



Lumière
Light & Insight

Project **Little Star**

**A report on a center of excellence child care institution or
ideal home for children in need of care and protection**

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GLOSSARY OF ABBREVIATIONS

ABBREVIATION	FULL FORM	MEANING
ANM	Auxiliary Nurse Midwife	Auxiliary Nursing and Midwifery (ANM) is a certificate-level course in the field of medical nursing.
CCI	Child Care Institution	A child care institution as defined under the JJ Act, 2015, means Children Home, Open Shelter, Observation Home, Special Home, Place of Safety, Specialised Adoption Agency and a Fit Facility recognized under the Act for providing care and protection to children, who are in need of such services.
CCL	Child in Conflict with Law	Child in conflict with law (CCL) is a child who is alleged to have committed an offense. and who has not completed eighteen years of age on the date of commission of such offence.
CNCP	Children in Need of Care and Protection	Children in Need of Care and Protection (CNCP) are typically found in the following situations: In Families 'At Risk' On the Street In Institutions
COE	Center of Excellence	A place where the highest Standards are maintained.
CRC	Child Rights Committee	The Committee on the Rights of the Child (CRC) is the UN body responsible for ensuring children can enjoy their human rights and live with dignity, respect, and equality.
CWC	Child Welfare Committee	Child Welfare Committee is the sole authority to deal with matters concerning children in need of care and protection.
DCPU	District Child Protection Unit	District Child Protection Unit (DCPU) is a fundamental unit at the District level for the implementation of ICPS.



ICP	Individual Care Plan	Individual care plan (ICP) is a plan prepared for each child in order to ensure the holistic development of the child. Several factors are considered before preparing the plan. At the time of admission, a social worker collects the facts of history of the child and conducts personal discussions with the child about his/her future goals, emotional needs, personal needs, medical needs, educational needs and recreational needs. After evaluating the history of the child, a detailed plan is prepared covering all the aspects of physical, emotional and mental growth of the child.
ICPS	Integrated Child Protection Scheme	The Integrated Child Protection Scheme (ICPS) is a centrally sponsored scheme aimed at building a protective environment for children in difficult circumstances, as well as other vulnerable children, through Government-Civil Society Partnership.
JJ Act	Juvenile Justice Act	As per the Preamble to the Act, the JJ Act is an Act to consolidate and amend the law relating to children alleged and found to be in conflict with law and children in need of care and protection, by catering to their basic needs through proper care, protection, and treatment, social reintegration, by adopting a child-friendly approach in the adjudication and disposal of matters in the best interest of children and for their rehabilitation through processes provided, and institutions and bodies established, hereinunder and for matters connected therewith or incidental thereto.
JJB	Juvenile Justice Board	Juvenile Justice Board (JJB) is a statutory body under the Juvenile Justice (Care and Protection of Children) Act, 2015 to look into issues relating to children in conflict with the law.
UNCRC	UN Child Rights Convention	The United Nations Convention on the Rights of the Child (UNCRC) is an international child rights treaty that protects the rights of children.
UNGAC	UN Guidelines for Alternative Care	The UN Guidelines for the Alternative Care of Children is a non-binding international instrument. It is intended to inform the approach to alternative care for children.



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01

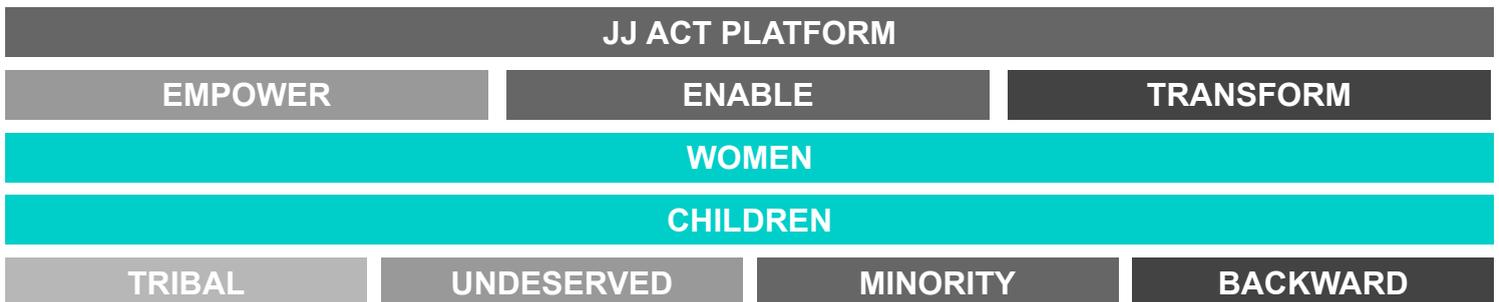
Executive Summary



1.1 Background and Context

Harry Potter is the most recent famous orphan who captured the imagination of the world. Eleven-year-old Harry loses both his parents in a queer twist of fate. He is taken in by an uncle and aunt. Harry does not fit. He is bullied, misunderstood and discriminated against. Harry is marked as a special and adults invested in his well-being engineer his escape from the kinship setting. Harry comes into his own in Hogwarts, a large educational institution for wizards and witches. Harry gets incredible opportunities to discover his talents and grow. He makes close friends who give him a sense of family and help him in his extraordinary journey. He has a guide and mentor who supports him through his journey to adulthood

Children who are one of the most vulnerable sections of society have been drastically impacted by Covid 19 and other reasons. 101,032 children have lost both parents and or have lost one parent. Other natural calamities post-Covid 19 have further worsened the situation.



Scope of the Study

There is an opportunity to raise the bar on the quality of care and safe environment available to children. This care is intended to groom children to become successful adults well-integrated in mainstream society.

This concept note is focused on identifying good practices of residential child care institutes in India for children in need of care and protection. The model will ensure a safe environment and quality of care to help children be future-ready, well-integrated adults in mainstream society.

Methodology



DEPTH INTERVIEWS



SECONDARY RESEARCH



SPACE ANALYSIS



IDEATION WORKSHOP

The concept note is built on the understanding and insights gained through:

1. Interviews with heads of child care institutes (both govt and private) and domain experts in the field of child care and protection.
2. Literature on child care models, current challenges, training models, and legal provisions for child safety and quality child care.
3. Space analysis of three child care centers in Maharashtra.
4. An ideation workshop and focus group discussion with experts to build on the findings of secondary research, observations, and depth interviews.

Limitations of this study

- World over, the trend is towards kinship care and strengthening vulnerable families. The study of kinship care is not included in the scope.
- The current study focuses on children in need of care and protection and excludes specifically the nuances of caring for children in conflict with the law.
- The study is qualitative in nature with a sample size of 11 digital in-depth interviews. 9 experts were from Maharashtra, 1 from Delhi, and 1 from Bangalore.
- It does not include a large sample quantitative validation.

Why Child Care Institutions (CCIs) for Children in Need of Care and Protection (CNCP)

Child Care Institutions are the last resort for safety and shelter for any child. It is the least desirable model for long-term or permanent placement. CCIs are a critical component of the JJ system designed to provide a safe space where a child can recover from trauma, regain trust, and gain skills to negotiate with the world outside the CCI.

As per the JJ Act 2015, and JJ Model Rules, 2016, all CCIs, whether funded by the Government or otherwise, need to ensure the safety, security, dignity, and well-being of the children in the best child-friendly manner as per the prescribed standards of care.

There are many children in this country who lack a stable home and family. They become vulnerable thereby to adverse situations like destitution, exploitation, abuse, torture, etc. In this connection. Different models of Government and Non-Government CCIs for CNCP play a crucial role by providing a safe space for the child to grow and develop. The different models studied here include conventional CCI with dormitory-style living, family-like models, hybrid models, open shelters, and adoption agencies. These are a mix of government-run CCI and privately run NGOs. These institutions are run as per the norms, provisions, and rules under the JJ Act, 2015. In India, non-institutional alternative care can be practiced in four ways, viz., adoption, sponsorship, kinship care, and foster care.



CNCP who come to CCI

Others are picked up from unsafe environments (from incest, sexual offenses, sexual abuse, rescued from abusive situations/ child labor, victims of child marriage, and hampering home environment).

Natural Disaster

Man made Disaster

Orphaned

Abandoned

Missing

Homeless

Runaways

Relinquished

1.2 COE Framework

Child Needs and Rights

- **Rights based approach**

Experts indicate that CCIs need to adopt the child rights-based approach that always puts the needs and rights of children, their opinions, and their participation at the center of all activities. The current approach in CCIs seems to be “need-based” rather than “rights-based”

- **Happy childhood and nurture**

Every child has a right to experience a happy childhood free of physical, intellectual, emotional, or social deprivation and the right to be nurtured to lead a meaningful life in the future.

- **Understanding impact of child's past**

While planning the care and rehabilitation of children at the CCI, along with considering the developmental needs and rights of any child, we need to understand the impact of their past life on them. We need to understand the deprivation, the survival struggle impacting their personality. Respect the culture and religion of the child.

- **Participation in Activities**

Children's participation in day-to-day activities gives them a sense of belonging. There is a need to develop a daily routine for a child. There is a need to elicit maximum participation in the day-to-day running of the center by forming children's committees and assigning responsibilities.

Developmental Needs

- **ICP for each Child**

Children enter the child care center at different ages. Their developmental program will vary accordingly. As each child goes through a specific cycle, 'one size fits all' is not the right approach for the CCI. Individual care plans (ICP) should be developed for each child. The Individual care plan is meant to ensure the holistic development of the child. At the time of admission, a social worker collects the facts of the history of the child and conducts personal discussions with the child about his/ her future goals, emotional needs, personal needs, medical needs, educational needs, and recreational needs. After evaluating the history of the child, a detailed plan is prepared to cover all the aspects of the physical, emotional, and mental growth of the child. Ensuring a clear mechanism of tracking the child through the life cycle of care.

- **All rounded exposure**

Children should be sent to preferably a co-ed school in the neighborhood for better exposure. Good education entails age-appropriate information and intellectual stimulation; Development of cognitive talents and creative potential; and appropriate support to children with learning problems



1.2 COE Framework

Capacity Building and Training of Staff

- **Shift in mindset**

Capacity-building programs need to tackle skill-building and have to go hand in hand with bringing about a shift in mindset, attitude, and behaviour. Only training the functionaries will not help. There has to be a shift in their attitude and mindset.

- **Orient and Sensitize**

There is a need to orient and sensitize everyone who comes into contact with the child, even before the child is brought to the institution. Within the institution, the management, cooks, security guards, who come into contact with the child in the institute.

- **Ongoing training of center staff is necessary**

Some of the areas the training needed are child rights and protection, and children's participation. All staff need to be trauma-informed.

Social integration and Aftercare (focus on independent living skills)

- **Aftercare and Mentoring**

Aftercare is the critical transition phase from institutional care to independent living. Hand-holding by a mentor for jobs and to manage adversities in life, training in decision making, and negotiation at this stage are very important.

- **Training in Finances and connectedness**

Encouragement and training to manage finances, institutions can help in saving their earnings for the future, is another key aspect for the future. Keeping the child connected to the institution via alumni meets, social media groups gives them a sense of belonging.

- **Independent living skills**

Three directions of the improvement of children's independent living skills in the context of the restructuring of children's care homes have been highlighted:

1. increasing independence in adolescents (the engagement of children in practical activity and their reasoning by encouraging and stimulating them for an independent activity)
2. the improvement of the organization of educational and communication process (the increase of practical exercises, the reduction of the number of carers in a household, the increase of individual communication with a child)
3. the improvement of material resources (fundraising and the redistribution of the resources available).

1.3 We Must Imbibe The Spirit Of The JJ Act

Linkages with external resources, agencies, institutions, and community-based organizations with expertise to provide a wide range of services to its children.
Design ways to enroll children into a mainstream co-education school in the vicinity to facilitate social integration. Efforts to enhance a child's emotional and social skills, including life skills, to help integrate them into society.



PRINCIPLE OF BEST INTEREST

Professional services required include pediatrician, one nurse - ANM/ certified professional, psychiatrist, counselor/ psychologist, remedial educator, occupational therapist, and teachers. English language and subject teachers, hobby teachers, and access to vocational training.

The COE CCI should be child-friendly with adequate open space around the center to connote a sense of freedom conducive to growth and development and to convey a sense of comfort.
Access to experts to provide treatment and help children develop their intellectual capacity.

PRINCIPLE OF POSITIVE MEASURES



Each child has a unique starting point for coming into a CCI. Assessing a child's background and context at the time of admission, the psycho-emotional state of the child, the medical condition at the time of admission for immediate action, and regular monitoring, is needed to start the process of healing and rehabilitation.

Family-like care, these models mimic family-like structures and allow for attachment with the house parent as the primary caregiver.



PRINCIPLE OF FAMILY RESPONSIBILITY

PRINCIPLE OF EQUALITY & NON DISCRIMINATION



Children with special needs need assessment, individualized attention, and remedial measures. To respond to general and age-specific developmental and emotional needs of the children with milestones. Special sensitivity to the challenges and needs of adolescents. Design and implement processes and programs to safeguard the dignity and self-worth of children, including children with special needs.

Children in aftercare should be ideally living in the community, and not living in an institution. The child must be equipped with life skills, academic qualifications, and vocational/ professional training to enable hand-holding for a smooth transition into mainstream society. The children must receive counseling facilities and training in earning and handling money matters.



PRINCIPLE OF REPATRIATION & RESTORATION



02

RECOMMENDATIONS



DEVELOPMENTAL NEEDS



The COE institution needs to follow the spirit of the principles laid down in the JJ Act. It requires the intent and commitment along with the right mindset, attitude, and behaviors of trustees, caregivers, full-time and part-time staff concerning the rights and needs of the CNCP.

Children need a nurturing, safe, and secure environment with adequate care, supervision, and facilities. They must receive education, life skills, and vocational training, along with opportunities to grow and develop. Empathetic interaction alleviates the sense of uncertainty and makes the child feel comfortable and relaxed. This helps in ensuring a smooth transition of the child.

SPACE ANALYSIS

Designing the space should keep in mind welfare, comfort, and the best interest of children. The Child Care Institutions should not look like a jail or lock-up.

Sturdy and easy-to-use furniture and equipment for the child without fear of breakage.

The location must allow easy access to resources i.e. hospitals, police stations, bus stands, railway stations, fire stations, parks, schools, vocational training centers, residential areas, so as to not give children the feeling that they are isolated in a prison-like setting. Combination of physical and digital infrastructure, adapting to new technologies adapting to newer communication channels



All center staff doing different duties need a background check. Aptitude and intrinsic factors like motivation are key starting points for the staff. They require appropriate orientation with JJ Act, sensitizing on 'best interest of the child', and ongoing training and retraining.

There is a need to set up processes to develop a sense of ownership among staff and among children.

Certification through Centres of Excellence across the country trains caregivers in local languages.

OPTIMAL CAREGIVER



Documents need to be maintained systematically and the reports provided as per the mandate of the JJ Act. There is a need for stringent compliance with JJ Act with respect to structures for accountability and transparency in terms of committees and social audits.

Steps should be taken to improve the integration between the JJ system, ICPS, CWC for the smooth functioning of CCI. This can be achieved with clarity in operational terms and the allocation of sufficient resources.

While recognizing that there would be different models of care, an overarching framework is required which does not homogenize Institutions but sets certain common standards.

JJ Act and JJ system largely reflect a societal attitude towards children without family or family support. Only strengthening the JJ system is not enough. A larger level of awareness on child and childhood, child vulnerability, and marginalization is required. The approach, attitude, and motivation of all authorities or functionaries are the key.

Experts maintain that the JJ Act is a comprehensive code to protect the best interests of the child. Following the Act in spirit can bring about far-reaching positive changes in CCIs.

ADHERENCE AND COMPLIANCE TO JJA



“If the principles laid down in the Juvenile Justice Act, treat, transform, or unfold the way it is meant to unfold for that child, I think that’s the golden standard.”

- Expert

03

Introduction & Process



2.1 Introduction

One of the dire outcomes of Covid is 101,032 children have lost both parents and or have lost one parent. The children dubbed Covid Orphans run physical and emotional safety and financial vulnerability risks.

The adoption process takes a long time to protect the best interest of the child. The government is looking to place the child in need of care and protection within the community, within the family/ kinship circle. In low-income families, relatives need financial support to look after the children.

2.2 Terms of Reference of the study

Tata Trusts seek a concept note on the care for children in need of care and protection via a center of excellence (COE) orphanage or a model home. The note will include elements of after-care a successful integration of institutionalized children into the community.



2.3 PROCESS AND METHODOLOGY

The study is conducted using

1. Secondary Research - Legislation, current situation and challenges, global best practices - for orphanages and kinship care models
2. Primary Research - In-depth interviews with Center Heads | Domain Experts | Government
3. Space Analysis - Ethnographic study of private and Government, including Centre of Excellence (COE) child care institutions
4. Workshop - A facilitated digital workshop with experts who participated in the study, the Tata Trusts and Lumiere teams.
5. Focus Group Discussion - A moderated session with experts to provide them with an opportunity to elaborate on and seek clarifications on the ideas captured in the workshop.
6. Report - Documentation of findings and a Concept Note on the best approach for the rehabilitation and integration of children in need of care and support.

Expected Output

1. An objective understanding of existing structures and good models of design for children's homes by studying best practices in child care institutions in the country and abroad.
2. Potential models for better future integration into society.
3. To the question, "What does the child need?" - infrastructure, quality of care, quality of caregivers.
4. Minimum standards for running a Childcare center within the ambit of the JJ Act.
5. Detailed space analysis.

2.4 Project Management

1. Project briefing took place on July 27, 2021, to provide a draft concept note on September 15, 2021.
2. A proposal was submitted on July 29, and the client approved and signed off on the proposal on August 4.
3. The project plan was shared during the proposal walkthrough, and we started project implementation by firing on all pistons.
4. Sugandhi Baliga of Tata Trusts and Anuja Patankar, Lumiere team were identified as Single Point of Contacts (SPOC).
5. The Lumiere project team was identified and briefed on the context and vision of the project.
6. Lumiere team members and the Tata Trusts team formed a steering committee meeting with weekly meetings to share project updates.
7. Secondary research/ literature review was initiated on August 6, with our core and extended teams getting an overview of the project, with pointers to the center of excellence models.
8. Secondary research helped to understand the structure and processes to deliver quality care to the child within the child protection framework. Planning, identifying experts, writing to them to seek appointments, and building tools were initiated, alongside studying the subject matter.
9. Lumiere project management skills, supported by tools like Zoho Projects facilitated smooth and timely execution.
10. Primary research began on August 17 and concluded on September 7. We used the Otter.ai software to prepare the transcript and started coding the output to an identified code list.
11. The space analysis was carried out by two member teams of practitioners of design and design management. Each team included one space design student.
12. Daily project stand-ups helped progress the project on extremely tight timelines.

Project Limitations

1. The current study is focused on the case of children in need of care and protection and excludes children in conflict with the law. It looks at different models of child care institutions and excludes the kinship care models for child care.
2. Only one interview was conducted with a Government-run organization.
3. Given the Covid situation, some visits could not take place as planned.
4. At this time we have not conducted interviews/ focus group discussions conducted with children who are well-functioning adults in society.
5. At this stage, there is no quantitative leg to validate the findings of the study.

The detailed report is based on the experience of experts across CCIs in terms of what works and does not work. The findings are child-centric, keeping in view the needs and rights of the child. There are differences with respect to the implementation of the JJ Act, and Maharashtra and Karnataka are more progressive and child-friendly vis-a-vis other states. The assimilation of the institutionalized child into society requires processes and opportunities for the child to engage with societal structures outside the institution. The COE recommendations draw upon good practices followed in institutions as well as suggestions made by experts.



2.5 Our vision for every child

Every child has a right to experience a happy childhood free of physical, intellectual, emotional, or social deprivation, and the right to be nurtured to lead a meaningful life in the future.

This vision is also reflected in our country's Constitution and in the UN Convention on the Rights of Children to which our country is a signatory.

The UNCRC was ratified by India in 1992, and the Juvenile Justice (Care and Protection of Children) 2000 Act that was brought in, adhered to the standards set by the UNCRC. The UNCRC states that signatory countries should treat every child under the age of 18 years in the same manner and not try them as adults.

CCI needs to adopt the child rights-based approach that always puts the needs and rights of children, their opinions, and their participation in the center of all activities. This can only be achieved through substantial changes in approach and orientation:

1. From a needs orientation towards a child rights orientation
2. Change of attitude that children are rights holders
3. Child Rights as a goal and as a pathway
4. Child participation
5. Mainstreaming child rights in all areas and processes

"For some reason, if they (children) are being marginalized or there is deprivation, or there is non-fulfillment, then it is a violation of rights or just unmet needs"
- Expert

04

COE STANDARD OF CARE IN CCI



4.1 Context of Children Who Come to the Child Care Institutions

While all children need care and protection, this study excludes children who are in conflict with the law. It only focuses on another context viz.,

1. Children who are orphaned, abandoned, missing, homeless, and run away from home; those affected by natural disasters including man-made disasters who need care and protection.
2. Children who are relinquished by the parents or grandparents as they have no support system to take care of the child due to the terminal illness of the parent/ guardian.
3. Children picked up from unsafe environments (from incest, sexual offenses, sexual abuse, rescued from abusive situations/ child labor, victims of child marriage, and hampering home environment).

Some children are admitted for temporary care. Some children may have other disabilities over and above being abandoned. Some children may have been transferred from another institute.

All adults who come into contact with the child need to be trauma-informed. The child may feel lost, uncertain about what is in for them at the center. They may resent their loss of freedom or may be grieving the loss of their kin. A few may feel relieved for being rescued from an abusive environment, but maybe experiencing a sense of uncertainty.



4.2 Principle of Best Interest of the Child

The JJ Act lays down the Principle of the Best Interest of the Child.

“Best interest of the child” means, the basis for any decision taken regarding the child, should ensure fulfilment of his basic rights and needs, identity, social well-being and physical, emotional and intellectual development;

While planning the care and rehabilitation of children at the CCI, along with considering the developmental needs and rights of any child, we need to understand the impact of their past life on them. We need to understand the deprivation, the survival struggle, the trauma that could have impacted their personality, or some wrong beliefs they may have picked up from the abusive environment around them. This may however not be the case for all the children and should not be generalized.

Smooth Onboarding

The child needs to feel welcomed and comforted and caregivers responsible for onboarding need to be sensitive to the possible emotions of the child being admitted to the center. The child needs to be reassured and the caregiver needs to recognize the underlying sense of fear and uncertainty, resentment for getting institutionalized, apprehension, or sorrow. They need to be informed about what is in store for them and offered basic personal care items in the form of a “welcome kit” made up of soap, toothbrush, and change of clothes. They should get an opportunity to bathe. They should be offered a snack or food by the staff member and introduced to one of the older children who could take him/ her around the home. They need to be informed about the daily routine in the CCI.

Explaining the rules and eliciting background information of the child can be done by the caseworker a little later. An older child befriending the new child can help in making him/ her comfortable.

<http://cara.nic.in/PDF/JJ%20act%202015.pdf>



The Initial Phase

The *initial phase* for the child would be to accept and settle down, find one's companions, identify an adult with whom he may feel secure or whom she may trust to seek help. Some children stay clamped up and do not trust anybody for a longer time and they may need more support to be drawn out and to settle down. Every child needs time to settle down without being judged.

This is also the time for assessment of the child by a psychologist to identify the area of help the child may require. Assessment by the pediatrician is needed when nutritional status, deficits of other health issues are identified.

Some children may need psychiatric intervention too. If the child is addicted to drugs he or she may need help for de-addiction.

The ICP Individual care plan for the child is drawn up by the caseworker and the psychologist. This initiates the *healing phase* as the child gradually integrates into the institution's culture.

Observation and assessment by the psychologist is required at regular intervals later also. This may be done by the psychologist through group interaction or based on the feedback by the counselor/ staff or even a child requesting a session. Provision may be made for play therapy and art therapy for the 7 to 13-year-old children

Child Participation

*“Move from charity to development and rights. making them partners in their own development, is the concept of new JJ Act and the philosophy”
- Expert*

The COE CCI needs to encourage and elicit child participation in the day-to-day running of the center. This is done by forming child committees and assigning responsibilities. Child committees could be formed in the following areas:

1. Onboarding new joiners
2. Training and education
3. Food
4. Maintenance and repairs
5. Entertainment
6. Grievance resolution
7. Celebration of events and festivals
8. Any other need-based



05

DEVELOPMENTAL
NEEDS AND RIGHTS
OF CHILDREN



5.1 Developmental Needs and Rights of Children at CCI

Developmental needs and rights of children to be considered while planning the infrastructure and the services at a CCI are segregated by physical, emotional, intellectual and social needs.

Physical Needs

1. A safe place to stay and comfortable sleeping area
2. Well balanced diet as specified in the JJ Act; adequate nutritious food
3. Adequate clothing
4. Health care
5. Safe drinking water
6. Sanitation
7. Pollution-free environment
8. Regular physical exercise/ yoga /meditation/ stillness/ silence/ mindfulness to build strength and endurance
9. Protection from violence, exploitation, and abuse

Emotional Needs

1. A loving 'family like' environment
2. Sense of belonging, sense of identity and a sense of responsibility
3. Sense of self-worth – being able to contribute, experience achievement, being valued by others
4. Independent thinking and building confidence
5. Being respected and acceptance
6. Sense of security to take initiative and being heard
7. Being trusted and having a trusting / trustworthy environment
8. Safe space to express feelings
9. Predictability and routine

Intellectual Needs

1. Good education
2. Age appropriate information and intellectual stimulation
3. Development of cognitive talents and creative potential
4. Appropriate support to children with learning problems



Programs to Fulfill The Intellectual Needs of Children

1. Education
 - a. While children could be encouraged to study certain subjects on their own, a tuition teacher could help them with math, science and languages.
 - b. Special teachers could be kept for children studying in 9th and 10th standard.
 - c. Guided digital learning
 - d. Exposure to computers
 - e. Linkages with organizations working in the area of education which can be beneficial to the children
2. Language skills
 - a. Child's mother tongue and medium of instruction in her/ his earlier school needs to be considered for schooling
 - b. Classes for spoken English
3. Extra curricular activities/Hobbies
 - a. Caregivers and older children or volunteers could help the younger children to study, gradually preparing them to take responsibility on their own.
 - b. Should subscribe to children's newspapers and magazines.
 - c. Should have age appropriate library books for recreation as well as enhancing general knowledge and intelligence stimulating games
 - d. Children should be encouraged to participate in inter school and intra school competitions.
 - e. Children showing specific interest / talent should be encouraged to develop the same. e.g., encouraging children according to their interest/ talent for government art exams, Math Olympiad, music classes, sports, etc. This could be stimulating for their mind/ physical development, it could be therapeutic, it could also open up career possibilities.
 - f. Have games that sharpen the intellect of the child

"When you talk of standards, I feel one major indicator is whether the child, (will feel) he's wanted by the caretaker, is wanted by the caseworker, is wanted by the security guard; when he comes in, he feels that this facility is mine. I'm not here as a guest."

- Expert



Social Needs

1. Opportunity for recreation and play
2. Opportunity to follow one's own religion
3. Opportunity to have knowledge of one's language and culture
4. Freedom from discrimination or prejudice
5. Opportunity to develop skills for economic independence
6. Opportunity to develop skills for social integration

We can't say that after the child goes into another Institute or after the child grows up these needs can be fulfilled at any developmental stage; certain things that are not fulfilled have a lifelong impact.

- Expert

While some needs of children are universal, some of these are **specific to age cohort**.

6 YEARS TO 12 YEARS

More care and attention would have to be paid to the physical needs of the younger children.

1. They would also need extra attention in their studies.
2. They will need monitoring while playing.
3. The ratio of younger children to house mothers/fathers would be lower.
4. The focus on immunization would also be higher in this group.
5. The topics for training and awareness sessions will also vary.
6. Listening skills, concentration, communication, etiquette, thinking out of the box, handling aggression, dental and overall hygiene are some of the training that needs to be given to the younger group.

12 - 18 YEARS

The older children would require less attention for their physical needs. As they enter into adolescence the caregiver will need to understand their behavioral changes and respond to them and their needs accordingly.

1. Sessions on sexuality, cyber safety, conflict resolution, critical thinking, problem-solving, decision making, budgeting, bank procedures are some of the training subjects for this group.
2. Career planning should begin from the 7th standard. Children in this age group will have to be exposed to various career options and assisted to find their 'ikigai', where the inclination and capacity of the child intersect with career opportunity.



5.2 Making Children Future Ready

Processes for making children future-ready begin from the children's first year in the institute when we focus on their emotional needs and work towards enhancing their emotional and social skills as mentioned in the sections on Processes and Age Wise Special Programs.

Besides training programs, their experience while working on various committees would prepare them for teamwork, critical thinking, decision making, having empathy, conflict resolution, and expressing their views confidently.

Interaction with other children and teachers in school, participation in competitions would keep enabling their interaction with the outer world and that needs to be encouraged.

Using the premises of the government training centers or training centers of some corporates conducting life skills training would also help them learn etiquette and socially expected behaviors.

Youth from various professions could be invited to provide information on various careers. This session could be arranged for the 13 to 18-year group.

Workshops on transition planning, relationship building, career counseling, social integration, cooking, shopping, outings, even exposure to banking procedures, and opportunity to be part of social work activities should start from the age of 15 years.

Work of identifying the academic inclination and skills of the child should begin from the 7th standard or even earlier. This could be done by the counselor/ caseworker through direct observation and discussion with the child as well as house parents and caseworkers. Accordingly, plans could be made to develop the identified skill.

Any child who leaves a Child Care Institution may be provided aftercare till the age of twenty-one years on the order of the Child Welfare Committee, and in exceptional circumstances, for two more years on completing twenty-one.

Precise planning for aftercare should begin from the age of seventeen years, whether the child would shift to an aftercare institute, a college hostel, or in shared accommodation with four or five other youth. He /she may continue to study further or start working.

There could be a possibility of children staying with a family member also. The entire rehabilitation process has to be worked out in consensus with the child. Details of the Aftercare program are mentioned later in the report.



5.3 Spatial Needs and Services

The spatial needs and rights of children include dedicated spaces and facilities, safety and security, measures for ensuring good health and hygiene, and minimizing risk of accidents.

Dedicated Spaces and Facilities

1. Child-friendly reception room
2. Kitchen, dining room, store-room; Space outside the dining room to wash vessels and dry them.
3. Spacious multipurpose hall or common room for daily assembly, reading the newspaper, watching television, playing indoor games, study, informal interaction among children, having entertainment programs, functions on festivals.
4. Equipment such as wheelchairs, prosthetic devices, hearing aids, braille kits, and other suitable aids and equipment as required, for children with special needs.
5. Library cum study room; Independent table and chair or floor desk for each child to study
6. Counseling room; Room for medical check-up; Sickroom to isolate any child having highly infectious/contagious illness
7. A locker for study material and one locker for personal belongings for each child
8. Independent beds for each child are mandatory as per JJ Act.
9. Toilet and bathroom as per the specifications in the JJ Act. One or two toilets could be western and other Indian. Some washbasins at a lower level for younger children.
10. Cork boards on the walls of all the rooms to display the work of children, "thought for the day", instructions, timetable, achievements of children, etc.
11. Indoor games appropriate for different ages; Outdoor play area (playground, garden) and outdoor play equipment
12. Staffroom, independent lockers, bathrooms, and personal space for residential staff. A room for small group training, staff meeting, working committee meetings

Preferably open spaces more than the built-up spaces, because built-up spaces have their own utility, but the open spaces to play, the garden and all of that are equally important
- Expert



5.3 Spatial Needs and Services

Safety and Security of the Child

1. The premises should be well enclosed / guarded but in a way it does not give a feel of being imprisoned.
2. Security cabin should be at the entrance with an alert security guard. Security cabin and reception area in the building should be positioned in a way the security guard can observe where the visitor is going. Record of all the visitors and their vehicles need to be maintained at the security cabin. There should be a designated parking space for visitors as well as staff.
3. The movement of visitors should be limited to areas designated for the visitors except for the maintenance persons who too should not be left unattended. Except for the parents or guardians, children should not be left with the visitor unattended for any program.
4. Rules should be displayed clearly about the areas where maintenance persons and outsiders can and cannot go. Children should be well aware of those rules. Visitors could be given badges with color codes that could indicate the areas to which they have access.
5. CCTV should be installed at all places except where it would intrude on the privacy of the child or staff. CCTV should have backup memory of minimum 7 days, ideally, 15 days are recommended.
6. There should be an intercom facility in the security cabin and in all the rooms.
7. Children should be accompanied by a house parent or designated carer whenever they go out.

We are kind of responsible for the children's lives. and, looking at the safety aspects is very important. No matter what kind of safety electrical safety or fire safety for different buildings, the building strength or the structural safety, we have a safety risk assessment in place in all the centers to see what are the risks children are exposed to

-Expert

5.3 Spatial Needs and Services

Ensuring Good Health and Hygiene

Health

1. Treated drinking water should be available in or outside dormitories, hall, kitchen, dining room, recreation room, counseling room, sick room, and office. The water container should be within the reach of every child.
2. Medical cupboard with basic medicines, thermometer, pulse oximeter, steamer, nebulizer, blood pressure monitor, weighing machine. Expiry dates of the medicine and the condition of the equipment to be checked regularly.
3. Anti-venom injection wherever required should be kept at the center for instant availability but to be strictly administered by a doctor only.
4. Monthly monitoring of the height and weight of every child.
5. Vaccinations as per the advice of the pediatrician.
6. Six monthly check-ups of all the children by the pediatrician and yearly dental and eye check-ups.
7. The pediatrician is on call in case of emergency unless a hospital with pediatricians round the clock is close by.
8. Linkage with other medical specialists and mental health specialists.
9. Visiting psychologist/ counselor on a regular basis
10. A nurse-cum-health educator – residential or non-residential - for administering medicine, maintaining medical records, maintaining growth charts, coordinating with doctors, accompanying children to the hospital, conducting awareness sessions for children and staff, and regular checking of physical hygiene of the children

Hygiene

1. Well maintained drainage system / good sanitation
2. Compound/ terrace free of any waterlogging
3. Mosquito nets on doors and windows
4. Regular pest control
5. Burning of dried leaves, twigs, or any residue should be prohibited on the premises
6. Rooms should be well ventilated and well lit
7. Sweeping and swabbing of rooms, passages, staircase bathroom, toilet two or three times a day as per requirement.
8. Clean linen; Washing machine and airy space to dry clothes.



5.3 Spatial Needs and Services

Minimising Risk of Accidents

1. Building should be well maintained and safety audit/ risk assessment to be conducted at regular intervals. A representative of the older children should also be included in the risk assessment committee.
2. A book to be kept to note maintenance requirements and follow up to be tracked by the in-charge or a person assigned with the responsibility.
3. Emergency numbers should be displayed at strategic places.
4. Electrical connections and gadgets should be well maintained and out of reach of younger children; Gas cylinders should be kept outside the building in an enclosure.
5. Fire extinguishers and sand buckets should be easily available at different places. Safety drills should be organized at regular intervals with all the children. It should also include what not to do in case of fire; an open area to assemble in case of disaster, emergency response guidelines, contact numbers, maps of CCIs, and emergency response team in CCIs displayed.
6. There should be at least two exits in the building and also from the compound in case of emergency. An extra staircase beside the main to be used only in times of emergency. The keys to the emergency exit to be kept in a box where an alarm is set off when the key is accessed
7. An audio announcement system should be on the premises so that children can be alerted in case of any emergency.
8. Kitchen entry for children above the age of 12 years can be allowed as a guided learning initiative under supervision.
9. First aid kits should be easily accessible; Medicines to be kept in a locked cupboard
10. Tuition rooms, counseling rooms, and computer rooms could have soundproof doors but with half unbreakable glass/ transparent acrylic in the top half to mitigate any risk of abuse.
11. Grills on windows
12. Polyurethane based soft flooring for the playground to minimize the risk of injury by fall
13. Anti-skid flooring throughout the CCI to avoid slip and fall accidents



06

CAPACITY BUILDING AND TRAINING TO STAFF



6.1 Capacity Building and Training to Staff

A COE CCI needs to focus on capacity building and staff training right from appointment and training, the need to understand the child and the motivation, reward and recognition to perform effectively. The staff need specific inputs on disciplining, and inputs on how to inculcate a sense of self identity, self worth and building trust and sense of security in the child. They will also need to learn about setting boundaries.

Institutions need Code of Ethics, its values, rules and regulations, ways of compliance and somebody who is guiding people and shepherding them so that they can understand and help understand each other.

- Expert

Appointment and Training of Staff

1. Every staff member plays a very crucial role in the CCI. A proper background check of the staff needs to be done before appointing them. It is equally important to consider the emotional stability and the right perspective of the staff.
2. An orientation of caring and interest to work with children is an important selection criteria. CCI should invest time in an induction program for new trainees as well as refreshers for old staff. The age group of staff should be balanced so children can relate to them. The institution should have a code of ethics for the staff which needs to be strictly adhered to.
3. Already appointed staff need to handle their own emotional baggage, and they need to be helped on priority. A comprehensive training module needs to be developed for sensitivity, skill, and legal training. Self awareness along with a lot of unlearning their biases and conditioning is required.
4. The training should be experiential rather than mere lectures or presentations. Institutions like NIMHANS and YASHADA have already developed some training programs which can be reviewed to avoid duplication.
5. Training must be inclusive for all staff, including cooks, kitchen staff and guards. These categories of CCI functionaries are often ignored in the training. There is a need to help view their work as a profession. Reinforcing a sense of ownership in the team and helping them see their work as a mission is needed to foster patience and commitment.
6. A trainer's collective is necessary for every CCI location. These trainers could be caregivers with a certain amount of experience. There is a need for paraprofessional certification.



6.1 Capacity Building and Training to Staff

Need to Understand Each Child

The staff needs to understand:

1. Every child is different with their own individual personality and needs
2. Every child has has experienced past trauma (trauma informed)
3. The unacceptable past lifestyle that the child may need help to gradually unlearn
4. The child is dealing with resentment for losing freedom in the institution

This can help them understand what triggers a particular behavior in the child rather than seeing the behavior as a parameter to handle the child. Sometimes the behavior may indicate 'all is well' when actually the child may be experiencing a serious inner emotional turmoil.

Hence it is very important that the psychologist assess every child that comes to the center and share relevant information with the caregivers.

The staff also needs to be sensitive to some somatic symptoms that may be triggered by suppressed emotions.

Disciplining Tips to be Given to the Staff

While discipline is an absolute necessity to run the center, an equally important goal is to help the child become self-disciplined.

Therefore the method used has to be "positive disciplining" with reasoning and while respecting the dignity of the child. It cannot be forced.

1. Children should be informed about the consequence of breaking the discipline and the staff has to stick to those consequences. e.g., if the child does not come to eat on time he/she will not be given extra time to eat. As one of the Center heads mentioned, "the child rebels when he or she feels powerless".
2. Discipline issues could also be discussed in group meetings with children and a solution worked out peacefully. It will be more acceptable to the children.
3. Heart-to-heart talks between the caretakers and the children can be helpful in resolving various issues like unintentional hurt, difficulties faced by caregivers as well as the children, and understanding implications. It is a good opportunity for children to develop empathy.



6.1 Capacity Building and Training to Staff

Rewards, Recognition and Motivation to Staff

There is a need to create intrinsic motivation with a sense of purpose, values, code of conduct, ownership.

1. A sense of team with in-built systems of emotional support, regular meetings will help de-stress.
2. To encourage sharing of innovative ideas to solve challenges and suitable reward and recognition systems will help create a vibrant culture.
3. There is a need for some 'me time' for residential caregivers.
4. Periodic recreational outings for the caregivers to avoid burnout is necessary. Creating a cadre of caregivers like a fellowship model is necessary.
5. Reasonable pay packages for caregivers are needed. Better remuneration will attract more qualified and experienced staff. Post retirement security and benefits and pension for caregivers post requirement.

Inculcating a Sense of Healthy Self Identity in the Child

1. To create a culture of acceptance among staff and children that each individual is different in terms of his/her strengths, weaknesses, likes, dislikes.
2. Acknowledge and appreciate specific strengths and skills of each child. Respect the culture and religion of the child. If non vegetarian food is cooked as per the suggestion in the J J Act, sentiments of the children who are vegetarian need to be respected and alternate vegetarian food prepared for them.
3. To recognise the child's need for self identity and ensure access to personal lockers, beds, clothes, utility kits.
4. The child should get an opportunity to get physical exercise, and participate in extracurricular activities. They should be encouraged to pick one or two activities of their choice viz., sports, art , dancing, music. This could be done with the help of volunteers or external linkages.



6.1 Capacity Building and Training to Staff

Inculcating a Sense of Self Worth in the Child

Caregivers need to appreciate and acknowledge children's participation in day to day activities, as their contribution in running the center. They should not treat this as merely the duty of the child.

Late Father Placido told the children **"Hum kisi se kam nahin"** - we are not less or lacking. This outlook is very important to move out of the victim mindset and build courage. This is often the perspective of the visitors/ donors which needs to be changed. Children could be encouraged to prepare small return gifts for visitors / donors. Equip children to make choices and give them the power to choose.

1. Give time to the children to navigate through conflict among themselves, intervene only if it is not resolved.
2. Use reflection on conflict resolution to inculcate empathy, problem solving skills, and effective methods of communication
3. Assign tasks with proper orientation but full trust. In case of a mess up, help them see it as a step toward mastering the skill rather than admonishing the child. Mistakes should be corrected with love rather than criticism.
4. Encouraging positive affirmation will also help increase their self- worth. Most importantly, interact respectfully with children.
5. Respond to the children when they want to share something.
6. Respond with explanation when they express resentment about a duty, a rule or having to bear a consequence of indiscipline or if they are upset with any setback they may have faced in their personal life.

*They need to be provided with emotional guidance, support, counseling, education, so that they learn how to use all all the facilities that have been provided in the best way
- Expert*



Building Trust and a Sense of Security for the Child

Trust and security are two factors very important for forming and maintaining relationships, decision making, taking initiative to move ahead in life and risk taking. Trust develops based on certain core beliefs that children internalize from their experience. Caregivers need to foster the following beliefs:

1. My caregivers hear me
2. Speaking up is important
3. My needs are important and my caregivers understand my needs
4. Feelings are normal and it's fine to express my feelings (it is important to validate their feelings, at the same time children need to be taught to express their emotions maturely and handle them responsibly.)
5. Mistakes can happen. We can learn from mistakes.
6. It is important to be truthful and to keep our word.
7. Connecting is important and safe. Subtly encourage children to make eye contact while speaking. That will boost their confidence to face others in the outer world too.



6.1 Capacity Building and Training to Staff

1. Convey to the children you are always there for them - in the late Fr. Placido's words, "**Main hoon na**"
2. Maintain confidentiality about the child. Seek his/ her permission before you share his/ her information. Also, seek the child's permission before taking any decision about him /her.
3. These beliefs can be fostered by appropriate responses rather than impulsive reactions from the caregiver and by being good role models ourselves. These beliefs can help the child learn to trust and be trustworthy too, manage emotions maturely, stand up for himself/ herself, see failure with a different perspective and feel secure to take initiatives in life - all very important to make the child 'future ready'.
4. Caretakers need to be extremely patient and alert, which is possible if they understand their work purpose, that they are contributing to building the future of the children.

PREDICTABILITY AND SETTING BOUNDARIES FOR THE CHILD

Caregivers need to appreciate that children of all ages require boundaries even though they may cross the boundaries.

1. Children need to be explained the rules and the purpose of these rules. Rules provide predictability and a sense of security to the child. It helps the child cope with the expectations and can also inculcate discipline in the child once he or she understands the 'why' of the rule. Hence it is very important to explain the why of every rule.
2. Boundaries are required when children are offered a choice, e.g., children have the choice to decide on the menu but a menu that fulfils the requirement of a balanced diet. They can exercise the freedom to participate in extracurricular activities, however, keeping in mind the minimum requirement of mandatory exercise.

Asking "why" should be encouraged. It inculcates critical thinking in the child for problem solving, for conflict resolution, even to be empathetic
- Expert



07

GOOD PRACTICES
OF CCI



7.1 Good Practices of CCI

While CCIs are the last resort, efforts need to be made to first reunite the child with the family by counseling and arranging for social and emotional support. The child's readiness is very crucial for this. In the case of abandoned and runaway children, it would begin with the search of parents. There is a need to strengthen kinship care so that children do not come into the JJ system. The JJ Act has detailed principles for CNCP in the CCI. The mere practice of these in the spirit of the law will raise the standard of care and protection for children around the country. There is a wide diversity in the way institutions are run, and the JJ Act provides minimum standards of care and protection.

Practices that help children develop a sense of self and social integration are:

1. Children are helped to obtain important documents like birth certificates and Aadhar cards. This is vital for the child who is ready to move into aftercare.
2. Allow at least half an hour in a week of "me time" for children
3. Maintain a grievance box and suggestion book for children
4. Each child has a mentor that is a fixed part of their life; they can consult with them when they are young and even much later in life.
5. Computer literacy is required for all types of jobs. Computer classes of different levels for standard-wise groups.
6. Opportunities for free play and not only structured sports within a regimented routine.
7. Invite families to celebrate festivals, where children take the lead in organizing these celebrations.
8. Providing forums for sharing:
 - a. Children share activities and good work carried out in the day/ week and positive that they appreciated from another child. Children share about their strengths and how they intend to build on these; and weaknesses and how they plan to overcome them.
 - b. Children are encouraged to speak up and are respected for their views. Children are asked how to run a CCI, suggest changes to the running, explain rules and reasons underlying the rules.
 - c. Group discussions on issues of isolation or rejection due to cultural differences, disability or behavior issues.
 - d. A buddy system for children of different ages in the same premises
 - e. Caregivers share stories that convey values, motivate children to make their future, and promote critical thinking. The staff attending the program shares and these sharing sessions help foster bonding between the children and staff



7.1 Good Practices of CCI

It is a good practice for children who have families to go home on vacations. This is an opportunity for residential staff to take leave at that time. It is ideal that maximum children go home. However, if a child is reluctant to go home, the counselor needs to explore the reason, to rule out the doubt of any abuse or safety issues. For the children who go home, it is necessary to make a home visit once to ensure the safety of the child, and simultaneously to get an understanding of their economic situation and the relationship of the child with the family. A situation-based alternative can be drawn up for children who have nowhere to go during vacations.

JJ Act has a principle called the principle of equality and non-discrimination which states that there shall be no discrimination against a child on any grounds. This principle also includes that equality of access, opportunity and treatment shall be provided to every child
- Expert

08

SOCIAL INTEGRATION
AND AFTERCARE



8.1 Social Integration and Aftercare

JJ Act has a principle called the principle of equality and non-discrimination which states that there shall be no discrimination against a child on any grounds. This principle also includes that equality of access, opportunity and treatment shall be provided to every child
- Expert

Aftercare is the critical transition phase from institutional care to independent living in society. Any child moving out of a children's home would not be able to start staying independent as they would neither have a house to stay in nor finance to lead an independent life.

There are some institutions functioning as aftercare centers. However, a better option would be to move to a college hostel or a shared accommodation with four or five other youth.

- Effective Onboarding

The process of making children 'future ready' begins from the day the child enters the CCI. However it is different when they actually move out of the protected environment. Limited social interaction and linkages with the outer world while in the CCI, may hamper the new adult's capability to cope with the outer world.

- Mentor Support

Aftercare is a period where the youth learn to take care of themselves without day-to-day support from the caregivers yet have a support structure to fall back on. Dedicated mentors can handhold them to integrate into the mainstream of the society gradually.

Hand holding by a mentor is essential at this stage for finding a job, training in decision making and negotiation, to manage adversities in life. COVID is one such example: The complete lockdown and loss of jobs etc. In such a situation a mentor's role would be crucial. It could also be any other health issue, handling a low phase in business, losing a friend or colleague, or breaking up with a girlfriend or boyfriend.

- Managing Finances

Youth can be encouraged and trained to manage finances and save their earnings for the future.

- Family like support.

Children staying with their family look out for support from the family members, parents or siblings, even after they are adults. CCI should play this role for the child who does not have family support. CCI may not be able to help in every situation. But it could **develop a bank of resources for helping the children** with the different needs that they may have.



8.1 Social Integration and Aftercare

- Alumni support/Social connects

Another good idea is having alumni get together once a year. The option could be left to the youth whether they want to continue the linkages regularly with the institute or not. But there would be many who would be happy to come back. This exercise would also give a sense of security to the children and youth who are still residing in the childcare center or aftercare center. The alumni of the CCI who are well settled could also volunteer to give peer support or guidance.

A WhatsApp group of all the children who have moved out of the CCI or moved out of the aftercare could serve the purpose of a self-help group. It could also be like an extended family specially for youth who have no contact with their birth family. Many of the children would value that support as it has been the experience of the alumni of one of the orphanages.

- Skilling and Employment support

Linkages could be fostered with corporates and NGOs who can become potential partners in skilling and employment. Children can be helped with internship opportunities and part-time work to help build financial self-reliance even while they are studying.

- Creative outlets

Provision needs to be made for creative outlets to channelize their energy through extracurricular activities and to tide over the crisis periods in their lives.

When we mention youth we refer to young girls as well as boys. However, considering our culture, special efforts need to be made to develop the confidence and assertion skill in girls while at the CCI and while mentoring them in the after care phase.

- State support

The state makes provision for supporting children who are moving out of CCIs. The District Child Protection Unit (DCPU) identifies the voluntary organization for After Care, and JJB and CWC support the placement of youths. Funds of Rs 2000 per youth are received from the State Child Protection Society (SCPS) to take care of basic individual needs, health care and shelter, age-appropriate and need-based education and vocational training, and stipend.



8.1 Social Integration and Aftercare

The Integrated Child Protection Scheme (ICPS) prescribes a list of steps that enable the youth to live independently, face critical situations, learn skills to gain employment, guidance for successful rehabilitation and social reintegration. ICPS prescribes the following list of key services and activities that an aftercare plan should contain.

1. Community group housing temporarily for groups of 6-8 young persons.
2. Encouragement to learn a vocation or gain employment and contribute towards the rent as well as the running of the home.
3. Encouragement to gradually sustain themselves without state support and move out of the group home to stay in a place of their own after saving sufficient amount through their earnings
4. Provision for a peer counselor to stay in regular contact with these groups to discuss their rehabilitation plans, provide creative outlets for channelizing their energy and to tide over the crisis periods in their lives.
5. Providing stipend during vocational training until the youth gets employment
6. Arranging loans for youth aspiring to set up entrepreneurial activities

09

SPACE ANALYSIS
& ETHNOGRAPHIC
OBSERVATION



9.1 Space Analysis and Ethnographic Observations

The space analysis and ethnographic observation report for three centers is compiled into findings and recommendations on the COE.

It is recommended that the COE CCI be child-friendly with adequate open space around the center. Space design should be child-centric focused on the comfort, welfare, and best interests of the child. It should be comfortable and connote a sense of freedom conducive to growth and development.

The location must allow easy access to resources viz., hospitals, police stations, bus stands, railway stations, fire stations, parks, schools, vocational training centers, residential areas, so as to not give children the feeling that they are isolated.

Areas to look at while considering the infrastructural needs:

- Reception unit
- Office area
- Visiting area
- Dormitories
- Bathing, laundry, and toilet facilities
- Kitchen and washing area
- Store room
- Dining area
- Study/ classroom area
- Library
- Ventilation and natural light
- Indoor and outdoor recreation spaces
- Sick/ medical room
- Counseling room
- Quarantine room
- Disaster risk reduction infrastructure and equipment
- Sanitation and hygiene of the space

9.2 Key Takeaways From Space Analysis

PHYSICAL SPACE OBSERVATIONS

- Specific cultural practices in the space bring a homely vibe to the centre e.g., removing shoes outside the multipurpose room, and activities like studying together, taking yoga sessions together, eating together, and having pets at the centre.
- The secluded space surrounded by greenery creates a peaceful environment. There is sufficient space for outdoor activities and indoor activities to keep them engaged throughout the day.
- The compound wall is not very high walled, which makes the facility feel like a regular residential apartment building in the locality.
- The space feels child friendly and safe. Colourful paintings on the walls made by kids, excellently ventilated and naturally lit spaces create a warm hospitable ambiance.
- There is a terrace area providing access to the outside.
- There is sufficient space for the bathroom area.
- The kitchen has good ventilation with an exhaust fan.
- Children have access to a computer room with Internet access.

CAREGIVERS

- Pre pandemic, social workers visited the facilities at least thrice a week to ensure the children's well-being.
- Volunteers from NGOs and families from nearby communities visited the facility with their children and spent time with the children at the institution. The visitors' presence provided some respite to caregivers who permanently lived on the CCI premises.
- During the pandemic, it has been difficult to acquire outside help which has made the caregivers' tasks even more challenging.
- The resident caregiver is always aware of each child's whereabouts at all times. She is aware of their background, demeanor, habits and their daily schedule. She is someone whom the children trust and talk to without any hesitation. She makes sure the children are disciplined and follow their schedule for their best benefit.
- The institution head and caregivers, seem very approachable to the children and there is an amicable pleasant atmosphere with relaxed interactions between children and the functionaries of the CCI. The staff present there make sure the children are disciplined without being violent or rude.



9.2 Key Takeaways From Space Analysis

CHILDREN

- The children are trained in life skills like cooking, cleaning, laundry, yoga etc.. They are responsible and capable of looking after themselves; however they do need to be coaxed to be on the task like any other children of this age.
- Most children are invested in scheduled and unscheduled recreational activities, and take the initiative to participate in them. They are proficient in using basic technology and software like Zoom.
- Some children attend extra classes without any direct supervision, conducting themselves in a responsible manner.
- Children are trained for life skills to become independent. They clean the space and make their own beds, which gives them a sense of self-sufficiency.
- They were also inclined towards outdoor sports more.

OTHER TAKEAWAYS

- The space is lively, full of energetic children and buzzing with activity. The children are on their toes and running around the facility.
- Despite not being sound-proofed from exterior sounds, the indoor dormitory and multipurpose halls were acoustically pleasant. The sounds of one floor are sealed off from the other floors.
- Cross ventilation makes the space airy and comfortable.
- There are some spatial segregations to separate spaces of high energy and activity with some quiet spaces to suit the needs of everyone.



10

APPENDIX



Resource List

MWCD THE REPORT OF THE COMMITTEE 2018

https://wcd.nic.in/sites/default/files/CIF%20Report%201_0_0.pdf

THE INTEGRATED CHILD PROTECTION SCHEME (ICPS)

<http://cara.nic.in/PDF/revised%20ICPS%20scheme.pdf>

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Annexures

Data Gathering Tools

Expert Interview Discussion Guide

The Lumiere protocol includes studying the published information on the expert viz., LinkedIn profile and on their organisation website and their context for inclusion in the research.

One-on-one interviews with Experts done via Zoom Video Meeting

The areas covered include:

- Context on the study - Tata Trusts have commissioned a study to understand best practices in CCIs

Project Little Star_Expert Discussion Guide

Total duration of each interview: 60 - 90 mins

Purpose of Document:

This document is a discussion guide primarily for use by the Lumière moderators during the depth interviews. The document contains basic guidelines to follow during the course of moderation. While following the same, the moderator should follow the natural flow of discussion spontaneously without being constrained by the guidelines.

The discussion guide would be customized by the researcher discretely and appropriately in varied scenarios.

Research Objective:

- To understand the three best in class private Child Care Facilities that have their unique models of caring for the child.
- To study the structure and processes to deliver quality care to the child within the child protection framework.
- To build a concept note on the care for orphans via a center of excellence (COE) orphanage or a model home, and alternately to identify the critical success factors for kinship care for rehabilitation and integration of children into the community.
- Quality of service
- Safety of Childcare
- To understand what challenges they face as an organisation

Approach - depending upon the Expert profile, tweak the DG flow and ask relevant questions to get maximum input.

Seek permission to record the conversation before proceeding.

INTRODUCTION (5-10 MINS)

1. To Understand Expert's Profile
2. Areas Of Expertise
3. Experience From Different Child Care Institutions
4. Objective Of The Study And Context Setting



Information Areas During the Conversation

Information Areas covered during the conversation:

- History of the centers
- Model Good Practices
- Child's Needs
- Best interest of Child
- Children feelings/ Trauma
- Golden Standard Institutes
- Acts & Policies
- Audit & Safety
- Integrated Child Protection Schemes
- Parallel Systems
- Organizational Structure
- Rehabilitation & Social Integration
- Types of Child Care Institutes
- Facility provided in CCI
- Infrastructure
- Challenges
- JJ Act 2015, amendment of JJ Act
- What is successful integration?
- Child care institution/ kinship care
- JJ Act - threshold level
- HR Resources, Capacity building training, Best Interest of Primary Caregivers and Functionaries Mindset
- Child Protection policy
- Basic Need provided by CCI/Homes
- After Care
- Which needs are non negotiable entitlements that should be provided to a child?
- What is the best model Child Care Institution? Can you name a few Institutions?
- What does the child need? Who is responsible for providing these needs?
- Does the organization meet or exceed the government's minimal standards for child care?
- How can care centers provide a family-like environment for children?
- Profile of CCIs/ Homes
- Infrastructure of CCI/ Homes
- Organisational structure of CCI has a tremendous effect on the quality of care exerted to children, as well as the training that caregivers receive, which could be a barrier to effective care?
- Juvenile Justice Act and its implications?
- Are family and community-based care arrangements safe and real options for these children?
- What are the problems faced by orphans in India?

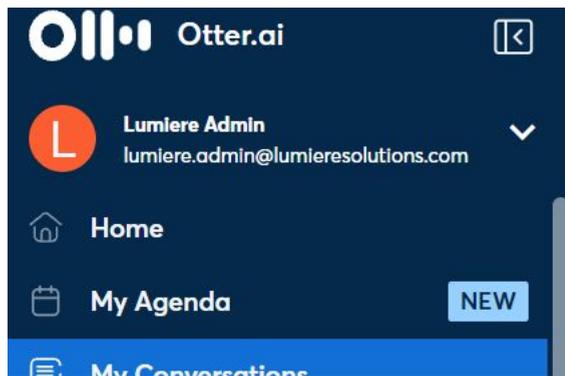


Otter - A Software to Prepare the Transcript

OTTER.AI SOFTWARE TO PREPARE THE TRANSCRIPT

Interviews which happened in English were directly transcribed by using Otter.ai software which converts the recording into transcription.

Interviews that happened in a mix of English and other languages were transcribed by lumiere team members.



My Conversations

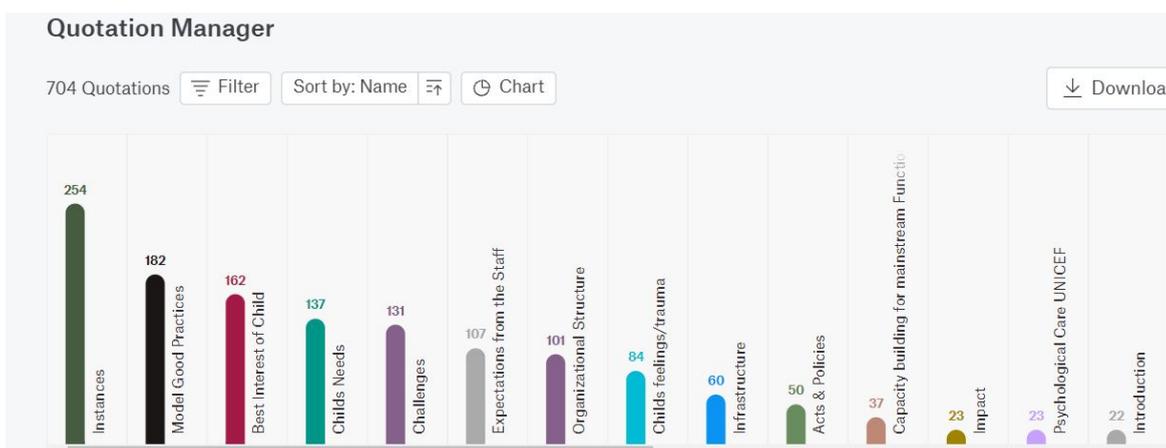
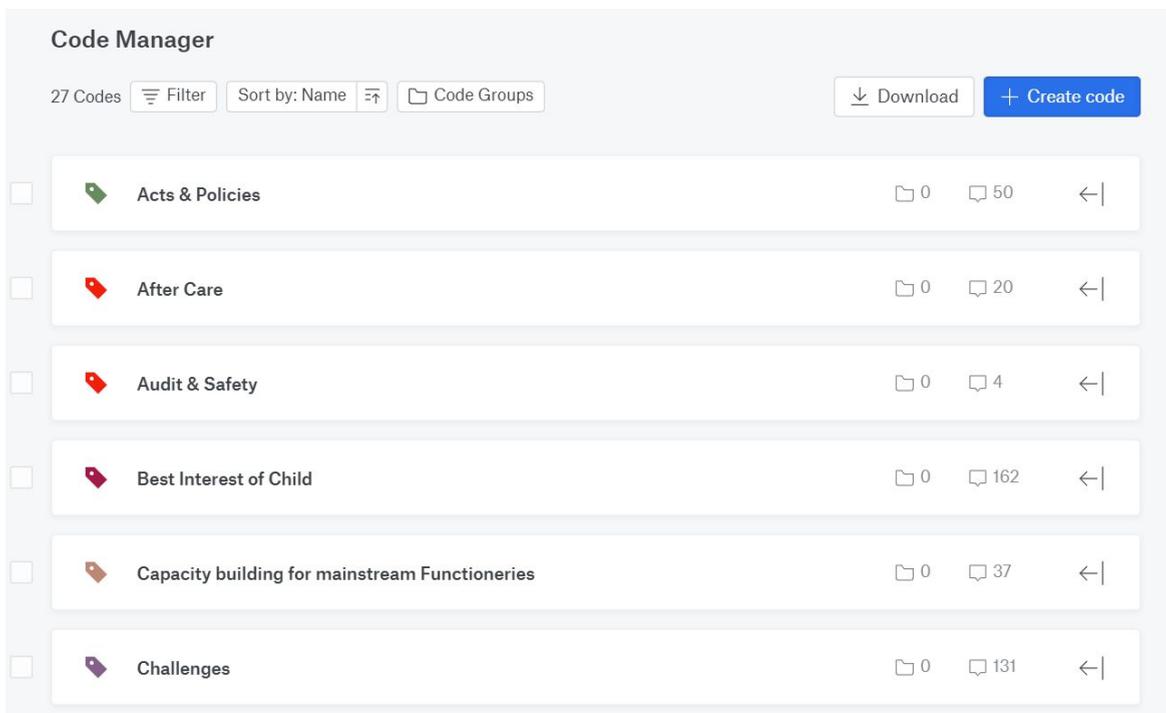
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ATLAS.TI

Lumiere uses a systematic approach of analysing the data , tools like ATLAS.ti which is a qualitative research tool used for coding and analyzing transcripts of the expert’s interviews.

- Coding list is created basis topics covered and discussed during the depth interviews
- Based on the coding list each transcript is coded and analysis at 1st level
- Coded output is used for 2nd level analysis and writing the report



Models of CCI's

SOS Village

SOS Children's Villages of India has been committed to the care of children in need since 1964. The aim and objective of SOS Children's Villages of India are to provide long-term family-based care and a home-like environment to orphaned children and to strengthen disadvantaged families as a preventive measure against abandonment and social neglect of children.

The Family Based Care concept is based on four principles

The Mother - Each child has a caring parent.

Brothers and Sisters - Family ties grow naturally.

The House - Each family creates its own home.

The Village - The SOS family is a part of the community.

MODEL: Each SOS Children's Village has a 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 of 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. Each SOS Children's Village creates a village-like community that allows children to mingle with their peers and families to share their experiences.

The Village provides a family-like environment and a Youth program for boys till 25 years of age. It includes three stages of care viz., (a) education and career planning, (b) exposure to explore and train for career options, (c) Integration via building confidence, skills, and growth opportunities.

Girls stay with SOS mothers till they move out for further education or marriage. The SOS model supports needs outside the institution like employment, medical insurance, marriage and continuing education. The money gift balance scheme is disbursed post 25 years.



Snehasadan

Snehasadan aims to reach out to the homeless children, find out what were the reasons for which they are on the streets, and trace and reunite them with their families wherever possible. To be a home for homeless children, regardless of caste or creed, provide shelter for the numberless homeless orphans, waifs, destitute and delinquents who roam almost every quarter of India's "First City". Every possible opportunity is provided to the children to avail of formal or non-formal education.

Model: Separate homes are run for girls and boys, each housing 20-30 children on an average with ages that range from 5-18+. House Parents who are a couple with children of their own who are reared together with the Snehasadan boys. The center housing girls are under the care and supervision of religious sisters. Snehasadan views it as of vital importance that every foster home operates like a real family where the children feel safe and valued. Caring for so many children who have come from a harsh street environment is an immense and demanding daily task. Foster parenting is a task that requires total dedication because the parents are not only there to replace the parenting figures lost for many children but also act as role models and teachers for the Snehasadan family.

The concept: Snehasadan homes is so appreciated by the children that several ex-Snehasadan children have come back to Snehasadan as house parents. The organization has two venues known as Contact Centres that act as centers for social workers to work directly in the field with the children. The centers are located at the Borivali and Chhatrapati Shivaji Terminus (CST) railway stations. Each center essentially is just a small room, as most of the staff time is spent in the field, working with individual children. About 20 to 25 children drop in at this center to avail of the facilities provided there.

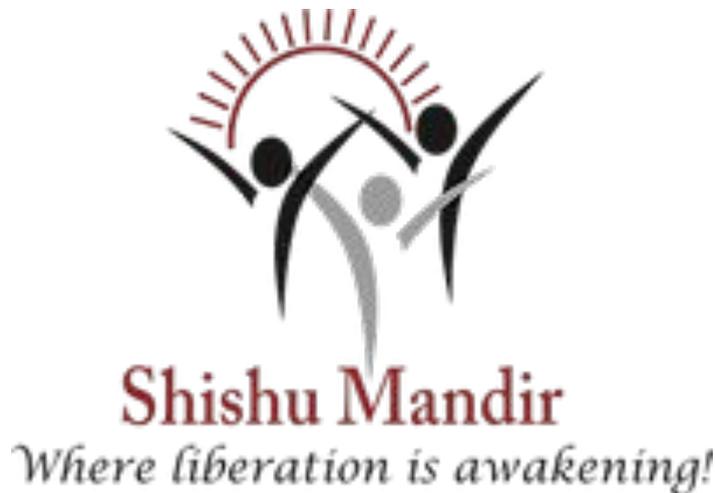


Shishumandir

Shishumandir is a Children's Home for girls with a maximum occupancy of 30 at any given time. There are three units. Each unit has eight children of mixed age groups with one Housemother. Each unit functions as a family in that they share a common room, 2 bathrooms, 2 bedrooms, and a room for the Housemother. All the units come together as one big family for meals.

As per law, children are admitted to the Home after the age of 6. They stay with us until they complete their higher education and are independent. Some may choose to move closer to their colleges, in which instance Shishumandir remains their guardian, fulfilling all responsibilities towards them, as a family would.

Shishumandir Children's Home runs all 365 days of the year. This is because we recognize that these children have been admitted because their family circumstances are not conducive. Some of the children have lost one or both parents, some come from broken families, or extremely poor families, where even a daily meal can be a challenge. Our children can choose to visit their parents or families, depending on how comfortable or safe they feel there. There is no expectation that they should return to their families for holidays.



Udayan Care

GroupCare (GC) is an innovative child care model of Udayan Care that creates the warmth of a family with a 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 a middle class 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 are:

- 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



Prerna

Prerana works to protect the potential and actual women and child victims of human trafficking and other forms of violence, provide comprehensive path-breaking services to uphold their rights, create dignified options for life, and lead major advocacy efforts to strengthen the response of the state and the civil society to combat violence against women and children including trafficking with a sustainable, rights-based, development-oriented, and participatory approach.

Prerana wants to contribute to the creation of a world order where:

- the innocence, weakness, or vulnerability of any human being is not exploited for commercial sexual exploitation and trafficking (CSE&T)
- violence especially gender-based violence has no place
- the world is free of trade in human beings for sexual slavery, and such other destination crimes;
- a victim of human trafficking is not re-victimized but is rightfully assisted to get socially reintegrated;
- the state and the civil society become compassionate, self-driven, and responsive to the victims of trafficking and gender-based violence, and adopt a non-negotiable stance against it;
- Every child born is protected, has a right to make choices, and live a dignified life free from neglect, exploitation, and violence.



Zion Orphanage Israel

- Zion Orphanage, founded in 1899, is the world's oldest continuously running Jewish orphanage. We provide 180 disadvantaged and homeless youth, ages 7-22, with the warmth and care of a loving family. Each boy – despite a rough start in life – is given a second chance to reach his potential and achieve greatness.
- Zion Orphanage serves Jewish children from diverse backgrounds – secular and religious, Ashkenazi and Sephardi. Our thousands of graduates include Knesset members, business leaders, and renowned professionals. With the tender guidance of Zion Orphanage, the boys' early-ingrained "fighting spirit for survival" remained as they matured and re-entered the world, this time from a position of strength
- It is led by Rabbi Baruch Rakovsky and Mrs. Rivka Rakovsky, direct descendents of Rabbi Blumenthal, along with a staff of 80 experts in education, therapy, healthcare, and vocational training. Our one-acre campus is located in the heart of Jerusalem.
- Zion Orphanage is dedicated to nurturing each boy's creativity and passion. We provide a variety of activities and therapies including gymnastics, martial arts, volleyball, soccer, arts and crafts, animal-assisted therapy, speech therapy, occupational therapy, book library, computers, electronics and more.



Conclusion

We must not carry the child about, but let him walk, and if his hand wishes to work we must provide him with the things on which he can exercise an intelligent activity. His own actions are what take the little one along the road to independence. ~ Maria Montessori, The Absorbent Mind

Globally there is a move away from CCIs to foster homes as a better model to raise children in need of care and protection. However, according to a recent study conducted by the Ministry of Women and Child Development, India has **over 9,500 institutions** housing over 3,70,000 children.

Our study shows that there is a wide variability of the quality of child care and protection provided to children in child care institutions.

Every family has its distinctive culture, values and behaviours to raise children. Families vary greatly in the maturity and quality of care and safety afforded to children. The goal for all parents is to raise children to be well-adjusted, independent adults who are able to fulfil their potential.

Similarly, each CCI has its own distinctive culture driven and influenced by the adult stakeholders. The JJ Act provides a thoughtful guidance and framework drawn up around the best interests of the child.

Our study concludes that if CCIs around the country are able to imbibe the spirit of the JJ Act and practice the principles outlined therein, it will help raise the floor for CCIs across the country.

Each CCI has the potential to transform to a COE CCI by adopting multiple strategies to become child-centric.

“It is not a prayer, but rather a reminder... an invocation, a kind of syllabus, our only syllabus: Help us O God to enter into the secret of childhood, so that we may know, love and serve the child in accordance with the laws of thy justice and following they holy will”
- Maria Montessori, The Absorbent Mind.

Thank You.

Looking forward to working together.

www.lumieresolutions.com

