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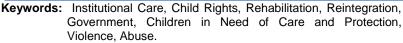
Remarking An Analisation

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A Study on Rehabilitation and Reintegration of Children in Need of Care and Protection in Jaipur District of Rajasthan

Abstract

Child rights protection has been a significant concern for India Since Independence. Government and civil societies have undertaken several measures to ensure protection of child rights including launch of child rights protection policies, program and laws, allusion with theconstitution of India. Among various legislations and laws meant for child protection, the Juvenile Justice Care and Protection Act 2015 was the one enacted by Government of India with a focus on developing child protection system in the country. This Act is reinforced by the Integrated Child Protection Scheme (ICPS) targeting to the institutional support system, for the children in conflict with law and children in need of care and protection. The present study aims to understand and analyze rehabilitation and reintegration strategies of child care institutions or children homes providing institutional care to the vulnerable children in Jaipur district of Rajasthan. The study findings show that children homes are less resourced in terms of finance and human resources. Most of homes are older and have better infrastructure but they require enough professional staff such as counsellors, vocational trainer and physical health educator to facilitate effective rehabilitation of the vulnerable children. The major gaps identified in the reintegration of the children to the society and settlement of the children who have completed 18 years



Introduction

The United Nations Convention (UNC) on Child Rights (1989) defined child as a person who has attained the age of eighteen years. In India, various legislations and laws have provided definition of 'Child' or 'Minor' in a different manner. The Census of India considered child a person who is below the age of fourteen years.

Several authorities have provided definitions of child rights but a unique and an inclusive definition was provided by the UN Convention of Child Rights. The UNCRC stated that the Child Rights are the minimum prerogatives and autonomies that should be used by all the persons who are below the age eighteen years irrespective of their background, color, race, gender, language, caste, religion thus apply to all the person universally. The UNCRC also explained that the child rights are interdependent and imperceptible, means that any child right cannot be ensured at the cost of any other right or rights. In general, the child rights are divided into certain broad categoriesincluding Social Rights, Political Rights, Civil Rights, Cultural Rights, and Economic Rigths of the children. The child rights in India have been a key focus area of development planning so far. The National Policy for Children, 2013 aims to protect and encourage the rights of the children to survival, health, education, nutrition, development, participation, and protection.

With an intend to provide safety and protection to the children, the Juvenile Justice (care and Protection) Act 2015 came into existence by annulling all the previous Acts and Laws relevant to the juvenile justice with special revision and amendments. The Act reinforced the protection for both the category of the children i.e children in conflict with law and children in need of care and protection as indicated in the Act. It clearly



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provides definitions about different groups of children based on their vulnerabilities such as orphaned, surrendered, abandoned children, severity or intensity of the crime committed by children, more clarity on the responsibilities roles and of statutory functionaries designated under the law such as juvenile justice board, child welfare committee, state child protection unit, district child protection units, adoption agencies, voluntary organizations etc. Any organization (government or the organization) which is running child care institutions need to be registered as per the act and the rules. **Review of Literature**

As per the Census of India 2011, there are over 444 million children in India under the age of 18 years. This constitutes almost 37% of the total population in the country. One in every 4 children of school-going age is out of school in India. There are 99 million children in total who have dropped out of school due to certain reasons. According to the District Information System for Education (DISE) 2014-15, Out of every 100 children, only 32 children could finish their school education age-appropriately and only 2% of the schools offer complete school education from Class 1 to Class 12. The data on child labor shows that situation of children in India is still far away from betterment. In India, there are 10.13 million child labourers between the age of 5-14 years. The country has 33 million working children between the age of 5-18 years. In several parts of the country, more than half the child population is engaged in some kind of labour. Every day, around 150 children go missing in the country. As per the National Crime Record Bureau 2016, kidnapping and abduction too are the largest crime against children. The data shows that over the last 10 years, crimes against children has increased 5 times over. Almost 19.8 million children below the age of 6 in India are undernourished (ICDS 2015). NFHS 4, 2015-16 data represents that only 9.6% of children between 6-23 months in the country receive an adequate diet. It also shows that 38% of children (1 in 3) between 0-5 years are stunted in the country and 21% (1 in 5) of the children in the country suffer from wasting. Around 36% of children under 5 years of age are underweight in India. NFHS 4, 2015-16 data also shows that there are 58% of children between 6 months to 5 years who were found to be anaemic in the country. In case of child immunization, total coverage in the country stood at 62% in 2015-16. The status of girl child is more worrisome in the country as 42% of women in India were married as children (District Information System for Education (DISE). According to UNICEF, one in every 3 child brides in the world is a girl in India. India is home of more than 50 lakh girls under the age of 15 years who are married with the children. Almost 70% of these girls also have two kids.

Recent estimates show that almost 168 million children universally are indulging child labour, accounting for almost 11 % of the child population. All these children have been working in hazardous work that directly endangers their health, safety, and moral development. Asia and pacific region are found to be the highest number of childlabour however, the Sub-

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Saharan Africa continues to be the region with the highest percentage of child labour with more than one in every 5 children engaged in child labour. In this hazardous activity the number of boys when compared to girls are larger between the age of 5-17 years of age. The ILO represent that the girls may also be present in more numbers but they are less visible and therefore it is not in records. Largely the girls are engaged in domestic work in private households.

The report on crimes done in India shows that more than one lakh cases of crimes against children were recorded in 2016 and out of these cases, around 36000 cases were recorded under Protection of Children from Sexual Offences Act (POCSO).

In the UNICEF report, there are about 140 million children globally who have lost their parents. India is also a country having largest population of orphan children i.e 31 million in the South Asia. These children are the most vulnerable and are at the extreme risk of exploitation, child labor, trafficking, prostitution, abduction, discrimination and sexual abuse.

A study done on psychological wellbeing of orphanage children shows that majority of the children are craved for parents and have strong desire for love, care and affection. One of the studies also tells that the orphanages should not only just focus on materialistic requirements but also on the psychosocial needs of children living in the orphanages a part from low self-esteem, confidence, lack of purpose in life and long-term bereavement had resulted in depression, loneliness, anxiety, and helplessness among orphan children. Some new interventions should be implemented specifically targeting all these needs.

As per the comparative study conducted on residential and foster careby Calton, the residential care institutions were observed to have larger use of inapt and futile ways to deal withthe children as compared to the foster parents. The children homes observed under the study were found to be distinctly different from the foster care in term of adopting child friendly mechanisms. The results of the study depict that the roles and responsibilities ofthe residential institutions or caregivers involvedlargefocus on strict supervision and control. The study also represents that a more understanding, mutuality and the intimacyobserved between the children and the foster caregiver/ parents as compared to the children and institutional care givers.²

Need of the Study

The need for the study arises from the necessity to understand the process rehabilitation and social reintegration for the children who need care and protection. There are considerably larger number of children who are neglected, exploited and destitute. The current situation is drawing the attention of people and Government as a social problem which need immediate attention. Institutionalization is not always a solution for the problem. For the prevention as well as rehabilitation, a careful investigation and analysis of problems and needs of these children is

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necessary. Very few attempts have been made in this direction. A glance at the available literature clearly indicates that no data available and very few attempts are made to ensure the rehabilitation and the social integration of these children. In most of the studies, much importance is given to basic needs like food, clothes, toilet and bath facilities and need for a shelter but neglected emotional, social, familial needs of children. Since the problem is widespread in many towns and cities, there is a need for comprehensive studies to assess and analyze the challenges of child protection, rehabilitation and reintegration to the society in full potential. The present study is a modest

attempt in this direction.

Therefore, this study was initiated to analyse the service delivery mechanism of various institutions/child care institution/children homes who is responsible for providing rehabilitation services to the children, its problems/challenges and taken into account experiences/views of various stakeholders to make the system effective for such children. As it will be practically impossible to analyse the entire system in the state in the given time the focus was only on institutional services for children, associated challenges

Objectives of the Study

- To analyse service delivery mechanism meant for rehabilitation and reintegration of the children under institutional care.
- To identify gaps and challenges in rehabilitation and reintegration system devised for the children in institutional care.
- To examine stakeholders' experiences and roles in social reintegration and rehabilitation of children.
- To provide policy recommendations based on the study findings.

Research Design

The present study is descriptive research and describes the mechanism for rehabilitation and reintegration of the vulnerable children placed under institutional care in Jaipur district of Rajasthan. The study also attempts to identify gaps in existing systems and suggest measures and provide recommendation for further interventions and improvements.

Universe

The Universe of the study consists of all the government and non- government institutions for children belonging to any of the categories under the Children in Need of Care and Protection in Jaipur district of Rajasthan. Under government run institutions, there are two Children's Homes certified under the Juvenile Justice Act. In the non-government Institutions, the researcher covered 15 institutions out of total 35 institutions.

Sampling

The process of systematic random sampling was used for sample selection as the criteria for the selection of sample was clear i.e the institutions/children homes acting as authorized place or settings for placing children in need of care and protection. The final sample consisted of 15 children's' home. The study also covered 50 children living in

children homes. The exploratory and the descriptive designs were adopted using semi-structured interview with the care givers/children homes and the Focused Group Discussions (FGDs) with the care receivers i.e children living in the children homes to obtain clear picture upon each aspects of the study.

Findings of the Study

Profile of the Children staying in Children Homes

The Children Homes have 792 children including 391 girls and 401 boys. The total number of children divided into three category of age groups as shown in the table. Out of the total children, 210 belong to the age group 0-6 years including 59 male and 151 girls. About 394 children come under age group of 7-12 years including 176 Girls and 218 Boys. Under the age of 13-18 years, 188 children are there with 124 boys and 64 girls. It is observed that most of the girls living in children homes are under the age of 12 years. Out of the total children, 401 are male and 391 are female. It is found that majority of both girls

Age (years)	Male	Female	Total
0-6	59	151	210
7-12	218	176	394
13-18	124	64	188
Total	401	391	792

and boys belong to the age group 7-12 years followed by a greater number of boys in the age between 13-18 years and girls in 0-6 years.

Profile of Children by Vulnerability

The table indicates the reasons by which children are living in the children homes. The study found that the major reason which made children staying in child care institution is poverty. Most of the children in the children homes had been given up/left by their parents/guardian who are unable to take care

Category	Male	Female	Total
Child Labor	140	90	230
Orphan	137	188	325
Runaway	23	21	44
Sexually Abused	5	32	37
HIV Positive	18	7	25
Missing	38	48	86
Begging	40	5	45
	401	391	792

of them due to poor economic conditions or forced to work under vulnerable situations. About 325 out of 792 orphan and 230 are child labor. Jaipur is one of the metropolitancity having high concentration of child labors. There are more than 50,000 children who are trapped in hazardous work such as producingbangles, saree embroidery and jewelries. As per the qualitative data, these vulnerable children are forced by employer to work up to eighteen to twenty hours a day without proper food and time to rest. Most of the time, they are physically abused and exploited by the employer. The children struggled enough to feed their family and fulfill basic requirements. Most of the child labors had been working as bonded labors who have been working in condition of slavery to repay the family debt. The debt sometimes muddles the children in such a way that even if they get rid of the occupation with the support of child protection RNI No.UPBIL/2016/67980

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agencies, they are trapped again not by employer but by their parents or guardians as well. Majority of children in selected children homes are found to be child labor were involved in rag-picking, bangle making and restaurants.

Rehabilitation Strategies followed by the Children Homes

Rehabilitation and proper integration are the goal of the child care institutions. Once the children entered in the children home, it is a responsibility of child welfare officer/social worker/case worker to investigate and comprehensively prepare the individual plan for child rehabilitation restoration/reintegration. The study observed following strategies adopted by the homes of rehabilitation and care of the children.

Health Services in the Children Homes

The study paid key attention toward the health care facilities for children as one of the most important aspect of children's rehabilitation in

Health facility	Number of Children homes
Regular Health Check ups	60%
Part time doctor	100%
Referral to Govt. hospital	70%
Referral to private hospital	30%
Availability of first aid kit	80%

children's homes. The result indicated that the 60% children's home have been providing health checkups facility to the children at least once in a year. In all the homes, a medical personnel or doctor is appointed with the home on part time basis, To take care of the child health when they fall ill. Around 70% homes refer government hospital in the vicinity of the home for the treatment of the children while 30% refer private clinic/hospital. Three children homes were not found with a first aid kit available in the homes.

Access to Education

It is responsibility of a children home to ensure basic education to the children under their care as per the age of the children. Table shows the number of children attending school outside the

Education facility	Number of	
	children/children homes	
Regular schooling	80%(children)	
Physical health	60% (children homes)	
education		
Life Skills education	40% (children homes)	

children's home. It shows that around 20% children are not going to school. Majority of the children who are not attending school include run away or child labour. It had been observed by the most of the children's home that the children who are run away or came to the city for labor habitually run away when allowed to go outside the children home for school. The result from the discussion with one of the children home represents that sometimes school authorities are reluctant to provide admission to the children belong to the children home due to their poor socioeconomic background and inability to provide admission in the middle of the year. However, in one of the children home it had been observed that the children going to school have relatively good

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performance and recognized by the school. It is mandatory to provide physical health education or teaching yoga to the children for the improvement in the physical and mental health of the children living in these homes. In case of almost 60% of the homes, the physical health education has been imparted to the children with the support of physical health educator while the rest of the homes (40%), discussed the issues such as of lack of availability of qualified teacher on regular basis, low salary and attrition rate, and lack of interest among children. Physical development of the children is a key part of rehabilitation of children living under institutional care. Studies have shown that children who had spent initial years of their life under the institutional care shown retarded physical and cognitive development as compared to those living under family care.

The children living in children homes differ with each other by their own problems and challenges of day to day life. They need different kind of support to deal with their life challenges. Life Skills Education play significant roles in supporting children to deal effectively with the same. As explained so far, the Life Skills include abilities and capabilities of person to adapt positive behavior that enable the person to effectively deal with the demands and challenges of his/her daily life.4 In only 40% of children homes, the Life Skills education has provided to the children with the support of part time resource person. None of the organization shown any module or curriculum being followed to develop life skills education to the children. It was observed that rest of the organization either do not having understanding about significance of life skills or lack qualified trainer for the teaching such education in child friendly manner.

Basic facilities	Number of homes (%)
Planned Food chart/ menu	80%
Meals to children twice a day	90%
Meals to children thrice a day	10%
Toilet facility for boys and girls separately	70%
Hand washing facility after toilet use	70%

Basic Services to the children

All the children homes provide basic services to the children living in the children homes such as food, proper shelter, sanitation, clothing, and counselling support in a varying degree of quality and quantity. This is often depending upon the amount of funding available with the children homes and availability of qualified personnel. Out of the total children homes, 80% have planned a food chart indicating day wise food menu to be served to the children, 90% provide two meals to the children in a day and rest 10% provide three meals in a day. Almost all the children homes have toilets facilities in the homes. About 70% have separate toilets for girls and boys. It had been observed that 30% of them did not have soap or other cleanser for hand washing after using toilets. In majority of the homes, girls and boys usually sleep in same home but different rooms.

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The homes having large number of children are found with separate homes for girls and boys.

Availability of Staff

The overall status of availability of staff shows that almost every children home has

Availability of Staff	% of homes	Gap
Superintendent	93%	7%
Counsellor	87%	13%
social worker/child welfare officer	80%	20%
House mother/father	100%	0%
Care taker	100%	0%
Vocational instructor	40%	60%
Doctor	100%	0%
Art and craft, music teacher	60%	40%
PT /yoga teacher	60%	40%

superintendent available to oversee the functioning of the children homes. Only 1 (7%) home found with position vacant for last six months. As per JJ Act. it is mandatory for every child care institution to appoint case worker/social worker/child welfare officer who is responsible to facilitate and ensure child rehabilitation, reintegration and development. The officer is also responsible for comprehensively prepare individual care plan for every child come to the children home, review the same, social investigation, contact with child's family and others for proper rehabilitation and reintegration of the child. Almost 13% do not have qualified social worker/child welfare officer which in itself affecting proper rehabilitation, monitoring and reintegration of children. In the absence of the same, somebody else from the organization, who is not professionally trained, have taken charge. One of the major concerns shared by almost all the organization is the retention of professionally qualified worker as most of them demand appropriate salary or salary raise or leave the job after one or two years or wok dishearten when not paid well. Similarly, the availability of qualified and dedicated vocational instructor, physical/yoga teacher and art and music teacher is major concern. It has also been observed that the organization have given charge of these responsibilities either to counsellor or other staff who is not trained to perform the responsibilities associated with the positions.

Individual Care Plan for Children

The child care institutions, responsible for their rehabilitation should have individual child care and rehabilitation plan which should include child needs assessment and steps/ actions necessary for effective rehabilitation and reintegration. The study observed the system of individual child care plan and proper implementation of the same is followed by only 40% of the children's home. The remaining follow the uniform approach for all the children. The major reason for the same is lack of trained/skilled social worker or case worker with the children homes. In majority of the cases, individual care plan is limited to the filling up of form number seven which specifies suitable rehabilitation plan for the Child in Need of Care and Protection.

Vocational Training

In order to equip children between the age of 15-18 years with necessary entrepreneurship skills, vocational training plays significant role in rehabilitation of children in economic terms and ultimately help the children in deinstitutionalization and to reintegrate with the society independently.

In the present study is faced limitation in data collection relevant to vocational training due to non-availability of records and reluctance on part of respondents to respond the questions. Almost 40% of the children homes are able to provide vocational training to the children. Almost 12% children of the age group 15 to 18 years have been participating in the vocational trainings in 40% of the children homes. The children are provided with skills such as handicraft, artificial jewelries making, and beauty parlor. The boys are encouraged to take up ITI courses.

Counselling Services

The children receive counseling services at every step since he/she she is produced before child welfare committees. The study findings show that majority of the counsellors who have been associated with the children homes face different kind of challenges. Counselling could not be done without building positive relation with the children. The counsellor needs specific skills to identify, observe and establish communication with the children. Most of the counsellors received trainings once in a year by the resource agency and in-house training. However, the ability to deal with children with his/her unique problem is still a challenge and need empathy, emotions and perseverance. The most challenging task for counsellor is to identify actual problem faced by a child especially children victim of sexual abuse. Most Counsellors face difficulty in initiating a dialogue with a child who is a potential victim of abuse. Many times, the counsellors need to counsel a child more than 8-10 times to evaluate the actual situation faced by a child.

Deinstitutionalization and Reintegration

The children may not have experienced much trauma when they came to children homes, but they got so distressed when they had to face departure from the homes. Most of the children do not have familial environment outside the home. However, some children have options to return to the family of origin or relatives if s/he is not orphan but financial constraint is an issue for them. It's a concern for most of the homes that the children who have good experiences living under the institutional setting feel depleted due to lack of appropriate transition and clear plan for their life once they live children homes. Adoption has not been a choice of most of the people now a days due to fertility treatments, surrogacy and inter-family and informal child adoption. Therefore, most the children remain in institutional care until they attain age of 18 years. One home which has a developed a program on foster care program in which some of the children can transition to adult life while still in school. The caregivers live with the children as mothers and they cook for them, get the children ready for school etc like a typical parent do. Most of

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the children do have dreams about their life and want to be teacher, doctor and engineer. Two organizations could share their experiences about children who could settled their life and successfully running their business and job and few of them settled into a married life. "Ragu was a poor orphan boy found by ChildLine in the age of 8 years. When he came to children home, he did not know about his parents, family and background. The only thing he remember was working day and night picking rags from the streets and sleeping on footpaths with similar other children. When he spent some days in children home, he liked the place and company of other children in the home. He did not want to go back to the street and struggle for food. He started schooling and enjoyed study. He was so cooperative to the new entrants in the children home and helped them whenever required. After 18 years, he wanted to continue his studies and also work for his livelihood. The home helped him provided all kind of support to him. Ragu got training of driving and started working as driver. He is happy living independently and usually visit the home and other children".

Almost all the organizations have system to reintegrate the children with families/parents/guardian especially those who are run away, missing and child labors. In the children homes, around 70% of the children have already been living for more than four years and this category includes majority of children who are orphan, destitute or having no family. Findings of the study indicated that the reintegration plan is largely imprecise as almost 70% children have already spent more than 4 years in the home. Only two children homes have inbuilt system of reintegration i.e foster care with substitute mother and family while rest have shown ambiguity about reintegration of children. This shows that children having no family/parents or alternate family substitute have to stay in the children homes till they attain 18 years of age or able to live by their own. In two children homes, it was observed that children above age of 18 years are living and do not want to leave the home or do not have alternate option to make their living outside of home. Four children homes had around 27 children who were above the age of 18 years. The major reason behind presence of the children above 18 years is lack of exit strategies and investment for preparing the child for independent life. This was evident while discussion with the head of the home or superintend that these children find themselves insecure/unable to cope with independent living and prefer to return back to the children homes.

Child Reintegration Approaches of Children Homes (last one year)

Approaches	Number of children homes (%)	Number of Children
Biological Parents	90%	557
Relatives or guardian	30%	138
Foster care	13%	40
Adoption	-	-
Sponsorship	30%	39

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The table indicates that most of the children who have come to the children homes are reintegrated to their family after counselling and staying in children homes for short duration. None of the children homes shared the information on adoption besides that they shared that adoption became a last choice of couples these days due to advanced medical treatment for fertility, surrogacy and choice of parents to adopt the child informally without any formal processes. Two homes (13%) have facilitated foster care for 40 children in last one year and 30% have facilitated sponsorships for 39 children effectively. Under sponsorship programe, timely funding and availability is a challenge faced by the organizations. The children who have been supported by sponsorship program belong to the organization receiving funds from individual and foreign donors. The funds been received include education fee, living cost, education trip etc for the children. Large number of children reunified with their

Challenges in Effective Reintegration

The study findings revealed number of challenges in rehabilitation and reintegration of children.

Limited Financial and Human Resources

Most of the children homes reported that they don't have enough financial resource to effectively deal with each child problem and provide an integrated service to the children including their reintegration to their family or society. Each child come to the children home with his/her unique problem which require complete attention and constant support. One of the enduring issues faced by home is amount of time and resources committed to individual child which need special skills and commitment of person dealing with child. This has financial implications.

Dealing with Children Who Are Very Young And Children With Mental Disabilities

It is been difficult in producing the information in case of the children who are either very young or specially abled /children with disabilities. Dealing with young children especially those belong to mental disorder required special skills and required lot of time. Sometimes the homes lack capacity to deal with such children and ended up with ineffective rehabilitation and reintegration of children.

Lack of Clear Laid Down Rehabilitation and Reintegration Strategy or Plan for The Children

Due to unclear plan especially for reintegration of orphan children, there are higher chances of them to return to the street and indulge in crime. Those who left the home with useful or employable skills have started their own small enterprise or doing job. The number of such cases shared by the organizations is small. Except one organization which has established system of foster care for children, the other organization face challenge of reintegration of children to the society.

Lack of Integrated and Holistic Approach to Facilitate Effective Discharge

No Children homes found with clear idea about holistic approach to facilitate effective discharge

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of the children after attaining eighteen year of their age. Majority of them explore possibilities for fund from government or other private donors to bear expenditure of such children as the children have no subsistence means of survival outside the children homes.

Stigma and Taboo for Children

The children who are eligible to discharge feel anxiety in settling outside due to various reasons as stated above but one of the major reasons is societal stigma of being a person belong to a separate category usually defined by people outside as 'offenders'. The problem is more serious for the children who are victim of sexual abuse.

Lack of Proper Follow Up

The children numbers in the homes is increasing day by day with varied kind of problems and vulnerability. The entire focus is on rehabilitation services and reintegration but there are examples also where the children already reunited with the family trapped and produced again before child welfare committee. This shows that the child problem is still unresolved, and the system is failure to address the child problem and protect their rights. Such instances include the problem of child labors.

Lack of Qualified and Trained Counsellor and Social Worker and Their Retention

Counselling and facilitating rehabilitation and reintegration through individual child plan require effective skills and qualification. The availability of such staff on regular basis and their retention is a major issue faced by the children homes. Most of the cases, professionals do not prefer child protection as a challenging career. They work for one or two years and switch the interest towards some other jobs. If they continue, they expect higher salaries which does not match with budgeted funds available for the same. As a consequence, children homes have to function without professionally qualified staff leading to ineffective services to the children. Increasing human resources or manpower and their retention is necessary for effective rehabilitation of the children.

Conclusion

The study was an attempt to understand the strategies, challenges and gaps in rehabilitation and reintegration approaches of children homes. The overall findings show that children homes are less resourced in terms of finance and human resources. Most of homes are older and have better infrastructure but the required enough professional staff such as counsellors, vocational trainer and physical health educator to facilitate effective rehabilitation of the vulnerable children. The major gaps identified in the reintegration of the children to the society and settlement of the children who have completed 18 years of age, due to lack of integrated plan and strategy. The caregivers, who directly deals with the children are not formally trained in regular interval and provided technical support to function properly. The attrition of the professionally qualified staff is also higher due to lack of incentives and motivation to continue work for the vulnerable children institutionalized in the children homes.

Recommendations

Since the caring, rehabilitation reintegration of the children is a highly skilled role, regular training need to be provided to the staff of children homes with a special focus on Individual care Plan for the children as every child differ from other in terms of his/her problem. The mechanism should also be developed for incentivization of staff to enhance their intrinsic motivation along with the availability of proper funds to meet the pecuniary demands. Networking and collaborations are recommended among the professional staff of children homes to share and learn from the experience of each other. A half yearly or quarterly review mechanism may be developed by the state child protection units and the district child protection units to resolve and address the challenges and ensure effective functioning of the homes. It is further recommended that the reintegration planning/individual care plan, after care need to be strengthened and monitored regularly so that the children should not remain in the institutional for so long and without any future plans.

There is need to focus more on developing vocational or entrepreneurship skills programs and policies for the children between 15-18 years of age. It is highly recommended to provide required support to the NGOs running children homes effectively and building body of experiences and knowledge in the areas of child protection, rehabilitation and reintegration.

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