CHAPTER – VI
SUGGESTIONS AND
CONCLUSION
CHAPTER VI

SUGGESTIONS AND CONCLUSION

6.1. General Research Studies

Street children live and work in conditions that are not conducive for healthy development. They are exposed to the street subculture such as smoking, drug, alcohol and substance abuse, gambling, engaging in sexual activities or selling sex for survival (UNICEF, 2012).

Street children struggle to survive in Mumbai poverty in India which forces children into work, beggary and abuse. Think about them who don't even get their daily bread; who don't have proper shelter? Does anyone care for them? Street children in India, many of them drug-addicts have been facing a bleak future. Every day, they scavenge across the city for a better life, showing courage and resilience that would put most adults to shame. The term 'street children' refer to children for whom the street, more than their family has become their real home. It includes children who may not necessarily be homeless or without families, but who live in situations where there is no protection, supervision, or direction from responsible adults. The reality of the street children is the naked and vicious face of poverty and exploitation (Shilpa Hassani, 2008).

Since there is an ever growing demand for the services from other less privileged, under privileged, needy poor and uncared children, it was decided to extend services to this needy population. Happy Home is a project of Child Guidance Centre which started in the year 2003 with a vision of rehabilitating the street children and child labor by providing them shelter, love and affection. Happy Home was started to cater the needs of uncared, unwanted Orphans by providing them Shelter, Love and Affection. Many of the children are not having parents, some are having step-father or step-mother and they are being treated indifferently by them, some are having drunkard father, some are having differences of opinion with
their parents regarding their education, some are interested in studies but their parents are not willing to send them for studies due to their financial conditions (Child Guidance Centre, 2012).

The Counselors at the Help desks track children, who are missing, tricked and brought to the city, runaway or new children. After identification & counseling they are provided Transit Support services and prepared for Restoration back to their Home. If children are not ready for restoration they are referred to Bala Bandhu transit home or others services that may be required for that particular child. All interventions are based on the specific need of every child. The Child’s opinion is given paramount importance in the rehabilitation process. Bala Bandhu transit home is a short stay home for children on the streets. Children are referred to transit home from Bala Bandhu Help Desk; they stay here till they are ready for long-term rehabilitation (Bala Bandhu, 2012).

Many books and reports have appeared of recent years on the principles which should be followed in organizing institutions for children that little discussion is called for here. All are agreed that institutions should be small – certainly not greater than the 100 children suggested by the Curtis Report – in order both no avoid the rules and regulations which cannot be avoided in large establishments, and other ways to take part in the life of the local community without flooding it.

The subject of Street Children was transferred to this department from Women Development & Child Welfare Dept. But, the staff, funds was not diverted for effective monitoring and systematization of the subject. The work of the department is confined to inspect Non-Governmental Organizations aspiring for Grant-in-aid from Government of India and forward the proposal to Government. The administration expenses for this purpose are being met from the budget allotted for Juvenile Welfare & Correctional Services purpose only.

Burmrind’s (1980) research also suggests that identical parental styles may faster different behavior patterns in boys and in girls. For instance boys with
punishing fathers seem to have difficulty in forming good relationships, but girls with such fathers seem especially likely to be independent and self-reliant. It has been suggested that girls with very warm and tolerant fathers may be missing out on the parent-child tension that can stimulate self-assertion and autonomy.

Adjustment to one's self is certainly a challenge our greatest battles commonly are with ourselves personal needs that we hold frequently are incomparable between individuals and lead to internal psychological conflict and strain (Tallent N 1978).

Interactional Theory of stress focused on the structural characteristics of the persons' interaction with their work environment. Two particulars interactional theories stand out the Person – Environment Fit theory of French researchers have suggested that the goodness of fit between the person and their environment (work) frequently offered a better explanation of behaviour those individual or situational differences French et al (1982), Karasek (1979).

6.2. Sociological Strategies and Interventions

Sociological addresses the barriers, inequalities and injustices that exist in society. It responds to crisis and emergencies as well as every day personal and social problems. Sociological utilizes a variety of methods, skills, techniques, and strategies consistent with its holistic focus on persons and their environments. Sociological interventions range from primarily person-focused psychosocial processes to involvement in social policy, planning and development. These include social case work, social group work, community organization, social research, social action and social welfare administration.

Case Work address itself to the solution of problems that individual in various roles. Problem could be faced with in the family, work place, social life and or in the discharge of responsibilities in these roles. A Sociologist with professional knowledge and skill can study, assess, intervene and empower the street children.
Group work is a method of working with individuals in groups for the enhancement of social functioning and for the achievement of socially desirable activities based on knowledge of individuals' needs. Form a street children network with NGOs' rehabilitation programmes.

Community organization as a process, it is necessary to organize the children around their problems, create good rehabilitation programmes and sustain their regular needs.

Sociological research bases its methods on a systematic knowledge of various schemes, programmes, regular practices. Sociological profession draws on theories of human development and behaviour and psychosocial adjustment in the society.

Social action as a method of Sociological could network and mobilize support to enact social policies, rules and amendments. Sociologist sensitizes the schemes and benefits to children and familiar with Government and Non Government activities to help care and protection of children.

Social welfare administrations utilize social process to transform social policies of government and welfare agencies, donor agencies.

6.3. Role of Sociologist in Managing Children’s Homes

Process of managing rehabilitation homes were intended to enable us to spend time with staff and to discuss their experiences and ways of working, particularly in relation to the ways that potential for practice is influenced by staff creating, maintaining and influencing a staff team deployment.

Discussions held during the visits focused on the use of staff time, the roles of staff, the role and approach of the manager of the home and the ways staff come to understand these and examples from practice. These latter were elicited to highlight the interplay of influential variables such as the role of external management, the
approach and expectations of the manager of the home, the use of resources and the working philosophy of the staff group (Rubin and Rubin 2005).

The low socioeconomic background, the large size of the family, the neglect, the rejection, the alcoholism, the disharmony and the excessive control of parents is throwing children out of their families and forcing them to take up menial jobs. Here lies the role of the Sociologist, who with counselling and guidance helps the parents and children understand each other, and extends care and support. That is not an easy job. The Sociologist has to convince the street child, the need for a secure shelter namely an institution that cares and supports.

The Sociologist either through governmental or non-governmental organisations can arrange nutritious food or food supplements to street children staying with or without family.

The Sociologist can help the street children to have a medical check up to treat their problems of health. Education of small family norm is still the need of the hour in case of families of street children as their parents have large number of children. Most of the street children are the outcome of dropping out from their school. There is every need that either the teacher or Sociologist has to counsel or guide the children with problems at school or home. In addition to these services counselling and guidance has to be geared to shaping the future of the street children both institutionalised and non-institutionalised. Counselling and guidance can be given to street children to correct behavioural problems. As most street children are illiterates, non-formal education must be undertaken by non-governmental organisations under the guidance and supervision of a professional Sociologist. The professional Sociologist can mobilise the government department of education for better clothing of the street children.

Personality development camps must be organised under the guidance and supervision of a professional Sociologist to develop balance growth of personality
with the assistance of governmental and non-governmental organisation. Professional Sociologists should become instrumental in the establishment of community centres for street children so as to help them organise themselves through social meetings, reading news papers or watching television which would increase their awareness and skills.

The street children must be educated on the care of their health in general and about HIV in particular. They need information on HIV/AIDS and its prevention. The professional Sociologist has to help the street children to have identity cards to help them avoid arrests by police on the grounds of suspicion. Special intervention is needed in the case of the girl child who faces a lot of abuse and neglect but generally continues to stay at home. They can be admitted in a sainik school that would prepare them for defence service. The training and discipline definitely will make them law-abiding citizens.

The government is already making efforts to promote entrepreneurship among all categories of people like women, traditional craftsman, scheduled castes, tribes and other communities. Street children can also be rehabilitated by giving them “skill training” “entrepreneurship development programmes training” by the government.

Street children have received much attention in the media, both nationally and internationally in the recent years. The awareness and sensitisation efforts have led to several initiatives involving numerous groups working with street children, launching of specific schemes and programmes at the local, state and national levels and initiation of numerous studies on street children.

Department etc., has recently initiated a Central scheme for the welfare of street children. This scheme gives grant-in-aid to NGOs working on issues of street children.

India has also ratified the Convention on the Rights of the Child (CRC) which came into force in 1990. This ratification implies that India will ensure wide awareness about child issues among government agencies, implementing agencies, the media, the judiciary, the public at large and the children themselves. The government endeavour is to create a conductive climate for acceptance of the goals of the Convention and to amend all legislation, policies and schemes to meet the standards set in the treaty framework.

Promotive interventions are spoken mainly in terms of health promotion, which is defined as the process of enabling people to increase control over and improve health. In the area of child sexual abuse, there is a need for creating competency among different stake holders to voice against child sexual abuse. Promotive programmes are more about creating awareness among people and sensitising them about crimes like child sexual abuse.

Sociologists should advocate for and be involved in various structures such as child welfare committees, children courts, etc., so that even the psychosocial dimensions of childcare would be evaluated and dealt with effectively.

Sociological and research, goal of designing appropriate treatment measures could be achieved through conducting research in the area of psychosocial treatment modalities for victims and survivors. Existing literature shows dearth of literature in the area of efficacy of intervention strategies. Research work on efficacies of intervention will help in developing appropriate and culturally sensitive interventions for the victims and survivors of abuse.
6.4. Management of Children’s Homes

Management focuses on the role of managers, the kinds of leadership in operation in homes, the way resources are used, and the care and outcomes experienced by children. Residential care is an important part in the continuum of services for children in need (Department of Health 2008).

In England and Wales this provision has been fraught with difficulties in recent years, and there are many hypotheses about how these might be reduced. Problems of expense, scandal and abuse, disorder and lack of effectiveness have been extensively documented in inquiries and overviews (Colton 2002; Kirkwood 1993; Stein 2006; Utting 1997). There have been drastic cuts in the number of residential homes and this in turn apparently has increased the difficulty and costs of running them. The smaller number of homes cares for the most damaged adolescents (Berridge and Brodie 1998).

6.4.1. Staffing Ratios to Reduce the Costs in Management of Children Homes

Staff turnover has increased thus raising the difficulty of creating a coherent culture in establishments where most residents stay only for a short time. Homes have found it increasingly difficult to specialize and define clear aims for themselves. Some children’s homes now cater for a diverse population of adolescents with complex histories.

This is done at high cost and a high risk of disturbance. Despite these difficulties it is hard to envisage a world that does not use residential care as a resource to protect and develop young people. Residential provision plays a major part in relation to social inclusion (Kendrick 2005), particularly for adolescents – in preparation for placements in foster care, in preparation for adulthood, in providing
supported accommodation – and for those who make a later entry to the care system, such as unaccompanied asylum-seeking young people.

Residential care is also used to provide short-term care to support families under stress (Crimmens and Milligan 2005) and research suggests that increasing numbers of children with disabilities are entering residential care at an early age (Clough, Bullock and Ward 2006).

6.4.2. Residential Options Offer Both Consistency and Creative Potential within Children’s Services

The number of teenagers in the general population is rising. Professional opinion, as articulated in the Utting report (1997), accepts the case for residential care. Some ‘looked after’ children (i.e. those for whom local authorities share or have parental responsibility, as defined in the Children Act 1989) undoubtedly prefer residential care to foster care (Sinclair and Gibbs 1998a; Utting 1991). Foster care places for teenagers are scarce (Waterhouse 1997).

Pressures on local authorities to reduce turnover and disruptions in foster care are likely to enhance the attractiveness of residential homes, which appear better able than foster care provision to withstand the difficulties with which adolescents present (Rowe, Hundleby and Garnett 1989). All these considerations suggest a need to tackle the difficulties that have led to the decline in residential care, as distinct from looking forward to its demise.

The general landscape from within which residential child care policy and practice is delivered has changed considerably during the course of the past two decades. Along with major contemporary shifts in the size of homes, there have been changes in their purpose and function, in the ways services are organized and delivered, and in accountability, standards, registration and inspection (Barter et al. 2004; Mainey and Crimmens 2006).
6.4.3. The Process in Management of Children’s Homes

Building on related to the tasks of residential staff (Whitaker et al. 1998), the chapter develops a detailed understanding of what takes place when staff teams and managers establish working relationships within the dynamic residential environment. Creating, maintaining, influencing and in effect developing a staff team is a complex activity in and of itself. Where this occurs in a relationship-based environment such as a children’s home, it is an essential preliminary to help the staff group to meet the needs of young people. It has to be addressed capably in order for work to take place. As reflected in other research about residential child care, relationship-forming is crucially important (Baldwin 1990; Berridge 2002).

Management of staff teams working in children’s homes involves much more than the administration of a bureaucratic system.

The nature of the post of manager clearly has an impact on the potential for purposeful work. The ways in which managers come into post, the status of their posts, changes in purpose and function of the home, and long periods of uncertainty about the direction of the home and/or the post itself are important individual factors. When these are less than positive experiences and are experienced simultaneously, they present fundamental challenges to the functioning of the home.

Accomplishing a functioning team entails drawing together individuals into a co-operating group such that they are able to share managers’ clarity on goals and ways of achieving these. Managers are heavily involved in transmitting and determining the purpose of their homes, and in assisting their staff to realize that purpose. Delegating and sharing responsibilities to enable staff to see and play their own part in purposeful work developing the skills and confidence of staff finding effective ways of sustaining what staff does within a set of defined purposes.
Forming a coherent staff team requires sensitive work, which has to be revisited in response to changes in group composition, both staff and resident.

Building relationships with staff takes time for all concerned and staff skills and responses have to be individually assessed, especially where few records exist of experience and capabilities. The pace at which to introduce new approaches or changes in personnel has to be judged carefully.

Making personnel changes capably has the potential to inspire confidence and trust in shaping the overall direction of the home.

Sharing roles and responsibilities relies on a solid understanding of the strengths of each member of staff and time spent both formally and informally in maintaining the staff team. A fundamental part of the manager’s role involves achieving a balance between empowering staff and retaining decision-making authority. Crucially, managers and staff work together interdependently to establish a collaborative culture that is led and developed by the manager from within a hierarchical system of accountability.

Clearly, require particular skills. Managers act as energizers, have presence, but not so much that staff are disempowered. They maintain buoyancy when things take a negative turn, offer practical alternatives when things get stuck, take responsibility but do not act hierarchically.

They supervise, coach, educate, develop and a positive attitude among staff. They must be able to spend sufficient time within their homes to do all these things as well as top them up; they must act as supervisors, and as the person who checks and monitors. They use a collaborative approach that is fair, and which takes account of staff differences and is in turn reflected in the way staff work with young people. Managers adopt sufficient distance from their team to retain authority,
maintain respect and be able to motivate when they are often the repository of negativity.

In sum, we have shown that in relation to staff team’s managers have to find formal and informal ways to know and be confident in staff capabilities, such that they are able both to achieve identified goals on behalf of the young people and to maintain the staff group.

6.4.3.1. The Staff: For many years very little was known about residential staff in general or those in children’s homes in particular. However, considerable knowledge and understanding about the characteristics and role of staff in children’s homes was provided in the late 1990s through our previous work (Sinclair and Gibbs 1998a; Whitaker et al. 1998). Apart from the importance of staff in the role they play in influencing outcomes, it is well established in studies of health and social care that staff costs account for a substantial proportion of overall costs. For this reason it is important to know how many staff, or more precisely how many staff hours, are available. With this information, along with the number of children in the home, it was possible to replicate a measure that Sinclair and Gibbs (1998a) had used in an study to explore the variation in the number of care hours available to each child.

Staff hours, which some have estimated as accounting for 80 per cent of the costs (Utting 1991), varied from 23 hours per place to 144. Much of this latter variation seemed related to local authority practice where CIPFA (2002) figures suggested that one authority may estimate an annual cost for a residential child care place three to four times as great as that estimated by another authority.

So the question arose of whether this variation was matched by similar variations in the environment of the homes and the impact on residents in the longer term. In relation to disorder, studies in the initiative and prior to that (Berridge and Brodie 1998; Sinclair and Gibbs 1998a; Tizard 1975) found wide differences in the behaviour of apparently similar young people living in different homes.
Sinclair and Gibbs (1998a) found a striking concordance between the amount of delinquent behaviour among the young people as measured by running away and police contacts, the morale of the staff and the degree to which the staff and residents described the home as a reasonable place to live (Sinclair and Gibbs 1998a).

Parker et al. (1991) Ward (1995) that assess different aspects of a young person's development. While it was encouraging to learn from Sociologists that very few of the young people. It would be fair to say that in the view of the Sociologists the development and behaviour of very few young people had been adversely affected by their placement in a children's home. While for many young people the effect of the home, as judged by Sociologists, had been at best 'neutral or mixed', for some, especially for their education and self-confidence, significant improvements were judged to have taken place.

6.4.3.2. Creating, Maintaining and Influencing a Staff Team

Building on insights from previous work (Sinclair and Gibbs 1998a; Whitaker et al. 1998), sought to identify the processes involved in establishing clear and successful work in five key practice arenas. These were: the manager’s own role and identity, the manager in relation to the staff team, to the young people as individuals and as a group, to networks outside the boundary of the home, and to their own organization.

We aimed to obtain full accounts of what helped to sustain preferred ways of working. We also aimed to attain accounts of influences that prevented or hindered the achievement of declared goals and approaches to them. Where aspirations in relation to goals and approaches fell into patterns, we aimed to identify particular strategic ways of working.

The nature of the manager’s post; getting to know staff resources, needs and characteristics; establishing the role of manager in relation to the team; making
staffing changes; developing the capability of the staff group; sharing roles and responsibilities with staff; helping staff to be autonomous; and maintaining and supporting the staff team.

The manager was able to shape the team and set the context for work from the earliest stage, and therefore felt a high degree of ownership and responsibility.

It was most usually the case that managers were employed in posts where a set of difficulties posed particular issues with which to begin work. The initial brief given to some managers was to create a stable environment and, in effect, to redeem the home, sometimes in the face of dissatisfaction within the local community. This was a frequently encountered situation for managers in the sample, requiring intensive work with the team.

6.4.3.3. Establishing the Role of Manager in Relation to the Team

Managers in this project were always mindful of the impact they were having when newly appointed. Staff teams had to be taken along with managers rather than pushed into agreement with new approaches. Establishing the appropriate speed at which to work in relation to making changes in approach or practice was a matter for careful judgment because its impact could be widespread or non-existent.

Making staffing changes, getting the right personnel in place was seen to be vital. Often the staff that managers inherited was not the staff that they felt the home and its purpose and function required. Sometimes staff did not act in line with the preferred approach of the manager, other times resistance to change was such a major obstacle to progress that staffing had to be reappraised. Moving on 'old' staff and bringing in new staff members were seen as challenging for everyone concerned, although in many cases such changes did represent some of the most important transitions in feeling to own the team.
Making difficult staffing changes capably were part of proving one’s worth as manager and inspiring confidence and trust in shaping the overall direction of the home. Taking into consideration the impact such changes had on the remaining staff group and on the kinds of care which could be provided sometimes outweighed the benefits of the change itself.

6.4.3.4. Developing the Capability of the Staff Group

Managers usually approached their job by direct involvement in practice, role modeling, educating practice, assuring consistency and generally making sure tasks were done in their preferred way. A large part of this relied on being able to motivate staff, bring energy to the task and at the same time provide security by taking responsibility for the home. Being clear about their expectations of staff was an important starting point for managers in developing the staff team. Helping staff to learn was achieved in a variety of ways.

Being clear on direction and following this by monitoring what takes place was often seen as a way to encourage growth. Aiding individual learning was a major part of the manager’s task. It had its attendant difficulties in terms of time and resource commitment. However, this was not regarded as the sole responsibility of managers; rather it was supported by other members of staff, and importantly, by training sections. Staff was not always receptive to formal training, and managers sometimes had to think creatively about how to achieve this.

6.4.3.5. Sharing Roles and Responsibilities with Staff

Routine tasks were most often allocated across the staff team, and this provided a starting point for helping staff to feel valuable as individuals within the team. Being able to designate tasks was not the same as being able actually to share roles and responsibilities within the home. Tasks could be supervised or monitored in some way. Sharing roles and responsibilities involved greater insight
into staff capabilities and a corresponding trust in team members. This was partly developed by working alongside each other and experiencing each others’ reactions, partly by being open in commenting on performance and learning from it. Being able to take criticism from one’s peers without it being seen as a personal slight was an important skill to develop.

When staff were in place with which managers were confident, the path to achieving preferred ways of operating became clearer. Managers frequently emphasized the way that their staff teams determined their own potential.

Of great importance were senior staffs. These were seen as holding high influence over direct practice, particularly where part of their role involved supervising other members of the team.

Senior staff had to be able reliably to transmit and maintain managers’ value bases, which included some aspects of knowledge, understanding, ways of thinking, skills and, importantly, disposition. Sharing different functions, according to the situation and strengths of each staff member, became effective when the worth of each individual became apparent.

This was especially important in respect of senior staff, who were in many cases part of the support system which managers drew upon for themselves. Using senior staff to influence changes in approach or practice was seen as part of a suitably paced strategy to bring about ownership and ultimately empowerment within the home.

It was not always the case that senior staffs were reliable sources of support. Some managers relied on the external support provided by other managers of homes rather than relying on their assistant managers for either support or to take decisions in their absence. In such an environment roles are dynamically interlinked and therefore all are affected by change in any one area. In this way, managers’
roles involved integration and education as part of a rolling activity. Establishing a context for work which was seen to be fair to all members of staff was a vital part of the process.

6.4.3.6. Helping Staff to be Autonomous

Achieving a balance between being an empowering enabler of staff and being able to retain decision-making authority within the home was a fundamental part of the manager’s role.

6.4.3.7. Maintaining and Supporting the Staff

As might be reasonably anticipated in an interdependent team-based organization, all managers of children’s homes set a high premium on ‘good communication’. Losing sight of what was taking place in the home was considered to be risk-taking practice. Keeping pace with the home involved the use of formal channels for handovers, staff meetings and supervision, to attain both consistency in team practice and insight into how things were for the young people.

Finding a way of supervising which fitted every supervisory need was regarded as difficult. Here, the manager draws links between the ways that managers are familiar with the work of their staff by virtue of the nature of the task, what takes place in supervision, and the difficulty of ‘finding a model that works’ for supervision and making space for this.

The potential for practice development in supervision is shown clearly here, as is the likelihood that this important work may be de-prioritised in the face of more immediate concerns. As another manager shows, a preferred way of operating was by making the most of available opportunities to work alongside staff. In this way managers would become familiar with what was taking place in the home and also had potential to model practice.
6.4.3.8. Shaping and Maintaining the Role of Manager

Managers create, maintain and influence their staff teams. Sustaining the specific role of a manager, both individually and within the context of the parent organization. Clearly, the work areas outlined so far require high levels of resilience and robust coping mechanisms on the part of managers themselves.

What are the crucial self-management skills and supports that residential managers need to do their jobs well? Perhaps unsurprisingly, many of the attributes which managers hope to draw out of their staff members and the young people in their care are ones which they embody themselves.

Key among these are being a confident practitioner, supervisor and manager, worthy of trust, who is capable of practicing autonomously in a clearly defined goal-oriented manner. Vital aspects in shaping these characteristics are: managers’ autonomy and freedom of discretion; supervision and support for managers; sharing responsibilities and feeling valued across the organization; contributing to strategic management; spending time in the home itself; and opportunities for stimulation and development.

6.4.3.9. Managers’ Autonomy and Freedom of Discretion

Autonomy and the analysis of its role in respect of the effectiveness of organizations have a long history. Blau, for example, pointed to the necessity for functional autonomy in relation to smaller units within large organizations such that they have potential to organize in relation to their own needs (Blau 1964). The relative merits or negative consequences of autonomy have in turn long played a part in debates about residential child care environments. Research has indicated that feelings of autonomy are closely linked with clarity of purpose (Sinclair and Gibbs 1998).
This latter has been shown consistently as important to the effectiveness of homes (Berridge and Brodie 1998; Brown et al. 1998; Sinclair and Gibbs 1998a). Being in control of the home and able to manage things in their own distinctive way was seen by managers in our research as both vital and motivating, contributing to a sense of achievement in relation to the young people.

The extent to which managers felt themselves to have full autonomy – i.e. the ‘right’ to make decisions on how work was carried out, tasks allocated, shared and rotated without involving senior managers – was largely dependent on the manager’s dynamic relationship with their own organization, established over time.

In this way, being able to work autonomously was seen as highly rewarding, giving a sense of purpose and value to the task of children’s home manager while allowing sufficient scope for flexibility and creativity. Autonomy was not assumed as a given, rather it was a matter of reciprocal exchange between the manager and the parent organization.

Feeling autonomous was seen to rely on effective communication within the organization, where managers were empowered and at the same time had established channels for information-sharing which enabled progress to be noted throughout the hierarchy.


6.5.1. Conformity with the Law - Every rescued child who is taken into care at the time of the meet shall be produced before the legally competent authority. The members of the official machinery who carry out the rescue operations shall not dispose of the rescued victims, whether minor or major, at their own discretion. All victims, apparently or suspected to be minors, should be kept at a special facility for
juveniles in need of care and protection and be produced before the competent authority within 24 hours.

A member of the competent authority constituted under the Juvenile Justice system shall be consulted by the Police Officer while deciding whether the rescued person should be brought before the Juvenile justice system or before a Magistrate depending upon the apparent age of the person. Victims should be treated with compassion and respect for their dignity. They are entitled to access to the mechanisms of justice and to prompt redress for the harm that they have suffered, as provided for by national legislation.

6.5.2. Privacy/Protected Identity - The members of the official machinery who carry out the rescue operations and the members of civil society and voluntary organizations who facilitate the rescue, shall take complete precaution to ensure that the facial and other identify of the rescued victim is not revealed to anyone except those who are legally competent to know the same. Particular care shall be taken to protect the identity of the rescued victims from publicity through media and victims shall be protected against their being used by the media for its own commercial end.

6.5.3. Services - It should be ensured that the victim is immediately taken to a certified place of safety after the raid. The victims should never be kept overnight in the police station. It is to be ensured that a Sociologist or a support person, preferably a female, is present when the girls are being interviewed by the police officers after the rescue. The services for socio-psychological well-being shall start immediately on rescue or at the first helping contact with the victims and shall also include social counseling for therapeutic intervention.

Immediate medical examination of all the rescued victims and the accused/other persons taken into custody by the police shall be conducted within 8 hours of the rescue of a victim or arrest of the accused. The rescued victims shall be freely and unconditionally provided with professional medical (physical and mental)
assistance and professional counseling immediately after the rescue. The rescued victims shall be freely and unconditionally provided professional legal assistants immediately after the rescue.

6.5.4. Location - A rehabilitation home (Rescue / protective etc. for minors and majors) and/or within a vehicular travel time of a maximum of three hours. Where officially designated rescue/protective homes do not exist, other residential institutions which meet the minimum standards specified in this protocol may be additionally and temporarily authorized to function as rescue / protective homes for this specific purpose.

The rehabilitation home’s location needs to be consistent with its purpose and function. It is essential that children rescued from streets are located in a place, which is removed from the red light areas, in order to minimize the risk to their safety and to facilitate rehabilitation. The accommodation should be secure. The home should be located in an area which is well connected with physical communication facilities telephones including STDs/ISDs electronic communication wireless communication.

The location should be well connected with other amenities such as water, electricity, sanitation, approach road, etc. The location should be well connected with other civic amenities such as institutions for primary and secondary education, recreation facilities, hospital, police station, market, post office and banks. The location should be, as far as possible, free known proneness to any natural calamities and disasters such as earthquakes, cyclones, landsides, floods, wild life attacks.

The location should be as far as possible free from known proneness to any disasters such as crimes, riots, industrial disasters, nuclear, water, air & noise pollution. The location and the physical environment of the Home shall be clean, pollution free and well ventilated. The physical, social and cultural environment of
the shelter and other places providing care and support services should be adequately growth stimulating.

6.5.5. Design - The Home should be designed/ altered in such a way that it gives a friendly appearance. The Home should be designed /altered with special consideration to the common and special needs of the persons it is meant to accommodate physical and mental status of the persons it is meant to accommodate (e.g. persons with special physical needs, debilitating conditions and other special needs).

Where the Home is meant to accommodate children/women with special needs, suitable aids and adaptations, and any special furniture or equipment should be provided to enable the residents to live as normal a life as possible and should be designed/altered by adhering to the recommendations of a qualified occupational therapist.

The Homes should be designed/ altered in such a way that the chances of accidents and accidental injuries are identified and minimized. The Home should be designed/ altered in such a way as to completely and satisfactorily meet all the requirements/recommendations/ and standards specified by the relevant authority.

The Home should be designed /altered in such a way that if it shares the premises where public visits are common, the Home ensures that the privacy of the resident victims is not compromised, and that there is adequate physical separation between the two areas so that members of the public do not accidentally enter the premises of the Home.

The building and the premises of the Home shall have sufficient natural light as well as artificial light at night, on special occasions, and at special locations. The building and the premises of the Home shall be free of abnormal noise pollutions. The design, the access, easements, privacy structures, bathing and washing
arrangements, recreation arrangements, etc., are designed or altered appropriately by taking into consideration gender-based needs.

6.5.6. Safety - The Home’s premises shall not be used for functions unrelated to the Home which compromise or have an adverse effect on the care of children / women. Considering the nature of the crime committed with respect to the victim, it is important that the shelter is well protected and gives access only to certain authorized individuals and after due scrutiny.

Under no circumstances the exploiters, their representatives, any other offenders, or persons detained under a criminal charge should get access to the victim placed in the shelter. Physical restrictions on normal movement within the home (e.g. stair gates or high handles on doors) are used only in relation to a child where the restriction has been agreed within their placement plan (and care plan if appropriate) and are used only where necessary to satisfactorily safeguard and promote that child’s welfare.

A rescued victim or a person seeking shelter must be placed in a safe and well provided shelter for an adequate period of time to facilitate all the other subsequent services for the victim. The safety/risk assessment in relation to the Home’s premises and grounds should be carried out, recorded in writing and regularly reviewed and shall precede the sanctioning of the license/permission for a premise as rehabilitation home.

Permission shall be granted by the competent authority after ensuring that the sources of danger to the victim residents are adequately identified and eliminated wherever possible. Where complete elimination of these dangers is not possible care shall be taken to work out a plan to minimize the effect of the danger and to handle the situation in case any danger befalls.
The safety/risk assessment in relation to victims’ known and likely activities, the potential for bullying and abuse within and outside of the Home and where applicable the impact of emergency admissions on the victims shall also be carried out, recorded in writing and regularly reviewed by the organizations running the Home in consultation with subject matter experts.

The rehabilitation home authority shall evolve a Crisis Management Plan (CMP) to address a range of foreseeable crises (e.g. death, outbreaks of illness, fires, serious allegations or complaints, significant accidents, staff shortage, and control problems within or outside the home).

The Home shall be insulated against indiscriminate access/entry of unauthorized individuals. Authorized individuals and other visitors shall be given access to the Home only after they undergo a proper scrutiny as well as make an entry into a register that includes the details of their identity, and an authorization letter or other evidence to prove the identity of the visitor and purpose of the visit.

6.5.7. Space - Each child shall have a separate single bed or his/her own area in a double or triple room of a suitable size, with a suitable bed and bedding, seating, storage for clothes, lockable or otherwise safe storage for personal possessions, a window with sufficient light for study and other work. Staff sleeping rooms shall not be part of communal living area (except in case of very young or sick children) but should be located close to the children bedrooms to respond to nighttime needs. There should be adequate open space for recreation and physical movement.

There should be adequate space for living and other purposes. There should be adequate privacy and open space for the children. The Home shall appoint staff only after adequate screening about the past record of the staff, ensuring that the staff has not shown any particular behavior in the past that could be a potent source of danger e.g. psychiatric disorders causing violence or self destructive behavior, is
not suffering from substance addiction/habit (including tobacco and alcohol), exhibits abusive behavior, offending or criminal behavior, etc. Full care shall be taken not to appoint any person habituated to dangerous drugs. Adequate numbers of toilets should be provided to ensure privacy.

6.5.8. Environment - The Home shall ensure complete cleanliness of the premises. A warm environment shall be evolved and nurtured in shelter homes and other places of service delivery which will reduce alienation and further a sense of belonging among the victims. Every victim shall be provided needs based, sustained, professionally designed and delivered services aimed at the overall psycho-social wellbeing specifically covering social case work, psychotherapeutic counseling, as well as psychiatric treatment with a scientific assessment preceding it and with an appropriate follow-up.

6.5.9. Bathrooms/Washing facilities - Bathrooms shall meet the needs of the residents in numbers and standards. It is suggested that there be one toilet for every 6 to 8 children and minor residents and per 4 to 6 adult victims. Bathrooms, toilets, showers are sited and designed to take account of the victim’s needs for privacy, dignity, safety and any special needs, and are readily accessible from the sleeping and recreation are of the home. Care staff should be able to open the doors to bathrooms, showers and toilets from the outside in case of emergency.

6.5.10. Nutrition - The Home shall ensure that the victims are provided with adequate nutrition. The Home shall ensure that a special diet is provided to pregnant and lactating victims and to those recommended for a special diet. The Home shall provide wholesome and clean food to the victims. The menu should preferably be decided and revised jointly by the victims and the management under the guidance of subject matter specialists such as physicians and nutritionists and within the framework laid down by them.
Chapter Six: Suggestions and Conclusion

The menu shall take into account the cultural, ethic and religious backgrounds of the victims. The Home shall ensure that the staff and victims, who are involved in preparing food, receive appropriate training and are properly supervised in safe food handling and hygiene. The Home shall ensure the regular supply of adequate clean and safe drinking water easily accessible to the victims. The Home shall ensure regular supply of adequate clean and safe water easily accessible to the victims for all other purposes such as washing, bathing, etc.

The Home shall ensure that professional medical advice and interventions are sought to eat and for those who overate or have other eating disorders. The Home shall ensure that the dining rooms and their furnishings are suitable for the numbers and needs of victims and staff. Food shall be prepared in a kitchen which conforms to adequate standards of hygiene. Separate dining space shall be maintained to provide meals within a specific time-frame. Food shall be stored in safe and hygiene spaces and away from cleaning agents and pesticides. The Home shall take care of the special diet/nutrition needs of babies/small children of victims.

6.5.11. Clothing - Victims shall be provided with clothes free of cost at least twice a year including two sets of school uniforms where applicable. They should be encouraged and enabled to choose their own clothes and personal requisites within a broader framework and have these needs fully met. Homes shall not impose a uniform on the resident victims in day to day living. Uniforms may enforced for special activities such as drill, schooling, sports, etc.,

6.5.12. Personal Appearance - No victim shall be forced to follow a common hair-style. Victims shall have freedom to maintain their own hair style. The authorities shall interfere, suggest to modify, and/or enforce that the victim give up any particular hair style, if it is assessed and recorded to be dangerous or unsuitable on grounds of health, hygiene, certain minimum standards of decency in public life or becoming a source of ill health or annoyance to the others residing in the same premises.
6.5.13. **Identity** - The victim shall be helped to obtain and preserve the necessary documents and other material parameters of establishing her/his identity such as birth certificate, domicile certificate, ration card and school leaving certificate. The Home shall attempt to establish the human parameters and referents of the identity of the victim such as the whereabouts of family members, community members, relatives, next of kin, in order to help the victim assert her/his rights, entitlements and redress her/his grievances.

6.5.14. **Access to Records** - Each Home shall make the adult victims aware that they can have access to their files. In case of minor victims the access will be given under supervision of a representative of/with a specific permission from the semi-judicial competent supervising body/constructed under the juvenile justice system.

6.5.15. **Reception/Orientation** - Each Home shall maintain a guide-book containing map, design, access to the Home as well as the purpose, procedure and policy of the Home. Each Home shall maintain a guidebook that describes how a child can secure access to an independent advocate and how to make a complaint. The staff of the Home and the visiting experts whose services are hired/used by the Home shall be familiar with the contents of the guidebook. Every resident victim shall be properly and elaborately oriented to the physical and managerial arrangements and procedures of the Home and the services provided therein.

Each Home shall have mainstreamed procedures for introducing the residents, the staff and the other resident children living there. The resident victim shall be oriented to the work expected of the staff. The Home shall attempt to allow the children and minor victims to bring in and keep with them their favorite soft toy, favorite books, and play items, except live pets and weaponry toys, etc. – under supervision. The procedures for leaving, covering both the planned and emergency departures, shall be made known to the victim residents.
6.5.16. Health - Each Home shall have facilities for periodic health check-ups by a registered medical practitioner, counselor and a clinical psychologist, referral to external medical experts, hospitals, facilities for hospitalization, and funds arrangements for preventive, curative, rehabilitative, therapeutic treatment and arrangements for environmental cleanliness and control of communicable diseases.

The Home shall provide adequate professional medical services, including physical and psychiatric services, in order to mitigate the residents’ sufferings and to promote integrated comprehensive health care. The psychologists’ health of the child victims as well as children of the women victims is endangered due to the circumstances of their exploitation. Psychological counseling services shall be provided on a part-time basis in health care centers.

The Homes shall take into account the fact that the victims of trafficking and other forms of violence often suffer from a serious damage to their self-image, self-confidence and self-identity and that the victim may adopt a faulty and self-destructive identity such as that of a criminal offender, or a fallen person. The Home shall work to help the victim to gain/regain a positive self identity. Each Home shall have a First Aid Kit/arrangements and staff trained to administer First Aid around the clock. The Home shall maintain and keep updating the contents of the First Aid Kit. The First Aid Kit shall be kept easily accessible to the staff and other professionals of the Home.

The Home shall install a system to immediately identify any tampering or damage to the Kit and shall replace/correct the Kit within 24 hours on noticing the damage or tampering. Each Home shall have arrangements for escorts and bystanders in case of hospitalization of its resident victims. The Home shall ensure that the health records shall be a part of the Personal File maintained for each victim. The report on the HIV status of the victim shall be maintained confidential.
6.5.17. Crisis Handling Training - The State shall evolve a crisis handling plan in consultation with legal and other subject matter experts as well as with the participation of the representatives of the Homes. Each Home shall keep a list of possible crises and the staff shall be trained in handling those crises.

6.5.18. Behavior Management and Discipline - Peer group discussions should be encouraged to raise issues affecting day to day living such as bullying, abusive language, fighting and sexual exploitation. Food deprivation, confinement or any form of physical punishment shall not be used as forms of punishment for the victims.

The Home shall ensure that the members of its staff respond positively to acceptable behavior and that where the behavior of the victim residents is regarded as unacceptable by staff, it is responded to by constructive, acceptable and known disciplinary measures approved by the competent authority. The Home shall evolve and mainstream a clear written policy, procedures and guidelines for its staff, comprising of a code of conduct setting out the permissible control, disciplinary and restraint measures and emphasizing the need to reinforce positive messages to the victim for the achievement of acceptable behavior. Measures of control and disciplinary measures shall be based on establishing positive relationships with the victims that are designed to help them. Such measures shall be fair and applied consistently. The Home shall encourage repatriation and restitution and reduce the likelihood of negative behavior becoming the focus of attention and subsequent disruption.

Any measures taken to respond to unacceptable behavior should be appropriate to the age, understanding and individual needs of the victim, for example taking into account that unacceptable or challenging behavior may be the result of unpleasant experiences, unfair treatment, illness, bullying, certain disabilities such as autism, or communication difficulties. Sanctions and physical restraint when inevitable shall not be excessive or unreasonable.
Physical restraint shall only be used to prevent likely injury to the victim concerned or to others, or likely serious damage to property. It shall not be used as a punishment, as a means to enforce compliance with instructions, or in response to challenging behavior which does not give rise to reasonable expectation of injury to someone or of serious damage to property. In case of the use of physical restraint on a minor by an adult, a record shall be kept in a separate bound and numbered book, which shall mention the name of the minor, the date, time and location, details of the behavior requiring use of restraint, the nature of the restraint used, the duration of the restraint, the name of the staff member(s) using restraint, the name(s) of any other staff, children/women or other persons present, the effectiveness and any consequences of the restraint, any injuries caused to or reported by the victim or any other person, and the signature of a person authorized by registered person to make the record.

6.5.19. Faith - Under no circumstances shall the dependence of the victim be used to transfer any particular faith system to the victim. The Home shall help the victim to identify the faith system she/he belongs to in case she/he express the need to know the same. The Home shall not make its services conditional upon the victim belonging to any particular faith system. The services of the Home shall not be traded against or be provided in exchange of the faith system of the victim. Children and minor victims shall be encouraged to select the faith system only after they become adults and cease to depend upon the Home for their care, protection or maintenance.

6.5.20. Addiction - The Home shall recognize the fact that the victims placed with them are often victims of multiple sexual offences and extreme insecurity and could have become, or been made by their exploiters, dependent on drugs ranging from nicotine to hard narcotics. The Home shall be equipped to handle the cases of such drug dependence or addiction among the victims. The Home shall make every attempt to offer required professional assistance to the victim to overcome the problem of drug dependence / addiction.
6.5.21. Recreation - Adequate recreation shall be regarded as a basic need and a right of the victim as well as an essential component in the healthy personality development of any person including the victim and not as a luxury service to be provided if and when affordable in terms of time and resources. Leisure interests and areas in which a victim has special talents or abilities are considered within the victim’s placement plan, and where applicable, at care planning meetings and reviews.

The Home shall ensure that there is a proper balance between free and controlled time in the structure of the day (taking into account the school; day for those homes that comprise schools). Free time activities shall reflect the choices of the victims and the victims shall be allowed to do nothing in particular at times. Leisure activities whether closely supervised or not shall take into account the safety of children at all times and where substantial or unusual hazards are involved, a recorded risk assessment shall be made in advance.

The Home shall ensure that the victims actively, regularly, and substantially participate in decision-making as regards cultural events, trips and outings, taking into consideration the best interest of the child, the professional opinion, the higher principles of care and support as well as the law of the land. The Home shall ensure that the victims have access to, and a choice in the selection of newspapers, books and magazines subject to their suitability and that children have access to suitable toys, music, books and games.

Consideration shall be given to the individual circumstances of children in watching videos and television and in using computer games and accessing the Internet. Videos, games and computer games may be watched/played only be children of the intended age range. No Home meant for residents below 18 years of age shall have any videos or games certified as suitable only for persons above 18 years. Systems and policies should be in place to safeguard children when computer
networking or on the Internet and also to prevent the home from becoming dominated by the use of television and computers.

6.5.22. Access to Victims - Access to victims must be under the supervision of the Child Welfare Committee or the Organization or any other competent authority dealing with the issues of women and/or children, of the area as the case may be. A Sociologist must accompany the victim whenever she leaves the place of safety.

6.5.23. Education - Education shall be regarded as a right of every individual in the Home. Every victim and their minor dependents shall be helped in every possible way to obtain formal education free of cost, which includes free supply of text books, uniforms, transport and scholarships to victims and their school going children. Victims and their minor dependents shall be provided with essential educational material and supportive educational services such as coaching, tuitions, supplementary education and special education in order to help them complete minimal formal education that, besides helping them develop their personality, can also qualify them to undertake appropriate vocational training, preferably as much as they can and wish to take for self-fulfillment. Where such education is not possible for certain unavoidable circumstances – as well as in addition to the formal education – life skills education shall be provided. Literacy classes may be introduced where formal education is not possible.

The Home shall maintain a file on the victims and their minor dependents containing their personal education plan setting out a record of their educational achievements, needs and aspirations. It should be encouraged that the schools are linguistically and structurally accessible and acceptable in terms of distance, physical accessibility, transport, etc., to the children and women. A play and learn approach for the traumatized children shall be introduced that covers play therapy based on the educational services so as to ensure the right to education of those victims. An adequate number of trained teachers shall be made available to ensure qualitative educational services for the victims.
Chapter Six: Suggestions and Conclusion

Every attempt shall be made to ensure early entry/re-entry of the suitable resident into the informal educational system. In the absence of a child resident’s parents, the staff of the Home shall attend the parents’ (guardians) meetings and such other school events which are normally expected to be attended by the parents of other children at the school. The staff will make a record in the file of the meetings and their outcome.

6.5.24. Life Skill Education - Besides general education, the Home shall provide to the victims and their minor dependents living in the Home life skills education as an integral part of the self-learning approach.

6.5.25. Empowerment - No victims shall be submitted to and every victim shall be protected against any unethical, illegal and uninformed medical testing for HIV/AIDS/STD as it violates their rights. The victim shall not be compelled to reveal the name of the father of her child for the purpose of the child’s admission into any schools or hostels. The victims shall not be compelled to produce the consent of the father of her child for the purpose of the child’s admission into any schools or hostels. The State should issue directives to the schools/hostels in this regard. The mother’s / one parent’s name shall be considered enough for admission of the child into any school or hostel. The name of every qualified woman victim shall be included in the electoral rolls and efforts shall be made to obtain electoral photo identity cards to help the women to exercise their franchise.

6.5.26. Medical Services - The Home shall provide adequate professional physical and psychiatric medical services free of charge to the resident. Psychological counseling services shall be provided at least on a part time basis in health care centers. Specialized centers of health shall be needs of palliative care for the victims suffering from terminal stages of HIV/AIDS.

The victims when place in the shelter home shall be provided with proper medical, psychological care and other necessary professional care including
handling of trauma with an assessment of the degree of trauma and a decision on the nature of counseling for the particular victim. The care staff helping professional and other functionaries shall be provided with orientation, sensitization and wherever possible specialized training.

6.5.27. Counseling Services - The Home shall recognize that counseling is a right of the victim and professional counseling services shall be made available at every stage, free of cost for the victims. The Home shall appoint on a regular/visiting basis, professionally qualified and experienced counselors for the assistance of the victims. Counseling services should be provided in such a manner that every victim has regular access to a trained counselor.

The nature and frequency of counseling support will depend on factors such as identifiable mental illness, extent of trauma experienced and emotional resilience of the victim. Specialized counseling shall be provided to victims with HIV/AIDS including pre-text, post-text and ongoing support. Psycho-social interventions shall be conducted in a private and confidential setting, and shall take into account the recipient’s language, culture, age, sex, ethnicity, class and religion.

6.5.28. Legal Assistance - The State / Home shall recognize that legal assistance is a right of the victim and shall ensure that the services of professional legal advisors are made available at every stage free of cost for the victims. The legal assistance shall be provided unconditionally and shall not be conditional to the victim’s willingness to serve as witness and thereby cooperate with the Home or the state or the police or any other authority which is concerned with the prosecution of the accused. Legal representation for the rescued victim must be with her voluntary and informed consent and in consultation with the support persons, if any.

6.5.29. Economic Rehabilitation - Each victim shall be equipped with knowledge, skills, an appropriate attitude and orientation required for her/his economic rehabilitation. An economic Rehabilitation plan shall be evolved for each
victim separately by taking into consideration the victim's individuality and strengths and weaknesses – by a group of experts from different disciplines. The victim shall have the right to choose her/his economic rehabilitation plan and shall be encouraged to participate in its evolution. Economic rehabilitation for each victim shall be documented /recorded in the personal file and shall be made accessible to the victim.

6.5.30. Vocational Training and Guidance - Vocational Training shall be preceded by vocational guidance. Vocational guidance shall be planned and carried out professionally. Vocational training is an important but only a partial requirement in the process of attaining the goal of economic rehabilitation training of victims shall aim at achieving skill levels sufficient for the victims to find either employment in competitive market situations or to start gainful self-employment.

6.5.31. Tracking Systems - State/Homes shall maintain all relevant details on the victims after the rescue process and deal with each victim on a case management basis. No rescued victim shall be sent back to the family without adequate assessment and without ensuring social acceptance and family support. Every home shall maintain a victim’s confidential and secure record. Every victim shall have the right to inquire about such personal records as appropriate. Each Home shall maintain a health file on each of the resident victims. Each Home shall carry out a complete health assessment of the victim within a week after admission.

6.5.32. Confidentiality - Complete confidentiality shall be maintained about the facial and other personal identity of the victim. This is valid at all stages from rescue to prosecution and social reintegration and thereafter. Every victim shall be helped to fully overcome any sense of guilt, complex, low self-image arising out of her special background of commercial sexual exploitation and trafficking. It is advisable to keep the background confidential and not to be revealed without the explicit and informed consent of the victim.
Therefore, follow up must be handled with due care not to expose the special background and identity of the victim, as in the absence of a matching change in social perception and a protective environment, such exposures might be used by holistic social elements to her distress. Case management records retained by the shelter/home/center shall be filed in a confidential and protected manner. The privacy and confidentiality of all resident victims and their children as regards their past, residency in the shelter or future situation shall be ensured by the shelter.

6.5.33. Repatriation - No rescued victim shall be sent back to the family without adequate assessment and without ensuring social acceptance and family support. State will ensure that repatriation is carried out depending on how safe and nurturing the family environment is for the victim. If and when the victim chooses to return to an abusive family situation, the State would need to intervene and repatriate the victim to an institution which can protect and care for the individual. Repatriation will be done after the stay in a shelter. States shall work out the details of the repatriation procedures and structure and mainstream them in order to facilitate the smooth and efficient repatriation of the victims and their dependent minors. The members of the professional and preferably) voluntary sector organizations who have had some helping interaction with the victim shall be represented in the process of repatriation. No rescued victim shall be back to the family without fully ensuring that the victim shall not be re-trafficked.

The victim being repatriated should be counseled and prepared to return to the country of origin after providing her with adequate medical and psycho-social care as well as after empowering her through basic life-skills so that she is able to be reintegrated in mainstream life. State will provide adequate financial assistance for meeting the needs of rescued victims during travel while repatriating them to their families or institutions in source areas.

State will also make adequate provision for dearness allowance for police escort or any other authorized escort during such travel. State will also reimburse
emergency expenses incurred by the police or other authorized escorts. The state will assign to an appropriate authority the responsibility of adequate follow-up. Repatriation should be done only with the consent of the victim. While making the decision about repatriation of the rescued victim, the informed consent of a trafficked person shall be sought by the appropriate authority.

6.5.34. Follow-up - Repatriation shall be facilitated by the country of residence by inducting the victim in a structured follow-up program which ensures.

1. Protection against re-trafficking and against commercial sexual exploitation
2. Protection against stigma and discrimination
3. Protection against any other exploitation.
4. Optional link with a variety of professional support systems
5. Confidentiality
6. Reorientation
7. Restoration of full citizenship rights
8. Livelihood option
9. Restoration of rights over parental, ancestral and community property and entitlements.

Monthly follow-up should be provided for the first six months and thereafter whenever required, to ensure that the victim receives adequate support and does not get re-trafficked. Adequate follow-up of the victim supervised by the child welfare committee or any other competent authority dealing with women/children along with the close cooperation of other recognized organizations should be mandatory for a period of three years after the victim has been repatriated.
6.5.35. Movement In and Out of Shelter - All efforts should be made to persuade and motivate victims of trafficking and other forms of violence to be integrated and rehabilitated in society to lead a dignified life. State shall ensure that no rescued victim is sent back to the family without ensuring social acceptance and family support to the victim in order to prevent re-trafficking and further commercial sexual exploitation. State, in collaboration with appropriate government or non-governmental organizations should provide entrepreneurship development training which will include skills, knowledge, and resources, marketing skills and micro-credit at district level.

Each victim who leaves the home including those who complete the process of economic rehabilitation shall be equipped with knowledge, instruments and mechanisms, confidence, art and skills of reverting to the home or any other source of professional care and support when in need of the same. Upon discharge, each victim shall be provided with her educational records, medical records, legal documents and other means such as savings and personal belongings. The home shall conduct outreach/support activities or shall oversee the delegation of those activities to other organizations or individuals in accordance with the reintegration plan. Outreach/support activities shall be conducted only with the consent of the victims. Outreach/support activities shall include counseling support visits to assist in counseling upon reintegration to the victims/family/relatives and local community people. In trafficking cases where the entry of the victim in the rescue home is very late there is need to extend the protective cover of residential services for a longer period. Some protective cover for the rescued person shall continue even after reintegration through drop-in-centres, and after-care-homes.

6.5.36. Linkage with Support Systems - Every victim shall be gradually, systematically and professionally linked to a variety of support systems and given the skill and confidence to avail her self of these systems. Considering the fact that ups and downs are inevitable in any person’s life, provision shall be made to offer
support services for use by the victim even after a certain degree of rehabilitation and social reintegration.

These services shall not create any obstacle in the reintegration process by revealing the identity of the victim. This will be achieved by setting up drop-in-centers and follow-up activities as well as by building up confidence among the victims to make use of those support services when required. Positive intervention of the state may end with social reintegration. Thereafter the trafficked and rehabilitated person should be able, in case of need, to fall back on a support system established jointly by the government and voluntary sector organizations for that purpose.

6.5.37. Adequacy in Quality - The home shall have adequately professionally qualified staff with experience preferably of working with victims of organized crime, sexual offences and trafficking.

6.5.38. Quality in Performance - The home shall ensure that professionalism is exhibited by the duly trained staff in their work while dealing with the victims.

6.5.39. Participation - The home shall encourage the participation of the staff in the management of the home.

6.5.40. Transparency - Each home shall strive to build transparency in its functioning. State shall ensure that no home is allowed to function in a secret manner. State shall work to bring in a minimum level of transparency in each home.

6.5.41. Selection - The home shall select its staff through a rigorous, professional and transparent process of selection.

6.5.42. Gender - No male shall be appointed on the staff except in cases where the staff has little scope to interact or have access to female victims unless specifically
asked to do so (security personnel at the gate, occasionally hired handymen, etc.,) rehabilitation homes meant for women and girls shall have a female superintendent and shall not have a male superintendent. The superintendent shall stay on the premises of the home.

6.5.43. Management/Resources - The homes shall introduce professionalism in their management practices.

6.5.44. In-service Training - Regardless of the selection and appointment of trained staff the home shall have its staff, particularly those who are directly engaged in service delivery and thus come in contact with the victims, re-trained periodically.

6.5.45. Orientation - Every member of the staff shall be oriented to the problem of commercial sexual exploitation and trafficking and the psychosocial situation of the victims as well as the protocols, conventions, legal provisions, rules and regulations at the time of posting. The staff so oriented shall be administered a brief test in order to ensure that she/he has understood the special requirements and do’s and don’ts of working in the home with the victims.

6.5.46. Complaints Procedure - The home shall evolve and mainstream a rational procedure of registering victims’ complaints about the managerial and other aspects complaints shall be periodically made available to the external monitoring/steering committee. The home shall ensure that the right of the victims to complain to the highest authority shall be carefully guarded. Each home shall evolve and maintain a confidential complaints procedure.

Each home shall notify legal authorities and legal guardians in cases of accidents, deaths or runaways. Each home shall introduce and protect mechanisms for prompt and sure reporting of incidences of bullying, physical and sexual exploitation or harassment, injury, physical or verbal abuse, of the victim. Home staff shall be trained to deal with and share information which they are given in
confidence for victim protection purposes. Every complaint shall be addressed without delay and the complaint is to be kept informed of the progress of action taken by the authority on her complaint.

6.5.47. Accountability - State shall periodically remind the home authorities about the legal and other accountability of the homes towards the victims.

6.5.48. Monitoring - Every care and support activity run by the state shall be monitored closely and reviewed periodically. Each member of the staff should be familiar with the standards of service and behavior which they are required to meet. This should be a working document readily available and accessed by all staff. These quality standards shall be used while undertaking supervision and performance appraisal or for assessing staff performance. The standards should be regularly discussed at staff meetings and a shared assessment be made about the extent to which good practices are being achieved and area for development of the service.

Standards should be regularly reviewed at a senior management level in the organization in order to assess the strengths of services provided to victims, any resource gaps and areas for training and professional development. Communication and action at all level regarding the monitoring and review of standards of victim's care should serve to ensure that adherence to the relevant United Nations conventions/instruments is a demonstrable reality for all victims. The staff of the home shall be adequately gender sensitized prior to being posted in the home and shall undergo periodical in-service training for gender sensitivity.

The victims shall be trained and retrained in first aid. The home shall have its staff trained in first aid. The trained staff shall be re-trained periodically to ensure proper and efficient application of first-aid. The home shall ensure that the victims are encouraged to meet staff regularly, individually or in groups, to discuss the general running of the home, to plan activities and to make their views known.
6.5.49. Adequacy in Number - The home shall have an adequate number of staff to run the services. State-run homes should be subjected to a co-management system with a larger participation of representatives of voluntary organizations who have a long and sound track record for working for the rights and development of disadvantaged women and children. The representatives should be sought from the voluntary organizations that have direct interest in the victim in any one or more of the process such as rescue, post-rescue, rehabilitation, repatriation and reintegration.

6.6. Methods of Implementation

Given the range of issues associated with street children and principles of good practice a number of areas of work can be identified within three broad categories: prevention; interventions on the street; and helping children move on from situations of risk, abuse, or exploitation.

6.6.1. Prevention strategies cover a wide area, including public awareness raising, capacity building, and financial or other support to poor families to enable their children to stay at home. Strategies need to be linked to harm reduction so that children are better equipped to make informed decisions about their own best interests. Peer education has proven a particularly effective means of raising awareness about child rights, as well as the threats confronting children.

Public discussion about the core principles of child rights and information about trafficking mechanisms similarly can help reduce the incidence of trafficking as well as other situations of abuse or exploitation. In addition to work with children, prevention methods require work with adults at all levels, including families, communities, community leaders, teachers, police and the judiciary, and other government institutions. Increased knowledge of children’s rights is an important starting point, but the work also must include information about the reality of life in cities, including the risk of trafficking.
Prevention can require behavioral changes regarding, for example, parenting styles and support for children to stay in school—which may require changes to the education system and schools so that children are able to attend, want to attend, and find schooling both enjoyable and useful. In many developing countries in the region, this might mean more flexible school calendars to allow children to assist their families during planting or harvesting seasons—a broadening of the current notion of “child-friendly schools.”

6.6.2. **Interventions on the Street** establishing and maintaining contact with street children is the starting point for interventions. An immediate removal from the street might not be in the best interests of the child. Harm reduction and child protection are twin basic strategies that can be applied. For example, it may not be possible to stop street children from having sex or being involved in sex work in the short term, but the associated risks can be reduced easily through appropriate counseling (including by peer educators). The same can be done with substance use, where harm reduction involves knowledge about the effects of drugs and promoting their safe (or safer) use as a means of aiding street children’s survival and potential future development.

6.6.3. **Children’s Rights** to health care and education can be addressed by taking into account their current circumstances and offering service provision on the street or in close proximity to where they live and work, and at times and in places which are accessible to street children. This might entail “street work” methods including both outreach and detached teams making direct contact with street children. Work in street situations also might include helping and supporting the development of children’s own organizations.

6.6.4. **Whereas Outreach Work** generally involves teams of staff operating from drop-in centers and shelters, detached work takes provision such as healthcare and education to children where they are on the street. While outreach workers may
work with children on the street, they also offer possibilities for the use of other facilities, including residential accommodation.

Efforts also are required to address the needs and rights of children in sensitive or generally invisible areas, such as domestic servants or commercial sex workers. Principles of protection and harm reduction must be involved where “rescue” is not possible or would lead to children shifting to even worse circumstances or more exploitative situations. Encouraging children to help decide what is in their own best interests is essential.

6.6.5. **In Order to Establish Contact** and make service provision available, drop-in centers need to be open at appropriate times for children, respecting their working day and lives. The same tenet of accessibility applies to both outreach and detached work.

6.6.6. **Part of Street Work**, either through detached teams or drop-in centers, includes ensuring that children have the opportunity to access available services including medical and hospital services; training and education including literacy, numeracy, and vocational skills; legal aid and advice; and refuges at times of risk or danger.

6.6.7. **Leaving the Street and Moving** on in order for children to successfully move on from the street they need to be involved in decision making about the opportunities available to them. Returning to their families often requires more than transport, and may entail some preparation of children and family, as well as support for reintegration into families and communities. “Moving on” expresses both physical and emotional progress, and encompasses a range of processes and possible destinations, with some consideration given to the child’s best interests for the future.
Several steps may be required in the process of “moving on” including provision of temporary accommodation when children are not able to return to families, or alternative care, such as foster families. For older children who may be moving on to independent life, considerable preparation may be required through appropriate training to enable them to earn a living off the street. An important principle is that such vocational or skills training are realistic, given economic and work opportunities actually available in a particular country or setting.

In the process of moving on, shelters for street children are a widespread component of practice, based on the notion (mostly by adults) of returning children to settled life. Shelters should involve children in their design and daily operation. Shelters need to be appropriate to the local economic conditions in order that they do not attract additional children, or that parents might send their children to such shelters as a way of providing their children with education or healthcare, or simply to relieve the costs of care. That shelter can provide better conditions than ordinary home life is one reason why other causal factors need to be addressed, such as support for poor families to be able to keep and provide for their children at home. In addition, shelters need to avoid the “institutionalization” of children, which reduces their competency and compromises their opportunities for future independence. This can be done by setting minimum standards, and children’s participation in the organization and day-to-day running of shelters or any residential care.

Shelters must not be seen as final “ends” for children but rather part of a longer process of moving on, which means also moving back into community life. Children and young people who have been away from communities, or enter new places but whose past is known are often stigmatized because of real or perceived involvement in sex work. Again, principles of participation are important, with the recognition that it may be difficult for some children to be off the street. Forcing or coercing children to live in residential or other accommodation often fails.
6.6.8. **General** the question of support to families is linked to prevention and to antipoverty initiatives. These might work on two levels, individual development and social-structural change. A discussion of antipoverty initiatives is beyond the scope of this paper, but clearly includes the use of vocational or skills training to enable children and families to generate income on the one hand, and links into broader structural concerns such as the use of taxes, anticorruption initiatives, and issues of good governance on the other. Other elements include capacity building on children’s rights, on child protection issues, and on how to work with children. Other, more general, needs are coordination of services, the establishment of standards, the implementation of existing legislation, and the promulgation of new child protection laws that are more in accordance with the CRC.

There are many crosscutting elements to the principles for intervention. The development of reflective practice, that is analyzing development and current activities in the context of the environment, means that some attention must be paid to current, urgent issues, such as HIV/AIDS.

Finally, research is an important part of practice, particularly when used to establish baselines against which the impact of an intervention can be measured. Research also is fundamental in better understanding the lives of street children and in designing appropriate interventions.

The involvement of children in research activities increasingly is regarded as fundamental, although in some countries such practice is still comparatively new. Whereas merely asking children questions is seen as innovative in some countries, in others it is taken for granted that child input can guide or inform all aspects of the research process, and that children may be able to assist in conducting research.

### 6.7. Basic Areas of Practice

The intervention of street children in the social work context is explained below in the form of the diagram below – as to how they can be prevented and what
Chapter Six: Suggestions and Conclusion

type of activities/interventions could be made at the street, and how they could be linked to vocational trainings, empowering them to stand own their own feet, enabling them to accept the past experience and to continue to move on in life, exploring their dreams and taking necessary actions with the help of Government, NGOs. Social workers and other adults around them.
Chapter Six: Suggestions and Conclusion

Figure 6.26: Street Children—Basic Areas of Practice

- participation
- research
- monitoring and evaluation
- training of staff
- partnerships
- law
- advocacy and awareness raising

General

- protection
- standard setting
- capacity building of organizations
- multi sectoral working
- coordination and regulation
- budgets

Prevention

- family violence and abuse
- poverty reduction
- schools
- community awareness
- anti trafficking
- sex tourism
- transport
- life skills
- substance abuse
- reproductive health
- HIV/AIDS

Street activities

- street work
- outreach
- detached
- legal aid and advice
- identity papers
- education
- health
- peer education
- drop-in centers
- services for children in conflict with the law
- HIV/AIDS
- drugs and substance abuse, harm reduction
- help lines

Moving on

- vocational training
- resettlement

- shelters (and child protection)
- reintegration with families and communities

Participation and Children's Own Organizations

- organizational support, facilitation of child participation
6.8. Model of Psycho Social Intervention

Given below are some of the models of psychosocial interventions in rehabilitation homes, wherein children need to be attended to specifically in terms of looking at some of their habits like drug addiction, smoking, alcohol and other habits of chewing gutkas and usage of whiteners. Also to empower children individually, journeying along with them in companionship, referring them to school so that they are back to education, and appropriate time after ensuring the safety, could be repatriated back home and even can be sent to job skill training (Gobierno De Chile, 2008).

MODEL OF PSYCHOSOCIAL INTERVENTIONS

STAGES OF THE INTERVENTION

INITIAL APPROACH
(street intervention, connection...)

PROFILE DIAGNOSTIC OF THE POPULATION (levels of complexity)

INDIVIDUAL PSYCHOSOCIAL DIAGNOSTIC (the subject and their peers, family and environment)

INDIVIDUAL SERVICE PLAN (the subject and their peers, family and environment)

PSYCHOSOCIAL INTERVENTION PROCESS:
Action Items

- Individual companionship
- Socio-educational activities
- Getting back in school
- Drug treatment
- Individual companionship
- Integration into the community
- Job skills training
- Family

SEGIMIENTO

EGRESO (evaluación Indicadores de Logros)

TRANSVERSAL AXES OF THE INTERVENTION

Connection

Socio-emotional and adolescent development

Address drug abuse

Social integration

Family

Reparations

Community environment and network

Figure 6.27: Model of Psychosocial Interventions

239
Chapter Six: Suggestions and Conclusion

This model suggests that a rehabilitation home should first approach children in street child establish rapport with them. Secondly, prepare profile of the children diagnostically. Thirdly, psychosocial diagnostic should be carried out to prepare thoroughly cases of children. Fourthly, individual session plan including intervention to be developed. Lastly, implement them intervention in the form of adjust with self realization, school, treatment intervention, family rejoining, vocational training and community integration.

6.9. Monitoring Tool for Rehabilitation Homes

Using the monitoring tool: Quarterly evaluation include internal and external evaluations along with goal setting. Internal evaluations are done by rehabilitation homes heads (Aangan, DWCD, Maharastra, 2007).

i. Criteria applicable to rehabilitation homes.
ii. Use separate monitoring tools to evaluation boys and girls rehabilitations, even if they are within the same campus.
iii. External evaluations are required to use following systems for a through vigilance.
   i. Surprise visits
   ii. Group discussions with children
   iii. Individual discussions with children
   iv. Discussions with staff at all levels
   v. Through round of rehabilitation homes with visits into living space, toilets, kitchens
   vi. Checking documentation records like files, receipts, registers
   vii. Before group or individual discussions with children please ensure privacy, reassure children and maintain complete confidentiality
### TABLE 6.35: SUMMARY OF EVALUATIONS

<table>
<thead>
<tr>
<th>Evaluation 1</th>
<th>Evaluation 2</th>
<th>Evaluation 3</th>
<th>Evaluation 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>Name and Signature</strong></td>
<td><strong>Total</strong></td>
<td><strong>Name and Signature</strong></td>
</tr>
<tr>
<td>Internal evaluation by Head of rehabilitation home</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External evaluation by others</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_/ = 1 mark \( \neq \) X = 0 / = ½ mark

### TABLE 6.36: BASIC AMENITIES & INFRASTRUCTURE OF REHABILITATION HOMES

<table>
<thead>
<tr>
<th>S No</th>
<th>Criteria</th>
<th>Evaluation 1</th>
<th>Evaluation 2</th>
<th>Evaluation 3</th>
<th>Evaluation 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>1</td>
<td>Separate planning, programmes and supervision for different populations (as per gender, age profiles)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Separation at bed time as per age (Infants / children / youth)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Daily cleaning of living area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Adequate windows, fans, lights and ventilation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Sufficient bedding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Sufficient clothing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Pest control measures once in 3 months, noted in register &amp; receipts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Care taker to child ratio (1:20)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Toilets &amp; bathrooms with working taps, buckets &amp; mugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Regular cleaning of toilets with assigned personnel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Doors to toilets and bathrooms for reasons of privacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clean and hygienic kitchen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Four well times meals per days</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Nutritious &amp; balanced food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Weekly food plan made by cook</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Special meals for holidays and ill children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Safe &amp; drinking water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Separate sick room used appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Medical check up</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Quarterly medical check up recorded, case files maintained</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Staff assigned to deal with illness, maintain sickroom, known and accessible to children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Adequate networking with local health partners at closed by hospitals or NGO’s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Cheerfully child-friendly appearance of home and living space</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Education facilities, equipped with black board, stationary, books etc.,</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Adequate play space, recreational facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TABLE 6.37: CHILD INTERACTION IN REHABILITATION HOMES

<table>
<thead>
<tr>
<th>S No</th>
<th>Criteria</th>
<th>Evaluation 1</th>
<th></th>
<th>Evaluation 2</th>
<th></th>
<th>Evaluation 3</th>
<th></th>
<th>Evaluation 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New admissions meet Care taker / mentors</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>2</td>
<td>New admission given through orientation about RH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Children are briefed about duties, chores and rotation system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Repatriation steps and efforts for each child to be systemized, documented, children to be given feedback</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Maintain dairy / calendar about meetings with children and ensures that individual meetings with each child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Regular meets with new children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Discuss care plan, motivating child to participate in education, vocation, counseling, health and other programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Attempts to runaways are counseled after they come back to the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Complaint box present, used and measures taken documented</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Children are aware of their rights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Staff approachable / accessible to children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>TV, News paper, discussion time allotted, staff discuss current issues with the children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Substance abuse intervention for those children who require it</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Regular staff meetings and staff participation in decision making</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
15 Director / Board members participation in decision making, guiding, resolving problems

16 Interaction and team work among staff reflects complete clarity of each ones role

| Total |

**TABLE 6.38: ADJUSTMENT IN REHABILITATION HOMES**

<table>
<thead>
<tr>
<th>S No</th>
<th>Criteria</th>
<th>Evaluation 1</th>
<th>Evaluation 2</th>
<th>Evaluation 3</th>
<th>Evaluation 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>1</td>
<td>Full self-confidence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Care taker provide sufficient food</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Social adjustment motivating child to adjust in school</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Adjustment regular attendance in school / vocation training</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Adjustment with in the home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Adjustment with peers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Adjustment with home facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Adjustment with their parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## TABLE 6.39: SATISFACTION WITH ACTIVITIES AT REHABILITATION HOMES

<table>
<thead>
<tr>
<th>S. No</th>
<th>Criteria</th>
<th>Evaluation 1</th>
<th>Evaluation 2</th>
<th>Evaluation 3</th>
<th>Evaluation 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Daily schedule displayed and implemented</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>2</td>
<td>Children’s committees appointed and functional</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>3</td>
<td>Children’s chores planned in groups and rotated</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>4</td>
<td>Children’s education level assessed by teacher, noted in case profile</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>5</td>
<td>NFE / Bridge course for those who cannot attend formal school</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>6</td>
<td>Vocational training for children who are 15 years and above</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>7</td>
<td>Job placement efforts for children leaving homes above 18 years</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>8</td>
<td>Regular individual interaction between child and care taker</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>9</td>
<td>Accessible psychologist</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>10</td>
<td>Recreational plan made on weekly &amp; monthly</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>11</td>
<td>Picnics, celebrations of national festivals, cultural programmes organized</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>12</td>
<td>Visitors day/time allotted</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>13</td>
<td>Capacity building needs of staff identified and discussed</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>14</td>
<td>Quarterly training programmes for staff members</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td>15</td>
<td>Orientation, conversation workshops / sessions on the rights of the child</td>
<td>In</td>
<td>Ex</td>
<td>In</td>
<td>Ex</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter Six: Suggestions and Conclusion

6.10. Recommendations

The problem of abandonment is inevitable in the Indian context under the socio-economic turmoil. The problem, however, can be minimized simply by proper organization and implementation of programmes already in existence.

1. Stress should be given to strengthen supportive services to the family, and on the psycho-social environment necessary for the physical, mental and emotional development of young children.

2. Care takers need to be held more accountable regarding record keeping for children in the Rehabilitation homes. Often care takers quote figures of the number of children within homes but are unable to produce further background information on all of them.

3. All children should be questioned thoroughly (if they are of sound mind and at the age of understanding) upon entry into a home so that what is recalled about the home could be properly documented. It would seem that a lot of the children can provide information that can be recorded in their files.

4. Care givers in homes should be allowed to and make it their duty to familiarize themselves with each child’s case.

5. Institutions should all have medically trained personnel on staff.

6. First Aid boxes should always be well stocked according to health standards and regulations.

7. NGOs should stipulate that care takers make weekly reports on children so as to keep track of all developments.

8. Written rules should be posted in all institutions for children and staff to follow.
9. Care takers should keep a log book that can be easily updated by all visitors providing their reasons for visiting the homes, contact information and their relation to the child visited. This may serve as future reference not only for the administration but for the children themselves especially in cases of abandonment.

10. Criteria needed to be drawn up for care takers by NGOs to decide what needs to be assessed before children can be considered candidates for reintegration into the homes or go for holidays. This is to facilitate all care takers making decisions based on the same criteria.

11. Adequate recreational facilities should be a standard requirement of homes.

12. Institutions must ensure that children with disabilities are sent to schools that will cater to their needs and refer to special institutions.

13. Institutions that house children with special needs should have the necessary staff trained to deal with these needs.

14. Institutions should screen donated food as there is no idea as to the hygiene standards under which it is prepared.

15. Institutions need to ensure that each child has his/her own bed space.

16. It should be a standard requirement of homes to have children of school age enrolled in the requisite home of learning as it was found at some institutions that children of school age were not attending school and it would seem that adequate efforts were not being made by that institutions.

17. Care takers should ensure that the inside and surrounding area of the rehabilitation homes is kept clean.
18. Children in institutions need to have stipulated times for everything, especially bedtimes. It seemed that children in some institutions were allowed to go to sleep when they pleased.

19. There should be strict guidelines for care givers to ensure proper personal hygiene practices are kept by the children within the various institutions. For example; regular change of clothing, brushing of teeth, bathing etc. As it was found at one home visited in two consecutive days children seemed to have been in the same clothes from the previous day.

20. Each institution should have some form of transportation at their disposal as this is no longer a luxury but a convenience especially in cases of emergency.

21. Institutions that are overcrowded need to be downsized. There are other institutions that are not crowded and can accommodate more children.

22. Administrators of children’s institutions need to network with each other either by monthly or quarterly statutory meeting or whatever other suitable medium. This can help with the issue of overcrowding and excess of clothes and goods donated to be properly distributed.

23. Every institution for children needs to develop care plans for each child.

24. Every institution for children needs an assigned Sociologist or child psychology specialist.

6.11. Conclusion

The information collected in this rapid assessment has produced important finding for the planning and programming of both institutions and the NGO rehabilitation homes for children. The relationship between these two entities needs to be improved considerably to ensure the best test of the child.
The future of street children the literature review and the conclusions of the study, a variety of suggestions regarding practical ways of helping street children. Some stress issues regarding accommodation and education. Some suggestions that outreach work should be emphasized with a need to establish relationships with street children before anything else is attempted.

Even before a child is admitted into an institution, Sociologists have a duty to ensure that all options for the child have been explored and institutionalization is indeed the last resort. In some cases increased Sociological at the family level can prevent children from becoming separated from their families and put into institutions. Institutions too need to improve their gate-keeping techniques. One way of doing this is to ensure that all children who are admitted into institutions are done so through the NGOs, at present this is only done consistently by 60% of institutions. This would ensure that some investigation is done into the background of the child to see what the problem is and whether Sociological can be done with the family to enable them to take back the child. Additionally, NGOs Sociologists must take on board all the cases of children in institutional care. The institutions themselves clearly do not have the capacity to carry out all family investigations, Sociological and counseling.

The reintegration of the child is another responsibility of the NGOs Sociologists. This should be done after careful investigation into the family environment and an analysis of necessary additional support to the family. Most families Interviewed stated that they wanted their children to return (65%) and most children also stated that they wanted to go home, however, due to conditions at home or conditions of parents, institutions can be reluctant to let the child go home.

This situation can only be remedied when all sides (especially the child) are convinced that it is safe and secure to return home. Indeed if it is possible for families to receive some support to care for children then many children who are presently assisted in institutions could be assisted right at home instead.
Chapter Six: Suggestions and Conclusion

When considering reintegration of children into homes it is also worth looking at vocational and skill improvement programmes that could assist families to care for the future of their child. Needs of families vary widely and while some families require only more intensive Sociological and monitoring, other families may require provision of some resources for a given time to assist in child care. Others still may require assistance with child supervision (in the form of day care or other options) and other families would benefit from cash transfers. All these programmes should be carried out with a long term perspective and looking at improving economic and sustainable livelihoods for poor families.

The partnership between the NGOs and Govt. institutions should also ensure that all children have accurate, complete and up to date case records and where needed, additional investigation should be done to find out about the child’s history and background. Where possible, contact between the child and the family should be encouraged and children should be able to keep mementos from home if so desired.

While all should be done to ensure institutionalization is the last resort option for a child and all should be done to reintegrate children back home where possible, it is true that institutions provide a very valuable and necessary service. At present it is the only option for children who cannot stay at home and as such is considered very important. However, institutions themselves can and should improve the standards by which they work which include both the physical and operational.

The finding point to some shortcomings in the standards of institutions. Most notably in the area of safety and security where 60% of institutions had no fire escapes and 70% had no fire extinguishers. Given the fact that some houses are entirely made of wood, the very real danger that fire poses to children should be taken seriously. It is recommended that these homes put in the necessary features for the safety of the children.
Basic facilities for children need improving too. Over-crowding in institutions has decreased the number of accessible facilities for children who contributes to an unhealthy and unhygienic environment e.g. 20% of institutions had 1:13 toilets to children. The recommendation here would be as a priority to decrease the number of children in institutions through reintegration (where possible) allowing the improvement of conditions.

Due to over-crowding of institutions and lack of care staff, children do not get the individual attention they require e.g. institutions that have a ratio of 1:20 or 1:30 staff to children. The recommendation here is again to look at decreasing the number of children in the institution (where possible) through more aggressive Sociological so that staff are not overwhelmed and those children remaining can have more individualized attention.

While standards obviously need to be improved, these improvements must come hand in hand with sufficient Sociological to divert children from institutional care where possible and to reintegrate those who can go back home. This would release up space in the institutions for those children who really have no place to go and who really need the services provided by institutions. The fear is that if insufficient Sociological is done, while standards rise and conditions improve, institutions will become all the more over-crowded and overwhelmed. The NGOs while instituting standards should also assist in their improvement including provision of necessary social work.

Further areas of attention needed for children residing in institutions include looking more closely at the participation of children in regular decision making and in planning their future. More attention also needs to be given to those children who are infected or affected by HIV/AIDS. Presently stigma and discrimination may drive institutions to refuse children who are infected or affected. This means that these children are placed in only a select few institutions; this increases the discrimination against them as they may be seen as standing out from the other children.
Those institutions that care for children infected or affected need to seek assistance so that all children can have access to the necessary services. Staff of institutions needs to develop non discriminatory attitudes regarding HIV/AIDS. Even if the prevalence rate in Guyana drops, the number of children infected or affected will continue to increase for a time. The NGOs and the institutions need to be prepared.

A key factor in improving services for migrant street children is to prepare Interested, motivated, dedicated, caring, and competent staff and volunteers. These individuals can help improve the physical, emotional, and psychological status of the street children, in addition to channeling their positive energies towards constructive endeavors. An important segment of teacher training should be focused on creating an enlightened and humane society.

Educators of street children will need professional development that provides strategies to meet the diverse needs of the unique population they serve. Beyond academic instruction, teacher training should stress application of knowledge learned through practical field experiences in informal education programs to ensure sensitivity to migrant street children, and practice in advocacy. Also, curricula for pre service teachers should be less rigidly structured--more open to change and less concerned with content. More emphasis should be placed upon problem-solving processes and on the appropriateness of applying solutions in practical, ethical, and social terms.

A team-teaching approach is essential to the success of educating migrant street children in informal education programs. Teachers need to collaborate on meeting basic academic goals and objectives, providing social services, and offering vocational training with love and care. Professionals must understand that no single discipline or individual can provide the full range of services needed. Ensuring the successful integration of these components implies collaboration among service
providers from various disciplines such as teachers, Sociologists, and vocational trainers, and from companies that provide training.

An ongoing curriculum that meets the diverse needs of students, who will transition from informal to formal education, or from informal education into the workforce, must be planned in a timely manner. To minimize any stress that these changes may cause, teachers should begin preparing the students at least six months before the actual transition. In planning for transition, teachers should identify skills needed in the future environment and ensure their inclusion in the curriculum.

6.12. Implication for Future Research

Some of the empirical results of this study are encouraging. Therefore, future research may be directed at constructive replications of the results using various research designs and setting. Some of the research implications are as follows.

Firstly, future research should focus on the replication of the results presented in this study for the robustness of the variables and their relationships before designing the services and facilities in the homes.

Secondly, there is a need for exploring the effectiveness of the services provided by the rehabilitation homes in the twin cities on one hand and examining the relationships between psychosocial variables of the children and the effectiveness of the home. This kind of research will enable Homes to design interactions with an aim to improve personal effectiveness of the children and the organizational effectiveness of the rehabilitation homes.

Thirdly, new psychosocial variables besides the ones studied in this research should be explored. For examples, interpersonal relations and interpersonal conflicts among these children need to be studied since; Rescue and Rehabilitation builds
and sustains relationships among the children. Exclusive research on the children’s’ attitudes towards self, life, homosexuality, heterosexuality, society and future needs to be studied since, all such attitudes would influence their adjustment and their efforts to learn new patterns of life beneficial for their self-sustenance.

Fourthly, there is a need to understand how these children inculcate certain bad habits like drug abuse, alcoholism, Tobacco usage, theft, pick pocketing, child abuse etc. These aspects of street children would influence their attitudes, adjustment and so on. Therefore, there is a need to study them in the natural setting which is outside the rehabilitation home. When such children were admitted into these homes, how would such factors interplay in their lives at home? There is a need to understand such variables.

Fifthly, there is a need to understand the preconditions for the design of Sociological intervention for these children. Therefore, there is a need to understand how these interventions are designed, theoretical perspectives of the intervention, and the efficacy of the intervention using pre-and post experimental designs.

Lastly, there is a need to understand how the institutionalized and non-institutionalized children interact with each other and how they are adjusted, besides how they are relating to each other on one hand and with the society on the other. This way, the children, two categories, will provide information on interactional and adjust mental patterns and their attitudes of varied nature.