

A Series on Alternative Care

# Standards of Care in Child *Care* Institutions





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# Preface

The year 2015 was a significant year in the history of child rights in India with the enactment of the Juvenile Justice (Care and Protection of Children) Act, 2015. Globally also, this was the same year when members of the United Nations adopted the Sustainable Developmental Goals to end poverty and ensure prosperity for all. With these developments, the post-2015 framework for child protection in India has attained a strong rights-based orientation. Against this backdrop, Udayan Care is conscious of the fact that protecting the rights of out-of-home care children is critical in the overall scheme of child protection. The number of children in need of care and protection is continuously on the rise and adoption rate in India is still very low. It is estimated that the number of such children is likely to be 24 million by 2020. Thus, India faces a humongous task of caring and protecting a large number of out-of-home care children and giving them the opportunities to grow to their full potential. A robust system on Alternative Care that works to restore, protect and reintegrate them needs to be a priority with all stakeholders.

Awareness of the prescriptions of laws and policies is a prerequisite for a robust system of Alternative Care. However, we often witness gaps in the knowledge of people working in the domain of child care with respect to the latest laws and policies. This at times can result in deficiencies of services or compromises with child care, thus putting the rights of children to a back seat. The issue of Alternative Care is still an evolving subject in India. Keeping this gap in view, Udayan Care felt the importance of developing a set of information, education and communication material on different aspects relating to Alternative Care. This publication, **A Series on Alternative Care**, containing four booklets, viz., Standards of Care in Child Care Institutions, Foster Care, Adoption and Aftercare, is an attempt in the above direction. These booklets cover the latest legal and policy framework on Alternative Care in India, which has been presented in an easy-to-understand style so that they can be used as an effective reference material by all the stakeholders. All the four booklets in the Series have been updated according to the Juvenile Justice (Care and Protection of Children) Act, 2015, the Juvenile Justice (Care and Protection of Children) Model Rules, 2016, and the latest guidelines on foster care and adoption issued by the Government of India. The relevant provisions of the Convention on the Rights of the Child and the UN Guidelines for the Alternative Care of Children (UNGACC) 2009 have also been kept in view while preparing the booklets.

The booklets contain no complicated legal jargons. The purpose is to make people in the field of child protection comprehend the scope and basic facts on the four thematic areas. All the four booklets follow a similar style of presentation, first introducing the concept, then a chapter on legal and policy instruments, followed by a chapter on practices in India and some other select countries. Each booklet also has a listing of references for those who are interested in further reading on the given subject.

These booklets have been written for child care practitioners, those working in the government offices, members of District Child Protection Units, Child Welfare Committees and Juvenile Justice Boards, social workers, caregivers, staff and management at child care institutions, State agencies as well as by beginners and volunteers in the field of Alternative Care. However, it is pertinent to note that the booklets are not the replacement of any law. For any further understanding of the law, reading of relevant Acts and Rules are strongly recommended.

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We highly appreciate the invaluable inputs provided by several experts including Tannistha Datta, UNICEF, Delhi; Swagata Raha, Centre for Child and the Law, National Law School of India University (NLSIU), Bengaluru; Premoday Khakha, Assistant Director, Integrated Child Protection Scheme, Government of NCT of Delhi and Ian Anand Forber Pratt, National Program Director, Centre of Excellence in Alternative Care of Children, India.

Needless to say, the hard work of the entire team at Udayan Care has indeed ensured the completion of this project successfully.

**Udayan Care**  
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# Abbreviations and Acronyms

CCI/CCIs	Child Care Institutions
CRC	Convention on Rights of the Child
CSB	Children's Suggestion Book
CW	Case Worker
CWC	Child Welfare Committee
CWO	Child Welfare Officer
DCCW	Delhi Council for Child Welfare
DCPU	District Child Protection Unit
FIR	First Information Report
GFC	Group Foster Care
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICDS	Integrated Child Development Scheme
ICPS	Integrated Child Protection Scheme
ID	Identity Document
JJ Act 2000	Juvenile Justice (Care and Protection of Children) Act, 2000
JJ Act 2015	Juvenile Justice (Care and Protection of Children) Act, 2015
JJB	Juvenile Justice Board
JJ Rules 2016	Juvenile Justice (Care and Protection of Children) Model Rules, 2016
KAI	Kids Alive International
LIFE	Living in Family Environment
NGOs	Non-Governmental Organizations
PT	Physical Training
SAA	Specialised Adoption Agency
SCPS	State Child Protection Society
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNGACC	United Nations Guidelines for the Alternative Care of Children
VDRL	Venereal Disease Research Laboratory test



# Introduction

Child care in India is historically associated with institutional care with focus on care of orphans. Although members of joint or extended families generally play the role of caregiver for children without parents, there have always been orphans without any kind of support from the family system. Such children are traditionally looked after by orphanages which are known as institutions for shelter and care. India's orphanages have been functioning for the last several decades, and some even more than a century, as the following examples indicate. The San Thome Orphanage in Tamil Nadu was established between 1820 and 1830, Bachchon Ka Ghar—the oldest orphanage of Delhi was built in 1891, Arya Orphanage was started in Delhi in 1918 and SOS Children's Villages of India set up its first Children's Village in Haryana in 1964. However, the nature of institutional care has undergone fundamental changes due to changes in socio-economic and political dynamics of the country and global focus and actions on rights of children.

Changes in India's socio-economic dynamics have manifested in multiple ways. There is increasing disintegration of joint family system leading to weakening of the traditional support base for orphan children. Poverty and loss of livelihood opportunities are pushing children to the margins. Social conflict and disasters not only make children homeless but also inflict on them psycho-social trauma. Contemporary social dynamics have resulted in the emergence of multiple typologies of children under difficult and vulnerable circumstances, as stated in the chapter on Indian context.

Politically, independence of India in 1947 and adoption of the Constitution on 26 November 1949 that guarantees fundamental rights of children under various Articles have ensured increasing legislative focus on children's issues. The National Policy for Children, 1974, enactment of a uniform Juvenile Justice Act in 1986 which replaced Children's Acts of various States and India's ratification of the United Nations Convention on the Rights of the Child in 1992 speeded up the country's movement towards welfare-centric child care. A turning point in the history of institutional child care, however, was the enactment of the Juvenile Justice (Care and Protection of Children) Act, 2000 (JJ Act 2000), which replaced the Juvenile Justice Act, 1986 and brought about fundamental changes in institutional child care structures and functions in India. The above Act was repealed in 2015 and the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act 2015) came into force affecting, *inter alia*, further changes in the existing institutional and non-institutional child care systems.

## Legal and Policy Instruments of India Governing Institutional Care

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

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

Integrated Child Protection Scheme (ICPS)

As regards global focus and actions on rights of children, adoption of the United Nations Convention on the Rights of the Child (UNCRC) on 30 November 1989 by the UN General Assembly could be termed as the



most significant step forward for the well-being of children as it contains a set of universal legal standards for protecting and promoting “the Best Interest of the Child”. It gives children their basic rights covering four main domains namely right to survival, right to development, right to protection and right to participation. India ratified the UNCRC on 11 December 1992, reaffirming its commitments to standards of child care as prescribed in the Convention. There are also other key international instruments on rights of children, as given in the text box below, that form the basis of child care legislation in India.

### Key International Instruments on Rights of Children

- UN Declaration on Rights of the Child, 1959
- Minimum Age Convention, 1973
- UN Convention on Rights of the Child, 1989
- UN Standard Minimum Rules for the Administration of Juvenile Justice, 1985 (the Beijing rules)
- UN Rules for the Protection of Juveniles Deprived of their Liberty, 1990
- Optional Protocol to the CRC on the Sale of Children, Child Prostitution, and Child Pornography, 2000
- Optional Protocol to the CRC on the Involvement of Children in Armed Conflict, 2000
- UN Guidelines for the Alternative Care of Children (UNGACC), 2009

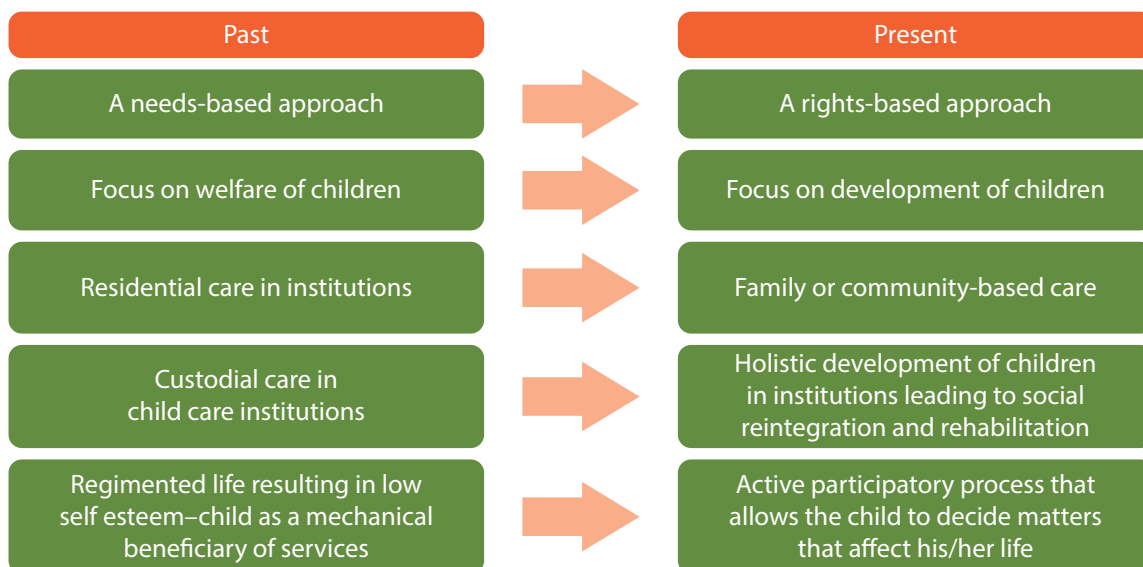
(UNGACC was endorsed by UN General Assembly on 20 November 2009 and adopted on 24 February 2010, Resolution A/RES/64/142)

**Takeaway:** This section provides an introduction to institutional child care in a historical perspective and also focuses on international instruments on child rights.

# The Concept

Institutional care refers to the care, protection, rehabilitation and social reintegration of children in difficult and vulnerable circumstances in an institutional setting under the guidance and supervision of child care professionals whose actions are governed by the standards as prescribed by the law of the land. The JJ Act 2000 was the guiding legislation for child care institutions (CCIs) until 2015, when the new JJ Act 2015 was enacted. The new law contains necessary prescriptions for different types of child care institutions. Actions of child care institutions are designed to address physical, psychological, emotional, social, educational, cultural, economic and moral needs of targeted children in an age appropriate manner. While care and protection are fundamental to institutional child care, rehabilitation and social reintegration are equally and immensely important for children as they grow up to become adults.

It is, however, important to note that the focus of child care in India as well as in many countries across the world has shifted from institutional to family or community-based child care, as is recommended by international instruments on child care and researches on the issue. Notwithstanding the continuation of institutional child care, policies and programmes on children have gathered a distinct rights-based orientation, thereby transforming the way child care institutions function. This change in approach is reflected in India's National Policy for Children 2013, which has identified one of its key priorities as: "To secure the rights of children temporarily or permanently deprived of parental care, the State shall endeavour to ensure family and community-based care arrangements including sponsorship, kinship, foster care and adoption, **with institutionalization as a measure of last resort**, with due regard to the best interests of the child and guaranteeing quality standards of care and protection." (Para 4.10). The child care system of the past and its present variant are elaborated in the graphic below.



## The UN Guidelines for the Alternative Care of Children

The UN Guidelines for the Alternative Care of Children are of specific significance in the present context. While family-based care of children occupy the central position in these guidelines, they also deal with institutional care as a last resort and the ways the best interests of children can be protected and promoted. The sections below contain relevant extracts from the UN Guidelines.

### On family-based care:

“The family being the fundamental group of society and the natural environment for the growth, well-being and protection of children, efforts should primarily be directed to enabling the child to remain in or return to the care of his/her parents, or when appropriate, other close family members...”

(Paragraph 3)

“Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration...”

(Paragraph 14)

“The use of residential care should be limited to cases where such a setting is specifically appropriate, necessary and constructive for the individual child concerned and in his/her best interests.”

(Paragraph 21)

“While recognizing that residential care facilities and family-based care complement each other in meeting the needs of children, where large residential care facilities (institutions) remain, alternatives should be developed in the context of an overall deinstitutionalization strategy, with precise goals and objectives, which will allow for their progressive elimination...”

(Paragraph 23)

### On residential care:

Facilities providing residential care should be small and be organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation. Their objective should generally be to provide temporary care and to contribute actively to the child’s family reintegration or, if this is not possible, to secure his/her stable care in an alternative family setting, including through adoption or *kafala* of Islamic law, where appropriate.

(Paragraph 123)

Measures should be taken so that, where necessary and appropriate, a child solely in need of protection and alternative care may be accommodated separately from children who are subject to the criminal justice system.

(Paragraph 124)

The competent national or local authority should establish rigorous screening procedures to ensure that only appropriate admissions to such facilities are made.

(Paragraph 125)

States should ensure that there are sufficient carers in residential care settings to allow individualized attention and to give the child, where appropriate, the opportunity to bond with a specific carer. Carers should also be deployed within the care setting in such a way as to implement effectively its aims and objectives and ensure child protection.

(Paragraph 126)

Laws, policies and regulations should prohibit the recruitment and solicitation of children for placement in residential care by agencies, facilities or individuals.

(Paragraph 127)

**Takeaway:** The concept of child care in general and institutional child care in particular has assumed a distinct rights-based and development orientation.



# Registration and Typology of Institutions

## Registration

According to Section 41 of the JJ Act 2015, all child care institutions, whether run by a State Government or by voluntary or non-governmental organizations, which are meant for housing **children in need of care and protection or children in conflict with law**, are required to be registered under this Act by the State Government. Institutions having valid registration under the JJ Act 2000 on the date of commencement of JJ Act, 2015 i.e. 15 January 2016 shall be deemed to have been registered under this

Act. Under Section 41(6) of the JJ Act 2015, the period of registration of an institution shall be valid for five years, with the provision for renewal in every five years. The Act also stipulates granting of provisional registration, with six months validity, within one month of receipt of an application for registration [Section 41(3)]. According to Rule 21 of the JJ Rules 2016, application for registration of CCI is required to be submitted in Form 27 together with copies of following documents:

- Rules
- Bye-laws
- Memorandum of Association
- List of governing body
- Office bearers
- Trustees
- Balance sheet of preceding three years
- Statement of past record of social or public service provided by the CCI to state government
- Declaration from the person or the organization regarding any previous conviction, or involvement in any immoral act or child abuse or employment of child labour, or it has not been blacklisted by the Central or State Government

The State Government, after verification that the CCI has provisions for the children's care and protection, health, education, boarding and lodging, vocational training and rehabilitation as per the JJ Act 2015 and JJ Rules 2016, may register the CCI under sub-section (1) of Section 41 of the JJ Act 2015 in Form 28.

The JJ Act 2015 received Presidential assent on 31 December 2015, and was published in the Gazette of India on 1 January 2016. The Act came into force on 15 January 2016, according to the Gazette notification of the Government of India.

Non-registration of a child care institution is considered an offence. According to Section 42 of the JJ Act 2015, a person or persons in charge of such an institution shall be punished with imprisonment of up to one year or a fine of not less than rupees one lakh or both.

## Typology of Institutions

The table below contains the typology of child care institutions and some related aspects.

Type	Nature
Children's Home (Section 50, JJ Act 2015)	<p>Meant for care, treatment, education, training and rehabilitation of children in need of care and protection.</p> <p>Children's Homes are established by the State Government in every district or group of districts either by itself or through voluntary or non-governmental organizations.</p>
Open shelter (Section 43, JJ Act 2015 and ICPS)	<p>Meant for vulnerable children (homeless, street children, drug addicts, beggars etc.) in urban/semi-urban areas.</p> <p>It is a short-term community-based facility for children in need of residential support that protects them from abuse. Open shelter is established by the State Government either by itself or through voluntary or non-governmental organizations.</p>
Observation Home (Section 47, JJ Act 2015)	<p>Meant for temporary reception, care and rehabilitation of children in conflict with law during pendency of any inquiry.</p> <p>Observation home is established by State Government in every district or group of districts either by itself or through voluntary or non-governmental organizations.</p>
Special Home (Section 48, JJ Act 2015)	<p>Meant for reception and rehabilitation of juvenile in conflict with law.</p> <p>Special home is established by State Government in every district or group of districts either by itself or through voluntary or non-governmental organizations.</p>
Place of Safety (Section 49, JJ Act 2015)	<p>Any place or institution, other than a police lock-up or jail that can temporarily receive and take care of children alleged or found to be in conflict with law. The institution is meant for a person above the age of 18 years or a child between 16 to 18 years of age who is accused of or convicted for committing a heinous crime.</p> <p>Place of safety is set up by state government either separately or attached to an observation home or special home, with separate arrangement and facilities for children or persons during the process of inquiry and those convicted of committing an offence. Section 49 (1) of JJ Act 2015, contains provision for setting up at least one place of safety in a state by the state government.</p>
Home for Special Needs Children (ICPS and Sections 50 (2), 53 (ii) & (iii), JJ Act 2015)	<p>For children with special needs (infected/affected by HIV/AIDS, drug addicts and mentally/physically challenged), either in the form of a specialized unit within an existing home or a specialized shelter home for the purpose.</p> <p>The JJ Act 2015 states that 'the State government shall designate any Children's Home as a home fit for children with special needs delivering specialised services, depending on requirement'.</p>



Type	Nature
Fit Facility (Section 51 (1), JJ Act 2015, and Rules 23 (13) & 27, JJ Rules 2016)	Refers to facility being run by a Governmental organisation or a voluntary or non-governmental organisation registered under any law for the time being in force to be fit to temporarily take the responsibility of a child for a specific purpose. It also includes facilities for group foster care.
Specialised Adoption Agency (Section 65, JJ Act 2015)	An institution established by the State Government or by a voluntary/non-governmental organisation for housing orphans, abandoned and surrendered children, placed there by order of the CWC, for the purpose of adoption.

**Takeaway:** This section acquaints the readers with registration and typology of child care institutions in India.



# Overview of Standards of Care and Key Procedures

The key processes and standards of care are important components of functioning of CCIs. The following sections contain details of these processes and standards, as prescribed under the Juvenile Justice (Care and Protection of Children) Model Rules, 2016.

## Overview of Standards of Care

Standard of Care	Key Scope and Coverage
Physical infrastructure (Rule 29)	Separation of premises for children in conflict with law and those in need of care and protection; criteria for accommodation like separate CCIs for girls and boys; classification and segregation according to age, nature of offences (applicable for juvenile in conflict with law) and mental and physical status; and norms for building; proper and non-slippery flooring; lighting, ventilation, heating, cooling, toilet (gender and age appropriate and disabled friendly), water, first-aid kit, fire extinguishers; dormitories, and rooms for vocational training, recreation, store and counselling; periodic inspection of electrical installations; proper storage and inspection of food; facilities and equipment for differently-abled children; other logistical and functional items like computers, photocopiers, printer, telephone with internet, furniture and projector.  CCIs should be child-friendly and should not look like a jail or lock-up.
Clothing, bedding and toiletries (Rule 30)	Clothing and bedding according to scale and climatic conditions; miscellaneous items like slippers, shoes (sports/school), school uniform, school bag, handkerchief, socks, stationery etc.; suit once in three years; night clothing and bedding for hospitals attached to CCIs; and toiletries like oil, soap and other material like broomstick, mosquito repellent machine etc. as per scale.
Sanitation and hygiene (Rule 31)	Facilities like water for drinking and other purposes, proper drainage, garbage disposal, pest control, toilets (at least one for seven children), bathroom (at least one for 10 children), fly-proof kitchen, disinfection of beddings etc.
Daily routine (Rule 32)	These are children's daily activities meant for a regulated and disciplined life which include, <i>inter alia</i> , personal hygiene, cleanliness, educational classes, physical exercise, vocational training, recreation and games, moral education, group activities and prayers.



Standard of Care	Key Scope and Coverage
Nutrition and diet scale (Rule 33)	Quality and quantity of food that children under institutional care are entitled to receive daily, adherence to diet scale and minimum nutritional standard, provision for special meals on holidays and festivals, special diet for infants and sick children, and meal timing and menu
Medical care (Rule 34)	Arrangements for medical facilities, maintenance of medical record of each child, referral services, immunization, counselling, training of staff on first aid, preventive healthcare, entry-level investigation of Complete Blood Count, Urine Routine, HIV, VDRL, Hepatitis B, Hepatitis C and allergy/addiction to drugs, and psycho-social profile of each child
Mental health (Rule 35)	Maintenance of mental health record, enabling environment in CCI that nourishes mental health, individual therapy, services of trained counselors, and psychological evaluation and diagnosis under trained professionals
Education (Rule 36)	Education according to age and ability of child both inside CCI or outside, a range of educational opportunities (like mainstream school, bridge school, open school and non-formal education), specialized trainers and experts for children with special needs, and extra coaching according to needs
Vocational training (Rule 37)	Vocational training according to age, aptitude, interest and ability of children, in-house training or training in collaboration with external institutions. It covers occupational therapy, and skill and interest based training having potential for placement.
Recreational facilities (Rule 38)	Indoor and outdoor games, yoga, meditation, music, television, picnics and outings and cultural programmes, gardening, library, dance, art therapy etc., and child-friendly library

## Children's Participation in Decision-Making Process

Participation of children in the decision-making process of CCI is one of the key features of rights-based child care. By allowing children to discuss and decide on matters that affect their lives, institutional care makes the process of decision-making inclusive. This is in tune with rationale behind UNGACC, India's National Policy for Children 2013 and other international and legal instruments. The systems and rules under which children's participation in decision-making is ensured are the following:

- **Children as Members of Management Committee:** According to Rule 39 (3) of the JJ Rules 2016, the management committee of a child care institution shall have 'two child representatives from each of the Children's Committees' as members.
- **Children's Suggestion Box:** The management committee of every CCI is required to put in place a complaint and redress mechanism for the benefit of children. According to Rule 39 (5) of the JJ Rules 2016, a Children's Suggestion Box shall be installed closer to the residential area of CCI, so that children can have easy access to the facility. The Chairperson of the management committee or his representative from DCPU checks the suggestions of children every week in presence of members of children's committees. The Rule also requires the Chairperson to call for an emergency meeting of the management committee to discuss and act on suggestions of urgent nature. Besides other members, two members of the children's committee participate in any such emergency meeting. The suggestions received through Suggestion Box and actions taken on

the basis of emergency meeting are discussed and reviewed in the monthly meeting of the management committee.

- **Children’s Suggestion Book:** Under the above-cited rule, every child care institution is required to maintain a Children’s Suggestion Book (CSB) in order to record complaints and actions taken by the management committee. These particulars are intimated to children’s committees every month after meeting of the management committee. The CSB is reviewed by management committee at least once a month.
- **Children’s Committees:** The system of children’s committee is a mechanism for ensuring involvement of children in the decision-making processes of the institution. According to Rule 40 of the JJ Rules 2016, every CCI should facilitate setting up of children’s committees for three different age groups of children namely 6-10 years, 11-15 years and 16-18 years. Significantly, children’s committees shall be solely constituted by children. Besides participation in management through the management committee, these committees are encouraged to participate in the following activities:
  - ✓ Improvement of the condition of CCI
  - ✓ Review of standards of care
  - ✓ Preparation of daily routine and diet scale
  - ✓ Development of plans for education, vocational training and recreation
  - ✓ Crisis management amongst themselves
  - ✓ Reporting abuse by peers and caregivers
  - ✓ Creative expression of views through wall papers, paintings, newsletter etc.

As facilitators of the process, the child care institutions are required to ensure that the children’s committees meet every month, their records are maintained properly, and are provided with necessary support, space, stationery and guidance.

## Institutional Management of Children

### Categories of stay at the CCI

For children in conflict with law	For children in need of care and protection
1. Protective custody 2. Overnight protective stay 3. Rehabilitation stay	1. Overnight protective stay 2. Rehabilitation stay

The three categories of stay imply the following:

**Protective custody:** This is applicable for stay during pendency of an inquiry.

**Overnight protective stay:** This is meant for stay after 20:00 hours in the night and till 14:00 hours on the following day. By providing this stay, the child is prevented from being kept in police custody or other unsuitable place.

**Rehabilitation stay:** This refers to stay in children’s home, special home or place of safety as recommended by CWC, JJB or Children’s Court. The child shall be issued the rehabilitation card in Form 14 which shall note the duration of stay.



## **Procedures to be followed at the time of receiving a child (Rule 69 F)**

The receiving officer is required to follow the following procedure.

The child's full personal description is noted in admission and discharge register.

The child is searched with decency and dignity, and personal belongings are kept according to Rule 71 (articles found on search and inspection) and Rule 72 (disposal of articles).

Food and drink are given to the child, if the child is hungry.

Necessary medical care is provided to the child in case of ill health, injury, mental ailment, disease or addiction.

Segregation of the child in specially earmarked dormitory or ward or hospital if the child is suffering from contagious or infectious disease requiring special care and caution

A note on status of the child's immediate and urgent needs, if any, like appearing in an examination or interview or contacting family members is prepared and put up before the Child Welfare Officer (CWO) or Case Worker (CW) to whom the child is assigned. The note is also kept in the child's case file.

Every child is kept in the reception dormitory or the segregation unit for first 14 days of his/her stay in the CCI during which the child adjusts to the life in the CCI.

## **Procedures to be followed after the child is received (Rule 69 G)**

The following procedures are followed either on the day the child is received or the next day if the child is received in the night:

The child is photographed. One photograph is kept in the case file, one is fixed in the index card, one is kept in the album, and one is sent to the CWC or JJB as well as the DCPU. The photograph is also uploaded on the designated portal.

The child may take a bath. Toiletry items, new clothes, bedding and other outfits and equipment are issued to the child as per Rule 30 of JJ Rules 2016, and a list these items are kept in case file.

The child is familiarized with CCI and its functioning (like discipline, daily routine, rights and obligations, personal health etc.)

Examination of the child by a medical officer, and the child's state of health, including wound or mark on the body, is recorded and placed in the medical record of the child

A CWO or CW is assigned to the child by the CCI

## Procedures to be followed during first fourteen days of receiving the child (Rule 69 H)

The assigned CWO or CW interacts with the child as often as possible.

The child may be examined by a panel of doctors, if necessary, within two days. The purpose is to understand physical, medical, psychological state and level of addiction, if any, for assessing the child's personality and for generating inputs for rehabilitation plan.

The concerned CWO or CW interacts with possible and available sources like family members, friends, relatives, employer, community of the child and others. The purpose is to prepare a case history in Form No. 43 and maintain in the child's case file.

The concerned CWO or CW assesses the educational level and vocational aptitude on the basis of tests and interviews. Linkages with outside specialists like psychologist and psychiatrist, and agencies like hospital and NGOs shall be established as necessary.

A CWO or CW is assigned to the child by the CCI

## Procedure to be followed on expiry of first fourteen days (Rule 69 I)

The child is shifted to a regular dormitory of CCI. The child is assigned a specific bed, cabinet and study table in the dormitory. This is done keeping in view the child's age, nature of offence committed by or against the child, and physical and mental status. Children in need of special care are allotted different dormitory.

An individual care plan is prepared keeping in view the child's case history, education and vocational aptitude. For children under rehabilitation stay, the care plan covers the entire period of stay; and it accommodates the directions of CWC, JJB and children's court. Form 7 given in JJ Rules 2016 is used for preparing individual care plan.

Individual care plan is reviewed by CWO or CW

CWO or CW maintains a record of difficulties, if any, faced by the child during the period of stay in CCI.

CWO or CW keeps a record of complaints by the child regarding the facilities of CCI.

The individual care plan is reviewed every fortnight during first three months of stay in CCI, and thereafter every month.

## Procedure to be followed after three months (Rule 69 J)

Progress of the child is examined keeping in view the aims and targets noted in the individual care plan.

The management committee of CCI perused the quarterly progress report of the child.

Following consideration by the management committee; the individual care plan, daily routine and approach towards rehabilitation of the child are suitably modified, and noted in the case file. The child's progress is recorded in the rehabilitation card in Form 14.



## Procedure to be followed for release of the child from a CCI (Rule 79)

The Person-in-charge of the CCI maintains a roster of the cases of children to be released.

Information about the release including exact date of release is given to the parent or guardian of the child. The parent or guardian is called to the CCI on that date to take charge of the child. Expenses for travel of the child from the CCI and, if necessary, for parent's or guardian's both ways journey are paid to the parent or guardian.

If the date of release falls on a Sunday or a public holiday, the child may be discharged on the preceding day.

If parent or guardian fails to take charge of the child, an escort of the CCI (in case of girl, female escort) takes the child to parent or guardian for handing over the custody.

The rule prescribes for the following financial and non-financial benefits linked to release:

- The child is provided with a set of suitable clothing and essential toiletries.
- On attaining 18 years of age, and if eligible, a child may be placed in an aftercare programme. This requires consent of the child, and approval of the Board or Committee or the Children's Court.
  - In suitable cases, the Person-in-charge may order payment of subsistence money and railway/road fares.
- If a girl child has no place to go and requests for stay in the CCI after completion of her period of stay, a limited period of stay, till suitable arrangement is made, is allowed subject to approval of the CWC or JJB or Children's Court.

## Behaviour of the child

Behaviour is an important component of the process of grooming. Under JJ Rules 2016 (Rule 69 M), CCIs are required to train and orient children to follow the rules and standards of good behaviour. The Children's Committee takes note of every unacceptable behaviour and may seek an explanation on the matter from the child. The Children's Committee may recommend appropriate action to the Person-in-charge of CCI. The details of the incident along with action taken report are submitted to the CWC or JJB or the Children's Court within 24 hours. A copy of the report is also placed before the management committee of CCI which plans long-term preventive strategy. In dealing with such cases, safety and dignity of the child are given due importance. The Person-in-charge may also seek assistance of counselor or CWO or CW or NGOs in dealing with cases of unacceptable behaviour of children.

The Rule 69 N prescribes following actions to deal with unacceptable behaviour:

- ✓ Formal warning
- ✓ Assignment of house-keeping tasks
- ✓ Imposition writing i.e. writing a number of times that the child would not repeat the behaviour
- ✓ Forfeiture of privileges like television watching, sports, recreation and other outdoor activities

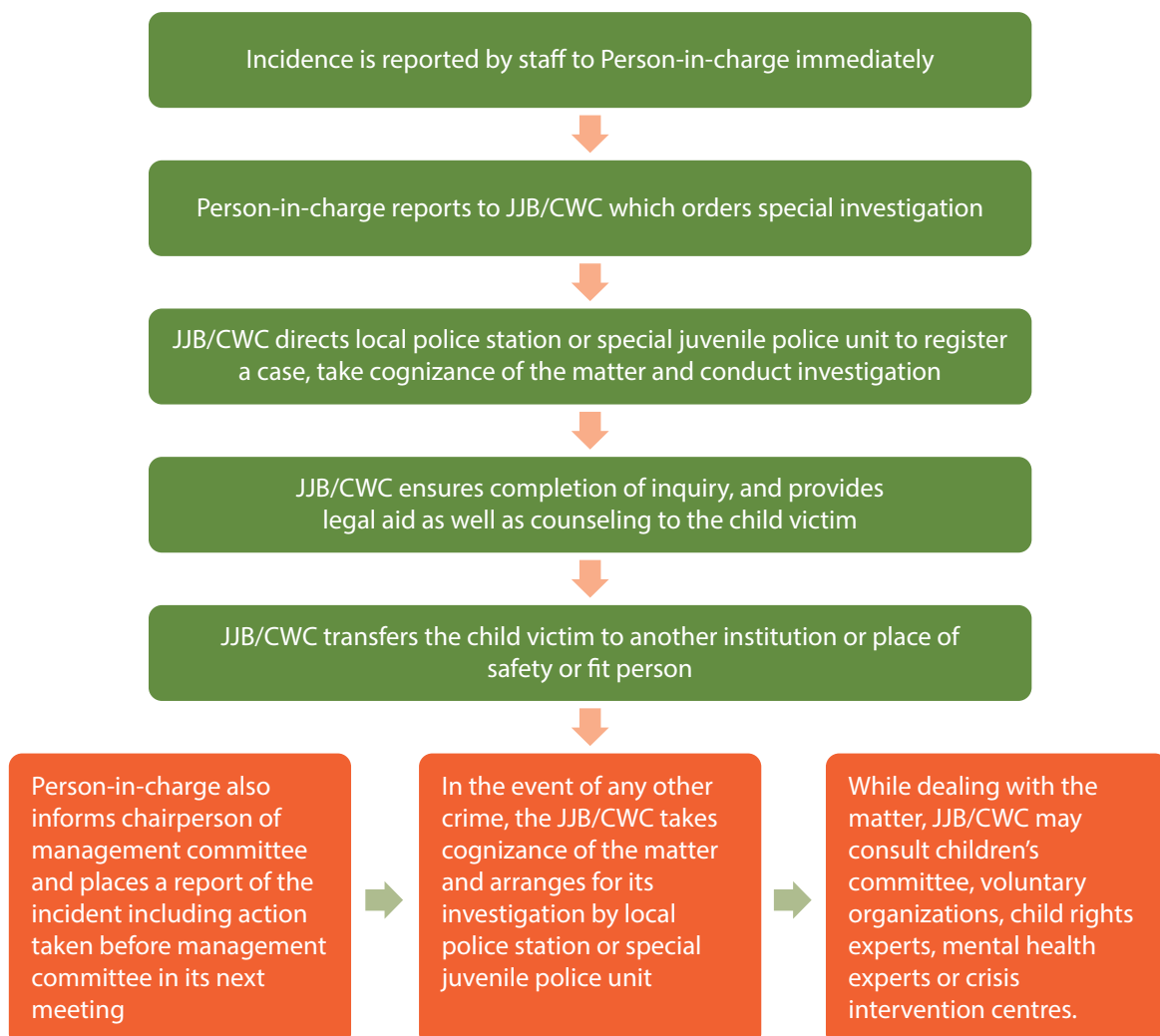
The rules, however, **prohibit corporal punishment or any mental harassment** of the child that affects the child's dignity. Significantly, the JJ Rules 2016 not only elaborates the scope of good behaviour but also enjoins the CCI to **reward** children with exceptionally good behaviour.

**Exceptionally good behaviour**, according to JJ Rules 2016, include, *inter alia*, the following:

- Adherence to rules of discipline and routine
- Preventing fellow children from violence and unacceptable behaviour
- Helping other child coming out of trauma
- Informing Person-in-charge about any prohibited article or contraband
- Exceptionally good performance in studies and training
- Positive and adaptive behaviour

## Abuse and exploitation of the child

Child care institutions are required to guard against abuse, neglect and maltreatment of children by sensitizing staff about children's rights and dignity, detecting such cases early, and by handling them effectively. Rule 76 of JJ Rules 2016 prescribes a set of actions that need to be performed if any physical, sexual or emotional abuse, including neglect, of the child occurs, as the flow chart below indicates.



## Other important components of institutional child care

Child care institutions are required to follow the prescribed rules and perform many other important activities, apart from the ones stated above. At the core of these activities remains the best interest of the child that covers in its ambit 'basic rights and needs, identity, social wellbeing, and physical, emotional and intellectual development'.



The table below contains other important components of institutional child care as prescribed under the JJ Rules 2016 and the JJ Act 2015.

Component of child care	Nature and scope
Maintenance of case file (Rule 73)	Case file containing detailed information is maintained for each child, and is treated as confidential. It shall contain, <i>inter alia</i> , report of the person or agency who produced the child before the CWC or JJB or Children's Court, police report, copy of FIR or daily diary entry, photo ID (if available), order of assignment of CW or CWO, case history form, report of any urgent need of the child, psychosocial profiling of the child, copy of personal belonging register, rehabilitation card, quarterly progress report, feedback given by the child, and annual photograph.
Maintenance of registers (Rule 77)	The rule presents a list of 25 registers that the CCIs are required to maintain. For each register in the list, the designation of official who maintains it and the one who acts as its custodian are stated. Except two registers namely Meals Register/Nutrition Diet File and Visitors' Book, the custodian of all other registers is the Person-in-charge. The officials who maintain the registers are the ones directly responsible for the specific function that the register is meant for. For example, cash book is maintained by Accounts Officer/Cashier, Counselling Register is maintained by Counsellor and so on.
Openness and transparency (Rule 78)	CCIs remain open to visitors with the permission of the JJB or CWC or Person-in-charge. Visitors may include, <i>inter alia</i> , voluntary organizations, social workers, researchers and academicians. The Person-in-charge should also encourage involvement of local community or corporate that may improve condition of CCI. The Person-in-charge is also required to inform the visitors to maintain dignity of children.
Prohibited articles (Rule 70)	<p>No one is allowed to bring into the CCI the following articles:</p> <ul style="list-style-type: none"> <li>• Intoxicants, psychotropic substances, liquor, bhang, ganja, opium, smack etc.</li> <li>• All explosives, poisonous substances, acid and chemicals</li> <li>• All arms, ammunition, weapons, knives and cutting instruments</li> <li>• All obscene matter</li> <li>• String, rope, chains and all material which can be converted into string or rope or chain</li> <li>• Wood, bamboo, club, stick, ladder, bricks, stone and earth of every description</li> <li>• Playing cards and other implements for gambling</li> <li>• Tobacco items, pan masala or similar item</li> <li>• Medicine that has not been specifically prescribed</li> <li>• Any other articles specified by the State government</li> </ul> <p>All bullion, metal, coin, jewellery, ornaments, currency notes, securities and articles of value like mobile phone, digital camera, i-pad etc. are required to be deposited in safe custody of CCI.</p>



Component of child care	Nature and scope
<p>Composition and functioning of management committee (Rule 39)</p>	<p>Management committee of each CCI shall consist of District Child Protection Officer-Chairperson, Person-in-charge-Member Secretary, and the following as members: probation officer/child welfare officer/case worker, medical officer, psychologist/counselor, workshop supervisor/instructor in vocation, teacher, social worker member of JJB/CWC and two representatives from each of the children's committees.</p> <p>The management committee shall meet at least once in a month to consider and review all matters pertaining to care of children like education, health including mental health, food, recreation, legal aid services, vocational training, release, restoration, rehabilitation, daily routine, community participation etc.</p>
<p>Visit to and communication with children (Rule 74)</p>	<p>The parents and relatives of children may be permitted to visit their children once in a week. In case of a newly received child, meeting with parent/guardian/relative is permitted on their first visit on any day.</p> <p>The rule does not permit meeting of children with parents or guardians or relatives who have been found to be involved in abuse, exploitation and violence against the child or carrying any prohibited articles. However, such meeting can take place with the permission of JJB or CWC or Children's Court or under direction of child's counselor.</p> <p>Children are allowed to write two letters to parents/relatives in a week. The role allows the Person-in-charge to peruse any letter written by or to the child, and refuse to deliver or issue it. The reason for such action is required to be written in the child's case file. A report on the matter is placed before the CCI's management committee, and a copy is sent to JJB or CWC or Children's Court.</p> <p>Children are also allowed to speak with their parents or guardians on telephone once a week under supervision of CWO or CW or probation officer. The rule has details of procedures to be followed for allowing visitors to meet the child- disclosure of proof of identity by visitors, checking for objectionable articles etc.</p>
<p>Death of a child (Rule 75)</p>	<p>In case of death or suicide, CCI must ensure an inquest and post-mortem examination at the earliest. The case worker or probation officer or child welfare officer immediately informs the Person-in-charge and the medical officer, and the Person-in-charge immediately informs the nearest police station, JJB or CWC and parents/guardians/relatives of the deceased child.</p> <p>In case of natural death or death due to illness, the Person-in-charge obtains a medical report stating the cause of death, and a written intimation is sent to nearest police station, JJB or CWC and parents/guardians/relatives of the child.</p> <p>If a child dies within 24 hours of admission to the CCI, the Person-in-Charge shall report the matter to the police, district medical officer or the nearest government hospital and the parents or guardians or relatives.</p> <p>Following completion of inquest, the body shall be handed over to the parent or guardian or relatives. In the absence of any claimant, the last rites shall be performed by the CCI in accordance with the child's known religion.</p>



Component of child care	Nature and scope
Child suffering from disease and some related matter (Rule 80)	For a child in need of prolonged medical treatment (like cases of mental illness, addiction to drugs, alcohol etc.), the CWC or JJB or Children’s Court may send the child to a fit facility for proper treatment for a specified period. The order is based on recommendation of a medical officer or the Person-in-charge or Probation Officer or CWO or CW. Following cure, the CWC or JJB of Children’s Court places the child back in the care or discharges if further care is not required.
Leave of absence to a child (Section 98, JJ Act 2015)	Children are allowed to go on leave of absence or released under supervision on special occasions like examination, marriage, death, serious illness or other emergencies. Leave of absence is generally granted for a period not exceeding seven days. The permission for this is given by CWC or JJB as the case may be.
Inspection by state government (Rule 41 and Section 54 of JJ Act 2015) and evaluation (Rule 42)	State governments are required to constitute inspection committees for State and district for the CI registered or recognized under the JJ Act 2015. While inspections are made once in three months, reports are submitted to DCPU and state government within a week, and actions are taken within a month.  Evaluation of CCIs may be done by Central Government or State Government once in three years. Its purpose is to strengthen and improve functioning.
Personnel for CCI (Rule 26)	The rule deals with the basis for staffing like categories of children, capacity of CCI, nature of duties, hours of duty etc. While key regular staff include person-in-charge, probation officer/CWO/CW, counselor/psychologist/mental health expert, house mother/house father, para-medical staff/staff nurse/nursing orderly and storekeeper-cum-accountant; educator/tutor, medical officer, art & craft & activity teacher and PT instructor-cum-yoga teacher psychiatrist may be hired as part-time staff. The rule suggests a staffing pattern for a CCI with capacity for 100 children.  Some other important conditions to be followed include the following: <ul style="list-style-type: none"> <li>• Only female person-in-charge and staff to be appointed for CCIs housing girls</li> <li>• Those associated with CCIs should not be convicted persons or those involved in immoral act, child abuse, employment of child labour, moral turpitude or should hold any political office during his/her tenure</li> <li>• No one should be appointed or work in CCIs without police verification.</li> <li>• CCIs housing infants should hire ayahs and paramedical staff as per need.</li> </ul>

## Rehabilitation and Reintegration

As child care services are guided by rights-based approach with focus on holistic development of children, rehabilitation and reintegration of children under institutional care assume immense significance. Unless children in conflict with law and those in need of care are properly rehabilitated and reintegrated with the society, they will face critical situations in their post-care life like low self esteem, mental health problems, unemployment, low level of income, lack of inter-personal skills and so on.

The JJ Act 2015 addresses the above-noted situation by prescribing measures that CCIs would implement for rehabilitation and reintegration of children. The text box below has the details.

### Rehabilitation and Reintegration services in institutions registered under the JJ Act, 2015

- i. Basic requirements such as food, shelter, clothing and medical attention as per the prescribed standards
- ii. Equipment such as wheel-chairs, prosthetic devices, hearing aids, Braille kits, or any other suitable aids and appliances as required, for children with special needs
- iii. Appropriate education, including supplementary education, special education, and appropriate education for children with special needs (Provided that for children between the age of six to fourteen years, the provisions of the Right of Children to Free and Compulsory Education Act, 2009 shall apply)
- iv. Skill development
- v. Occupational therapy and life skill education
- vi. Mental health interventions, including counselling specific to the need of the child
- vii. Recreational activities including sports and cultural activities
- viii. Legal aid where required
- ix. Referral services for education, vocational training, de-addiction, treatment of diseases where required
- x. Case management including preparation and follow up of individual care plan
- xi. Birth registration
- xii. Assistance for obtaining the proof of identity, where required
- xiii. Any other service that may reasonably be provided in order to ensure the well-being of the child, either directly by the State Government, registered or fit individuals or institutions or through referral services

Reference: Section 53(1), JJ Act, 2015

**Takeaway:** Care, protection, rehabilitation and reintegration with society are at the core of activities of CCI. The emphasis of actions remains on rights of children, and their holistic development in a non-discriminatory and inclusive manner.





# Do's and Don'ts for Child Care Professionals

Dealing with children in child care institutions, who are victims of different critical circumstances of life, is a challenging task. It is also important to bear in mind the fact that these children are a vulnerable and helpless lot, which may prompt others in close proximity to exploit them. Reports of inspections of child care institutions and other cases suggest children's physical, mental and emotional exploitation at the hands of caregivers. It is, therefore, important for child care professionals to follow certain do's and don'ts, as noted below, which are in tune with the requirements of law, standards of care, rationality, logic, and most significantly the rights of children.

## Do's

- Always be guided by the fundamental principles of care and protection of children as stated in Chapter II of the JJ Act 2015 (See Annexure below).
- Adopt rights-based approach to all your actions.
- Act according to the prescribed standards of care for child care institutions.
- Ensure that all activities and proceedings involving children are conducted in a sensitive and child-friendly environment.
- Keep yourself updated with the latest developments in the domain of child care, including new laws, rules and guidelines.
- Always be focused on your work and ensure that you maintain good physical, mental and emotional health.

## Don'ts

- Do not subject the child to any kind of torture—physical, mental or emotional.
- Do not follow practices or perform activities that are antithetical to the fundamental principles of care and protection of children.
- Do not hide facts even if they are unpleasant.
- Do not implement actions that have the potential for aggravating the challenges of institutional child care.
- Do not stifle creativity in the child and innovation in institutional functioning.
- Do not allow your emotions to overcome rationality and logic.

**Takeaway:** Protection and promotion of rights of children, and the requirements of laws and standards of care, rationality and logic provide the basis for certain do's and don'ts that child care professionals must follow.

# Some Institutional Care Practices in India and across the World

The following are some of the promising practices of institutional child care in India and other countries across the world. The uniqueness of these institutions lie either in their focus on rehabilitation and social reintegration, or on blending the rationale of family-based child care with positive components of institutional child care, or in uniqueness of approaches or the ways services are delivered.

## SOS Children's Village- A Unique Child care Model

SOS Children's Villages of India has been providing institutional child care in the country since 1964. The SOS model ensures home-like environment that is based on **four fundamental principles** as noted below:

**The Mother:** Every child has a caring parent.

**Brothers and Sisters:** Every child has a family ties and they grow up with a sense of responsibility and a spirit of sharing.

**The House:** A place where the child feels secure and has a sense of belonging.

**The Village:** A community that surrounds the child, so that every child has roots.

According to the model, each SOS Children's Village has certain number of houses that the children call their homes. Each SOS family houses an average of 10 boys and girls of up to 14 years age and the SOS mother, who is responsible for providing care, security and emotional support to the children. The mother manages the house independently like it is done in any other household. After attaining 14 years of age, boys are sent to youth houses. Each SOS Children's Village creates a village-like community which allows children to mingle with their peers and families to share their experiences. The Village provides support for children's education, healthcare, psychological development, career, marriage and other development needs till the time they are fully settled in their lives.

## Palna- A Novel Intervention of Delhi Council for Child Welfare (DCCW)

Palna (or cradle in English) is an old and novel intervention of DCCW that combines care with a unique method of receiving children. At Palna, a cradle is placed outside the gate of the compound in order to allow parents to leave their children without identifying themselves. While the CCI receives most of its children through this method, children also come through police and hospitals. As DCCW attaches importance to family, it first tries to restore children to their biological parents. If this fails, they are placed in adoption. Palna provides healthcare, non-formal education, recreation, nutrition and other essential services to children.



### **Group Care (GC)- A Pioneering Model of Udayan Care**

GC is an innovative child care model that creates the warmth of a family with strong community interface having potential for neutralizing the stresses of institutional child care.

The model is based on a strategy called LIFE (Living in Family Environment) that focuses on long term residential care of orphaned and abandoned children of above 6 years age in '**LIFE Udayan Ghars**' or '**Sunshine Homes**'. Each LIFE Udayan Ghar, located in a community setting in middleclass neighbourhood, houses not more than 12 children of same gender that creates a home-like setting for the children under the overall guidance of Mentor Parents and socially-oriented staff and volunteers. In other words, it is a foster family that takes care of a group of targeted children. The system creates space for parental attachment, interaction with community, good in-house relationship, responsible primary socialization and children's emotional enrichment.

#### **Distinctive Features of Udayan Care's Model of Child Care**

- Small size Homes that resemble a family
- Individualized child care
- Best interests of children guarded and promoted
- Mentor parents as lifetime volunteers
- Care under guidance of professional caregivers
- Effective and efficient compliance with standards of child care
- Child feel attached and cared at homes and integrated with community
- An effective and guided aftercare programme that ensures proper settlement
- Unique community outreach that allows children's social integration and community's involvement in child care with a sense of ownership
- Emphasis on programmatic innovation and capacity of building of staff

### **Mill Grove**

#### **London, United Kingdom**

Mill Gove is a unique example of a residential care home that is working with the community for the benefit of the children. It started in 1899 as an informal foster family—a home for destitute and motherless children, as noted in the organisation's first Annual Report. "It is still a place of love and care where children and young people who cannot live with their own families may be fostered, or for families who need accommodation and support. ... Over 1,000 children have lived here for all or part of their childhood and many of these ... regard Mill Grove as their home."

Mill Grove has also been especially supporting local families with young children since 1976. There are outdoor facilities, including a school for children with cerebral palsy.

### **Kids Alive International: A Global Child Care Initiative**

Kids Alive International (KAI) began its operation in China in the year 1916. It now operates in 15 countries in Africa, Asia, Middle East, Eastern Europe, Latin America and Pacific Rim with focus on care of children who are orphans, abandoned, abused, on the streets and victims of poverty, disease or war. KAI has been taking care of these children through its residential homes, care centres and schools. It also operates medical centres, community outreach programmes including micro-enterprise solutions for economic development and in certain cases, disaster relief operations.

The three important components of intervention of KAI are rescue of homeless children, fulfilling their educational needs and strengthening the communities.

### **Shelter, Counseling, and Education Programs to At-Risk Street Children**

#### **– Don Bosco Homes, Liberia**

Don Bosco Homes in Liberia supports street children in Monrovia. As the country has virtually no juvenile correction centres, street children face tremendous mental and physical trauma when they are apprehended and taken to local jail. The organisation's outreach workers visit 20 police depots daily to intervene on behalf of juveniles being held in jail. The services of Don Bosco Homes for these children include counseling, healthcare, advocacy, legal assistance, skills training, family reunification, literacy programs, academic aid, and leisure activities. Juvenile reception centres or night-shelters have been opened in three areas of the city. Children are encouraged to visit these centers to avoid trouble and maintain academic work. The organization has also partnered with the community, local entrepreneurs, and police. An activity called Community Teams Programme is being implemented with the help of older children. Under the programme, children play football and kickball and in the process learn various life skills like personal initiative, organizing ability and sense of community life. Community-level awareness programmes and workshops for expansion of outreach activities are also organized under this initiative.



# Annexure: Fundamental Principles of Care and Protection of Children

Fundamental Principles	Meaning
Presumption of innocence	Any child shall be presumed to be an innocent of any mala fide or criminal intent up to the age of eighteen years
Dignity and worth	All human beings shall be treated with equal dignity and rights
Participation	Every child shall have a right to be heard and to participate in all processes and decisions affecting his interest and the child's views shall be taken into consideration with due regard to the age and maturity of the child
Best interest	All decisions regarding the child shall be based on the primary consideration that they are in the best interest of the child and to help the child to develop full potential
Family responsibility	The primary responsibility of care, nurture and protection of the child shall be that of the biological family or adoptive or foster parents, as the case may be
Safety	All measures shall be taken to ensure that the child is safe and is not subjected to any harm, abuse or maltreatment while in contact with the care and protection system, and thereafter
Positive measures	All resources are to be mobilised including those of family and community, for promoting the well-being, facilitating development of identity and providing an inclusive and enabling environment, to reduce vulnerabilities of children and the need for intervention under this Act (i.e. JJ Act 2015)
Non-stigmatising semantics	Adversarial or accusatory words are not to be used in the processes pertaining to a child
Non-waiver of rights	No waiver of any of the right of the child is permissible or valid, whether sought by the child or person acting on behalf of the child, or a JJB or a CWC and any non-exercise of a fundamental right shall not amount to waiver
Equality and non-discrimination	There shall be no discrimination against a child on any grounds including sex, caste, ethnicity, place of birth, disability and equality of access, opportunity and treatment shall be provided to every child
Right to privacy and confidentiality	Every child shall have a right to protection of his privacy and confidentiality by all means and throughout the judicial process
Institutionalisation as a measure of last resort	A child shall be placed in institutional care as a step of last resort after making a reasonable inquiry



Fundamental Principles	Meaning
Repatriation and restoration	Every child in the juvenile justice system shall have the right to be re-united with his family at the earliest and to be restored to the same socio-economic and cultural status that he was in, before coming under the purview of this Act, unless such restoration and repatriation is not in his best interest
Fresh start	All past records of any child under the Juvenile Justice system should be erased except in special circumstances
Diversion	Measures for dealing with children in conflict with law without resorting to judicial proceedings shall be promoted unless it is in the best interest of the child or the society as a whole
Natural justice	Basic procedural standards of fairness shall be adhered to, including the right to a fair hearing, rule against bias and the right to review, by all persons or bodies, acting in a judicial capacity under this Act

Source: The Juvenile Justice (Care and Protection of Children) Act, 2015



# Resources List

*Data Management for Effective Implementation of the Juvenile Justice Act*, Briefing Paper Series 8, UNICEF (New Delhi, 2011). Available at [http://unicef.in/Uploads/Publications/Resources/pub\\_doc73.pdf](http://unicef.in/Uploads/Publications/Resources/pub_doc73.pdf)

*Grant, Gill. One or the Other- or Both? Child Care Alternatives for Vulnerable Children*. Available at [http://www.ccih.org/Child\\_Care\\_Alternatives\\_for\\_Vulnerable\\_Children.pdf](http://www.ccih.org/Child_Care_Alternatives_for_Vulnerable_Children.pdf)

[https://www.savethechildren.org.uk/sites/default/files/docs/Keeping\\_Children\\_Out\\_of\\_Harmful\\_Institutions\\_Final\\_20.11.09\\_1.pdf](https://www.savethechildren.org.uk/sites/default/files/docs/Keeping_Children_Out_of_Harmful_Institutions_Final_20.11.09_1.pdf)

<http://naco.gov.in/upload/2015%20MSLNS/HSS/India%20HIV%20Estimations%202015.pdf>

<http://timesofindia.indiatimes.com/india/One-lakh-children-go-missing-in-India-every-year-Home-ministry/articleshow/39779841.cms>

<http://indianexpress.com/article/explained/national-crime-records-bureau-data-2015-slight-dip-in-rape-crime-against-women-3004980/>

<http://mief.in/mental-sickness-in-children-in-india-an-overview/>

<http://www.naco.gov.in/sites/default/files/HIV%20DATA.pdf>

*Institutionalised Children: Seminar on Standards of Care and Mental Health- A Report*, March 14-15, 2014, Udayan Care (New Delhi, 2014). Available at [http://www.udayancare.org/seminar-journal/Institutionalised%20\\_Children\\_Revised.pdf](http://www.udayancare.org/seminar-journal/Institutionalised%20_Children_Revised.pdf)

Integrated Child Protection Scheme, 2014

Juvenile Justice (Care and Protection of Children) Model Rules, 2016

Rules under the Juvenile Justice (Care and Protection of Children) Act, 2000 (56 of 2000) (as amended by the Amendment Act 33 of 2006), 26 October 2007

*Study on Child Abuse: India 2007*, Ministry of Women and Child Development, Government of India (New Delhi: Kirti, 2007). Website: <http://www.childlineindia.org.in/pdf/MWCD-Child-Abuse-Report.pdf>

Subjective Wellbeing of Children Living in Institutions of Delhi- A Rights Based Perspective, Delhi Commission for Protection of Child Rights (New Delhi, 2014). Available at [http://delhi.gov.in/wps/wcm/connect/doiit\\_dcpcr/DCPCR/Publication/Subjective+Wellbeing+of+Children+Living+in+Institutions+in+Delhi](http://delhi.gov.in/wps/wcm/connect/doiit_dcpcr/DCPCR/Publication/Subjective+Wellbeing+of+Children+Living+in+Institutions+in+Delhi)

The Essentials of Child Protection: A Handbook for Beginners, CHILDLINE India Foundation (Mumbai, 2008). Available at [www.childlineindia.org.in/pdf/Essentials-of-child-protection-Oct%2008.pdf](http://www.childlineindia.org.in/pdf/Essentials-of-child-protection-Oct%2008.pdf)

The Juvenile Justice (Care and Protection of Children) Act, 2015 (No. 2 of 2016)

The National Policy for Children, 2013. Available at [http://wcd.nic.in/sites/default/files/npcenglish08072013\\_0.pdf](http://wcd.nic.in/sites/default/files/npcenglish08072013_0.pdf)





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