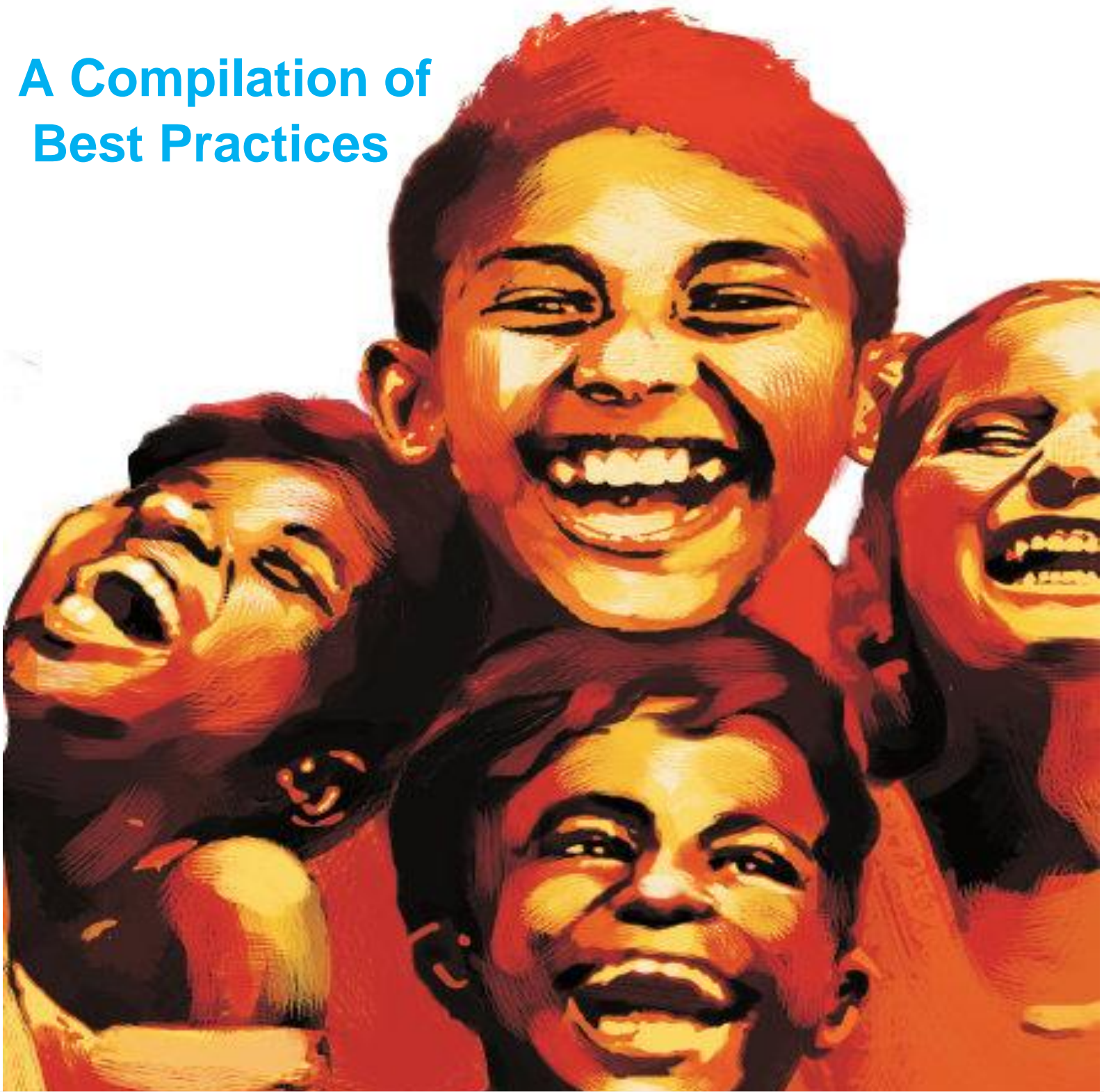


A Compilation of Best Practices



**Western Regional Consultation
on Strengthening Restoration and Rehabilitation of
Children under the Juvenile Justice System**

**12-13 March 2016
Mumbai**

INTRODUCTION

This document is a compilation of eight best practices for the Western Regional Consultation on Strengthening Restoration and Rehabilitation of Children under the Juvenile Justice System that is being held in Uttan, Maharashtra on 12-13 March 2016.

These were the contributions received around the theme of restoration and rehabilitation. The aim is to carry on this exercise, to generate a larger body of knowledge about efforts in this critical area.

The best practices are of initiatives and interventions staged by governmental agencies, non-government organisations and academic institutions (through Field Action Projects) within Homes and also outside them. A number of these initiatives, as you will read in the following pages, were the outcome of partnerships between different systems, be it Kolkata Sanved's work with Tata Institute of Social Sciences (TISS) in using dance movement therapy as a tool to help victims of gender-based violence heal from the trauma, TISS' Resource Cell for Juvenile Justice working with the Maharashtra State Legal Services Authorities to set up a Help desk for Children in Conflict with the Law or Pratham Council for Vulnerable Children working with the police and industry leaders to provide skill training and jobs to young adults.

This document doesn't claim to represent each intervention in detail. It aims to provide readers with a snapshot of the innovations and interventions already taking place, with the hope of creating an idea-sharing and learning platform for all those working with children in the juvenile justice system.

The best practices contained in this document are organised under three themes. Under the theme *Rehabilitation of Children in Need of Care and Protection in Homes*, are brief summaries of the work being done by Gujarat State Child Protection Society, Kolkata Sanved, the International Justice Mission, and Project Chunauti. Under the theme *Role of After care* is the brief write-up on the work being done by Prayas. And finally, under the theme *Rehabilitation of Children found to be in Conflict with the Law*, is information pertaining to the RCJJ of TISS, Shelter Don Bosco and Pratham Council for Vulnerable children.

The resource material circulated for the conference also includes a more detailed report on Project Chunauti (a Field Action Project of TISS that works in the area of rehabilitating mentally challenged sexually abused orphans) as well as *Aftercare: Intervention in a Neglected Post-Institutional Domain*, which spells out the work being done by NGO Prerana and four other organisations.

This document has been compiled and edited by UNICEF, Maharashtra.

THEME 1: Rehabilitation of Children in Need of Care and Protection in Homes

BEST PRACTICES

Strengthening database of CNCP and CCL children via Track Child Portal

An intervention of Gujarat State Child Protection Society

The Context

Missing children are a cause of deep concern for the government, child protection institutions and society. According to the National Crime Records Bureau (NCRB) Report, around 70,000 children go missing every year in India. 45% of those missing remained untraced, with girls outnumbering boys. Between January 2012 and April 2015, 73,597 children were traced. A majority of missing children cases are linked to issues of trafficking, abductions, poverty, trauma and marginalization.

To help track missing children from across ICPS institutions, and maintain a systematic and dynamic database of progress made by children residing in child protection institutions under the JJ Act, the National Informatics Centre (NIC) developed the national portal on Track Child. The website trackthemissingchild.gov.in links databases of entries of children made at police stations (missing children), children produced before the CWC/JJB and children residing in CCIs.

The Idea

The thought behind creating such a system was to enable an efficient way of tracking missing children and consequently rehabilitating them. The idea was to map all stakeholders and review the quality of entries being made, identify the challenges with every stakeholder and address those challenges. The program plan to strengthen the Child Track Portal included a detailed step wise cyclic plan for review, intervention, discussions and reviews with all stakeholders.

The robustness of the child tracking system is contingent on data inputs, searches and the data matching done. However a preliminary review of the Child Tracking System around June 2015 revealed that there were various weak links in terms of bogus/duplicate entries, inadequate entries, matches not being made, incorrect entries and entries not being made for children in the system.

The Process

The first meeting was a senior level meeting between the Additional Chief Secretary, SJ&ED; Additional Chief Secretary, Home Department; Director, Social Defence; UNICEF Child Protection Officer and Consultants; NIC senior state officials; IGP and DySP Missing Cell; GSCPS Program Manager and team members to set the plan and timelines.

A working committee was formed with members from all concerned departments and UNICEF to steer the efforts at the state level on improving CTS entries. The working committee is headed by the Director of Social Defence with GSCPS establishing all the required linkages and reviewing data entries, and subsequently ensuring (through trainings and support) that each of these links was working as planned.

Key Activities

Key activities in improving CTS data:

1. Zonal Video Conferences were organized covering all districts of Gujarat to conduct trainings on how to make entries on the CTS.
2. Five video conferences were conducted in two days. These conferences had participation from the district home department (DySP, PSI, Head Constable/Constable), DCPU staff, NIC district nodal person, CWC and JJB data entry operator. The CTS data for CCIs in Gujarat is filled with support from the respective DCPU staff
3. A total of 642 members were trained through the first tranche of Video Conferences
4. This was followed up with in-person trainings conducted in the districts by either GSCPS team and UNICEF or DCPU staff depending on viability of schedules and requests/review results
5. The CTS data was tracked every alternate day to review progress
6. Another set of 5 Video Conferences were held after a gap of a month to discuss challenges and gaps identifies by both the state and district team
7. Every district has a nominated nodal team of two members comprising NIC nodal person as the technical nodal person; and the DCPU Data Analyst as the go-to person for all queries regarding CTS. All police stations have been handed the website address, username and password along with nodal team contact details
8. GSCPS and the Gujarat Missing Cell worked closely reviewing the data progress every week and planning necessary interventions on its basis
9. These plans have been reviewed in monthly working committee meetings based on which plans were revised

Partners

This initiative was the outcome of a partnership between GSCPC, SJ & ED, DCPU, CCI, CWC, JJB, SJPU- SP/CP, Police Stations, Missing Cell, the Home Department and the NIC

Impact

There has been a surge of entries made on missing children and recovered children. There have been more than 10,000 entries made on missing children since October 2015; more than 5000 entries made on recovered children; and Matched out of Missing has increased three folds. The number of missing children as a result has gone down from around 5200 to around 2400. In a recent initiative out of state children residing in CCIs in Gujarat identified through the CTS are being repatriated while children from Gujarat residing in CCIs in other

states are being repatriated to their home state. The necessary procedures vis-a-vis getting the CWC orders, and informing the home departments to provide escorts has been initiated at the state level.

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BEST PRACTICES

Sampoornata: Healing Survivors through Dance Movement Therapy

An Innovation by Kolkata Sanved and TISS

The Context

Today the lines between science and creative arts for mental health and healing are getting blurred. There is evidence of the body-heart-mind connection in enhancing the overall health and well-being of an individual. The work of Kolkata Sanved¹ (KS), an organisation based in Kolkata since 2004, is based on the premise - Dance Movement Therapy (DMT)² is a powerful healing method which can be practised across all age groups and populations.

Kolkata Sanved is a pioneer in the field of dance movement therapy (DMT) in India and South Asia, advancing theories and approaches, and championing DMT as a holistic tool for social transformation. *Sampoornata* (fulfilment) is Kolkata Sanved's innovative approach to DMT. KS has been associated with the Tata Institute of Social Sciences (TISS) Mumbai since 2010. Sharing a common vision and value framework based on social justice, human rights and gender justice, led to the establishment of a joint 8 months Certificate programme on Dance Movement Therapy, being offered at Kolkata and Mumbai. Together, they would now like to initiate a pilot Project where DMT will be implemented at 10 Government institutions in Maharashtra.

The Idea

According to the American Dance Therapy Association, DMT is defined as: "The psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration."

KS's innovation *Sampoornata* not only makes DMT more relevant to the Indian context but also makes it accessible to marginalised communities. It emphasizes on a developmental approach rather than a purely clinical approach to change. It also emphasizes on the strength of an individual group and community. Group DMT sessions use movement, props, music and other means of creative experience to address challenges ranging from mental health problems to trauma. The *Sampoornata* model uses these creative tools as a means of learning to use one's voice, exploring and 'acting out' rights, and forming cohesive, empowered communities.

Through *Sampoornata*, survivors of gender-based violence regain a sense of control over their own bodies, sensations, emotions, and movements. It encourages them to develop a range of life skills, most notably the ability to think creatively. This ability enables participants to make empowered life choices, such as pursuing a range of livelihoods or seeking an education to increase financial stability.

¹ Founder (and Ashoka Fellow, 2003) Sohini Chakraborty initiated a research project called Rangan Sapney (Colourful Dreams) in 1998. This project gave birth to a platform called Sanved in 2000, which worked to transform the lives of victims of violence and human trafficking through Dance Movement Therapy (DMT). The success of Sohini's work led to the establishment of Kolkata Sanved with five female survivors on 29 April, 2004, with the vision of Saving Lives through Dance. The innovative approach of 'Sampoornata' was developed within this establishment.

² DMT is the term used internationally. However, the *Sampoornata* model of KS includes the concept of developmental practice.

The Process: DMT in Government-run Institutions

Kolkata Sanved works with survivors after they have been rescued and are placed in shelter homes. The goal of the psychosocial rehabilitation process is to break the cycle of feelings of worthlessness, lack of opportunity, and vulnerability to violence by providing a space for girls to realize their innate worth and creativity.

This process begins by healing the body-mind through dance movement therapy (DMT). Every session is experiential, includes movement and enables the participants to introspect and arrive at their own meaning and self acceptance. The process is not linear but iterative. The four phases are:

- 1) Orientation to DMT: This includes a needs assessment (individual, group, community) and the development of an implementation plan. The focus is also on physical confidence, body awareness, self image and a sense of freedom
- 2) Emotional Management: This phase focuses on self expression, self confidence, anger management, overcoming fear and self destructive behaviour
- 3) Cognitive healing: These sessions focus on building concentration, goal setting, establishing a connection between feeling, thoughts and behaviour
- 4) Social: The focus is on communication skills (listening, negotiation, assertiveness), relationship building (peer bonding, access and use of your own power), developing empathy and assuming leadership

Through DMT for Change, Kolkata Sanved offers transformative process, where participants engage with Sampoonata over 6 months – to 1 year through weekly sessions of 2 hours each. Depending on degree of trauma and the victim's need, this process may extend up to 2 years. Sessions are conducted for groups of up to 20 members, and may be from floating populations.

Key Activities

Kolkata Sanved programmes are based on inclusion, participation and non-discrimination, allowing individuals from diverse backgrounds and participant groups to heal and recover through a non-threatening and culturally familiar medium.

1. Healing and Recovery: Weekly DMT sessions are conducted at multiple locations like shelter homes, drop-in centres in and around red-light areas, railway platforms and in slum areas
2. Training of Trainer (TOT): A two-year programme is offered to survivors who wish to become employable DMT practitioners. But before becoming a practitioner they need to be liberated from their own past traumas. Hence their training is for longer duration. All DMT practitioners at Kolkata Sanved who are core staff members are survivors themselves
3. Capacity Building: Workshops are held for DMT practitioners. There is on-going supervision to ensure quality control. Refresher courses are also offered to DMT practitioners to upgrade their skills.
4. Certificate courses: A 8 months-certificate course on DMT is offered. It is affiliated with CLL TISS, Mumbai to train DMT practitioners the Sampoonata approach in order to spread awareness about DMT as a discipline for healing and recovery
5. Creative Well-Being Sessions: DMT sessions in groups are held for others such as school teachers, NGO staff , Care-givers, Corporate persons

6. Advocacy: Choreographed performances are organised for social mobilization and awareness raising
7. Tracking and Monitoring: With a specifically designed Management Information System, four areas of change are tracked : physical, emotional, cognitive and social. Data is collected in various forms which include quantitative data, video recordings, qualitative data for feedback. Regular monitoring is also done with partner organizations and at various levels: shelter home staff, DMT practitioners, and participants. External psycho-analysts are employed to analyze the qualitative data collected and to interpret the positive changes and impacts on the participants

Partners

The Kolkata Sanved model is a collaborative model. The Healing and Recovery DMT process is implemented in collaboration with partner organizations across West Bengal and Maharashtra. Healing and Recovery sessions are also implemented in Nepal, Bangladesh, Thailand, and the Philippines. The Training of Trainer programme is being conducted in Kolkata, Murshidabad and Coochbehar in West Bengal. Sanved expanded its programme where individuals grow from participants to healers. Kolkata Sanved is a part of the UN Department of Economic and Social Affairs network, supporting the human rights of women and girls worldwide. It is also an active member of the Vital Voices network, and works with the organizations in West Bengal and across India focused on empowering women and girls, supporting the rights of women and children, and providing a platform for girls' voices. The majority of its partnerships are with organizations specifically working with and for girls. Some of these organizations include Jeevika Development Society, International Justice Mission, Hamari Muskaan, Save the Children India, Mumbai, Rescue Foundation Mumbai, Hasus, All Bengal Women's Union and Government-run shelter homes and many more.

Impact

KS has noted many profound impacts on the lives of girls who have participated in its programmes. These impacts include increased confidence, restored body-mind connection, reduced anger and aggression, improved energy levels, and improved communication and cooperation. There is a positive trend across the four areas it measures for change: physical, social, emotional, and cognitive.

Over ten years, Kolkata Sanved has registered the following milestones:

- More than 65,000 survivors of violence directly impacted across India, Nepal and Bangladesh.
- 37,000 residents of Government and NGO-run shelter homes
- 19,000 children, adolescents and youth in community shelters
- Capacity building of 63 community-based professional DMT practitioners, across India, Nepal and Bangladesh – of which 27 are active and mature proponents of DMT for Change
- More than 100,000 citizens connected to the potential of DMT-for-Change through events, one-day-workshops and campaigns conducted by Kolkata Sanved.

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BEST PRACTICES

Individual Casework Model to Rehabilitate and Restore Victims of Commercial Sexual Exploitation (CSE)

The IJM Model

The Context

Victims of trafficking for CSE, need special care and attention in terms of their rescue, rehabilitation, reintegration into society and long term restoration. When the victim is a minor, extraordinary care needs to be taken to help her gently move along the path of healing and reach a place where she is able to make decisions in her best interest, keep herself safe from being re-trafficked, and ensure that she has the means and opportunity to care of herself.

International Justice Mission, a Mumbai-based organisation (that worked with the State and other NGOs to re-draft the State Action Plan to Combat Trafficking) has been working since 2000 in seven licensed shelter homes in Mumbai to support rehabilitation, reintegration and restoration of minors and forced adult victims. IJM has created, and follows, an Individual Casework methodology that provides a conducive environment to enable survivors to experience rehabilitation and restoration.

The Idea

Individual Casework Model is a time-bound process that takes effect immediately, post-rescue. IJM's casework model focuses on each individual victim and ensures access to requisite minimum standards of care, thorough documentation, and legal case follow-up. Every victim rescued from CSE is a victim of significant trauma. Therefore, IJM ensures that every victim receives an initial trauma assessment with the help of trained counsellors. Needs assessments are created in conjunction with the victim, and a holistic treatment plan is put into place, to help the victim set goals for specific areas of her life.

IJM defines *Restoration* as a measureable improvement in the condition of a victim from the time of initial assessment until the completion of her Treatment Plan, such that she has the ability to function satisfactorily in society and avoid re-victimization. IJM has six specific parameters that help measure the degree of restoration achieved by the victim. They are Protection, Health, Trauma Recovery, Social Support, Economic Empowerment and Housing.

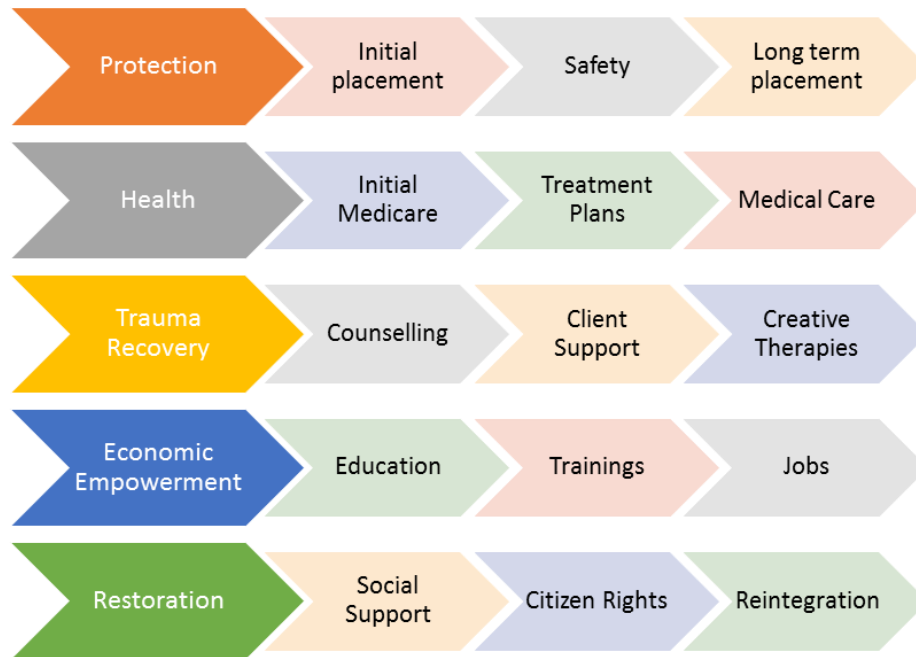
The Process

Within the first 24 hours of rescue, IJM follows the Minimum Standards of Care Protocols (ITPA, Sec 15, 5-A) in partnership with the police and shelter homes. IJM accompanies victims to their initial medical examinations and productions before the required authorities, i.e. Special ITPA Magistrate or the Child Welfare Committees (CWC). The Magistrate or CWC then pass an order to place the victim in a temporary government shelter home. An order is also passed for an age-verification examination to be conducted.

Within a week to ten days of being rescued, the results of the medical examination will be collected by the police and produced before the Court or CWC's. The Court or CWC's then direct IJM to conduct a Home Inquiry, and support the concerned Police in property recovery for the victim.

Once the Home Inquiry is conducted, a detailed report is submitted, with data, documents, thorough analysis and recommendations, to the concerned authority. The thoroughness of the HIR is the basis on which the authorities make one of the following vital decisions for the victim: 1) Place her in a shelter home for a stated period of time 2) Transfer her to a shelter home in her home State or 3) Release her to her family directly or through the shelter home in her home State.

A representation of the Process leading to desired outcomes under key domains



Key Activities

1. Ensuring Minimum Standards of Care Protocol: This involves ensuring that the victim receives crisis counseling, is separated from the perpetrator, receives medical check-up and undergoes an age verification process within 48 to 72 hours of being rescued, as ordered by the Child Welfare Committee or ITPA court. IJM also ensures that every victim is provided with a Care Kit that includes basic toiletries, bed and bath linen, footwear, apparel and other hygiene items.
2. IJM supports the CWC and ITPA court by facilitating a thorough Home Inquiry Report. It covers the case narrative, the victim’s personal history, educational background, details about the parents and siblings, aspects of the family that are protective and those that may pose risks to the victim children (for example, domestic violence, substance abuse, family illnesses), the condition of the home, statements from neighbors and friends, and factors that led to the victim leaving home and being trafficked. IJM contributed to the efforts of the State Task Force and Anti-Human Trafficking to develop a comprehensive HIR format, based on its own casework HIR process. A standardized HIR format is now being used by all organizations.
3. Documentation:
IJM social workers ensure that the following documentation needs are met, for every victim.

- a. Trauma Symptom Checklists (TSC-40 and TSCC-54): IJM counselors use a 40 or 54-point checklist (for majors and minors respectively) that was created by psychologists John Briere, Ph.D and Marsha Runtz, Ph.D. The checklist tracks trauma symptoms like disassociation, depression, anxiety, sleep disturbances and sexual issues among others - all of which point to the severity of trauma. This checklist is repeated every 6 months or within a year, to map the progress of the victim. Confidentiality is of the utmost priority through this process, and the counselors walk through this process with sensitivity and caution.
 - b. Needs Assessment: The Needs Assessment is conducted by the social worker for each of her cases. The focus is on gathering information about the victims' psychological, medical, social and relational needs, both past and present. This forms the basis for creating a comprehensive treatment plan.
 - c. Treatment Plan: The Treatment Plan focuses on the personal and professional, short and long term goals of the victims. The plan is created by the social worker, with input from the counselor, and staff of the shelter home who work with the victim. The plan is updated every time a short or long term goal is achieved, follow-up notes can also be added about transfers and placements or other significant milestones achieved.
 - d. Aftercare Successful Outcomes (ASO): The ASO is an audit tool which is used to track the restoration process. Every case can have a rating from 0 to 4, rating 0 as a place of extreme vulnerability to a 4 being a place of stability and sustainability. Most victims would score a 0 at the time of rescue. The ASO is mapped at three different points in the victim's casework journey including one year after their case is closed, to ensure that the victim remains safe at the shelter home, or in her own home, as the case may be.
4. Program support at Shelter Homes: In order to ensure rescued survivors have access to qualitative therapeutic support, educational and training options, while in shelter homes in Mumbai, IJM supports counseling (at four homes), educational needs (tuition teachers, materials, NIOS exam fees, English speaking classes etc.), computer classes and other vocational training options like baking, tailoring and jewelry making.
 5. Follow up: The IJM team conducts follow-ups in each case, for a minimum period of 2 years. This can extend up to 5 or 7 years based on the need of the victim. The aim of follow-up is to ensure that the victim is safe, leading a healthy life, is connected to training or job opportunities and is not at risk of being re-trafficked (if the victim has been reintegrated with her family). The length of this follow-up can also depend on the needs of the victim once they are reintegrated into society, for e.g., long term medical care, mental health needs, housing and livelihood concerns, financial support for their children, other family emergencies etc.
 6. Partnerships: In order to sustain the survivor in her home of origin, it is critical to provide long term on-ground community/social support. This is done either directly by IJM or with the help of partners. IJM has sought partnerships with local NGO's and like-minded organizations to provide survivors with training and livelihood options, support for children and medical care, housing etc. when they return to their home states. As stated before, having no resource or support, victims may not immediately

be able to take care of their needs when they are reintegrated into society. Through partnerships, victims have been connected to training options, jobs, medical care, housing, support for children etc. based on their need. Many survivors are now married, have families, or live independently.

Impact

Since 2000, IJM has partnered with police, prosecution and social services to rescue 560 victims of CSE and achieve convictions of 87 offenders. In addition, through Individual Casework Model, IJM Mumbai achieved restoration of 66% of rescued victims and 80% of them continue to sustain themselves, a year after reintegration.

For more information on these aspects and the IJM model please contact:

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BEST PRACTICES

Project Chunauti: Rehabilitating Mentally Challenged Sexually Abused Orphans

A Field Action Project, Tata Institute of Social Sciences

The Context

On 24 August, 2010 the Mumbai Mirror newspaper reported the death of five mentally-challenged children due to malnutrition at a government-recognised and aided home at Shahpur in Thane district. The report went on to say that 13 boys and 5 girls were subjected to severe malnutrition and unhygienic living conditions at the children's home, and some were also sexually and physically abused. They had been locked in a dingy room, where they ate, slept and defecated, in spite of being ill and malnourished. They were not provided with any medical care. This was the first evidence of the breakdown of the regulatory machinery in Maharashtra state designed for the protection of children under Juvenile Justice (Care & Protection of Children) Act 2000.

The Mumbai High Court took suo moto cognisance of the matter, a PIL was filed, an Amicus Curiae and a six-member State Coordination Committee for Child Protection (SCCCP) was constituted to assess the condition of the other MDC Homes across the State. 23 homes were visited and a status report on MDC Homes was submitted to the Mumbai HC and more horror stories came to light. At the Kalyani Mahila Balgruha, the Konkan divisional committee members found that 19 girls had faced sexual abuse. Legal action was taken and children were rescued in all these cases.

The Idea

The question of the rehabilitation of the 35 children rescued from Thane and Panvel remained. The children from the Kavdas and Kalyani Homes were rescued and placed at the Children's Aid Society's Mentally Deficient Children's Home at Mankhurd. These children had experienced gross neglect, malnutrition and abuse allegedly at the hands of the very people who were supposed to care for them. The children were left grappling with trauma and confusion. They also needed other developmental inputs to help them become more independent.

Project Chunauti was initiated by the Tata Institute of Social Sciences, to provide these children with a chance for a better life. The project not only covered the rescued children but also includes all the children (under 18) at the home at Mankhurd. The main objective of the project is to 'strengthen systems for the care and rehabilitation of mentally challenged children, to ensure that children in MDC homes are not exploited or abused and provide a model of rehabilitation and reintegration.

The Process

Project Chunauti began by first assessing the children's immediate needs and providing them with relevant services. Attention was paid to

1. developing and implementing care plans
2. developing linkages with various stakeholders for quality services for children for their development

3. providing education and physical, medical and mental health interventions for children with special needs
4. regular monitoring and reporting
5. building the capacities of staff
6. developing protection protocols

Key Activities

A few of the many key activities undertaken as part of significant interventions included

1. **Counselling:** Counselling was identified as the most important priority, which was required to help children overcome the trauma of abuse. Counsellors held individual and group sessions with the rescued children as well as with the other minor children in the Home. The overall goal of the counselling intervention was to help the children overcome the trauma of abuse, help them settle down in the new environment, increase communication between the caretakers and the children, help them plan for their futures and to make children aware of their rights and responsibilities.
2. **Life Skills Training:** Sessions were held with a focus on positive behaviour that enabled children to deal effectively with the demands and challenges of their everyday living. These sessions dealt with concepts like self-discipline and steps to build an environment of cooperation. Children have been trained through the medium of art, group discussions, games and role-plays. Life skill sessions were mainly conducted to help the children communicate better, develop problem solving and decision making skills, manage conflicts and plan for their future.
3. **Occupational Therapy:** This is one of the major interventions of the project, which attempted to rectify physical disability. Children were taught to do exercises with a focus on improving the mobility of their limbs, reducing swelling of the feet, improving hand functions, increasing muscle strength, improving fine motor skills, posture, the strength of facial muscles, coordination and decreasing hyper activity. Manual therapy was provided to children who were bedridden to normalise muscle tone and decrease spasticity of tight muscles.
4. **Education:**
 - **Special Education:** Special Educators trained children with severe mental retardation and also took revision of children who attended school under SSA program. This helped children not only in improving their self help skills but also in their social, communication and basic functional skills.
 - **Schooling through SSA:** Project Chunauti used the Right to Education Act 2009 and the Persons with Disabilities (Equal Opportunities and Full participation) Act 1995, to provide the right to education for these children. These rights were secured by facilitating the Sarva Shiksha Abhiyan (SSA) program in MDC Home. The children selected for the SSA program showed a remarkable academic progress within short time period along with social competence. As a result, the children have made friends outside the MDC Home, adjusted well in the school, learnt appropriate social skills and have developed a conceptual understanding of numbers, letters, words, names of objects, addition, subtraction, reading calendar, concept of time, and money. A boy from the primary section scored the highest marks in his class.
 - **National Institute of Open Schooling (NIOS):** Six girls who were earlier under SSA program are now enrolled in NIOS as they have completed 18 years of age. And one girl who was not under SSA program was also registered under

NIOS as her IQ is found to be above average and she could not be enrolled under SSA program as she crossed 18 years of age.

5. Capacity Building of Staff:

To help caretakers understand the children better and teach them how to handle difficult behaviour with sensitivity training sessions were conducted with staff on a range of topics including mental retardation, functional academics and behaviour modification, child rights, anger management and strategies of positive disciplining

6. Training for MDC Functionaries across Maharashtra

Trainings were organised for functionaries from 19 MDC Homes in Maharashtra. Topics covered included a range of topics such as child rights, disability rights, Laws such as the JJ Act, PWD Act, POCSO and issues such as sexual abuse, positive disciplining and mental retardation.

Impact

The project has had a positive impact with children recovering from trauma, no more cases of nightmares and fist fights among the children, no more telltale behaviour like crying spells, self mutilation and suicidal tendencies; children developing future aspirations and dreams for the first time in their lives; remarkable improvements in the personal hygiene and confidence levels of the children; and more sensitivity in the attitude of the matrons and attendants.

The Chunauti project is now a model or a best practice for rehabilitation and reintegration of mentally challenged, abused, orphan children. As directed by the High Court, the Government has been asked to replicate the project in other MDC Homes across Maharashtra. The Secretary, SJ has announced that the Chunauti model will be replicated in all MDC Homes in Maharashtra. The project has reached out to 112 mentally challenged from the Home so far. However, the lessons learnt from this project will in-directly benefit approximately over 1100 children housed in MDC Homes across the State and 70,000 children in institutional care across Maharashtra.

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THEME 2: Role of Aftercare

BEST PRACTICES

Prayas' JJB Unit: Creating Aftercare Opportunities for CCL

A Field Action Project of TISS

The Context

Children are referred to penal/protective institutions because they are found by law to be either offenders or victims of offence. They are sent to these homes as a consequence of detention/arrest for alleged commission and after conviction of an offence, or because of unstable shelter and/or support systems, neglect, destitution, mental disturbance, or vulnerability to mental/physical/ sexual danger and exploitation. Their status could be of an (alleged) offender, or one in distress requiring support. Whoever they may be, the rights of those affected by the criminal justice system cannot be ignored. There is a need to assert and include their rights in the broader welfare agenda to ensure their enhanced access to information, education, training, health, opportunities for livelihood and leading life in a safe and healthy environment, and thereby channelizing significant human resource to contribute to a developing economy.

Prayas³, with its focus on service delivery, networking, training, research and documentation, and policy change with respect to the custodial/institutional rights and rehabilitation of socio-economically vulnerable individuals and groups, sought permission from the Departments of Prisons and Women and Child Development, to visit criminal justice or custodial institutions and interact with persons detained or confined in police stations, prisons and government residential institutions in Maharashtra and Gujarat.

The Idea

Prayas' Juvenile Justice Board (JJB) Unit aims to demonstrate and create aftercare opportunities for Children in Conflict with Law (CCL).

Social workers interact with adolescent males in the age group of 15 to 18 years housed in the Observation Home (OH) in Mumbai, under the category of Juveniles in Conflict with Law. Intervention in the OH is undertaken with the following objectives:

- To increase awareness about alternative development opportunities after release.
- To provide aftercare services to juveniles after discharge/release from custody.
- Emergency response during crisis situation (medical, shelter, legal) for children and their families.
- To advocate implementation of procedures in juvenile justice system with regard to CCL.

The Process

In order to create relevant development opportunities for CCL

- Social workers engage with the youth to identify areas for developing employable skills.

³ Prayas is a social work demonstration project of the Centre for Criminology and Justice, Tata Institute of Social Sciences, established in 1990.

- Trainees are helped to channellize their energies towards helping behaviours.
- The placement commences with exposure visits, keeping in mind the educational background, observed skills and talents of the trainee.
- An opportunity to train under the close supervision and monitoring of the Mentor (NGO) takes place.
- The NGO helps in identifying the trainee's strengths and provides a pro-social environment.
- The placement process may lead to absorption in the organisation as an employee. The total duration of training could extend up to three years.
- Some trainees pursue education through the open schooling or Open University during or following the NGO Placement Programme.

Key Activities

Social workers from the JJB unit conduct/provide the following activities/services to CCL

1. Regular visits to the Observation Home and Juvenile Justice Board.
2. Home visits, visits to police stations, courts, and educational and training institutions to mobilize support and plan rehabilitation.
3. Awareness sessions on career guidance, educational and vocational training options during the enquiry period.
4. Emergency assistance to families wherever necessary.
5. Legal aid and guidance to the child and/or his family.
6. Identify NGOs working in the area of child rights and linking the child to the services provided by these organisations, as per need.
7. Refer cases to Prayas Youth Development Centre (YDC) for counselling, vocational guidance and training.
8. Family counselling to improve relations between the child and his family.
9. Enrol CCL into skill-based training courses, arrange shelter, and increase connections in mainstream society.
10. Organize *Palak-Balak Melavas* (Parent-Children Meetings) to facilitate the rehabilitation of children in contact with Prayas.
11. Workshops/exposure visits of aftercare clients to facilitate social reintegration.
12. Regular interaction with OH staff and JJB members to ensure better implementation of JJ Act towards rehabilitation of CCL.

Trainees could also be enrolled into the Prayas NGO Placement Programme. The programme is aimed at facilitating a process where a person shifts (away) from a crimogenic to a stable and safe environment in following areas: shelter, income in the legal sector, and increasing connections in mainstream society. This reduces the chances of the individual resorting to or being subjected to exploitative behaviour. The youth are placed in the NGO sector to develop social and vocational skills. The programme is similar to an apprenticeship training programme. A stipend of Rs. 2500/- per month is provided apart from travel, medical aid and shelter. The period of placement varies from 3 months to 3 years depending on the need in each case.

Partners

Prayas works closely with the JJB Members, Greater Mumbai and Mumbai Suburban and the Observation Home, Umerkhadi. It also partners with a number of NGOs based in Mumbai, Thane, Pune and Lonavala (Resource Cell on Juvenile Justice, TISS, Bright

Future, Pratham Pace Centre, Industrial Engineering Institute, Bosco Boys, Shelter Don Bosco, Help Foundation, Recovery Foundation, Yuva Parivartan, Kotak Education and Vigyan Aashram) and funding agencies like Tata Trusts, HT Parekh Foundation and Tata Motors Ltd.

Impact

Since 2009, JJB unit has been able to provide aftercare services and relevant and create relevant development opportunities for CCL. It has

- Helped 522 CCL. Of these 371 cases were referred by the JJB, while 151 were self-referral cases
- Conducted 265 home visits
- Visited 136 vocational training centres, schools, colleges
- Visited 43 police stations
- Provided legal aid to 110 CCL through DLSA and 85 through Prayas
- Provided legal guidance / counselling to all 522 children
- Provided emergency financial assistance to 132 CCL
- Provided educational support to 109 CCL

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THEME 3: Rehabilitation of Children found to be in Conflict with the Law

BEST PRACTICES

Help Desk: Guiding Juveniles on the Road to Rehabilitation

A Resource Cell For Juvenile Justice Initiative, TISS

The Context

The irony of our JJ System is that, though designed to be child-friendly and different from the adult system it has been working akin to adult procedures. The functionaries working within the JJS are drawn from the adult Criminal Justice System (CJS) and hence they are more conversant with the working of the Criminal Procedure Code (CrPC). Given no clear guidelines on procedures to be followed within the JJ system, much is left to the sensitivity and understanding of the individual stakeholders.

Additionally, juveniles and their guardians are at a disadvantage given the complete lack of awareness, assistance and guidance to those who have landed in this system. It has been seen that juveniles end up getting further victimised and exploited in such a system: a child who we believe was initially a victim of circumstances that made him a juvenile in the first place.

Keeping these ground realities in mind, the Resource Cell for Juvenile Justice⁴ (RCJJ) a project of the Centre for Criminology and Justice (CCJ) at Tata Institute of Social Sciences (TISS), Mumbai felt there was a need to set up a “help desk” to provide juveniles, parents and guardians with legal guidance and social assistance for rehabilitation free of cost

The Idea

The Help Desk was envisioned much like a “May I help you” center which is often found in many settings like police stations, courts, malls, hospitals, railway stations and airports. The thought behind the idea was that “awareness and guidance of the system can reduce exploitation of the juveniles and their family”.

This concept was experimented with from 2009 in Thane and Yavatmal districts. Its success prompted the Maharashtra State Legal Services Authorities (MSLSA) to permit the Tata Institute of Social Sciences (TISS), Mumbai to work in the six districts of Maharashtra - Mumbai, Mumbai Suburbs, Thane, Pune, Yavatmal and Amravati. TISS was also supported by the Department of Justice (Ministry of Law and Justice) Government of India (GOI).

The Process

Rehabilitation of juveniles is generally understood as counselling, providing livelihood skills, education and other related services which would help the juvenile reintegrate into

⁴ The Resource Cell for Juvenile Justice (RCJJ) is a Field Action Project (FAP) with the Centre for Criminology and Justice (CCJ), School of Social Work (SSW), Tata Institute of Social Sciences (TISS) works in 6 districts of Maharashtra – Mumbai city, Mumbai suburbs, Thane, Pune, Yavatmal and Amravati.

mainstream society. Based on its own experience, the RCJJ has discovered that juveniles find it difficult to talk about their future when their present is in turmoil. There are many issues that they face in the “present” which need to be addressed through assistance from help desk in order for them to be at peace and in a better frame of mind to talk or even think about their future.

Setting up the Help Desk involved constituting a team of trained social workers, putting in place a table and chair either at the entrance of the observation home or outside the sitting room of the JJB, and providing the social workers with a mobile phone – the number of which is displayed at the observation home with due permission from the authorities - so that they are available 24x7.

The Help Desk found that many parents and children would call up on the number, when they sensed that their lawyers were trying to misguide them and even went as far as warning them against interacting with the Help desk.

Key Activities

The key activities of the Help Desk include

1. Socio-legal guidance: Providing socio - legal guidance to juveniles, their parents and other concerned stakeholders.
2. Case-related interventions: Engaging in home visits, preparing HIR's/SIR's, home tracing and repatriation, strengthening bonds between the family by facilitating the meeting of children with their parents who are in the community or lodged in the observation home/prisons, providing financial assistance and guidance for vocational/ educational enhancement, representing children/juveniles before the concerned authorities like CWC/JJB/ adult courts, referral to other agencies for de-addiction and other support services for rehabilitation.
3. Facilitation for Bail, Supervision and Legal Aid: Children are placed under supervision with social workers. The JJBs have considered the SIRs submitted by RCJJ Help Desk before passing orders of bail and final placements. The RCJJ was able to get JJBs to pass personalised/conditional bail under its supervision, which it believes has been an extremely effective tool for the rehabilitation of juveniles.
4. RCJJ helps and empowers parents to present their case before the magistrate directly if they are not in a financial condition to engage private lawyers or when there are no free legal aid lawyers available. Parents have been assisted with free formats of bail applications and leave applications. In situations where parents do not know how to read and write, Help Desk social workers have assisted them during the process.
5. Literacy camps: RCJJ conducts regular awareness programmes to address various issues, awareness about the working of the system and serves as a platform for parents and juveniles to speak and share concerns and challenges faced by them. JJB members, legal service authorities and other stakeholders are invited to chair the

programmes. Seeing the authorities sit in an informal setting, patiently listening and speaking to them instils a sense of confidence in juveniles and their parents to even question practices in the system.

Partners

The Help Desk project has been conceptualised and implemented by the Resource Cell of Juvenile Justice, TISS with support from the Department of Justice (Ministry of Law and Justice) Government of India, Department of Women and Child Development (DWCD), Maharashtra State Legal Services Authority (MSLSA), Railway Children and Tata Trusts.

Impact

This project has been well appreciated by most stakeholders and elicited a good response from the JJBs. The RCJJ has been able to touch the lives of more than 500 children over five years. All the interventions begin with action research which paves the way for need for social work intervention in the area of juvenile justice.

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BEST PRACTICES

Skill Training for Youth at Risk

The Don Bosco institutes Model

The Context

What kind of a life will a child lead upon becoming a young adult and leaving the secure confines of institutional care? The answer ideally should be an independent, secure, productive life. But for children who have been institutionalised – either because they were victims of abuse and exploitation, or because they were offenders – the transition to life outside a shelter home is usually never easy. Many among them have experienced extreme neglect, severe trauma and loss. This makes their quest for an independent life as adult all the more complex and challenging. This is why aftercare is an important stage in the continuum of care. It recognises the importance of helping these children develop the mental and emotional strength and as well the life skills and vocational skills to increase their employability and to enable them to adapt to life in mainstream society.

The Idea

Shelter Don Bosco evolved the idea of a training workshop with the objective of creating a platform to share information and knowledge on Aftercare and to prepare an action plan that could be beneficial to youth who move out of institutional care. The workshop curriculum covers a range of topics: life skills, how to cook for a lesser number of people, financial literacy (the importance of budgeting, investing and saving), information about important governmental schemes, the importance of having one's vital documents in order, how to learn new skills based on one's aptitude, career counselling, sex education, creating self-help groups for ex-boys, learning about the responsibilities of a family and so on.

The Process

Shelter Don Bosco follows a 7-step process to help children in institutional care stand on their own two feet before they leave to lead an independent life.

- Children who are weak in their basics like English, Maths and other subjects are given support through Zaya's Learning, a computer-based learning programme. It helps them to keep up with other students in school. There are different levels in Zaya Learning Programme which helps them to move from basics to higher levels. Monthly Assessments takes place to evaluate the performance of the students. It is an easy learning tool with the help of the Internet. They also learn computer basics like how to use Microsoft Office, Word, Powerpoint Presentation, Paint etc.
- Documentation: Assistance is provided to help young adults procure vital documents like ID cards, birth certificates, educational certificates, open a bank account and apply for an Aadhar card.
- Job Placement: A staff member is appointed for the Job Placement programme. Ex-Boys who are in need of jobs or training come once a week or monthly to get information related to jobs. Proper guidance is given to the individual regarding the placement and, at times, a follow-up is done.
- Interactions with Alumni: Every Sunday, the Ex-Boys of Shelter Don Bosco meet at Don Bosco Shelter or Don Bosco, Matunga to play football or engage in other

recreational activities. Whenever there are any important activities related to Shelter Don Bosco, the Ex-Boys are invited to take part in it.

- Assistance with Rent and Fees: Ex-Boys of Shelter are given financial assistance to continue their studies or learn technical trade. Ex-Boys who want to continue their graduation or complete their technical trade or course are also helped financially. College fees, tuition fees and house rent for a period of 6 months to one year is given to them till they complete their studies or technical trade.
- Network with other NGO's or G.O: Shelter Don Bosco networks with Don Bosco Yuva Sanstha, Karjat, Don Bosco Vyawasaik Prashikshan Kendra, Chinchwad, Bosco Boys Home, Borivali and Don Bosco Centre for Learning, Kurlato provide them with formal or non formal technical trade. We try to network with G.O that provide hostel facilities to complete their college studies.
- Creation of after care Forum for follow-up of Government Schemes for youth: Don Bosco Balprafulta in association with Shelter Don Bosco, Wadala organizes workshops for different NGO's who are working for 18+. A directory on After care about organizations who work for the 18+.category has also been prepared.

Key Activities

The key activities in this intervention are as follows

1. Skill-Training: Workshops are held on personality development and to help the children learn coping skills at Don Bosco Yuva Sanstha, Karjat, Don Bosco Vyawasaik Prashikshan Kendra, Chinchwad, Bosco Boys Home, Borivali and Don Bosco Centre for Learning, Kurla.
2. Career Counseling: Trained counselors help the children explore possible careers they can pursue. The children are encouraged to dream while remaining realistic by choosing careers that are in sync with their aptitudes. Aptitude tests are conducted to help the child identify possible areas he can excel at. Counseling also touches on the important skill-sets an individual needs to hone in order to pursue a particular career.
3. Hands-on Training: Children are prepared for future jobs by giving them exposure to technical institutes in Don Bosco Yuva Sanstha, Karjat, Don Bosco Vyawasaik Prashikshan Kendra, Chinchwad, Bosco Boys Home, Borivali and Don Bosco Centre for Learning, Kurla during the Diwali and summer vacation.

Partners

Shelter Don Bosco partners with Don Bosco Yuva Sanstha, Karjat, Don Bosco Vyawasaik Prashikshan Kendra, Chinchwad, Bosco Boys Home, Borivali and Don Bosco Centre for Learning, Kurla to provide youth in shelters the requisite counseling and skill-based training to become employable and ready to lead an independent life. They support and motivate young people with life coping skills which fulfil their various needs in adjusting to the needs and demands of the society.

Impact

Shelter Don Bosco along with TISS & NN MSW Students conducted a survey to study the quality of life and evaluate the experiences of the ex- boys in the months after they left Shelter Don Bosco. 20 ex-boys in the 19 to 34 years age group were the respondents. The survey revealed that

- 25% of the boys had got married
- 30% were pursuing undergraduate studies
- 25% had completed additional vocational training in their respective fields
- 75% had passed Standard 10
- 70% had acquired fluency in English and Hindi
- 80% said they had faced challenges after moving of shelter on account of lack of employment, financial difficulties, police harassment because of sleeping on a pavement, habits like smoking and eating tobacco, insufficient food, poor living conditions in group homes
- 20% were earning a monthly income of between Rs. 10,000-15,000
- 20% were living alone
- 10% lived in rented apartments, 1 man said he lived on the streets
- 40% had access to healthcare

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BEST PRACTICES

Mainstreaming CCL through Vocational Training

An Initiative by Pratham Council for Vulnerable Children

The Context

India has the largest population of adolescents (10 to 19 year olds) in the world at 243 million. Adolescence is a vulnerable phase. For urban adolescents in Mumbai, in addition to a host of biological, cognitive, social and emotional changes, those living in resource scarce communities and neighbourhoods are exposed to neglect. And this makes them more vulnerable. Poverty, neglect in the home, strained family conditions, domestic abuse, peer pressure and the struggle for survival among other factors exacerbate their condition.

The Idea

Since 2014, Mumbai Police in a bid to prevent recidivism and to provide support systems to children who had committed offences to find opportunities for rehabilitation and reintegrate without any stigma and discrimination, invited NGOs to intervene. Pratham Council for Vulnerable Children (PCVC), a special wing of NGO Pratham working on child rights was among those invited to step in. The intervention began in 2015.

The idea was to identify children in need of an intervention, counsel the children and their families and enroll them in vocational courses linked to jobs over a span of 2-3 months years.

The Process

The process began with the police asking PCVC to conduct a survey of children who are former CCL and to find out their current status. PCVC was given charge of two zones (Zones 5 and 6 as identified by the Police, spanning the coverage area of 18 police stations) in Dharavi, Dadar, Govandi, Mankhurd, Kurla, and Chembur. According to the Police data there were 1024 former CCL in these zones. However due to the passage of time and address changes, only 583 of them could be traced. Of them, Pratham found that about 100 children were in need of an intervention.

PCVC's counselors worked intensively with families. Some families were naturally suspicious and unwilling to accept any help given the stigma of having "a child with police record". The trained counselors persisted and were able to persuade the families to let them enroll the children in various skill-oriented courses conducted by Pratham Arora Center for Education (PACE), independent entity of Pratham. The courses included mobile repair, AC repair and retail. The courses are short-term and span 2 months. Upon the completion of the course, the participants are given PACE certificates that are recognised by numerous employers in the services industry. Evaluation is built in to the certificate course and is linked to job placements with industry leaders.

The course fees were borne mainly by the families and in some cases by Pratham in partnership with local donors.

Key Activities

Some of the key activities of the programme include

1. Counseling: PCVC handles each matter on a case-to-case basis. It doesn't believe in applying one approach or formula to every case as each case is unique and different. It holds counseling sessions during which a child and his/her parents are told about the importance of reintegration and the benefits of undergoing vocational training. PCVC also arranges for counseling for children with substance abuse issues, by connecting them to local hospitals for treatment
2. Skill-based vocational training and job placements: PCVC ties up with various branches of the Pratham Arora Centre for Education (PACE) in and around Mumbai to enroll children in skill-based courses. These skill-based courses are offered in partnership with industry leaders, who advise Pratham's team on the course design and train the trainers of these courses themselves. The partnership extends to providing job placements to the participants. For example, a child who completes the hospitality course can be placed with the Taj group of hotels, one who completes the auto repair course can be placed with Tata Motors and so on.
3. Formal Education: PCVC admits those above 18 years of age for the vocational courses. It encourages those under 18 to complete their schooling and helps them re-enrol in formal schools or through open school depending on the case.
4. Follow-up: PCVC's counselors regularly follow up with the children and their families, whether the child is in school, undergoing a vocational course, placed in a job or at home.

Partners

To implement this intervention, Pratham works closely with the Crime Branch of Mumbai Police, local police stations, the SJPU, the social service league, community leaders, parents and Pratham units.

Impact

Since 2014 Pratham has successfully helped mainstream scores of children

- 65 youth for the courses
- 65 youth completed the courses and are awaiting job placements
- 24 youth have been successfully placed in jobs, with a starting salary of Rs 6000-7000 approximately
- 7 youth have enrolled in college and are completing their education
- 4 out of 9 children who suffered from drug addiction recovered.

Impressed by the success of the intervention. Mumbai Police has requested PCVC to scale-up the intervention in other parts of the city.

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