FAMILY COUNSELING AND WELFARE

(HDFS 311)

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Concept, nature, scope, principles and need of family counseling

Family therapy

Definition

Family therapy is a type of psychotherapy that involves all members of a nuclear family or stepfamily and, in some cases, members of the extended family (e.g., grandparents). A therapist or team of therapists conducts multiple sessions to help families deal with important issues that may interfere with the functioning of the family and the home environment.

Purpose

The goal of family therapy is to help family members improve communication, solve family problems, understand and handle special family situations (for example, death, serious physical or mental illness, or child and adolescent issues), and create a better functioning home environment. For families with one member who has a serious physical or mental illness, family therapy can educate families about the illness and work out problems associated with care of the family member. For children and adolescents, family therapy most often is used when the child or adolescent has a personality, **anxiety** , or mood disorder that impairs their family and social functioning, and when a stepfamily is formed or begins having difficulties adjusting to the new family life. Families with members from a mixture

of racial, cultural, and religious backgrounds, as well as families made up of same-sex couples who are raising children, may also benefit from family therapy.

Description

Family therapy is generally conducted by a therapist or team of therapists who are trained and experienced in family and group therapy techniques. Therapists may be psychologists, psychiatrists, social workers, or counselors. Family therapy involves multiple therapy sessions, usually lasting at least one hour each, conducted at regular intervals (for example, once weekly) for several months. Typically, family therapy is initiated to address a specific problem, such as an adolescent with a psychological disorder or adjustment to a death in the family. However, frequently, therapy sessions reveal additional problems in the family, such as communication issues. In a therapy session, therapists seek to analyze the process of family interaction and communication as a whole and do not take sides with specific family members. Therapists who work as a team can model new behaviors for the family through their interactions with each other during a session.

Family therapy is based on family systems theory, in which the family is viewed as a living organism rather than just the sum of its individual members. Family therapy uses systems theory to evaluate family members in terms of their position or role within the system as a whole. Problems are treated by changing the way the system works rather than trying to fix a specific member. Family systems theory is based on several major concepts.

Concepts in family therapy

THE IDENTIFIED PATIENT The identified patient (IP) is the family member with the symptom that has brought the family into treatment. Children and

adolescents are frequently the IP in family therapy. The concept of the IP is used by family therapists to keep the family from scapegoating the IP or using him or her as a way of avoiding problems in the rest of the system.

HOMEOSTASIS (BALANCE) Homeostasis means that the family system seeks to maintain its customary organization and functioning over time and it tends to resist change. The family therapist can use the concept of homeostasis to explain why a certain family symptom has surfaced at a given time, why a specific member has become the IP, and what is likely to happen when the family begins to change.

THE EXTENDED FAMILY FIELD The extended family field includes the immediate family and the network of grandparents and other relatives of the family. This concept is used to explain the intergenerational transmission of attitudes, problems, behaviors, and other issues. Children and adolescents often benefit from family therapy that includes the extended family.

DIFFERENTIATION Differentiation refers to the ability of each family member to maintain his or her own sense of self, while remaining emotionally connected to the family. One mark of a healthy family is its capacity to allow members to differentiate, while family members still feel that they are members in good standing of the family.

TRIANGULAR RELATIONSHIPS Family systems theory maintains that emotional relationships in families are usually triangular. Whenever two members in the family system have problems with each other, they will "triangle in" a third member as a way of stabilizing their own relationship. The triangles in a family system usually interlock in a way that maintains family homeostasis. Common family triangles include a child and his or her parents; two children and one parent;

a parent, a child, and a grandparent; three siblings; or, husband, wife, and an in-law.

In the early 2000s, a new systems theory, multisystemic therapy (MST), has been applied to family therapy and is practiced most often in a home-based setting for families of children and adolescents with serious emotional disturbances. MST is frequently referred to as a "family-ecological systems approach" because it views the family's ecology, consisting of the various systems with which the family and child interact (for example, home, school, and community). Several clinical studies have shown that MST has improved family relations, decreased adolescent psychiatric symptoms and substance use, increased school attendance, and decreased re-arrest rates for adolescents in trouble with the law. In addition, MST can reduce out-of-home placement of disturbed adolescents.

Preparation

In some instances the family may have been referred to a specialist in family therapy by their pediatrician or other primary care provider. It is estimated that as many as 50 percent of office visits to pediatricians have to do with developmental problems in children that are affecting their families. Some family doctors use symptom checklists or psychological screeners to assess a family's need for therapy. For children and adolescents with a diagnosed psychological disorder, family therapy may be added to individual therapy if family issues are identified as contributing factors during individual therapy.

Family therapists may be either psychiatrists, clinical psychologists, or other professionals certified by a specialty board in marriage and family therapy. They usually evaluate a family for treatment by scheduling a series of interviews with the members of the immediate family, including young children, and significant or

symptomatic members of the extended family. This process allows the therapist(s) to find out how each member of the family sees the problem, as well as to form first impressions of the family's functioning. Family therapists typically look for the level and types of emotions expressed, patterns of dominance and submission, the roles played by family members, communication styles, and the locations of emotional triangles. They also note whether these patterns are rigid or relatively flexible.

Preparation also usually includes drawing a genogram, which is a diagram that depicts significant persons and events in the family's history. Genograms include annotations about the medical history and major personality traits of each member. Genograms help uncover intergenerational patterns of behavior, marriage choices, family alliances and conflicts, the existence of family secrets, and other information that sheds light on the family's present situation.

Precautions

Individual therapy for one or more family members may be recommended to avoid volatile interaction during a family therapy session. Some families are not considered suitable candidates for family therapy. They include:

- families in which one, or both, of the parents is psychotic or has been diagnosed with antisocial or paranoid personality disorder
- families whose cultural or religious values are opposed to, or suspicious of, psychotherapy
- families with members who cannot participate in treatment sessions because of physical illness or similar limitations
- families with members with very rigid personality structures (Here, members might be at risk for an emotional or psychological crisis.)

- families whose members cannot or will not be able to meet regularly for treatment

Risks

The chief risk in family therapy is the possible unsettling of rigid personality defenses in individuals or relationships that had been fragile before the beginning of therapy. Intensive family therapy may also be difficult for family members with diagnosed psychological disorders. Family therapy may be especially difficult and stressful for children and adolescents who may not fully understand interactions that occur during family therapy. Adding individual therapy to family therapy for children and adolescents with the same therapist (if appropriate) or a therapist who is aware of the family therapy can be helpful.

Normal results

Normal results vary, but in good circumstances, they include greater insight, increased differentiation of individual family members, improved communication within the family, loosening of previously automatic behavior patterns, and resolution of the problem that led the family to seek treatment.

Parental concerns

Stepfamilies , which are increasing in prevalence, are excellent candidates for family therapy. Children and adolescents in stepfamilies often have difficulties adjusting, and participating in family therapy can be beneficial. Stepfamilies, increasingly referred to as "blended families," experience unique pressures within each new family unit. Stepfamily researchers, family therapists, and the Stepfamily

Association of America (SAA) view the term as inaccurate because it seems to suggest that members of a stepfamily blend into an entirely new family unit, losing their individuality and attachment to other outside family members. Because other family types (biological, single-parent, foster, adoptive) are defined by the parent-child relationship, the SAA believes that the term "stepfamily" more accurately reflects that relationship and is consistent with other family definitions. Viewing the stepfamily as a blended family can lead to unrealistic expectations, confused and conflicted children, difficult adjustment, and in many cases, failure of the marriage and family. Family therapy can help family members deal with these issues.

Children and adolescents and, in some cases even the parents, may be reluctant to participate in family therapy. Home-based family therapy has in the early 2000s become available as an option for families with severely disturbed adolescents and family members reluctant to see a therapist. In home-based therapy, a therapist or team of therapists comes directly to the family's home and conducts therapy sessions there.

Types of family counseling

Educational counseling

Educational counseling, or school counseling, is an important part of virtually all educational institutions in the US. It is within this practice that students, their loved ones, and even school staff can resolve outstanding, negative situations as well as improve upon those which are positive. For those wishing to learn more about this

integral part of the education system, read on as we cover the core defines of today's educational counseling practice.

School Counseling: The Basics

School is absolutely a place of growth as well as occasional, associated growing pains. In elementary school and middle school, students are learning the basics of interacting and cooperation, socialization, academic resolve, and much more. In high school, these benchmarks of growth evolve but often retain similar attributes. Finally, those moving on to college find a whole new set of challenges awaiting. Enter the professional field of school counseling.

At each grade level, students in nearly all American schools are provided access to a school counseling operation within the school setting. From this central location, students can seek assistance and advice with all sorts of issues they may experience. It is also from here that the practicing counselors may take proactive steps in addressing issues throughout the entirety of the school and student body. The ultimate goal is to provide healthy advisory services to students as they make their way through the various challenges faced in achieving their education.

Specific Elements of Daily Practice

Next, let's take a look at some of the duties taken on by professional school counselors in their daily endeavors in order to facilitate healthy learning and student experiences. Some of the school counselor's duties are administrative in nature, as recordkeeping here is quite important. However, the predominant portion of their work is that of hands-on activity with the students, staff, and students' families.

This "hands-on" work refers to actually talking with and providing in-person advisory services to said parties in need. This may be in-school, by telephone, by written communique, or other forms of media.

Common Concerns Addressed

While working to support students in their personal growth and educational experiences along the way, educational counselors may run into any number of issues that require their interventional services. From home issues, to school and grade concerns, there are many. As a result, this professional must be open and understanding to the discussion of many sensitive topics. A short list of such common concerns encountered and addressed by these professionals could include:

- bullying, aggression, or fighting

- puberty or personal growth concerns

- home life issues, abuse, neglect

- positive familial involvement

- educator or school staff conflicts with students

- bus and transportation issues

- concerns of grades, studies, and coursework

- handling typical school and classroom stressors

- advisory on upcoming educational choices

Academic guidance

Counselling and guidance, referred to as psychological and educational support, provided to pupils/students in nursery schools, schools and other educational institutions involves:

- identifying pupils'/students' individual developmental and educational needs and psychological and physical abilities, and environmental factors which have impact on their functioning in a nursery school, school or educational institution; and
- Addressing the needs identified.

The assessment of children's and young people's developmental needs is one of the main responsibilities of teachers and specialists working with them.

Psychological and educational support aims to help pupils/students fulfil their developmental potential and create conditions for their active and full participation in the life of their (nursery) school or institution and in their social environment.

The responsibilities of teachers, class / group tutors and specialists in (nursery) schools and educational institutions include, in particular:

- assessing pupils'/students' individual developmental and educational needs and psychological and physical abilities;
- identifying pupils'/students' strengths, predispositions, interests and aptitudes or talents;
- identifying reasons behind academic failures or difficulties in pupils'/students' functioning, including barriers and constraints which make

it difficult for them to function and participate in the life of their (nursery) school or educational institution;

- taking measures which help pupils/students develop their competences and potential in order to enhance the effectiveness of their learning process and improve their functioning;
- collaborating with a counselling and guidance centre in diagnostic and post-diagnostic processes, in particular, regarding:
    - performance/functional behaviour assessment;
    - barriers and constrains in the environment which make it difficult for pupils/students to function and participate in the life of their (nursery) school or institution;
    - Outcomes of measures taken to improve pupils'/students' functioning and further measures to be planned.

Teachers, class / group tutors and specialists in (nursery) schools and other educational institutions undertake, in particular, the following activities:

- in nursery schools: pedagogical observation aimed at early identification of developmental disharmonies and early intervention; and for children in one-year pre-school preparatory education: pedagogical observation ending with an analysis and assessment of children's readiness for school (pre-school diagnosis);
- in schools: pedagogical observation during ongoing work with pupils/students which is aimed at identifying:
    - learning difficulties and, for pupils in grades I to III of the primary school, competence deficits, language disorders, and the risk of specific learning difficulties;
    - potential and interests;

- special aptitudes or talents;
- Support for pupils/students in making education and career choices during ongoing work with them.

Where it is found that a child needs special educational support in view of his/her difficulties or special talents, the nursery school, alternative preschool education setting, school or the institution initiates measures to meet these needs. This is an area where an educational institution provides counselling and guidance / educational and psychological support.

Counselling and guidance sessions offered to children and young people are a form of such support.

Psychological and educational support is also offered to pupils'/students' parents and teachers in the form of counselling or guidance sessions, workshops and training sessions.

Support offered to parents and teachers aims to:

- assist them in addressing pupils'/students' educational and learning problems;
- develop their own educational skills to increase the effectiveness of counselling and guidance offered to pupils/students.

Counselling sessions, workshops and training sessions are conducted by teachers, class / group tutors and specialists.

Specialists providing counselling and guidance in (nursery) schools and other educational institutions include in particular:

- psychologists,

- pedagogues,
- speech therapists,
- careers advisers, and
- Educational therapists.

The responsibilities of specialists employed in (nursery) schools and other educational institutions include:

- conducting diagnostic examinations and assessments of children and young people;
- providing psychological and educational support in forms suited to the needs identified, and cooperating with teachers and other specialists in the field;
- carrying out preventive and information activities;
- assisting parents and teachers in identifying children's needs and supporting their development.

If there is no improvement in the pupil's/student's functioning despite the psychological and educational support provided, the head of a given (nursery) school or educational institution, with the parents' or adult learner's consent, submits a request to a counselling and guidance centre to conduct an assessment / diagnosis and recommend methods for addressing the problems identified.

Counselling and guidance centres, **including specialised centres**, are specialised institutions of the school education system which provide psychological and educational support and assist (nursery) schools and other educational institutions in this area.

Counselling and guidance centres can be:

- public or

- non-public.

Specialised centres focus on selected and specific problems, in line with the needs of the local community.

According to the School Education Information System (*System Informacji Oświatowej, SIO*), as at 30 September 22017, there were 1099 counselling and guidance centres.

Type of centre	Public	Non-public	Total
Counselling and guidance centres	586	513	**1099**

The administration of public counselling and guidance centres is a school education task of districts (*powiat*; the local government level above communes).

A public counselling and guidance centre provides psychological and educational support free of charge.

The managing body of a centre determines its catchment area.

Counselling and guidance centres offer services to:

- children from birth,
- young people,
- parents,
- teachers,
- nursery schools, schools and other educational institutions.

(Regulation of the Minister of National Education of 1 February 2013 on the detailed operational rules for public counselling and guidance centres and other public specialised centres: Journal of Law, item 199, and 2017, item 1647).

The tasks of a **public counselling and guidance centre** include:

- conducting assessments/making diagnosis for children and young people;
- issuing statements/opinions and certificates concerning education for children and young people;
- providing direct support to pupils/students and their parents;
- problem-prevention activities and tasks supporting the educational function of (nursery) schools and other educational institutions, including support offered to teachers in addressing problems related to education and care;
- support provided to (nursery) schools and other educational institutions.

When counselling and guidance offered in a (nursery) school or institution does not bring expected results or it is necessary to assess whether the child needs support in forms other than psychological and educational support because of his/her educational needs, it is advisable to perform a specialist assessment in a counselling and guidance centre. Support is sought from counselling and guidance centres on a voluntary basis.

Such centres perform assessments, provide information or give opinions on the results of such assessments at the request of a parent or an adult learner. Statements issued by the centres are provided to the (nursery) school/educational institution attended by the pupil/student concerned only at the request of the parent or the adult learner.

Assessment is conducted in order to determine children's individual developmental and educational needs and individual psychological and physical abilities; to explain the mechanisms governing their behaviour in relation to the problem reported; and to indicate the way in which the problem could be addressed.

An assessment of the child's needs helps to identify the course of action to be taken as part of education and support for his/her development.

In particular, an assessment may result in :

- issuing an **opinion/statement**, including:
    1. statements recommending individualised early support for development; these are the only statements issued by assessment committees in public counselling and guidance centres;
    2. statements confirming specific learning difficulties;
    3. statements on deferred entry into compulsory education;
    4. statements on earlier entry into primary education;
    5. statements granting permission to follow an individualised programme;
    6. statements recommending compulsory one-year preparatory classes to be attended outside a nursery school, preschool class or alternative preschool education setting;
    7. statements concerning a child's full-time or part-time compulsory education outside school settings;
    8. statements on exempting a child from learning a second foreign language;
    9. statements recommending the inclusion of a child in therapeutic classes;
    10. statements recommending an individualised learning path;
    11. statements recommending modification of educational requirements based on curricula to adjust them to a pupil's/student's individual educational needs;

12. statements recommending priority in admitting a student with health problems to a post-primary school;

13. statements on permission to employ a juvenile for the purpose of training for a particular job or of vocational training;

14. statements confirming no contraindications to the performance of work or other paid work by a child;

15. statements concerning other matters relating to the education of children and young people (e.g. for doctors or courts of justice);

- issuing a **certificate** recommending:
    1. special education,
    2. rehabilitation-and-education classes,
    3. individualised one-year preschool preparatory classes,
    4. individualised learning for children and young people;
- direct psychological and educational support provided by a centre to children, parents or both children and parents;
- support provided to teachers and specialists working with a child in the educational institution attended by the child.

Certificates are issued by assessment committees based in counselling and guidance centres, including public specialised centres.

Certificates are issued at parents' or an adult learner's request. They may participate in a session of an assessment committee and present their position. Certificates are issued to applicants only. A certificate can be appealed against within 14 days to the head of the regional education authorities via the committee issuing it.

A certificate may be cancelled or amended at parents' request.

*(*Regulation of the Minister of National Education of 7 September 2017 on certificates and statements issued by assessment committees at public counselling and guidance centres: Journal of Law, item 1743*)*

Non-public counselling and guidance centres are authorised to issue statements in cases where the regulations do not require that they should be issued by public centres. To be authorised to issue a statement confirming specific learning difficulties, deferring a child's entry into compulsory education or recommending earlier entry into primary education, non-public counselling and guidance centres, established under Art. 82 of the School Education Act, should employ staff with qualifications required of staff in public counselling and guidance centres.

Direct assistance offered to children and young people and their parents by counselling and guidance centres includes in particular:

- therapy provided to children, young people and their families;
- support offered to children and young people in need of counselling and guidance or support in choosing an area of study and occupation and in planning education and career;
- support for parents in the assessment of children's and young people's developmental and educational needs as well as their psychological and physical abilities, and in addressing educational problems.

In particular, centres perform their problem-prevention tasks and those supporting the educational and care-related functions of (nursery) schools and other educational institutions by providing support to teachers, class / group tutors and specialists in:

- the assessment of children's and young people's developmental and educational needs, including the identification of risk of specific learning difficulties for pupils in grades I to III of the primary school;
- providing counselling and guidance / psychological and educational support;
- developing and implementing individual educational-and-therapeutic programmes and individual rehabilitation classes;
- addressing teaching and education-related problems.

Centres also offer support to (nursery) schools and other educational institutions by:

- implementing measures to prevent addictions and other problems of children and young people;
- educating children, young people, parents and teachers on mental health protection;
- providing support in collaboration with in-service teacher training institutions.

At a written request of the head of a (nursery) school / educational institution, or of disabled children's parents, a public centre is obliged to help identify conditions necessary for learning, specialist equipment and teaching resources, including ICT.

The following institutions are also required to collaborate with mainstream schools in identifying and addressing educational problems of pupils/students in special education who attend these schools:

- special school-and-care centres: with regard to work with disabled pupils/students;

- youth education centres: with regard to work with socially maladjusted pupils/students;
- youth social therapy centres: with regard to work with pupils/students at risk of social maladjustment.

Psychological counselling

The school education system provides psychological counselling, which focusses on addressing learning and educational problems and on developing educational skills, to children, young people, parents and teachers. It is provided in nursery schools, schools and institutions attended by children and young people, as well as in counselling and guidance centres.

The responsibilities of psychologists in (nursery) schools and other educational institutions include in particular:

- conducting assessments and diagnostic examination for pupils/students, including the assessment of their individual developmental and educational needs and their psychological and physical abilities; this aims to identify their strengths, predispositions, interests and aptitudes or talents, and reasons behind academic failure or difficulties in functioning, including barriers and constraints which make it difficult for the pupil/student to function and participate in the life of the (nursery) school or institution;
- identifying educational problems in (nursery) schools or institutions in order to address problems which impose barriers and limit active and full participation in the life of the nursery school, school or institution;
- providing psychological and pedagogical support in forms suited to the needs that have been identified;

- implementing measures related to the prevention of addictions and other problems that children and young people are faced with;
- minimising the consequences of developmental disorders; preventing behavioural disorders; and initiating various forms of help in pupils'/students' school and out-of-school environment;
- initiating and conducting mediation and intervention in crisis situations;
- providing assistance to parents and teachers, focussing on the assessment and development of pupils'/students' individual abilities, predispositions and aptitudes or talents;
- helping teachers, class / group tutors and other specialists in:
  - the assessment of pupils'/students' individual developmental and educational needs and their psychological and physical abilities in order to identify: their strengths, predispositions, interests and aptitudes or talents; and reasons behind academic failure or difficulties in functioning, including barriers and constraints which make it difficult for the pupil/student to function and participate in the life of the (nursery) or institution;
  - providing psychological and educational support.

Nursery schools, schools or institutions are not required to employ psychologists. In consultation with the managing body, the head of a (nursery) school or institution, who is responsible for psychological and educational support, decides to employ a psychologist depending on the needs identified in this area.

Psychological counselling is also provided in counselling and guidance centres.

Psychological counselling is offered by the centres in various forms adapted to the needs of pupils/students:

- counselling and guidance sessions for children, young people, parents and teachers;

- individual or group therapy for children or young people;

- family therapy;

- support groups;

- mediation;

- emergency intervention;

- workshops;

- lectures and presentations;

- information and training.

Vocational counseling

Vocational counseling assesses an individual's intelligence, aptitude, interests, abilities and skill levels in order to create and follow a career path. Vocational therapists partner with businesses, government agencies, educational institutions and the employment industry to develop mutually beneficial opportunities for individuals with special needs. They also assist in assessing, training and developing individuals for positions and advancement.

What is vocational counseling?

Vocation means different things to different people; sometimes, a vocation is the means to an end in obtaining employment that pays the bills, and to others, it's a gateway to a rewarding career. Learning a vocation is often the best chance a person has in achieving economic security. Psychologically, the ability to productively contribute to society provides self-worth and purpose.

For people with Cerebral Palsy, achieving a vocation and securing employment can be a challenge, but not one that in many cases can't be overcome. Today, people with disabilities have entered – and achieved success in – a wide array of employment sectors. According to the U.S. Bureau of Labor Statistics, 19.2 percent of those with disability are employed.

Vocational counseling, also known as vocational rehabilitation, is a program that prepares people with Cerebral Palsy and other physical and cognitive impairments for the workplace.

Though the primary goal of vocational counseling is to assist individuals in finding – and training for – a vocation, the long-term goal is to help achieve:

- **Independence**
- **Economic self-sufficiency**
- **Self-esteem through occupational practice**

Additionally, vocational rehabilitation seeks to significantly reduce, or eliminate, the obstacles the disability may present by providing training and support for the individual's education and employment aspirations.

Vocational counseling, or rehabilitation, is a set of services designed to develop the skills and ability to practice a vocation in a productive way. Those born with physical or cognitive impairments are taught how to perform in the workplace taking into consideration their abilities and challenges. Some individuals who have experienced recent changes in their ability to function at work (those recently injured or stricken by illness such as stroke) are taught how to resume employment.

The highly-structured and challenging processes involved in vocational rehabilitation are part of a multi-disciplinary approach to help identify and enter a vocational field that is both within the individual's range of capabilities, and more importantly, within their area of interest. Some workplace environments only need physical enhancements or modified processes to allow an individual with impairment to succeed in a position.

Vocational counseling involves some physical training, but focuses on instruction regarding workplace performance, including:

- **Assessing employee interest and aptitude**
- **Determining physical and cognitive abilities**
- **Incorporating adaptive equipment to meet vocational goals**
- **Accommodating or modifying office equipment or environments**
- **Locating training programs**
- **Assessing performance**
- **Finding employment**

Part of vocational counseling also focuses on workplace integration, specifically how a person with Cerebral Palsy will accomplish tasks given any obstacles their impairment may encounter. These services include:

- **Career counseling**
- **Job skill development**
- **Communication and interpersonal skills**
- **Making professional, evidence-based decisions**
- **Working past roadblocks to complete tasks**
- **Making environmental changes to optimize productivity**

What are the benefits of vocational counseling?

To those touched by Cerebral Palsy, employment or vocation might initially seem like a remote possibility, but the good news is many achieve gainful employment and successful careers.

Individuals with Cerebral Palsy, depending on their abilities and severity of their condition, work in full- or part-time positions, attend specialized training, and also attend college.

Vocational counseling makes this possibility a reality by pinpointing capabilities, not limitations. Most want to work and achieve independence; vocational counseling provides a pathway to achieve and master a vocation that is appropriate for their skill level and provides a starting point for the individual to develop new skill sets.

For those with Cerebral Palsy, the benefits of vocational counseling are:

- **Access to job training programs**
- **Opportunities to network**
- **Access to a job coaches**
- **Job placement assistance**
- **Economic autonomy and independence**
- **Self-esteem and self-worth**
- **Social interaction**
- **Professional coaching**

When is vocational counseling advised?

Vocational counseling is often part of a special education initiative to transition the child into adulthood. Often vocational counseling is initiated within the school's IEP program to assist the child to achieve optimal independence beyond secondary

education. This typically occurs after a student has benefited by other therapies such as physical or occupational therapy designed to maximize their ability to function.

Because no two cases of Cerebral Palsy are the same, approaches to vocational counseling will vary significantly. Some individuals need only minimal assistance in terms of reaching their professional goals, but others will need a more intensive intervention.

A trained vocational specialist, in conjunction with school special education administrators, will determine the scope of therapy to help the child meet his or her future workforce development goals.

How is vocational counseling performed?

Vocational counseling begins after a vocational specialist has completed a thorough assessment of medical records, physical capabilities and cognitive abilities to determine what factors may affect the individual's ability to maintain employment.

After an initial assessment, the vocational specialist must determine additional information, such as:

- **What work interests the individual**
- **What physical conditions may limit performance**
- **What professions or positions would be suitable**
- **What opportunities are currently available**
- **The requirements for certain types of work**

When testing a person's aptitude, a vocational specialist may implement standardized tests, which can then be compared to required skills and interest

levels. Additionally, therapists may evaluate workflow processes to see if work can be performed safely – with or without modifications, adaptations and assistive technology.

If assistive technology, such as computers, voice recognition devices, or equipment with specialized handles is required to maximize performance potential, the therapist will coordinate the selection, customization and implementation of technologies.

Where is vocational counseling performed?

Vocational counseling is performed in several facilities, including:

- **Specialized government training facilities**
- **Community centers**
- **Public and private schools**
- **Vocational training centers**
- **Colleges**

Vocational training can also take place at a job site with a "supportive work" program. Under this program, vocational center specialists or assistants accompany the prospective employee to a work site to offer supervision, environmental assessment, assistance, emotional support and coaching.

What happens during vocational counseling?

Vocational counseling or rehabilitation has a strong training component to properly prepare an individual to become a productive member of a workplace environment.

For some, vocational training will focus on skills that will make it possible for them to be successful during training pursuits at vocation schools, technical schools, community colleges, or universities depending on their career path. Called

"transition" services – these programs are designed to prepare students for the end of school, and often take place in a secondary education or young adult settings.

Training involves learning how to work within their unique skill sets, navigate their environments, and how to operate with specialized adaptive equipment, such as:

- **Computers**
- **Telephones and headsets**
- **Tools specific to professions**
- **Writing utensils**
- **Handheld devices**

Vocational training also provides an opportunity to master work at specialized work stations with assistive technologies. These workstations include:

- **Customized desks and chairs**
- **Computer equipment**
- **Assistive technologies like voice synthesizers and touch screens**

Additionally, they participate in activities designed to enhance employment possibilities, including:

- **Learning how to use assistive technology**
- **Mastering tasks required for work**
- **Participating in workshops**
- **Searching for open positions**
- **Exploring labor market and wage information**
- **Identifying additional training opportunities**
- **Obtaining resources like adaptive equipment and clothing, if required**

- **Taking part in job placement services**
- **Monitoring performance**

Who provides vocational counseling?

According to the Educational Portal, vocational rehabilitation specialists typically practice with either a master's or bachelor's degree in vocational rehabilitation; the masters-level vocational specialists are typically employed in supervisory positions. Vocational specialists are often assisted by vocational rehabilitation technicians.

Vocational rehabilitation specialists

The vocational specialist's job is to:

- **Manage the patient's treatment plan**
- **Recognize and assess physical and mental issues**
- **Communicate with patients**
- **Educate and work with caregivers and parents**

Coursework for vocational specialists include, but is not limited to:

- **Rehabilitation**
- **Anatomy and physiology**
- **Biology**
- **Chemistry**
- **Sociology**
- **Psychology**
- **Human development**
- **Case management**
- **Clinical practice and observation**

Vocational specialists do not have to seek certification, but voluntary certification is seen favorably. Certification can be obtained through the non-profit Commission on Rehabilitation Counselor Certification. CRCC Certification requirements include:

- **Completion of a master's degree at an approved university degree program**
- **Successful completion of an internship**
- **Passing score on the Certified Rehabilitation Counselor Examination**
- **Renewal every five years requiring re-testing or continued education courses**

The master's degree can be in a degree program other than vocational counseling. Often, individuals with physical or occupational therapy degrees will enter the vocational counseling field, as do other professionals with degrees in other therapeutic-based sectors.

Vocational technicians

Vocational technicians typically obtain a two-year associate degree. Their role in the therapy process is to assist the vocational specialist in helping patients learn the necessary skills to secure employment and practice a vocation. They teach physical skills and also inter-personal skills. They also participate in diagnostic testing and ongoing assessments.

State licensure requirements for vocational technicians vary; parents and caregivers should contact the licensing body in their state for more information.

Are employers incentivized to hire workers with disabilities?

Therapists often work with employers to create workforce environments conducive to employing those with impairment. They also collaborate with professionals within the employment sector to develop opportunities for employment of those with impairment. At times this may include modifying work environments and workflows as well as educating employers on the benefits, ease and opportunities which exist when employing those with special needs.

Thankfully, attitudes among those in government and the workplace have changed in regards to hiring workers with special needs. This was bolstered in part due to the passage of the Americans with Disabilities Act of 1990, which prohibits employers from discriminating against qualified individuals with special needs.

The U.S. government provides several incentives to public and private employers to hire those with disability. The goal is to provide equal employment opportunities for those with special needs, in part by addressing obstacles towards employment and employability.

Another goal of the program is to help remove harmful stereotypes held in regards to employing, managing, or working alongside those with special needs. Education and constructive perspectives are shared.

Some programs include:

- **The Federal Work Opportunity Credit – Available to public and private employers, this program makes a 40% tax credit on the first $6,000 paid to a newly-hired employee with disability.**
- **U.S. Department of Labor grants – Grants are available to help individuals with disability start their own businesses and are available to**

companies who would like to hire disabled individuals to be independent contractors.

- **Job Accommodation Network – Backed by the U.S. Department of Labor, this network provides consultation services to help businesses develop and make available technologies to assist disabled individuals.**

Social counseling

Social Counselling at Forschungszentrum Jülich offers all employees advice and support in difficult situations at work and in their private lives. The aim of this counselling is to maintain and strengthen your personal and professional wellbeing, health and productivity. The services offered by Social Counselling are free of charge. You will not have to wait long for an appointment – generally, you will be able to arrange one within a few days.

Personal counseling

Individual Counseling

Individual counseling is a personal opportunity to receive support and experience growth during challenging times in life. Individual counseling can help one deal with many personal topics in life such as anger, depression, anxiety, substance abuse, marriage and relationship challenges, parenting problems, school difficulties, career changes, etc.

Individual counseling (sometimes called psychotherapy, talk therapy, or treatment) is a process through which clients work one-on-one with a trained mental health clinician in a safe, caring, and confidential environment. Counseling allows individuals to explore their feelings, beliefs, and behaviors, work through challenging or influential memories, identify aspects of their lives that they would like to change, better understand themselves and others, set personal goals, and work toward desired change.

Individual counseling is counseling focused on the individual's immediate or near future concerns. Individual counseling may encompass career counseling and planning, grief after a loved one dies or dealing with problems at a job before they become big. Individual counseling is a one-on-one discussion between the counselor and the client, who is the person seeking treatment. The two form an alliance, relationship or bond that enables trust and personal growth.

How Are Therapy Goals, Frequency, and Duration Determined?

In general, the goal of psychotherapy is to talk through mental health concerns and help clients heal, grow, and move toward more productive, psychologically healthy lives. Good therapy is client-driven, and specific goals for therapy will be determined by you and your therapist.

Individual psychotherapy sessions typically last between 45 and 50 minutes. The frequency and duration of therapy will depend largely on your needs, treatment goals, and progress. Many concerns are readily resolved with short-term therapy, and other chronic or more complex concerns require long-term commitment before improvement is realized.

Research has shown that psychotherapy results in fewer relapses of common conditions such as moderate depression and anxiety, and that the positive effects of good therapy extend well beyond treatment. In fact, many clients report improved conditions long after therapy has ended. In general, psychotherapy is often more effective than psychotropic drugs or medical treatments alone, which may cause harmful side effects. In addition, many therapeutic modalities are evidence-based, meaning they have been subject to research studies and clinical observations, and they have been analyzed for effectiveness.

What Happens During a Single Session or First-Time Appointment for Short-term Counseling?

If you and a CAPS clinician determine that a single session or short-term individual counseling is the treatment recommendation that best meets your needs, then you will be offered the first available appointment that matches your schedule. If you have particular counselor preferences, this might increase the time you have to wait for your first appointment. This first appointment will usually be scheduled within a few days to a few weeks. (Please note that if you are in need of immediate help, inform our staff so that we can connect you to the appropriate CAPS resources immediately.) The total time period required is approximately 90 minutes including completing forms on the computer, the therapy session, and scheduling follow-up appointments, so be sure to keep this in mind when scheduling your appointment.

It is essential that you arrive promptly in order to allow sufficient time to complete the necessary forms. If you are more than 15 minutes late, you may be asked to reschedule. The forms include a demographic and clinical history form, treatment agreement, consent to treatment, and a notice of privacy practices. Your clinician

will obtain information about your current concerns, relevant history and goals. Your clinician also will review relevant CAPS policies and procedures, such as confidentiality.

What Happens during Subsequent or Follow-Up Sessions if Participating in Short-Term Counseling at CAPS?

For subsequent or follow-up sessions, you will meet with your counselor for approximately 45 minutes, which will be scheduled according to a mutually agreed upon plan. If you would like additional counseling beyond what CAPS can provide, then we will work with you to find a clinician in the local community.

Early on, you will work with your clinician to set goals for your counseling sessions. Establishing clear goals will provide direction as well as help you to monitor your progress in counseling. If you have any questions or concerns about the counseling process, don't hesitate to bring these up with your clinician, who will be pleased to discuss them with you. The exact direction of your counseling experience will depend on the issues you bring into counseling, your clinician's perspective, and the goals you set for your work together.

Premarital and marital counseling

Premarital Counseling Premarital counseling, a specialized type of therapy usually provided by marriage and family therapists, is believed to offer benefit to all couples who are considering a long-term commitment such as marriage. Typically, the goal of premarital counseling is to identify and address any potential areas of conflict in a relationship early on, before those issues

become serious concerns, and teach partners effective strategies for discussing and resolving conflict.

Partners seeking counseling before marriage may also find that premarital counseling can help them better understand their expectations about marriage and address any significant differences in a safe and neutral environment.

BENEFITS OF PREMARITAL COUNSELING

Couples counseling can help intimate partners address concerns that arise in the course of their relationship, but premarital counseling can help partners identify areas likely to cause conflict later on—finances, child-rearing methods, career goals, and family dynamics, among others—and either work through these issues in the early stages of the relationship, if possible, or develop a plan to address them in the years to come. A study published in the Journal of Family Psychology, which was conducted via radom telephone survey, showed couples who had participated in some type of premarital counseling program were 31% less likely to divorce.

According to Drs. John and Julie Gottman, well-known couples therapists who co-founded the Gottman Institute, couples workshops and other premarital counseling can help partners form and develop a healthy relationship from the beginning. Research from the Institute shows that couples experiencing difficulty wait an average of six years before seeking professional help. Premarital counseling is generally recommended for all couples, even those with a relationship untroubled by significant issues. Beginning a commitment such as marriage with couples counseling is not only helpful because it can help each partner address their thoughts, concerns, and expectations for the partnership, but also because it can help couples feel more at ease with therapy if they experience difficulty later on.

In premarital counseling sessions, couples have the chance to explore topics like finances, children, and intimacy—three areas where many couples experience challenges. Partners can also develop communication and conflict resolution skills and address any fears they might have about marriage, whether these concerns result from one's personal relationship history, family background, or otherwise.

WHO OFFERS PREMARITAL COUNSELING?

Seeing a couples counselor can help partners prepare for marriage or other long-term commitment, and many licensed marriage and family therapists provide premarital counseling as a part of their practice. Intimate partners seeking premarital counseling may choose to seek counseling with a therapist, attend a workshop or group therapy session, or participate in a community program. Self-help books, DVDs, and other resource materials are also available to those who do not wish to attend therapy sessions and/or who do not have access to premarital counseling.

Some religions require or strongly encourage engaged couples to participate in premarital counseling before marrying. This type of premarital counseling is generally faith-based, and religious leaders may act as counselors, whether or not they are trained as therapists.

CHALLENGES OF PREMARITAL COUNSELING

Premarital counseling may pose challenges for some individuals, and couples may initially avoid or dread counseling out of fear or anxiety over what issues may be revealed. Difficult topics or areas of significant concern may be raised in counseling sessions. Some couples may be discussing their individual values and beliefs or ideal partnership roles for the first time. While bringing differences of opinion up for discussion may help some address and

successfully resolve them in therapy, others may decide certain issues are irreconcilable and choose not to marry.

Therapy offers participants a safe space to discuss concerns, but hearing a partner raise issues or express thoughts about the relationship and the role of both partners in that relationship may lead to hurt feelings or generate conflict. Being truthful about relationship doubts, expectations, or goals for the future may lead to short-term conflict between partners, but many partners are able to work through this, with the help of a therapist, and begin their partnership with a strong foundation.

Not every couple may be able to access premarital counseling. Some LMFTs may accept insurance; others may not. Some community centers or hospitals may offer low-cost counseling services. Doctors or other health care professionals may also be able to provide information about low-cost counseling resources. Premarital counseling also requires a time commitment, and busy couples may find it difficult to make the time for counseling. Some therapists may offer flexible scheduling.

When both time and money are constraints, many self-help books, DVDs, and audio materials can also serve as a form of premarital counseling. Many of these resources are authored by mental health professionals, though they are not intended to replace professional counseling.

WHAT TO EXPECT IN A PREMARITAL COUNSELING SESSION
Premarital counseling may differ by therapist. Some therapists may choose to see each partner individually for a session or two, while others may work with the couple as a unit throughout the length of therapy. These individual sessions offer the therapist the chance to work with each partner to identify and address any concerns, strengths, and weaknesses in the relationship. Doing so

individually in the beginning may help each partner be able to speak more realistically and openly about their goals for their partnership.

Each partner will also have the chance to describe their ideal marriage and any steps they have taken toward that goal or any challenges they see barring its achievement. In joint sessions, partners can discuss these issues together and, with the help of the therapist, explore ways to cope with these and any other challenges that may develop over the course of the marriage.

Some counselors help couples develop what is known as a Couples Resource Map. This helps each partner identify resources to turn to when faced with challenges, both as individuals and as a couple. In therapy, couples may also discuss warning signs of concerns and develop a plan of action to utilize if these concerns arise. This plan may include steps such as turning to individual resources, seeking counseling, or seeking spiritual guidance.

The act of participating in premarital counseling can be a positive beginning to a partnership such as marriage because of the commitment each partner has to counseling and improving and strengthening a relationship.

What is Marriage Counseling? Who's It For? And How Does Marriage Counseling Work?

HEALTHYPLACE.COM STAFF WRITER

Communication problems, sex, anger, even illness can contribute to problems in a marriage or relationship. To manage conflicts and stress, couples sometimes turn to marriage counseling or couples counseling to help heal the relationship. Learn more about marriage counseling.

Your partner comes home from work, makes a beeline for the liquor cabinet and then sulks off silently. You haven't had a real conversation for weeks. A few arguments over money or late nights out, sure, but no heart-to-hearts. Sex? What's that?

Your relationship is on the rocks, and you both know it. But you aren't sure how to fix things — or if you really want to.

It may be time for marriage counseling. Marriage counseling can help you rebuild your relationship. Or decide that you'll both be better off if you split up. Either way, marriage counseling can help you understand your relationship better and make well-thought-out decisions.

What is marriage counseling?

Marriage counseling, also called couples therapy, helps couples — married or not — understand and resolve conflicts and improve their relationship. Marriage counseling gives couples the tools to communicate better, negotiate differences, problem solve and even argue in a healthier way.

Marriage counseling is generally provided by licensed therapists known as marriage and family therapists. These therapists provide the same mental health services as other therapists, but with a specific focus — a couple's relationship.

Marriage counseling is often short term. You may need only a few sessions to help you weather a crisis. Or you may need marriage counseling for several months, particularly if your relationship has greatly deteriorated. As with individual psychotherapy, you typically see a marriage counselor once a week.

Who can benefit from marriage counseling?

Most marriages and other relationships aren't perfect. Each person brings his or her own ideas, values, opinions and personal history into a relationship, and they don't always match their partner's. Those differences don't necessarily mean your relationship is bound for conflict. To the contrary, differences can be complementary — you know the saying about opposites attracting. These differences can also help people understand, respect and accept opposing views and cultures.

But relationships can be tested. Differences or habits that you once found endearing may grate on your nerves after time together. Sometimes specific issues, such as an extramarital affair or loss of sexual attraction, trigger problems in a relationship. Other times, there's a gradual disintegration of communication and caring.

No matter the cause, distress in a relationship can create undue stress, tension, sadness, worry, fear and other problems. You may hope your relationship troubles just go away on their own. But left to fester, a bad relationship may only worsen and eventually lead to physical or psychological problems, such as depression. A bad relationship can also create problems on the job and affect other family members or even friendships as people feel compelled to take sides.

Here are typical issues that marriage counseling can help you and a spouse or partner cope with:

- Infidelity
- Divorce
- Substance abuse

- Physical or mental conditions
- Same-sex relationship issues
- Cultural clashes
- Finances
- Unemployment
- Blended families
- Communication problems
- Sexual difficulties
- Conflicts about child rearing
- Infertility
- Anger
- Changing roles, such as retirement

Strengthening bonds

You don't need to have a troubled relationship to seek therapy. Marriage counseling can also help couples who simply want to strengthen their bonds and gain a better understanding of each other. Marriage counseling can also help couples who plan to get married. This pre-marriage counseling can help you achieve a deeper understanding of each other and iron out differences before a union is sealed.

How does marriage counseling work?

Marriage counseling typically brings couples or partners together for joint therapy sessions. The counselor or therapist helps couples pinpoint and understand the sources of their conflicts and try to resolve them. You and your partner will analyze both the good and bad parts of your relationship.

Marriage counseling can help you learn skills to solidify your relationship. These skills may include communicating openly, problem-solving together and discussing differences rationally. In some cases, such as mental illness or substance abuse, your marriage counselor may work with your other health care professionals to provide a complete spectrum of treatment.

Talking about your problems with a marriage counselor may not be easy. Sessions may pass in silence as you and your partner seethe over perceived wrongs. Or you may bring your fights with you, yelling and arguing during sessions. Both are OK. Your therapist can act as mediator or referee and help you cope with the emotions and turmoil. Your marriage counselor shouldn't take sides in these disputes.

You may find your relationship improving after just a few sessions. On the other hand, you may ultimately discover that your differences truly are irreconcilable and that it's best to end your relationship.

What if your partner refuses to attend marriage counseling sessions? You can go by yourself. It may be more challenging to patch up relationships when only one partner is willing to go to therapy. But you can still benefit by learning more about your reactions and behavior in the relationship.

Methods of family counseling

Learn about the many roles of a marriage and family therapist.

You may have heard the phrase, "No man is an island." That especially rings true when families face trouble. Sometimes even the strongest family unit may need support and guidance in dealing with unexpected circumstances such as illness, death or unemployment. Other times, they may require that same support from an impartial observer in order to manage personal conflicts.

Those in romantic relationships and marriages may seek guidance through all stages of their relationship, from dating to engagement to the many years of building a life together. They may need help breaking patterns and forming more positive habits.

Your strong sense of compassion and commitment to helping people are the most necessary qualities for a successful career as a marriage and family therapist. You'll help clients to make informed and healthy decisions about their relationships, and build promising futures together.

What does a marriage and family therapist do?

Marriage and family therapists offer guidance to couples, families and groups who are dealing with issues that affect their mental health and well-being. Many therapists approach their work holistically, using a "wellness" model (as opposed to an "illness" one) which highlights and encourages client's strengths.

Some types of issues that marriage and family therapists treat include:

- Child and adolescent behavioral problems
- Grieving
- Depression and anxiety
- LGBTQ issues

- Domestic violence

- Infertility

- Marital conflicts

- Substance abuse

On the job, marriage and family therapists:

- Observe how people interact within units

- Evaluate and resolve relationship problems

- Diagnose and treat psychological disorders within a family context

- Guide clients through transitional crises such as divorce or death

- Highlight problematic relational or behavioral patterns

- Help replace dysfunctional behaviors with healthy alternatives

- Take a holistic (mind-body) approach to wellness

Family therapy, also referred to as **couple and family therapy**, **marriage and family therapy**, **family systems therapy**, and **family counseling**, is a branch of psychotherapy that works with families and couples in intimate relationships to nurture change and development. It tends to view change in terms of the systems of interaction between family members. It emphasizes family relationships as an important factor in psychological health.

The different schools of family therapy have in common a belief that, regardless of the origin of the problem, and regardless of whether the clients consider it an "individual" or "family" issue, involving families in solutions often benefits clients. This involvement of families is commonly accomplished by their direct participation in the therapy session. The skills of the family therapist thus include

the ability to influence conversations in a way that catalyses the strengths, wisdom, and support of the wider system.

In the field's early years, many clinicians defined the family in a narrow, traditional manner usually including parents and children. As the field has evolved, the concept of the family is more commonly defined in terms of strongly supportive, long-term roles and relationships between people who may or may not be related by blood or marriage.

The conceptual frameworks developed by family therapists, especially those of family systems theorists, have been applied to a wide range of human behavior, including organizational dynamics and the study of greatness.

Techniques

Family therapy uses a range of counseling and other techniques including:

- Structural therapy - identifies and re-orders the organisation of the family system
- Strategic therapy - looks at patterns of interactions between family members
- Systemic/Milan therapy - focuses on belief systems
- Narrative therapy - restoring of dominant problem-saturated narrative, emphasis on context, separation of the problem from the person
- Transgenerational therapy - transgenerational transmission of unhelpful patterns of belief and behaviour
- communication theory
- psychoeducation
- psychotherapy
- relationship counseling

- relationship education

- systemic coaching

- systems theory

- reality therapy

- the genogram

There are a range of counseling techniques used for family therapy including:

- Structural **Therapy**. Structural **family therapy** is a theory developed by Salvador Minuchin. ...

- Strategic **Therapy**. ...

- Systemic **Therapy**. ...

- Narrative **Therapy**. ...

- Transgenerational **Therapy**. ...

- Communication **Therapy**. ...

- Psychoeducation. ...

- Relationship **Counseling**.

  Family therapy is a branch of psychotherapy that is meant to help initiate change and nurture development in intimate relationships between family members and couples.

  The job of the family therapist is to facilitate conversations that act as catalysts to strengthen and improve existing connections between family members and/or loved ones.

The average number of family therapy sessions is 5-20 but the number of sessions truly depends on the situation the family or group is involved with. The important piece of family therapy is not in the number of people involved in the session but the analytical framework and perspective. Family and couples therapy is considered to be a very effective method of treatment for several mental health concerns. There are a great number of family therapies to learn about and we start with just a few below. The descriptions of these therapies are in no way definitive or exhaustive, and are meant to provide an general idea of what they are and what may make them different.

There are a range of counseling techniques used for family therapy including:

Structural Therapy

Structural family therapy is a theory developed by Salvador Minuchin. The focus of the therapy is based on five specific principles. The five specific principles include:
-the structural therapist focuses on the interactions between people rather than their individual   psyches
-"Matrix of identity" based on personal interactions within the family
-Family   structure   based   on   social   interactions
-"Well-functioning family" based on how family responds and develops according to   family   needs
-The position of a family therapist is to help the family outgrow constraining growth patterns and develop as a stronger entity

Strategic Therapy

Strategic therapy is a theory that has evolved from a combined number of a variety of psychotherapy practices. There are five different parts to strategic therapy including a brief social stage, the problem stage, interactional stage, the goal-setting stage and the task-setting stage.

Systemic Therapy

Systemic Therapy is rooted from family therapy or something known as family systems therapy. There are a number of family systems therapies that contribute to the current systemic therapy concept. In recent decades, systemic therapy has moved away from linear causality and now approaches problems as they are created in a social and linguistically influenced reality.

Narrative Therapy

Narrative therapy is different in that it encourages the person to be their own individual and to use their own skill set to address the problem and also to minimize the tiny problems in day-to-day life. The idea of narrative therapy is that in life, people create personal stories that help them identify who they are and also that they possess the proper tools to navigate their lives. The point of narrative therapy is to help clarify, develop and support the narrator in life and help guide their journey.

Transgenerational Therapy

Transgenerational therapy gives therapists the ability to examine interactions between individuals in a family across multiple generations. The family therapist's observations and analysis of interactions helps the therapist to grasp the core issues within the family group. In addition to current issues, the therapist may also pick up on future struggles or stressful situations. Concepts of transgenerational therapy

are used frequently with other therapies to help create a lens to frame the issue being addressed in sessions.

Communication Therapy

Therapy for communication issues is a common need especially as it pertains to relationship therapy and the cited issue between the couple is lack of communication. Communication issues between individuals can start from differences in cultural backgrounds and/or personal experiences. Additional situations that may contribute to communication issues include trauma, secrecy, mental health issues, etc. There are many options for addressing communication issues whether it be for an individual's improvement or two involved in an intimate relationship. A trained therapist can help an individual decide what the best strategies may be for improving communication skills and ability. Strategies include active listening, opening lines of communication and mediated communication.

Psychoeducation

The practice of educating those with mental health conditions and their families to help empower and support them with their condition is referred to psychoeducation. Psychoeducation is a strong tool against the stigmatization of mental health conditions and those who face those challenges on a day-to-day basis. Psychoeducation is defined with four broad goals in mind:
-transfer of information
-medication and treatment support
-training and support in self-help
-an available a safe place to vent

Relationship Counseling

Relationships are not easy and simple problems in your daily life can cause stress or add strain to any relationship. Additional problems that can contribute to the stress include chronic illness, a lack of communicating effectively, cultural differences, infidelity and mental health issues. Couples may also face issues of sexual intimacy, emotional distancing, financial difficulties and a general lack of trust. Relationship counseling begins usually when a couple is trying to decide whether to work out their problems and continue to be together or if they should move on.

There are a number of additional therapies that will not be covered in this blog that include and are not limited to systemic coaching, systems theory, reality therapy and the genogram. For more information about these therapies or the therapies listed above consult your local Newport Beach family therapist.

How to Find the Right Therapist

So now that you know about the different therapies, it is time to find the right therapist. Most professional websites that offer psychotherapy services advise that you ask your prospective therapist/professional four important questions to help gauge whether or not the individual would be able to effectively treat your specific issue/situation.

What is Family Therapy / Family Counseling?

Family therapy or family counseling is a form of treatment that is designed to address specific issues affecting the health and functioning of a family. It can be

used to help a family through a difficult period, a major transition, or mental or behavioral **health problems** in family members ("Family Therapy", 2014).

As Dr. Michael Herkov explains, family therapy views individuals' problems in the context of the larger unit: the family (2016). The assumption of this type of therapy is that problems cannot be successfully addressed or solved without understanding the **dynamics of the group**.

The way the family operates influences how the client's problems formed and how they are encouraged or enabled by other members of their family.

Family therapy can employ **techniques and exercises** from cognitive therapy, behavior therapy, interpersonal therapy, or other types of individual therapy. Like with other types of treatment, the techniques employed will depend on the specific problems the client or clients present with.

Behavioral or **emotional problems** in children are common reasons to visit a family therapist. A child's problems do not exist in a vacuum; they exist, and will likely need to be addressed, within the context of the family (Herkov, 2016).

It should be noted that in family therapy or counseling, the term "family" does not necessarily mean blood relatives. In this context, "family" is anyone who "plays a long-term supportive role in one's life, which may not mean blood relations or family members in the same household" (King, 2017).

According to Licensed Clinical Social Worker Laney Cline King, these are the most common types of family therapy:

- Bowenian: this form of family therapy is best suited for situations in which individuals cannot or do not want to involve other family members in the

treatment. Bowenian therapy is built on two core concepts: triangulation (the natural tendency to vent or distress by talking to a third party) and differentiation (learning to become less emotionally reactive in family relationships);

- Structural: Structural therapy focuses on adjusting and **strengthening** the family system to ensure that the parents are in control and that both children and adults set appropriate boundaries. In this form of therapy, the therapist "joins" the family in order to observe, learn, and enhance their ability to help the family strengthen their relationships;

- Systemic: The Systemic model refers to the type of therapy that focuses on the unconscious communications and **meanings** behind family members' behaviors. The therapist in this form of treatment is neutral and distant, allowing the family members to dive deeper into their issues and problems as a family;

- Strategic: This form of therapy is more brief and direct than the others, in which the therapist assigns homework to the family. This homework is intended to change the way family members interact by assessing and adjusting the way the family communicates and makes decisions. The therapist takes the position of power in this type of therapy, which allows other family members who may not usually hold as much power to communicate more effectively (King, 2017).

Problems encountered during the process of family counseling

As the different types of therapy described above show, a family therapist may be called upon to take on many different roles. These many roles require a family therapist to undergo a great deal of training, formal education, and testing to ensure that the therapist is up to the task.

"In this therapy, the therapist takes responsibility for the outcome of the therapy. This has nothing to do with good or bad, guilt or innocence, right or wrong. It is the simple acknowledgement that you make a difference." – Eileen Bobrow

While therapists may have different methods and preferred treatment techniques, they must all have at least a minimum level of experience with the treatment of:

- Child and adolescent behavioral problems;
- Grieving;
- **Depression** and anxiety;
- LGBTQ issues;
- Domestic violence;
- Infertility;
- Marital conflicts;
- Substance abuse (All Psychology Schools, 2017).

In order to treat these and other family issues, therapists must:

- Observe how people interact within units;
- Evaluate and resolve relationship problems;
- Diagnose and treat psychological disorders within a family context;
- Guide clients through transitional crises such as divorce or death;
- Highlight problematic relational or behavioral patterns;
- Help replace dysfunctional behaviors with healthy alternatives;
- Take a holistic (**mind-body**) approach to **wellness** (All Psychology Schools, 2017).

In order to gain the skills necessary to perform these functions, a family therapist usually obtains a bachelor's degree in counseling, psychology, sociology, or social work, followed by a **master's degree** in counseling or marriage and family therapy.

Next, the therapist will most likely need to complete two years of supervised work after graduation, for a total of 2,000 to 4,000 hours of clinical experience. When these requirements are met, the therapist will also likely need to pass a state-sanctioned exam, as well as complete annual continuing education courses.

This education trains therapists for guidance with a wide range of problems, including:

- Personal conflicts within couples or families;
- Unexpected illness, death, or unemployment;
- Developing or maintaining a healthy romantic relationship at any stage;
- **Behavioral problems in children**;
- Divorce or separation;
- Substance abuse or addiction;
- Mental health problems like depression and **anxiety**.

This wide range of problems makes it clear that the answer to "What is a family therapist NOT trained to do?" may be shorter than the question of what they ARE trained to do!

To learn more about how marriage and family therapists are trained and how they practice their craft, the following websites are great resources:

- The American Association for Marriage and Family Therapy **website**;

- The All Psychology Schools **website**;
- The Careers in Psychology **website**;
- The Marriage and Family Therapist Licensure **website**;
- The Learn **website**.

What is the Goal of Family Therapy?

"To put the world right in order, we must first put the nation in order; to put the nation in order, we must first put the family in order; to put the family in order, we must first cultivate our personal life; we must first set our hearts right." – Confucius

In a nutshell, the goal of family therapy is to work together to heal any mental, emotional, or psychological problems tearing your family apart (Lee, 2010).

To guide a family towards a healthy life, family therapists aim to aid people in improving **communication**, solving family problems, understanding and handling family situations, and creating a better functioning home environment (Family Therapy, 2017A).

The goals of family therapy depend on the presenting problems of the clients. For example, goals may differ based on the following scenarios:

- *A family member is suffering from schizophrenia or severe psychosis*: The goal is to help other family members understand the disorder and adjust to the psychological changes that the patient may be undergoing;

- *Problems arising from cross-generational boundaries, such as when parents share a home with grandparents, or children are being raised by grandparents*: The goal is to improve communication and help the family members set healthy boundaries;

- *Families deviating from social norms (unmarried parents, gay couples raising children, etc.)*: The goals here are not always to address any specific internal problems, but the family members may need help coping with external factors like societal attitudes;

- *Family members who come from mixed racial, cultural, or religious backgrounds*: The goal is to help family members further their understanding of one another and develop healthy relationships;

- *One member is being scapegoated or having their treatment in individual therapy undermined*: When one family member is struggling with feeling like the outcast or receives limited support from other family members, the goal is to facilitate increased empathy and understanding for the individual within their family and provide support for them to continue their treatment;

- *The patient's problems seem inextricably tied to problems with other family members*: In cases where the problem or problems are deeply rooted in problems with other family members, the goal is to address each of the contributing issues and solve or mitigate the effects of this pattern of problems;

- *A blended family (i.e., step-family)*: Blended families can suffer from problems unique to their situations. In blended families, the goal of family therapy is to enhance understanding and facilitate healthy interactions between family members (Family Therapy, 2017B).

Qualities of a good counselor

A capable counsellor must possess a number of personal qualities and develop the proper attitudes to make a client feel at ease and to build rapport so that a client can self-disclose.� What are these personal qualities?

EMPATHY

Empathic understanding is the ability to see things from the client�s perspective. Without this quality a counsellor will be unable to comprehend the problems, experiences, thoughts and feelings of another person, and will not be able to offer clients the level of supportive understanding that they will require.

The counsellor�s full attention and empathy encourages a client to relax and trust and encourages self-disclosure.

CONGRUENCE AND WARMTH

A counsellor should be agreeable and act appropriately to provide the client with a comfortable foundation for the counsel�ling relationship. Only by creating a friendly atmosphere can the counsellor encourage interaction and disclosure.

- Maintain warmth and genuine understanding.
- Use appropriate body language such as a non-threatening posture, while maintaining eye contact and respecting the client�s personal space.
- Maintain a reassuring and comforting way of speech � the tone of voice, speed of speech and style of delivery.

RESPECT

Counsellors must at all times show respect for clients and their welfare. They must also remain impartial and non-judgmental.

A client must feel comfortable, safe and confident that confidentiality will be maintained at all times and also that the counsellor is committed to helping, encouraging and supporting.

Whilst maintaining a professional focus a counsellor must be able to show a genuine openness.

POSITIVE REGARD

It is of vital importance in the counselling relationship that the counsellor demonstrates a positive acceptance of the client and that the client is valued and respected.

A positive, unconditional regard for the wellbeing of a client is the basis from which clients can explore their thoughts, feelings and experiences, and develop an understanding and acceptance of their emotions.

A counsellor must not judge in any way. This may be difficult in some situations, but is the basis of a counselling relationship built on trust.

Accepting a client shows the individual that you are there to support them through the counselling process, regardless of their weaknesses, negativity or unfavourable qualities.

IMPORTANT VALUES

At all times counsellors must show a commitment to values such as the following:

- Human dignity

- Alleviating personal distress

- Appreciating the differences in culture

- Remaining non-judgmental

- Ensuring the integrity of the client/counsellor relationship

- Maintaining client confidentiality and ethical principles.

Personal skills

Each counsellor will bring their own unique abilities, qualities and skills into a counselling relationship to help ensure that their client feels safe and supported. These may include:

- Active listening skills

- Good interpersonal skills

- The ability to question, reflect and challenge attitudes and beliefs

- A genuine interest in providing support.

Other important skills include good planning and motivational skills, problem solving, organisational ability and re-orientation skills.

PERSONAL KNOWLEDGE

In addition to counselling qualifications, a counsellor should be armed with sufficient personal knowledge and understanding of what counselling is all about.

He/she must also be clear about the role of the counsellor and the problems, issues and expectations every client will present.

Counsellors must be self-aware, and must be in control of their feelings, thoughts and emotions whilst working with clients.

PERSONAL DEVELOPMENT

Through his/her own development a counsellor will also pick up additional understanding and knowledge, which can be used effectively to support a client during the counselling process.

Counselling skills are constantly improved if the counsellor has an interest in self-awareness and self-development. This continual process can include a growth in the following:

- Self-awareness
- Self-counselling
- Work/life balance
- Career and personal focus
- Goal setting.

Situational analysis of child, women, youth, elderly, disabled and reserved category in India – issues and challenges

Situational analysis of child

Violence through Indoctrination

Palestinian children are taught to hate Jews, to glorify "jihad" (holy war), violence, death and child martyrdom almost from birth, as an essential part of their culture and destiny. As captured on an Israeli video documentary produced in 1998, a "Sesame Street"-like children's program called the "Children's Club" — complete with puppet shows, songs, Mickey Mouse and other characters — focused on inculcating intense hatred of Jews and a passion for engaging in and celebrating violence against them in a perpetual "jihad" until the day the Israeli flags come down from above "Palestinian land" and the Palestinian flag is raised.

In Madrasas, Islamic schools for study of pure Islamic religion, the culprits are the religious teachers; and the victims include helpless innocent underage students. The sacred teacher-student relationship is given a new definition in these Islamic schools. Following is the bitter experience of a 12 years old madrasa student from Kenya who was rescued during January 2003.

"It was a terrible place, they chain both legs and both arms, sometimes hands and feet together, They beat us at lunch time, dinner time and grab both legs and hands and give us lashes on the buttocks. We sleep in chains, eat in chains, and go to the toilets in chains. Sometimes we are hooked on the roof in chains and left hanging. We have to memorize the Koran and get punished if we cannot recite the Koran in the classroom".

Chaining incidents are rare in Bangladeshi madrasas. Child torture incidents in madrasas are reported mostly in Pakistan, Afghanistan and Sudan. The number of students are estimated somewhere between eight hundred thousands to one million. They are often run by religious organizations and lure young children mainly from poor families by providing free food and lodging. Some of the schools even provide intensive political and armed training.

9

▢ ▢ Poverty

According to UNICEF, 25,000 children die each day due to poverty. Around 27-28 percent of all children in developing countries are estimated to be underweight or stunted. The two regions that account for the bulk of the deficit are South Asia and sub-Saharan Africa. Some 1.1 billion people in developing countries have inadequate access to water, and 2.6 billion lack basic sanitation. Almost two in three people lacking access to clean water. Some 1.8 million child deaths each year as a result of diarrhea. For the 1.9 billion children from the developing world, there are: 640 million without adequate shelter (1 in 3), 400 million with no access to safe water (1 in 5) and 270 million with no access to health services (1 in 7). 10.6 million died in 2003 before they reached the age of 5 (same as children population in France, Germany, Greece and Italy.) 1.4 million die each year from lack of access to safe drinking water and adequate sanitation. 2.2 million children die each year because they are not immunized. Millions of parents in developing countries must daily cope with the fact that their children may not survive the first critical years of life; in many cases, the diseases that threaten their children's lives are preventable.

Life as Refugees

Of the 50 million refugees and displaced people in the world, approximately half are children. War is the primary factor in the creation of child refugees. It is also a principle cause of child death, injury, and loss of parents. In the last decade, war has killed more than 2 million children, wounded another 6 million, and orphaned about 1 million. Children also flee their homes because they fear various forms of abuse such as rape, sexual slavery, and child labor. Circumstances of birth also play a role in depriving children of a legal home. Each year 40 million children are not registered at birth, depriving them of nationality and a legal name.

The combined ravages of AIDS and war have created a large pool of orphan refugees and displaced children, particularly in Africa. The toll of Rwanda's civil war, for example, left orphan children to head some 45,000 Rwandan households, with 90 percent of these headed by girls. "Separated Children" are those under age 18 and living outside their country of origin without parents or legal guardians to care for or protect them. Every year, about 20,000 separated children apply for asylum in Europe and North America. Overall, children account for approximately half of all individuals seeking legal asylum in developed countries. Separated children are not often legally recognized as refugees in western countries. In Europe, for example, where there may be as many as 50,000 separated children at any given time, only an estimated 1-5 percent of those who apply for asylum are granted refugee status.

Lack of Access to Education

More than 100 million children do not have access to school. Of the children who enroll in primary school, over 150 million drop out, while user fees, including

levies, are still charged for access to education in 92 countries and that such charges have impact on excluding girls. 77 million children worldwide are not able to go to school due to lack of funds. For socially disadvantaged segments of the population like poor inhabitants of cities, AIDS orphans and the physically challenged, any access to education is often particularly difficult to obtain. The consequence of this lack of access to education is that 15 percent of those adolescents between 15 and 24 in third world countries are illiterate.

Location often contributes to a child's lack of access and attendance to education. In certain areas of the world it is more difficult for children to get to school. For example, in high-altitude areas of India, severe weather conditions for more than 7 months of the year make school attendance erratic and force children to remain at home. Gender also contributes to a child's lack of access and attendance to education. In 25 countries the proportion of boys enrolling in secondary school is higher than girls by 10% or more, and in five; India, Nepal, Togo, Turkey and Yemen, the gap exceeds 20%. The worst disparity is found in South Asia, where 52% of boys and only 33% of girls enroll; a gap of 10%. Enrollment is low for both boys and girls in sub-Saharan Africa, with rates of just 27% and 22%. Girls trail respectively behind. It is generally believed that girls are often discouraged from attending primary schooling, especially in less developed countries for religious and cultural reasons.

☐ ☐ Child Neglect

Neglect is an act of omission, or the absence of action. While the consequences of child neglect can be devastating, it leaves no visible marks. Moreover, it usually involves infants and very young children who cannot speak for themselves. James M. Gaudin Jr., in "Child Neglect: Short-Term and Long-Term Outcomes", reported that, compared with non-maltreated and abused children, neglected children have the worst delays in language comprehension and expression. Psychologically neglected children also score lowest in IQ (Intelligence Quotient) tests.

Emotional neglect, in its most serious form, can result in the "non-organic failure to thrive syndrome," a condition in which a child fails to develop physically or even to survive. According to Gaudin, studies have found that, even with aggressive intervention, the neglected child continues to deteriorate. The cooperation of the neglectful parents, which is crucial to the intervention, usually declines as the child's condition worsens. This shows that it is sometimes not that easy to change the parental attributes that have contributed to the neglect in the first place.

Parental neglectful behaviors include not keeping the child clean, not providing enough clothes for keeping warm, not making sure the child attended school, not caring if the child got into trouble in school, not helping with homework, not helping the child do his best, not providing comfort when the child was upset, and not helping when the child had problems. The prevalence of childhood neglect ranged from 3.2% in New Hampshire, United States, to 10% in Montreal, Quebec, Canada, 19.4% in Singapore, and 36.4% in Pusan, Korea.

□ □ Child Labor

An estimated 211 million children between the ages of 5 and 14 are working around the world, according to the International Labor Organization. Of these, 120 million children are working full time to help support their impoverished families. There are millions of children whose labor can be considered forced, not only because they are too young to choose to work, but also because they are, in fact, actively coerced into working. These include child bonded laborers — children whose labor is pledged by parents as payment or collateral on a debt — as well as children who are kidnapped or otherwise lured away from their families and imprisoned in sweatshops or brothels. In addition, millions of children around the world work unseen in domestic service — given or sold at a very early age to another family.

Forced child laborers work in conditions that have no resemblance to a free employment relationship. They receive little or no pay and have no control over their daily lives. They are often forced to work beyond their physical capacity and under conditions that seriously threaten their health, safety and development. In many cases their most basic rights, such as freedom of movement and expression, are suppressed. They are subject to physical and verbal abuse. Even in cases where they are not physically confined to their workplace, their situation may be so emotionally traumatizing and isolating that once drawn into forced labor they are unable to conceive of a way to escape.

Child Prostitution

In Thailand, NGOs have estimated that up to a third of prostitutes are children under 18. A study by the International Labor Organization on child prostitution in Vietnam reported that incidence of children in prostitution is steadily increasing and children under 18 make up between 5 percent and 20 percent of prostitution depending on the geographical area. In the Philippines, UNICEF estimated that there are 60,000 child prostitutes and many of the 200 brothels in the notorious Angeles City offer children for sex. In India as many as 200,000 Nepali girls, many under the age of 14, have been sold into red-light districts. Nepalese girls, especially virgins, are favored in India because of their fair skin and young looks. Every year about 10,000 Nepalese girls, most between the age of nine and 16, are sold to brothels in India. In El Salvador, one-third of the sexually exploited children between 14 and 17 years of age are boys. The median age for entering into prostitution among all children interviewed was 13 years.

☐ ☐ Trafficking and Slavery

Trafficking is the fastest growing means by which people are forced into slavery. It affects every continent and most countries. Currently, children are trafficked from countries such as Bangladesh, Pakistan, Sudan and Yemen to be used as camel jockeys in the UAE. Furthermore, Anti-Slavery International also has evidence that children are also being trafficked to be used as camel jockeys in other Gulf states including Kuwait, Qatar, Oman, and also internally in Sudan. The use of children as jockeys in camel racing is itself extremely dangerous and can result in serious injury and even death. Some children are also abused by the traffickers and employers, for example by depriving them of food and beating them. The children's separation from their families and their transportation to a country where

the people, culture and usually the language are completely unknown leaves them dependent on their employers and de facto forced laborers.

According to UNICEF, over 200,000 children work as slaves in West and Central Africa. Boys are usually sold to work on cotton and cocoa plantations while girls are used as domestic servants and prostitutes. In some cases, children are kidnapped outright and sold into slavery while in others, families sell their children, mostly girls, for as little as $14.

1

 Military Use of Children

Around the world, children are singled out for recruitment by both armed forces and armed opposition groups, and exploited as combatants. Approximately 250,000 children under the age of 18 are thought to be fighting in conflicts around the world, and hundreds of thousands more are members of armed forces who could be sent into combat at any time. Although most child soldiers are between 15 and 18 years old, significant recruitment starts at the age of 10 and the use of even younger children has been recorded.

Easily manipulated, children are sometimes coerced to commit grave atrocities, including rape and murder of civilians using assault rifles such as AK-47s and G4s. Some are forced to injure or

kill members of their own families or other child soldiers. Others serve as porters, cooks, guards, messengers, spies, and sex slaves.

A Situational Analysis of Child-headed Households and Community Foster Care

☐ ☐ When orphaned, children are left to fend for themselves, taking on the responsibilities of managing the household and younger siblings with minimal to no financial support. Such children often grow up deprived of emotional and material needs and the structures that give meaning to social and cultural life. They are also are at increased risk of neglect, violence, sexual assault and other abuses.

☐ ☐ The concept of foster families for children orphaned has emerged as a positive approach for supporting such children. It provides a continuity of care in family and community settings, thereby providing a more natural, personal, loving and affectionate environment for children to develop in.

☐ ☐ . It also sought to aid policy change to support the scaling up of community foster care in the two States. With respect to child-headed households, the objectives were to conduct a situational analysis, document the needs and challenges faced by children and explore the related legal and policy issues.

☐ ☐ The study shows that children who head such households face tremendous challenges and are vulnerable to exploitation. Though inadequately prepared, they have to move into adult roles. Their physical and mental health needs are not taken care of by the existing programs, and the case studies in this report illustrate the wide range of problems they face. The findings accentuate the need for immediate response at all various levels in order to protect children from abuse and exploitation. Intervention programs should aim at the protection and promotion of children's rights.

Child protection act

Child Protection' needs to be understood in terms of who are the children who need to be protected, from what/whom and how? Every child has a right to protection. This not only includes children who are in difficult circumstances and those who have suffered violence, abuse and exploitation but also those who are not in any of these adverse situations and yet need to be protected in order to ensure that they remain within the social security and protective net.

'Child Protection' refers to protection from violence, exploitation, abuse and neglect. Violations of the child's right in addition to these human rights violations are also massive, under-recognized and under-reported barriers to child survival and development. Children subjected to violence, exploitation, abuse and neglect are at risk of shortened lives, poor physical and mental health, educational problems (including dropping out of school), poor parenting skills later in life, homelessness, vagrancy and displacement.

Child in need of care & protection means a child who:

☐ is found without any home or settled place or abode and without any ostensible means of subsistence;

☐ resides with a person (whether a guardian of the child or not) and such person has threatened to kill or injure the child and there is a reasonable likelihood of the threat being carried out, or has killed,

☐ abused or neglected some other child or children and there is a reasonable likelihood of the child in question being killed, abused or neglected by that person

☐ is a mentally or physically challenged or ill child or a child suffering from terminal diseases or incurable diseases, and/or having no one to support or look after him/her

☐ has a parent or guardian and such parent or guardian is unfit or incapacitated to care for or exercise control over the child

☐ does not have a parent/parents and no one is willing to take care of him/her, or whose parents have abandoned him/her or who is a missing and/or runaway child and whose parents cannot be found after reasonable inquiry

☐ is being or is likely to be grossly abused, tortured or exploited for the purpose of sexual abuse or illegal acts

☐ is found vulnerable and is likely to be inducted into drug abuse or trafficking,

☐ is being or is likely to be abused for unconscionable gains

approaches to child protection

1. A comprehensive rights-based approach

2. The cardinal principles of 'protection of child rights' and 'best interests of the child' form the fundamental basis for the scheme

3. Both prevention and protection are central to the approach

4. Mobilizing inter-sectoral response for reducing vulnerabilities and strengthening child

5. protection and setting standards for care and services are important elements

6. Government-Civil Society Partnership

7. Implementation through a decentralized structure

For building on a comprehensive understanding of children's right to protection, it becomes important to adopt both a preventive and a protective approach to child protection.

The Integrated Child Protection Scheme (ICPS) is, therefore proposed by the Ministry of Women and Child Development as a centrally sponsored scheme to

address the issue of child protection and build a protective environment for children through Government-Civil Society Partnership.

Reasons for adopting Integrated Child Protection Scheme

☐ Child protection is integrally linked to every other right of the child. Failure to ensure children's right to protection adversely affects all other rights of the child.

☐ Child protection is also closely linked to the achievement of the Millennium Development Goals (MDGs) and policy makers have failed to see this connection or chosen to overlook it.

☐ Most existing mechanisms on child protection cater to post-harm situations. Preventive measures to reduce vulnerability of children and their families and to prevent children from falling out of the protective net are completely lacking in both the approach to child protection as well as programmatic intervention.

☐ There are multiple vertical schemes for child protection scattered under different Ministries/Departments, for example, the Labour Ministry is responsible for child labour elimination programmes, Ministry of Women and Child Development takes care of

juvenile justice, child trafficking and adoption related matters, Ministry of Health and Family Welfare looks into the implementation of PC&PNDT Act to check female feticide.

☐ There are glaring gaps in the infrastructure, set up and outreach services for children as they exist now. These include:

☐ Poor planning and coordination– prevention has never been part of planning for child

☐ protection. Lack of lateral linkages with other sectors for ensuring prevention of violence, abuse or any other harm to children and protection of those outside the safety net has failed to ensure social justice.

☐ Low coverage- numbers of children outside the safety net with no support and services is ever increasing and lack of systematic and comprehensive mapping of children in need of care and protection or of the services available for them at the district/city/state level results in low and poor coverage.

☐ Poor Infrastructure- the minimal government structure that exists is rigid and a lot of time and energy goes in maintaining the structure itself rather than concentrating on programmatic outcomes. Moreover even the infrastructure prescribed by law is not in place, for example, JJBs and CWCs under the Juvenile

Justice Act are lacking, shelter and institutional care facilities are also highly inadequate.

☐ Inadequate Resources – child protection constitutes only 0.034 percent of the total Union Budget. Not only is allocation of resources poor in terms of geographical spread, even the utilization of resources is uneven.

☐ Serious Service Gaps – there is a lack of services to deal with all categories of children in need of care and protection and supervision, monitoring and evaluation of programmes and services is weak. Child protection is not a priority in the States either.

☐ Poor understanding of child rights and lack of child friendly approach affect both planning and service delivery.

Principles of Integrated Child Protection Scheme
☐ Child protection a shared responsibility
☐ Reduce child vulnerability
☐ Strengthen families
☐ Promote non-institutional care
☐ Build inter-sectoral linkages and responsibilities
☐ Create a network of services at community level
☐ Establish standards for care and protection
☐ Build capacities of all stakeholders
☐ Provide professional child protection services at all levels

- Strengthen crisis management system at all levels
- Reintegrate with family and community
- Address protection of children in urban areas
- Carry out child social audit

Millennium Development Goals and Child Protection

- The focus on MDGs is central to all national development planning and a continuing challenge for all those working for promoting child protection. The links between protection issues and the Goals are not explicit; however, there are many links between

improved child protection and better development outcomes. An attempt has been made to outline this in the matrix "Millennium Development Goals and Child Protection" below. If these are not recognized and integrated in the framework and resourcing of the Eleventh Plan, there may be serious implications for achieving some of the MDGs.

Child protection strengthens human development

The Millennium Declaration addresses child protection explicitly. If we examine the MDGs closely, it is evident that not a single goal can be achieved unless the protection of children becomes an integral part of programming strategies and plans across sectors. Preventing and addressing violence, abuse, and exploitation is part of achieving the MDGs. Failing to protect children from such issues as violence in schools, child labour, harmful traditional practices, the absence of parental care or commercial sexual exploitation squanders the nation's most precious resource. Reaching the most vulnerable and isolated and marginalized populations helps ensure the health and well-being of all which is indispensable to

achieving the MDGs. A comprehensive programming approach to child protection brings us closer to the human development approaches especially in terms of good governance, human rights, gender, security, social protection and the rule of law.

Goals under MDG are Goal 1:Eradicate extreme poverty and hunger

Poverty and Child Protection: Children who live in extreme poverty are often those who experience violence, exploitation, abuse and discrimination. In the immediate term, poverty lessens the chances they will enjoy a protective environment, they easily become marginalized and are frequently denied essential services like health and education. In the long run, in a self-perpetuating cycle, their marginalization decreases the likelihood that they will escape poverty for themselves and their families as they enter adulthood.

Child Labour: Child labour squanders a nation's human capital. It is both a cause and consequence of poverty. It damages a child's health, threatens education and leads to further exploitation and abuse.

Trafficking: Poverty is the root cause of trafficking of children for various purposes.

Conflict/Civil disturbances: Conflict/civil disturbances deplete physical, economic and human recourses and leads to displacement of populations.

Birth Registration: Without documents to prove birth registration, children and families cannot often access health, education and other social services. The Government cannot plan poverty alleviation and social service programs without accurate estimates of yearly births.

Abandonment and Separation from Family: Poverty and exclusion contribute to child abandonment, sending children to work on the street or in other environments away from home, and to the use of formal and informal fostering arrangements as well as institutional

Situational analysis of Women

Current world population is 7.7 billion as of september 2019. The sex ratio for the entire world population is 101 males to 100 females (2018) est. Hence the population of india 1.35352 billions

532 millions are males and 497 millions are female . This is a present status of female population of india

Introduction :-

Women who constitude almost half of the world population are known to suffer from many social and economic disadvantages for senturies women have been suppressed , deprived, and discriminated against , women rperceived ase one of the target groups by professional social worker ase a profession is committed to offer necessary intervention to the deprived section of socity so as to hell them grow and develop and lead satisfying lives and dignity

Challenges of being a woman in India

India is often called "The largest democracy in the world". Having a growing economy they're still facing huge challenges, especially with regard to issues of poverty and climate. With more than 1.2 billion inhabitants the nation is the second-most populous in the world. Experts predict India to pass China in a few years. Close to 50 percent of the population is below the age of 25, resulting in an extreme challenge with providing enough school places, jobs, residences, and health care providers. India has the worst health care provision per capita in the world. The country also tops the world list of children suffering from malnutrition.

They also have the highest number of illiterates. 270 million people don't know how to read and write; 2/3 of them are women.

The women of India often have to endure the worst living conditions. India is ranked as the fourth most dangerous country for a woman to live in, topped only by Afghanistan, DR Congo and Pakistan. Harassments and violence against Indian women occurs both in the public and private sphere. Domestic violence and violence in close relationships are widely spread.

Gang   rapes

It shocked the whole world hearing about a 23-year-old medical student being gang raped on a bus in New Delhi in December 2012. The woman boarded the bus together with her male friend when the bus driver and some passengers assaulted her, taking turns and even violating her with an iron rod. Her friend was held and beaten while she was raped. Then, they were dumped off the bus, critically injured.

Two weeks later the girl died from her injuries. The incident generated widespread international media coverage, and hundred of thousands of Indians protested against the lack of adequate security for women in India. This incident has opened the world's eyes to India's treatment of women and the underlying causes of abuse and injustice. Not long after this a 32-year-old woman was gang raped, killed, and hung   half   naked   in   a   tree.

Rape is an everyday issue in India. It is a problem that the large majority of the rapes are never reported. The normal reaction from the woman's family is to conceal the trespass and never inform or report of the abuse either to the police or anyone   else.

Arranged   marriages

The Indian society is still governed by ancient traditions, despite all efforts to be a modern and outgoing society. Indian marriages are mainly arranged marriages implying negotiations between the families. Forced marriage may be the outcome of a situation where one or both parties are reluctant to the marriage. Physical violence, death threats, and deprivation of liberty are means used to force a girl or boy to marry a partner they don't want to marry. There is different legislation for how to enter into marriage depending on the religion one belongs to. With 80 percent of population being Hindus, it goes without saying that the majority gets married according to Hindu marriage legislation. In India the marriage is of great importance, especially for the women. Huge numbers are married off when very young, being so-called child brides. More than 40 percent of child marriages worldwide take place in India, even though law prohibits child marriages.

sGirls are of lesser value

A huge number of baby girls are being aborted, strangled, poisoned, frozen or starved to death, for the sole reason of being a female. Socio-economic conditions are often the reason for girls being deselected. The practice is for parents or relatives to pay a dowry to the bridegroom's family along with the bride. Dowry is seen as a balancing custom so that the daughter also gets a share of her parent's property, since the laws favor the sons. This is to give the newlyweds financial help from both the husband and wife's families. This practice may leave a family as debt slaves for a lifetime, resulting in girls being deselected. Even though dowry payment was prohibited by law over 50 years ago, the problem is rather increasing than decreasing.

Hindu funeral rites may also affect boys being more attractive than girls. When you die, the Hindus believe your soul transmigrates to a new creature being born. This circle of rebirthing is referred to as "samsara", and is without origin or

ending. The goal of all Hindus is to surpass rebirthing by achieving "moksha", which is liberty in the Hindu belief system. Hindu funeral rites may therefore affect boys to be more attractive than girls. The belief system says that a father can only achieve "moksha" if a son is lighting the funeral fire. A son brings great honor to a family, while a daughter becomes a financial disaster. As millions of baby girls are being murdered, a new problem is arising. The unbalance between the genders is increasing and the government has prohibited gender information to be given while at ultrasound. Still, abortion and killing of baby girls prevails in India.

Found on the dump
Irene Komanapalli (24) is one among millions that was unwanted by her parents. As a baby she was found dehydrated on the garbage dump by a woman digging in the trash. The lady heard the baby crying. Irene knows she's been very lucky to have been found and given a good family. She's still carrying a grief on behalf of the millions of girls that are unwanted by their parents.

ISSUES AND PROBLEMS FACED BY WOMEN IN INDIA

There are various issues and problems which women generally face in the society in India. Some of the problems are mentioned and described below:

- Selective abortion and female infanticide: It is the most common practice for years in India in which abortion of female fetus is performed in the womb of mother after the foetal sex determination and sex selective abortion by the medical professionals.

- Sexual harassment: It is the form of sexual exploitation of a girl child at home, streets, public places, transports, offices, etc by the family members, neighbors, friends or relatives.

- Dowry and Bride burning: It is another problem generally faced by women of low or middle class family during or after the marriage. Parents of boys demands a lot of money from the bride's family to be rich in one time. Groom's family perform bride burning in case of lack of fulfilled dowry demand. In 2005, around 6787 dowry death cases was registered in India according to the Indian National Crime Bureau reports.

- Disparity in education: The level of women education is less than men still in the modern age. Female illiteracy id higher in the rural areas. where over 63% or more women remain unlettered.

- Domestic violence: it is like endemic and widespread disease affects almost 70% of Indian women according to the women and child development official. It is performed by the husband, relative or other family member.

- Girls have no property rights like boys forever.

- Child Marriages: Early marriage of the girls by heir parents in order to be escaped from dowry. It is highly practiced in the rural India.

- Inadequate Nutrition: Inadequate nutrition in the childhood affects women in their later life especially women belonging to the lower middle class and poor families.

- Domestic violence and status in the family: It is the abuse or violence against women.

- Women are considered as inferior to men so they are not allowed to join military services.

- Status of widows: Widows are considered as worthless in the Indian society. They are treated poorly and forced to wear white clothes.

Earlier women were facing problems like child marriage, sati pratha, parda pratha, restriction to widow remarriage, widows exploitation, devadasi system, etc. However, almost all the old traditional problems have been disappeared gradually from the society but given rise to other new issues. Women are continuously facing many problems even after having self-confidence, individuality, self-respect, personality, capacity, talent, and efficiency more than men. They are facing problems in their daily life even after they are given equal rights and opportunities like men by the Constitution of India. Some of the major problems modern women are still facing mentioned below:

- Violence against women: Women are getting affected by the various violence almost every day which is disrupting the society. Women are being victims of violence at huge level day by day because of increasing crimes against women (according to the report of Crime Record Bureau of the Central Home Ministry). Woman is getting kidnapped at every 44 minutes, raped at every 47 minutes, 17 dowry deaths every day, etc. They may face violence within the family (dowry related harassment, death, marital rape, wife-battering, sexual abuse, deprivation of healthy food, female genital mutilation, etc) or outside the family (kidnapping, rape, murder, etc).

- Gender discrimination: Women are considered as weaker section of the society than men and given less importance. Girls children are becoming real victims of the discrimination. There are also discrimination of power and work between men and women because of the patriarchal system families in India. Gender discrimination affects women in the areas like nutrition, education, health, care, decline of female population, job, public life, etc.

- Problems of female education: Women education percentage is low in India especially in the rural areas because they are discouraged for higher education like professional and technical education.

- Problems related to unemployment: Women are getting more problem in searching their suitable work. They become more prone to the exploitation and harassment in the work areas.

- They are given more work and hard tasks by their boss intentionally. They have to prove their devotion, seriousness and sincerity towards work time to time.

- Women who are uneducated more prone to divorce and desertion by their husbands on any stage of life. They have to live whole life with fear of divorce. In some cases they have to finish their life because of unbearable conditions.

- Dowry system is another huge women problem in the society which is increasing day by day. Women are ill-treated, man-handled, disrespected, tortured and suffer other cruelties (violence, murder and suicide) because of the lack of dowry at the time of marriage. It cause degradation of women status to a great extent.

Steps taken by Government regarding Women's Safety

There are various rules, regulations, act and laws made by the Indian government regarding the safety of women in India. However, a new act (Juvenile Justice (Care and Protection of Children) Bill, 2015) has been passed by the Indian government by replacing the earlier one of 2000 (Indian juvenile delinquency law of 2000) to reduce the juvenile age from 18 to 16 years especially in case of heinous offenses (after Nirbhaya case).

Violence towards womans

Section 498A: of the Indian Penal Code (IPC), which defines the offence of matrimonial cruelty, was inserted into the IPC by an amendment in 1983

Domestic Violence in Marriage: The aim of this article is to segregate this evil from the other righteous norms, thus trying to create a mental block or resistance amongst people towards the undue violence

Domestic Violence Act - Fundamental rights: Domestic violence is sadly a reality in Indian society, a truism. In the Indian

Subjugation of women rights lead to violation of human rights: Human rights as an issue occupies centre stage in contemporary public debate

Eve teasing In India And Tortious Liabilities: The term Eve teasing is used to refer to sexual harassment of women in public places

Bride burning and Laws in India: The system of dowry is deep rooted in the Indian society since the early days of the history

Law, Women And Advertisements: The Advertising Standards Council's Code for Self regulation defines an advertisement

legal position of Eunuchs: This article is a very rare and sensitive article which delves

Women Suffrage: A comparative perspective toward women's voting right between Scandinavian and Middle Eastern countries -with a focus in Iran

Protection of Women from Domestic Violence Act, 2005: Despite of these legislations there is no legislation which particularly

Personal Dignity: Dignity is a universal human concern. Its moral agenda is to attempt a double kind of evaluation of the

Commercial Sex Workers: The commercial sex worker has been a universal being throughout civilization as prostitution

Women and Violence: Violence affects the lives of millions of women worldwide, in all socio-economic and educational classes

Domestic Violence Act, 2005-A Bane Or A Boon?: Domestic violence is one of the gravest and the most pervasive human rights violation

A Woman Can't Rape Woman: In State Govt. V. Sheodayal (1956 Cr LJ 83 M.P) M.P High court opined that modesty of a woman can be outraged by another women u/s 354.

Rights of Second Wife: Second marriage, during the subsistence of the first marriage, is illegal

Violence against women: This research paper introduces the discussion of legal responses to violence against women.

Violence against woman - Issue of Honor killing: A woman can be targeted by individuals within her family for a variety of reasons, including: refusing to enter into an arranged marriage

What Is The Present Status Of Working Women In India?

Globally, in 2018, women's labour force participation rate was 48.5% – a decrease from 51.4% in 1990. In India, women's labour force participation rate was reported to have fallen from 35.1% in 1990 to 27.2% in 2017

Women make up 48 percent of the Indian population but have not benefitted equally from India's rapid economic growth. Female child mortality is still a grave concern, with over 239,000 girls under the age of 5 dying each year. Sixty-five percent of women are literate as compared to 80 percent of men. India has amongst the lowest female labor force participation rates in the world. Less than a third of women – 15 years or older – are working or actively looking for a job. This International Women's Day, we highlight a few World Bank-supported projects— big and small—that showcase the Bank's commitment towards the same.

Emerging Role of Women In Indian Society: From Kitchen To Cosmos The status of working woman in India has revamp over the years. Her traditional roles have remained the same; apart from that she has stepped into the workforce of the country. Earlier the women were only allocated in agriculture, teaching and nursing activities but now at present era she is representing the banking, marketing, armed forces, IT and communication services. There is no field where women of our country have not set their foot, they have utilized their full capacity and proved their best in performing these roles. Despite facing infinite challenges, she has been successful in crossing these hurdles and has proved her metal in each and

every field. They are the best managers as the sole responsibility of managing the family lies on her shoulder and hand in hand she has the ability to manage the organizations too. Be it Indira Nooyi, Chanda Kochar, Arundhati Bhattacharya they have been triumphant in managing their dual roles. Beside these success stories working women in our country still suffers from social stigmas and other resistances. The family pressure, harassment in and outside the home, gender inequality hinders her growth and discourages her to give her best in managing work/life balance. In performing her dual role as a homemaker and professional worker, she undergoes with mental and physical infirmity. Odd hour working makes her more fragile. Night shifts hits women"s fertility. It makes 80% harder to become pregnant. Shift work can cause sleep deprivation and disruption to the body clock, both of which are associated with ill health. There are numerous challenges which are faced by working women in India. But the fact is despite these challenges they are growing and proving their metal in all spheres of life.

The status of women—social, economic, political, and general—in India today is much higher than in ancient and medieval periods. Women today enjoy many more rights—social and legal—and have greater freedom and voice, and participate more freely in public affairs. But it is also true that they are still discriminated, harassed, humiliated, dominated and even exploited.

In the social field, they never observed purdah, had freedom of mate selection, were not denied education, and enjoyed freedom in the household as well as outside it. In the economic field, they had limited rights of property succession as wives and mothers.

However, they did not serve and earn wages because it was not necessary for them to do so. In the political field, their status depended upon the then-existing political

system. Since there were no elected governments, they had no voting rights or the opportunity of holding political posts.

They were not permitted entry in the sabhas (assemblies) because these were used for gambling, drinking and such other purposes too. Kautilya has referred (in Arthashastra) to women soldiers armed with bows and arrows. In the religious field, they enjoyed full rights and regularly participated in religious ceremonies.

Women's   rights
India has a National Commission for Women meant to protect and defend women's rights in the country. National laws and legislations are to safeguard women's rights and to ensure that women have the same rights as men. But even though women and men officially have the same rights politically and economically, the country has a long way to go before gender equality is a reality. The role of women in society varies a lot, depending on their region, ethnical and economic belonging. To a great extent, women in India suffer from discrimination and different kinds of violations of their human rights. Violence against women is widespread regardless of the nation's laws and legislation that are supposed to prevent this. At the same time there are more visible women in India than what you may   find   in   lots   of   other   countries. Let us make a start.

Current status of women in India

According to 2011 census , the workforce participation rate at all India was 25.51% for female and 53.26% for males …. The 6th economic census (2013-14) showed that , 21.49 % of the total establishments are owned by females and 18.29% of the workers employed in establishment are females.

According to 2017 census , **gender inequality index**

Value	0.524
Rank	127 out of 160
Maternal mortality per 100,000	174
Women in parliament	14.5 %
Females over 25 with secondary education	39% [M: 63.5%]
Women in labour force	27.2 % [M;78.8%]

According united Nations , sex ratio is defined as the number of males per 100 females . sex ratio of India is 107.48, that is 107.48 males per 100 female in 2019 .its means that India has930 females per 1000 males . in absolute term, India has 48.20% female population compare to 51.80% males population India has 49,314,062 more males population than females population . India is at 191th position out of 201 countries in terms of females to male ratio

As of 2020 , Below 65 – 69 groups India has more males than females . below24 years population , there are 11 more males per 100females , females population is almost double above 100 year.

Schemes and policies

- Beti bachao beti padhao scheme
- One stop centre scheme
- Women helpline scheme
- Ujjawala

- Working women hostel
- Ministry approves new projects under ujjawala scheme and continues existing project
- Swadhar greh (A scheme for women in difficult circumstances)
- Support to training and employment programme for women (step)
- Nari shakti puraskar
- Awarded of stree shakti puruskar , 2014 and awardees of nari shakti puruskar
- Awardees of Rajya Mahila Samman and zila Mahila samman
- Mahikla police volunteers
- Mahila E- haat
- Mahila Shakti kendtas (MSK)
- NIRBHAYA

Important constitutional and legal provision for women in India

The principle of gender equality is enshrined in the Indian constitution in it preamble , fundamental rights, fundamentals duties and directive principles . the constitutional not only grant equality to women but also empowers the state to adopt measures of positive discrimination in favour of women . within the framework of a democratic polity , our laws, development policies, plans and programmes have aimed at women's advancement in different spheres . India has also ratified various international conventions and human rights instrument committing to secure equal right to women. Key among them is the ratification of the convention on elimination of all forms of discrimination against women (CEDAW) in 1993

1. Constitutional provisions

The constitution of India not only grants equality to women but also empowers the state to adopt measures of positive discrimination in favour of women for neutralizing the cumulative socio economics, education and political disadvantage faced by them . fundamentals rights , among others ensure equality before the laws and equal protection of laws : prohibits discrimination against any citizen on grounds of religions , race , caste, sex or place of birth and guarantee equality of opportunity to all citizen in matters relating to employment .

Article 14, 15, 15(3), 16, 39(a) , 39(b) , 39(c) and 42 of the constitution are of specific importance in this regard

Constitution privileges

   I.   Equality before law for women (Article 14)
  II.   The state not to discriminate against any citizen on ground only of religion , race , caste , sex, place of birth or any of them (Article 15 (1))
 III.   The state to make any special provision in favour of women and children (Article 15 (3))
  IV.   Equality of opportunity for all citizen in matters relating to employment or appointment to any office under the state (Article 16)
   V.   The state to direct its policy towards securing for men and women equally the right to an adequate means of livelihood (Article 16)
  VI.   To promote justice, on a basis of equal opportunity and to provide free legal aid by suitable legislation or schemes or in any other way to ensure that opportunities for securing justice are not denied to any citizen by reason of economics or other disabilities (Article 39 a)
 VII.   The state to make provision for securing just and humane conditions of work and for maternity relief (Article 42)

VIII.	The state promote with special care the education and economics interest of the weaker section of the people and to protect them from social injustice and all forms of exploitation (Article 46)

IX.	The state to raise the level of nutrition and the standard of living of its people (Article 47)

X.	To promote harmony and the spirits of common brotherhood among all the people of India and to renounce practices derogatory to the dignity of women (Article 51(a)(e))

XI.	Not less than one third of total number (including the numbers of seat reserved for women belonging to scheduled caste and scheduled tribes) of the total numbers if seats to be filed by direct election in every panchayat to be reserved for women and such seat to allotted by rotation to different constituents in a panchayat (Article 243d(3))

XII.	Not less than one third of total numbers of seats to be filled by direct election in every municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a municipality (Article 243T (3))

XIII.	Reservation of offices of chairpersons in municipalities for the ST/SC and women in such manner as the legislature of a state may be law provides (Article 243T(4))

XIV.	Not less than one third of total numbers of offers of chairpersons in the panchayat at each level to be reserved fore women (Article 243D(4))

2. Legals provisions

To uphold the constitutional mandate , the state has enacted various legislative measures intented to ensure equal rights , to counter social discrimination and various form of violence and atrocities and to provide support services especially

to working women . although women may be victim of any of the crimes characters as *crime against women* these are broadly classified into two categories

a. *The crime identified under the Indian penal code (IPC)*

    I.   Rape (sec.376 IPC)

    II.   Kidnapping and abduction for different purpose (sec.363-373)

    III.   Homicide for dowry , dowry deaths if their attempts (sec.302\304-B IPC

    IV.   Molestation(sec.324IPC)

    V.   Tortune , both mental and physical (sec. 498-AIPC)

    VI.   Sexual harassment (sec.509IPC)

    VII.   Importation of girls (upto 21 years of age)

b. The *crimes identified under the special laws (SLL)*

Although all laws are not gender speCIFic , the provision of laws affecting women significantly have been reviewed periodically and amendments carried out to keep pace with the emerging requirements some acts which have special provision to safeguard women and their interest are :

    I.   The employees state Insurance Act , 1948

    II.   The plantation labour Act , 1951

    III.   The family courts Act, 1954

    IV.   The special marriage Act, 1954

    V.   The Hindu marriage Act, 1955

    VI.   The Hindu succession Act , 1956 with amendment in 2005

    VII.   Immoral traffic (prevention) Act, 1956

    VIII.   The maternity benefit Act , 1961 (amended in 1995)

    IX.   Dowry prohibition Act, 1961

    X.   The medical termination of pregnancy Act , 1971

XI.   The contract labour Act, 1976

XII.   The equal remuneration Act, 1976

XIII.   The prohobotion of child marriage Act , 2006

XIV.   The criminal law Act, 1983

XV.   The factories Act, 1986

XVI.   Indecent reoresentation of women Act, 1986

XVII.   Commission of sati Act, 1987

XVIII.   The protection of women from domestic violence Act, 2005

3.   Special initiatives for women

I.   **National commission for women** : In January 1992, the government set up this statutory body with a specific mandate to study and monitor all matters relating to the constitutional and legal safeguards provided for women , review the existing legislation to suggest amendments wherever necessary etc.

II.   **Reservation for women in local self government** :The 73rd constitutional amendment acts passed in 1992 by parliament ensure one third of the total seats for women in all elected offices in local bodies whether in rural areas or urban areas

III.   **The National plan of action for the girls child (1991**-2000) :The plan of action to ensure survival protection and development of the girl child with ultimate objectives of building up a better future for the girl child

IV.   **National policy for the empowerment of women , 2001 :**The department of women and child development in the ministry of human resources development has prepared a **National policy for the empowerment of women in the 2001** the global of this policy is to

bring about the advancement ,development and empowerment of women .

Situational analysis of Youth

Youth

Youth is the spring of Life. It is the age of discovery and dreams. India is of largest youth population in the world today. The entire world is eyeing India as a source of technical manpower. They are looking at our youth as a source of talents at low costs for their future super profits. If Indian youth make up their mind and work in close unity with working class people, they can hold the political power in their hands. Indian youth has the power to make our country from developing nation to a developed nation. Is it a dream? No, their dreams take them to stars and galaxies to the far corners of the unknown and some of them like our own Kalpana Chawla pursue their dream, till they realize it and die for it in process.

The youth hopes for a world free of poverty, unemployment, inequality and exploitation of man by man. A world free of discrimination on the grounds of race, colour, language and gender. A world full of creative challenges and opportunities to conquer them. But let us convert these hopes in reality.

Role of Youth:

The role of youth is of most importance in today's time. It has underplayed itself in field of politics. It should become aspiring entrepreneur rather than mere workers.

It can play a vital role in elimination of terrorism. Young participation is important because youth are the country's power. Youth recognize problems and can solve them. Youth are strong forces in social movements. They educate children about their rights. They help other young people attain a higher level of Intellectual ability and to become qualified adults.

Role Of Youth In Modern India

The gentle push, the angry voice, the change makers, the burden bearers, all these adjectives fit the context perfectly when we talk about the youth. The young people have taken the modern India by storm. They want to be everything for the nation, the one that criticizes it the most and then gets up to shape it better. They fight for their own rights and everybody else's, they support the right and protest against the wrong. They figure out the good and the bad and choose their role accordingly.

The youth is full of ideas, they have the finger on the pulse, so they are best suited for the nation and the economy to grow. When young people come together, they counter each other, they face challenges, they bring strong opinions to the table and they are invincible. The new entrepreneurs of our country are sure to bring success and a change in the working system of the country. The offices are becoming friendly and casual rather than dull and boring, people have started loving their jobs and are passionate about them, which is why the performance is also better.

The youth is said to have hot blood and when it gets stirred up, they can fight any force whether it be corruption, terrorism or the aliens. The youth wants the country to be happy and prosperous, the fight against terrorism is still in the beginning stage but soon it will overpower everything else. An Indian is sick of being the victim all the time, the youth is now here to prove that the any individual can become aggressive if poked for too long.

Politics is one of the lesser touched fields by the youth but hopefully soon, the world will see leaders who have the power and the brains. The nation will have pragmatic as well as educated politicians who focus on getting rid of the problems rather than minting money. Youth has been seen to take over things which require correction and change and we all know that the political system figures the first position in that list. The political system will be transformed once the youth gets into it, because to change the system, you have to become a part of it first.

Youth is the only part of the population which is open to experimentation, it has brought forth so many new career options which were seen only in dreams till sometime ago. They are entertainers and comedians who talk about things which instantly become a stimulus, they are players who bring pride and fame to the country, they act, they sing and make things bling. They are the social media wizards who use every platform lucratively. They are everywhere, every corner of the world, their reach is phenomenal. Indian Youth make sure they are heard or seen and they make the best of it. They are pure magic.

Youth is the new definition of the changing times, it is a perfect example of 'it doesn't get any better than this'. Today's youth is full of spark, it burns everything it touches. They are not obstinate, they make mistakes and learn from them. They have the courage which is inexplicable, they are dynamic, they have written their fate themselves. They have the key to the lock and they are the only ones who can set the caged bird free.

YOUTH CONCEPT AND DEFINATION – INDIA AND THE WORLD

The concept of youth could be seen as difficult to define, as it covers such a diverse area, Pierre Bourdieu (1978)(In Jones 2010) suggested that '' youth is just a word'' and that it "has been an evolving concept" which has developed over the

century's into a social construction. Youth could also be defined by some, especially in western societies as the" life stages between childhood and adulthood" and becoming independent from dependent (Kehily 2007). Some favour biological markers, in which youth is the period between puberty and parenthood, while others define youth in terms of cultural markers "a distinct social status with specific roles, rituals, and relationships" (USAID/CMM 2005). Definitions of youth by age vary drastically across different institutions; the UN has defined youth as person from 15 to 24 years of age, whereas the National Youth Policy of Nepal defines youth as persons from 16 to 40 years of age. Therefore in understanding the difficulties in defining youth, it is important to look at the many different ways , as to why age from the earliest of ages, industrialisation, cultures and the biological concept, to identify some of the key issues as to why the concept of youth is so difficult to define as it has such a diverse range of ideas and notions.

The term youth is defined by sociologists as a transition between 'childhood and adulthood' (Roche et al 2004) the alternative is the term 'adolescence' which is often:

'Used within psychology to describe the common biological, psychological, emotional and sexual maturation phases associated with the onset of puberty and the teenage years'

From this notion it appears that some perceive youth as a "sociological category rather than a biological one" (Frith 2005, in kehily 2007) in that youth is a social construct rather than a biological and psychological concept as G Hall (1904) (In Kehily 2007p.57) noted that the biological side changes can have an effect on different people at different times in their life's through "hormonal and

psychological changes" from which they are not in control over and can have effect over their "feeling and behaviour". However the sociologist Margret Mead1972 disregarded Halls concept that adolescence was brought on by biological changes which hall suggests occurs during puberty, from her own study concluded that this period in a young person's life was the effect of "sexual repression in society and of society's handling of young people" (kehily 2007). However as these study's by Hall and Mead were carried out in a specific area of Samoa, this study maybe relevant to this area but it cannot be generalised to the rest of the world.

UNITED NATIONS: With 356 million 10-24 year-olds, India has the world's largest youth population despite having a smaller population than China, a latest UN report said today

China is second with 269 million young people, followed by Indonesia (67 million), the US (65 million) and Pakistan (59 million), Nigeria with 57 million, Brazil with 51 million, and Bangladesh

with 48 million, the United Nations Population Fund's (UNFPA) State of the World's Population report said.

It said that developing countries with large youth populations could see their economies soar, provided they invest heavily in young people's education and health and protect their rights.

Within this generation are 600 million adolescent girls with specific needs, challenges and aspirations for the future, the report said.

The report titled 'The power of 1.8 billion', said 28 per cent of India's population is 10 to 24 year-olds, adding that the youth population is growing fast ..

The world's youth population is at an all-time high, at 1.8 billion people aged 15 to 29, yet the potential for 'Generation Hope' to contribute to a happy, healthy and prosperous future for all could be dashed by widespread joblessness, unequal access to health and education and lack of political influence. This is the conclusion of a major new index and report published today.

The Global Youth Development Index, an initiative of the Commonwealth Secretariat, ranks 183 countries according to the prospects of young people in employment, education, health, civic and political spheres. Looking at 18 indicators including literacy and mental disorder rates, financial inclusion and voter engagement, the index both showcases the best-performing countries and serves as a warning light for low-scoring countries.

Commonwealth Secretary-General Patricia Scotland said: "The index throws down a challenge to policy-makers everywhere: without action to promote young people's empowerment, boosting opportunities for employment and opening up spaces for political dialogue, countries will be squandering their most precious resource and storing up problems for the future.

The index shows that:

- The top ten countries, with the exception of Australia and Japan, are from Europe. The ten lowest-ranked countries are all from Sub-Saharan Africa, however the region also recorded the largest improvement in the last five years.

- Youth unemployment is a spectre that looms as threateningly in developed countries as in the developing world, with youths at least twice as likely as adults to be jobless.
- Young women are much less likely to enjoy access to education, health services, financial services and digital technology than young men.
- Participation in formal politics is declining, underscoring growing frustration amid unmet aspirations, although digital activism, protests and volunteering are growing.
- Young people suffer disproportionately as victims of violent crime, as seen with the spike in extremism. However, young people also play an active role in peace-building.

The Global Youth Development Index shows many countries are experiencing a "youth bulge" with adolescents and young adults making up a third of the population. This offers hope of a "demographic dividend" as young people contribute towards economic growth and well-being. However, in the decades to come, as the large youth population ages, fewer young people will be responsible for supporting greater numbers of older people.

The index, which draws on multiple data sources, is published a year after world leaders at the United Nations agreed a set of 17 new global goals for sustainable development, from ending extreme poverty and inequality, to tackling climate change.

Secretary-General Scotland, who will launch the index at a ceremony at the Australian High Commission in London on 21 October, said it provides a "call to action" for governments to empower and engage young people, adding that without the active support of youth leaders it may be impossible to deliver the sustainable development goals by their target date of 2030.

"The adolescents and young adults who make up 'Generation Hope' have huge aspirations and enormous capabilities, but too often they face barriers in realising their potential as productive citizens. To make good on the promise and dreams of this generation and to forge a brighter future for all, we need to invest in young people's health, education, digital skills and offer meaningful opportunities for employment, participation and individual fulfilment," the Secretary-General said.

Top ranked countries:

The top ten countries globally in the 2016 Youth Development Index are: Germany (1), Denmark (2), Australia (3), Switzerland (4), United Kingdom (5), Netherlands (6), Austria (7), Luxembourg (8), Portugal (9), Japan (10).

The top ten Commonwealth member countries are: Australia (3), United Kingdom (4), New Zealand (11), Canada (14), Malta (20), Barbados (28), Brunei (31), Sri Lanka (31), Malaysia (34) and Cyprus (38).

In 2016, the global average youth development score was 0.616, slightly ahead of the Commonwealth average of 0.606. The index however shows Commonwealth member countries registered larger gains in youth development than the global average.

Challenges facing young people today:

Lack of employment opportunities has been ranked top of a list of challenges faced by young Brits today.

The list was compiled by education and health charity, Central YMCA, which surveyed 1,600 young people aged between 16 and 25.

The charity asked them to assess the nature of the challenges they face today; most people surveyed believe that the biggest challenge they face is being unable to find a productive place within society – either within the mainstream education system or satisfactory employment.

Here is the top 10 in full:

1. Lack of employment opportunities

2. Failure to succeed in education system

3. Issues related to body image

4. Family problems

5. Substance abuse

6. Pressures of materialism

7. Lack of affordable housing

8. Negative stereotyping

9. Pressures of 24-hour social networking

10. Crime

Young people who believe there is a lack of employment opportunity out there, or worry that because they cannot afford university (and therefore will not get a good job in the future) should check out the All About School Leavers jobs board, for vacancies on apprenticeship schemes, school leaver programmes and sponsored

degrees: all of which are paid schemes with great scope for full-time employment on completion.

ISSUES FACING INDIAN YOUTH

India's youth is full of energy and talent. Sadly, though, many of them don't have the right motivation or direction.

Today's youth want freedom and independence.

They need guidance to reach their unrealised goals. At the same time, they want to learn from their own experiments.

Their path is not easy. Here are the top five challenges faced by the Indian youth today.

1. The independence to date

Why can't the older generation understand that dating is a part of the growing up process today?

Dating promotes gender sensitivity, allowing young men and women to understand the uniqueness, strengths and vulnerabilities of the opposite gender.

The emotional balance thus found lays the foundation for stronger relationships, not just with their future life partner but also at the work place.

2. Employment guarantee

Schools and colleges in India are simply not able to educate and train our youth to take on modern professional challenges.

Experiments, out-of-the-box thinking and non-conformity with established norms are looked down upon.

This attitude has to change.

The standards of our teachers and professors also need to change. They should not just teach students but also inspire them to become achievers.

3. FOMO (or the Fear Of Missing Out)

The young are plagued with insecurities. And it's not just about their jobs.

Their way of life is challenged at every level.

Thanks to easily accessible social media, they feel others are having more fun or are getting opportunities that they are unlucky to miss out on.

This is increasing the cases of depression among the youth.

4. Obesity

A sedentary life due to restriction on outdoor activities by parents on the one hand, and too much pressure on academics by teachers on the other, are making the youth binge eat.

Obesity as a challenge is no longer restricted to the Western world. It has arrived with a vengeance on Indian shores.

There is a flip side to it too.

In some cases, the pressure to become size-zero is so strong that some people stop eating altogether.

Why can't we just allow the youth more outdoor freedom and love them for what they are and not how they look?

5. Materialism

Equating everything with money and material goods tends to play havoc with the psychology of the youth.

Stories of young entrepreneurs who made it rich just because of the right idea makes for good reading but can be hard to implement in real life.

Nine out of 10 people just want to be happy. They want the right partner, they want to have fun, travel and become good citizens.

We, as adults, should not burden them with the unfinished agendas of our lives.

SOCIAL MEDIA AND INDIA YOUTH:

At present Social Media is a part of life for most of the Indian youth. The usage of the Internet is now heavily shifted to Social Media Sites. Undoubtedly Social Media has its own merits, but excessive use of Social Media is affecting the lifestyle of youth moreover, statistics show that addiction to social media resulted in increased health problems and change in behavior.
Most of the previous work done in this field relates to foreign countries. This paper focus onthe Impact of Social Media Sites on youth, good, bad & major concerns in Indian perspective.

In the mid-2000s sites like Facebook & Twitter changed the social media, creating a totally new way how everyone on social media interacts. Many new features like photo sharing, status updates, etc attracted a huge user base in a fairly short time span. Today, there are a variety of social media sites available some of the most popular are Facebook, Instagram,

Snapchat, WhatsApp, LinkedIn etc and the majority of the users are teenagers.

Social Media has transformed the entire world into a global village where people can interact freely with their dear ones located remotely via merely few clicks or taps. While this steeply rising trend has affected all and sundry, its impact on the lives and times of the modern day youth has been maximum. Though a majority of younger lots prefer being the part of social media revolution for their benefit, there are many who have unfortunately got addicted to it. Let's elaborate this topic further and find out if social media is in fact a boon or a bane for the younger generation.

The rise and rise of social media:

Youths were never inspired by any emerging phenomena that much until social media came to the fore. The unprecedented clutch of this most vibrant trend nowadays is being further endorsed by survey reports from recognized bodies worldwide as well.

One such survey conducted by TCS with the name of **"TCS GenY Survey 2012-13"** targeted the 'Post-Millennial' generation. It included responses of more than 17,000 students of age group 12-18 years from urban high schools spread across 14 cities all over India. The main findings included

- Used by above 65% of the respondents, Mobile phones emerged as the favorite gadget of the youths.

- 18% of the youths access internet through mobile phones, which is only next to their internet use at home (72%).

- One in every four youngsters access internet for more than 60 minutes on daily basis while above 50% do so for 30+ minutes every day.

- 73.65% youngsters use internet for academic research work, more than 62% use it for social media activities such as chat/connect/blog.

- A staggering 73.68% of the respondents all over India use Facebook/Twitter as their communication handle, leaving SMS, Voice call, email and instant messaging way behind.

Another survey report published on Socialmediachimps depicts the impact of social media to even deeper extent. It says

- 5 million Facebook users are aged under 10.

- 58% of the Facebook users among children are from the age group 13-17.

- 50% of teens login to their FB account at least once in a day.

- Girls aged 16-17 years are most prone to cyber bullying attacks.

- 10% teens have had their embarrassing photos being posted on social media sites without permission.

- On the brighter side, social media promotes collaboration, creativity, communication, technological proficiency and leadership qualities.

Positive Impact Of Internet On Youth:

The last decade has been witness to a revolutionary boom in internet technology. The 3G mobile networks, high speed Wi-Fi, and portable dongles have been introduced to the Indian population in the recent years. There has been an

increased reliability and dependence on internet technology amongst all age groups and across all industries in our nation. Without a doubt, the youth has been most affected by this radical change. Students and young professionals are heavily dependent on internet for a wide range of activities. Everything is now digitized, which implies advantageous prospects for the youth in ways more than one.

Here is how this process has had a positive impact on youth:

Employment Opportunities:

Ever since the recruitment process for organisations shifted online, employment opportunities are aplenty for youngsters. Today we have several websites that provide the youth with thousands of job opportunities that can be filtered online according to their requirements. HR professionals and recruitment agencies seek talent through these websites, and the whole process of applying to various organisations online is a fruitful one for most. These websites are a gold mine for the youth where they can sell their skills too. With the touch of a button, a host of opportunities present themselves to this generation.

Digitization Of Payment Processes:

Gone are the days when one had to stand in long queues or for long hours at offices to pay for bills or buy tickets for a movie. The youth is self- sufficient and efficient with their payment procedures and online transactions. They use the internet to pay mobile/credit card bills, buy movie/concert/flight/train tickets, book cabs/autos, shop for clothes/electronics/groceries, and even apply for official IDs/visas/reimbursements/insurance policies. The internet has provided a world of

comfort to the busy youth by easing out the erstwhile tedious procedures for all kinds of official and unofficial tasks. E-business is thriving, and how!

Educational Facilities

Since the internet is accessible to a large chunk of the population, educational institutions have opened up avenues online for aspirants. Colleges, schools, private institutions, coaching classes etc. advertise online nowadays. Many institutions and universities have even made their admission processes entirely online. One can apply for admission, submit documents and fees, and confirm the admission online itself. Moreover, the youth can now access a gigantic amount of study material online, and even earn certifications and long- distance degrees through internet. As far as learning is concerned, the internet has proven to be a boon for the youth.

Social Connectivity

While there is ongoing debate about the futility of social media applications, one cannot take away from the advantages of these with respect to connectivity. Social media forums have made the world a smaller place. One can connect with their loved ones from anywhere around the world. Students and professionals who shift within the nation or abroad for studies or work can keep in regular touch with their parents and relatives. It is so much more convenient now to reach out to friends and family for any kind of assistance.

Networking

Social media connectivity is only a part of the global networks being formed by youngsters nowadays. We now have networking applications such as LinkedIn where professional networks can be constructed with ease. These networks prove

to be a great support along professional journeys. The youth can participate in such networking through the various forums available on the internet and not only seek professional assistance, but also provide others with the same. Seeking as well as providing services on a global level has been made possible only due to the opportunities that the internet provides.

Safety

With a host of online services and mobile applications available these days, ensuring one's safety has become a more plausible task. While taking a cab, GPS facilities help in tracking routes and destinations. Not only this, many cab apps come with the facility of an SOS tab that can send emergency signal to the concerned authorities in case the traveller feels at risk. In addition to this, the government has launched women's safety applications that can be downloaded on Android mobiles. These ensure that help is available to the women in any kind of situation, at any location.

These are just a few ways in which the internet has changed the lives of millions of people all over the globe. The Internet has opened up the world to each individual. There has been definite positive impact on the youth of the nation. With internet technology growing at such a rapid pace, who knows what miracles are in store for us? It is however, important that we make ethical and judicious use of the facilities provided to us. Do make the most of internet, but be wise in all thought and action.

Conclusion:

Helping youth in transition build leadership skills is a critical element of preparing them for entry into adulthood. Even for those young people who may not pursue

leadership roles, gaining skills in goal-setting, problem-solving, mediation, stress management, interpersonal communication, and critical thinking increase the likelihood of them becoming healthy and happy adults.

Positive Youth Development is

- an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive;

- recognizes, utilizes, and enhances youths' strengths; and

- promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

This topic provides information on integrating positive youth development into youth-serving programs, involving youth in youth programs including providing leadership opportunities for them, an assessment of youth involvement and engagement, and more.

Service-Learning is a strategy that integrates meaningful community service with instruction and self-reflection to support academic learning, teach civic responsibility, and strengthen communities. This topic provides the federal definition of service-learning, how service-learning is implemented in schools and integrated into curriculum and policies, the benefits of service-learning, and more.

Civic Engagement and Volunteering is defined as working to make a difference in the civic life of a community through civic action, civic commitment or duty, civic skills, and social cohesion. Volunteering is one form of civic engagement, as

defined above, in the construct of civic action and civic commitment or duty. This topic includes information on recruiting and involving youth in volunteering and civic engagement, engaging youth in service, and more.

Youth Voices is a section of the site that provides the perspectives and reflections of teens and young adults. Their stories include the people, relationships, programs, and life lessons that have made a real difference for them. Many of the youth featured on the site discuss their experiences with leadership positions and the challenges and successes they faced.

Situational analysis of Elderly

The policy defines 'senior citizen' or **'elderly'** as a person who is of age 60 years or above. Also, as per Maintenance and **Welfare** of Parents and **Senior Citizens** Act, 2007, senior citizen **means** any person being a citizen of **India**, who has attained the age of 60 years or above.

Definitions :

Senior citizen - means an Indian who attained the age of 60 years or above.

Relative - means any legal heir of childless senior citizen who is not a minor and is in possession of or would inherit his property after his death.

Welfare - means provision for food, healthcare, recreation centers and other amenities necessary for senior citizens.

Parent - means father or mother whether biological, adoptive or step father or step mother, whether or not father or mother is a senior citizen.

Maintenance includes provision for food, clothing, residence, medical attendance and treatment.

Elderly Status In India:

According to Population Census 2011 there are nearly 104 million elderly persons (aged 60 years or above) in India; 53 million females and 51 millions males. A report released by the United Nations Population Fund and HelpAge India suggests that the number of elderly persons is expected to grow to 173 million by 2026.

Both the share and size of elderly population is increasing over time. From 5.6% in 1961 the proportion has increased to 8.6% in 2011. For males it was marginally lower at 8.2% while for females it was 9.0%

As regards rural and urban areas, 71% of elderly population resides in rural areas while 29% is in urban areas.

The life expectancy at birth during 2009-13 was 69.3 for females as against 65.8 years for males. At the age of 60 years average remaining length of life was found to be about 18 years (16.9 for males and 19.0 for females) and that at age 70 was less than 12 years (10.9 for males and 12.3 for females). Kerala has got the highest life expectancy at birth, followed by Maharashtra and Punjab. The life expectancy at birth in Kerala is 71.8 years and 77.8 years for males and females respectively as per the SRS Report 2009-13.

For 2013, the age specific death rate per 1000 population for the age group 60-64 years was 19.7 for rural areas and 15.0 for urban areas. Altogether it was 18.4 for

the age group 60-64 years. As regards, sex-wise, it was 20.7 for males and 16.1 for females.

The old - age dependency ratio climbed from 10.9% in 1961 to 14.2% in 2011 for India as a whole. For females and males, the value of the ratio was 14.9% and 13.6% in 2011.

In rural areas, 66% of elderly men and 28% of elderly

Constitutional of elderly welfare:

The government of **India** provides various concessions and facilities to its **senior citizens**. The Union Cabinet's latest decision to approve a new law-Maintenance and **Welfare** of Parents and **Senior Citizens** Act, 2007, aimed at serving the **elderly** live in self-respect and peace.

Investment options for senior citizens:

1. Senior Citizen Fixed Deposits:

1. The FD interest rates for senior citizens are higher than the regular rates.

2. These deposits have a flexible tenor ranging from 12 months to 60 months, which you can choose based on your needs.

3. This option is safe and free from market variables, thus assuring you a fixed return that you can seen on.

Bajaj Finance is now offering 0.35% higher interest rate on fixed deposit for senior citizens. Get guaranteed returns on your investment today with Senior Citizens FD Scheme By Bajaj Finance.

2. Senior Citizens Savings Schemes:

1. The Senior Citizen Savings Scheme enables you to invest a sum from Rs. 500 to Rs. 15 lakh depending on your savings.

2. It can be invested in as soon you as you retire at the age of 58 years. However, it has its limitations as it cannot be availed for more than five years. It can only be renewed once, that too only for a period block of three years.

3. Post Office Monthly Income Scheme

1. This is the best savings scheme that enables you to deposit a maximum of Rs. 4.5 lakh for single ownership and up to Rs. 9 lakh for joint accounts.

2. This monthly income scheme in india offers you an interest rate up to 7.6% as per rates announced in Q2 2019 in a scheme that is known offer reliable returns, though the income is taxable.

3. This again has a maturity period of 5 years.

4. Tax-free Bonds

1. These are bonds that are issued by the government to raise money for a project.

2. There is absolutely no risk of non-repayment. The interest returns are guaranteed and absolutely tax-free.

3. The tenor for these bonds can go from 10 years to 30 years, depending on the length of the project.

5. Debt funds

1. Since these are mutual funds that focus on the income investments, they are considered safer

2. Long-term debt funds can offer you a higher value depending on the performance of the market.

3. They ran high in return on investment and provide you returns that can go as high as 15% per annum.

Maintenance and Welfare:

Maintenance and Welfare of Parents and Senior Citizens Act, 2007 is a legisilation enacted in 2007, initiated by Ministry of Social Justice and Empowerment, Government of India.

1. To provide more effective provision for maintenance and welfare of parents and senior citizens. This Act make it a legal obligation for children and heirs to provide maintenance to senior citizens and parents, by monthly allowance. This act also provides simple, speedy and inexpensive mechanism for the protection of life and property of the older persons. After being passed by the parliament of India received the assent of President of India on December 29, 2007 and was published in the Gazette of India on December 31, 2007. Some states have already implemented the act and other states are taking steps for implementing this Act.

2. The population of the senior citizens constituted 7.5% of the total population in 2001. However, as per the Report of the Technical Group on Populations Projections, constituted by the National Commission on Population in May 2006, and published by the Office of the Register General of India, this figure is projected to go up to 12.40% of the population by 2026.

3. The first case under the act was filed in November 2011 by Siluvai (age 84) and his wife Arulammal (age 80) of Tuticorin against their son and daughter-in-law for neglect, besides taking away their two homes and gold jewellery.

ISSUES OF ELDERLY IN INDIA

1 MEDICAL ISSUE

Health Problem are supposed to be the major concern of a society citizens are more prone to suffer from ill health than younger age group. It is often claimed that senior citizens are accomplained by multiply illness and physical ailments. Besides physical illness, the senior citizens are more likely to be the victims of poor mental health. Mental disorder are very much associated withhold age. Decline in mental ability makes them dependent. They no longer have trust in their own ability or judgements but still they want to tighten their grip over the younger ones. They want to get involved in all family matters and business issues.

Failing health due to advancing age is complicated by non-availalability to good quality. Age-sensitive ,health care for a large proportion of older persons in the country . In addition ,poor accessibility of health services, Lack of information , high costs of disease management make reasonable elder care beyond the reach of senior citizen, especially those who are poor and disadvantage.

2 ECONOMIC ISSUE

Elderly people face several challenges and one of the most important among those is the problem of financial insecurity. Old age dependency ratio is increasing and it is projected to increase continuously . with higher share from rural areas than in urban areas.   The national sample survey organization in its 2006 report revealed that a higher percentage of males in rural areas are found to be financially fully dependent as compared to that in the urban areas . Widow, poor and disabled elderly constitute more

disadvantaged among elderly consititute more disadvantaged among elderly population. Elderly women especially windows, face many disadvantages, like a substantial gender differential exists in the ownership of property and assets and in role and participation in the family as consequently affects their access to various basic necessities like food,housing and health. Pension and social security is restricted to those who have worked in the public sector or the organized sector of industry ; however , many surveys have shown that even retired elderly people are confronted with the problem of financial insecurity and loneliness.

3 SOCIAL ISSUE

Sociologically , aging marks a form of transition from one set of social roles to another and such roles are difficult . However, in modern society ,improved education , rapid technical changes and new forms of organization have often rendered obsolete the knowledge experiences and wisdom of senior citizens. Once they retire , elderly people find that their children are not taking advice from them. This realization often results in feeling loss of status , worthlessness and loneliness. If senior citizen is economically depended on children , the problem is likely to become even worse.

Older people suffer social losses greatly with age.

4 PSYCHOLOGICAL ISSUE

The common psychological problem that most of the senior citizens experiences are feeling of powerlessness, feeling of inferiority ,depressions ,uselessness , isolation and reduced competence. With growing age, senior citizen experience various anatomical and psychological changes . these

changes bring many psychological , behavioural and attitudinal changes in them. The number of people in old age homes is constantly increasing and also most of the parents are now deciding to live in old age homes rather than living with their children. Nowadays these people are facing the problems like lack of care, emotional support from the family etc. Our culture recognizes the status of the parents as that of god. A moral duty is put on the children to take care of their parents. But nowadays what we are observing in our society is that tha children are not willing to take care of their parents ,they do not want to spend money on them ,they are treating their parents as aliens , and they do not want to share an emotional bond with parents.

5 HOUSING PROBLEM

Housing for the senior citizens should be suitable not only to the living pattern which they have estabilised in optimum health, but also to conditions of failing health and illness, commonly associated with years of life such as,failing eye sight , hearing ,slowing and upsurges, diminishing energy and more acute disabilities , such as blindness, forgetfulness etc. On this pattern, the housing available to majority of the senior citizens may be found inappropriate and unsuitable to their requirement . The sizeable population of order widows as well as the older males have been facing the problem of ' WHERE TO LIVE PEACEFULLY' . With age a common complaints of many elderly is the feeling of loneliness and sense of being isolated. In most case isolation is imposed is imposed purposefully by the families or communities where the old age people live in . Changing lifestyle and values, job culture, various means of distraction like internet, television, societal shift such as nuclear family structures and redefined priorities

have led to increased neglect of the elderly by families or communities , and with this isolation comes in. with it the problem of housing rises again. It is not only terrible thing but also it leads to determental quality of life.

CHALLENGES OF ELDERLY

- Physical and mental health. Many older adults maintain good health and are fully able to function both physically and mentally well into their later years.
- Health care costs/ nursing home care
- Financial security
- Bereavement , social isolation, and loneliness.
- Elder abuse.

Introduction,

Any restriction or lack of ability to perform an activity in a manner or within the range considered normal for the human beings, resulting from impairment is termed as disability. Impairment concerns the physical aspects of health; disability is the loss of functional capacity resulting from an impairment organ; handicap is a measure of the social and cultural consequences of an impairment or disability.The types of disability include loco-motor, hearing, speech, visual and mental disability

DISABILITY ISSUES

1. Police Reform

After decades of police violence and agitation to change the way india approaches law enforcement, police reform is finally hitting the public consciousness. Unfortunately, one aspect of that conversation is lagging: The discussion about

police violence and disability. It's difficult to get hard statistics, but as many as half of police killings involve disabled people — typically mentally ill people and those with developmental or intellectual disabilities. Many of those victims are also people of color — intersectionality at work. It starts even earlier than that, with even the Department of Education admitting that disabled students are suspended at a much higher rate than their nondisabled peers, putting them right into the school-to-prison pipeline.

Many law enforcement agencies lack even basic training in how to handle encounters with disabled people who may be agitated, confused, or unable to follow requests. This has been compounded by cuts to mental health services, which have left police officers as first responders in mental health crises, when they should really be last responders. Some cities are trying to turn this around with mental health crisis teams, but it's a long, slow battle, made harder by the fact that the connection between disability and police violence is rarely discussed.

2. Voting Rights

While voter suppression really hit headlines last year, voting rights activists have been working on this issue for decades. That includes disability rights activists, who are painfully aware of the specific issues that affect their community, making it much harder to vote while disabled. That starts with the fact that some people are disenfranchised on the basis of their disabilities, with the Bazelon Center highlighting voter suppression laws that declare people "unfit to vote" because of who they are.

Being allowed to vote, however, doesn't mean you can vote. Disability participation lags in elections, with a 2012 Rutgers study finding that disabled people turned out to vote at a lower rate than nondisabled people. One reason is

polling place inaccessibility: Some people physically can't vote because they can't get into the polling place, have difficulty getting around once inside, or can't use the voting machines.

Another issue is the voter suppression laws targeting low-income people of color, which also ding the disability community: It's harder to get identification, for example, when you're disabled, or to travel to vote. Many disabled people don't have photo ID because they don't need it or can't afford it — and that means they get turned away at the polls. In the 2014 midterms, the Post highlighted how hard it is to get an approved ID if you're disabled.

3. Access To Education

A free public education is a cornerstone of INDIAN life, right? For the disability community, though, no such thing is guaranteed — especially if Sessions is confirmed, because he has a very negative record on education rights for the disability community. Laws like the Indian with Disabilities Act and Individuals with Disabilities Education Act are supposed to make it easier for disabled students to access an education, but on the ground, the truth is more complicated. These laws mandate that disabled students be accommodated, with a preference for mainstreaming, in which they attend classes with nondisabled students.

Some disabled children are subjected to restraint and seclusion and hidden away in the corner of a campus. Others struggle to access even basic classroom accommodations like more time on tests or accessibility on campus so they can get where they need to go. As discussed above, disabled students are more likely to be suspended and expelled, with schools exercising their right to discipline students and pushing disabled pupils off campus, depriving them of educational

opportunities. In 2010, the Southern Poverty Law Center sued over this issue — not for the first or last time.

4. Poverty

Disability and poverty are extremely closely yoked in Indian life. Researchers at the Universities found that overall, disabled people had a poverty rate double that of nondisabled people, though this varied by specific disability. Looking at the community as a whole, disabled people have a much lower socioeconomic status, notes the Indian Psychological Association, and that's not a coincidence.

Some of the reasons for poverty in the disability community include employment discrimination, unequal access to education, and high health care costs. Disabled people are caught in a benefits trap that squeezes them into poverty, because the government curtails and cuts off Social Security, Medicaid, Medicare, and other benefits at very low income levels. People who can't afford their own care need these programs and are forced into poverty to retain them, even if they'd rather be working and engaging with society. That endangers their wellbeing, but it also hurts society, in a real lose-lose.

5. Employment Discrimination

Though employment discrimination is illegal, that doesn't stop it from happening. Some disabled people are simply denied jobs on the basis of their disabilities, while others find that once they do land a job, the work environment is extremely hostile. That includes harassment, being denied promotions, and being refused reasonable accommodations that make it possible to work comfortably and safely. Recent research at Wharton highlighted the fact that this discrimination is systemic, with many companies lacking the internal structures and accountability needed to accommodate disabled jobseekers.

Disability discrimination at work is a particularly big problem for people with evident physical impairments. This includes wheelchair users and others who use mobility aids, blind people, and people with limb loss. People considered "ugly" or unpleasant to look at because of their disabilities may also face discrimination from employers who think they don't belong in public facing positions. The Bureau of Labor Statistics finds that the disability unemployment rate is often around double that of nondisabled people, and while employment discrimination and lost opportunities aren't the only reason why, they're definitely contributing factors.

6. Sexual Violence

The National Crime Victimization Survey found that disabled people experience rates of sexual violence that are much higher than the nondisabled population. (Sensing a theme?) There are a lot of reasons for that, and one is disablism, which RAINN points out makes disabled people easy targets — rapists assume that their crimes won't be investigated or pursued when they target disabled people, and that their victims may not be believed if they report.

It goes deeper than that, though. Some disabled people need aides and support to complete tasks of daily living, and when they're abused by "caregivers" they may not have resources to report. Caregivers may control their access to the outside world, or may threaten them — "if you report, I'll leave you on your own." In institutional settings, abuse is a rampant problem, as Frontline chronicled in the chilling "Life and Death in Assisted Living." Disabled people also often have limited access to sexual education, and may not even understand that they have consent, agency, and the right to control their own bodies.

7. Access To Health Care

Some disabled people have complex health care needs — others go to the doctor rarely. But statistically speaking, disabled people are more likely to need health services, and to need involved, specialist care, than nondisabled people. Access to health care is vital for the disability community, and it needs to be comprehensive and consistent. Missing needed appointments, therapies, and medications can be fatal, and some disabled people need thousands of dollars worth of health care every month — someone in an institution can spend hundreds of thousands of dollars annually, according to the National Council on Disability.

The Affordable Care Act helped disabled people who didn't qualify for government health care, or who couldn't have their needs met on Medicare and Medicaid, access treatment. Medicaid expansions, standardized coverage, putting a stop to preexisting condition discrimination, and ending rescission all made it possible for more disabled people to get, and keep, their health insurance, and thus access care more reliably. If disabled people sound panicked about the end of Obamacare, it's because they are.

8. Structural Racism

People of color are more likely to be disabled than white people, proportionally speaking, according to Census data. Moreover, research demonstrates that these disparities become worse over time. A number of factors contribute to this problem. One is environmental racism, which increases the risk of being born with a congenital disability, or of acquiring disability at a young age — as illustrated in Flint, Mi. But people of color also face issues like occupational segregation and health care disparities — they're more likely to be injured on the job and to be working in physically demanding trades, for example, and less likely to get early preventative care for conditions that can become disabling.

Targeting racism in employment, health care, environment, and a host of other settings will help make communities of color healthier, and make it easier for people to manage their chronic congenital or acquired disabilities. That would lead to fewer disparities in health care outcomes, and a more just world. Fighting racism overall, regardless of its impact on disability, is also a moral imperative

Disabled population :- Source : Census of India 2001

	Population	Percentage
Total population	1,028,610,328	100.0
Total disabled population	21,906,769	2.1
Disability rate (per lakh population)	2,130	--
Type of Disability		
(a) In seeing	10,634,881	1.0
(b) In speech	1,640,868	0.2
(c) In hearing	1,261,722	0.1
(d) In movement	6,105,477	0.6
(e) Mental	2,263,821	0.2

Census 2001 has revealed that over 21 million people in India as suffering from one or the other kind of disability. This is equivalent to 2.1% of the population. Among the total disabled in the country, 12.6 million are males and 9.3 million are females. Although the number of disabled is more in rural and urban areas. Such

proportion of the disabled by sex in rural and urban areas. Such proportion has been reported between 57-58 percent for males and 42-43 percent females. The disability rate (number of disabled per 100,000 populations) for the country as whole works out to 2130. This is 2,369in the case of males and 1,874 in the case of females.

Among the five types of disabilities on which data has been collected, disability In seeing at 48.5% emerges as the top category. Others in sequence are: In movement (27.9%), Mental (10.3%), In speech (7.5%), and In hearing (5.8%). The disabled by sex follow a similar pattern except for that the proportion of disabled females is higher in the category In seeing and In hearing.

Across the country, the highest number of disabled has been reported from the state of Uttar Pradesh (3.6 million). Significant numbers of disabled have also been reported from the state like Bihar (1.9 million), West Bengal (1.8million), Tamil Nadu and Maharashtra (1.6 million each). Tamil Nadu is the only state, which has a higher number of disabled females than males. Among the states, Arunachal Pradesh has the highest proportion of disabled males (66.6%) and lowest proportion of female disabled.

CHALLENGES FACED BY DISABLED PERSONS

Disabled people are large minority groups, starved of services and mostly ignored by society, live in isolation, segregation, poverty, charity and even pity. Disability includes blindness, low vision, leprosy-cured, hearing impairment, loco motor disability, mental retardation and mental illness. Due to discrimination they do not go to public places and not free to get those rights which a non-disabled person gets. They are deprived of education and employment.

Mainstreaming and universal access for persons with disabilities are the ultimate goals of the disability movement. This means the removal of all cultural, physical, social and other barriers that prevent persons with disabilities from equally accessing opportunities and participating fully in all aspects of life in South Africa. Persons with disabilities lack access to employment opportunities and even if they are able to get employment they face problems such as reasonable accommodation at work, accessible public transportation to get them to work and back and discrimination and ignorance about their potential at work.

ACCESSIBILITY

What is accessibility

Accessibility is strongly related to universal design when the approach involves direct access. This is about making things accessible to all people (whether they have a disability or not). An alternative is to provide indirect access by having the entity support to use of a person's assistive device technology to achieve access (e.g. screen readers).

Accessibility is a term used to describe the degree to which a product, device, service, or environment is available to as many people as possible. Accessibility can be viewed as the ability to access and benefit from some system or entity. Accessibility is often used to focus on people with disabilities or special needs and their right of access to entities, often through use of assistive device.

Types of accessibility

1.2.1   Access to information

1.2.2   Access to transport

1.2.3   Access to buildings

1.2.4   Access to Health care

Access to information

One dimension of accessibility is the ability to access information and services by minimizing the barriers of distance and cost as well as the accessibility and usability of the interface. In many countries this has led to initiatives, laws and/or regulations that aim toward providing universal access to the internet and to phone systems at reasonable cost to citizens.

One of the first areas where information technology improved the quality of life for disabled individuals is the voice operated wheelchair. Quadriplegics have the most profound disability, and the operated wheelchair technology was first developed in 1977 to provide increased mobility. The origin version replaced the joystick system with a module that recognised eight commands. Many other technology accommodation improvements have evolved from this initial development.

Each kind of disability requires a different kind of accommodation, and this may require analysis by a medical specialist and job analysis when the impairment requires accommodation.

Access to transportation

In transportation, accessibility refers to the ease of reaching destinations. People who are in places that are highly accessible can reach many other activities or destinations quickly, people in inaccessible places can reach fewer places in the same amount of time.

Public transport is either not accessible or not enough or irregular in nature. This includes public buses as well as taxis. This leads to persons being late for work or children being late for school with no alternative means of travel.

Roads are not properly maintained and municipal workers do not clean them. Pavements and the lack of space thereof or the state that they are in make travelling difficult for cane users and wheelchair uses alike. In some informal settlements no tarred roads are available making independent living difficult;

No robots that are audio projected have been installed to serve the needs of persons that are blind;

A lack of awareness and respect amongst bus and taxi drivers and fellow commuters are an area of concern. No assistance is provided to ensure on and off-boarding of passengers with disabilities. You also pay more when travelling by a taxi. Train platforms are also not accessible.

Access to buildings

Houses built are not accessible to persons with disabilities and disregard regulations relating to the needs of persons with physical and other disabilities. However, there are some initiatives to change typical residential practices so that new homes incorporate basic access features such as ramps and door widths adequate for wheelchairs to pass through. Multi –story buildings or homes can sometimes be accommodated by installing a private residential elevator, which is usually much less expensive and has fewer design and layout requirements than a full commercial elevator.

Access to Healthcare

The attitude of some staff especially at clinics towards persons with disabilities is problematic. They treat persons without the necessary respect for personal dignity, privacy and make derogatory remarks especially against persons with intellectual disabilities. This concern applies to both nurses in the employ of the municipalities as well as volunteer workers.

Persons with disabilities are also vulnerable within the context of HIV/AIDS, mainly due to possible sexual abuse and cultural myths. Insufficient HIV/AIDS awareness and support were identified as a matter of serious concern. HIV/AIDS awareness campaigns are not in an accessible format to persons with print disabilities.

Medical health related information is not available in accessible formats to different types of disability. The Department of Health's Rehabilitation for all – A National Rehabilitation Policy is not aligned with the actual services offered at clinics and persons with disabilities do not benefit in terms thereof. Assistive devices should include those that promote the independence of a disabled person, contribute to disabled people functioning in society, facilitate communication for disabled people and improve the quality of life of disabled people.

Rehabilitation services, preventative care, early diagnosis and treatment should be provided to persons with disabilities which allegedly are not currently the case.

Specialist health professionals should be available at clinics to provide an integrated service including audiologists, psychologists, optometrists, occupational therapists, etc. Also at the clinics there must be interpreters for the deaf and the reception area should be lower for people on wheelchairs and for short people.

Health workers are not skilled to provide support to other family members in dealing with a person with a disability.

Better cooperation is required with the District Health Advisory Committee to address the issues experienced.

The Convention on the Rights of Persons with Disabilities states that:

Article 9 – Accessibility

States Parties shall also take appropriate measures to:

Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;

Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;

Provide training for stakeholders accessibility issues facing persons with disabilities;

Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand;

Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public

The Convention on the Rights of Persons with Disabilities states that:

Article 17 – Protecting the Integrity of the Person

Every person with disabilities has a right to respect for his or her physical and mental integrity on an equal basis with others.

2.ACCEPTANCE

I may say acceptance is mainstreaming which refers to the inclusion of concerns and experiences of persons with disabilities within the design, planning, implementation, monitoring and evaluation of policies and programmes on all political, social and economic spheres so that persons with disabilities benefit equally. In this context mainstreaming and exclusive development is understood as processes that are not mutually exclusive as equitable inclusion also sometimes requires preferential focus. Integration and differentiation thus evolve as complimentary systems.

2.1   Who must be accepted?

All disabled people regardless of their disabilities.

2.2   Why?

To recognise the equal rights of persons with disabilities in order for persons with disabilities to reach their full potential;

To eradicate unfair discrimination against persons with disabilities;

To ensure integrated, barrier-free and comprehensive service delivery to achieve equitable service delivery for persons with disabilities;

To ensure universal access for persons with disabilities that supports the mainstreaming of this group into society;

To give particular emphasis to the most vulnerable groups within the disability sector i.e. children, youth, women and persons in rural areas with disabilities;

To involve persons with disabilities and relevant civil society organisations in the development and implementation of policies and programmes thus ensuring community participation;

To ensure inter-sectoral collaboration between the different tiers of government;

To commit to a developmental approach towards the management of disability issues that empowers persons with disabilities and does not perpetuate dependency;

To recognise the diversity of persons with disabilities and to address their unique needs.

How;

Disability organisations, citizens with disabilities, non-government organisations and government departments will be consulted to develop a document that will pertain all issues impacting on the lives of disabled persons and service delivery. Also by working in partnership with other role players to identify needs and barriers as well as to formulate appropriate programmes and interventions that meet the needs of various disability groupings.

Convention of the Rights of Persons with Disabilities states that:

Article 19 – Living independently and being included in the Community

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the Community, with choices equal to others, and shall take effective and appropriate measures to facilitate enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.

CONCLUSION

Capacity Building

The United Nations Development Programme (UNDP) defines capacity building as the creation of an enabling environment with appropriate policy and legal frameworks, institutional development, including community participation (of women in particular), human resources development and strengthening of managerial systems. Capacity building is a long-term, continuing process, in which all stakeholders participate (ministries, local authorities, non-governmental organisations, professional associations, academics and others).

Employment Equity Act

Persons with disabilities are designated group within the broader employment equity agenda require special attention. The purpose of this document is to provide the strategic framework and action pal to achieve the mainstreaming of disability within the workplace and to ensure fair human resources policies and practices. People with disabilities must fully aware of this act.

Education, training and awareness amongst society

A major concern related to the fact that there is little awareness of disability issues and a lack of sensitivity amongst society and persons without disabilities. This lack of knowledge and awareness translates into inappropriate and discriminatory behaviour. Derogatory names and terms are still being used;

Attitudes and prejudice within society still keep persons with disabilities from securing employment making them dependent upon social grants;

Awareness raising, sensitisation, education and training on disability are thus required.

Situational analysis of reserved category

The system of *reservation in India* such as reserving access to seats in the various legislatures, to government jobs, and to enrollment in higher educational institutions. The reservation nourishes the historically disadvantaged castes and tribes, listed as Scheduled Castes and Scheduled Tribes by the Government of India, also those designated as Other Backwards Classes (OBCs) and also the economically backward general. The reservation is undertaken to address the historic oppression, inequality, and discrimination faced by those communities and to give these communities a place. It is intended to realise the promise of equality enshrined in the Constitution.

The Constitution prohibits untouchability and obligates the state to make special provision for the betterment of the SCs and STs. Over the years, the categories for affirmative action, also known as positive discrimination, have been expanded beyond those to the OBCs.

Reservation is governed by the Constitution, statutory laws and local rules and regulations. The SCs, STs and OBCs, and in some states Backward Classes among Muslims under a category called BC(M), are the primary beneficiaries of the reservation policies. There have been protests from groups outside the system who feel that it is inequitable.

Historical Background

Before independence

Quota systems favouring certain castes and other communities existed before independence in several areas of British India. Demands for various forms of positive discrimination had been made, for example, in 1882 and 1891.[2] Shahu, the Maharaja of the princely state of Kolhapur, introduced reservation in favour of non-Brahmin and backward classes, much of which came into force in 1902. He provided free education to everyone and opened several hostels to make it easier for them to receive it. He also tried to ensure that people thus educated were suitably employed, and he appealed both for a class-free India and the abolition of untouchability. His 1902 measures created 50 percent reservation for backward communities.

After independence

After the independence of India in 1947 there were some major initiatives in favour of the STs, SCs and after the 1980s in favour of OBCs.(Other Backward Castes)and in 2019 for poor general category . The country's affirmative action programme was launched in 1950 and is the oldest such programme in the world.

A common form of caste discrimination in India was the practice of untouchability. SCs were the primary targets of the practice, which was outlawed by the new Constitution of India.

In 1954, the Ministry of Education suggested that 20 percent of places should be reserved for the SCs and STs in educational institutions with a provision to relax minimum qualifying marks for admission by 5 percent wherever required. In 1982, it was speCIFied that 15 percent and 7.5 percent of vacancies in public sector and

government-aided educational institutes should be reserved for the SC and ST candidates, respectively.

Reservation schemes

In employment

A fixed percentage of India's government and public sector jobs are made exclusive for categories of people largely based on their caste or tribe.

The 1993 Supreme Court ruling in the Indra Sawhney case said that reservations in job promotions are "unconstitutional" but allowed its continuation for five years. In 1995, the 77th amendment to the Constitution was made to amend Article 16 before the five-year period expired to continue with reservations for SC/STs in promotions. It was further modified through the 85th amendment to give the benefit of *consequential seniority* to SC/ST candidates promoted by reservation.

The 81st amendment was made to the Constitution to permit the government to treat the backlog of reserved vacancies as a separate and distinct group, to which the ceiling of 50 per cent did not apply. The 82nd amendment inserted a provision in Article 335 to enable states to give concessions to SC/ST candidates in promotion. The validity of all the above four amendments was challenged in the Supreme Court through various petitions clubbed together in *M. Nagaraj & Others Vs. Union of India & Others*, mainly on the ground that these altered the Basic Structure of the Constitution. In 2006, the Supreme Court upheld the amendments but stipulated that the concerned state will have to show, in each case, the existence of "compelling reasons" - which include "backwardness", "inadequacy of

representation" and overall "administrative efficiency - before making provisions for reservation. The court further held that these provisions are merely enabling provisions. If a state government wishes to make provisions for reservation to SC/STs in the promotion, the state has to collect quantifiable data showing backwardness of the class and inadequacy of representation of that class.[18]

In education

In India scholarships or student aid is available for—SCs, STs, BCs, OBCs, women, Muslims, and other minorities. Only about 0.7% of scholarships or student aid in India is based on merit, given the grossly inadequate representation of above-mentioned categories in employment and education due to historic, societal and cultural reasons.

New rules implementation of UPA Government do not provide scholarship scheme and reservation quota of students and employees of colleges under central University and State University approved by the UGC.

Background in India

In central-government funded higher education institutions, 22.5% of available seats are reserved for Scheduled Caste (SC) and Scheduled Tribe (ST) students (7.5% for STs, 15% for SCs). This reservation percentage has been raised to 49.5% by including an additional 27% reservation for OBCs. This ratio is followed even in Parliament and all elections where a few constituencies are earmarked for those from certain communities (which will next rotate in 2026 per the Delimitation Commission).

The exact percentages vary from state to state:

• In Haryana, the reservation is 20% for SCs, 16% for backward class A, 11% for backward class B, 10% special backward class, 10% economically backward in open caste and 3% for physically handicapped (70% total), based on local demographics.

• In Tamil Nadu, the reservation is 18% for SCs, 1% for STs, 30% BC and 20%MBC (69% total) based on local demographics

• In Jharkhand, the reservation is 11% for SCs, 27% for STs and 22% OBC (60% total) based on local demographics.

• In Maharashtra, the reservation is 13% for SCs and 7% for STs, 19% OBC,2% SBC, Nomadic Tribes(A,B,C,D) NT-A(vimukta jati)-3% , NT-B -2.5%, NT-C (Dhangar)-3.5% ,NT-D (vanjari)-2%, Maratha Caste 16% (68% total) based on local demographics

• In Karnataka, the reservation is 15% for SCs and 3% for STs, 32% OBC (50% total) based on local demographics

• In Kerala, the reservation is 8% for SCs and 2% for STs, 40% OBC (50% total) based on local demographics

• In Uttar Pradesh, the reservation is 21% for SCs and 2% for STs, 27% OBC (50% total) based on local demographics

• In Bihar, the reservation is 15% for SCs and 1% for STs, 34% OBC (50% total) based on local demographics

• In Madhya Pradesh, the reservation is 16% for SCs and 20% for STs, 27% OBC (63% total) based on local demographics

• In Rajasthan, the reservation is 16% for SCs and 12% for STs, 26% OBC (54% total) based on local demographics

• In Northeast India, especially in Arunachal Pradesh, Meghalaya, Nagaland and Mizoram, reservation for ST in State Govt. jobs is 80% with only 20% unreserved. In the Central Universities of

NEHU(shillong) and Rajiv Gandhi University, 60% of seats are reserved for ST students.

• In Andhra Pradesh, 27% of educational institutes and government jobs are reserved for OBCs, 33.33% for women, 15% for SCs, 6% for STs.

• In West Bengal, 35% of educational institute seats and government jobs are reserved for SC, ST, and OBC (22% SC, 6% ST, 7% for OBC A & B. In West Bengal there is no reservation on religious basis but some economically and educationally backward Muslim castes (basis surnames pertaining to different profession e.g. cobbler, weaver etc.) have been included along with their Hindu counterparts in OBC list namely OBC A and OBC B, in both lists caste from both communities are there. But in higher educational institutes, till now there is no reservation for the OBC community but there is reservation in regard to admission in primary, secondary and higher secondary studies.

Reservation in states

Maharashtra

Maharashtra earlier had 50% reservation in educational institutions and government jobs. In june 2019, BOMBAY HIGH COURT allowed 12% and 13% reservation respectively education and jobs for Maratha caste (SEBC) .[After the Union Cabinet approved the 10% reservation for the Economically Weaker Section (EWS), the reservation has been estimated to increase upto 75% making Maharashtra the state with the highest percentage of reservation in the country.

Reservation in Maharashtra

- Scheduled Castes (SC) (13%)
- Scheduled Tribes (ST) (7%)
- Other Backward Classes (OBC) (19%)
- Special Backward Classes (SBC) (2%)
- Socially and economically backward class(SEBC) (13%)
- Economically Weaker Section (EWS) (10%)
- Nomadic Tribes - A (Vimukta jati) (3%)
- Nomadic Tribes - B (Banjara) (2.5%)
- Nomadic Tribes - C (Dhangar) (3.5%)
- Nomadic Tribes - D (Vanjari) (2%)

Andhra Pradesh

Andhra Pradesh state percentage of reservation is =50% approx. 66.66% reservations including women are applicable in Andhra Pradesh in Education and Government jobs.

- Scheduled Castes – 15%
- Scheduled Tribes – 6%
- Backward Classes (A, B, C, D) – 27%
- Physically Handicapped (Blind, Deaf & Dumb and OPH) – 3% (1 per cent each)
- Ex-servicemen (APMS only) – 1% (0.5% in general)
- Women - 33.33% (in all categories, means 16.66% in general category)

Total % of reservations 46%< 50% based on caste It is quite compliant with the supreme court word of keeping caste-based reservations under 50% cap

Addition of disabled, ex-serviceman, women in general category 16.66% makes it 66.66%

The Andhra Pradesh Govt says economically backward children are admitted into private schools under However, caste-based reservations also apply to private schools. The reservation for women cuts across all classes and communities and is a horizontal and not vertical reservation. As such the total % of reservations has to be counted at 50% only; and that is in consonance with the Supreme Court dicta that reservations, in general, ought not to exceed 50% of the posts/seats if the right to equal opportunity to all without discrimination guaranteed under Article 16 is to be vindicated and respected.

employed means the seats or offices earmarked are for persons belonging to all **categories** irrespective of their caste, class or community or tribe," the apex court noted.

Who is reserved category

Who comes under reserved category

Yes they are part of the **reserved category**. Now, there are somewhere between 5000 and 6000 castes and sub-castes that **come under** the OBC list. OBCs get 27% reservations **in** central and state universities and jobs. However, not everybody who **comes under** OBC **gets** the benefit of reservations.

How many seats are reserved for general categories

n the Lok Sabha there are 412 **seats** are not **reserved** for the **general category**. 131 **seats are reserved** for scheduled castes scheduled tribes.

What is reserved category certificate

the special **category certificate** is the **certificate** that ensures the **reserved category** candidates like Scheduled Caste/Scheduled

Tribe/Other Backward Class.

What is general category in caste

Forward **caste**. Forward **caste** (referred as **General** Class) is a term used in India to denote social groups that do not qualify for reservation benefits and other affirmative action schemes operated by the government of India. Forward **castes** form about 25% per cent of the population, the number varying by region.

Which caste comes under general category in Tamilnadu?

Many Sub **Castes** within vellalar **come under general category** e.g Arunattu Vellalar not just Saiva Vellalars. Most of Arunattu Vellalars have settled in Trichy , Namakal and Dindugal Dt. What are the higher **castes** in **Tamil Nadu** and Kerala?

What is general merit category

Common **merit** rank is your All India Rank in that particular exam. **General merit** rank is your **category** rank for **general category** student. In NIFT there is reservation for OBC, SC and ST. But if a person has applied for a reserved **category** then despite getting higher rank he/she can't occupy the **general** seat.

What is the percentage of general category in India

16.6% of the entire population in **India** belong to the Schedule castes. This means that nearly 26 crore people in **India** belong to SC community.

What is reserved and unreserved category

Unreserved seats do not constitute a reservation for candidates belonging to categories other than the **reserved** categories." ... Since there is no concept of providing reservation to general **category** candidates, there cannot be any concept of "their

fixed seats".

Can SC ST take general seat

Yes, **general** category **seats can** be claimed by anyone

including members of the **SC**/**ST**/OBC groups on the basis of merit.

But the applicant **can**'t avail relaxation (age, marks etc) and be

accommodated in the **general** category.

What is the short form of general category

General: **General Caste** (In which Everyone come) UR:

Unreserved **Category** (In which Everyone come) OC: **Open**

Category (In which Everyone come) BC: Backward **Category** (

Belongs to backward Places)

Which caste comes under general category in India

Mainly Shudra, Peasent (Jats, Yadav, kamboj, gujjar etc) ,

Dalits, Kumar, Soni etc have **reservation**. Bhrahmins, Banias,

Punjabi khatris, Rajputs are mainly **general caste** all over **india**.

Which is the highest caste in India

Here are six of the most significant:

• Brahmins. The highest of all the castes, and traditionally priests or

teachers, Brahmins make up a small part of the Indian population.

• Kshatriyas. Meaning "protector[s] of the gentle people," Kshatriyas

were traditionally the military class. ...

• Vaishyas. ...

• Shudras. ...

• Adivasi. ...

• Dalits.

Determining factors for the present status, impact of present status on the family and society at large

Child

Determining factors for the development of child

Heredity

Heredity is the transmission of physical characteristics from parents to children through their genes. It influences all aspects of physical appearance such as height, weight, body structure, the colour of the eye, the texture of the hair, and even intelligence and aptitudes. Diseases and conditions such as heart disease, diabetes, obesity, etc., can also be passed through genes, thereby affecting the growth and development of the child adversely. However, environmental factors and nurturing can bring the best out of the already present qualities in the genes.

Environment

The environment plays a critical role in the development of children and it represents the sum total of physical and psychological stimulation the child receives. Some of the environmental factors influencing early childhood development involve the physical surroundings and geographical conditions of the place the child lives in, as well his social environment and relationships with family and peers. It is easy to understand that a well-nurtured child does better than a deprived one; the environment children are constantly immersed in contributes to this. A good school and a loving family builds in children strong social and interpersonal skills, which will enable them to excel in other areas such as

academics and extracurricular activities. This will, of course, be different for children who are raised in stressful environments.

Sex

The sex of the child is another major factor affecting the physical growth and development of a child. Boys and girls grow in different ways, especially nearing puberty. Boys tend to be taller and physically stronger than girls. However, girls tend to mature faster during adolescence, while boys mature over a longer period of time. The physical structure of their bodies also has differences which make boys more athletic and suited for activities that require physical rigour. Their temperaments also vary, making them show interest in different things

Exercise and Health

The word exercise here does not mean physical exercise as a discipline or children deliberately engaging in physical activities knowing it would help them grow. Exercise here refers to the normal play time and sports activities which help the body gain an increase in muscular strength and put on bone mass. Proper exercise helps children grow well and reach milestones on time or sooner. Exercise also keeps them healthy and fights off diseases by strengthening the immune system, especially if they play outside. This is because outdoor play exposes them to microbes that help them build resistance and prevent allergies. 4

Hormones

Hormones belong to the endocrine system and influence the various functions of our bodies. They are produced by different glands that are situated in specific parts of the body to secrete hormones that control body functions. Their timely functioning is critical for normal physical growth and development in children. Imbalances in the functioning of hormone-secreting glands can result in growth defects, obesity, behavioural problems and other diseases. During puberty, the gonads produce sex hormones which control the development of the sex organs and the appearance of secondary sexual characteristics in boys and girls.

Nutrition

Nutrition is a critical factor in growth as everything the body needs to build and repair itself comes from the food we eat. Malnutrition can cause deficiency diseases that adversely affect the growth and development of children. On the other hand, overeating can lead to obesity and health problems in the long run, such as diabetes and heart disease. A balanced diet that is rich in vitamins, minerals, proteins, carbohydrates and fats is essential for the development of the brain and body.

Familial Influence

Families have the most profound impact in nurturing a child and determining the ways in which they develop psychologically and socially. Whether they are raised by their parents, grandparents or foster care, they need basic love, care and courtesy to develop as healthy functional individuals. The most positive growth is seen when families invest time, energy and love in the development of the child through activities, such as reading to them, playing with them and having deep meaningful conversations. Families that abuse or neglect children would affect their positive development. These children may end up as individuals who have poor social skills and difficulty bonding with other people as adults. Helicopter

parenting also has negative effects as they render children dependent on the parents even as young adults and unable to deal with difficulties in life on their own

Geographical Influences

Where you live also has a great influence on how your children turn out to be. The schools they attend, the neighbourhood they live in, the opportunities offered by the community and their peer circles are some of the social factors affecting a child's development. Living in an enriching community that has parks, libraries and community centres for group activities and sports all play a role in developing the child's skills, talents, and behaviour. Uninteresting communities can push some children to not go outside often but play video games at home instead. Even the weather of a place influences children in the form of bodily rhythms, allergies and other health conditions.

Socio-Economic Status

The socio-economic status of a family determines the quality of the opportunity a child gets. Studying in better schools that are more expensive definitely has benefits in the long run. Well-off families can also offer better learning resources for their children and they afford special aid if the kids need it. Children from poorer families may not have access to educational resources and good nutrition to reach their full potential. They may also have working parents who work too many hours and cannot invest enough quality time in their development.

⬜ ⬜ Learning and Reinforcement

Learning involves much more than schooling. It is also concerned with building the child up mentally, intellectually, emotionally, and socially so they operate as healthy functional individuals in the society. This is where the development of the mind takes place and the child can gain some maturity. Reinforcement is a component of learning where an activity or exercise is repeated and refined to solidify the lessons learned. An example is playing a musical instrument; they get better at playing it as they practice playing the instrument. Therefore, any lesson that is taught has to be repeated until the right results are obtained.

Although nature contributes much to the growth and development of children, nurture contributes much more. As mentioned earlier, some of these factors may not be controllable, and you'll have to make do with what you have. But there are certain things you can definitely ensure for your child. This includes ensuring that your child gets enough rest every day, because his development is heavily dependent on the amount of sleep he gets. Pay close attention to your child's nutritional and exercise levels, as these too play an important role in promoting your child's timely and healthy growth and development.

Determing factors for the Juvenile Delinquency

⬜ ⬜**Poor School Attendance**

Poor school attendance is one of the top factors contributing to delinquency. School is not only a place to learn and grow; it is also a structured routine that provides children with a goal to accomplish each day.

The routine of getting up, getting prepared, attending school, completing the work, and returning home each day establishes a routine that is a basis for good choices in the future.

Children who are not encouraged to learn this type of routine are losing out on establishing good habits. They are also experiencing a lot of free time that can be used to "learn" about other things that will not enhance their lives or their futures.

Failure to accept the routine of attending school actually instills in children that they do not have to comply with societal norms and that they can do as they please.

□ □Poor Educational Standards

The type of school that a child attends may also contribute to their delinquency. Overcrowded and underfunded schools tend to lack discipline and order.

The chaos often experienced in these schools lead children to act more defensively because they are scared by their surroundings.

Parental involvement in school work and school based activities has been found to be a very large deterrent for delinquent activities.

When an adult is active in the lives of a child, that child is more prone to perform well in school and social surroundings because they know that the adult will see their actions.

Violence In The Home

One of the largest contributing factors to delinquency is violence in the home. Every Tulsa juvenile criminal defense attorney will tell you that when a child is subjected to violence, they are in turn violent people.

Lashing out at others for the violence they experience at home is very common.

Teens subjected to violent actions, or those who witness it to others, are more likely to act ut their fears and frustrations. They often have a "don't care" attitude and this allows them to get into trouble more easily.

Violence In Their Social Circles

If the neighborhood is in which a child lives is violent, the children will have a tendency to be more prone to delinquency.

Many people describe this as street survival methods because the child gets into trouble as a way to stay out of trouble from area gang members or violent people. In many cases, when you remove the child from this type of situation, their tendency for delinquent actions is removed.

Peer Pressure

Similar to neighborhood pressures, peer pressure from direct acquaintances can have an effect on how a juvenile reacts to bad situations. If all of their friends are committing delinquent acts, the child may feel pressured to do the same to be accepted.

The best way to avoid this type of situation is to be actively involved with who your child is hanging out with on a regular basis. Know their friends. Know about their friends' parents. This not only instills confidence in your child to do the right thing, but it can also help parents keep their children away from bad influences.

Socioeconomic Factors

Juvenile delinquency is more common in poorer neighborhoods. While all neighborhoods are not exempt from delinquent activities, it is believed they happen more in areas where children feel they must commit crimes to prosper.

Theft and similar crimes may actually be a result of necessity and not that of just a petty crime. The only true help for this situation is to make sure that children in these areas have access to what they need and understand that they do not have to commit a crime to get ahead in life.

Substance Abuse

Substance abuse in a home or by the child is a very common cause for delinquency. Children who are exposed to substance abuse often do not have the necessities they need to thrive and are forced to find these necessities in other ways. Others, who become dependent on a substance may also need to commit crimes to sustain their habit.

Counseling and treatment for this type of situation is the only real remedy to help these children. This type of situation can cause their self-worth to deteriorate and allow them to commit acts that they would not otherwise have considered.

Lack Of Moral Guidance

Parental or adult influence is the most important factor in deterring delinquency. When a parent or other adult interacts with the child and shows them what is acceptable behavior and what is considered wrong, the child is more likely to act in a way that is not delinquent.

Impact of juvenile delinquency or poor child development in society and family

☐☐ Children are backbone of our society. The development of our country is based on the children and when they will become criminal in future then nobody can stop from decaying the future of our country. So for the bright future of our country, government

and society should take proper initiative for preventing their children from becoming delinquents.

☐ ☐ Sinking into a Life of Crime

Ignoring a teen's or childs crime, be it a minor one, only serves to encourage them to repeat their behavior, which can eventually lead them into committing more crimes. As they continue to tread this path, they grow more confident in their ability to get away with anything and hence start raising the level of their criminal offenses.

Once they reach this stage, it becomes really difficult to pull them out of it and make them responsible and law-abiding citizens again. They always have this desire to commit crimes. The scale doesn't matter. They just want to go out there and break the rules. It could be stealing something, drugs, arson, grand theft auto, or anything that helps them get their fill of thrill.

☐ ☐ A Parent's Worst Nightmare

The parents of such teens suffer in this scenario as well because no matter how much they disapprove of their delinquent child's actions, they are the ones who

have to face the law enforcements. Furthermore, deep down they realize that their child turned out this way due to their failed parenting, a guilt that they have an extremely hard time shaking off.

They also have to live with the fact that their child is a criminal and have to bear the looks given to them by everyone else.

The worst part is, they can't kick their child out because they are still underage and have to remain under the custody of their parents. It doesn't matter how much children are making their parents suffer, they cannot do anything about it because they are bound to take care of them unless they reach the age of 18. It is not a smooth ride by any means but they have to live through it.

☐ ☐ Delinquent Teens Become Selfish and Insensitive

One of the worst things that happen because of habitually committing crimes is that such teens stop caring about almost everything. They neither realize nor care that their actions are hurting so many people, including their own family. They become completely emotionless and just care about themselves. If something or someone serves them the right way, then they are all in for them, but if things or people are not in their favor, they completely disregard them.

Knowing all this, it's extremely important that parents and even teachers for that matter should keep their eyes peeled to take notice of any delinquent tendencies shown by kids and address them immediately instead of dismissing them as an immature or one-time mistake. The very future of a child may depend on it.

☐ ☐ less productive and no string attached family developed

☐ ☐ no respect for elders

WOMEN

Determining factors for the present status of women

lack of respect for women

From the ancient time in India women are always identified by either the name of their father or husband .they were never considered as the head of the family also in some families there opinions about the important decision are not consider . orthodox cultures being followed yet

sati, purdah, child marriage, female infanticide, prevention of widow remarriage, devadasi system cultures like this making women feel low that as well as their value in society decreases.

Major life transitions such as pregnancy, motherhood and menopause can create physical and emotional stresses for women. That can affect their education as well as economic or psychological status at a very vast level. as women are not found capable of doing office work during the pregnancy time

In some families women's are not allowed to step out from there houses in their menses

☐ ☐ Ignorance and illiteracy Poverty, illiteracy, and superstitions play an essential role in determining the health of a woman. It is estimated that 16% of the population in the rural areas stay more than 10kms away from any medical facilities. Poor hygienic conditions can lead to many diseases like human papillomavirus (HPV) infection which leads to cervical cancer. It could also lead to genital warts, urinary tract infection (UTI) and other serious health issues.

Lack of Nutrition: Lack of knowledge about dietary pattern during pregnancy and breastfeeding stages is crucial, but in most cases, the women are not aware or

ignorant towards maternal and reproductive health. Women and girls are typically the last to eat in a family; thus, if there is not enough food, they are the ones to suffer most resulting in medical conditions like anaemia, malnourishment, etc. More than half of women suffer from anaemia, caused by malaria, hookworm infestation and from inadequate intake of iron and folic acid. Majority of births take place at home in India and out of these most are not under the guidance or surveillance of any trained medical practitioner. These women receive no prenatal care, and these factors result in higher maternal mortality rates in India.

☐ ☐ Skewed Sex Ratio: The Census of India 2011 has shown the lowest child sex ratio since India's independence in 1947. The rate has dropped to 914 females for every 1,000 male children between 0 to 6 years old. This indicates the society's preference for a male child. This leads to women getting a sex determination test, multiple abortions, or most commonly in rural areas, this leads to female infanticide. In most villages the girl child is killed as soon she is born, or she's left to starve. In most families the girl child is often neglected, she doesn't receive sufficient nutrition and care. Diarrhoea remains one of the major killers of young girls and a formidable challenge to the health system. Girls bearing their first baby in teenage are at obstetric risk and subsequently of low birth weight babies and perinatal complications.

Violent Crime against Women: Violence against women is also a health problem, but it is sadly not considered one and ignored. Every five minutes a violent crime is reported against women in India. This is a serious issue because it depletes a woman's emotional and physical strength. There aren't enough rehabilitation homes in our country that cater to victims of such crime. Most hospitals wouldn't touch the cases because of their 'criminal' nature. The stigma and taboo attached to

rape and domestic violence prevents women from speaking up. They often end up enduring the pain and abuse.

Negative life experiences – infertility and perinatal loss, loss of spouse, separation, Relationship breakdown poverty, discrimination, violence, unemployment and isolation – also impact on women's mental health and wellbeing.

Access to quality, decent paid work

Unequal economic as in many of the places women are not paying equal to men
☐ ☐ Discrimination based on sexuality or gender identity

Impact of present status on the family and society at large

☐ ☐ India's population has more than doubled since 1961. Although India has been a leader in developing health and population policies, there have been major implementation problems due to poverty, gender discrimination, and illiteracy. Yet, three-quarters of the food produced annually in India is because of women. In 1991, only 39.3% of Indian women were literate. The literacy level of women can affect reproductive behavior, use of contraceptives, health and upbringing of children, proper hygienic practises, access to jobs and the overall status of women in the society.

☐ ☐ Early marriage and childbirth was a major determinant of women's health and was also responsible for the prevailing socioeconomic underdevelopment in India. The overall maternal mortality for India is 572.3 per 100,000 births, ranging from 14.9% in Bihar to 1.3% in Kerala. Anemia is an indirect factor in 64.4% of the maternal deaths. Trained birth attendants currently assist in about 60-80% of all births in women at the time of delivery. Socioeconomic factors are responsible for

maternal deaths to a large extent - money in 18.3%, transport in 13.7%. When the mother dies it doubles the chances of death of her surviving sons and quadruples that of her daughters. Among the avoidable factors in maternal deaths, lack of antenatal care is the most important.

☐ ☐ Women, if educated and aware, can improve the health of their children by simple measures like good hygiene, exercise and dietary habits. Because of poverty, many of the young children, especially girls living on streets are easy prey for criminal prostitution rings, drug trafficking and consequences of HIV infection, and severe emotional and mental disturbances.

☐ ☐ Women are responsible for 70–80% of all the healthcare provided in India. Female healthcare providers can play an important role in educating society to recognize their health and nutrition needs. Women professionals and empowerment of women at all levels are required for improvement of the health and nutrition strucucture.

YOUTH

Determining factors for youth personality

Every teenage turns into a different personality in youth because of the influence of the several

☐ ☐ Social expectations, values, moral, ideals and norms

In India there are some ideal norms which everyone has to follow .if these idealistic rules were not followed that person is not considered eligible for being the part of that society.

☐ ☐ Beliefs, religious, political

Religious beliefs also affect the personality of youth for e.g. Hindu Muslim difference in some parts of India from the very beginning children are taught the hatred against the different community. They are beloved that the other community is there revelry this child after becoming youth behaves the same and intercommunity competition originates.

☐ ☐ Peer group pressure

Peer groups also influence the youth a lot it have both positive and negative impacts as for e.g. if the peer group is good in academics it generates a healthy competition between the friends about the grades but if it motivates in trying something like cigarettes and alcohols to be cool this thing has negative impact. Youth is generally more tend to be acceptable by their peer group

☐ ☐ Discrimination, bullying.

This also leads to low self esteem in the youth.

☐ ☐ Societal pressures to conform to the norm

Cultural and linguistic differences

 Class differences, income, education and opportunities

Youth also have to face some stereotypes differences between class. Lower class upper class. In some part of India there are still schools available in which upper class students gets more benefits and facilities than the students who belong to lower class. Education opportunities are also low for the poor children.

 Family support or lack of such support

Family support is not present for any unusual career option or unacceptable partner.

 Family problems or issues surrounding drug use

 Family issues, domestic violence

It affects the psychological, economical, and physical condition of youth at a very large level.

 Family influences in relation to culture and race being different to peers.

Determing factor for youth unemployment 12

Lack of qualifications. Young people without any skills are much more likely to be unemployed (structural unemployment)

▢ ▢ Lack of awareness about the

▢ ▢ Geographical Unemployment. Youth unemployment is often focused in certain areas – often inner cities where there is a cycle of low achievement and low expectations.

▢ ▢ Lack of graduate jobs. Many young people leave college with a degree but then find graduate jobs are in short-supply. Some find they can be over-qualified for the job market they enter.

▢ ▢ Cyclical Unemployment. The biggest cause of unemployment in the UK is often cyclical/demand-deficient unemployment. This is unemployment caused by the falling output which occurs during the recession. During the 2008 recession, youth unemployment increased at a faster rate than the actual unemployment rate. It is often young workers who are more likely to experience unemployment; this is because with the least experience they are the easiest to remove from the labour market. Also, firms often don't sack workers, but they do stop taking on new (young) workers.

▢ ▢ Frictional unemployment. School leavers may just take time to find the right work.

▢ ▢ Cultural/social factors. Youth unemployment is often highest amongst deprived areas where there is pessimism over job prospects. Youth unemployment is often higher among people who have a history of broken families, drug use or criminal record. Youth unemployment is also higher amongst ethnic minority groups. In 2016, the unemployment rate for young Bangladeshi and Pakistani people aged 16-24 was 28%. This compared to youth unemployment rates of 12% for the White

ethnic group (the lowest) and 25% for people from a Black ethnic background (the second highest)

☐ ☐ Underground economy Official unemployment may occur in areas where there is a thriving black economy. i.e. there are unofficial jobs for people to take. These jobs may be illegal such as dealing in soft drugs. However, it is hard to ascertain the extent of these unofficial jobs and it is easy to make sweeping generalisations about deprived areas.

☐ ☐ Hysteresis. Hysteresis is the idea that past unemployment trends are likely to cause future unemployment. If young people have been unemployed in the past, it becomes increasingly difficult to get a job. This is because
o Lack of jobs may cause young workers to become demotivated

o A lack of past employment may cause firms to be unwilling to hire in the first place.

o Unemployment means workers don't have the opportunity to learn skills and on the job training.

Impact of youth employment or distorted personality in society and family
Direct Effects on a country and on their family:-
☐ ☐ Slowdown in country's growth
☐ ☐ Poverty stress has been generated in the family .
☐☐ Loss the Credit of country on international stage
☐ ☐ On country's share market
☐ ☐ Low production
☐ ☐ Reduction in tax collection
☐ ☐ Loss of young talent

13

Indirect (long term) effects on society and economy

☐ ☐ An Increase in crime rate

☐☐ Reduction in per capita income

☐ ☐ Elopement of young talents

☐ ☐ Low living standard

☐ ☐ Health issue like *Malnutrition, starvation etc.*

ADULTHOOD

Adults are suffering from several issues which include physical, mental and social in their current status. This issues can be determined on several factors

Determing factors for adulthood

☐ ☐ Factors affecting their physical health

1. smoking tobacco.

2. drinking too much alcohol.

3. nutritional choices.

4. physical inactivity.

5. spending too much time in the sun without proper protection.

6. not having certain vaccinations.

7. unprotected sex.

☐ ☐**Factors affecting mental health**

Good mental health is more than just the absence of mental illness. It can be seen as a state of mental health that allows one to flourish and fully enjoy life.

Everyone experiences down times in life. The ability to cope with negative experiences varies greatly from one person to another and, in large part, determines whether people enjoy their lives.

Some of the factors that affect the mental health of youth are as follows:

1. Self-esteem

This is the value we place on ourselves, our positive self-image and sense of self-worth. People with high self-esteem generally have a positive outlook and are satisfied with themselves most of the time. 14

2. Confidence

Youth should be encouraged to discover their own unique qualities and have the confidence to face challenges and take risks. Young people who are brought up to have confidence in themselves are more likely to have a positive attitude, and to lead happy and productive lives.

3. Family breakup or loss

Separation or divorce or the loss of a parent or sibling is extremely painful. Finding ways to cope and adjust to the changes wrought by these events is critical for everyone, but particularly for youth. How grief is handled can affect young people negatively for years to come. If children are having difficulty coping, professional help is recommended.

4. Difficult behaviour

When people are unhappy, they either internalize their unhappiness or act out. The latter usually appears as bad or difficult behaviour, such as using abusive language, being aggressive or violent, damaging property, stealing, lying, refusing to comply with requests or expectations at school or home, or displaying other inappropriate actions. If such behaviour is serious and persistent, the young person and his or her family might require professional help.

5. Physical ill health

Diseases, injuries and other physical problems often contribute to poor mental health and sometimes mental illness. Some physical causes (such as birth trauma, brain injury or drug abuse) can directly affect brain chemistry and contribute to mental illness. More commonly, poor physical health can affect self-esteem and people's ability to meet their goals, which leads to unhappiness or even depression. In such cases, receiving the best possible treatment for both the physical problem and the resulting psychological consequences is key to optimal recovery to good mental health.

6. Abuse

The mental health of abused children is at great risk. Abused children are more likely to experience mental disorders or mental illness during childhood and into adulthood.

Abuse may be physical, sexual, psychological or verbal. It may not always be evident or easily recognized. Regardless of the form it takes, abuse cannot be tolerated. Children need to be protected from abuse and helped to overcome its negative effects. Abuse can cause feelings of low self-esteem, lack of self-confidence, depression, isolation and anger—all feelings that impair a child's chance to lead a happy life.

Trust in others and feelings of being safe and cared for are key components to recovery from abuse. Few children are able to recover on their own. Support is critical, and professional 15

counselling is sometimes required. If abuse is discovered early, the chances of a child returning to a healthy state of mind and avoiding serious mental disorders are greatly enhanced.

7. Social Capital — Several questions were asked to measure social capital, covering (1) relationship status, (2) proximal social capital: quality of relationships, (3) distal social capital: (3a) civic action and engagement and (3b) the perception of the university atmosphere

8. Occupational Identity

Impact of adulthood failure or depression at large

People in Adulthood are the one who prepares the younger ones of there family for there future responsibilities.

If the parents of a child in depressed or involved in any kind of illegal activities how they will going to teach their younger generation.

Physical problems associated with adulthood also decrease the productivity now both at home and national level that leads to slow economic growth.

People can be unhappy and that leads to no situation of idealistic society chances of crime will be increased etc.

Many situations can be aroused if people in this generation would be unhappy.

DISABLED CATEGORY IN INDIA

◻ ◻ Disabled Population in India as per census 2011 (2016 updated)– In India out of the 121 Cr population, 2.68 Cr persons are disabled which is 2.21% of the total population. Among the disabled population 56% (1.5 Cr) are males and 44% (1.18 Cr) are females. In the total population, the male and female population is 51% and 49% respectively.

Determining Factors of Disability

☐ ☐ Lack of knowledge about the vaccinations.

☐ ☐ Poverty

☐ ☐ Improper nutrition and sanitation available to the pregnant lady can also lead to birth of disabled child

☐ ☐ Lack of awareness about care and vaccination of childfor e.g.occurence of polio mellitus

People respond to disabilities in different ways. Some react negatively and thus their quality of life is negatively affected. Others choose to focus on their abilities as opposed to their disabilities and continue to live a productive life. There are several factors that affect the impact a disability has on an individual. The following are often considered the most significant factors in determining a disability's impact on an individual (Falvo, 2005). 16

The Nature of the Disability – Was the disability acquired (a result of an accident, or acquired disease) or congenital (present at birth)? If the disability is acquired, it is more likely to cause a negative reaction than a congenital disability. Congenital disabilities are disabilities that have always been present, thus requiring less of an adjustment than an acquired disability.

The Individual's Personality - Is the individual typically positive or negative, dependent or independent, goal-oriented or laissez-faire? Someone with a positive outlook is more likely to embrace a disability then someone with a negative outlook. Someone who is independent will continue to be independent and someone who is goal-oriented will continue to set and pursue goals.

The Meaning of the Disability to the Individual - Does the individual define himself/herself by his/her looks or physical characteristics? If so, he/she is more likely to feel defined by his/her disability and thus it will have a negative impact.

The Individual's Current Life Circumstances - Is the individual independent or dependent on others (parents)? What is the economic status of the individual or the individual's caregivers? What is the individual's education level? If the individual is happy with their current life circumstance, they are more likely to embrace their disability, whereas if they are not happy with their circumstances, they often blame their disability.

The Individual's Support System - Does the individual have good support from family, a significant other, friends, or social groups? If so, he/she will have an easier time coping with a disability and thus will not be effected negatively by their disability.

The Impact of Disability on a Family

 On the positive side it can broaden horizons, increase family members' awareness of their inner strength, enhance family cohesion, and encourage connections to community. On the other hand, the time and financial costs, physical and emotional demands, and logistical complexities associated with caring for a disabled child/adult can have far-reaching effects. The impacts will likely depend on the type of condition and severity, as well as the physical, emotional, and financial wherewithal of the family and the resources that are available.

 For families, caring for a disabled family member may increase stress, take a toll on mental and physical health, make it difficult to find appropriate and affordable child care, and affect decisions about work, education/training, having additional children, and relying on public support. It may be associated with guilt, blame, or reduced self-esteem. It may divert attention from other aspects of family functioning. The out-of-pocket costs of medical care and other services may be enormous. All of these potential effects could have repercussions for the quality of the relationship between family members, their living arrangements, and future relationships and family structure.

Impact of disability on socially

 Social Exclusion

Social exclusion as a result of disability means a lack of belonging in a given social context. A person with disability may face limitations in interacting with colleagues at work, fellow students and also family members. This may be as a result of his pushing these people away 17

or from the stereotypes and societal attitudes toward disability. The impact of exclusion is that a person with disability may lack social support and social skills, such as communication, to cope with the disability.

☐ ☐ Access

Society still holds biased stereotypes toward people with disability. The social mode of disability indicates that the problem is with society's attitude toward disability and not with the person with disability. There are increased efforts to ensure that people with disability can easily access education, employment and social amenities. But the impact of this is that it has resulted in the provision of segregated services for those with disability and those without disability. According to the social model of disability, this segregation of services and limitation to access is not helpful for people with disability. It is also not helpful in eradicating stereotypes and discrimination.

RESERVED CATEGORIES IN INDIA

In India, a certain number of political positions and university posts are held for specific groups of the population, including Scheduled Castes/Scheduled Tribes, Anglo-Indians and Women.

Determining factors behind the reservation

☐ ☐ A idea of equality can be generated between men and women ,upper caste and lower caste

☐ ☐ Everyone can get equal and fair chances for making a career no matter what caste , gender to he or she belong

☐ ☐ Representative of every community can be present in every department so that voice or demands of that community can also be heard.

☐ ☐ Reservation is basically done to diminished poverty and dependent on each other for livelihood

☐ ☐ A justice can be done to other people. About the past discrimination of society.

☐ ☐ Making everyone equally financially independent

☐ ☐Involvement of every community in the society in national growth

IMPACT OF RESERVATION IN FAMILY AND SOCITY AT LARGE

☐ ☐ It is very common among ignorant people in privileged castes to see caste based reservations as a form of freeloading on their tax money by the dalits. A lot of people born to privilege grow up so full of themselves and indoctrinated with a world view that puts their priorities above the underprivileged, that it does not even occur to them, that the things they believe about those they have been taught are inferior may not be accurate. Their insulated world offers no exposure to what could show them differently.

☐ ☐ It does not occur to them that there is no such thing as "their tax money" if they are paying taxes. After it is paid, it is the country's tax collection. Not theirs. And the belief

that they have more right to it or the country's resources because it once belonged to them is nonsense.

☐ ☐ Regardless, this is not a post about all that. It is a post describing my views on the issue of caste based reservations because I'm tired of saying the same things over and over to people who think they are making wholly original arguments by going "hey why not remove caste based reservations". So here is where I am.

☐ ☐ Reservations cannot fix caste discrimination

☐ ☐ Agree. Reservations are not meant to *fix* caste inequality – which is an effort all those wanting them abolished haven't even managed to start, for all their talk.

Reservations are meant to *prevent* caste supremacists from outright denying the less privileged their right to learn altogether. That it works is seen from the fury of the supremacists over the "injustice" to them that they cannot occupy all the opportunities and must share. Reservations cannot end caste prejudice, but they can and do prevent denial of rights till someone bothers to do it. They have been doing exactly that. Which is why the upper castes are pissed.

 Reservations are against the idea of equality

Sure. I agree. I think reservations should be done away with too. AFTER ensuring discrimination has ended. Not one moment before. Till then, anti-reservation demands are a weapon of inequality masquerading as a noble hogwash of equality.

 No one excludes lower castes anymore

Well, they do, but they cannot do it on a massive scale because…. reservations. Which is exactly why they want the reservations removed – to be able to discriminate and use the reserved seats for elites as well.

And, even with reservations in place, stories abound of colleges keeping reserved seats empty rather than admit dalits, college canteens with separate "thalis" for students according to their caste, colleges with separate canteens altogether on the basis of caste and even midday meals served in schools feeding dalit children poorer quality food or seating them separately from the rest of the students. If they were allowed to deny education to lower castes, make no mistake they would do it in a flash.

 If you ban discrimination, you don't need caste reservations

Discrimination is already illegal in India. In fact, so is murder. Yet court after court is acquitting self confessed brutal mass murderers of dalits. There is no outrage, no pressure on the government to bring them to justice no questioning of those

exposed for providing material support to the murderers as they continue to hold positions of power. Do you really think anyone is going to give them justice for being refused a seat?

☐ ☐ Reservations should address economic vulnerability, not caste.

This is like saying we will fight one kind of inequality but not another. In my view, both should be addressed, not only one. Discrimination of denial of rights must be combated by ensuring that a proportional space in the whole is reserved for the people at risk of being denied on account of prejudice. No, not the Patels. Poverty, on the other hand does not necessarily need reservations. Lack of economic resources can be fixed with free tuitions and funds to enable study. Particularly worthy students from economically backward sections of society could even be paid to attend college so that they don't have to drop out in order to earn. This may have an overlap where backward castes and economically backward students overlap, in which case they should benefit from both, of course. Removing protections to one kind of vulnerable group in order to assist another is not a better method, it is fundamental stinginess that refuses to take responsibility for the whole range of assistance needed.

☐ ☐ Replacing caste based reservations with those that are economic capacity based will have an extremely predictable result of filling seats with high caste poor people and disenfranchising the lower castes while pretending that this is a more just system.

This is a simple objective of taking the resources (educational/employment capacity is a resource) of a country and handing them to those who are in a better position to monopolize them.

Where access to something that ought to belong to all is defined in a manner that prevents use by some so that the remaining may appropriate their share.

☐ ☐ Competence is indeed important. Here's the thing. Our education system does precious little to inculcate it and the admission system makes no effort to measure it. Examination marks are not competence. They are merely a reflection of your memorization skills in an age where everyone can look up information in an instant

in any case. Even then, a few percentage points does not make anyone clever or stupid. No seriously, you are really not more *competent* than your friend who got 5% less marks than you, or a stranger you'd prefer to snatch a seat from. To get an idea, in professions not limited by access in terms of percentage, find out the marks the most successful individuals got in their examinations. Most of the time you will find that their education is irrelevant to their chosen profession and that the range of examination scores is more likely to be between 60% and 80% than the high 90s. While it is fine to use it as a uniform method to share the limited resource of seats, arguing that it means that a person getting 80% marks is too stupid to study or be a professional is plain absurd, which you would immediately spot if your head weren't enveloped in a castesist fog.

The myth of 'competence' is another elitist fiction created to instill a bias in favor of those with the ability to spend considerable resources on an ability to memorize and reproduce quickly.

It is not fair that students study hard and are denied seats and dalits can get them if they just pass

Another elitist myth. That idea that the number of seats reserved for dalits are so vast that any dalit with a whim gets admissions. In reality, dalits too have to work to get admissions and they too get cut off like any other student. Also the idea that low caste people are lazy and not 20

interested in education is an upper caste myth where the lower castes are so objectified as unworthy, that the idea that they too study to create careers simply does not occur to the thoughtless hordes taught to resent their very presence.

☐ ☐ Caste reservations keep caste discrimination alive

. There are no seat reservations in college canteens that serve people separately by caste anyway. If a college can have separate canteens for dalits, and yet screams outrage that there is a separate admission quota for them, all I can conclude is that they basically want the dalits to vanish and abdicate all the opportunities to the privileged classes.

Caste discrimination is when a news organization fights to show the impunity with which mass murderers walk free, acquitted by courts one after the other and yet, none of the supposed equality supporting people find this an outrage enough to raise a voice for accountability. There is no caste quota for mass murder, in case you were curious.

Definition , need, constitutional, provisions, legislations, scheme/projects and policies and other activities pertaining to

Child welfare

Definition

Child welfare is a term used to describe a set of government services designed to protect children and encourage family stability. These typically include investigation of alleged child abuse and neglect ("child protective services"), foster care, adoption services, and services aimed at supporting at-risk families so they can remain intact ("prevention services" or "family preservation services").

The idea behind child welfare programs is that, in certain circumstances, the interests of the child could be better served by removing children from the care of their parents and placing them into state custody. While a preferred scenario is to support the family while keeping it intact, the circumstances that are detrimental to the child may be too severe. Under these conditions, children are removed on a temporary basis while the parents, and possibly remaining siblings, receive supportive services until the family is deemed in a position to resume care of the child.

Most children who come to the attention of **child welfare** social workers do so because of any of the following situations, which are often collectively termed **child maltreatment** or child abuse:

- Neglect (including the failure to take adequate measures to protect a child from harm)

- Emotional abuse
- Sexual abuse
- Physical abuse

Child welfare policies and initiatives target the health and well-being of children. They aim to protect children from the harmful effects of poverty, family and parenting problems, child abuse and neglect, and inadequate resources.

Need

The concept of a state sanctioned child welfare system dates back to Plato's *Republic*. Plato theorized that the interests of the child could be served by removing children from the care of their parents and placing them into state custody. To prevent an uprising from dispossessed parents:

We shall have to invent some ingenious kind of lots which the less worthy may draw on each occasion of our bringing them together, and then they will accuse their own ill-luck and not the rulers.

Poor laws were passed in the 1500s in Elizabethan England to help provide relief to the poor. These laws were aimed at providing work to those fit for it and to provide care for those who could not work. This could be seen as one of the first instances of child welfare as apprenticeships were established for impoverished children under these laws as well. Also established in England were workhouses in which the poor were supported and housed by the local municipality.

In 1655, in what is now the United States, there were criminal court cases involving child abuse. In 1692, states and municipalities identified care for abused and neglected children as the responsibility of local government and private institutions. In 1696, England first used the legal principle of *parens patriae,* which

gave the royal crown care of "charities, infants, idiots, and lunatics returned to the chancery." This principal of *parens patriae* has been identified as the statutory basis for U.S. governmental intervention in families' child rearing practices.

In 1825, states enacted laws giving social-welfare agencies the right to remove neglected children from their parents and from the streets. These children were placed in almshouses, in orphanages, and with other families. In 1835, the Humane Society founded the National Federation of Child Rescue agencies to investigate child maltreatment. In the late 1800s, private child protection agencies—modeled after existing animal protection organizations—developed to investigate reports of child maltreatment, present cases in court, and advocate for child welfare legislation.

In 1912, the federal Children's Bureau was established to manage federal child welfare efforts, including services related to child maltreatment. In 1958, amendments to the Social Security Act mandated that states fund child protection efforts. In 1962, professional and media interest in child maltreatment was sparked by the publication of C. Henry Kempe and associates' "The battered child syndrome" in *Journal of the American Medical Association*. By the mid-1960s, in response to public concern that resulted from this article, 49 U.S. states passed child-abuse reporting laws. In 1974, these efforts by the states culminated in the passage of the federal "Child Abuse Prevention and Treatment Act" (P.L. 93-247) providing federal funding for wide-ranging federal and state child-maltreatment research and services.

Declaration of the Rights of the Child

The **Declaration of the Rights of the Child** was drafted by Eglantyne Jebb and adopted by the International Save the Children Union, Geneva, February 23, 1923,

and endorsed by the League of Nations General Assembly on November 26, 1924. It states that:

By the present declaration of the Rights of the Child, commonly known as the **Declaration of Geneva,** men and women of all nations, recognizing that mankind owes to the Child the best that it has to give, declare and accept it as their duty that beyond and above all considerations of race, nationality or creed:

1. The child must be given the means requisite for its normal development, both materially and spiritually
2. The child that is hungry must be fed, the child that is sick must be nursed, the child that is backward must be helped, the delinquent child must be reclaimed, and the orphan and the waif must be sheltered and succored
3. The child must be the first to receive relief in times of distress
4. The child must be put in a position to earn a livelihood, and must be protected against every form of exploitation
5. The child must be brought up in the consciousness that its talents must be devoted to the service of its fellow men

A slightly amended version was adopted by the United Nations in 1946, and on November 20, 1959 the General Assembly of the United Nations adopted a much expanded version as its own Declaration of the Rights of the Child.

Convention on the Rights of the Child

The United Nations "Convention on the Rights of the Child" is a convention establishing the political, economic, and cultural rights of children around the world, which came into effect in 1990. Most members of the United Nations have signed the convention partially or completely. Signing the convention requires that countries collect statistics on basic aspects of child welfare for report to the UN. The convention defines children as any person under the age of eighteen. Some of

the rights specifically defined include: access to health care and education, developing their personality, growing up in a happy environment, and information of their rights.

Child Protective Services

Child Protective Services (CPS) is the name of the governmental agency in the United States that responds to child abuse and neglect. These agencies often run orphanages, coordinate foster care and adoption services.

Child maltreatment that merits action by CPS is generally indicated by the presence of any of the following:

1. Abuse, which might include:
   - Physical abuse
   - Sexual abuse
   - Emotional abuse (*not* recognized by all states)
2. Neglect, which might include:
   - Lack of supervision
   - Failure to provide necessary medical or remedial care
   - Inappropriate discipline
   - Exposure to domestic violence
   - Exposure to parental substance abuse
3. Alleged perpetrator, which might include:
   - Parents
   - Other relatives
   - Other in-home adults
   - Guardians, custodians, caregiver/caretaker
   - Daycare staff
   - Residential treatment (such as group home) staff

CPS agencies generally perform a series of functions that can be identified as follows:

1. **Intake:** Receive reports of child maltreatment allegations. In most states, everyone is a *mandatory* reporter, with the following exceptions: Attorneys representing clients on child-maltreatment criminal charges; and, substance-abuse treatment providers.

2. **Screening the Report:** Determine if a received report's allegations meet statutory definitions for child maltreatment. If statutory definitions are met, then the report is accepted for investigation/assessment; otherwise, it is screened out and might be forwarded to another agency.

3. **Investigation/Assessment:** If a received report is accepted, then CPS "investigates" or "assesses" the allegations through contacts with the family and pertinent collateral-information providers. Home visits are usually included although different states have different restrictions regarding this.

4. **Case Decision:** If the child-maltreatment allegations prove sufficiently credible and/or if the family is in need of services to prevent future maltreatment (independent of the parents/caregivers' actions), either involuntary or voluntary post-investigative services are generally provided.

5. **Treatment/Case Management:** CPS case-management/treatment services are provided to a family to prevent or address child maltreatment. If the child's remaining in the home creates an imminent or significant long-term risk to the child's safety, then arrangement for the child's placement outside of the home is made either with the family's consent or through the courts (See also, foster care).

6. **Case Closure:** If the case decision found no need for follow-up services by CPS, or if the family and/or community has addressed all risk factors that

lead to the provision of CPS case-management services, or if a family's rights to a child is terminated and the child has been adopted, then the case can be closed.

Activities: States must articulate how a CPS agency is to respond to alleged maltreatment including:

- Timeframes for responding to different levels of child maltreatment
- Manner in which reporters are provided follow-up information (for example, case disposition letters)
- Confidentiality restrictions (for example, which may differ during the investigative and case-management phases)
- Conflict-of-interest cases (for example, a CPS agency would not investigate a report against their own staff)

Additionally, state and local CPS-related institutions will develop policies and practices that further shape communities' response to child maltreatment. Examples include:

- Coordinating efforts between CPS, law enforcement, schools, mental health and other institutions
- Providing further standards for defining maltreatment, such as how does one define "inappropriate discipline"
- Maintaining records and/or centralized databases regarding reports and families
- Appeal processes, if any
- CPS-related court processes

Legislations

This is a comprehensive list of laws pertaining to children in India. The

Laws relating to children

- Child Labour (Prohibition & Regulation) Act, 1986
- Child Marriage Restraint Act, 1929
- Children Act, 1960
- Children (Pledging of Labour) Act, 1933
- Commissions for the Protection of Child Rights Act, 2005
- Commissions for Protection of Child Rights (Amendment) Act, 2006
- Infant Milk Substitutes Act, 1992
- Infant Milk Substitutes Act, 2003
- Infant Milk Substitutes, Feeding Bottles & Infant Foods (Regulation of Production, Supply & Distribution) Act, 1992
- Infant Milk Substitutes, Feeding Bottles & Infant Foods (Regulation of Production, Supply & Distribution) Amendment Act, 2003
- Juvenile Justice (Care & Protection of Children) Act, 2000
- Juvenile Justice (Care & Protection of Children) Amendment Act, 2006
- Prohibition of Child Marriage Act, 2006
- Reformatory Schools Act, 1897
- Young Persons (Harmful Publications) Act, 1956

Women welfare

Introduction

The Department of Women and Child Development was set up in the year 1985 as a part of the Ministry of Human Resource Development to give the much needed impetus to the holistic development of women and children. With effect from 30.01.2006, the Department has been upgraded to a Ministry.

Need

The necessity of women and child care is due to the following reasons:

(i) Women shoulder a greater part of the household work and toil for longer hours.

(ii) Women are exposed to dangerous levels of indoor pollution from burning of biomass fuel.

(iii) Women are more influenced by environmental degradation than men.

(iv) Women have special problems with regard to water supply and sanitation.

 (v) Children are more vulnerable toward environmental impacts and child labours are exposed to hazardous occupations.

Mandate

The broad mandate of the Ministry is to have holistic development of Women and Children. As a nodal **Ministry for the advancement of women and children**, the **Ministry formulates plans, policies and programmes; enacts/ amends legislation, guides and coordinates** the efforts of both governmental and non-governmental organisations working in the field of Women and Child

Development. Besides, playing its nodal role, the Ministry implements certain innovative programmes for women and children. These programmes cover welfare and support services, training for employment and income generation, awareness generation and gender sensitization. These programmes play a supplementary and complementary role to the other general developmental programmes in the sectors of health, education, rural development etc. All these efforts are directed to ensure that women are empowered both economically and socially and thus become equal partners in national development along with men.

Policy Initiatives

For the holistic development of the child, the Ministry has been implementing the world's largest and most unique and outreach programme of **Integrated Child Development Services (ICDS)** providing a package of services comprising supplementary nutrition, immunization, health checkup and referral services, pre-school non-formal education. There is effective coordination and monitoring of various sectoral programmes. Most of the programmes of the Ministry are run through non-governmental organisations. Efforts are made to have more effective involvement of NGOs. The major policy initiatives undertaken by the Ministry in the recent past include universalisation of ICDS and **Kishori Shakti Yojana**, launching a nutrition programme for adolescent girls, establishment of the Commission for protection of Child Rights and enactment of **Protection of Women from Domestic Violence Act.**

Organisation

The Ministry has 6 autonomous organisations viz.
- National Institute of Public Cooperation and Child Development (NIPCCD)

- National Commission for women (NCW)
- National Commission for Protection of Child Rights (NCPCR)
- Central Adoption Resource Agency (CARA)
- Central Social Welfare Board (CSWB)
- Rashtriya Mahila Kosh (RMK)

  Working under its aegis, NIPCCD and RMK are societies registered under the Societies Registration Act, 1860. CSWB is a charitable company registered under section 25 of the Indian Companies Act, 1956. These organisations are fully funded by the Govt. of India and they assist the Department in its functions including implementation of some programmes/schemes. The National Commission for Women was constituted as a national apex statutory body in 1992 for protecting and safeguarding the rights of women. The National Commission for Protection of Child Rights which is a national level apex statutory body constituted in the March 2007 for protecting and safe guarding the rights of children.

- Immoral Traffic in Women and Girl Act. 1956 (as amended upto 1986) .
- The Indecent Representation of Women (Prevention) Act, 1986 (60 of 1986).
- The Dowry Prohibition Act. 1961 (28 of 1961)
- The Commission of Sati (Prevention) Act, 1987 (3 of 1988), excluding the administration of criminal justice in regard to offences under these Acts.
- Implementation of the Infant Milk Substitutes, Feeding Bottles and Infant Food (Regulation of Production, Supply and Distribution) Act, 1992 (41 of 1992).
- Coordination of activities of Cooperative for Assistance and Relief Everywhere (CARE)
- Planning, Research, Evaluation, Monitoring, Project Formulations, Statistics and Training relating to the welfare and development of women and children, including development of gender sensitive data base.

- United Nations Children's Fund (UNICEF)
- Central Social Welfare Board (CSWB)
- National Institute of Public Cooperation and Child Development (NIPCCD)
- Food and Nutrition Board Food and Nutrition Board (FNB)
- Development and popularization of subsidiary and protective foods.
- Nutrition extension.

Women's Empowerment and Gender Equity

- National Commission for Women
- Rashtriya Mahila Kosh (RMK)
- The Juvenile Justice (Care and Protection of Children) Act, 2000 (56 of 2000)
- Probation of Juvenile offenders
- Issues relating to adoption, Central Adoption Resource Agency and Child Help Line (Childline)
- The Children Act, 1960 (60 of 1960)
- The Child Marriage – Restraint Act, 1929 (19 of 1929)

Ministry of Women and Child Development (16-August, 2012 16:54 IST)
Welfare Schemes for Women

Many welfare schemes for women are implemented by Government of India, State Governments and Union Territory Administrations. The details of major schemes under implementation by Ministry of Women and Child Development for the welfare of women are as under :-
i. **RAJIV GANDHI NATIONAL CRECHE SCHEME FOR THE CHILDREN OF WORKING MOTHERS (RGNCS)** provides day care facilities to the children in the age group 0-6 years from families with monthly income of less than

12000/-. In addition to being a safe space for the children, the crèches provide services such as supplementary nutrition, pre-school education and emergency health care, etc.

ii. **CENTRAL SOCIAL WELFARE BOARD**: The main women welfare related schemes and programmes being implemented by CSWB are family counselling centres, awareness generation programme and condensed courses of education for women.

iii. **NATIONAL MISSION FOR EMPOWERMENT OF WOMEN** (NMEW) is an initiative of the Government of India for empowering women holistically. It is a Centrally Sponsored Scheme sanctioned in April 2011 and acts as an umbrella Mission with a mandate to strengthen inter-sectoral convergence.

iv. **WORKING WOMEN'S HOSTEL (WWH)** Scheme envisages provision of safe and affordable hostel accommodation to working women, single working women, women working at places away from their home-towns and for women being trained for employment.

v. **SUPPORT TO TRAINING AND EMPLOYMENT PROGRAMME** (STEP) for Women was launched as a Central Sector Scheme during 1986-87. It aims at making a significant impact on women by upgrading skills for self and wage employment. The target group includes the marginalized assetless rural women and urban poor.

vi. **RASHTRIYA MAHILA KOSH (RMK)** with a corpus of Rs.100 crore extends micro-finance services to bring about the socio-economic upliftment of poor women.

vii. **INDIRA GANDHI MATRITVA SAHYOG YOJANA (IGMSY)** is a Conditional Cash Transfer scheme for pregnant and lactating (P&L) women introduced in the October 2010 to contribute to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and nursing   mothers.

viii. **SWADHAR SCHEME:** The Ministry of Women and Child Development had been administering Swadhar scheme since 2001 for Women in difficult circumstances. Under the Scheme, temporary accommodation, maintenance and rehabilitative services are provided to women and girls rendered homeless due to family discord, crime, violence, mental stress, social ostracism. Another scheme with similar objectives/target groups namely Short Stay Home (SSH) is being implemented   by   Central   Social   Welfare   Board.

ix. UJJAWALA is a comprehensive scheme for prevention of trafficking and rescue, rehabilitation and reintegration of victims of trafficking for commercial sexual   exploitation.

This was stated by Smt. Krishna Tirath, Minister for Women and Child Development in a written reply to the Rajya Sabha today.

Women Empowerment Schemes

1. Beti Bachao Beti Padhao Scheme
2. One Stop Centre Scheme
3. Women Helpline Scheme

4. UJJAWALA : A Comprehensive Scheme for Prevention of trafficking and Rescue, Rehabilitation and Re-integration of Victims of Trafficking and Commercial Sexual Exploitation
5. Working Women Hostel
6. Ministry approves new projects under Ujjawala Scheme and continues existing projects
7. SWADHAR Greh (A Scheme for Women in Difficult Circumstances)
8. Support to Training and Employment Programme for Women (STEP)
9. NARI SHAKTI PURASKAR
10. Awardees of Stree Shakti Puruskar, 2014 & Awardees of Nari Shakti Puruskar
11. Awardees of Rajya Mahila Samman & Zila Mahila Samman
12. NIRBHAYA
13. Mahila police Volunteers
14. Mahila E-Haat
15. Mahila Shakti Kendras (MSK)

ministry of Women and Child Development (MWCD) implements several schemes supporting for the welfare of the women and children including SC/ST and minority of different age groups.

SwadharGreh Scheme

MWCD implements SwadharGreh Scheme which targets the women victims of unfortunate circumstances who are in need of institutional support for rehabilitation so that they could lead their life with dignity. The Scheme envisages providing shelter, food, clothing and health as well as economic and social security for the women victims of difficult circumstances which includes widows, destitute

women and aged women. The total women benefitted under SwadharGreh scheme during 2016-17 is 16,530 and during 2017-18 is 17,291.

Ujjawala Scheme

Ujjawala Scheme is being implemented for Prevention of trafficking and for Rescue, Rehabilitation, Re-integration and Repatriation of victims of trafficking for commercial sexual exploitation. The number of beneficiaries under the scheme in the year 2017-18 and 2016-17 each is 6,175.

'Support to Training and Employment Programme for Women (STEP) Scheme'

The Ministry is administering 'Support to Training and Employment Programme for Women (STEP) Scheme' to provide skills that give employability to women and to provide competencies and skill that enable women to become self-employed/entrepreneurs. The Scheme is intended to benefit women who are in the age group of 16 years and above across the country.

National Nutrition Mission (NNM)

Government of India has approved for setting up of National Nutrition Mission (NNM) on 30.11.2017, which aims to achieve improvement in nutritional status of Children, pregnant women and lactating mothers and reduce anemia among children and women. It strives to reduce the level of stunting, under-nutrition, anemia and low birth weight babies. It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UTs to perform, guide and supervise the line Ministries and the States/ UTs to achieve the targeted goals.

Scheme for Adolescent Girls

The Government on 16.11.2017 approved continuation of the Scheme for Adolescent Girls for out of school adolescent girls of age 11-14 years for a period of one year i.e. up to 30.11.2018. The scheme aims at providing supplementary nutrition containing 600 calories, 18-20 grams of protein and micronutrients per beneficiary per day for 300 days in a year, motivating out of school girls to go back to formal schooling or skill training under non-nutrition component of the scheme. The cost norms for nutrition have also been revised from existing rates of Rs.5.00 per beneficiary per day to Rs.9.5 per beneficiary per day. Government has also approved phased expansion and universalisation of the Scheme for Adolescent Girls i.e. in additional 303 districts in 2017-18 and the remaining districts in 2018-19 with the simultaneous phasing out of Kishori Shakti Yojana. **The scheme has been extended to all the districts of the country w.e.f. 01.04.2018.**

Integrated Child Development Scheme (ICDS)

Further, under the Integrated Child Development Scheme (ICDS), 1,82,68,917 pregnant women and lactating mothers got benefit during the year 2016-17 and 1,63,10,379 during the year 2017-18 (as on 31.12.2017). **Also, the number of Children (6 Months-6 years of age) including girl child who got benefit under ICDS Scheme during the year 2017-18 (as on 31.12.2017) is 6,81,38,809.**

One Stop Centre (OSC)

One Stop Centre (OSC) scheme is being implemented by the Ministry to support women affected by violence w.e.f. 1st April, 2015, which aims to facilitate access to an integrated range of services including medical aid, police assistance, legal aid/case management, psychosocial counseling and temporary support services. At

present, 170 OSCs are functional in various districts in 32 States. 97,961 cases have been registered as on 07.02.2018.

Universalisation of Women Helpline

The Ministry also implements the scheme of Universalisation of Women Helpline through States/UTs Government since 1st April, 2015 to provide 24-hour emergency and non-emergency response to women affected by violence. Women Helplines are functional in 28 States. As on date, a total of 12,14,763 complaints have been addressed from the Women Helplines.This information was given by Union Minister for Women and Child Development, SmtManeka Sanjay Gandhi in reply to a question in Rajya Sabha today.

Laws relating to women

- Commission of Sati (Prevention) Act, 1987
- Dowry Prohibition Act, 1961
- Indecent Representation of Women (Prohibition) Act, 1986
- National Commission for Women Act, 1990
- Protection of Women from Domestic Violence Act, 2005
- Protection of Women against Sexual Harassment Bill, 2007
- Immoral Traffic (Prevention) Act, 1956

Laws relating to marriage & divorce

- Anand Marriage Act, 1909

- Arya Marriage Validation Act, 1937
- Births, Deaths & Marriages Registration Act, 1886
- Bangalore Marriages Validating Act, 1936
- Converts' Marriage Dissolution Act, 1866
- Dissolution of Muslim Marriages Act, 1939
- Foreign Marriage Act, 1969
- Hindu Marriage Act, 1955
- Hindu Marriages (Validation of Proceedings) Act, 1960
- Indian Christian Marriage Act, 1872
- Indian Divorce Act, 1869
- Indian Divorce Amendment Bill, 2001
- Indian Matrimonial Causes (War Marriages) Act, 1948
- Marriage Laws (Amendment) Act, 2001
- Marriages Validation Act, 1892
- Muslim Women (Protection of Rights on Divorce) Act, 1986
- Parsi Marriage & Divorce Act, 1936
- Special Marriages Act,1954

Laws relating to maintenance

The Code of Criminal Procedure, 1973:

- Order for maintenance of wives, children and parents under section 125
- Procedure to be followed under section 125
- Alteration in allowance under section 125
- Enforcement of the order of maintenance

Laws relating to property, succession, inheritance, guardianship & adoption

- Guardians & Wards Act, 1890

- Hindu Adoptions & Maintenance Act, 1956

- Hindu Inheritance (Removal of Disabilities) Act, 1928

- Hindu Minority & Guardianship Act, 1956

- Hindu Succession Act, 1956

- Hindu Succession (Amendment) Act, 2005

- Indian Succession Act, 1925

- Indian Succession (Amendment) Act, 2002

- Married Women's Property Act, 1874

- Married Women's Property (Extension) Act, 1959

Laws relating to abortion

- Medical Termination of Pregnancy Act, 1971

- Pre-Natal Diagnostic Techniques (Regulation & Prevention of Misuse) Act, 1994

- Pre-Natal Diagnostic Techniques (Regulation & Prevention of Misuse) Amendment Act, 2001

- Pre-Natal Diagnostic Techniques (Regulation & Prevention of Misuse) Amendment Act, 2002

Laws relating to working women

- Equal Remuneration Act, 1976

- Maternity Benefit Act,1961

Laws relating to charitable homes & orphanages

- Orphanages & Other Charitable Homes (Supervision & Control) Act, 1960

- Women's & Children's Institutions (Licensing) Act, 1956

Other laws

- Protection of Civil Rights Act, 1955
- Protection of Human Rights Act, 1993
- Protection of Human Rights (Amendment) Act, 2000

- Protection of Human Rights (Amendment) Act, 2006

Youth welfare

Youth is the spring of Life. It is the age of discovery and dreams. India is of largest youth population in the world today. The entire world is eyeing India as a source of technical manpower. They are looking at our youth as a source of talents at low costs for their future super profits. If Indian youth make up their mind and work in close unity with working class people, they can hold the political power in their hands. Indian youth has the power to make our country from developing nation to a developed nation. Is it a dream? No, their dreams take them to stars and galaxies to the far corners of the unknown and some of them like our own Kalpana Chawla pursue their dream, till they realize it and die for it in process.

The youth hopes for a world free of poverty, unemployment, inequality and exploitation of man by man. A world free of discrimination on the grounds of race, colour, language and gender. A world full of creative challenges and opportunities to conquer them. But let us convert these hopes in reality.

Role of Youth:

The role of youth is of most importance in today's time. It has underplayed itself in field of politics. It should become aspiring entrepreneur rather than mere workers. It can play a vital role in elimination of terrorism. Young participation is important because youth are the country's power. Youth recognize problems and can solve them. Youth are strong forces in social movements. They educate children about their rights. They help other young people attain a higher level of Intellectual ability and to become qualified adults.

Role Of Youth In Modern India

The gentle push, the angry voice, the change makers, the burden bearers, all these adjectives fit the context perfectly when we talk about the youth. The young people have taken the modern India by storm. They want to be everything for the nation, the one that criticizes it the most and then gets up to shape it better. They fight for their own rights and everybody else's, they support the right and protest against the wrong. They figure out the good and the bad and choose their role accordingly.

The youth is full of ideas, they have the finger on the pulse, so they are best suited for the nation and the economy to grow. When young people come together, they counter each other, they face challenges, they bring strong opinions to the table and they are invincible. The new entrepreneurs of our country are sure to bring success and a change in the working system of the country. The offices are becoming friendly and casual rather than dull and boring, people have started loving their jobs and are passionate about them, which is why the performance is also better.

The youth is said to have hot blood and when it gets stirred up, they can fight any force whether it be corruption, terrorism or the aliens. The youth wants the country to be happy and prosperous, the fight against terrorism is still in the beginning stage but soon it will overpower everything else. An Indian is sick of being the victim all the time, the youth is now here to prove that the any individual can become aggressive if poked for too long.

Politics is one of the lesser touched fields by the youth but hopefully soon, the world will see leaders who have the power and the brains. The nation will have pragmatic as well as educated politicians who focus on getting rid of the problems rather than minting money. Youth has been seen to take over things which require correction and change and we all know that the political system figures the first position in that list. The political system will be transformed once the youth gets into it, because to change the system, you have to become a part of it first.

Youth is the only part of the population which is open to experimentation, it has brought forth so many new career options which were seen only in dreams till sometime ago. They are entertainers and comedians who talk about things which instantly become a stimulus, they are players who bring pride and fame to the country, they act, they sing and make things bling. They are the social media wizards who use every platform lucratively. They are everywhere, every corner of the world, their reach is phenomenal. Indian Youth make sure they are heard or seen and they make the best of it. They are pure magic.

Youth is the new definition of the changing times, it is a perfect example of 'it doesn't get any better than this'. Today's youth is full of spark, it burns everything it touches. They are not obstinate, they make mistakes and learn from them. They have the courage which is inexplicable, they are dynamic, they have written their

fate themselves. They have the key to the lock and they are the only ones who can set the caged bird free

The Minister of State (Independent Charge) for Youth Affairs and Sports Shri Sarbananda Sonowal has said that Ministry of Youth Affairs and Sports implements the following schemes for the welfare of youth of the country:
Department of Youth Affairs:

1. Nehru Yuva Kendra Sangathan (NYKS) (1972)
2. National Service Scheme (1969)
3. Rajiv Gandhi National Institute of Youth Development (RGNIYD) (1993)
4. National Youth Corps (NYC) (2010-11)
5. National Programme for Youth and Adolescent Development (NPYAD) (2008)
6. International Co-operation (IC) (2005)
7. Youth Hostel (YH) (1985)
8. Assistance to Organisation of Scouts and Guides (1984)
9. National Young Leaders Programme (New Scheme) (2014-15)

Department of Sports:

10. Rajiv Gandhi Khel Abhiyan (RGKA) (2014-15)
11. Urban Sports Infrastructure Scheme (2010-11)

12.	Scheme of Assistance to National Sports Federations (NSFs) (1975)
13.	National Sports Development Fund (NSDF) (1998)
14.	Scheme of Human Resource Development in Sports (2014)
15.	Scheme of Special Cash Awards (1986)
16.	Scheme of Pension to Meritorious Sportspersons (1994)
17.	Scheme of National Sports Awards viz Rajiv Gandhi Khel Ratna Award- (1991-92), Arjun Awards (1961), Dronacharya Award (1985), Dhyan Chand Award (2002)
18.	National Welfare Fund for Sportspersons (1982)
19.	Sports & Games for persons with disabilities (2009-10)
20.	National Sports Talent Contest (1985)
21.	Army Boys Sports Companies (1991)
22.	Special Area Games (1985)
23.	SAI Training Centres (1995)
24.	Centre for Excellence (1997)

In a written reply in the Rajya Sabha today Shri Sonowal said, it is not always possible to quantify the achievement on account of implementation of Schemes of Department of Youth Affairs. However, under the NPYAD scheme a large number of NGOs/institutions have been given financial assistance for the welfare of youth. NYKS under its core programme is implementing annual programmes such as Youth Club Development, Skill Upgradation Programme, Awareness and Education Programme, Provision of sports material to Youth Clubs etc., NYKS is also conducting National Integration Camps and Adventure Camps

to mobilise and unite the youth. Under NSS 4.41 crore students have benefited since its inception. So far 83 Youth Hostels have been constructed across the country. Under International Cooperation, 6 International Youth Exchange Programme took place during the last financial year. RGNIYD conducts various training programmes/ workshops/ exhibitions for the youth. In regard to NYC Scheme, two volunteers are normally deployed in every block. They are engaged as volunteers up to two years and after the end of their tenure they are provided with skill development training.

Legislations

People that work with young people, and the organisations they work for are required to comply with a number of different Acts of Parliament and subordinate (or delegated) legislation made under Acts of Parliament. This legislation is interpreted in various National and State Policies, as well as in our organisation policies and procedures.

Below are some legislation that youth workers, organisations and government departments are required to comply with. The list includes legislation regarding Alcohol and Other Drugs, Child and Young Persons Protection, Child Death, Complaints and Reportable Conduct, Crime and Youth Justice, Disability, Discrimination, Employment, Family Law, Guardianship and Adoption, Mental Health, Personal Information and Record Keeping, Victims Rights, and Welfare.

Click on the Act title to view the legislation.

Alcohol and Other Drugs

Summary Offences Act 1998

Section 11 covers possession of liquor by minors. A person under the age of 18 years is guilty of an offence if the person possesses or consumes any liquor in a public place, unless the person establishes that:

1. the person was under the supervision of a responsible adult, or
2. the person had a reasonable excuse for possessing or consuming the liquor.

Maximum penalty: $20. Alcohol will be confiscated and forfeited to the crown.
Note: There is an offence for possession and one for consumption.

Liquor Act 2007

Supplying Alcohol to minors: Part 7 discusses this. A person must not supply liquor to a minor on any premises other than licensed premises unless the person is a parent or guardian of the minor. Maximum penalty: $11,000 or 12 months imprisonment (or both) or an on-the-spot fine of $1,100.

Transporting people drinking alcohol in a car: There is no offence for this, only for the driver drinking consuming alcohol while driving.

Drugs Misuse and Trafficking Goods Act 1985

The Drugs Misuse and Trafficking Goods Act 1985 was created to prohibit the manufacture, supply, possession and use of certain drugs and for related purposes.

Drug and Alcohol Treatment Act 2007

The Drug and Alcohol Treatment Act 2007 provides for the health and safety of persons with severe substance dependence through involuntary detention, care, treatment and stabilisation. The Act has replaced the Inebriates Act 1912 with the aim to provide effective and supportive drug and alcohol involuntary treatment that is more consistent with contemporary values of human rights and dignities of severely dependent people.

The Drug Court Act 1998

This Act provides for the establishment of the Drug Court of New South Wales, for the referral of drug offenders to the Drug Court, and for the supervision of drug programs by the Drug Court; and for other purposes.

Inebriates Act 1912

The Inebriates Act 1912 was created to provide for the care, control and treatment of people who habitually use intoxicating liquor or intoxicating or narcotic drugs to excess.

Poisons and Therapeutic Goods Act 1966

The purpose of the Act is the regulation, control and prohibition of the supply and use of poisons, restricted substances, drugs of addiction, certain dangerous drugs and certain therapeutic drugs. The Pharmacotherapy Credentialing Sub-Committee (PCS) operates within sections 27 to 30 of this Act and these sections relate to the authorisation of prescribers under the NSW Opioid Treatment Program. The primary role of the PCS is to make recommendations to the Director-General, through the Chairperson of the Sub-Committee, on the approval of medical practitioners as prescribers of drugs of addiction under the NSW Opioid Treatment Program.

Child and Young Persons Protection

Child and Young Persons (Care and Protection) Act 1998

The Children and Young Persons (Care and Protection) Act 1998 establishes the legislative framework governing child wellbeing and providing child protection and out-of-home care services in NSW. The over-riding principle of the Act is that the safety, welfare and wellbeing of children or young people must be paramount in all decisions (section 9). All agencies must work together to achieve this. For information on this shared approach to child protection, see the Keep Them Safe website where you can access further information about reporting, and access the Online Mandatory Reporters Guide. The Children and Young Persons (Care and Protection) Act 1998 is supplemented by a range of other legislative and regulatory instruments.

- *Children and Young Persons (Care and Protection) Amendment (Parent Responsibility Contracts) Act 2006 No 67*
- Children and Young Persons (Care and Protection) Amendment Bill 2009
- Children and Young Persons (Care and Protection) Regulation 2000 also forms part of the framework for providing OOHC services, particularly the need for providers to be accredited as designated agencies through the NSW Children's Guardian

Child Protection (Working with Children) Act 2012

The object of this Act is to protect children by not permitting certain persons to engage in child-related work, and by requiring persons engaged in child-related work to have working with children check clearances.

Child Protection (Offenders Registration) Act 2000 & *Child Protection (Offenders Prohibition Orders) Act 2004*

Two Acts in NSW have established a Child Protection Register and create orders which control the conduct of people on the Register who allegedly continue to pose a danger to children. These are the *Child Protection (Offenders Registration) Act 2000* which provides that registrable persons must register with police and provide information; and the *Child Protection (Offenders Prohibition Orders) Act 2004* which allows a Local Court to make orders restricting the conduct of registrable persons.

Children's Court Act 1987

This Act establishes the roles and responsibilities of the Children's Court. The Children's Court is a specialist court to deal with cases involving children. The Children's Court deals with criminal cases, applications for apprehended violence orders, applications for compulsory schooling orders and cases involving the care and protection of children.

Commission for Children and Young People Act 1998

This provides for conducting the *NSW Working with Children Check* and also administering the *Child Sex Offender Counsellor Accreditation Scheme.*

Child Death

Community Services (Complaints, Reviews and Monitoring) Act 1993

This Act provides the Ombudsman with the power to conduct systemic reviews of the deaths of children at risk of harm or those in care.

Coroners Act 1980

This Act requires the Coroner or the Deputy Coroner to examine certain child deaths, including those of a child in care, a child in respect of whom a report was made under Part 2 of Chapter 3 of the Children and Young Persons (Care and Protection) Act 1998 and a child whose death is or maybe due to abuse or neglect or that occurs in suspicious circumstances.

Complaints and Reportable Conduct

Ombudsman Act 1974

Any complaints about the conduct of NSW government agencies, including departments, statutory authorities, councils, public officials and staff fall under the Ombudsman Act 1974. They are reported to the NSW Ombudsman. As well as complaint handling, the role of the Ombudsman also includes monitoring and reviewing the provision of community services, and oversighting employer handling of allegations of reportable conduct against their employees.

- Ombudsman Act 1974, Part 3A– Under this Act, the NSW Ombudsman oversees and monitors the investigation of, and management response to, child abuse allegations and convictions against employees of certain government and non government agencies.

Community Services (Complaints, Reviews and Monitoring) Act 1993

The NSW Ombudsman oversees complaints about organisations and individuals who provide community services, guided by this Act.

Public Interest Disclosures Act 1994

The NSW Ombudsman deal with public interest disclosures and provide advice to public sector workers who are thinking about reporting wrongdoing under the Public Interest Disclosures Act 1994.

Consent

It is generally accepted that most young people over 16 are capable of giving their own informed consent. Those younger, may sometimes be considered mature minors.The mature minor principle has been confirmed in Australian common law, such that minors (< 18 years) may be able to give informed consent if they have sufficient understanding and intelligence to enable full understanding of what is proposed.If there is a need to determine the mature minor status of the young person discuss with a consultant. There are some useful resources available that can assist from Royal Australasian College of Physicians, Australian Law Reform Commission and the North East Valley Division of General Practice.

Crimes Act 1900

Section 66C states that the age of consent for sexual interactions is 16 years. There is no legal defence in legislation when charges are made to a

person charged with engaging in sexual activities with a person under the legal age.

Criminal Code Act 1995 & Crimes Act 1900

These two Acts covers ages of consent for sexualised photography. Sexting involves a person sending pictures via mobile phone depicting a person in a sexual context, whether an act or even a pose, for example a young female sending pictures of her breasts to a friend or partner Under the eyes of the law if you are under the age of 18 you are considered children for this offence and as such it is considered child pornography.

Crime and Youth Justice

Crimes Act 1900, Crimes Act 1914 & The Federal Criminal Code Act 1995

The Crimes Act 1900 is a New South Wales statute that codifies the common law crimes for the state of New South Wales in Australia. Along with the Crimes Act 1914 and the Federal Criminal Code Act 1995 (both federal), these two pieces of legislation form the majority of criminal law for New South Wales. Within this legislation is information about all crimes.

Young Offenders Act 1997

The Act provides a system of diversionary measures as alternatives to court proceedings for children who commit certain offences. These diversionary measures follow a hierarchy of informal police warnings, formal police cautions, and youth justice conferences.
The objects of the Act include:

- establishing a scheme that sets out an alternative process to court proceedings;
- providing an efficient and direct response to the commission by children of certain offences; and
- dealing with young offenders in a way that enables a community-based negotiated response, emphasises restitution and acceptance of responsibility by the offender, and meets the needs of victims and offenders

The age of criminal responsibility in Australia is above ten years of age. Doli incapax is when a child is deemed incapable of forming the intent to commit a crime or tort, especially by reason of age (under ten years old). Doli incapax can apply up to 14 years of age.

Disability

Disability Inclusion Act 2014

Formerly the *Disability Services Act 1993*, The legislation has two broad aims – one is to say how disability supports and services will be provided in NSW until we have fully moved to the National Disability Insurance Scheme (NDIS) by mid-2018. The other is to make sure that even after we have moved to the NDIS, that NSW is a place where people with disability can access mainstream services and be part of the community. Specifically, the Act sets out to:

* make it clear that people with disability have the same human rights as other people
* promote the inclusion of people with disability by requiring government departments and local councils to engage in disability inclusion action planning
* support people with disability to exercise choice and control through individualised funding wherever possible; and
* provide safeguards for people accessing NSW funded disability supports and services, including new employment screening requirements and the need for disability accommodation providers to report abuse or neglect of people with disability to the Ombudsman.

See also *Disability Discrimination Act 1992* (below)

Discrimination

Age Discrimination Act 2004

The Age Discrimination Act 2004 helps to ensure that people are not treated less favourably on the ground of age in various areas of public life including: employment; provision of goods and services; education; administration of Commonwealth laws and programs. The Act also provides for positive discrimination – that is, actions which assist people of a particular age who experience a disadvantage because of their age. This law operates at a federal level and the Australian Human Rights Commission has statutory responsibilities under it.

Australian Human Rights Commission Act 1986

Formerly called the Human Rights and Equal Opportunity Commission Act 1986, The AHRC Act established the Human Rights and Equal Opportunity Commission (now known as the Australian Human Rights Commission) and gives it functions in relation to the following international instruments:

- *International Covenant on Civil and Political Rights (ICCPR)*
- *Convention Concerning Discrimination in Respect of Employment and Occupation (ILO 111)*
- *Convention on the Rights of Persons with Disabilities*
- *Convention on the Rights of the Child*
- *Declaration of the Rights of the Child*
- *Declaration on the Rights of Disabled Persons*
- *Declaration on the Rights of Mentally Retarded Persons, and*
- *Declaration on the Elimination of All Forms of Intolerance and of Discrimination Based on Religion or Belief.*

In addition, the Aboriginal and Torres Strait Islander Social Justice Commissioner has specific functions under the *AHRC Act 1986* and the *Native Title Act 1993* to monitor the human rights of Indigenous people.

Disability Discrimination Act 1992

The Disability Discrimination Act 1992 has as its major objectives to eliminate discrimination against people with disabilities, promote community acceptance of the principle that people with disabilities have the same fundamental rights as all members of the community, and ensure as far as practicable that people with disabilities have the same rights to equality before the law as other people in the community.

Racial Discrimination Act 1975

This Act gives effect to Australia's obligations under the International Convention on the Elimination of All Forms of Racial Discrimination. Its major objectives are to promote equality before the law for all persons, regardless of their race, colour or national or ethnic origin; and make discrimination against people on the basis of their race, colour, descent or national or ethnic origin unlawful.

Sex Discrimination Act 1984

The Act gives effect to Australia's obligations under the Convention on the Elimination of All Forms of Discrimination Against Women and certain aspects of the International Labour Organisation (ILO) Convention 156. Its major objectives are to promote equality between men and women; eliminate discrimination on the basis of sex, marital status or pregnancy and, with respect to dismissals, family responsibilities; eliminate sexual harassment at work, in educational institutions, in the provision of goods and services, in the provision of accommodation and the delivery of Commonwealth programs.

Anti Discrimination Act 1977

This is a NSW Act and the NSW Anti-Discrimination Board monitors, and promotes anti-discrimination and equal opportunity principles and policies throughout NSW. The Act covers the following types of discrimination: Sex (including breastfeeding, pregnancy and sexual harassment); Disability (including past, present or future disability and also includes actual or perceived HIV status); Race (including ethno-religion); Homosexuality (actual or perceived) Marital or domestic status; Age (present or future) Transgender (including transsexuality) Carer's responsibilities (but only within employment).

Employment

Fair Work Act 2009

This act creates a national workplace relations system that is fair to working people, flexible for business and promotes productivity and economic growth. There are a number of amendments that can be found on the *Fair Work Commission Website*.

Workplace Relations Act 1996

This Act is an Australian law passed by the Howard Government after coming into power in 1996. It replaced the previous Labor Government's *Industrial Relations Act 1988*. It provided for the continuation of the federal award system which provides a minimum set of terms and conditions for employment. This includes classification of employees; hours of work; rates of pay; piece rates, tallies and bonuses; various forms of leave (e.g. annual and long service leave); public holidays; allowances; penalty rates; redundancy pay; notice of

termination; dispute settling procedures; stand down provisions; jury service; and pay and conditions.

- *Workplace Relations Regulations 2006*

Equal Opportunity for Women in the Workplace Act 1999 (Cth)

An Act to require certain employers to promote equal opportunity for women in employment, to establish the Equal Opportunity for Women in the Workplace Agency and the office of the Director of Equal Opportunity for Women in the Workplace.

Industrial Relations Act 1996

The objects of this Act are: to provide a framework for the conduct of industrial relations in NSW. This Act only applies to employees in the State government sector.

Work Health and Safety Act 2011

A NSW Act to secure the health, safety and welfare of persons at work; to repeal the Occupational Health and Safety Act 1983; and for other purposes.

Workers Compensation Act 1987

A NSW Act to provide for the compensation and rehabilitation of workers in respect of work related injuries. This Act was amended in 2012.

Long Service Leave Act 1955

Long service leave applies to most NSW employees who are full-time, part-time or casuals. If you have been working for the same employer for 10 years you are entitled to 2 months (8.67 weeks) paid leave, to be paid at your ordinary gross weekly wage under the NSW Long Service Leave Act 1955. To calculate the entitlement of a worker try this *Long service leave calculator*.

Family Law

Family Law Act 1975

The Family Law Act 1975, sometimes referred to as the FLA by legal practitioners, is an Act of the Australian Parliament. It is one of four separate Acts that provide the framework for family law in Australia.

Guardianship and Adoption

Adoption Act 2000

The legal framework for the adoption of children in NSW and (in conjunction with other legislation) those from overseas.

Guardianship Act 1987

This sets out the responsibilities, functions, orders and principles that the Guardianship Tribunal applies when appointing guardians for people with disabilities, including young people aged 16–17.

Health

Mental Health Act 2007

The Mental Health Act 2007 came into effect on 16 November 2007, when the Mental Health Act 1990 ceased to have effect. The objects of the 2007 Act are to make provisions with respect to the care, treatment and control of mentally ill persons and mentally disordered persons and other matters relating to mental health. For more information on regulations, and forms, see the *NSW Health website*
See also *Health Records and Information Privacy Act 2002*, and *Health Administration Act 1982* (below)

Personal Information and Record Keeping

For information relating to how long FACS funded service's files should be retained, please see this information from Family and Community Services.

Privacy and Personal Information Protection Act 1998

The Privacy and Personal Information Protection Act 1998 (PPIP Act) outlines how New South Wales (NSW) public sector agencies manage personal information and the functions of the NSW Privacy Commissioner. It sets out sets out requirements for the collection, storage, access and accuracy, use and disclosure of personal information.

Agencies that are bound by the PPIP Act are NSW public sector agencies, statutory authorities, universities, NSW local councils, and other bodies whose accounts are subject to the Auditor General. You can find a complete list of agencies on the *NSW Government Directory* and a complete list of NSW councils on the *Office of Local Government website*.

For information relating to how long FACS funded service's files should be retained, please see this <u>information from Family and Community Services</u>.

The Privacy Act 1988

The Privacy Act 1988 is an Australian law which regulates the handling of personal information about individuals. This includes the collection, use, storage and disclosure of personal information, and access to and correction of that information. The Privacy Act includes:

- 13 *Australian Privacy Principles* that apply to the handling of personal information by most Australian and Norfolk Island Government agencies and some private sector organisations
- <u>Credit reporting</u> provisions that apply to the handling of credit-related personal information that credit providers are permitted to disclose to credit reporting bodies for inclusion on individuals' credit reports.

The Privacy Act also:

- regulates the collection, storage, use, disclosure, security and disposal of individuals' <u>tax file numbers</u>
- permits the handling of health information for *health and medical research* purposes in certain circumstances, where researchers are unable to seek individuals' consent
- allows the Information Commissioner to approve and register *enforceable APP codes* that have been developed by an APP code developer, or developed by the Information Commissioner directly
- permits a small business operator, who would otherwise not be subject to the Australian Privacy Principles (APPs) and any relevant privacy code, to *<u>opt-in</u>* to being covered by the APPs and any relevant APP code
- allows for *privacy regulations* to be made.

For information relating to how long FACS funded service's files should be retained, please see this <u>information from Family and Community Services</u>.

<u>Health Records and Information Privacy Act 2002</u>

This Act sets out the requirements for the collection, storage, access and accuracy, use and disclosure of personal health information. Health Records and Information Privacy Act 2002 (HRIPA) governs personal health information held by public sector agencies, private sector organisations and non-government organisations in NSW.

State Records Act 1998

The State Records Act directs each public office to maintain full and accurate records of the office's activities

Health Administration Act 1982

The Health Services Act 1997 is the principal Act regulating the governance and management of the public health system in NSW. The Act establishes the NSW public health system as comprising:

- local health districts;
- statutory health corporations, including board, chief executive and network governed statutory health corporations;
- affiliated health organisations (with respect to their recognised services); and
- the Director-General of the NSW Ministry of Health (the Director-General) with respect to ambulance services and other services to support the public health system.

Freedom of Information Act 1982

Individuals have the right to request access to documents from Australian Government ministers and most agencies under the Freedom of Information Act 1982. The *FOI Act was reformed in 2010*. These reforms placed new pro-disclosure requirements on agencies and ministers and provided greater review and complaint rights for individuals.

Evidence Act 1995

This Act defines what documents, including records, can be used as evidence in a Commonwealth court, A court may neet to examine records as evidence of an organisations decisions and actions.

Victims Rights

Victims Rights Act 1996 & Victims Support and Rehabilitation Act 1996

A child or young person who has experienced abuse may be eligible for compensation. Victims Services New South Wales runs the scheme, which also helps victims in other ways, such as with counselling, support and information.

Welfare and Health

Community Welfare Act 1987

This Act aims to ensure the provision, to the maximum extent possible, of services for and assistance to people disadvantaged due to lack of food, shelter or other basic necessities, natural disasters (for example, floods), disability, age, ethnic group membership, lack of family support.

Civil Liability Act 2002

Part 8 of the Act discusses protection of a Good Samaritan (someone who, in good faith and without expectation of payment or other reward, comes to the assistance of a person who is apparently injured or at risk of being injured)

Elderly welfare

National Policy on Senior Citizens 2011

Objectives

- The foundation of the new policy, known as the "National Policy for Senior Citizens 2011" is based on several factors. These include the demographic explosion among the elderly, the changing economy and social milieu, advancement in medical research, science and technology and high levels of destitution among the elderly rural poor (51 million elderly live below the poverty line). A higher proportion of elderly women than men experience loneliness and are dependent on children. Social deprivations and exclusion, privatization of health services and changing pattern of morbidity affect the elderly. All those of 60 years and above are senior citizens. This policy addresses issues concerning senior

citizens living in urban and rural areas, special needs of the "oldest old? and older women.

- In principle the policy values an age integrated society. It will endeavour to strengthen integration between generations, facilitate interaction between the old and the young as well as strengthen bonds between different age groups. It believes in the development of a formal and informal social support system, so that the capacity of the family to take care of senior citizens is strengthened and they continue to live in the family. The policy seeks to reach out in particular to the bulk of senior citizens living in rural areas who are dependent on family bonds and intergenerational understanding and support.

Focus of the policy

- Mainstream senior citizens, especially older women, and bring their concerns into the national development debate with priority to implement mechanisms already set by governments and supported by civil society and senior citizens associations. Support promotion and establishment of senior citizens associations, especially amongst women.
- Promote the concept of "Ageing in Place? or ageing in own home, housing, income security and homecare services, old age pension and access to healthcare insurance schemes and other programmes and services to facilitate and sustain dignity in old age. The thrust of the policy would be preventive rather than cure.
- The policy will consider institutional care as the last resort. It recognises that care of senior citizens has to remain vested in the family which would partner the community, government and the private sector.
- Being a signatory to the Madrid Plan of Action and Barrier Free Framework it will work towards an inclusive, barrier - free and age -friendly society.

- Recognise that senior citizens are a valuable resource for the country and create an environment that provides them with equal opportunities, protects their rights and enables their full participation in society. Towards achievement of this directive, the policy visualises that the states will extend their support for senior citizens living below the poverty line in urban and rural areas and ensure their social security, healthcare, shelter and welfare. It will protect them from abuse and exploitation so that the quality of their lives improves.
- Long term savings instruments and credit activities will be promoted to reach both rural and urban areas. It will be necessary for the contributors to feel assured that the payments at the end of the stipulated period are attractive enough to take care of the likely erosion in purchasing power.
- Employment in income generating activities after superannuation will be encouraged.
- Support and assist organisations that provide counselling, career guidance and training services.
- States will be advised to implement the Maintenance and Welfare of Parents and Senior Citizens Act, 2007 and set up Tribunals so that elderly parents unable to maintain themselves are not abandoned and neglected.
- States will set up homes with assisted living facilities for abandoned senior citizens in every district of the country and there will be adequate budgetary support.

Areas of intervention

The concerned ministries at central and state level as mentioned in the "Implementation Section? would implement the policy and take necessary steps for senior citizens as under:

Income security in old age

A major intervention required in old age relates to financial in security as more than two third of the elderly live below the poverty line.

It would increase with age uniformly across the country.

Indira Gandhi National Old Age Pension Scheme

- Old age pension scheme would cover all senior citizens living below the poverty line.

- Rate of monthly pension would be raised to Rs.1000 per month per person and revised at intervals to prevent its deflation due to higher cost of purchasing.

- The "oldest old? would be covered under Indira Gandhi National Old Age Pension Scheme (IGNOAPS). They would be provided additional pension in case of disability, loss of adult children and concomitant responsibility for grandchildren and women. This would be reviewed every five years.

Public Distribution System

- The public distribution system would reach out to cover all senior citizens living below the poverty line.

Income Tax

- Taxation policies would reflect sensitivity to the financial problems of senior citizens which accelerate due to very high costs of medical and nursing care, transportation and support services needed at homes.

Microfinance

- Loans at reasonable rates of Interest would be offered to senior citizens to start small businesses. Microfinance for senior citizens would be supported through suitable guidelines issued by the Reserve Bank of India

Health care

With advancing age, senior citizens have to cope with health and associated problems some of which may be chronic, of a multiple nature, require constant

attention and carry the risk of disability and consequent loss of autonomy. Some health problems, especially when accompanied by impaired functional capacity require long term management of illness and nursing care.

1. Healthcare needs of senior citizens will be given high priority. The goal would be good, affordable health service, heavily subsidized for the poor and a graded system of user charges for others. It would have a judicious mix of public health services, health insurance, health services provided by not – for - profit organizations including trusts and charities, and private medical care. While the first of these will need to be promoted by the State, the third category given some assistance, concessions and relief and the fourth encouraged and subjected to some degree of regulation, preferably by an association of providers of private care.

2. The basic structure of public healthcare would be through primary healthcare. It would be strengthened and oriented to meet the health needs of senior citizens. Preventive, curative, restorative and rehabilitative services will be expanded and strengthened and geriatric care facilities provided at secondary and tertiary levels. This will imply much larger public sector outlays, proper distribution of services in rural and urban areas, and much better health administration and delivery systems. Geriatric services for all age groups above 60 ---preventive, curative, rehabilitative health care will be provided. The policy will strive to create a tiered national level geriatric healthcare with focus on outpatient day care, palliative care, rehabilitation care and respite care.

3. Twice in a year the PHC nurse or the ASHA will conduct a special screening of the 80+ population of villages and urban areas and public/ private partnerships will be worked out for geriatric and palliative health care in rural areas recognizing the increase of non – communicable diseases (NCD) in the country.

4. Efforts would be made to strengthen the family system so that it continues to play the role of primary care giver in old age. This would be done by sensitizing

younger generations and by providing tax incentives for those taking care of the older members.

5. Development of health insurance will be given priority to cater to the needs of different income segments of the population with provision for varying contributions and benefits. Packages catering to the lower income groups will be entitled to state subsidy. Concessions and relief will be given to health insurance to enlarge the coverage base and make it affordable. Universal application of health insurance – RSBY (Rashtriya Swasthya Bima Yojana) will be promoted in all districts and senior citizens will be included in the coverage. Specific policies will be worked out for healthcare insurance of senior citizens.

6. From an early age citizens will be encouraged to contribute to a government created healthcare fund that will help in meeting the increased expenses on health care after retirement. It will also pay for the health insurance premium in higher socio economic segments.

7. Special programmes will be developed to increase awareness on mental health and for early detection and care of those with Dementia and Alzheimer"s disease.

8. Restoration of vision and eyesight of senior citizens will be an integral part of the National Programme for Control of Blindness (NPCB).

9. Use of science and technology such as web based services and devices for the wellbeing and safety of Senior citizens will be encouraged and expanded to under - serviced areas.

10. National and regional institutes of ageing will be set up to promote geriatric health care. Adequate budgetary support will be provided to these institutes and a cadre of geriatric health care specialists created including professionally trained caregivers to provide care to the elderly at affordable prices.

Safety and Security

Provision would be made for stringent punishment for abuse of the elderly.

- Abuse of the elderly and crimes against senior citizens especially widows and those living alone and disabled would be tackled by community awareness and policing.

- Police would be directed to keep a friendly vigil and monitor programmes which will include a comprehensive plan for security of senior citizens whether living alone or as couples. They would also promote mechanisms for interaction of the elderly with neighborhood associations and enrolment in special programmes in urban and rural areas.

- Protective services would be established and linked to help lines , legal aid and other measures

Housing

Shelter is a basic human need. The stock of housing for different income segments will be increased. Ten percent of housing schemes for urban and rural lower income segments will be earmarked for senior citizens. This will include the Indira Awas Yojana and other schemes of the government.

- Age friendly, barrier - free access will be created in buses and bus stations, railways and railway stations, airports and bus transportation within the airports, banks, hospitals, parks, places of worship, cinema halls, shopping malls and other public places that senior citizens and the disabled frequent.

- Develop housing complexes for single older men and women, and for those with need for specialized care in cities, towns and rural areas.

- Promote age friendly facilities and standards of universal design by Bureau of Indian Standards.

Productive Ageing

- The policy will promote measures to create avenues for continuity in employment and/or post retirement opportunities.
- Directorate of Employment would be created to enable seniors find re-employment.
- The age of retirement would be reviewed by the Ministry due to increasing longevity

Welfare

- A welfare fund for senior citizens will be set up by the government and revenue generated through asocial security cess. The revenue generated from this would be allocated to the states in proportion to their share of senior citizens. States may also create similar funds.

Details of Welfare Schemes for the Aged Persons

As per available information, details of the Welfare Schemes and provisions made by the Government to improve the condition of the aged persons in the county are given below:

Schemes/ Provisions made by the Government to improve the condition of the aged persons

(1)Ministry of Social Justice and Empowerment

The Ministry of Social Justice and Empowerment is implementing a Central Sector Scheme of Integrated programme for Older Persons (IPOP) since 1992 with the objective of improving the quality of life of senior citizens by providing basic amenities like shelter, food, medical care and entertainment opportunities and by encouraging productive and active ageing. Under this Scheme, financial assistance

(up to 95% in the case of States of Jammu and Kashmir, Sikkim and North-eastern states and 90% for rest of the country) is provided to Non-Governmental/Voluntary Organisations, Panchayati Raj Institutions etc. for maintenance of Old Age Homes, Respite Care Homes and Continuous Care Homes, Multi-service centres, mobile medicare units, Day care centres for Alzheimer's disease /Dementia patients, physiotherapy clinics for older persons etc. The Programme is mainly implemented through Non-Governmental/Voluntary Organisations.

(2)Ministry of Rural Development

Old age pension is provided under the Indira Gandhi Old Age Pension Scheme (IGNOAPS) which is a component of National Social Assistance Programme (NSAP), implemented by Ministry of Rural Development. Under IGNOAPS, central assistance of Rs. 200/- per month is provided to persons in the age group of 60-79 years and Rs. 500/- per month to persons of 80 years and above and belonging to below poverty line (BPL) household as per the criteria by Government of India. State/UTs have been requested to contribute at least the same amount under the scheme.

(3) Ministry of Health and Family Welfare

Keeping in view the recommendations made in the National Policy on Older Persons, 1999 as well as the State's obligations under the Maintenance and Welfare of Parents and Senior Citizens, 2007, the Ministry of Health and Family Welfare had launched the National Programme for Health Care of the Elderly (NPHCE) during the 11th Plan period to address various health related problems of elderly people. The basic aim of NPHCE is to provide dedicated health care

facilities to the elderly people through State Public health delivery system at primary, secondary and tertiary levels, including outreach services.

Major components of this programme, launched in 2010-11, are:

- Community based Primary Healthcare approach;

- Strengthening of health services for senior citizens at District Hospitals/ CHC/ PHC/ Sub-Centres;

- Dedicated facilities at 100 District Hospitals with 10 bedded wards for the elderly;

- Strengthening of 8 Regional Medical Institutions to provide dedicated tertiary level Medical Care for the elderly, with 30 bedded wards and Introduction of PG courses in Geriatric Medicines in the these Institutions and In-Service training of health personnel at all level.

As on date, a total of 104 districts of 24 States/UTs have been covered under the Programme.

(4)Ministry of Finance, Department of Revenue

A number of incentives have been provided under the Income Tax Act, 1961, to a senior citizen (ie., an individual, resident in India, who is of the age of 60 years or more at any time during the relevant previous year). Some such incentives are enumerated below:

- A Senior Citizen is liable to Income-Tax if his total income exceeds Rs.3 lakh as against the exemption limit of Rs.2.5 lakh applicable in the case of other individuals. An individual resident in India who is of the

age of 80 years or more at any time during the relevant previous year is liable to income tax if his total income exceeds Rs.5 lakh.

☐ Any sum deposited in an account under the Senior Citizens Savings Scheme Rules, 2004 is eligible for deduction under section 80C of the Income-Tax Act subject to a limit of Rs.1.5 lakh.

☐ A deduction of Rs.20,000/- (Rs.15,000/- in other cases) is allowed under Section 80D of the Income Tax Act in respect of premium paid to effect or keep in force an insurance on the health of an individual being a Senior Citizen.

☐ A deduction of Rs.60,000/- (Rs.40,000/- in other cases) is allowed under Section 80DDB of the Income-Tax Act on amount of expenditure actually incurred for the treatment of speCIFied diseases in case of a Senior Citizen.

☐ No deduction of tax at source is required to be made under Section 193, 194, 194A, 194EE or 194K of the Income Tax Act in case of Senior Citizen if he furnishes to the deductor a declaration to the effect that the tax on his estimated total income of the relevant previous will be nil.

Under the Service Tax law, activities relating to advancement of education programmes or skill development relating to persons over the age of 65 years residing in a rural area by an entity registered under Section 12AA of the Income Tax Act, 1961 are exempt from Service Tax.

(5) Ministry of Railways

The following facilities have been extended by Ministry of Railways from time to time to senior citizens:

 As per rules, male Senior Citizens of minimum 60 years and lady Senior Citizens of minimum 58 years are granted concession in the basic fares of all classes of Mail/Express/Rajdhani/Shatabdi/Jan Shatbdi/Duronto group of trains. The element of concession is 40% for men and 50% for women.

 No proof of age is required at the time of purchasing tickets. However, they are required to carry some documentary proof as prescribed showing their age or date of birth and have to produce it if demanded by on-board ticket checking staff. Senior Citizens can book reserve tickets across the reservation counters as well as through internet.

 In the computerised Passenger Reservation System (PRS), there is a provision to allot lower berths to Senior Citizens, Female passengers of 45 years and above automatically, even if no choice is

given, subject to availability of accommodation at the time of booking.

☐ In all trains having reserved accommodation, a combined quota of two lower births per coach has been earmarked in sleeper, A/C 3 tier and A/C 2 tier classes for the Senior Citizens, Female passengers aged 45 years above and pregnant women when travelling alone.

☐ Accommodation is also earmarked for Senior Citizens during speCIFied hours on suburban sections by Central and Western Railways.

☐ Instructions exist for provisions of wheel chairs at stations. This facility is provided, duly escorted by coolies on payment as per present practice. Moreover, Zonal Railways have also been advised to provide free of cost 'Battery Operated Vehicles for Disabled and Old Aged passengers' at Railway Stations.

☐ After departure of the train, if there are vacant lower berths available in the train and if any physically handicapped person booked on the authority of handicapped concession or a senior citizen, who has been allotted upper/middle berth, approaches for

allotment of vacant lower berths, the on-board Ticket Checking Staff has been authorised to allot the vacant lower berth to them making necessary entries in the chart.

☐ Separate counters are earmarked at various Passengers Reservation System (PRS) centres for dealing with the reservation requisitions received from physically handicapped persons, senior citizens, ex-MPS, MLAs accredited journalists and freedom fighters, if the average demand per shift not less than 120 tickets. In case there is no justification for earmarking of an exclusive counter for any of these categories of persons including handicapped persons or senior citizens, one or two counters depending upon the total demand are earmarked for dealing with the reservation requests for all these categories of persons.

(6) Ministry of Home Affairs:

The Ministry of Home Affairs has issued two detailed advisories dated 27-3-2008 and 30-8-2013 to all States Governments/UTs advising them to take immediate measures to ensure safety and security and for elimination of all forms of neglect, abuse and violence against old persons through initiatives such as identification of senior citizens, sensitization of police personnel regarding safety, security of older persons, regular visit of the beat staff; setting up of toll free senior citizen helpline; setting up of senior citizen security cell; verification of domestic helps, drivers etc.

(7) Ministry of Civil Aviation:

In order to facilitate the passengers, particularly senior citizens, expectant mothers, passengers with disability, first time travellers etc. all the stakeholders have been instructed to ensure that the following requirements are complied:

☐ Airline /airport operator shall ensure provision of automated buggies free of charge for all senior citizens, in the terminal building to facilitate their access to boarding gates located beyond reasonable walking distance at all airports having annual aircraft movements of 50,000 or more. This facility may be extended to other needy passengers on demand basis free of charge.

☐ Airport operators shall provide small trolleys after security check for carriage of hand baggage (permitted as per regulation) up to the boarding gate.

☐ Airport operator shall adequately display information regarding availability of automated buggies and small trolleys in the terminal building at prominent locations including dos and don'ts regarding the same. This shall also be published on the website of the airport operator.

☐ Further, Air India offers 50% discount to senior citizens on the highest economy class Basic Fare. The discount is offered to those who

have completed 63 years of age on the date of commencement of journey.

 Senior citizens can also avail multi-level fares offered by Air India on each sector for travel on domestic sectors, starting from a low level advance purchase fares which facilitate early selling to the highest one.

This information was given by the Minister of State for Social Justice and Empowerment, Shri Vijay Sampla in a written reply in the Rajya Sabha today.

"Growing Old" is a natural process that every human undergoes in one's lifetime. It basically refers to the decline in the functional capacity that occurs due to physiological transformation. Senior citizens are an asset to a society with their pool of varied experiences, ideas, knowledge and expertise. Looking at the present scenario, where the roots of the joint family system are eroding and with the intrusion of more and more number of women in paid employments, the older citizens are facing a lot of difficulties in terms of loneliness and social maladjustments. In rural areas where the joint family system continues to prevail, the older members are respected more and are considered as an integral part of families.

Most senior citizens are unaware of their rights, either because of illiteracy or lack of alertness. Their biggest problems could be subdivided into the following categories -

- Economic problem
- Physical and physiological problem
- Psycho-social problem

Various international attempts have been made by the U.N. General Assembly 1991 to address the concerns of senior citizens. 18 principles have been adopted, which have been grouped into five clusters namely, independence, participation, care, self-fulfillment, and dignity of the older person. United Nations have also declared 1st of October as International day of older persons.

Various national efforts have also been made to protect the interests of the old aged:-

1) **Constitution of India, Directive Principle of State Policy, Article 41** states that "the state shall, within the limits of its economic capacity and development, make effective provision for old age, sickness and disablement and in other cases of underserved want."

2) **Code of Criminal Procedure (Chapter IX) , Section 125(1)(2)** requires persons having sufficient monetary means to take care of their parents if the latter are unable to take care for themselves.

3) **Hindu Adoption and Maintenance Act,1956 Section 20** requires Hindu sons and daughters to maintain their elderly parents when parents are unable to maintain themselves.

India has also played a major role in safeguarding and protecting the vulnerable group of our country by granting various concessions and facilities and also by implementing various policies and programs for them:-

1. **Maintenance and Welfare of Parents and Senior Citizens Act, 2007** – It is a legislation initiated by the Ministry of Social Justice and Empowerment, Government of India and attempts to address the problems of the elderly population of our country in various ways.

This Act makes it obligatory for children and their heirs to provide as maintenance a monthly allowance to their parents and other senior citizens of the family. It also provides a simple, speedy, and inexpensive mechanism for the protection of their life and property. Mandate for setting up of old age homes is also included.

Senior citizens who are unable to maintain themselves have a right under this statute to make an application to the designated tribunal to effectively claim their maintenance amount from their errant children/heirs.

State government has the power under this Act to set up a maintenance tribunal in every sub-division that would have the power to decide upon the level of maintenance. All appeals from the maintenance tribunal would lie in the Appellate tribunal (established at the district level).

The Act caps the maximum monthly allowance at Rs 10,000 per month. The establishment of old age homes has significantly taken off, with at least one old age home per district

8. **Reverse Mortgages**- Under such scheme the senior citizen mortgages his property to a lender in the capacity of a borrower, the lender thereby makes periodic payments to the borrower during his lifetime.
9. **New Pension scheme**- This scheme enables an individual to save a certain amount through his working life
10. **Health**- The Ministry of Health and Family Welfare provides separate queues for older persons in hospitals for procedures of registration and clinical examination. This is in addition to the concessions offered to them in the treatment of the diseases like cardiac problems, diabetes, kidney problem, blood pressure, joint and eye problem.

11. **Travel-** i.) The Indian Railways gives 30% concessions in the ticket prices to all persons aged 60 years and above. It is 50% in case the senior citizen is a woman aged over 60 years. Other facilities like, priority for lower births, separate counter for booking (and cancelling tickets), ramps to roll in wheel chairs at the entry points (in few important stations), specially designed coaches with provisions for accommodating wheel chairs, handrails, and specially designed toilet for disabled older citizen have also been put in place. While travelling by air, most elderly persons are encouraged to board first. Besides this, the Indian Airlines provides 50% concession on purchase of economy class tickets. And, Air India has been offering discount to senior citizen aged 60 years and above on international flights.

12. **Banking**- Indian government gives high rate of interests to its senior citizens on certain savings plans which are run by the post offices and other private banks. They can also avail of Income tax rebate up to an income of Rs 1.85 lakhs per annum.

13. **Housing**-The Indian government provides housing facilities such as retirement homes and recreational or educational centers. These centers provide older persons with opportunities to spend their free time doing various activities. Most recreational centers have yoga clubs, fitness club, parks, spiritual session, picnic, food fests, libraries, art and craft, music classes and indoor games.

14. **Miscellaneous-** Courts in the country accord priority to cases involving older persons and ensure their expeditious disposal.

15. **Annapurna scheme** is being implemented since 2001 where 10 kgs of food grains are provided free of costs to old destitute people who are above the age of 65 years.

International Comparison

Internationally also various laws have been developed for securing the interests of the old aged:-

1. **United States**: Older American Act of 1965- created the administration on ageing within the department of health, education and welfare; authorized grants for the research and training in the field of ageing, for community planning, for implementing services for the elderly.

2. **South Africa**: Older Person Act no. 13 of 1996- provides strict control for registration of various kinds of facilities for the older people, makes abuse of the elderly a criminal offence; creates social and culture community- based services for the elderly.

3. **Sri Lanka**: Protection of Rights of Elder's Act 2000- has established a National Older Persons' Council, which requires children to provide care for their parents

4. **Canada**: Parents Maintenance Act, 1978 and 1993 respectively- mandates children to pay maintenance to dependent parents. The amount of maintenance has an upper limit, fixed at $20 per week

5. **China**: Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly Act 1996- places responsibility on family members to care for the elderly members; establishes a state based old age insurance system, increases legal protection available to the elderly (the most important being, speedy trials and other court procedures)

Disabled welfare

Exceptional children

Exceptional children differ from the norm, either above or below, in physical attributes or learning ability to such an extent that they need specialized educational services or physical accommodations to benefit fully from schooling (Heward, 2012). The term is more often used in the special education community than by medical and psychological professionals, and includes children whose performance is superior and who require enrichment of curriculum and more challenging instruction in order to achieve their maximum potential, as well as those with learning difficulties, physical or sensory impairments or behavior problems that require modification of the education regimen in order to help them learn. The "exceptional" rubric is preferred to terms involving disabilities, impairments or handicaps because it includes gifted and especially talented children. The disabilities or impairments of exceptional children are subsumed by psychiatry and psychology under the category of Neurodevelopmental Disorders in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013).

Special education programs became obligatory in 1975 to prevent discrimination by public educational institutions against individuals with disabilities. The National Center for Education Statistics reported that, as of 2013, approximately 13 percent of all students in public schools were receiving special education services.

1. Education for All Handicapped Children Act

Passed by Congress in 1975, this was the first special education law directed at students with physical and mental disabilities. The law stated that public schools

must provide children with special needs with the same opportunities for education as other children. It also required any public school that received federal funds to provide one free meal a day for these children.

The mission of this act was to:

- make special education services accessible to children who require them;
- maintain fair and appropriate services for disabled students;
- institute systematic evaluation requirements for special education; and
- endow federal resources to public schools for the education of disabled students.

2. Individuals with Disabilities Education Act

The Individuals with Disabilities Education Act, or IDEA, was created in 1990 and is a modification of the Education for All Handicapped Children Act. This law ensures that special needs students receive appropriate free public education in the least restrictive environment necessary to meet those students' needs. It helps students receive the extra assistance they need but allows them to participate in the same activities as children without special needs whenever possible.

3. No Child Left Behind

In 2001, the Elementary and Secondary Education Act, commonly known as the No Child Left Behind Act, called for schools to be accountable for academic performance of all students, whether or not they had disabilities. The act requires schools in every state to develop routine assessments of students' academic skills. While it does not stipulate that these assessments meet a national standard, the law does oblige each state to come up with its own criteria for evaluation. No Child Left Behind provides incentives for schools to demonstrate progress in students with special needs. It also allows for students to seek alternative options if schools are not meeting their academic, social or emotional needs.

4. Individualized Education Programs

The IDEA maintains that parents and teachers of children who qualify for special education must develop an Individualized Education Program, or IEP, that helps establish specific education for a child's explicit needs. This requires caregivers to meet initially to determine a child's eligibility for an IEP and to come together annually to develop and assess the educational plan.

The student's educational strategy must be designated in writing and should include an evaluation and description of the current academic status, measurable goals and objectives, designation of an instructional setting and placement within that setting and transition services for children aged 16 or older. An IEP gives parents the right to dispute any issues with the school district through a neutral third party.

5. Students with Disabilities and Postsecondary School

The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 forbid discrimination in schools based on disability. This applies to colleges and universities as well as elementary, middle and high schools. Many students with special needs go on to study at the postsecondary level, but the laws are slightly different for postsecondary schools. The law does not require postsecondary schools to provide a free appropriate public education to students, but it does oblige schools to offer suitable academic adjustments and accessible housing to students with disabilities.

Whether you're a student with disabilities or you're looking to teach children with disabilities, it's important to know special education laws. These laws preserve the rights of students and their families and help integrate students with special needs into society without segregating them. Although the laws differ slightly from state

to state, the acts passed by Congress help to standardize the treatment of students with special needs across the country.

Acts and Rules

Rights of Persons with Disabilities Act, 2016

The Act replaces the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. It fulfills the obligations to the United National Convention on the Rights of Persons with Disabilities (UNCRPD), to which India is a signatory. The Act came into force during December 2016.

Salient features of the Act

- Disability has been defined based on an evolving and dynamic concept.
- The types of disabilities have been increased from existing 7 to 21 and the Central Government will have the power to add more types of disabilities. In addition, the Government has been authorized to notify any other category of speCIFied disability. The 21 disabilities are given below:-

1. Blindness
2. Low-vision
3. Leprosy Cured persons
4. Hearing Impairment (deaf and hard of hearing)
5. Locomotor Disability
6. Dwarfism
7. Intellectual Disability
8. Mental Illness
9. Autism Spectrum Disorder
10. Cerebral Palsy
11. Muscular Dystrophy

12. Chronic Neurological conditions

13. Specific Learning Disabilities

14. Multiple Sclerosis

15. Speech and Language disability

16. Thalassemia

17. Hemophilia

18. Sickle Cell disease

19. Multiple Disabilities including deafblindness

20. Acid Attack victim

21. Parkinson's disease

- Responsibility has been cast upon the appropriate governments to take effective measures to ensure that the persons with disabilities enjoy their rights equally with others.

- Additional benefits such as reservation in higher education, government jobs, reservation in allocation of land, poverty alleviation schemes etc. have been provided for persons with benchmark disabilities and those with high support needs.

- Every child with benchmark disability between the age group of 6 and 18 years shall have the right to free education.

- Government funded educational institutions as well as the government recognized institutions will have to provide inclusive education to the children with disabilities.

- For strengthening the Prime Minister's Accessible India Campaign, stress has been given to ensure accessibility in public buildings (both Government and private) in a prescribed time-frame.

- Reservation in vacancies in government establishments has been increased from 3% to 4% for certain persons or class of persons with benchmark disability.

- The Act provides for grant of guardianship by District Court under which there will be joint decision – making between the guardian and the persons with disabilities.

- Broad based Central & State Advisory Boards on Disability are to be set up to serve as apex policy making bodies at the Central and State level.

- Office of Chief Commissioner of Persons with Disabilities has been strengthened who will now be assisted by 2 Commissioners and an Advisory Committee comprising of not more than 11 members drawn from experts in various disabilities.

- Similarly, the office of State Commissioners of Disabilities has been strengthened who will be assisted by an Advisory Committee comprising of not more than 5 members drawn from experts in various disabilities.

- The Chief Commissioner for Persons with Disabilities and the State Commissioners will act as regulatory bodies and Grievance Redressal agencies and also monitor implementation of the Act.

- District level committees will be constituted by the State Governments to address local concerns of PwDs. Details of their constitution and the functions of such committees would be prescribed by the State Governments in the rules.

- Creation of National and State Fund will be created to provide financial support to the persons with disabilities. The existing National Fund for Persons with Disabilities and the Trust Fund for Empowerment of Persons with Disabilities will be subsumed with the National Fund.

- The Act provides for penalties for offences committed against persons with disabilities and also violation of the provisions of the new law.

- Special Courts will be designated in each district to handle cases concerning violation of rights of PwDs.

  For more information: *click here*

The National Trust Rules, 2000

The Rules provide for election of Members of the Trust, Powers and Duties of its Chairperson and Chief Executive Officer etc.
For More Information: *The National Trust Rules (75.5KB)*

The National Trust Regulations, 2001

The Regulations provide for conditions of service of the Chief Executive Officer and other officers and staff of the Trust, form and manner in which application is to be made for registration of NGOs and procedure for appointment of guardians etc.
For More Information: *The National Trust Regulations*

Rehabilitation Council of India Regulations, 1997

The Regulations provide details about powers and duties of the Chairperson, powers of the Council and about the meetings of the General Council and Executive Committee, their quorum and proceedings etc.
For More Information: *Rehabilitation Council of India Regulations-*

Rehabilitation Council of India (Conditions of Service of the Member-Secretary, the officers and other employees) Regulations, 1998

The Regulations provide for the conditions of service of the Member Secretary, other officers and employees of the Rehabilitation Council of India.
For More Information: *Rehabilitation Council of India Regulations,1998 (1.9MB)*

Rehabilitation Council of India (Standards of Professional Conduct, Etiquette and Code of Ethics for Rehabilitation Professionals) Regulations, 1998.

These Regulations lay down the standards of professional conduct, etiquette and code of ethics for rehabilitation professionals.

The Regulations provide for the conditions of service of the Member Secretary, other officers and employees of the Rehabilitation Council of India.

Source : *Rehabilitation Council of India Regulations,(Professionals) (1.9MB)*

National Mental Health Policy

Vision

As per Census 2011, there are 15,05,624 mentally challenged persons in the country.

The vision of the National Mental Health Policy is to promote mental health, prevent mental illness, enable recovery from mental illness, promote destigmatization and desegregation, and ensure socio-economic inclusion of persons affected by mental illness by providing accessible, affordable and quality health and social care to all persons through their life-span within a rights-based frame work.

Goals of the policy

1. To reduce distress, disability, exclusion morbidity and premature mortality associated with mental health problems across life span of the person.
2. To enhance understanding of the mental health in the country.
3. To strengthen the leadership in the mental health sector at the national, state and district levels.

Objectives of the Policy

1. To provide universal access to mental health care.

2. To increase access to and utilisation of comprehensive mental health services by persons with mental health problems.

3. To increase access to mental health care especially to vulnerable groups including homeless persons, persons in remote areas, educationally, socially and deprived sections.

4. To reduce prevalence and impact of risk factors associated with mental health problems.

5. To reduce risk and incidence of suicide and attempted suicide.

6. To ensure respect for rights and protection from harm of persons with mental health problems.

7. To reduce stigma associated with mental health problems.

8. To enhance availability and equitable distribution of skilled human resources for mental health.

9. To progressively enhance financial allocation and improve utilisation for mental health promotion and care.

10. To identify and address the social, biological and psychological determinants of mental health problems and to provide appropriate interventions.

Source : National Mental Health Policy

The Government of India formulated the National Policy for Persons with Disabilities in February 2006 which deals with Physical, Educational & Economic Rehabilitation of persons with disabilities. In addition the policy also focuses upon rehabilitation of women and children with disabilities, barrier free environment, social security, research etc.

The National Policy recognizes that Persons with Disabilities are valuable human resource for the country and seeks to create an environment that provides them equal opportunities, protection of their rights and full participation in society.

Focus of the policy

The focus of the policy is on the following

1. **Prevention of Disabilities** - Since disability, in a large number of cases, is preventable, the policy lays a strong emphasis on prevention of disabilities. It calls for programme for prevention of diseases, which result in disability and the creation of awareness regarding measures to be taken for prevention of disabilities during the period of pregnancy and thereafter to be intensified and their coverage expanded.

2. **Rehabilitation Measures** - Rehabilitation measures can be classified into three distinct groups:

1. Physical rehabilitation, which includes early detection and intervention, counseling & medical interventions and provision of aids & appliances. It will also include the development of rehabilitation professionals.

2. Educational rehabilitation including vocational education and

3. Economic rehabilitation for a dignified life in society.

3. **Women with disabilities -** Women with disabilities require protection against exploitation and abuse. Special programmes will be developed for education, employment and providing of other rehabilitation services to women with disabilities keeping in view their special needs. Special educational and vocation training facilities will be setup. Programmes will be undertaken to rehabilitate abandoned disabled women/ girls by encouraging their adoption in families, support to house them and impart them training for gainful employment skills. The Government will encourage the projects where representation of women with disabilities is ensured at least to the extent of twenty five percent of total beneficiaries.

4. **Children with Disabilities** - Children with disabilities are the most vulnerable group and need special attention. The Government would strive to: -

- Ensure right to care, protection and security for children with disabilities;
- Ensure the right to development with dignity and equality creating an enabling environment where children can exercise their rights, enjoy equal opportunities and full participation in accordance with various statutes.
- Ensure inclusion and effective access to education, health, vocational training along with specialized rehabilitation services to children with disabilities.
- Ensure the right to development as well as recognition of special needs and of care, and protection of children with severe disabilities.

Barrier-free environment - Barrier-free environment enables people with disabilities to move about safely and freely, and use the facilities within the built environment. The goal of barrier free design is to provide an environment that supports the independent functioning of individuals so that they can participate without assistance, in every day activities. Therefore, to the maximum extent possible, buildings / places / transportation systems for public use will be made barrier free.

Issue of Disability Certificates - The Government of India has notified guidelines for evaluation of the disabilities and procedure for certification. The Government will ensure that the persons with disabilities obtain the disability certificates without any difficulty in the shortest possible time by adoption of simple, transparent and client-friendly procedures.

Social Security - Disabled persons, their families and care givers incur substantial additional expenditure for facilitating activities of daily living, medical care, transportation, assistive devices, etc. Therefore, there is a need to provide them social security by various means. Central Government has been providing tax relief to persons with disabilities and their guardians. The State Governments /

U.T. Administrations have been providing unemployment allowance or disability pension. The State Governments will be encouraged to develop a comprehensive social security policy for persons with disabilities.

Promotion of Non-Governmental Organizations (NGOs) - The National Policy recognizes the NGO sector as a very important institutional mechanism to provide affordable services to complement the endeavors of the Government. The NGO sector is a vibrant and growing one. It has played a significant role in the provisions of services for persons with disabilities. Some of the NGOs are also undertaking human resource development and research activities. Government has also been actively involving them in policy formulation, planning, implementation, monitoring and has been seeking their advice on various issues relating to persons with disabilities. Interaction with NGOs will be enhanced on various disability issues regarding planning, policy formulation and implementation. Networking, exchange of information and sharing of good practices amongst NGOs will be encouraged and facilitated. Steps will be taken to encourage and accord preference to NGOs working in the underserved and inaccessible areas. Reputed NGOs shall also be encouraged to take up projects in such areas.

Collection of regular information on Persons with Disabilities - There is a need for regular collection, compilation and analysis of data relating to socio-economic conditions of persons with disabilities. The National Sample Survey Organization has been collecting information on Socio-economic conditions of persons with disabilities on regular basis once in ten years since 1981. The Census has also started collection of information on persons with disabilities from the Census-2001. The National Sample Survey Organization will have to collect the information on persons with disabilities at least once in five years. The differences in the definitions adopted by the two agencies will be reconciled.

Research - For improving the quality of life of persons with disabilities, research will be supported on their socio-economic and cultural context, cause of disabilities, early childhood education methodologies, development of user-friendly aids and appliances and all matters connected with disabilities which will significantly alter the quality of their life and civil society's ability to respond to their concerns. Wherever persons with disabilities are subjected to research interventions, their or their family member or caregiver's consent is mandatory.

Sports, Recreation and Cultural life - The contribution of sports for its therapeutic and community spirit is undeniable. Persons with disabilities have right to access sports, recreation and cultural facilities. The Government will take necessary steps to provide them opportunity for participation in various sports, recreation and cultural activities.

Responsibility for implementation

- The Ministry of Social Justice & Empowerment will be the nodal Ministry to coordinate all matters relating to the implementation of the Policy.
- An inter-ministerial body to coordinate matters relating to implementation of National Policy will be formed. All stakeholders including prominent NGOs, Disabled Peoples Organizations, advocacy groups and family associations of parents / guardians, experts and professionals will also be represented on this body. Similar arrangements will be encouraged at the State and Districts levels. Panchayati Raj Institutions and Urban Local Bodies will be associated in the functioning of the District Disability Rehabilitation Centres' District Level Committees to coordinate the matters relating to the implementation of the policy.
- The Ministries of Home Affairs, Health & Family Welfare, Rural Development, Urban Development, Youth Affairs & Sports, Railways, Science & Technology, Statistics & Programme Implementation, Labour, Panchayati Raj and Departments

of Elementary Education & Literacy, Secondary & Higher Education, Road Transport & Highways, Public Enterprises, Revenue, Women & Child Development, Information Technology and Personnel & Training will setup necessary mechanism for implementation of the policy. A five-year perspective Plan and annual plans setting targets and financial allocations will be prepared by each Ministry / Department. The annual report of these Ministries / Departments will indicate progress achieved during the year.

- The Chief Commissioner for Disabilities at Central level and State Commissioners at the State level shall play key role in implementation of National Policy, apart from their statutory responsibilities.

- Panchayati Raj Institutions will play a crucial role in the implementation of the National Policy to address local level issues and draw up suitable programmes, which will be integrated with the district and State plans. These institutions will include disability related components in their projects.

- Infrastructure created during the course of implementation will be required to be maintained and effectively used for a long period. The community should take a leading role in generating resources with in themselves or through mobilization from private sector organizations to maintain the infrastructure and also to meet the running cost. This step will not only reduce the burden on state resources but will also create a greater sense of responsibility among the community and private entrepreneurs.

- Every five years a comprehensive review will be done on the implementation of the National Policy. A document indicating status of implementation and a roadmap for five years shall be prepared based on the deliberations in a national level convention. State Governments and Union Territory administrations will be urged to take steps for drawing up State Policy and develop action plan.

  To view the complete policy, visit *National Policy for Persons with Disabilities*

ADIP Scheme

The main objective of the Assistance to Disabled persons for purchasing / fitting of aids / appliances (ADIP) scheme is to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation, by reducing the effects of disabilities and enhance their economic potential. The aids and appliances supplied under the Scheme shall conform to BIS specifications to the extent possible.

The scheme is implemented through implementing agencies such as the NGOs, National Institutes under this Ministry and ALIMCO (a PSU).

Objectives

The main objective of the Scheme is to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances that can promote their physical, social and psychological rehabilitation, by reducing the effects of disabilities and enhance their economic potential.

Eligibility of Implementing Agency under the Scheme

The following agencies would be eligible to implement the Scheme on behalf of Ministry of Social Justice and Empowerment, subject to fulfillment of laid down terms and conditions:

- Societies, registered under the Societies Registration Act, 1860 and their branches, if any, separately.

- Registered charitable trusts
- District Rural Development Agencies, Indian Red Cross Societies and other Autonomous Bodies headed by District Collector/Chief Executive Officer/District Development Officer of Zilla Parishad.
- National/Apex Institutes including ALIMCO functioning under administrative control of the Ministry of Social Justice and Empowerment/Ministry of Health and Family Welfare.
- State Handicapped Development Corporations.
- Local Bodies- Zilla Parishad, Municipalities, District Autonomous Development Councils and Panchayats.
- Hospitals registered as separate entity, as recommended by state/central government
- Nehru Yuvak Kendras.

Grant-in-aid under the Scheme will not be given for commercial supply of aids/appliances.

The agencies should preferably possess professional/technical expertise in the form of professionally qualified staff (from recognized courses) for the identification, prescription of the required artificial aids/appliance, fitment and post-fitment care of the beneficiaries as well as the aid/appliance.

The agency should also preferably possess infrastructure in the form of machinery/equipment for the fabrication, fitment and maintenance of artificial aid/appliance to be given to a disabled person under ADIP Scheme.

Eligibility of the Beneficiaries

A person with disabilities fulfilling following conditions would be eligible for assistance under ADIP Scheme through authorized agencies:

- He/she should be an Indian citizen of any age.

- Should be certified by a Registered Medical Practitioner that he/she is disabled and fit to use prescribed aid/appliance. Holds a 40% Disablement Certificate.
- Person who is employed/self-employed or getting pension and whose monthly income from all sources does not exceed Rs. 20,000/- per month.
- In case of dependents, the income of parents/guardians should not exceed Rs. 20,000/- per month.
- Persons who have not received assistance from the Government, local bodies and Non-Official Organisations during the last 3 years for the same purpose. However, for children below 12 years of age this limit would be 1 year.

Quantum of Assistance

- Aids/appliances which do not cost more than Rs. 10,000/ - are covered under the Scheme for single disability. However, in the case of SwDs, students beyond IX class, the limit would be raised to Rs.12,000/. In the case of multiple disabilities, the limit will apply to individual items separately in case more than one aid/appliance is required.

The quantum of assistance and income limit under the ADIP scheme is as follows:

Quantum of assistance and income limit under the ADIP scheme

Total Income	Amount of Assistance
Up to Rs. 15,000/- per month	Full cost of aid/appliance
Rs. 15,001/- to Rs. 20,000/- per month	50% of the cost of aid/appliance

- Travelling cost would be admissible separately to the PwD and one escort limited to bus fare or railway, subject to a limit of Rs. 250/- each person, irrespective of number of visits to the Centre.

- Further, boarding and lodging expenses at the rate of Rs. 100/- per day for maximum duration of 15 days would be admissible, only for those patients whose total income is upto Rs.15, 000/- per month and the same will be allowed to attendant/escort.

- Motorized tricycles and wheelchairs for severely disabled and for Quadriplegic (SCI), Muscular Dystrophy, Stroke, Cerebral Palsy, Hemipeligia and any other person with similar conditions, where either three/four limbs or one half of the body are severely impaired. The extent of subsidy provided is Rs 25,000. The minimum age for availing motorized tricycle and wheelchairs is 16 years. The assistance will be provided once in 10 years.

- For providing modern assistive devices for all categories of PwDs both physical and mental and multiple disability impaired groups, e.g. Daisy Book players and other Talking Devices, Net Book Laptop and Digital Magnifiers for visual impairment and Behind the Ear (hearing aid) for hearing impairment, the items will be decided by an Expert Committee constituted in the Department of Disability Affairs with the approval of Minister for Social Justice & Empowerment.The extent of financial support would be limited to Rs. 10,000 for each disability and Rs. 12,000 for students with disabilities in respect of devices costing upto Rs. 20,000. Further, all expensive items costing above Rs. 20,000, except cochlear implant, eligible for assistance under the scheme, subject to income ceiling, would be listed out. Government of India shall bear 50% of cost of the items thus listed by the Committee and the remainder shall be contributed by either the State Govt. or the NGO or any other agency or by the beneficiary concerned subject to prior approval of Ministry on case to case basis; limited to 20% of the Budget under the Scheme.

- Ministry of Social Justice and Empowerment has recognized Institutes of national stature from each zone to recommend children eligible under the Scheme for

cochlear implant, with a ceiling of Rs.6.00 lakh per unit to be borne by the Government. Ministry has also identified and recognized the Institutes in the zones wherein the surgery will be undertaken. Ministry will identify suitable agencies for providing cochlear implant (500 children per year) under the Scheme. Income ceiling for the beneficiaries will be same as for other aids/appliances.

Deendayal Disabled Rehabilitation Scheme

The umbrella Central Sector Scheme of this Ministry called the "Scheme to Promote Voluntary Action for Persons with Disabilities" was revised w.e.f. 01.04.2003 and was renamed as the "Deendayal Disabled Rehabilitation Scheme (DDRS)". However, while revision of the scheme took place in 2003, the cost norms of 1999 had remained unchanged. The revision of the cost norms has become imperative to compensate for the price rise. The Consumer Price Index (CPI) for Industrial workers has risen by 38% from 1999 to 2007. It has been decided to revise the cost norms for honoraria, recurring items and nonrecurring items of expenditure. The scheme has also been revised to the extent that there has been widening of the scope of the model projects.

Objectives

The objectives of the scheme are:
- To create an enabling environment to ensure equal opportunities, equity, social justice and empowerment of persons with disabilities.
- To encourage voluntary action for ensuring effective implementation of the People with Disabilities (Equal Opportunities and Protection of Rights) Act of 1995.

Approach and Strategy

The approach of this Scheme is to provide financial assistance to voluntary organizations to make available the whole range of services necessary for rehabilitation of persons with disabilities including early intervention, development of daily living skills, education, skill-development oriented towards employability, training and awareness generation. With a view to inclusion of persons with disabilities in the mainstream of society and actualizing their potential, the thrust would be on education and training programmes. In order to achieve the objectives of the scheme the key strategies will be as follows:

- To enhance educational opportunities at all levels and in all forms and enlarge the scope of vocational and professional opportunities, income generation and gainful occupations.

- To support all such measures as may be necessary for promoting formal as well as nonformal employment and placement opportunities.

- To implement outreach and comprehensive Community Based Rehabilitation programmes in urban and rural environments.

- To support manpower development activities to train required personnel at different levels for all programmes/ projects/activities for persons with disabilities.

- To support the development, publication and dissemination of information, documentation and training materials.

- To set up well equipped resource centres at different levels. To promote and support the development of self-help groups, parent organizations and independent living.

- To encourage coordination, cooperation and networking and multi-sectoral linkages.

- To support people with disabilities in projects which are environment friendly and ecopromotive.
- To support construction and maintenance of buildings, provision of furniture and fixtures and installation and maintenance of machinery and equipment.
- To establish and support facilities for sport, recreation, leisure-time activities, excursions, creative and performing arts, cultural and socially inclusive activities.
- To support and acilitate the availability of appropriate housing, homes and hostel facilities.
- To support the conduct of surveys and other forms of epidemiological studies.
- To promote research in various development areas, innovative strategies, assistive devices and enabling technologies and support production of such devices ensuring quality control.
- To support effort to ensure protection of human, civil and consumer rights of persons with disabilities.
- To support legal literacy, including legal counseling, legal aid and analysis and evaluation of existing laws.
- To support such other measures, which may meet the needs of the persons with disability and fulfill the obligations as prescribed in the People with Disabilities (Equal Opportunities and Protection of Rights) Act of 1995.

Grants-in-aid to NGOs

To facilitate delivery of various services to persons with disabilities by voluntary organizations, the Ministry of Social Justice and Empowerment is administering DDRS scheme and providing grants-in-aid to NGOs for the following projects:-

- Vocational Training Centres
- Sheltered Workshops
- Special Schools for the Persons with Disabilities

- Project for Cerebral Palsied Children

- Project for Pre-School and Early Intervention and Training

- Home based Rehabilitation Program / Home Management Programme

- Project for Rehabilitation of Leprosy Cured Persons (LCPs)

- Project relating to Survey, Identification, Awareness and Sensitization

- Project for Community Based Rehabilitation

- Project for Human Resource Development

- Seminars / Workshops / Rural Camps

- Project for Legal Literacy, Including Legal Counselling, Legal Aid and Analysis and Evaluation of Existing Laws

- Environment Friendly and Eco-Promotive Projects for the Handicapped

- Grant for Purchase of Vehicle

- Construction of Building

- Grant for Computer

- Project for Low Vision Centres

- Half Way Home for Psycho-Social Rehabilitation of Treated and Controlled Mentally Ill Persons

- District Disability Rehabilitation Centres (DDRCs)

  The maximum level of support could be up to 90% of the eligible amount of grant for the project.

  Source: *Ministry of Social Justice and Empowerment*

Scholarships for Persons with Disabilities

Pre-Matric

Pre-Matric Scholarship for Students with Disabilities

- The scheme has been launched by the Department of Disability Affairs during the Financial Year 2014-15.
- The objective of the scheme is to provide financial assistance to the parents of students with disabilities for studying in the pre-matric level.
- The financial assistance includes scholarship, book grant, escort/reader allowance, etc.
- Number of scholarships to be granted every year is 46,000 for pre-matric level
- Selection of the beneficiaries is on the basis of merit after the recommendation of the Governments of State or Union Territories.
- For online application to the scheme, click here.
  For more information about the scholarship, click here.

Post Matric

Post Matric Scholarship for Students with Disabilities

- The scheme has been launched by the Department of Disability Affairs during the Financial Year 2014-15.
- The objective of the scheme is to provide financial assistance to the parents of students with disabilities for studying in the post matric level.
- The financial assistance includes scholarship, book grant, escort/reader allowance, etc.
- Number of scholarships to be granted every year is 16,650 for post matric level
- Selection of the beneficiaries is on the basis of merit after the recommendation of the Governments of State or Union Territories.
- For online application to the scheme, click here.
  For more information about the scholarship, click here.

Scholarship Scheme from Trust Fund

- The objective of the Scheme is to provide financial assistance to the differently - abled students to enable them to pursue degree and/or post graduate level technical and professional courses from a recognized institution get employed / self - employed.

- There is provision of 2500 scholarships every year.

- Maintenance allowance, book/stationary allowance and grant for purchase of assistive devices are credited to the student's account. Non-refundable fees are reimbursed to the student on production of proof of deposit of fees or are paid directly to the Institute under intimation to the student.

  For more information about the scholarship, click here.

Scholarship Scheme from National Fund

Under the Scheme of National Scholarships for Persons with Disabilities, every year 500 new scholarships are awarded for pursuing post matric professional and technical courses of duration more than one year. However, in respect of students with cerebral palsy, mental retardation, multiple disabilities and profound or severe hearing impairment, scholarship are awarded for pursuing studies from IX Std. onwards. Advertisements inviting applications for scholarships are given in leading national/regional newspapers in the month of June and also placed on the website of the Ministry. State Government/ UT Administrations are also requested to give wide publicity to the scheme.

Students with 40% or more disability whose monthly family income does not exceed Rs. 15,000/-are eligible for scholarship. A scholarship of Rs. 700/- per month to day scholars and Rs. 1,000/- per month to hostellers is provided to the students pursuing Graduate and Post Graduate level technical or professional

courses. A scholarship or Rs. 400/- per month to day scholars and Rs. 700/- per month to hostellers is provided for pursuing diploma and certificate level professional courses. In addition to the scholarship, the students are reimbursed the course fee subject to a ceiling of Rs. 10,000/- per year. Financial assistance under the scheme is also given for computer with editing software for blind/ deaf graduate and postgraduate students pursuing professional courses and for support access software for cerebral palsied students.

Eligibility

1. Financial assistance will be available to Indian students with at least 40% disabilities certified as per definition under Persons with Disabilities Act 1995.

2. Financial assistance will be given for pursuing post-Matric/Post-Secondary technical and professional courses including Ph.D & M.Phil from recognized institutions. However, for students with disabilities of Cerebral Palsy, Mental Retardation, Multiple Disabilities, and Profound or Severe Hearing Impaired, the minimum educational qualification will be class VIII pass and scholarship will be awarded to them for pursuing general, technical, vocational or professional courses.

3. Scholarship will be awarded to one student for pursuing only one course.

4. Financial assistance can be given for computer with editing software for blind / deaf graduate and postgraduate students pursuing professional courses and for support access software for cerebral palsied students.

5. Continuation / renewal of the award for next year will depend on successfully completing the course in the preceding year with minimum 50 (fifty) percent marks.

6. The Assistance under this Scheme is not intended for Post-Matric/Post Secondary Technical/Professional courses having duration of less than one year.

7. A scholarship holder under this scheme will not concurrently hold any other scholarship/stipend. If already any other scholarship/stipend awarded, the student is required to exercise his/her option for choosing the scholarship that he/she proposes to avail and inform awarding authority about the same.

8. Monthly family income of the beneficiary should not be more than Rs. 15,000/- from all sources. Family income includes income of the parent/guardian.

Scholarship details

Upto five hundred awards are to be given annually through institutions in which students are pursuing studies/courses. Scholarship will be given to different categories of disabled students as under:

- Students with orthopedic disability
- Students with blindness or low vision
- Students with hearing disability
- Students with Cerebral palsy, Mental Retardation, Multiple Disabilities, Profound or Severe Hearing Impairment

Amount of scholarship will vary among courses and will also depend on availability of hostel/residential facility with the institution. The details are given below:

S.No	Courses of Study	Rate of scholarship hostellers (Rs / month)	Day scholars (Rs / month)
1	PhD / M. Phil and post graduate/graduate level courses in Engineering / Indian and other systems of medicine / Agriculture / Veterinary / IT /	1000	700

	Biotechnology, Education Management / Architecture, Physiotherapy, Music and other professional courses		
2	Diploma and certificate level professional courses	700	400
3	In respect of students with cerebral palsy, mental retardation, multiple disabilities and profound or severe hearing impairment, for pursuing general / professional / technical / vocational courses after class VIII	700	400

- The students will also be reimbursed the course fee subject to a ceiling of Rs.10,000/-per year.
- Besides students living in the hostel / residential facility provided by the institutions, those students will also be considered as hostellers who live in accommodation hired at least by a group of 3 students living together with common mess arrangement. Such students will have to furnish a certificate in this regard countersigned by the head of the institution and a certificate from the owner of the house in case of own arrangement or accommodation taken on rent.

List of enclosures (attested copies only)

- Academic records (attested copy of certificates and Mark sheets - matric & above),
- Family Income Certificate / Proof of annual income, e.g. Salary Slip, last Income tax Assessment order,
- Attested copy of Disability Certificate
- Course fee receipt (if any) with breakup of each item duly paid during the academic session

- Hostel Certificate or certificate from the house owner in case of accommodation hired by at least by a group of 3 students living together with common mess arrangements.
- Applications for the scholarship may be sent to the Section Officer (DD-IV), Ministry of Social Justice & Empowerment, Shastri Bhavan, New Delhi-110 001. A Student should submit only one application along with all the relevant documents together with recommendations of the Institute concerned.

  Applications for the award of scholarship will be countersigned and recommended by the head of the institution in which the applicant is enrolled for study. Details and forms can also be downloaded from the Ministry's website www.socialjustice.nic.in or may be obtained from DD-IV Section, Ministry of Social Justice & Empowerment, Room No.242, "A" Wing, Shastri Bhavan, New Delhi-110001.

  For more information: *Ministry of Social Justice and Empowerment*

Post graduation

Scholarship for Top Class Education for students with disabilities studying in premier higher educational institutes (like IIT, IIM, NIT)

- The scheme covers Students with Disabilities (SwDs) for pursuing studies at the level of Post Graduate Degree or Diploma in any discipline.

National Fellowship for Students with Disabilities

- Fellowship for Students with Disabilities is a fellowship scheme for pursuing M.Phil/Ph.D. courses in any University recognized by University Grants Commission (UGC).
- Number of fellowships to be given is 200 per annum.

- The scheme is effective from 2012-13.

- The fellowship amount ranges from Rs. 25,000/- to Rs. 28,000/- per month. In addition, there are provisions of Escort/Reader Allowance and House Rent Allowance (wherever applicable).

- Duration of Fellowship: 2 years for M.Phil and 5 years for Ph.D.

- Selection of candidates is done by UGC.

- Disbursement of fellowship amount is done by the Department of Disability Affairs through Canara Bank who has been designated for this purpose. The Fellowship amount is remitted by the Canara bank direct to the bank accounts of the selected candidates.
  For more information about the scholarship, click here.

National Overseas Scholarship (NOS) for Students with Disabilities

- The scheme of National Overseas Scholarship for Students with Disabilities has been launched with the objectives of providing financial assistance to the students with disabilities for pursuing studies abroad at the level of Masters' Degree and Ph.D.

- Twenty (20) scholarships are to be awarded every year out of which six are reserved for women candidates.

- The scholarship amount includes Maintenance Allowance, Contingency Allowance, Tuition Fees, and Cost of Air Passage etc.

- The said scheme has been launched in the year 2014-15. In addition to the above, there is a "Passage Grants" to two Students with Disabilities every year.

- Only those Students with Disabilities who are in receipt of a merit scholarship for Post Graduate Studies, Research or Training abroad (excluding attending seminars, workshops, conferences), from a foreign government/ organization or under any other scheme, where the cost of passage is not provided, shall be eligible.

- The Passage Grant includes to-and-fro air-fare from home-station to the Institute abroad by economy class through Air India.

For more information about the scholarship, click here.

Scheme of Free Coaching for Students with Disabilities

The scheme is to provide financial assistance to premiere coaching institutions for imparting coaching to students with disabilities for entrance examinations and competitive examinations.

For more information about the scholarship, click here.

Source : Department of Empowerment of Persons with Disabilities

Unique Disability ID

"Unique ID for Persons with Disabilities" project is an initiative of Department of Empowerment of Persons with Disabilities, Government of India. It aims at building a holistic end-to-end integrated system for Issuance of Universal ID & Disability Certificates for Person with Disabilities with their identification and disability details.

About UDID

The UDID project is being implemented with a view of creating a National Database for PwDs, and to issue a Unique Disability Identity Card (UDID) to each person with disabilities.

It includes -

- Online availability of data of Person with Disabilities across country through a centralized web application

- Online filing and submission of registration application form for disability certificate/ Universal ID card; Offline applications may also be accepted and subsequently digitized by agencies
- Quick Assessment process for calculating the percentage of disability by the hospitals/ Medical Board
- Non-duplication of PwDs data
- Online renewal and update of information by Person with Disabilities/ on their behalf
- MIS reporting framework
- Effective management including interoperability of the benefits / schemes launched by the Government for PwD
- To take care of additional disabilities in future. Number of disabilities at the moment isseven and shall be subject to increase as per the new Act/ notification which can be up to 19 or more.

Benefits of UDID

The UDID card shall bring a host of benefits to the Persons with Disabilities as given below:

1. Persons with disabilities will not need to make multiple copies of documents, maintain, and carry multiple documents as the card will capture all the necessary details which can be decoded with the help of a reader
2. The UDID card will be the single document of identification, verification of the disabled for availing various benefits in future
3. The UDID Card will also help in stream-lining the tracking of the physical and financial progress of beneficiary at all levels of hierarchy of implementation – from village level, block level, District level , State level and National level.

Application process

Who can apply?

As per the Persons with Disabilities act 1995 only given disabilities type can apply for UDID Card.

List of Disabilities:

1. **Blindness:** "Blindness" refers to a condition where a person suffers from any of the following conditions namely:-

    i. Total absence of sight; or

    ii. Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses; or

    iii. Limitation of the field of vision subtending an angle of 20 degree or worse;

    Cerebral Palsy: "Cerebral Palsy" means a group of non-progressive conditions of a person characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the pre-natal, peri-natal or infant period of development;

    Low vision: "Low Vision" means a person with impairment of visual functioning even after treatment of standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device;

    Locomotor Disability: "Locomotor disability" means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or nay form of cerebral palsy;

    Leprosy-cured: "Leprosy-cured person" means person who has been cured of leprosy but is suffering from-

.   Loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

i.   Manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

ii. Extreme physical deformity as well as advanced age which prevents him from undertaking ang gainful occupation, and the expression 'Leprosy Cured" shall be construed accordingly;

Mental Retardation: "Mental retardation" means a conditions of arrested or incomplete development of mind of a person which is specially characterized by sub normality of intelligence;

Mental Illness: "Mental illness" means any mental disorder other than Mental retardation

Hearing Impairment: "Hearing Impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies

How to apply?

For Fresh Cases:

Click Apply online, fill online application, attach scanned copy of required documents.

1. **Person with Disability already having Disability Certificate (Whose data have been migrated in UDID Portal) :** All PwDs who have been issued Disability Certificate   visit http://www.swavlambancard.gov.in/pwd/searchapplication.   To get your details search by Beneficiary ID/State ID or Aadhaar Number (if linked). On receipt of your details, fill up the application and submit.

2. **Person with Disability already having Disability Certificate (Whose data have not been migrated in UDID Portal):** Click Apply online**,** fill up application as

fresh and select option "**Have Disability Certificate?: Yes**" in Disability Details Tab **.** Fill up other details and submit application.

3. **Person with Disability not having Disability Certificate:** Click Apply online, Choose option "**Have Disability Certificate? No**" in Disability Details Tab while filling up application and submit application.

   Four types of details are required:

1. Personal Details including Address

2. Disability Details

3. Employment Details

4. Identity Details

   To access the application form, click here.

   Documents required with online application:

- Scanned copy of recent color photo.

- Scanned image of signature (Optional)

- Scanned copy of Address Proof (Aadhar/Driving License/State Domicile etc)

- Scanned copy of Identity Proof (Aadhar Card/PAN Card/Driving License etc)

- Scanned copy of Disability Certificate (Only for those Persons with Disability who have been issued Disability Certificate by the competent Authority)

Track status of application

To track the application status, click here.

Download your e-Disability Card & e-UDID Card

To download e-Disability Card and e-UDID Card, click here. You need to login to access the facility.

Disability Certificate & UDID Card Renewal

To renew disability certification and UDID Card, click here.

Apply for Lost UDID Card

To apply for Lost UDID Card, click here.
Source : Unique Disability ID portal

Empowerment of persons with disabilities is an inter-disciplinary process, covering various aspects namely, prevention, early detection, intervention, education, vocational training, rehabilitation and social integration etc. Apart from resources, it requires dedicated efforts of persons and institutions involved in the process of empowerment. In order to recognise their effort and encourage others to strive to achieve excellence in this field, the National Awards for Empowerment of Persons with Disabilities are being awarded every year.

Categories

1. Best Employees/Self-Employed With Disabilities
2. Best Employers and Placement Officer/Agency
3. Best individual and institution working for the Cause of persons with disabilities
4. Role Model Awards
5. Best Applied Research/Innovation/ Product Development Aimed At Improving the Life of Persons with Disabilities
6. Outstanding work in the creation of barrier – Free Environment for the persons with disabilities
7. Best district in providing Rehabilitation services

8. Best state channelising agency of national Handicapped finance and Development Corporation

9. Outstanding creative adult persons with Disabilities

10. Best Creative Child with Disabilities

11. Best Braille Press

12. Best Accessible Website

13. Best State in promoting empowerment of persons with disabilities

14. Best Sport person with disability.

Who can apply

Applications are invited from eligible candidates or establishment or institutions fulfilling the prescribed criteria. To get the criteria laid down for each of the above categories of awards, and full details of the Scheme of National Awards, click here.

Application procedure

- The applications should be in Hindi or English only.
- The applications of those employed in the Central/State Government/Union Territory Administrations/Public Sector Undertakings should be sent in the prescribed proforma (either in Hindi or in English only) through the Ministry/Department/State Government/ Union Territory Administration/Public Sector Undertaking concerned duly approved by the competent authority in such Govt./Administration/Undertaking.
- In case of others (including self-employed, those in the private sector organizations/ unorganized sector and sportspersons), applications should be routed through and recommended by one of the following:-

- Department of the concerned State Government/Union Territory Administration dealing with disability matters.

- Central Ministry/Department dealing with the relevant subject or area.

- A National Institute (under the Ministry of Social Justice and Empowerment or Health and Family Welfare) dealing with rehabilitation of Persons with Disabilities.

- Principal Secretary/Secretary, Welfare of the concerned State.

- Collector of the concerned District.

- A past recipient of National Award for the Empowerment of Persons with Disabilities.

- Applications in the prescribed proforma should be accompanied by the following:-

- Two passport sized photographs (in the case of individuals).

- Bio-data along with summary of achievements and documents in support therof; and

- Draft citation (not exceeding one page)

- Application duly recommended and complete in all respect should be sent to Shri O.P. Dogra, Director, Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Room No. 519, B-II, 5th Floor, Paryavaran Bhavan, C.G.O Complex New Delhi-110 003,

Selection procedure

- Initially, selection will be made by a committee appointed by each State/Union Territory. The composition of the committees will be left to the State Governments/Union Territory Administration.

- There shall be screening committees for short listing of awardees in different categories of national awards to ensure objective selection of the awardees in the context of nature of the award and relative merit. The desired attributes for each category of the award may be listed and the panel of awardees may be determined/short - listed in the order.
- The convenors of the Screening Committees will assist the National Selection Committee in selection process.
- The Chairpersons/Members of the different committees shall be decided in advance with the approval of Minister of Social Justice & Empowerment.
- The National Selection Committee while selecting the candidates for the National Awards shall keep in mind that adequate representation should be given to all regions of the country and a balance between rural and urban awardees has to be kept. Due representation may also be given to women while selecting awardees in various categories for national awards.

List of recipients of National Awards for Empowerment of PwDs, 2018

Source : Department of Empowerment of Persons with Disabilities (Divyangjan)

GST rate for speCIFied items for Physically Challenged Persons

The GST rates fixed for specific devices for physically challenged persons are as follows.

Assistive devices and rehabilitation aids for physically challenged persons

GST rate for speCIFied items for Physically Challenged Persons listed below, have been kept at the concessional 5% GST rate:

1. Braille writers and braille writing instruments;

2. Handwriting equipment like Braille Frames, Slates, Writing Guides, Script Writing Guides, Styli, Braille Erasers

3. Canes, Electronic aids like the Sonic Guide;

4. Optical, Environmental Sensors;

5. Arithmetic aids like the Taylor Frame (arithmetic and algebra types), Cubarythm, Speaking or Braille calculator;

6. Geometrical aids like Combined Graph and Mathematical Demonstration Board, Braille Protractors, Scales, Compasses and Spar Wheels;

7. Electronic measuring equipment such as Calipers, Micrometers, Comparators, Gauges, Gauge Block Levels, Rules, Rulers and Yardsticks

8. Drafting, Drawing Aids, Tactile Displays;

9. Specially adapted Clocks and Watches;

10. Orthopaedic appliances falling under heading No.90.21 of the First Schedule;

11. Wheel Chairs falling under heading No.87.13 of the First Schedule;

12. Artificial electronic larynx and spares thereof;

13. Artificial electronic ear (Cochlear implant);

14. Talking books (in the form of cassettes, discs or other sound reproductions) and large-print books, braille embossers, talking calculators, talking thermometers;

15. Equipment for the mechanical or the computerized production of braille and recorded material such as braille computer terminals and displays, electronic braille, transfer and pressing machines and stereo typing machines;

16. Braille Paper;

17. All tangible appliances including articles, instruments, apparatus, specially designed for use by the blind;

18. Aids for improving mobility of the blind such as electronic orientation and obstacle detecting appliance and white canes;

19. Technical aids for education, rehabilitation, vocational training and employment of the blind such as Braille typewriters, braille watches, teaching and learning aids, games and other instruments and vocational aids specifically adapted for use of the blind;

20. Assistive listening devices, audiometers;

21. External catheters, special jelly cushions to prevent bed sores, stair lift, urine collection bags;

22. Instruments and implants for severely physically handicapped patients and joints replacement and spinal instruments and implants including bone cement.

Inputs and raw materials for manufacture of assistive devices / equipments

Most of the inputs and raw materials for manufacture of these assistive devices/equipments attract 18% GST. The concessional 5% GST rate on these devices/equipments would enable their domestic manufacturers to avail Input Tax Credit of GST paid on their inputs and raw materials. Further, the GST law provides for refund of accumulated Input Tax Credit, in cases, where the GST rate of output supply is lower than the GST rate on inputs used for their manufacture. Therefore, 5% GST rate on these devices/equipments would enable their domestic manufacturers to claim refund of any accumulated Input Tax Credit. That being so, the 5% concessional GST rate on these devices/equipment would result in reduction of the cost of domestically manufactured goods, as compared to the pre-GST regime.

As against that, if these devices/equipments are exempted from GST, then while imports of such devices/equipments would be zero rated, domestically manufactured such devices/equipments will continue to bear the burden of input taxes, increasing their cost and resulting in negative protection for the domestic value addition.

In fact, the 5% concessional GST rate on such devices/equipments will result in a win-win situation for both the users of such devices, the disabled persons, as well as the domestic manufacturers of such goods. It is for this reason that the Council has kept these items in 5% rate slab.

Source: PIB

Legislations pertaining to reserved category, schemes/ projects and policies for reserved category

The system of *reservation in India* such as reserving access to seats in the various legislatures, to government jobs, and to enrollment in higher educational institutions. The reservation nourishes the historically disadvantaged castes and tribes, listed as Scheduled Castes and Scheduled Tribes by the Government of India, also those designated as Other Backwards Classes (OBCs) and also the economically backward general. The reservation is undertaken to address the historic oppression, inequality, and discrimination faced by those communities and to give these communities a place. It is intended to realise the promise of equality enshrined in the Constitution.

The Constitution prohibits untouchability and obligates the state to make special provision for the betterment of the SCs and STs. Over the years, the categories for affirmative action, also known as positive discrimination, have been expanded beyond those to the OBCs.

Reservation is governed by the Constitution, statutory laws and local rules and regulations. The SCs, STs and OBCs, and in some states Backward Classes among Muslims under a category called BC(M), are the primary beneficiaries of the

reservation policies. There have been protests from groups outside the system who feel that it is inequitable.

Historical Background

The primary objective of the reservation system in India is to enhance the social and educational status of underprivileged communities and people thus improve their lives.[1][*verification needed*].

Before independence

Quota systems favouring certain castes and other communities existed before independence in several areas of British India. Demands for various forms of positive discrimination had been made, for example, in 1882 and 1891.[2] Shahu, the Maharaja of the princely state of Kolhapur, introduced reservation in favour of non-Brahmin and backward classes, much of which came into force in 1902. He provided free education to everyone and opened several hostels to make it easier for them to receive it. He also tried to ensure that people thus educated were suitably employed, and he appealed both for a class-free India and the abolition of untouchability. His 1902 measures created 50 percent reservation for backward communities.[*citation needed*]

The British Raj introduced elements of reservation in the Government of India Act of 1909 and there were many other measures put in place prior to independence.[2] A significant one emerged from the Round Table Conference of June 1932, when the Prime Minister of Britain, Ramsay MacDonald, proposed the Communal Award, according to which separate representation was to be provided for Muslims, Sikhs, Indian Christians, Anglo-Indians, and Europeans. The depressed classes, roughly corresponding to the STs and SCs, were assigned a number of seats to be filled by election from constituencies in which only they

could vote, although they could also vote in other seats. The proposal was controversial: Mahatma Gandhi fasted in protest against it but many among the depressed classes, including their leader, B. R. Ambedkar, favoured it. After negotiations, Gandhi reached an agreement with Ambedkar to have a single Hindu electorate, with Dalits having seats reserved within it. Electorates for other religions, such as Islam and Sikhism, remained separate. This became known as the Poona Pact.[3]

After independence

After the independence of India in 1947 there were some major initiatives in favour of the STs, SCs and after the 1980s in favour of OBCs.(Other Backward Castes)and in 2019 for poor general category . The country's affirmative action programme was launched in 1950 and is the oldest such programme in the world.[4]

A common form of caste discrimination in India was the practice of untouchability. SCs were the primary targets of the practice, which was outlawed by the new Constitution of India.[5]

In 1954, the Ministry of Education suggested that 20 percent of places should be reserved for the SCs and STs in educational institutions with a provision to relax minimum qualifying marks for admission by 5 percent wherever required. In 1982, it was speCIFied that 15 percent and 7.5 percent of vacancies in public sector and government-aided educational institutes should be reserved for the SC and ST candidates, respectively.[6]

A significant change began in 1979 when the Mandal Commission was established to assess the situation of the socially and educationally backward classes.[7] The commission did not have exact population figures for the OBCs and so used data from the 1931 census, thus estimating the group's population at 52 per cent.[8] In

1980 the commission's report recommended that a reserved quota for OBCs of 27 per cent should apply in respect of services and public sector bodies operated by the Union Government. It called for a similar change to admissions to institutes of higher education, except where states already had more generous requirements.[7] It was not until the 1990s that the recommendations were implemented in Union Government jobs.[9] In 2019 the government announces the 10% reservation in educational institutions and government jobs for economically weaker section of general category.

The Constitution of India states in article 15(4): "Nothing in [article 15] or in clause (2) of article 29 shall prevent the State from making any special provision for the advancement of any socially, and educationally backward classes of citizens of or for the Scheduled Castes and the Scheduled Tribes."[10] Article 46 of the Constitution states that "The State shall promote with special care the educational and economic interests of the weaker sections of the people, and, in particular, of the Scheduled Castes and the Scheduled Tribes, and shall protect them from social injustice and all forms of exploitation."[11]

The Supreme Court of India ruled in 1992 that reservations could not exceed 50 percent, anything above which it judged would violate equal access as guaranteed by the Constitution. It thus put a cap on reservations.[12] However, the recent amendment of the constitution exceeds 50% and also there are state laws that exceed this 50 percent limit and these are under litigation in the Supreme Court. For example, in the State of Tamil Nadu, the caste-based reservation stands at 69 percent and applies to about 87 percent of the population.reservation is not just for SC,ST and OBC reservation is also for women's and transgender so they can get equal opportunity.[citation needed][citation needed]

Reservation schemes

In employment

A fixed percentage of India's government and public sector jobs are made exclusive for categories of people largely based on their caste or tribe.

The 1993 Supreme Court ruling in the Indra Sawhney case said that reservations in job promotions are "unconstitutional" but allowed its continuation for five years.[13][12] In 1995, the 77th amendment to the Constitution was made to amend Article 16 before the five-year period expired to continue with reservations for SC/STs in promotions.[14] It was further modified through the 85th amendment to give the benefit of *consequential seniority* to SC/ST candidates promoted by reservation.[15]

The 81st amendment was made to the Constitution to permit the government to treat the backlog of reserved vacancies as a separate and distinct group, to which the ceiling of 50 per cent did not apply.[16] The 82nd amendment inserted a provision in Article 335 to enable states to give concessions to SC/ST candidates in promotion.[17]

The validity of all the above four amendments was challenged in the Supreme Court through various petitions clubbed together in *M. Nagaraj & Others Vs. Union of India & Others*, mainly on the ground that these altered the Basic Structure of the Constitution. In 2006, the Supreme Court upheld the amendments but stipulated that the concerned state will have to show, in each case, the existence of "compelling reasons" - which include "backwardness", "inadequacy of representation" and overall "administrative efficiency - before making provisions for reservation. The court further held that these provisions are merely enabling provisions. If a state government wishes to make provisions for reservation to SC/STs in the promotion, the state has to collect quantifiable data showing backwardness of the class and inadequacy of representation of that class.[18]

In 2007, the Government of Uttar Pradesh introduced reservation in job promotions. However, citing the Supreme Court decision, the policy was ruled to be unconstitutional by the Allahabad High Court in 2011.[19] The decision was challenged in the Supreme Court, which upheld it in 2012 by rejecting the government's argument because it failed to furnish sufficient valid data to justify the move to promote employees on a caste basis.[20]

In education

In India scholarships or student aid is available for—SCs, STs, BCs, OBCs, women, Muslims, and other minorities. Only about 0.7% of scholarships or student aid in India is based on merit, given the grossly inadequate representation of above-mentioned categories in employment and education due to historic, societal and cultural reasons.[21]

New rules implementation of UPA Government do not provide scholarship scheme and reservation quota of students and employees of colleges under central University and State University approved by the UGC.

National and international organizations and agencies working for child,

Development of women and children in Rural Areas (DWCRA)

Development of women and children in Rural Areas (DWCRA) was launched as a sub scheme of IRDP during the year 1982-83 in 50 districts. It subsequently extended to cover all the districts in the country by 1994-95. The flow of benefits to poor women, in spite of reservation, under various poverty alleviation programmes viz. IRDP and TRYSEM were found to be not making much impact.

Therefore, in order to overcome this situation and to involve the rural women more intensely in economic activities and matters that concerns the rural community. One of the initiatives taken by this ministry was the introduction of an exclusive programme for women viz. Development of women & children in rural areas. DWCRA with exclusive focus on economic empowerment of women provides all these inputs by considering women as critical to development. This intervention aims at not only raising the incomes of rural women of poor households, but also enabling organized participation of groups of women provides all these inputs by considering women as critical to development: also enabling organized participation of groups of women in the programmes of credit, skill training and infrastructure support for self-employment. DWCRA was introduced for ensuring that the benefits of IRDP reach to women directly. The programme seeks to improve the access of rural women to health, education, safe drinking water, sanitation, nutrition etc; thereby bringing about an enhancement in the quality of general well being of women & children.

Strategy

The basic unit under DWCRA is a group of 10-15 poor women who have come together to help each other in order to use their collective strength to break social bonds that have denied them income generating and self-fulfilling opportunities. The group size may be smaller in difficult terrain and far-flung areas. One woman amongst the members functions as the group organizer who helps in the choice of activity, procurement of raw material, marketing of products. Before undertaking the activities women were made aware of the objectives and benefits of group information under the scheme; undertaking their potential and recognizing their strength. At the operational level inputs/coaching for such an exercise by the group is given by gram sevika for a period of two years, who not only creates a group but

also nurtures the group and orients them in availing of benefits of various other programmes/schemes.

Implementing Agency and Staffing Pattern

DWCRA is being implemented by the district Rural Development Agencies to facilitate the implementation of scheme one post of Assistant Project officer (Woman) has been sanctioned to be part of the DRDA team. One additional post of Gram Sevika has also been sanctioned at the block level to look after the activities of the groups. This is addition to the two Gram Sevika in the normal block pattern.

The Assistant Project officer (APO), the additional Gram Sevika along with two Gram Sevikas and Mukhya Sevika already available with CD Block from a team to help in the implementation of DWCRA. The conduct preliminary surveys of the area, and establish contacts with the rural women, identifying their constraints and needs. The team is responsible for monitoring and follow up. The APO is to help in establishing contracts with different agencies, in mobilisation of resources and training facilities, also to look after the day to day administration of the scheme within the DRDA. Implementation of the entire DRDA is the overall responsibility of the entire DRDA team headed by the project officer or Project Director.

Community Based Convergent Services

The Community Based Convergent Services (CBCS), as a component of DWCRA was started in 1991 in a few districts of the country is a pilot programme. The objective was to create greater awareness among the village communities to enable them to demand social services provided by the state in a better manner and also share responsibilities in the management and implementation of these services, thus, leading to sustainable development. Traditional methods like visuals, role play, folk art, puppetry, dance and drama etc, are some of the means employed for

sensitizing the community to the basic needs. The Programme seeks to strengthen existing organization of rural poor women, encourage the level of social and economic status of women. The programmes of ICDS, Rajiv Gandhi National Drinking Water Mission, and National Literacy Mission (NLM) are some of the programmes which are sought to be converged at the grass roots level- 298 districts community based convergent Services (CBCS) with cent per cent Central assistance at Rs. 5.00 Lakhs per district.

Child Care Activities

Child Care Activities (CCA) has been incorporated in DWCRA Programme during 1995-96 with the following objectives:

- To provide crèche services for children of working DWCRA women.
- Setting up of literacy centres of DWCRA women with specific emphasis on girl child dropouts and illiterate members of the DWCRA groups.
- Filling up critical gaps in the areas of immunization, nutrition etc. for the children of DWCRA members with special focus and emphasis on the girl child to reduce gender disparities in the infant girl child care.
- To provide some relief to the physically handicapped children of DWCRA members. To provide immediate relief and pay for legal assistance in case of redressal of physical abuse of the girl child.
- Children below 6 years are the target group under child Care Activities. Each DRDA is to receive Rs. 1.50 lakhs (Rs. 1.00 lakhs Central Share and Rs. 50,000 as state share) for child care Activities.

Funding Pattern

Each DWCRA group gets Rs. 25,000 as Revolving Fund to meet capital expenditure requirement of economic activities. Expenditure on revolving fund

was being shared equally by the central government, state Government and UNICEF till 1994-95. UNICEF assistance was not available from 1.1.96. The revolving fund has been increased from Rs. 15,000 to Rs. 25,000 during 1995-96. Presently, the expenditure for revolving fund is being shared by the centre and state on 50:50 bases.

Coverage

Initially no specific coverage of vulnerable groups such as SC/STs was fixed. However, during the year 1997-98, it has been made compulsory that 50% of the groups have to be women belonging to SC/ST.

Priority has to be given to physically handicapped persons and also girls and women rehabilitated from prostitution.

National Institute of Public Cooperation and Child Development
Objective

1. Develop and promote voluntary action in social development through training & capacity building of Government and Non-Government functionaries;
2. Take a comprehensive view of child development through research and develop tools/design for supporting implementation of Government schemes and programmes and;
3. Coordinate Meetings of MWCD with Stakeholders under different Schemes/Programmes and Policies for furthering the objectives and provide feedback.

Areas of Interest

- Early childhood care and development.

- Health and nutrition of the young child and mothers.

- Infant and Young Child Feeding.

- Prevention of micronutrient malnutrition.

- Adolescent health, reproductive health and HIV/AIDS.

- Growth monitoring.

- Nutrition and Health Education.

- Child guidance and counselling.

- Early detection and prevention of childhood disabilities.

- Learning and behavioural problems of children and parent education.

- Child rights and Child Protection.

- Juvenile justice.

- Women?s empowerment and Gender mainstreaming.

- Holistic development of adolescent girls and family life education.

- Prevention of child marriage, female foeticide and female infanticide

- Counselling and support services for women in distress.

- Formation and management of self help groups.

- Prevention of trafficking of women and children.

- Prevention of Gender Based Violence.

- Gender Budgeting.

- Gender sensitisation of law enforcement agencies.

- Partnership initiatives of Government/social organisations in the area of child development.

- Manpower Development in Social Development sector.

- Capacity Building of civil society organisations.

  - **Vision**
  - NIPCCD is to be seen as an Institute of Global repute in child rights, child protection and child development.
  - **Mission**
  - To act as a think tank, catalyst and inventor of child rights, child protection and child development programmes by pursuing capacity building of child development functionaries, research and evaluation, networking, consultancy and advisory services as well as provision of specialised services through inter-disciplinary teams.

Members & Committees

- Executive Council Members

- General Body Member

- Chief Vigilance officer

- Committee for the prevention of sexual harassment of women at workplace

- Institutional Review Board (IRB)

Unicef

The challenge

Millions of children are on the move. Some are driven from their homes by conflict, poverty or disaster; others are migrating in the hope of finding a better, safer life. Far too many encounter danger, detention, deprivation and discrimination on their journeys.

It shouldn't have to be this way. The suffering and discrimination of migrant children is unacceptable and preventable. A child is a child, no matter why she leaves home, where she comes from or where she is and how she got there. And every child deserves protection, care and all the support and services she needs to thrive. But too often that's not the case.

Migrant and displaced children face many challenges in transit and at destination, often because many of them have limited options to move through safe pathways and with their families. They often encounter violence, abuse, exploitation or discrimination. They miss out on education and proper medical care. The fact that they are newcomers can hinder their inclusion – especially hard as they try to learn a new language and integrate into a new culture. These difficulties have lasting physical and psychological effects.

Nowhere in the world are children more central to a continent's future than in Africa. This presents both a challenge and an opportunity. With the right policies and practices in place, African states can improve national actions and international cooperation to address the negative drivers forcing children from their homes and protect and respond to the needs and rights of children uprooted –

whoever they are and wherever they are. The share of children among Africa's migrants and displaced populations is currently the largest for any region – nearly one in four international migrants in Africa is a child, more than twice the global average.

The Global Compact

The Global Compact for Safe, Orderly and Regular Migration is a landmark agreement that recognizes for the first time that children are central to migration management. It proves that UNICEF's six-point Agenda for Action is doable and provides a framework to bring it to life. UNICEF actively participated in the 18 months of negotiations that led to the final document – including the involvement of young migrants in discussions. The compact was adopted at an intergovernmental conference in Marrakech, Morocco in December, 2018.

Link to video on it's hosted site.

The solution

Children around the world, regardless of where they're from and why they've left their homes, should be treated the same.

Children should feel safe from violence and exploitation. They should be able to stay with their families. They shouldn't have to miss school or not be able to go to the doctor. They shouldn't fear xenophobia or discrimination. They should be able to feel at home – wherever home is.

UNICEF works around the world to help make sure migrant and refugee children are protected and that their rights are respected. We provide lifesaving humanitarian supplies in refugee camps. We run child-friendly spaces – safe places

where migrant and refugee children can play, where mothers can rest and feed their babies in private, where separated families can reunite. We support national and local governments to put in place laws, policies, systems and public services that are inclusive of refugee and migrant children, address their specific needs and help them thrive. We collect, analyse and disseminate data. We help keep families together and provide support to family-based solutions that are alternatives to the detention of migrant and displaced children. We work with governments, the private sector and civil society. We want to empower children and youth who are uprooted with cutting-edge solutions, and make their voices heard.

The solutions exist, and they're attainable. Learn more about our Agenda for Action to support children on the move.

For disabled

Children with disabilities are one of the most marginalized and excluded groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, they are effectively barred from realizing their rights to healthcare, education, and even survival.

Estimates suggest that there are at least 93 million children with disabilities in the world, but numbers could be much higher. They are often likely to be among the poorest members of the population. They are less likely to attend school, access medical services, or have their voices heard in society. Their disabilities also place them at a higher risk of physical abuse, and often exclude them from receiving proper nutrition or humanitarian assistance in emergencies.

UNICEF vision is to build a world where every child can grow up healthy, protected from harm and educated, so they can reach their full potential. Every day

we're working to make this vision a reality. No matter who they are or where they are born, we reach out to the most vulnerable children wherever and whenever they need us".

Protecting the rights of children with disabilities is not a new theme for UNICEF. It has been an integral part of our programming since the Convention on the Rights of the Child (CRC) – the first international treaty to explicitly recognize the rights of children with disabilities. With the passing of the Convention on the Rights of Persons with Disabilities (CRPD), our disability work has gained momentum.

UNICEF work has a renewed and intensified focus on equity, which seeks to identify and address the root causes of inequality so that all children – particularly those who face the worst deprivations in society – can realize their rights.

The equity-based approach is one of the foundations of our disability agenda, the main goals of which are to mainstream disability across all of our policies and programmes – both in development and humanitarian action – and to develop leadership on the rights of children with disabilities, building capacity among staff and partners.

For gender equality

The challenge

Girls and boys see gender inequality in their homes and communities every day – in textbooks, in the media and among the men and women who provide their care and support.

Unequal responsibility for work in the home socializes children into thinking that these duties are women's only roles, thereby curtailing generational change and narrowing girls' ambitions.

Boys and girls who witness gender-based violence in their homes are more likely to replicate violent relationships as adults, either as perpetrator or victim.

Outside the home, community health workers – predominantly women – are often low-skilled and voluntary or underpaid, with limited opportunity for professional growth to care for the vulnerable children and families they serve.

Yet, in early childhood gender disparities between girls and boys often start out relatively small. Girls have higher survival rates at birth, are more likely to be developmentally on track, and just as likely to participate in preschool.

But, as girls and boys age, gender barriers expand.

Chores, caring for siblings, and safety issues keep girls out of school, while expectations of earning money force boys to dropout. By the time children reach age 10, boys' worlds often expand while girls' worlds contract, resulting in negative consequences that can last a lifetime.

Menstruation remains taboo, and without information, facilities and products to manage it, the health, welfare and educational prospects for millions of adolescent girls around the world are hindered.

Adolescent girls also have an increased risk of gender-based violence – including sexual harassment – in times of both peace and conflict.

The solution

UNICEF harnesses the full force of our global presence and partners to help further gender equality.The Gender Action Plan is our road map to help level the playing field.

Link to video on it's hosted site.

We increase quality maternal care, and the professionalization of the mostly female front-line community health workers. We recognize and empower the role of women in the design and delivery of water, sanitation and hygiene ecosystems.

In schools and communities across the globe, we promote strategies to prevent violence and discrimination against girls, boys and women. We work with adolescent girls and boys to thrive in their learning and pathways to meaningful employment.

UNICEF supports the most marginalized girls – including those in conflict and crises or those with disabilities - to complete secondary education. Our targeted initiatives, such as those to end school-related gender-based violence and those that provide adolescent girls with the ability to safely manage their monthly menstrual cycle help make it happen.

We empower adolescent girls at risk of child marriage, or who are already married, by providing them with information and fundamental life skills while helping them build support networks and remain in school.

Parents and community members are often primary decision-makers on child marriage, female genital mutilation (FGM) and girls' access to social networks so we educate and mobilize them to invest in girls.

We help countries advance adolescent girls' health and wellbeing, especially in nutrition, HIV/AIDS and pregnancy care.

We support platforms to train and recognize applied gender skills among staff and partners globally to deliver on our shared programming visions for gender equality.

We collect, quantify and share data that are critical to better understand ongoing and emerging challenges and solutions. Every year, we further International Day of the Girl with action and activities on issues that matter most.

And finally, we look for innovative solutions – such as digital technology and exciting new partnerships – to achieve our vision for gender equality at scale. We tap into the power and promise of youth to guide and shape what works for their generation.

Unicef in india

UNICEF India recognizes that the health, hygiene, nutrition, education, protection and social development of children are all connected. Targeting efforts for them at all stages of their growth – infant and mother, child and adolescent – and on a range of traditional programme fronts will see that inroads are made to ensure children not only survive, but thrive too.

Child Survival Growth and Development

Reproductive and Child Health

- Maternal Health
- Neonatal Health
- Immunization
- Polio

Child Development and Nutrition

- Women Nutrition
- Infant and Young Child Feeding
- Micronutrient Nutrition
- Stunting

Water Sanitation and Hygiene

Protective and Learning Environment

Quality Education

- RTE and CFSS
- Teacher Education
- Gender and Inclusion
- Early Childhood Education

Child Protection

- Child Protection Systems
- Child Labour

Wash in Schools

- Gender Segregated Functional Toilets in Schools
- Handwashing With Soaps in Schools Before Midday Meal
- Clean India- Clean Schools

Adolescent Empowerment

Protecting Adolescents

Empowering Adolescents

- Secondary Education
- Child Marriage

Adolescents Health & Nutrition

- Adolescents Health
- Adolescents Nutrition

Evidence Based Policy Influencing & Advocacy

Advancing Evidence Based Inclusive Policies

- Data and Evidence for Policy and Equity Focused Programming
- Strengthening Evaluation Capacity and Knowledge Management
- Planning and Monitoring of Child Rights and Equity through Decentralised Governance
- Promotion of Social Inclusion and Social Protection

Reducing Neonatal Deaths

Disaster Risk Reduction

Disaster Risk Education

World health organization (WHO)

WHO began when our Constitution came into force on 7 April 1948 – a date we now celebrate every year as World Health Day. We are now more than 7000 people from more than 150 countries working in 150 country offices, in 6 regional offices and at our headquarters in Geneva. WHO works worldwide to promote health, keep the world safe, and serve the vulnerable.

Our goal is to ensure that a billion more people have universal health coverage, to protect a billion more people from health emergencies, and provide a further billion people with better health and well-being.

For universal health coverage, we:

- focus on primary health care to improve access to quality essential services
- work towards sustainable financing and financial protection
- improve access to essential medicines and health products
- train the health workforce and advise on labour policies
- support people's participation in national health policies
- improve monitoring, data and information.

For health emergencies, we:

- prepare for emergencies by identifying, mitigating and managing risks
- prevent emergencies and support development of tools necessary during outbreaks

- detect and respond to acute health emergencies
- support delivery of essential health services in fragile settings.

For health and well-being we:

- address social determinants
- promote intersectoral approaches for health
- prioritize health in all policies and healthy settings.

Through our work, we address:

- human capital across the life-course
- noncommunicable diseases prevention
- mental health promotion
- climate change in small island developing states
- antimicrobial resistance
- elimination and eradication of high-impact communicable diseases.

- We support Member States as they coordinate the efforts of multiple sectors of the government and partners – including bi- and multilaterals, funds and foundations, civil society organizations and private sector – to attain their health objectives and support their national health policies   and   strategies.

  Accountability for Women's and Children's Health

- **African Programme for Onchocerciasis Control**
- **Ageing and life-course**
- **Air pollution**
- **Alliance for Health Policy and Systems Research**
- **Antimicrobial resistance**
- **Archives of WHO**
- **Association of Former WHO Staff (AFSM)**
- **Avian influenza**
- **Biologicals**
- **Blood products and related biologicals**
- **Blood transfusion safety**
- **Bulletin of the World Health Organization**
- **Buruli ulcer**
- **Cancer**
- **Cardiovascular disease**
- **Child growth standards**
- **Children's environmental health**
- **CHOosing Interventions that are Cost Effective (WHO-CHOICE)**
- **Chronic diseases and health promotion**
- **Chronic respiratory diseases**
- **Civil Society Initiative (CSI)**
- **Classifications**
- **Clean Care is Safer Care**
- **Clinical Trials - International Registry Platform (ICTRP)**
- **Codex Alimentarius**

- **Collaborating centres**
- **Commission on Ending Childhood Obesity**
- **Commission on Intellectual Property Rights, Innovation and Public Health (CIPIH)**
- **Communicating for health**
- **Contracting and performance incentives**
- **Deafness prevention**
- **Dengue control**
- **Diabetes Programme**
- **Diagnostic imaging**
- **Director-General's Office**
- **Disability and rehabilitation**
- **Disability Assessment Schedule II (WHODAS II)**
- **Disease Control in Humanitarian Emergencies**
- **Disease outbreak news**
- **Dracunculiasis eradication**
- **Drug information**
- **Drug resistance**
- **e-Library of Evidence for Nutrition Actions (eLENA)**
- **Ebola virus disease**
- **Echinococcosis**
- **eHealth**
- **Electromagnetic fields (EMF)**
- **Emergencies**
- **Emergencies preparedness, response**
- **Emergency and essential surgical care**
- **Emergency and trauma care**

- **Environmental health in emergencies**
- **ePORTUGUESe**
- **Essential medicines for children**
- **Essential medicines selection**
- **Ethics and health**
- **Evaluation**
- **EVIPNet WHO Headquarters**
- **Executive Board**
- **FluNet**
- **Food safety**
- **Foodborne trematode infections**
- **Gender, equity and human rights**
- **Global action plan for influenza vaccines**
- **Global Alliance against Chronic Respiratory Diseases**
- **Global Antimicrobial Resistance Surveillance System (GLASS)**
- **Global Campaign for Violence Prevention**
- **Global Database on Child Growth and Malnutrition**
- **Global health atlas**
- **Global Health Histories**
- **Global Health Observatory (GHO) data**
- **Global Health Workforce Alliance**
- **Global Observatory for eHealth**
- **Global Outbreak Alert and Response Network**
- **Global School Health Initiative**
- **Global Strategy on Diet, Physical Activity & Health**
- **Global Task Force on Cholera Control**

- **Growth reference 5-19 years**
- **Health Academy**
- **Health Accounts**
- **Health and development**
- **Health and Environment Linkages Initiative - HELI**
- **Health and Human Rights**
- **Health and sustainable development**
- **Health financing for universal coverage**
- **Health Impact Assessment (HIA)**
- **Health laws and universal health coverage**
- **Health promotion**
- **Health statistics and information systems**
- **Health system responsiveness**
- **Health systems**
- **Health systems governance**
- **Health technology assessment**
- **Health workforce**
- **Healthy Environments for Children Alliance**
- **Healthy Settings**
- **Hepatitis**
- **HINARI Access to Research in Health Programme**
- **HIV/AIDS**
- **Household water treatment and safe storage**
- **Human African trypanosomiasis**
- **Human Genetics programme**
- **Humanitarian health action**
- **Immunization standards**

- **Immunization, Vaccines and Biologicals**
- **In vitro diagnostics and laboratory technology**
- **Indoor air pollution**
- **Influenza**
- **Initiative for Vaccine Research (IVR)**
- **Injection safety**
- **Inter-Organization Programme for the Sound Management of Chemicals**
- **Intergovernmental Forum on Chemical Safety**
- **International Agency for Research on Cancer (IARC)**
- **International Classification of Functioning, Disability and Health (ICF)**
- **International Health Regulations**
- **International Nonproprietary Names**
- **International Programme on Chemical Safety**
- **International travel and health**
- **Ionizing radiation**
- **Knowledge transfer and training for outbreaks**
- **Leishmaniasis**
- **Leprosy elimination**
- **Library and Information Networks for Knowledge**
- **Lymphatic filariasis**
- **Macroeconomics and Health (CMH)**
- **Malaria**
- **Malaria: Roll Back Malaria Partnership**
- **Management for health services delivery**
- **Maternal, newborn, child and adolescent health**

- **Media centre**
- **Medical devices**
- **Medicines and health products**
- **Mental health**
- **Millennium Development Goals (MDG)**
- **Millennium Development Goals (MDG)**
- **NCD Surveillance**
- **NCDnet - Global Noncommunicable Disease Network**
- **Neglected tropical diseases**
- **New and Under-utilized Vaccines Implementation (NUVI)**
- **Noncommunicable diseases and mental health**
- **Noncommunicable diseases and their risk factors**
- **Noncommunicable diseases: Campaign for action – meeting the NCD targets**
- **Nutrition**
- **Occupational health**
- **Onchocerciasis (River blindness)**
- **Oral health**
- **palliativecare**
- **Partnership for Maternal, Newborn & Child Health**
- **Patient safety**
- **Polio Eradication Initiative**
- **Prequalification of Medicines Programme**
- **Prevention of Blindness and Visual Impairment**
- **Prevention of deafness and hearing impairment**
- **Promoting health through the life-course**

- **Public Health and Environment**
- **Public Health, Innovation, Intellectual Property and Trade**
- **Publications (online book shop)**
- **Publishing**
- **Quantifying environmental health impacts**
- **Rabies**
- **Refugee and migrant health**
- **Regional Office for Africa**
- **Regional Office for Europe**
- **Regional Office for South-East Asia**
- **Regional Office for the Americas / Pan American Health Organization (PAHO)**
- **Regional Office for the Eastern Mediterranean**
- **Regional Office for the Western PaCIFic**
- **Rehabilitation**
- **Reproductive Health Essential Medicines (RHEM) Resource Portal**
- **Reproductive Health Library**
- **Risk communication**
- **Schistosomiasis**
- **School and youth health**
- **Sepsis**
- **Sexual and reproductive health**
- **Snake bites**
- **Social determinants of health**
- **Soil-transmitted helminths**

- **Strategic Initiative for Developing Capacity in Ethical Review**
- **Strategic Planning and Innovation (SPI)**
- **Substance abuse**
- **Taeniasis**
- **Tobacco Free Initiative (TFI)**
- **Trade, foreign policy, diplomacy and health**
- **Traditional, complementary and integrative medicine**
- **Transplantation**
- **Tropical Diseases, Special Programme for Research and Training (TDR)**
- **Tuberculosis (TB)**
- **Tuberculosis - Stop TB Partnership**
- **Ultraviolet radiation and the INTERSUN Programme**
- **United Nations Road Safety Collaboration**
- **Vaccine Safety**
- **Violence and Injury Prevention and Disability (VIP)**
- **Violence Prevention Alliance**
- **Vitamin and Mineral Nutrition Information System (VMNIS)**
- **Water sanitation hygiene**
- **Weekly Epidemiological Record**
- **WHO 60th anniversary**
- **WHO Employment**
- **WHO European Office for Investment for Health and Development**
- **WHO Framework Convention on Tobacco Control**

- **WHO global health days**
- **WHO Global Infobase**
- **WHO Kobe Centre**
- **WHO Office at United Nations**
- **WHO Pesticide Evaluation Scheme (WHOPES)**
- **WHO Statistical Information System (WHOSIS)**
- **WHO's work with the United Nations**
- **WHO-UNAIDS HIV Vaccine Initiative**
- **WHO's work with countries**
- **World Conference on Social Determinants of Health**
- **World health report**
- **World Health Survey**
- **World Summit on Sustainable Development**
- **WSPortal: Health through Water**

- **Yaws eradication**

- **Zoonoses and veterinary public health**

care and assistance in relief everywhere (CARE)

care is a leading humanitarian organization fighting global poverty. They place special focus on working alongside poor women because, equipped with the proper resources, women have the power to help whole families and entire communities escape poverty. CARE also deliver emergency aid to survivors of war and natural disasters, and help people rebuild their lives. In the fiscal year 2015, CARE worked in 95 countries around the world, supporting 890 poverty-fighting development and humanitarian aid projects to reach more than 65 million people.

Since 2013, the Climate Finance Advisory Service (CFAS) offers negotiators, policy makers and advisors in the poorest and most climate vulnerable countries bespoke infor- mation and guidance to help them effectively participate in complex global climate finance negotiations. The provision of CFAS advice and services has a focus on particular vulnerable countries, in particular Least Developed Countries (LDCs), Small Island Developing States (SIDS) and African States.

CFAS operates through a consortium of climate finance experts from developed and developing countries and is part of the Climate Ambition Suport Alliance (CASA).

CFAS is a demand-led service aiming to provide climate finance advice, and offers the following:

- **Technical support to strategic partner countries:** CFAS will meet national level demand, cooperating with government level representatives on climate finance issues. The objective of this collaboration is to strengthen

the capacities of government representatives within the selected countries to facilitate a better link between national climate finance strategies, the Green Climate Fund (GCF) and the technical discussions in the Standing Committee on Finance (SCF).

- **Real time support to additional negotiators and Board/Committee members ("Friends of CFAS"):** The consortium partners will also provide tailored answers to queries of representatives of developing countries during meetings, supporting them to more effectively participate in and contribute to international negotiations and meetings related to climate finance.

- **Climate Finance Interface:** CFAS established this website – the Climate Finance Interface – which serves as a knowledge portal to disseminate and provide general knowledge products (policy papers, fact sheets, info graphs etc.) on climate finance topics, targeted at the broader climate finance community, including CSOs/NGOs, academia, government institutions and ministries in developing countries, in particular in LDC, SIDS and African States.

- **Briefings at meetings of the Green Climate Fund (GCF) and Standing Committee on Finance (SCF):** As part of the Climate Finance Interface, the consortium delivers briefings of all attended GCF and SCF meetings in 2019. These briefings are intended to inform – in a concise and objective manner – developing country representatives who cannot attend, as well as the wider climate finance community around the globe about progress made, main points of discussion and key decisions taken at important climate finance meetings. The briefings will be compiled and sent to the CFAS email stakeholder list.

In the medium- to long-term CFAS aims to build up the capacity of negotiators, Board members, advisors and other delegates helping them to effectively participate in the complex global climate finance negotiations. CFAS aims to ensure a strong participation of the poor countries that are most vulnerable to the impacts of climate change by enabling them to articulate and voice their needs in the negotiations, and participate actively in the design of the future climate finance regime, in particular the GCF. Increasing their capacity in understanding and decrypting complex elements discussed in the climate finance negotiations with a view to improving the shape, coordination and representation of their positions in the climate negotiating fora is therefore crucial.

National Institute of Public Cooperation and Child Development (NIPCCD)

Objective

1. Develop and promote voluntary action in social development through training & capacity building of Government and Non-Government functionaries;
2. Take a comprehensive view of child development through research and develop tools/design for supporting implementation of Government schemes and programmes and;
3. Coordinate Meetings of MWCD with Stakeholders under different Schemes/Programmes and Policies for furthering the objectives and provide feedback.

Functions

The major functions of the Institute are to:

1. conduct, promote, sponsor and collaborate in research and evaluation studies in voluntary action and in child development;

2. review programmes for children in the light of the National Policy for children;
3. review voluntary action in social development;
4. identify problems and needs in the area of voluntary action and child development and suggest approaches to meet them;
5. organise and sponsor training programmes/orientation courses and workshops/seminars/conferences for personnel in government service (including higher level Government Staff) and voluntary sector engaged in social action, child development and allied activities;
6. serve as a clearing house for information pertaining to child development and voluntary action and to organize for the purpose, services for documentation, storage of information, preparation of inventories of research studies, preparation of directories of organizations and publications;
7. advise the Central and State Governments and its agencies, and various other institutions, in the further development and implementation of policies for child development and voluntary action;
8. provide technical service facilities to government and voluntary organizations in the formulation and implementation of programmes of child development and voluntary action;
9. establish liaison with research institutions, universities and other bodies engaged in studies and activities which relate to the development of the child and voluntary action, and undertake collaborative arrangements;
10. do all such other lawful deeds as are conducive or incidental to the attainment of the above objects; and

a. invest and deal with funds and moneys of the Society;
b. issue appeals and applications for money and funds in furtherance of the said objects and to raise or collect Rinds by gifts, donations, subscriptions or otherwise of cash and securities, and any property either movable or immovable and to grant such rights and privileges to the donors, subscribers and other benefactors, as the Society may consider proper;
c. acquire, purchase or otherwise own or take on lease or hire in the Union Territory of Delhi or outside, temporarily or permanently, buy any movable or immovable property necessary or convenient for the furtherance of the objects of the Society;
d. borrow and raise money with or without security or on the security of a mortgage, charge or on the security hypothecation or pledge of all or any of the movable or immovable properties belonging to the Society or in any other manner whatsoever, provided that prior approval in writing of the Central Government is obtained in that behalf;
e. sell, assign, mortgage, lease, exchange and otherwise transfer or dispose of all or any property, movable or immovable, of the Society for the furtherance of the objects of

the Society provided prior approval of the Central Government is obtained for the transfer of the immovable property;

f. enter into any agreement with any government or authority, municipal, local or otherwise to obtain from such government or authority any rights, privileges, concessions, fiduciary or otherwise that the Society may deem desirable to obtain and carry out, exercise and comply with such arrangements and rights, privileges and concessions;

g. draw, make, accept, endorse, discount, execute, sign, issue and otherwise deal with cheques, hundies, drafts, certificates, receipts, Government securities, promissory notes, bills of exchange or other instruments and securities whether negotiable or transferable or not;

h. build, construct, maintain, repair, alter, improve or develop or furnish any buildings or works necessary or convenient for the purposes of the Society;

i. undertake and accept management of any endowment or trust fund or donation to further the objects of the Society;

j. appoint, or employ temporarily or permanently, any person or persons that may be required for purposes of the Society and to pay them or other persons in return for services rendered to the Society, salaries, wages, honoraria, fees, gratuities, provident fund and pensions;

k. mobilize available expertise in the field of public cooperation and child development and to offer technical and consultancy services with or without payment of remuneration as necessary;

l. establish a provident fund and other benefits for its employees of the Society;

m. institute, offer, or grant prizes, awards, scholarships/ fellowships and stipends in furtherance of the Society;

n. make and enforce rules and bye-laws and, if necessary, to repeal, amend and alter the same from time to time; and

o. pay all costs, charges, and expenses incurred in the promotion, formation, establishment and registration of the Society.

Mission

p. To act as a think tank, catalyst and inventor of child rights, child protection and child development programmes by pursuing capacity building of child development functionaries, research and evaluation, networking, consultancy and advisory services as well as provision of specialised services through inter-disciplinary teams.

q. Vision

r. NIPCCD is to be seen as an Institute of Global repute in child rights, child protection and child development.

Areas of Interest

- Early childhood care and development.

- Health and nutrition of the young child and mothers.

- Infant and Young Child Feeding.

- Prevention of micronutrient malnutrition.

- Adolescent health, reproductive health and HIV/AIDS.

- Growth monitoring.

- Nutrition and Health Education.

- Child guidance and counselling.

- Early detection and prevention of childhood disabilities.

- Learning and behavioural problems of children and parent education.

- Child rights and Child Protection.

- Juvenile justice.

- Women?s empowerment and Gender mainstreaming.

- Holistic development of adolescent girls and family life education.

- Prevention of child marriage, female foeticide and female infanticide

- Counselling and support services for women in distress.

- Formation and management of self help groups.

- Prevention of trafficking of women and children.

- Prevention of Gender Based Violence.

- Gender Budgeting.

- Gender sensitisation of law enforcement agencies.

- Partnership initiatives of Government/social organisations in the area of child development.

- Manpower Development in Social Development sector.

- Capacity Building of civil society organisations.

CHILDLINE INDIA FOUNDATION (CIF)

ESTABLISHING CHILDERN IN INDIA

Vermont officials prior to the establishment of child line. During the preparatory phase. CIF conducts a need assessment study and compiles a resource directory to determine the operational strategy of CIF works closely with children ngos and go the helpline.

In addition CIF conducts an intensive in house training workshop with the child line team share with them the philosophy and learning of service from across the country.

FACILITATING NETWORKING AND PARTNERSHIP

CIF closely works with partners in every day towards strengthening a child protection network. CIF works towards email based communication with partners on a regular basis and biannual visits to the city.

In addition, CIF organizes annual partnership meets. These meets provide a forum for child line team members, coordinators and directors to share experiences and learn from each other. CIF also coordinates twinning visits between different child line to encourage in depth sharing of experiences between team members

POLICY, RESEARCH AND DOCUMENTATION

CIF publishes reports on several issues affecting children such as child trafficking, missing children, child rights and the laws.

In addition, CIF shares the experiences of child line nationally trough its monthly newsletters that highlights calls received and emerging issues. CIF also presents these issues to ministry of social justice and empowerment to assist in the formulation of child friendly policies.

AWARENESS AND ADVOCACY

CIF is also involved creating a national brand image for the service. It develops innovative awareness material for child line cities to generate awareness about the service and mobilize resource.

DEVELOPING NEW PROGRAMMES AND SERVICES

Based on the national trends that emerge in child line cities, the CIF initiates innovative programmes / services to address the needs. These new services are undertaken by CIF as experimental projects. It is visualized that based on the success of these projects, the CIF would hand over these projects to other organization of formalize the same within the CIF.