

**Assist children with personal hygiene practices:** Case workers conduct informative video sessions and discussions on personal hygiene management for the residents. Personal hygiene products like soap, hair shampoo, hair oil, sanitary pads, etc. are regularly distributed amongst the residents. Young girls are accompanied to a nearby beauty parlor every month for body hair removal to inculcate the practice of keeping one's body.

**Follow the medical rules of procedure as per the JJA:** Each child goes through a basic medical examination by the Medical Officer (through a local clinic or govt. hospital) within 24 hours of their admission at the CCI and within 24 hours in case the child is to be transferred to another CCI. Children with any special medical needs are referred to a hospital. Further, test for pregnancy or sexually transmitted diseases for victims of sexual offences are conducted with the Order of the CWC or the Children's Court (where applicable).

**Ensure physical healthcare is available to the child:** 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. Naunihal has a medical examination room for the Doctor to facilitate the medical examination. Besides, there is also a recovery room or a room for isolation, in case of ailment requiring isolation. Case workers also maintain First-Aid kits for minor injuries.

**Provide mental health services to the child:** A psychosocial database of every child is maintained by the CCI and updated as a part of the Individual Care Plan (ICP). Medical needs including deficiencies are also included in the ICP. 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.

### 2.3.3. 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. Some of the best practices of Prerana to ensure that children's developmental needs are met in a CCI are:



**Implement the Individual Care Plan (ICP):** The State Rules mandate the preparation of an ICP, a comprehensive development plan 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, to restore the child's self-esteem, dignity and self-worth and nurture them into a responsible citizen. Case workers prepare this document in consultation with the child. The ICP is also reviewed regularly, and its implementation is monitored by the CWC as well as by the Home Management Committee.

**Facilitate access to educational programs:** Residents attend schools, colleges, or vocational training outside the institutions with prior permission from the CWC. Staff members of the CH accompany the residents to schools or training centers. In-house training programs are organized when children's educational interests are not aligned, or they are not able to attend formal education. These in-house programs teach children functional literacy and numeracy and track their progress. Older resident girls are also assigned as mentors to help the younger or newer children in the CH with their homework, examinations, and studies.

**Organize financial aid for students:** Scholarships and financial aid in the form of scholarships are also arranged for children who show interest in studying further. Naunihal also links the children with educational sponsorship opportunities or other organizations for financial support to enable the children to pursue higher education.

**Organize career counseling:** The aim is to motivate the children to continue their formal education and appreciate its importance for their future. Case workers also help them cope with stress and anxiety, especially as the examinations approach.

**Inculcate life skills in 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 responsibility. Other important topics like rights of an individual with regard 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. At Naunihal, the residents are encouraged to participate in the day-to-day tasks like cooking, cleaning the home premises, local grocery shopping and managing finances, etc.

**Simulate Independent Living Skills through Flat Deputation system:** This is the system of allotting every 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 children to move for a month to a 'flat' (*a self-contained apartment*) 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, share space, self-regulation, and conflict resolution.

### 2.3.4. Social Protection & Welfare Schemes

When children are referred to Naunihal, case workers conduct a preliminary social investigation visit and submit a corresponding report to the CWC. Following are the best practices that Prerana recommends:



**Verify 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 get the error rectified. They also help the child and their family in securing other documents such as the Aadhar Card, PAN Card, etc. In the past, case workers have also worked with ex-residents for any document related assistance even if they had turned 18 years or had been restored to the family.

**Set 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.

**Procure other relevant documents (Birth Certificate, School Leaving Certificate) of the child:** In case the child hails from another district or state, case workers in consultation with the CWC approaches the child protection authorities of the respective district to procure the relevant documents and share copies of the same with the CCI for further procedures.

### 2.3.5. Legal

The socio-legal need of children is two-fold. Firstly, a child rescued from CSE&T is a CNCP under the JJA 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 CSE. The child victim is entitled to relief and assistance under both these circumstances.



Thus, this need is broadly categorized as: **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.

#### 2.3.5.1. Prosecution

During this stage, some of the best practices recommended by Prerana are as follows:

**Legal orientation for the victim and their family:** Prerana believes in a child-centered approach with positive interventions for the victim. The child and their family receive orientation—if the family is not involved in the exploitation—about the procedures of trial and prosecution during the regular social case work sessions. Case workers also keep the child updated on the legal progress of the case, including setting age-appropriate expectations.

**Ensure legal aid is available to the child victim:** 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 workers 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.

**Orient and train 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.

**Keep 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.

**Liaise with the appointed Support Person and Public Prosecutor:** Case workers stay in contact with the Support Person (if appointed by the CWC) and assist them in orienting the child for trial. They also keep in touch with the Public Prosecutor either directly or through the police to get relevant legal information on the case and update the child about the same.

#### **2.3.5.2. Care and Protection**

To ensure that child-friendly practices are followed throughout the process of investigation and trial, Prerana practices and recommends the following:

**Present the child regularly before the CWC as ordered by them:** Prerana ensures that the child is presented before the CWC for regular follow-ups or in case a request is made by the child for the same. Case workers ensure that the child is present during the submission and review of their ICP so they can participate and share their inputs.

**Update 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.

**Request important documents of the child during Social Investigation:** Social workers also 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.

**Verify 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. In cases where the parents or guardians request the custody of the child (they are known as claimants), 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.

**Orient and prepare the Individual Care Plan (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 developed in consultation with the child. Case workers discuss the needs and concerns of the child and develop the ICP accordingly. The case workers reach out to other significant individuals like the child's teacher, their doctor, their counselor, etc. seeking their inputs in developing the ICP. They also review the ICP with the child regularly to understand the progress made on the planned interventions.

**Follow up with the CSOs in case a child is of another nationality:** 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. 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 mobilize the support systems required for the child.

**Provide procedural assistance to the child of another nationality:** Case workers explain the procedures and laws to the child victim and accompany them to the government office when required. Extensive follow-ups are undertaken with relevant government and non-government authorities to complete this process.

### 2.3.6. Social Reintegration

A child victim cannot stay in institutional care forever. 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.

Some of the best practices followed by Prerana are:



**Connect the child with peer support groups:** 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. This also helps children build a social circle and seek the assistance they require as they transition into society.

**Maintain 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 if required even after they have moved out.



## 2.4. Challenges of the Institutional Model

Some of the challenges of the institutional model 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.

**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.

**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.

**Shortage of human resource:** For instance, a staff 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.

**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. Some CH staff members may also lack the awareness about mental health and disorders, and the importance of personal hygiene which may end up in re-victimizing the resident.

**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.

**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 also result in delays in communication and coordination or disagreements between the police and the case workers.

**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.

**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.





## RESTORATION MODEL

### 3.1. What is Restoration?

Institutional care, as described above, is seen as a temporary arrangement and does not replace the importance and indispensability of the care and protection given by parents and family. Thus, every other arrangement must be aimed at reuniting the child with the family for long-term care and protection. Reuniting the child with their family is known as restoration.

The JJA 2015 upholds the significance and need for children to grow up within a family environment. The principle of family responsibility, the principle of 'institutionalisation as a measure of last resort.' This principle endorses (rewrite the sentence) that the family is primarily responsible for taking care of children and children separated from their family have the right to be reunited with their family at the earliest unless such a decision is not in their best interest.

Thus, once the family background of a child victim is ascertained, the formal process of restoring the child with their parents or legal guardians begins. However, it is to be noted that sometimes, families might not be ready or equipped to identify some of the complex needs of a CNCP such as health concerns, social protection, and economic self-reliance, etc. Thus, a lot of work is required on strengthening a family and preparing them when a care leaver or child exits the JJ system and is restored.

### 3.2. Why Do We Need Restoration and Family Strengthening?

Commercial sexual exploitation is a traumatizing experience for the child and the families may not be equipped to deal with the post traumatic disorders. The process of restoration in such cases thus involves preparing the child as well as the family.

This rehabilitative process focuses on the needs of a child victim and focuses on building the right support systems to help them reintegrate into society. Institutionalization is seen only 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. Thus, the process of restoration must ensure that the care and protection of a child is continued even after they exit an institution. This involves preparing the family and the loved ones to understand and appropriately respond to the needs of the child.

Once a child is restored, case workers regularly reach out to them and their family to follow-up on the overall well-being of the child. Unfortunately, there are no clear procedures or guidelines in the JJA or their Rules on the process of follow-up post-restoration. Yet, social work practices carried out by Prerana emphasize the need and benefits of positive interventions after restoration. Thus, consent of the care leaver and the family for post restoration assistance is crucial.

### 3.3. Needs Identified in the Restoration Model

Prerana has identified the following needs of a child during and after their restoration.

#### 3.3.1. Shelter

Shelter is more than a safe physical space for the child to live and grow up in. It refers to a space where care and protection is guaranteed to the child. To ensure that restoration provides a safe, enabling shelter for the child, Prerana follows certain practices as highlighted below:



**Immunity Against Re-trafficking:** Child victims are likely to go back into communities or neighborhoods that make them vulnerable to threats of trafficking, exploitation, or harm. Thus, Prerana recognizes the immunity from trafficker as a primary need of the child. Case workers keep a close track of the current status of the legal case in Court. If the trafficker's family is known to the child or their family, the nature of this relationship and the trafficker's access to the child is assessed before restoration.

**Assess the family's background:** Prerana puts together a Social Investigation Report (SIR) assessing the socio-economic background of the child and the family. Case workers visit the child's family, study their neighborhood, and understand the relationship of the parents and the family members with the child. They may also visit the child's educational institute and other relevant locations that the child is likely to visit once they are restored. The primary goal is to understand if the child

has the requisite physical and social support in the form of adult supervision once they are restored.

**Assess the adult supervision available to the child post-restoration:** Case workers determine the parent's attitude towards the child's routine movements in the community such as meeting friends, running errands for the family, or being online, etc. To facilitate a healthy supervision of the child, Prerana case workers conduct family counseling to help the parents empathize and cope with the child's needs. This capacity building also includes connecting the parents with the local police to report emergencies, and other locally active organizations to assist the family especially in times of emergencies.

### 3.3.2. Health

Practices around nutrition and health are often influenced by the socio-cultural factors and financial ability of the family. Thus, it is important to ensure that children get access to a nutritious diet as well as adequate physical and mental healthcare facilities once they are restored with their family. Some of the best practices followed by Prerana are highlighted below:



**Assessment of the family's perception of a healthy diet and their financial capacity to provide the same:** Case workers assess if a children's family understand the importance of a healthy diet. They also undertake certain sessions with the family about age- and condition-appropriate balanced diet, healthy food habits, alternative food options, etc. In case a child requires special nutrition, Case workers refer the family to counselors to educate them and help them fulfil the child's nutritional requirements. They also assess if the family can afford healthy, nutritious meals, and help the family access free or subsidized groceries.

**Assess the challenges in accessing sanitation and garbage disposal facilities:** Case workers assess the sanitation facilities like toilets, bathing places, urinals, etc. available to the child. They also assess the family's access to clean water and garbage disposal. After discussing the challenges to access sanitation with the child and their family, case workers present the concerns before the relevant authorities (local CSOs, community leaders, other civic authorities) and draw up possible measures in overcoming these challenges. Sometimes, case workers might also assist in identifying or locating alternate options for sanitation.

**Ensure that the child has access to physical and mental health services:** A child rescued from CSE&T experiences severe trauma that can often manifest as mental health disorders like Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. Young girls may even require regular gynecological check-ups to ensure they are healthy and safe. Thus, cultivating the habit of regular visits to a General Physician (GP) is essential. Case workers ensure that the family takes the child to a hospital regularly, maintains a record of their medical history, and follows-up on emergencies timely.

### CASE IN POINT

#### Cultivating Healthy Eating Habits in the Child

14-year-old Muskaan was restored to her parents by the CWC in May 2019. She lived with her parents and two younger siblings in a low-income, urban community in the Mumbai suburban district. During follow-up visits, case workers observed that the child was physically weak. When the case workers inquired about the child's routine and eating habits, the mother explained that she was busy through the day working in four different households as domestic help. Muskaan's mother also disclosed Muskaan's habit of eating some junk food from the nearby shop. During a regular medical check-up, Muskaan's test results showed abnormally low vitamin and haemoglobin levels.

Over the next couple of visits, the case workers along with a counselor worked on assisting Muskaan and her family understand the importance of home-made food and the required nutrition for the human body. They further assisted Muskaan, and her family build a routine for timely meals with quick and healthy recipes. They also followed up on Muskaan's health during subsequent visits.

### 3.3.3. Legal

In India, when a child experiences a violation of their rights, it is also considered a crime against the State. The State leads the prosecution of such cases, and the testimony of the child victim plays an important role in establishing the narrative of the trial. The prosecution is complex and long drawn and requires the assistance of victims as witnesses to make an effective case.



Following are the best practices of Prerana to ensure that the trial does not re-victimize the child.

**Orientation and follow-ups with the child victim before and during trial and prosecution:** Case workers orient the child and their family to the procedures of trial as well the proceedings of the Court. They accompany the child to Court for support during the trial, or as and when needed. The Court is also expected to adhere to child-friendly witness-protection mechanisms like ensuring that the offender does not come in contact with the child in Court, offering adequate breaks to the child, and not questioning or cross-examining child victims directly and aggressively. Case workers, if appointed as Support Persons (under POCSO Rules) may ensure that these procedures are followed by the court.

**Conduct Social Investigation to check the child's family background:** Case workers also assess the socio-economic background of the child's family, understand cultural practices, if any, that could make the child vulnerable to exploitation, seek information about the family's financial ability to look after the child, and try to understand if the family, in any way, benefited from the child's exploitation. These observations help in assessing whether the family is equipped to address the child's need for care and protection.

**Get a signed undertaking from the family:** The family of the child is expected to sign an undertaking with terms that protect the child's best interest. This includes sending the child to school or other educational and developmental institutions regularly, always protecting their safety, etc. This is also explained to the parents in a language that they are comfortable with.

**Conduct regular follow-up visits post-restoration:** Social workers recommend and practice that a written Order is issued by the CWC for conducting follow-up visits. The Order should spell out the nature and extent of the follow-up along with the expectations of the CWC as they help to establish the role and responsibility of the social workers and the organization in the follow-up process.

### 3.3.4. Social Protection & Welfare Schemes

One of the important legal processes post a child's rescue is determining their age. To do the same, a valid proof of age is required. As per the JJA 2015, only two documents are accepted as evidence for age, the Birth Certificate, or a School Leaving Certificate/School Transfer Certificate.



Prerana's best practices for the social protection of the child involve obtaining the documents important for the personal identification of the child victim. Prerana has observed in the past that sometimes, these documents may not be readily available with the family. In such cases, case workers contact the appropriate authorities to obtain a record of the same. Case workers also verify the documents for all critical details such as the name, date of birth, and address.

### 3.3.5. Development

When a child is placed in a CCI, they are provided access to developmental activities such as formal education, vocational training, and upskilling. Once the child is restored, it is critical that these developmental activities are continued. Some of Prerana's best practices to ensure the same are as followed:



**Access to formal education and vocational training programs:** One of the biggest challenges that children face post restoration is accessing education or vocational training. When they move out of an institution and back home, they may no longer live closer to the school or vocational training center. Case workers ensure that children continue their education and training to end up in jobs that help them sustain themselves. Case workers may also assist young girls with their resume, building a portfolio and extend career guidance related support. Often, girls are introduced to alumni from their CH who act as mentors and guide them. In some cases, they also match young adults with organizations or institutions willing to offer scholarships, financial aid, or funds to help them study further or start their own ventures.

## CASE IN POINT

### A Child Attends Preparatory Classes Post-Restoration

Seema, 14, was restored to her mother after staying in a CCI for about six months. During her time at the CCI, she was linked to an educational service provider, and she started preparing for her class X examinations. Once she was restored to her mother, she was unable to travel to the service provider to continue her preparation. After consultations with the service provider, the case workers assessed that Seema required a travel allowance to help her attend preparatory classes regularly. In consultation with the service provider, financial assistance was extended to the child. Besides, the case workers also accompanied Seema twice to her classes to orient her to travel by public transport.

**Provide regular counseling of the child:** Case workers interact with the child regularly to avoid stagnation, absenteeism, and drop-out from the education system. Issues around maladjustment or lack of learning are also addressed actively through regular interactions with the educational institute or service providers. Case workers also help the child with a future goal and vision for their employment or further education.

**Imparting living skills to the child as they move out of the CCI:** Apart from technical training, case workers help children learn independent living skills such as managing a budget, using public transportation, and building interpersonal relationships. These are critical as they move out of the CH and into the society. To facilitate the same, Prerana organizes forums and workshops for young adults across projects around gender and consent, sexual harassment at the workplace, financial management and security, and the pros and cons of the digital world, etc.

### 3.3.6. Social Reintegration

The aim of social reintegration is to help a child overcome the stigma and discrimination of being a “victim”. While legal redress, social awareness and education are important, victims of CSE must also have access to counselling and training to deal with adverse and hostile social environments.



Some of Prerana’s best practices include:

**Professional follow-up services:** Case workers provide the child and the family with an emergency contact information to reach out to the organization in case of an emergency. The child is also encouraged to stay in touch with their case workers. Prerana also identifies locally active CSOs to connect the child and their family for further rehabilitative support.

**Mobilize the child’s immediate social environment:** During the initial social investigation as well as during the subsequent visits, both pre- and post-restoration, case workers identify and meet with different stakeholders in the immediate community who can act as positive influences for the child. The case workers interact and seek assistance and cooperation from these local bodies from time to time. Over time, case workers also link the child and their family to these stakeholders to help them seek assistance.



## 3.5. Challenges of the Restoration Model

The restoration model has not gained popularity due to certain fundamental challenges in its implementation such as the sustainability and replicability of the model.

**Resistance from the family post-restoration.** In Prerana’s experience, it has been frequently observed that the contact with families break sooner or later as they express unhappiness and resentment keeping in contact with the JJ system. Court Orders or Orders from the CWC are used to inform the child victim’s family about the importance of staying in touch with the JJ system for a period of one to two years, or until the child turns 18.

**Family practices related to health and nutrition:** It can be challenging to sensitize the family to the significance of nutrition and health services because food, nutrition, and health practices differ based on a child’s socio-cultural context and might be hard to monitor regularly.



**Lack of sustainable economic rehabilitation.** In some cases, child victims find it very difficult to stay in a job beyond a couple of weeks. They may find it hard to adjust to strict rules, feel exhausted from over-working, end up in hostile work environments with strict supervision, or suffer from health issues. Sometimes perpetrators can also reach out to them at their workplaces.

**Resistance to victim and family counseling:** The stigma associated with seeking mental health assistance often keeps children and their families from approaching professionals. The counseling process is gradual and slow. Professionals take time to build rapport. The absence of quick results may demotivate a child and their family from continuing the sessions.

**Restoration directly through Court Orders.** Restoration of minor victims of CSE and sex trafficking generally takes place through the CWC only after the initial due diligence. However, sometimes, families of the child victims directly approach the higher courts of law, like the Court of Sessions or move a writ of Habeas Corpus in the High Court, seeking the custody of the victims. Courtrooms, where these cases are enlisted, may not be specialized in dealing with custody claims of child victims rescued from sex trafficking. During such times, when the courts make these decisions of restoring child victims without considering the say of the CWCs who have conducted the on-ground inquiry, restoration might prove counterproductive to the rehabilitation and eventual reintegration of the victim

**Reduced contact of case workers with the child once they are restored:** When a child is restored into society, their contact with case workers may be limited, thereby reducing the scope and impact of the case workers on enabling a positive environment for the child.



## AFTERCARE MODEL

### 4.1. What is Aftercare?

Turning 18 marks a crucial moment in a person's life as they cease to be a child. As an adult, the individual has the right to self-determination and is expected to assume more responsibility for oneself with proportionate reduction in the responsibility of the state towards them.

The Juvenile Justice Act 2015 (JJA 2015) states that a child can receive institutional care and protection (that is, stay in a CCI) only till the time they are a 'child' as per the law—that is, until they complete 18 years of age. Once they become an adult, however, they are eligible for aftercare services.

Aftercare is the extension or continuum of care for a CNCP after they complete 18 years of age. Aftercare means the provision of support, financial or otherwise, to persons who are between 18 and 21 years of age and have left institutional care. According to the Maharashtra JJ Rules 2018, the State Government shall provide education, employable skills, placements, as well as a place to stay as part of the "After Care Programme" for children who leave the CCI on attaining 18 years of age. Rule 27(7) lists the services provided under the "aftercare programme": aftercare home (AH).

community group housing or group home (GH) on a temporary basis for groups of six to eight persons. Both these services are shelter based—the most urgent and common need of young adults leaving the JJ system.

The aftercare model is dynamic and offers a buffer between institutional care and eventual social reintegration. Prerana jointly runs a supervised GH with another CSO. In addition, over the last 5 years, Prerana has been assisting individuals (over 18 years of age) in and around the district of Mumbai in setting up a GH that is externally assisted by Prerana, (referred to in this report as GH-EA).

## 4.2. Why Do We Need Aftercare?

In Prerana's work experience, children who are in a CCI tend to have different needs about living independently once they turn 18. While some may want to be restored to their families, others may need a continuum of care.

The care leavers who require care even after exiting CCIs are often those who may have started receiving institutional care and protection late—and thus, could only receive care and protection briefly—as well as those who may not be willing to be restored to their families. Moreover, even when they turn 18, many children also need the requisite skills to become financially self-reliant.

## 4.3. Needs Identified in the Aftercare Model

Prerana has identified the following aftercare needs of a care leaver.

### 4.3.1. Shelter

In the JJA 2015, there is lack of clarity vis a vis registration of aftercare facilities unlike the CCIs. Aftercare facilities are not a part of CCIs as per Section 2(21) of JJA 2015. Prerana advocates for an aftercare facility for care leavers through Group Homes (GHs) that help in the process of social reintegration. Currently, Prerana does not run its own GH but is engaged in Externally Assisted Group Homes (GH-EA) to help female victims of CSE&T and other care leavers above the age of 18.



While facilitating the running of a GH-EA, Prerana follows certain practices as highlighted below:

**Legal assistance in finalizing a GH-EA:** Prerana assists care leavers to check the legal validity of the dwelling unit, including conducting necessary due diligence and social audits of the residential area. Prerana also acts as a link between the real estate agents and the residents and ensures that the Lease Agreement is signed in the name of one of the resident/s and not in the name of the assisting organization.

**Assigning a duly vetted guardian:** Usually, a woman, who the organization is familiar with or who has volunteered with Prerana is assigned to guide and support the residents. The guardians are made aware of Prerana's 'Protection and Safety Policy'.

**Encouraging the residents to consultatively evolve a code of conduct and self-regulatory mechanisms to efficiently run the GH:** Once a residence is found and the residents move into the home, case workers help the residents set up a regulatory mechanism to run the GH-EA. The residents are encouraged to familiarize themselves with the markets, public transportation, schools, colleges, and hospitals near the GH-EA. They also help them formulate House Rules, which may evolve, change, or get modified based on regular consultation amongst the residents.

**Protection against vulnerabilities from immediate social environment:** This includes sharing information and contact details of helplines and support organizations in the immediate neighborhood. Prerana also educates the residents about situations where the girls should approach the police station, as well as their rights at the station.

**Mobility and self-dependence:** Prerana mobilizes local resources and assists in identifying nearest police station, medical clinic, civil society organisations in the local communities, etc. so that girls can access the support systems around the neighbourhood without fear.

**Grievance redressal and management:** Case workers encourage the residents to hold weekly or monthly discussions about household matters, including the delegation of duties, cleaning, cooking, and general safety of the house. Living in a GH-EA can be a challenging experience for young girls as they must manage their lives independently while navigating a complex group.

## CASE IN POINT

### Residents Work Together to Evolve GH Guidelines

Mamta, Sushma and Priya were residing in a GH, externally assisted by Prerana, in the far western suburbs of Mumbai. This GH was in a remote location, far from their workplaces and Mumbai City. The travel from the GH to the nearest railway station was also a challenge—especially at odd hours.

When Prema, a care leaver, shifted to this facility, she was oriented with the rules that were developed by the other residents on the timings of the GH. In the beginning, Prema was

comfortable with the timings. However, over time, she realized that it was hard for her to abide by the timings due to her work commitments and night school. During her regular interaction with the social worker, Prema stated this challenge and was keen on revisiting the rules of the GH along with the other residents. Through a consultative discussion, the rules evolved, and the residents assisted Prema in managing her travel.

### 4.3.2. Health

This need captures nutrition, hygiene, physical and mental health. Following include some of Prerana's best practices:

**Facilitates collective decision-making regarding nutrition:**

Prerana helps residents of a GH-EA plan and review their menu so that they consume a nutritious diet. In cases where some residents require special nutrition, the residents are made aware so they can plan their menu accordingly.



**Facilitates discussions on budgeting and healthy eating practices:** Residents must figure out what proportion of their income should be spent on food. Initially, Prerana helps the residents budget their household expenses. If residents are still looking for jobs or have recently moved out of a CCI, then in such cases Prerana also provides financial assistance for a certain period.

**Checks the external hygiene of the premises:** Prerana case workers check the premise/dwelling unit for basic infrastructural facilities, safety, and overall hygiene of the surrounding location during shortlisting. A senior resident of the GH-EA may also be involved in making these decisions. They also guide and support the residents in procuring essential hygiene supplies and sanitation materials – trash bins, garbage disposal bags, personal hygiene products.

**Pays for medical care, if necessary:** Prerana also equips the residents in accessing public health services and providing financial support, if needed. As residents get a job and start earning a living, they are also encouraged to invest in an insurance policy.

**Facilitates regular discussions and sessions around physical and mental healthcare:** Case workers facilitate conversations around safe hygiene practices, reproductive health, and safe sex practices, with the residents. They also help residents set up first aid kits at the GHs and train the residents on its utilities. Prerana also empanels mental health service professionals, like psychiatrists, therapists, and counsellors for the residents to be accessed when needed.

### CASE IN POINT

#### Residents Struggle to Budget Their Food Expenses

In a GH-EA started in mid-2015, there were four residents. The budgets were discussed and the menu for a week was planned. The social worker gave them money for daily expenses for 15 days. However, by the seventh day, the residents did not have any money left. The same evening, when the social worker visited the GH, she found the accounts in order. The lapse was that the girls had purchased perishables in large quantity which had rotten as they had no refrigerator. Milk had been spoilt because of the summer heat as the residents had forgotten to boil it. They purchased expensive items, cooked large quantity of food, and had also ordered from a restaurant twice, depleting their finances in half of the allocated time.

### 4.3.3. Social Protection & Welfare Schemes

Welfare schemes for the underprivileged include low-income group housing, health insurance, employment guarantee, mid-day meals, etc. To avail these services, an individual must possess a range of personal identity and entitlement/eligibility documents. Prerana assists care leavers in the following ways:



**Procure or apply for documents:** In the last five years, most girls referred for aftercare have had their essential documents such as the Aadhar card, PAN card, bank account, and School Leaving Certificate made through the CCI they were placed in. When the resident girls do not possess certain important identity documents, the social workers assist the residents in applying for the same. Sometimes,

they also provide a reference letter or document through Prerana to aid that process. The social workers also closely follow-up with the resident and the issuing authorities or local bodies to procure the documents.

### CASE IN POINT

#### A Care Leaver Changes Their Legal Name

Baby, a care leaver, expressed her desire to change her name during her first GH-EA meeting. She was being bullied in school and at the CH for her name. The social worker explained to her the entire process—from creating an affidavit for the change of name, placing an advertisement in the local newspaper to applying for a change of name through an official Gazette. She informed Baby that she should be willing to invest time in it. The organization would assist her but, ultimately, she would have to go through the process herself. It took Baby one year to complete the entire process, and she is now known as Radhika.

### 4.3.4. Development

One of the critical needs of care leavers is to ensure their development continues even after they leave a CCI. This is especially important as children step out into the world to build independent and self-reliant lives. Prerana assists care leavers in the following ways:



**Ensures access to formal education:** Prerana helps the care leavers register for open-schooling or distance learning programs, especially for those who have never been to school, do not have the aptitude, have dropped out of formal schooling, have discontinued schooling, have a big gap in schooling, or who do not want to go back to conventional formal schooling. Besides assisting residents in selecting the appropriate schooling options, Prerana also provides a travel allowance for using public transport, liaisons with educational institutions, provides educational scholarships and assists in procuring relevant documents to pursue education.

**Ensures access to vocational training programs:** Prerana puts together a list of vocational training service providers along with the nature of the training they provide. Case workers accompany care leavers to centers to make them aware of the registration process. In case a care leaver requires financial assistance, they provide a travel allowance. The organization also mobilizes corporates for vocational training programs, makes referrals and follows-up with the service provider to assess the progress of the care leavers.

**Encourages leisure activities for self-development:** Prerana works to establish recreation as a need-based right for children and young adults and integrates it as an indispensable component of a youth's development plan. Care leavers need to pursue activities to destress and enjoy their free time.

**Helps care leavers learn life skills to live independently:** As an integral part of its on-going casework, Prerana conducts regular sessions on small group living. Social workers assist care leavers with opening a bank account, updating passbooks, setting up an email address, budgeting with limited resources, traveling using public transportation, and learning their rights as a citizen.

#### 4.3.5. Social Reintegration

Social reintegration is the process of transitioning into society after having spent a significant time in a CCI. It is now widely recognized that institutional life brings certain challenges for its residents that may impact their ability to transition into society. For a smooth reintegration, professional follow-up is important. This includes but is not limited to regular inputs based on needs, calls, casework, counseling visits, and linkages to resources for sustenance and development. Prerana believes that access to rehabilitation services is required in aftercare until the care leavers—especially the victims of CSE—can sustain and lead their lives on their own.

##### CASE IN POINT

##### A Care Leaver Lands a Job at TCS

Mamata had lived in a Children's Home (CH) since she was 8 years old. At 18, she moved into a hostel for adult women, run by the same organization. When she was in her third year of B. Com, she approached Prerana and asked to be moved into a GH. After discussions with the organization that had supported her so far, she was able to move



into a GH-EA with four other care leavers. The same year, TCS (Tata Consultancy Services) approached Prerana for a collaboration to provide young girls with soft skills or applied skills such as teamwork, decision-making, and communication (including developing their CVs and preparing them for job interviews) and help them become efficient first-time employees.

Mamata received an orientation to this program and signed-up for the same. During the program, Mamata not only learned soft skills but was also able to travel by public transport and manage her money and time independently. This soft skills training ended with a round of interviews and Mamta got selected for a job in Tata Consultancy Services.

**Access to professional follow-up:** Prerana works with the CWC and ensures that a Follow-up Order is passed before the person turns 18 years, wherever needed. Support groups also play a significant role in fulfilling needs such as shelter, health care, legal aid, development, and social reintegration. To ensure timely phase-out, Prerana as a first step transitions from 'in-person' interactions to telephonic follow-up. Then, follow-ups are reduced from weekly to monthly and quarterly basis. Gradually, financial assistance is also withdrawn as the young adult becomes more independent. Prerana maintains contacts with the young care leavers until they exit the GH - EA and keeps the option open for need-based contact. The organization shares contact information, including emergency helplines, to reach out in case of emergencies or assistance.

**Prepares the care leaver against any anticipated social vulnerabilities:** In the case of residents who are earning, there may be pressure from families to share their income. In extreme situations, the family and the community may even try to disrupt the GH activity as a pressure tactic. So, it is important to prepare both sides for a course of action that serves the best interest of the resident and still equips the family to protect the victim.

## CASE IN POINT

### When Family Pressurizes Young Care Leavers

During her stay at the CCI, Usha actively participated in sports. With Prerana's assistance, she was able to acquire a job at a Non-Governmental Organization (NGO) that conducted physical training and activities in schools. Usha moved into an AH and soon,

she progressed and was awarded a promotion in her organization.

Upon knowing this, Usha's mother began to insist Usha to come back home. However, Usha did not wish to return as her relationship with her mother was sensitive due to childhood neglect. Gradually, Usha's mother began asking Usha for money. Initially, Usha provided a small sum of money to help her mother sustain, but as time passed, her mother began demanding more money that Usha could not afford. Finally, she stopped extending the financial assistance. Then, her mother started pressurizing and emotionally blackmailing her.

Usha shared her ordeal with the social workers. A meeting was organized with Usha and her mother. Usha and the social workers explained to Usha's mother that Usha was earning just enough to help her sustain in a city like Mumbai and would not be able to assist her financially. Her mother gradually understood Usha's situation, but Usha decided that she would not go back to live with her mother at this stage since she was barely able to support herself.



#### 4.4. Challenges in the Aftercare Model

Some of the challenges in the aftercare model are:

**Finding safe accommodations for girls:** It can be difficult to find a regularized property (which is free from the risk of getting demolished and is equipped with the basic civic amenities) in an already over-populous metropolitan city. Renewing lease agreements during periods of high demand and low supply of housing units is challenging.

**Social stigma associated with independent living:** Finding accommodation for a small group of single, young women is extremely challenging because of certain patriarchal norms in society. Women who stay alone are often stigmatized and frowned upon. Some societies also set limitations to the timings for the girls to stay out and try to investigate their religious and social background—all of which can put them in an uncomfortable position.

**Transitioning to an independent lifestyle:** After living with others and under the supervision of an institution, transitioning to GH-EA and living in smaller groups can be hard for some. Girls may call the social worker when they fall sick or accessing public transport. Others may have a hard time learning to prioritize savings and end up spending more on clothes, footwear, make-up, mobile phones, etc. as compared to food and hygiene supplies.

**Navigating group dynamics:** When people of different age groups stay together, there is a risk of younger residents being dominated or bullied by the older ones. Sometimes, residents also leave the facility prematurely after joining, without ensuring a safe and secure alternative accommodation.

**Personal motivation:** Sometimes, it is hard to persuade young girls to choose sustainable vocational options over short-term unsustainable ones. Residents tend to gravitate towards roles like a counter salesperson or restaurant servers since they provide immediate financial relief. However, such jobs may not guarantee job security or sustainable employability.

**Social vulnerabilities:** Once supervision is reduced, there is a risk of exposure to trafficking, re-trafficking, or exploitation. It can be challenging to help young residents understand these vulnerabilities.

**Non-availability or errors in documents:** In cases where the original copies of the identity documents are not available or there are errors, it is a challenge to establish identity or eligibility.

**Updating new information:** In case of an Aadhar card for a resident girl, they are usually made by the CCI and that is the address listed in the card with a contact number of a CCI staff member. Updating these credentials on the card after the child leaves the CCI becomes a challenge.

**Institutional challenges:** The facilitating organizations of GH-EA can find it difficult to transition from being actively involved in providing care and protection to facilitating externally and thereby assisting the young adults. Sometimes, the externally assisting organization may not take interest in the lives of the residents and there is fear of the organization patronizing the residents.



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