

AFTERCARE CARE MODEL



MODELS OF CARE





Aftercare Model

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ACKNOWLEDGEMENT

Dear Users of our Knowledge Products,

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

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

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

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

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

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

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

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

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

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

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Abbreviations

AH – Aftercare Homes

CCI – Child Care Institutions

CCL – Child in conflict with law

CH – Children’s Home

CNCP – Child in need of care and protection

CSE – Commercial Sexual Exploitation and

CSE&T Commercial Sexual Exploitation & Trafficking

CSEC - Commercial Sexual Exploitation of Children

CBO – Community Based Organisation

CSO – Civil Society Organisation

CTE – Career and Technical Education

CWC – Child Welfare Committee

DCPU – District Child Protection Unit

DLSA – District Legal Services Authority

GH – Group Homes

GH-EA – Group Home-Externally Assisted

ICP - Individual Care Plan

ICPS - Integrated Child Protection Scheme

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

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

NIOS – National Institute of Open Schooling

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

POCSOA – Protection of Children from Sexual Offences Act, 2012

PTSD – Post Traumatic Stress Disorder

SH – Shelter Home

SIR – Social Investigation Report

UNCRC – United Nations Convention on the Rights of the Child

VET – Vocational Education and Training



INTRODUCTION

In India and most civilized countries, a child is defined as a person below 18 years of age. While the legal definition of a 'child' still varies across different laws, the adoption of the United Nations' Convention on the Rights of the Child 1989 (UNCRC 1989) has now prompted a global process of universalizing and streamlining this definition in domestic laws.

Once a child completes 18 years of age, they cease to be a minor and become an adult—whether living with their family or in the protective custody of the State. This age is significant for two reasons. One, it marks the end of the State's responsibility, authority, and rights to care for the child, as per the principle of *parens patriae*. Two, the adult, now, possesses a different set of rights and is expected to assume more responsibility and learn to make their decisions more independently.

Prerana has observed that many individuals, especially victims of trafficking, want to start an independent life once they turn 18. However, for those who have been in a Child Care Institution (CCI), or an authoritative and non-participatory set-up, this transition may not always be easy. For instance, young girls who have been victims of trafficking may grow up with a sense of a lack of agency because their life decisions are usually controlled by other adults, often contradicting their own needs. Moreover, even after completing 18 years of age, many are in the phase of completing formal education or vocational training and may need upskilling to become financially self-reliant. Finally, older children, who are rescued from commercial sexual exploitation (CSE) around the ages of 16 and 17 years only benefit from institutionalized care and protection for a while. There is also very little time to adequately assess their needs and evolve an appropriate rehabilitation and social reintegration plan for them. In some cases, children experience chronic trauma and require therapy, which can take anywhere between 6 months to a year. Thus, even after completing 18 years of age and leaving a CCI, these care leavers may still need care, protection, and handholding.

These factors highlight the need for extended care and protection provisions for an individual even after they turn 18, and formally exit the child protection system. This is the core subject matter of 'Aftercare', which has only recently started receiving serious attention from the State and the civil society.

1.1. What is Aftercare?

Aftercare refers to providing support, financially, or otherwise, to persons, who have completed 18 years of age but not completed 21 years, and have left any institutional care to join mainstream society.¹

As per the Juvenile Justice Act 2015 (JJA 2015), a child can receive institutional care and protection only till the time they are a 'child' as per the law—that is, until they complete 18 years of age.² The JJA also describes 'aftercare,'³ as the extension or continuum of care for a child in need of care & protection (CNCP) or a child in conflict with law (CCL) after they complete 18 years of age. This document shall focus on CNCP while discussing aftercare and draw extensively from Prerana's experiences of working with girl child victims of CSE.

As per the Maharashtra State Rules JJA 2018, aftercare can be provided to an individual till they complete 21 years.⁴ The JJA 2015 also states that financial assistance may be provided to children leaving a CCI upon adulthood to help them reintegrate into society.

⁵

¹ As per Section 2(5) of JJA 2015, Aftercare means 'making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society'

² As per Section 2(12) of the JJA 2015, a child is "a person who has not completed eighteen years of age".

³ As per Section 2(5) of JJA-2015, Aftercare means 'making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society'

⁴ As per Rule 27(2) of the Maharashtra State Rules JJA 2018, 'Any child who leaves a Child Care Institution may be provided aftercare till the age of twenty-one years on the order of the Committee or the Board or the Children's Court, as the case may be, as per Form 38 and in exceptional circumstances, for two more years on completing twenty-one years of age.'

⁵ According to Section 46 of the JJA 2015, 'Any child leaving a child care institution on completion of eighteen years of age may be provided with financial support in order to facilitate child's reintegration into the mainstream of the society in the manner as may be prescribed.'

However, the legal provision of aftercare services to individuals exiting the JJ System is still unclear. There are certain gaps and potentially conflicting interpretations emanating from the Act and the Rules. The JJA 2015 and the Maharashtra Rules 2018 are silent on whether a child who leaves institutional care before completing 18 years is entitled to aftercare or not. Strictly speaking, the provision under section 46 of the JJA 2015⁶ can also be read to imply that children leaving a CCI before completing 18 years are not to be provided with aftercare.

However, this discussion needs to be explored further with stakeholders, and has not been extensively covered in this document. For the purpose of this document, it is considered that aftercare is due for a child who leaves institutional care only on completing 18 years of age.

For a child who leaves institutional care, the Child Welfare Committee (CWC) can pass orders to help them get aftercare support under section 46 of the JJA.⁷ However, such an Order can be passed only if the child, now an adult, consents to aftercare.⁸ In practice however, Prerana has experienced that not every child who moves out of a CCI is issued with a CWC Order mentioning their transfer to a residential aftercare facility. In certain cases, the CCI may mention the child's transfer in their discharge application with details of the organization which has agreed to offer aftercare support to the child. While passing the final order, the CWC may or may not ask another stakeholder to follow-up on the child post the transfer. In cases where the CWC passes an order for follow-up, the respective stakeholder is expected to regularly update the CWC on the progress of the care leavers. The nature of follow-up and the frequency of reporting are mentioned in the Order issued by the CWC.

⁶ As per Sec 46 of the JJA, 2015, "place of safety" means any place or institution, not being a police lockup or jail, established separately or attached to an observation home or a special home, as the case may be, the person in-charge of which is willing to receive and take care of the children alleged or found to be in conflict with law, by an order of the Board or the Children's Court, both during inquiry and ongoing rehabilitation after having been found guilty for a period and purpose as specified in the order;

⁷ As per Section 37(2)(ii) of the JJA, 2015, the Child Welfare Committee can pass Orders for a child for 'getting aftercare support under section 46 of the Act'.

⁸ As per Section 81(6) of Maharashtra JJ Rules, 2018, 'When the child attains the age of eighteen years, he may be placed, if eligible, in an aftercare programme, subject to the consent of the child and the approval of the Board or the Committee or the Children's Court.'

1.2. Eligibility Criteria for Aftercare

According to Section 27(2) of the Maharashtra JJ Rules (2018), “any child who leaves a Child Care Institution may be provided aftercare till the age of twenty-one years on the order of the Committee or the Board or the Children’s Court, as the case may be, as per Form 38 and in exceptional circumstances, for two more years on completing twenty-one years of age.”

On completion of 18 years of age, an individual leaving care is restored to their parents/guardians, as far as possible. Admission to Aftercare residential facilities is provided only to those youth who are orphans, or do not want to return to the biological family, or for whom it is not safe to return to the biological family. However, the non-residential aftercare services for personal, social and vocational guidance should be made available to all the youth exiting the CCIs until they are 21 years of age, based on their Individual Care Plan (ICP). Youth exiting institutions for children with mental or physical disabilities, run under the Department of Social Justice/Welfare, should also be eligible for the “After Care Programme” run under the Integrated Child Protection Scheme (ICPS) after due verification and certification by the CWC.

Aftercare, besides other things, is also an extension of institutionalized care and protection services. It ensures smooth rehabilitation and reintegration of a child into society as they step into adulthood. This model of care recognizes that a child, even on completion of 18 years, may not be equipped to be on their own—especially, if they are without any familial support, or for whom it is unsafe to be restored to their families, or for those who do not want to be restored back to the family. They require further assistance in their rehabilitation and social reintegration.

1.3. Objectives of Aftercare

The Government of Maharashtra’s Department of Women and Child Development released the ‘Maharashtra Guidelines for the Integrated Programme of Non-Institutional Family-based Services for Child Protection,’ which detail the objectives of aftercare.

- Sustain themselves during the transition from the protected institutional life of the JJ system to the independent community life;

- Enable such children's smooth transition from childhood to adulthood by participation in the community life;
- Develop qualifications and skills for apprenticeship/jobs/livelihood/entrepreneurship for socio-economic self-reliance;
- Develop life skills for self-esteem, emotional intelligence, communication skills and relationship skills; and
- Develop day-to-day living skills, and citizenship rights and responsibilities for the youth such as financial literacy, identity documents, etc.
- Ensure that the youth leaving care is freed of any stigma attached to their association with the juvenile justice system.

1.4. Aftercare Services as Recognized by the Maharashtra State Rules 2018

According to the Maharashtra Rules, the State Government shall provide education, employable skills, placements, as well as a place to stay as part of the "After Care Programme" for children who leave the CCI on attaining 18 years of age. Rule 27(7) lists the services provided under the "aftercare programme":

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

Other aftercare support services—as per 27(8) of the JJ Rules of Maharashtra—for children discharged from CCIs on attaining 18 years of age, include:

- I. provision of stipend during the course of vocational training or scholarships for higher education and support till the person gets employment;*
- II. arrangements for skill training and placement in commercial establishments through coordination with National Skill Development Programme, Indian*

Institute for Skill Training and other such Central or State Government programmes and corporate, etc.;

- III. provision of a counsellor to stay in regular contact with such persons to discuss their rehabilitation plans;*
- IV. provision of creative outlets for channelizing their energy and to tide over the crisis periods in their lives;*
- V. arrangement of loans and subsidies for persons in after-care, aspiring to set up entrepreneurial activities; and*
- VI. encouragement to sustain themselves without State or institutional support.*

1.4.1. Selection of Aftercare Organizations

According to the ICPS, the District Child Protection Unit (DCPU) shall identify suitable voluntary organizations that will run such "After Care Programmes". These organizations shall formulate an "After Care Programme" for the care leavers for a period of three years. Some of the key components may include:

- Community group housing (GH) on a temporary basis for groups of six to eight young persons.
- Capacity-building programs to help the child secure gainful employment.
- Counseling services to help care leavers sustain themselves without State support and move out of the GH to a place of their own once they save enough.
- Peer counselor to discuss individual rehabilitation plans, provide creative outlets for channelizing their energy, and to help them tide over periods of crisis in their lives.
- Help care leavers benefit from various schemes such as scholarships, education loans, business/entrepreneurship loans etc.

According to the *Economic Survey of Maharashtra* of 2018-19,⁹ there are 6 government-run and 3 NGO-run AHs in Maharashtra with a total intake capacity of 600 and 110 respectively. The government gives a grant in-aid of Rs 2,000/- per month per resident to an AH to cover residential facilities, food, clothes, education, medical facilities, counselling, and vocational guidance. However, the financial support received by NGO-run AHs has been very limited. Efforts are being made to explore and understand the challenges in seeking and approving financial assistance from the government.

1.4.2. Group Homes

Commonly, there appear to be two main types of Group Homes.

- GH actively run and monitored by a Civil Society Organization (CSO),
- Group Home Externally Assisted (GH-EA) by a CSO (a model innovated by Prerana).

Prerana has no experience of running an AH and has a limited experience of working with one. However, the organization is experienced in jointly running a supervised GH with another civil society organization (CSO). For the last five years, Prerana has been assisting individuals in setting up a GH that is externally supported, also known as a GH-EA. This is, however, limited to the tier 1 and tier 2 cities only in the state of Maharashtra.

1.5. Prerana's Contribution to Aftercare Model

Prerana has worked tirelessly to rehabilitate minor girls rescued from the sex trade since 2000. After the initial healing and self-integration, it was seen that the victims of organized crime, including human trafficking and physical and sexual assaults suffer from a variety of mental illnesses such as anxiety, depression, Post-Traumatic Stress Disorder (PTSD), aggression, self-destructive tendencies, etc. In this context, self-reintegration refers to the process of physical and mental recovery of the victim through medication and

⁹ Directorate of Economics and Statistics, Planning Department. (2020, March). *Economic Survey of Maharashtra 2019-20*. https://www.maharashtra.gov.in/Site/upload/WhatsNew/ESM_2019_20_Eng_Book.pdf

psychosocial counseling. This self-integration is important to help victims move to the next step, which is social reintegration.

During the initial years post rescue, Prerana actively provides a variety of professionally designed livelihood options to help the girls become economically self-dependent. These vocational training initiatives have been very successful and have received positive responses from trainees, trainers, and sponsors. However, while the special training ensured that the girls could get jobs in Mumbai, it also posed the challenge of finding a safe place for the girls to live in. Not all girls who received training through Prerana were willing to return to their families or native places due to the fear of rejection and other safety concerns. Others were either orphaned or did not have any support system to fall back upon. Some of them also felt the need to earn money and gain some work experience before returning to their families.

Initially, Prerana addressed the challenges arising out of the discontinuation of care for individuals' leaving institutions on an ad-hoc and case-to-case basis. Then, in 2003, the organization, in collaboration with Our Children (yet another Civil Society Organisation), focused on aftercare in a more sustained and holistic manner. The same year, Prerana started operating on two planes simultaneously. One, trying out a concrete solution through a field-based intervention by setting up a GH and two, creating and leading a broad-based participatory consultative-cum-advocacy process to get attention to this much-neglected domain (aftercare).

In June of 2011, after a very rigorous consultation process, Prerana presented a broad framework of what 'aftercare' should look like. This first meeting kickstarted an eight-month long process and drew the attention of many CSOs—and eventually, led to a Working Group. Several child rights advocates and CSOs such as the Child Welfare Committee of Mumbai Suburban and Children's Homes also joined Prerana's efforts.

Till September 2011, the Working Group met regularly and delegated tasks amongst themselves. One team looked at the existing aftercare programs in the city, while another visited CCIs to understand schemes that could be integrated with aftercare. A smaller core team brainstormed on the field data obtained by the other two teams. This process helped connect organizations that were already running aftercare programs with others who were eager to understand the concept. With time, the aftercare scheme evolved. Today, learnings from this scheme have been incorporated into the State Guidelines for Aftercare not just for CNCP but also extending to other children under the Juvenile Justice System.

Prerana also ensured client participation by sharing this entire process with its beneficiaries. After the last round of meetings in September 2011, Prerana with legal assistance from an advocate, kickstarted the documentation process and consolidated all the data and findings of the consultation process.

With the final document still under preparation, UNICEF (Maharashtra) joined this initiative in October. UNICEF expressed its intent to push the document to be adopted under the Integrated Child Protection Scheme at the national and state level. The Working Group document was completed by the end of the year and was disseminated in January 2012. Besides feeding into the policy process, the material also made it to a book titled, *"After-Care: Intervention in a Neglected Post Institutional Domain,"* released in May 2013 by the Anti Trafficking Centre of Prerana. It can be safely claimed as the first book on this topic in South Asia.

1.6. Needs Identified in the Aftercare Model

The chapters that follow discuss the needs identified for care leavers. Primarily, these focus on:

- Shelter
- Health
- Social Protection/Welfare Schemes
- Development
- Life Skills
- Social Integration

For each of these needs, specific components have been identified, including the legal provisions and the implications of the same for the care leaver. The best practices adopted by Prerana are detailed under 'Prerana Practices'. Finally, each chapter concludes with the challenges faced in addressing that specific need.

SHELTER



The Policy and Guidelines for the 'Integrated Programme of Non-Institutional Family-based Services for Child Protection' (2019) recommends that aftercare services should be provided in a location where the care leaver has spent a significant number of years unless they wish to move to a different location. This helps care leavers stay in touch with a contact at the CCI who could support their transition to society. However, Prerana's experience shows that this may not always be possible as sometimes, educational institutions, rental flats, or livelihood training and job sites may not be close to the CCI where the child used to reside. Under shelter, two specific needs have been identified: safety, and social protection and security.

2.1. Safety

2.1.1. Legal Status

There is a lack of explicit and implicit legal provisions on the requirements of validating the legal status of a supervised aftercare facility, like an Aftercare Home (AH). There is no clarity on the registration of aftercare residential facilities run by voluntary organizations or the government under the JJ Act 2015. Under the JJ Act, 2015, CCI includes Children's Homes (CH), open shelters, observation homes, special homes, a place of safety, a specialized adoption agency, and a fit facility.¹⁰ The JJA further mandates registration of

¹⁰ As per Section 2 (21) of the JJ Act 2015, "child care institution" means Children Home, open shelter, observation home, special home, place of safety, Specialised Adoption Agency and a fit facility recognised under this Act for providing care and protection to children, who are in need of such services;

all CCIs that house CCL and CNPCs under Section 41.¹¹ However, there is no clarity on registration of aftercare facilities since they are not included under the definition of CCIs.

In the case of structures used for GH facilities, the civic authorities like a municipal corporation, municipal council, or Zilla Parishad help in validating the legal status—through a legal ownership deed, legal occupancy status (valid rightful ownership), and/or some legal paper agreement. This also includes the legal title and validity search of the premise. The lease agreement is generally registered at the sub-registrar’s office and the local police station is kept informed about the number of people living in the flat along with a copy of the residents’ identity documents.



Prerana Practices

Currently, Prerana does not run a GH on its own per se but is engaged in the Externally-Assisted Group Homes (GH-EA) for girl victims of Commercial Sexual Exploitation and other care leavers above the age of 18. Once four to six girls agree to live together, Prerana assists them with the identification of a residential unit and the registration of the lease agreement. Sometimes, there are GHs that are being run by older girls with whom Prerana has worked in the past. Girls exiting CCIs might be placed in such GHs with external financial and other assistance provided by Prerana.

The girls, who have exited the institutional life as care leavers might not be under the direct jurisdiction of the CWC. However, the CWC may have appointed an individual/organization to follow up on the youth care leaver post their discharge from the CCI. The residents are thus independent adults who can take decisions about their life and residence. To that extent, the residents may decide to come together, rent a residence and manage the functioning of the residence (Group Home), until new residents take their place. Prerana also works on a few other critical things to assist the care leavers.

- **Checks the legal validity of the unit:** Prerana carries out a ‘title search’ to assess the legal validity of the dwelling unit/establishment as well as the competence of the individual who is the signing authority.

¹¹ Section 2 (41) of the JJ Act 2015, “open shelter” means a facility for children, established and maintained by the State Government, either by itself, or through a voluntary or non-governmental organisation under sub-section (7) of section 43, and registered as such, for the purposes specified in that section;

- **Facilitates the signing of lease agreements:** Prerana acts as a link between the real estate agents and the residents. The organization also ensures that the lease agreement is signed in the name of one of the resident/s and not in the name of the assisting organization. Often, this resident is a senior care leaver who has had some experience of living in a GH or aftercare facility and is in a position to mentor care leavers.
- **Audits the residential area:** Prerana conducts visits to the units to check the physical safety of the structures (like checking for exposed electrical wires, safety concerns from disasters and hazards), as well as the physical and social environment (such as the proximity to public transit systems). A representative from the organization meets the neighbors, maps the basic amenities and community resources available, and acts as a link between the landlord or the real estate agent (wherever involved) and the resident girls.
- **Assigns a duly vetted local guardian:** Usually, a woman, who the organization is familiar with or who has volunteered with the organization is assigned to guide and support the residents. This mentor is usually residing close to the GH. The guardians are made aware of Prerana's Safeguarding and Protection Policy.
- **Orients the residents with the community:** This includes discussions with the residents about setting ground rules for visits by the landlord, and the in- and out-times for the residents.
- **Aids financially to set up the GH-EA, if required:** Pays the rent for up to one year, if required. For girls solely pursuing education, Prerana makes the contribution on their behalf for rent and essential services like groceries.
- **Conducts regular follow-ups with the residents:** This includes visits from an organizational representative (at least twice a month) and regular follow-ups through phone calls.

CASE IN POINT

Local Guardians Support Young Girls' Transition into Society

Ms. Reema Katkar and Arjun Katkar, a retired couple and in-laws of one of Prerana's social workers were the local guardians for Prerana's GH-EA located in Mulund East, a central suburb of Mumbai. Early on, Prerana introduced the girls to the couple, and discussed the care leavers' emotional and dependency needs, altruistic gestures, and responses to unforeseen circumstances. Whether it was opening bank accounts, helping girls with recipes, or planning their budgets, the couple always ensured they did not create dependency amongst the girls. They encouraged the girls to do things on their own but were always available to guide them and celebrate their successes. For instance, they helped the girls develop an area-resource map to mark locations of important amenities like the post office, the physician's clinic, the hospital, and police station, etc. The Katkars also participated in monthly GH-EA review meetings with the residents.

As the Katkars stayed about half an hour away from the GH-EA, they also helped the young women develop good neighbourly relationships. Over time, the girls were able to get involved in community groups, and with the support of the Katkars, also started investing in health insurance in the second year of their stay.

A GH-EA is not a constant set-up where one group commences the GH and stays put till the end. For their own reasons, residents leave, and new ones join. Thus, the GH-EA must allow for such change in the configuration. This means that the person in whose name the lease gets signed needs to step up and take responsibility till the lease agreement is valid and renewed. In case the CWC has passed a follow-up order to Prerana and the care

leavers decide to leave the GH-EA then the Prerana social worker accompany the care leavers to the CWC during which the care leavers share their plan and the CWC may assess the safety and soundness of this plan. In most cases, after assessing this plan the CWC takes decisions to close the case.

CASE IN POINT

A Care Leaver's Journey from a Mentor to a Local Guardian

Sara was a CNCP, who had no family and was living in a CCI. After she turned 18, she chose to live in a GH that was run by a voluntary organization. Sara lived in this GH for two years, continued her education and later, took up a part-time job. The NGO that operated this GH encouraged the residents to live independently and learn the ropes of leasing an agreement.

In the third year, Sara approached Prerana to help rent a house and was looking for 4-5 other girls to join her. Prerana, with the help of a donor, supported her with the rent for two months and a refundable deposit amount. Over the next six months, four young care leavers joined Sara.

Sara and the four girls moved houses twice in three years. In 2012, when Sara was 23-years old, she decided to get married. She and her husband wanted to stay in this house, which meant her four roommates had to make alternate living arrangements.

When the social worker from Prerana and the four girls met to discuss the next steps, they realized that all the girls worked in the same neighborhood and did not want to change their residential location. They also did not want Sara to go too far as she was a strong anchor. Sara offered to contact local brokers, and two months later, they found a new accommodation. Sara along with the social worker from Prerana helped the girls with the lease.

This time, it was another girl in whose name the house was rent and lease agreement prepared. As for setting up this new place, it was mutually

decided that the equipment and furniture for which Prerana had paid for (in the previous GH) would go to the new GH. The new GH did not have cooking gas as the one they were using was registered under Sara's name. After three hard months, the girls finally got a gas cylinder and a stove. Sara and her husband became their local guardians.

In Prerana's experience, sometimes, the organization facilitating the GH-EA may also terminate its association after completing the stipulated time period and may be unable to continue providing the assistance. In such cases, termination is planned and structured and in consultation with the Care leaver and CWC (if relevant). In some cases, the residents may approach another organization to provide the continuation of external assistance. In some other cases, the organization may take the initiative to put the resident women in contact with another CSO which is willing to provide the support externally. If the organization facilitating the GH-EA recognizes that the residents are self-reliant and capable of running the facility independently, they may decide to exit the formal association with the GH. This, of course, needs to be done with prior consultation and over a period of time, to gradually wean off the assistance and support.

2.2. Protection and Security

2.2.1. Operational Guidelines

The operational guidelines are slightly different in Aftercare Homes (AH) as compared to a GH or a GH-EA. AH can be run by the government, CSOs, or voluntary organizations. Often, they are run by those voluntary organizations that have a CCI and extend their services to the care leavers during their aftercare phase. In such cases, the rules of the AH may be similar to that of the CCI, with relatively more independence granted to the now-adult residents. AHs also have their own rules and manuals/SOP/checklists/best practices/guidelines set by the authorities with or without consultation with the residents, to be followed by the residents and staff. In a GH or GH-EA, the rules are set down by the resident girls and facilitated by the organization.

The care leavers who are not prepared to live a fully independent life or are full-time or non-earning students usually opt for an AH. On the other hand, those who feel prepared for a fully independent life prefer a GH either supervised or externally-assisted. The preparedness of the girls is assessed through an inclusive consultative process.



Prerana Practices

Prerana follows a participatory process and works with the residents in evolving rules that are in their best interest and address their needs.

They are in the form of 'self-regulatory mechanisms'; the residents put together a 'document of rules' to which all the residents give their commitment. These rules are often revisited whenever required. Prerana's role is thus that of a facilitator, helping care leavers to lead, make informed decisions and take charge of their lives.

2.2.2. Protection Against Vulnerabilities Emanating from Immediate Social Environment

An individual who has been a part of the JJ system needs to be in a physically safe space that protects them from abuse, exploitation, harassment or any other forms of violence. In case of an AH or a GH, it is essential that the residence is in an area away from the potential dangers of re-trafficking and re-victimization—and the neighborhood is conducive to their rehabilitation.

CASE IN POINT

Residents Work Together to Evolve GH Guidelines

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

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

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



Prerana Practices

- **Organizes orientations on personal safety:** This includes sharing information and contact details of helplines and support organizations in the immediate neighborhood. Prerana also educates the residents about situations where the girls should approach the police station, as well as their rights while at the police station.
- **Creates a system to screen and monitor visits from non-residents at the GH:** Since a GH prepares residents to eventually manage a home, visits from guests are only rightful and obvious. For a fulfilling social life, it's important that the girls learn to build social relations. However, this might not always be easy and carries several safety implications. Prerana educates the girls about such implications, assesses the situation when needed, and facilitates consultation with the residents to make rules on visits from outsiders.
- **Connects residents with the community:** Prerana connects the residents to public resources of the State and the civil society (e. g. local police station, local residential committees) for their safety and security.
- **Discusses issues of online safety:** Makes the residents aware of the vulnerabilities and potential dangers for offenses committed online, and the precautions to be taken, in case the girls are faced with such a situation.

CASE IN POINT

A Resident Falls Prey to Online Fraud

Namrata was in a supervised GH for two years. In the third year, she shifted to yet another GH which was functioning without any external assistance. The young women in this rented house managed everything on their own barring mental health services as some were still undergoing counseling. Namrata was working full-time and was completing her education through distance learning.

In 2015, Prerana received a call from Namrata seeking advice to lodge a police complaint to report fraud. Initially, she did not disclose much but when she called next, the social worker asked her to share more details (if she was comfortable) which would enable them to help her better. It was then that Namrata shared what had happened. She had befriended someone online and they had been chatting regularly. They had also started meeting over video calls. This man was from another state and had a job as an executive in a bank and promised her that he would soon come to meet her in Navi Mumbai. Within six months of this friendship, he started sending her gifts through courier. When he asked her if she was willing to get into an intimate relationship with him, she agreed.

One day he called her for some urgent financial help. She agreed to help and gave him all her financial details and close to INR 60000 was debited from her account. Two days later, he was no longer available online; his Facebook account was deactivated and his phone was disconnected. She was disturbed and had approached the social worker from Prerana to lodge a police complaint.

2.2.3. Mobility and Self-Dependence

A person above the age of 18 years is legally an adult and should not be constrained from moving about freely. Freedom of movement enables self-dependence and makes the

residents confident to navigate life on their own. Thus, it is essential that residents in an AH or GH have access to society without restrictions on their movements. While safety must be ensured, the restrictions should not adversely affect the positive mobility of the residents. It is important to help the residents take responsibility for their safety and well-being, fulfilling their potential while also intermingling and negotiating with one's own social environment.



Prerana Practices

In a GH-EA, Prerana helps residents understand safety in operational terms and discusses helpful tips to stay safe since the external, authoritative supervision is limited. Prerana undertakes the following activities to help residents take responsibility for their personal safety:

- Helps residents evolve 'self-regulatory mechanisms'
- Creates a 'Code of Conduct,'
- Provides regular individual and group counseling to deal with challenges in independent living,
- Installs disaster-mitigation devices, mechanisms, and systems e.g. fire extinguishers.

CASE IN POINT

A Care Leaver Fights Against an Abusive Relationship

In 2018, Jyoti moved into a GH from a CCI once she turned 18. She did not want to attend full-time college and opted for distance learning. She received training in retail management and got a job within two months of moving into the GH. Jyoti had a boyfriend Ram, whom she met regularly. She would frequently post their pictures together on social media platforms. Six months in, Ram started objecting to Jyoti meeting her male coworkers post work. Her relationship with Ram soured over this issue and she decided to end the

relationship. She shared this decision with her social worker, adding that she was worried Ram might hurt her.

Jyoti had attended sessions on legal rights, both in her CCI as well as after moving to the GH. She wanted support to file a Non-Cognizable complaint (NC) against Ram, and the social worker encouraged her to approach the local police station. She also told the social worker that she had confided about this with her close friends at the workplace. She made it a point to avoid traveling to (and from) work alone.

One day, after office hours, when she was alone near the railway station, Ram confronted her and tried to corner her. Jyoti stayed calm and convinced Ram to come to her workplace where they could talk. Ram agreed but kept creating a scene on the way. Once she reached her workplace, she called her supervisor and asked for help. Ram tried to be violent towards Jyoti as well as the supervisor—who, then, tried to calm Ram down and explained to him the legal implications of harassing Jyoti. Jyoti also reminded Ram of the NC complaint she had filed which would put him in more trouble if he harmed her. Ram finally left but started harassing her online. Jyoti, then, took screenshots and filed a complaint again. At the police station, she told Ram she has no intentions of filing any further complaints. All she wanted was for him to stop harassing and following her.

2.2.4. Grievance Redressal and Conflict Management

CASE IN POINT

Residents Develop a System to Resolve Conflicts Internally

When Rekha moved out of a CCI, she moved into a GH-EA that had been established eight months prior. The girls who were living there had built a rapport with each other.

At the CCI, Rekha had little experience cooking for a smaller group of 4-5 people. The residents of the GH-EA had created a time-table and distributed their tasks equally. Whenever it was Rekha's turn to cook, based on her experience at the CCI, she would cook in large amounts, leading to wastage of food. In the initial days, the girls tried to explain the quantities of ingredients to Rekha to help her cook in modest quantities. However, Rekha found it difficult to adapt. As days passed, the girls began to blame Rekha for the wastage of food—that was also taking a toll on their expenditure. This led to a conflict amongst the girls—and they stood up against Rekha. Juggling her job and the household chores, she decided that she wanted to move out of the GH-EA.

During a routine call with the social worker, Rekha shared her thoughts. The social worker suggested that Rekha give an honest try as she was likely to face such situations wherever she went. Simultaneously, the social worker also spoke with a senior resident living in the same GH to calmly discuss this matter with all the other girls.

After a couple of days, it was known that the girls had a discussion within themselves where Rekha spoke about the difficulty she was facing while cooking in smaller amounts as she had never done it before. Further, the girls developed a system where standard measures of ingredients were written down and provided to Rekha. Additionally, it was decided that whenever she cooked, one of the girls would assist her until Rekha was confident in cooking independently.

Collective living is bound to cause differences of opinion and conflict among the residents. These conflicts are to be dealt with constructively and fairly. However, it may not be possible for an organization to always mediate between the residents, making it necessary for them to be equipped with basic conflict-resolution skills, especially at a GH-EA. In the case of an AH, if a resident has concerns that require to be addressed by the organization, there are mechanisms already put in place.



Prerana Practices

In the GH-EA by Prerana, the residents work together to create certain rules. The organization facilitates sessions on conflict resolution, financial management and safety for the residents. If the conflict or concerns are external, the organization acts as a mediator. Prerana also organizes alumni meetings where the alumni share their learnings of overcoming the challenges of living together. In Prerana's experience, the informal network of care leavers acts as great support for the care leavers.

Prerana undertakes the following activities to facilitate conflict resolution amongst residents:

- **Sets up internal systems of conflict resolution:** Prerana sets up systems for residents to meet regularly to discuss all kinds of concerns in group living. The residents can also report to the social worker in case of more serious grievances.
- **Sets up externally assisted systems of conflict resolution:** Prerana brings in peers to help conflict resolution. This is done only after the residents agree and want an external set-up. The external peers are also decided and finalized after consultation with the residents.
- **Organizes group and individual counseling sessions:** This helps the residents navigate difficult situations at the individual and the group level.

CASE IN POINT

Setting up an Internal Conflict-Resolution System at a GH-EA

In a GH-EA set up in 2014, all the girls had a full-time job within six months. Thus, as per the GH-EA rules, the girls had to start contributing for groceries. There were some girls who contributed their share regularly but some did not. The expenses were not being recorded and as a result, the girls would have very little money by the 15th of each month. This would lead to arguments amongst the residents. It reached a stage where the girls said they wanted to leave the GH-EA. The social worker and the counselor stepped in and helped

them to think rationally and evolve a sustainable and consultative solution.

After deliberations, the girls revisited the rules, and decided that by the fifth of every month, all girls would have to give their share of the funds to manage the kitchen. For the next two months, they wanted the social worker to come and check the accounts every fortnight. It was also decided that those residents who do not contribute to this share would make their own arrangements for breakfast and dinner.

2.2.5. Physical Access

To learn how to live independently, residents must be able to access public transit systems from the place of residence to access basic civic amenities, educational and vocational opportunities.



Prerana Practices

Prerana facilitated an 'access audit'. It can be a deciding factor in selecting a location for a GH-EA. In certain cases, Prerana provides a predetermined travel allowance or reimbursement. The organization also carries out a hands-on orientation on accessing the public transport systems.

Prerana mobilizes mentors from among the aftercare leavers and alumni and invites them to visit the GH-EAs to share their experience with the new residents. Sometimes, they also interact with prospective residents, who may still be in a CCI. These interactions are arranged after seeking necessary permissions from the CCI authorities and/or the CWC.



2.3. Challenges Faced While Addressing This Need

Some challenges that Prerana encounters while working to ensure safe and secure shelter are:

Finding safe accommodations for girls: Finding a regularized property (which is free from the risk of getting demolished and is equipped with the basic civic amenities) in an

already over-populous metropolitan city is difficult. Sometimes, even if such a residence is available, it's difficult to extend the lease past the initial 11 months due to incremental costs that the residents might not be able to afford. Moreover, during periods of high demand and low supply of housing units, the renewal of lease agreements can be difficult.

Apart from that, finding accommodation for a small group of single, young women is extremely challenging because of certain patriarchal norms in society. Women who stay alone are often stigmatized and frowned upon. Some societies also set limitations to the timings for the girls to abide by, try to investigate the religious and social background of the girls out of curiosity, and hence, put them in an uncomfortable position.

CASE IN POINT

A Care Leaver Struggles to Adjust to Her New Lifestyle

Fatima would walk for 20 minutes to get to the nearest bus stop from the GH and change two buses to get to her place of work because of her fear to board trains. She did this for two years. Given that the fares for bus are higher than those for local trains in Mumbai, bus was a considerably expensive mode of travel.

Transitioning to an independent lifestyle: After living with others and under the supervision of an institution, transitioning to GH-EA and living in smaller groups can be hard for some. While in the CCI, the girls get used to being taken care of, especially when they are ill. In Prerana's experience, sometimes, girls in the GH call the social worker when they fall sick, and only go to the health clinic when they are accompanied. They might also face difficulties in traveling alone or accessing public transport. In general, many residents still rely on their social worker for instructions.

CASE IN POINT

Navigating Patriarchal Attitudes in Society

In one GH, the girls with their newfound independence started spending a lot of time with their friends, returning to the flat late at night, often accompanied by their male friends who would come to drop them. They wore clothes and makeup which was perceived as 'provocative' and 'indecent' by the neighbors. They complained to the owner of the flat, who then called the social worker and asked if the girls were "dance bar girls," and reprimanded them. He added that if they "continued like this," he would ask them to vacate the flat.

The newfound independence can also be hard to adjust to for some girls. They may like to stay out till late in the evening to be with their friends. Some have a hard time learning to prioritize savings and end up spending more on clothes, footwear, make-up, mobile phones, etc. as compared to food and hygiene supplies.

Navigating group dynamics: AHs may have authoritarian ways to resolve conflicts or handle grievances, but such authority is absent in GH-EA. In cases where the residents are self-reliant and driven, this process is facilitated well. However, in cases where residents are not particularly engaged in the process of leading the functioning of the GH, the process of conflict resolution might become cumbersome. When people of different age groups stay together, there is a risk of younger residents being dominated or bullied by the older ones. Sometimes, residents also leave the facility prematurely after joining, without ensuring a safe and secure alternative accommodation and/or without working on a sound future plan for themselves. This leads to excess per capita cost for the remaining residents.

Social vulnerabilities: Once supervision is significantly reduced and girls get relatively greater freedom, there may be a risk of exposure to trafficking, re-trafficking, or exploitation.

HEALTH



Under health, four needs have been identified: nutrition, hygiene, physical, and mental health.

3.1. Nutrition

Nutrition is a primary requirement for the development of an individual. Several factors impact the nutritional requirements of an individual. One, the stage of growth. During childhood and adolescence, children require a diet that is different from what they require when they step into adulthood. Two, the nature of work an individual undertakes. For instance, those engaged in physical activity or sports need specific diets. The required nutrition also varies based on other conditions like pregnancy, PCOD, obesity, certain physical and mental disorders, identified malnourishment. The quantity, quality as well as the frequency and gaps in between the meals may also vary depending on these conditions.

CASE IN POINT

Unhealthy Diet Impacts the Health of Residents

Soon after the first group started living in a GH, Prerana received complaints of girls falling ill one after the other. When the social workers looked into the diets of the girls, they realized that most were making quick noodles, which

contained hazardous preservatives. After their work, the residents would return to the GH-EA exhausted and had no energy to cook an elaborate meal. The hunger pangs would prompt them to pick up Bombay's vada-pav; a yet another high-calorie deep-fried roadside fast food.

3.1.1. Regular Diet

A resident must be able to eat a nutritious diet. In an AH, the managing organization takes the responsibility of providing meals and monitors the health of its residents. In a GH or GH-EA, the residents must understand the importance of nutritious food, and build financial capacities to buy groceries and supplies. Personal preferences as well as the commitment to a healthy diet play a critical role in deciding the diet to be followed.



Prerana Practices

Prerana undertakes the following activities to help the residents meet their dietary requirements.

- **Facilitates collective decision-making regarding the food menu:** The idea is to help the residents plan and review their menu as well as the roles and responsibilities in the kitchen regularly. This also includes facilitating discussions around the storage of cooked food. Since most of the residents are working or studying, they may not have the time to cook all three meals. Hence, sometimes meals are prepared in advance, stored, and warmed from time to time to prevent them from getting spoiled.
- **Educates residents on safety measures in the kitchen:** The social workers discuss and sometimes demonstrate precautions to be taken, especially while using kitchen equipment such as knives, cooking stoves, and gas.
- **Facilitating discussions on budgeting and healthy eating practices:** The residents must figure out what proportion of their income should be spent on food. Initially, Prerana helps the residents budget their household expenses. If residents are still looking for jobs or have recently moved out of a CCI, Prerana also provides financial assistance.

3.1.2. Special Nutrition

Special nutrition is the distinct and/or additional nutrition needed for an individual to address their specific deficiencies or health conditions. It is designed based on professional consultations. In an AH, the nutrition needs of an individual are taken care of by the management, but in a GH-EA, this is guided by a range of factors, including the residents' awareness of their dietary requirements, access to a professional, and the financial capacity of the members.



Prerana Practices

Prerana helps the residents build an understanding of why they require special nutrition and how they can procure the same. Prerana also pays for special nutrition until a resident has a job or can pay for themselves.

This is done through individual discussions and group consultations with the residents—often by sharing information using audio-visual material.

CASE IN POINT

Residents Struggle to Budget Their Food Expenses

In a GH-EA started in mid-2015, there were 4 residents. The budgets were discussed and the menu for a week was planned. One of the girls was 22 years old and had agreed to move into this GH-EA to mentor the other girls.

The social worker gave them money for daily expenses for 15 days but by the seventh day, the girls didn't have any money left. The same evening, when the social worker visited the GH, she found the accounts in order. The lapse was that the girls had purchased perishables in large quantities which got spoilt as they had no refrigerator. The milk would get spoilt as it was summer, and they would often forget to boil it. They purchased expensive items which cost more, cooked large quantities of food and had also ordered from a restaurant twice, depleting their finances in half within the first 15 days of the month.

3.2. Hygiene

3.2.1. External to the Premises

The victims of CSEC brought before the JJ system, by and large belong to the lower socio-economic strata of society. At the age of leaving the CClIs or JJ systems, they are not adequately qualified or experienced to start earning a living. This status, inevitably, restricts their choice of residence. The GH-EAs are not always in a well-provided neighborhood, let alone a luxurious or plush locality. The hygiene of the neighborhood may be sub-optimum and has to be carefully chosen and maintained.

To ensure hygiene in the GH-EA, the external surroundings must be clean and free from stagnant water, toxic waste, solid waste, dump yards, and any other sources of contamination of water and air. Waste-water disposal systems must be in place. While the AHs have their own in-built mechanisms of sanitation, GH and GH-EAs need to be in areas that are hygienic, free from contamination, and have proper systems of waste disposal and sanitation.



Prerana Practices

Prerana prioritizes sanitation as an essential criterion while selecting the accommodation for the GH-EA. Sanitation infrastructure must comply with the minimum standards. During the initial phase of searching and shortlisting a residence, Prerana ensures that the premises are located away from dumping grounds, are equipped with sanitation facilities, and have access to a waste-water disposal system. In certain cases, Prerana also engages older resident girls in the process of selecting a residence based on such parameters to train and equip them in making these important decisions.

In urban, low-income settlements like the suburbs of Mumbai city, toilets and bathrooms might not be attached to the home. While selecting a residential unit for the GH-EA, maximum efforts are made to ensure that the residential unit is equipped with the basic facilities. The residents need to be made aware of these practices while selecting a residence, so it helps them make better decisions.

In certain communities or societies in urban cities, the water supply continues to be scarce and is restricted for certain hours in a day. Thus, the residents need to equip themselves

in planning the utilization of the water for drinking, cooking, washing, etc. Prerana also assists the residents in this transition.

3.2.2. Personal Hygiene

Personal hygiene is essential to stay healthy as well as avoid the spread of bacteria and viruses that cause diseases. This includes, but is not limited to, cutting nails, menstrual hygiene, lice-cleaning, deworming, washing and drying clothes, bathing or showering, spitting and excretory practices. Regardless of the type of aftercare program, residents must look after their personal hygiene to keep themselves safe as well as avoid social contamination of the co-residents, and the society in general.

CASE IN POINT

Explaining the Importance of Good Hygiene to a Resident

When Simran came to the GH, she was 18 years of age. She had been rescued from a dance bar at the age of 15. Simran had completed her 10th std through distance learning while in the Children's Home. She wanted to pursue a three-month course in beauty care. On the third day of Simran staying in GH, another resident, Renuka called to complain about her hygiene. Renuka said, "She [Simran] has head lice and we have also got them now. She does not take a bath everyday nor does she wash her clothes. They are all piled up." The social worker calmed Renuka down and assured her that she would visit the GH the next evening.

The next day, the social worker and Simran stepped out in the open for a walk, and the social worker used this time to understand Simran's issues with adjustment and found that Simran was missing her friends from the CCI and was also feeling a little lonely. She also spoke about how she was eager to start her course. The social worker explained to Simran how personal hygiene is critical for both health and social reasons, and discussed that this included taking a bath regularly, washing clothes and wearing clean clothes every day, menstrual hygiene, toilet hygiene, ensuring she had no lice and keeping herself clean to avoid the spread of germs and illnesses. A plan for cleaning her hair with anti-lice treatment was worked out and other hygiene practices were discussed.



Prerana Practices

Prerana undertakes the following activities to help residents:

- Procures hygiene and sanitation materials:** Prerana assists and guides residents in procuring items for collective (trash bins, garbage bags, menstrual supplies, sanitation material, water storage containers) and personal hygiene (bathing soap, towels, sanitary napkins, etc).
- Facilitates workshops:** This includes sensitization and training workshops on hygiene, reproductive health, and safe sex practices. Prerana also helps residents in building personal hygiene habits for themselves and others around them.

3.3. Physical Health Care

3.3.1. First Aid

Every kind of injury or onslaught of ill health does not necessarily need professional medical intervention. Many of them such as cuts, minor injuries, etc. can be adequately addressed by immediate non-professional interventions—especially in emergencies. First aid is critical to administer for immediate medical assistance, minimize injury and future complications. Knowledge of first aid also promotes a sense of safety among the residents.

A First Aid Kit has basic medical supplies for small cuts and wounds like cotton, disinfectants, adhesives, anti-bacterial, germicidal, anti-diarrheal, oral rehydration therapy sachets, etc. A First Aid Kit is available on the premises in case of an AH but in a GH or GH-EA, the residents must put together a kit, and regularly check the supplies for expiry dates.



Prerana Practices

In a GH-EA, Prerana helps residents to buy and put together the items needed for a First Aid kit. Prerana trains the residents about medicines to be used for specific ailments, educates them to check the expiration dates of medicines, and replace them. Residents are also informed of the emergency first-

aid methods until they can access a professional health service. The social worker during her regular visits to the GH ensures that she checks the First-Aid box with the girls. The importance of updating a First Aid Kit is also discussed during monthly meetings as the girls often forget to replenish used medicines or check expiry dates. One young care leaver, who had invited a social worker on her first wedding anniversary, recounted how one of the practices she was grateful to have learned from Prerana was putting together a First-Aid Kit.

However, it's important to discuss the limits of first aid as well. In Prerana's experience, self-medication can sometimes be a disadvantage. For instance, with the first aid, the girls can manage their fever on their own, but they also begin to avoid visits to the doctor. In one instance, a resident had burnt her hand while cooking and had used an ointment. However, by the third day, the wound had turned into an abscess that needed treatment. Thus, it's important to reiterate the importance and relevance of first aid.

3.3.2. Access to certified medical systems

Certified medical systems are needed for the diagnosis and treatment of illnesses, including super-specialized services. Certified systems can be defined as qualified services authorized and recognized by the State. An AH, being a supervised and officially-managed formal residential arrangement, has to create access to certified medical services and a hospital. In GH-EA, on the other hand, the residents are required to be trained on accessing certified medical services—including information about their availability, how to contact them, clarity about payments, how to take and keep appointments, and other tasks. Every resident must be trained in these tasks as anyone might need these services and they should be able to mobilize it. The residents must also know about and use of health insurance services.



Prerana Practices

Prerana prepares a contact list of important local medical professionals and hospitals close to the GH-EA. The list is updated periodically by the residents as and when required. Prerana undertakes the following activities to enable access to certified health care systems:

- **Facilitates orientation visits to the hospital:** When the young care leavers move into their GH-EA, the social worker plans an orientation visit to the local hospital. In case the

care leavers are suffering from certain ailments which need medical intervention, the social worker orients the care leaver on how to avail OPD (Outpatient Department) services in a hospital.

- **Pays for medical care, if required:** Early on, when the care leavers have just moved out of their CCIs and into the GH-EA, they might not be equipped to take care of their medical expenses. In such situations, Prerana supports them financially.
- **Creating a panel of doctors that a resident can reach out to, in case of emergency:** Through local guardians, Prerana tries to create a pool of doctors that the GH-EA residents can approach in case of any medical emergencies.
- **Encourage young women to invest in a health insurance policy:** Initially, the residents might not be able to invest in an insurance policy. Sometimes, Prerana tries to arrange for health insurance for the first year through the support of donors. However, the residents must understand the importance of managing their health expenses and are thus encouraged to invest in a health insurance policy themselves after the first year.

3.4. Mental Health

3.4.1. Access to Mental Health Services

Unlike physical health, mental health is lesser-known to most. Information must be given to residents on what mental health means, how to access mental health services, and ways to tackle mental health stigma and discrimination. Often, residents do not understand the range of problems that mental health practitioners can handle. Residents must be educated on how mental health services can help address trauma, anger management, substance-dependence, anxiety, uncertainties, fear, etc.

In both AH and GH, mental health awareness must be provided to the residents. In GH-EA, the financial capacity of the residents to access the services must be taken into account to help them avail the services.



Prerana Practices

Prerana empanels mental health service professionals, like psychiatrists, therapists and counselors for the residents to be accessed when needed. Stress management sessions are facilitated with the residents by a

counselor from Prerana. Following activities are undertaken to facilitate access to mental health services:

- Need-based visits by a counselor to the GH-EA.
- Need-based visits to a psychiatrist.
- Group sessions to discuss the importance of self-care and ways to practice it.

Some Self-Care Tips Shared by Counselors for Residents

- Watch an episode of your favorite TV show, then write 5 reasons why you like it.
- Create a new, healthy, daily habit and schedule it into your life.
- Reflect on previous wins and achievements.
- Take 15 minutes to soak up the sunshine.
- Do a household chore you've been putting off.
- Watch motivating videos and speeches.
- Speak to a loved one about their own self-care ideas or routines.
- Laugh! Smile at yourself in the mirror!
- Make your bed, change your bedsheets and have an early night.
- Sleep 8 hours a day whenever possible.
- Make sure you drink at least 8 glasses of water in a day.
- Dance like no one is watching.
- Begin by taking one-hour digital detox and increase it gradually.
- Go to the cinema or a restaurant on your own.
- Do something for others.
- Do something fun you used to do as a kid.
- Cook a meal for yourself.
- Write one good thing about yourself as a daily reminder on your phone.
- Clean your spaces – cupboards, storage, etc.
- Watch a documentary.
- When feeling particularly stressed, take a day off from work.
- Read inspiring quotes.



3.5. Challenges Faced While Addressing the Need

Some challenges that Prerana has experienced while enabling access to health needs include:

- **Timely access to civic amenities:** There may be a mismatch between the schedules of the residents and the availability of civic amenities. For instance, water availability may be restricted to a specific time in the day or garbage may not be collected until later in the day. If residents are working or taking classes, it may be hard to coordinate the timings and access these services.

CASE IN POINT

Girls Struggle to Access Water in their GH-EA

Girls living in a GH-EA far away from the city (due to cheaper rents) had to leave early for work every day. This would coincide with the time the society received water supply from the Municipality. In the initial days, the girls tried to leave the connection to their water tank open. However, this would often lead to water overflowing and flooding the house. They also tried to switch the connection off before leaving for work but that would leave them with limited water for cooking, washing and bathing for the next day. Thus, after a discussion with the social workers, the girls made a provision to store the overflowing water in a drum and avoid flooding.

- **Difficulty in providing special diets:** In a GH-EA, creating and providing special diets is often expensive and time-consuming. While residents can gradually learn to prepare their own food, it may be difficult to meet special dietary requirements all the time. This is much harder for some, as they now have many new responsibilities to take care of, and cooking meals every day might not be feasible.

- **Access to health insurance:** Health insurance is not accessible to most residents. Even if a resident has health insurance, it mostly covers hospitalization and not the OPD treatment. Hence, the residents end up incurring significant expenses. Most insurance packages also do not cover pre-existing conditions or charge heavy premiums when they do. Moreover, if a resident is sick, they may not have anyone to take care of them if the other residents are busy with newly-acquired jobs, vocational training, or educational pursuits.
- **Spread of infections:** Controlling the spread of communicable diseases, if all residents do not agree to have a collective approach to the treatments, could become a problem. Sometimes, stray animals (dogs, cats, cattle, monkeys) in the vicinity can also spread diseases. While Aftercare Homes do have provisions like refrigeration to store leftover/surplus food, GH-EA often does not have these facilities thereby causing wastage of excess and perishable food and sometimes leading to infection if such items are consumed by the residents.
- **Supervision of individual health issues:** Issues such as substance dependence, especially alcoholism, can be a challenge for the resident as well as the others that live with them. The organization externally assisting the GH may not be in the position to manage this situation on a daily basis.

CASE IN POINT

Explaining the Importance of Mental Health to a Resident

“Didi, I am not ‘crazy’ to have to go to a counselor,” said Rita, when the social worker suggested that she avail counseling services. For over three months, Rita had been regularly getting into fights with other residents in the GH. Her personal hygiene had become an area of concern, and the girls had shared that she cried at night. In her third month at the GH, Rita quit her job.

The social worker visited the GH when the other girls weren’t at home to discuss the issue. She was anticipating resistance from Rita and was prepared for it. She explained to Rita, without being judgmental, that just the way we take care of our physical health, we also need to take care of our mental

health. She helped her understand that it is okay to talk about things that were bothering her. She encouraged Rita to seek support if she didn't feel well, mentally. It took a few meetings before Rita agreed to see a counselor—and only under the condition that it would be kept confidential. She also wanted to meet the counselor at a neutral place; not at any of Prerana's centers or the GH. The social worker assured Rita that she would be supported through the therapy process.

- **Mental health:** Certain mental health concerns can cause serious adjustment issues in group living, challenging the very viability of group-living. Moreover, mental health services are costly and hence, often inaccessible for a resident in a GH-EA as they are living on their own. These services also require the resident to undertake a certain number of sessions before seeing any progress—and being expensive, can dissuade them from accessing the service for the optimal period. Residents with a disability are often made to feel unaccepted or left out in a GH. Bullying and body shaming are issues that need to be addressed effectively.

SOCIAL PROTECTION AND WELFARE



A democratic welfare state like India offers a wide range of social protection services for the underprivileged population. These welfare schemes include low-income group housing, health insurance, employment guarantee, mid-day meals, etc. To avail these services, an individual must possess all types of personal identity and entitlement/eligibility documents.

4.1. Documentation

Procurement and verification of documents are essential to establish eligibility for a variety of welfare and development services in both the AH and GH. The documents needed to establish identity and eligibility of social protection/welfare schemes include¹²: birth certificate, caste/community certificate, domicile certificate, school-leaving certificate, Aadhar Card, Voter ID Card, Ration Card, PAN Card, PwD Certificate (Person with Disability) and BPL/EWS Certificate (Below Poverty Line/Economically Weaker Sections)

¹² As per the Guidelines for Aftercare, Govt of Maharashtra (2019), a child exiting a CCI should be provided with the following documents at the time of exit:

CASE IN POINT

A Care Leaver Changes Their Legal Name

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



Prerana Practices

In the last five years, most girls referred to aftercare have had their essential documents such as the Aadhar card, PAN card, bank account, and school-leaving certificate through the CCI. Prerana acknowledges how critical these documents are for the residents and actively helps in acquiring and maintaining them. In cases where the resident girls do not possess certain important identity documents, the social workers assist the residents in applying for the same. Sometimes, they also provide a reference letter or document through Prerana to aid that process. The social workers also closely follow-up with the resident and the issuing authorities or local bodies to procure the documents.



4.2. Challenges Faced When Addressing This Need

The risks and challenges of addressing social protection/welfare needs include:

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

absence of basic supporting documents also makes it almost impossible to procure new documents.

- **Errors in the records:** Sometimes, when documents are available, there may be a commonly observed discrepancy in the names of the individuals i.e. different names on different documents or spelling errors in parents' names.
- **Social vulnerabilities:** Desperation and sometimes, the urgency to seek necessary documents makes individuals vulnerable to frauds and deception.
- **Time-consuming:** As there is no single-window approach for building one's set of documents. It takes a lot of time, energy, financial resources and commitment, especially while working with government bodies to procure documents.
- **Updating new information:** There is a general lack of clarity on which authority is responsible for issuing which document as well as the process for updating personal information on an already existing document. For eg, in case of an Aadhar card, it may be made by the CCI and often the address of the CCI listed in the card with a contact number of a CCI staff member. Once the child moves out, updating these credentials on the card becomes a challenge.

DEVELOPMENT



5.1. Education

5.1.1. Access to Formal Education Programs

Conventionally, formal education is considered as attending regular school. However, certified vocational education, education for individuals with special needs, adult education and distance education are also recognized as formal education. As per UNESCO, formal education programs are those which are recognized by the relevant national educational authorities or equivalent (any other institution in cooperation with the national or sub-national educational authorities). Retention in formal education is key to development, especially for low-income communities and groups. Retention, in this document, is understood as achieving any of the three milestones: completing class X, XII, or graduation.



Prerana Practices

Prerana gives importance to education and encourages children to pursue formal education depending on their interest and capacity to continue the same. There may be several factors that make formal education difficult to pursue, and hence, Prerana, exhaustively, assesses the formal education option. Prerana also helps the residents in accessing and registering for open-schooling or distance learning programs. This is especially for those children who have never been to school, don't have the aptitude, have dropped out of formal schooling, have had a discontinuity with a big gap in schooling, or who don't want to go back to

formal schooling. Besides assisting residents in selecting the appropriate schooling options, Prerana also provides a travel allowance for using public transport and assists in procuring relevant documents to pursue education. Prerana undertakes the following activities to assist residents in accessing formal education:

- **Develops a directory of resources:** Puts together a resource directory of schools, colleges, and distance learning universities to help residents choose options based on their interests.
- **Liaisons with educational institutions:** Follow-up with educational institutes on admissions, queries, or challenges that the residents may be facing.
- **Provides financial assistance:** Especially to travel (to schools, colleges, etc.) and procure study materials. Sometimes, Prerana may also procure study materials through partners and donors, and sponsor girls interested in completing their education. Admission and tuition fees may also be taken care of through a scholarship.

CASE IN POINT

Helping a Care Leaver Pursue Vocational Training

Three months before Sapna moved out of a CCI, her social worker discussed her career plans. Sapna shared that she was interested in pursuing nursing. Previously, before her placement in the CCI, she had run away from her home and lived with her intimate partner. During this period, she was working as a helper at a local gynecologist's clinic and had developed an interest in the field. During this time Sapna became pregnant. With time, Sapna and her partner's relationship got unpleasant, her partner was physically abusive—and unfortunately, Sapna suffered a miscarriage owing to her partner's physically violent behavior. She had to be taken to the hospital and after police intervention, Sapna was placed in a CCI as she was a minor then.

Now, as she thought about her career, she revealed to her social worker that while she was interested in pursuing a nursing course, the idea of going back to a hospital setting made her uncomfortable. Sapna was referred to a

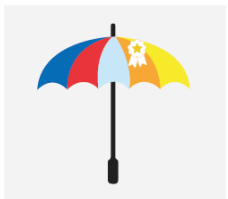
counselor to help her cope with her Post-Traumatic Stress Disorder (PTSD). Gradually, with the help of the social worker and the counselor, Sapna was able to overcome the discomfort.

The career counseling process began with educating Sapna about the job profile of a nurse and providing options for various institutes. The social worker also facilitated a visit to a vocational training center where a six-month para-nursing course was being offered. Sapna was introduced to the trainers at the center and allowed to observe the class being conducted. Looking at the students in their lab coats motivated Sapna and she agreed to apply for the course. She even decided to fill out the admission form with the help of the social worker. Given her prior experience, she now felt confident. She said, "All I needed was a professional degree and now through this course, I will be able to get placed in a multi-specialty hospital where I would be paid well".

- **Facilitates mentorship:** Actively mentor residents to keep them motivated and avoid drop-outs. This also includes career counseling to help residents make decisions about their future.

5.1.2. Access to Functional Literacy Programs

Access to functional literacy or basic writing, reading and calculation abilities is important for an individual to live efficiently and independently in society. UNESCO defines "functionally literate" as a "person who can engage in all those activities in which literacy is required for effective function of his/her group and community and also for enabling him/her to continue to use reading, writing and calculation for his/her own and community's development." For illiterate/semi-literate victims, functional literacy, coupled with vocational training, is important to manage their daily life.



Prerana Practices

The following activities are undertaken by Prerana:

- **Provides referrals to Community-Based Organizations (CBOs) for functional literacy services:** CBOs often run literacy programs in various

communities for young adults and women managing households. Prerana collaborates with such CBOs and refers girls from the GH who have not pursued formal education or have had limited exposure to a literacy program.

- **Mapping local resources for the resident girls to access such programs:** In the past, some of the girls have been interested in pursuing specific courses like verbal English. Prerana assists in locating cost-effective programs for such residents.

5.2. Skill Development for Employability

Self-reliant rehabilitation of residents is not possible without first ensuring their economic self-reliance. Since the residents are largely without any assets, their chances of economic self-reliance depend on sustainable employment.

5.2.1. Access to Vocational Training

Skill-based training helps in improving an individual's employability. According to the All India Council for Technical Education (AICTE), Vocational Education and Training (VET), also called Career and Technical Education (CTE), prepares learners for jobs that are based on manual or practical activities. These activities are traditionally non-academic and related to a specific trade, occupation or vocation. It is sometimes referred to as technical education, as the learner directly develops expertise in a particular technique or technology.



Prerana Practices

Prerana actively explores marketable skills for residents through consultations. It seeks to design and administer vocational training programs for young adults and care leavers that, eventually, help them land good jobs. The organization assists the care leavers in choosing a vocation course for themselves. Some of the activities undertaken by Prerana include:

- **Maintains a directory of resources:** Prerana puts together a list of vocational training providers along with the nature of the training.
- **Visits to vocational training facilities:** Prerana accompanies girls to centers to make them aware of the registration process and assist them with admissions.

- **Provides need-based linkages:** Connects the residents with service providers, sponsorship programs, etc. to help them pursue and complete their vocational training programs.
- **Supports financially:** Helps the residents with a travel allowance. Most of the residents are also supported with basic living costs when they first move out of the CCI into a GH and enroll for such training programs.
- **Liaisons with corporates:** Mobilizes corporates for vocation training programs for care leavers with minimal educational restrictions. Makes referrals and follow-ups with the service provider to assess the progress of the girls, and hopefully, translate training into job placements.

CASE IN POINT

A Care Leaver Lands a Job at TCS

Mamata had lived in a Children's Home (CH) since she was 8 years old. At 18, she moved into a hostel for adult women, run by the same organization. When she was in her third year of B. Com, she approached Prerana and asked to be moved into a GH. After discussions with the organization that had supported her so far, she was able to move into a GH-EA with four other care leavers. The same year, TCS (Tata Consultancy Services) approached Prerana for a collaboration to provide young girls with soft skills or applied skills such as teamwork, decision-making, and communication (including developing their CVs and preparing them for interviews) to help them become efficient first-time employees.

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

5.3. Job Placement and Preparedness

Children who have lived in institutions for a long period—until becoming a ‘care leaver’ at 18 years of age, are often deeply unaware of how their expenses are managed by the institution. They do not have to think about arranging funds for their routine and non-routine expenses. However, once they leave the institution, it becomes necessary that they become financially self-reliant. This is one of the most important steps toward reintegration. Hence, it is important to have a school, education, or a college degree to get a job placement. In cases where they don’t have either, vocational training that helps find jobs is essential. The Sustainable Development Goals also highlight the need for “decent work” for everyone.¹³



Prerana Practices

Core competence or job skill in a relevant trade is an essential condition but it is not sufficient to get a sustainable job. Other skills such as participating in group discussions, interviewing, essay writing, performance in personality-tests, aptitude tests, etiquettes, and manners are very important to land a job. Prerana conducts a one-on-one discussion with the residents about these essential skills, and also partners with corporates and other agencies to professionally train the girls.

Prerana also assists the girls in looking for appropriate job opportunities through online portals as well as through networking, especially with alumni of the GH program. In the past, the organization has also partnered with corporates in the retail management chains to offer job opportunities to the young residents of the GH-EA.

5.4. Life Skills

5.4.1. Access to Life Skills

According to UNICEF, life skills are the “psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life.” Life skills are different from vocation skills and are of three types: cognitive

¹³ SDG 8 promotes sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.

skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and interpersonal skills for communicating and interacting effectively with others.

Using the internet responsibly, operating smartphones, taking care of oneself, building relationships responsibly, at work and beyond, etc. are essential to lead a self-reliant life. Apart from that, life skills include making decisions, cultivating empathy, understanding issues of discrimination, peer pressure, self-image, self-esteem, etc.



Prerana Practices

Prerana imparts life skill training through individual and group sessions. These include sessions on understanding relationships, self & social acceptance, problem-solving skills, sex education, essentials of small-group living, self-regulation, peer pressure, consent culture, evolving code of conduct, training on security and protection, learning division of work and responsibilities and more recently, cyber safety. Prerana also engages experts, social workers, and alumni of the GH-EA to deliver these sessions to the young residents. Sometimes, Prerana documents these sessions for wider dissemination.

5.4.2. Access to Leisure and Recreation

Recreation and leisure are a right of every child and should not be perceived as a luxury. It is important to encourage the resident to engage in constructive recreation and leisure for their well-being. Leisure can be defined as 'free-time' when no one is expected to work. Recreation is a fun and relaxing activity of positive entertainment.

The victims of CSE and other forms of violence have a background of traumatic experiences. Their lives at the CCIs, the uncertainties about the future, and apprehensions of entering the society adds to that stress—and can adversely affect their physical and mental health as well their decision-making capacity. Leisure and recreation go a long way in helping the children destress themselves.

CASE IN POINT

A Care Leaver Starts Badminton Coaching

Rupa, during her aftercare preparedness meetings, had shared with the social worker that she wanted to learn badminton after her discharge from the CH. After she moved into the GH, about two months later, Rupa brought up her desire to learn Badminton with the social worker again. She had also come prepared with research on where she could get the training. She wanted to enroll in a two-month coaching program that would cost her INR 6000, and wanted to know if the organization could loan it to her.

Prerana presented Rupa's desire to pursue her dream with one of the donors who agreed to sponsor her coaching fees for two months. After the initial two months, Rupa decided to continue training for four more, and paid for it from her own savings. She also approached a school in the neighborhood to ask if she could come and play Badminton with the students after hours and on weekends. The school agreed and helped Rupa continue her practice.



Prerana Practices

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

- **Organizes recreational activities:** Involves professional recreation leaders and facilitates the participation of residents in external recreation programs.
- **Establishes constructive recreation as a right of the residents:** During the initial discussions, the social workers ensure that an activity of leisure or recreation is included in the residents' daily schedule. The counselors also engage with the resident girls regularly on the importance of self-care.

- **Ensures the participation of and consultation with the residents to identify the scope of interventions for recreation:** The social workers and counselors actively engage in sharing healthy tips on recreation with the residents during their individual and group meetings.

5.4.3. Access to Independent Living Skills

Independence is not to be understood as leading an unbridled or asocial life. Instead, independent living skills focus on self-regulation and taking responsibility for one's actions.



Prerana Practices

As an integral part of its on-going casework, Prerana conducts regular sessions on small group living. It provides handholding support to the residents, especially during their first year of transition from CCIs to GH-

EA. Prerana undertakes the following activities:

- Helps to open, access, and operate email accounts
- Assists in preparing and updating CV or resumes
- Guides in budgeting and living within one's means
- Orients the residents on how to interact at the police station and educates them on their rights.
- Helps residents to travel independently using public transport
- Assists them in learning to cook for a small group, and understanding the importance of a balanced diet
- Helps residents interact with their immediate social environment, including the neighborhood committees.
- Teaches residents about the basics of banking, including opening a bank account, updating passbooks, etc.
- Trains the residents on handling Gazettes
- Helps them access helplines and other support services

- Teaches them to shop for essentials and groceries

CASE IN POINT

Residents Learn to Budget Monthly Expenses

Four care leavers shifted into a GH-EA by Prerana. In three months of moving, the girls were employed. During a regular follow-up discussion with the girls, the social worker got to know that the girls did not have any money left from their salaries to take care of their monthly necessities. While this interaction took place on the 10th of the month, the girls had received and exhausted their salaries within just the first 10 days. The girls shared that they had used up their salaries in purchasing clothes, shoes, new bed sheets and pillow covers for the house.

The social worker helped them in understanding their needs and wants and suggested that they list down their requirements for each month by the end of the previous month. This would help them decide their essential needs and non-essential purchases (wants).

Prerana also encourages the residents to share about their relationships if they feel comfortable to do so. If a resident wants to get married, she is provided with counseling to ensure that she knows what her decision would entail. Prerana also offers to meet with the prospective husband and/or his family only if the resident desires so. Prerana also explains to them the importance of getting their marriage legally registered and shares information on how to go about it. To ensure the access to independent living skills, Prerana undertakes the following activities:

- Conducts visits to the GH and engages with residents individually as well as in group discussions.
- Accompanies the residents to banks, markets, police stations, etc.
- Assists residents in understanding and responding to notices received from various authorities.

- Educates the residents about the landlord-tenant relationship.
- Assists in managing finances.
- Facilitates regular training sessions as per the individual's needs.
- Creates protocols, SOPs, guidelines through discussions and consultation with the residents.



5.5. Challenges Faced When Addressing This Need

The challenges faced by Prerana while addressing the development needs of the residents are:

- **Location of the GH-EA:** The GH may not be close to the schools/colleges/vocational centers of all the residents. Similarly, when it is time to move (in case the lease ends or for other reasons), finding a GH-EA with accessible services is challenging.
- **Access to vocational training programs:** Arranging programs for a small group of 5 to 6 residents with different needs and capabilities is resource intensive. Non-availability of training material and teachers is another hurdle. Residents who lose jobs require handholding from the organization externally assisting the GH.
- **Personal motivation:** Sometimes, it is hard to persuade young girls to choose sustainable vocational options over short-term unsustainable ones. Residents tend to gravitate towards jobs that give them quick and short-term financial relief over a sustainable career option.
- **Social vulnerabilities:** Maintaining confidentiality of the girls' background and restricting their exposure to vulnerabilities at various stages is challenging. Thus, evolving and mainstreaming protection systems for care leavers become imperative.
- **Navigating group dynamics:** Some members may default and create liabilities, thereby endangering the very existence of the GH. Factionalism among the residents affects cohabitation and development of the individual's capacities in a GH. Thus, it is critical to manage the number of residents in a GH-EA consistently.

SOCIAL REINTEGRATION



6.1. Support Mechanisms

6.1.1. Access to Professional Follow-up Mechanisms

Social reintegration is the process of transitioning into society after having spent a significant time in a CCI. It is now recognized widely that institutional life in itself brings certain challenges for its residents that may impact their ability to transition into society. For a smooth reintegration, professional follow-up is important. This includes regular inputs based on needs, calls, casework, counseling visits, and linkages to resources for sustenance and development.



Prerana Practices

The JJ system has a limited mandate for professional follow-up of the resident child once they complete 18 years of age. Prerana believes a child, even after completing 18 years, should remain in touch with the JJ system through professional follow-up mechanisms for some time to ensure their well-being and benefit from the safety net. This is not to be forced on any care leaver, but to be done in the best interest of the care leaver and with their consent.

Prerana believes that access to rehabilitation services is required in aftercare until the care leavers—especially the victims of CSE—can sustain and lead their lives on their own. Prerana works with the CWC and ensures that a Follow-up Order is passed before the person turns 18 years, wherever needed. Support groups also play a role in fulfilling needs such as shelter, health care, legal aid, development, and social reintegration.

To ensure timely phase-out, Prerana transitions from in-person interactions to telephonic follow-up as a first step. Then, follow-ups are moved from weekly to monthly and quarterly basis. Slowly, financial assistance is also withdrawn as the young adult becomes more independent.

Prerana maintains contacts with the young care leavers until they exit the GH - EA and keeps the option open for need-based contact. The organization shares contact information, including emergency helplines, to reach out in case of emergencies or assistance.

6.2. Stakeholder Engagement

6.2.1. Community Preparedness

In cases of CSE, there is a possibility that the victim might go back to the original community. In such a case, the victim must be prepared to protect oneself. In the case of residents who are earning, there may be pressure from families to return back home and contribute financially to the household. However, returning to their families may not always be in their best interest. Thus, it is important for the family and community to support (if genuinely interested) in evaluating if the move back to the family is the best move for the victim. In extreme situations, the family and the community may even try to disrupt the GH activity as a pressure tactic. So, it is important to prepare both sides for a course of action that serves the best interest of the resident and still equips the family to protect the resident.

CASE IN POINT

When Family Pressurizes Young Care Leavers

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

Upon knowing this, Usha's mother began to insist Usha to come back home. However, Usha did not wish to return as her relationship with her mother was

sensitive due to childhood neglect. Gradually, Usha's mother began asking Usha for money. Initially, Usha provided a small sum of money to help her mother sustain, but as time passed, her mother began demanding more money that Usha couldn't afford. Finally, she stopped. Then, her mother started pressurizing and emotionally blackmailing her.

Usha shared her ordeal with the social workers. A meeting was organized with Usha and her mother. Usha and the social workers explained to Usha's mother that Usha was earning just enough to help her sustain in a city like Mumbai and would not be able to assist her financially. Her mother gradually understood Usha's situation, but Usha decided that she would never go back to live with her mother.



6.3. Challenges Faced While Addressing This Need

Some of the challenges associated with social reintegration include:

- **Institutional challenges:** The facilitating organizations of GH-EA can find it difficult to transition from being actively involved in providing care and protection to facilitating externally and thereby assisting the young adults.
- **Dependence on CSO and vice versa:** Victim's excessive reliance on the CSO and unwillingness to wean off from the support is also a challenge while reintegrating residents. On the other hand, the externally assisting organization might also take undue interest in the lives of the residents and patronize them. Unwillingness on the part of the organization to actively make the resident independent and thereby withdraw support.
- **Social vulnerabilities:** A child victim of CSE could become freshly vulnerable as she gains the newly acquired freedom. The family and the community of the resident may try to disrupt the Group Home.

CASE IN POINT

Helping Care Leavers Transition out of GH

Shehnaz was an orphan and had been associated with a CCI since childhood. During her stay at the CCI, Shehnaz had shown exemplary leadership skills. While she was pursuing her graduation in 2018, Shehnaz moved to a GH-EA. She took on responsibilities at the GH and didn't take a lot of time adapting to the environment. Shehnaz acquired a job and simultaneously completed her graduation.

After about a year and a half in the GH-EA, the social workers began to work on building an exit plan for Shehnaz. But, whenever the social worker would talk about Shehnaz' exit, she would ask for an extension. After two years, the social worker again addressed the concern and realized that Shehnaz was reluctant on leaving the GH as she felt that this would mean an end to her association with the organization. She was assured that she could contact the organization whenever needed, but for now, she would have to build a life independently.



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