

Framework for the restoration of Persons in Institutions/Shelter Homes

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This framework has been developed on the basis of our experience of working with the homeless and destitute population, especially women over the years. Any organization/ institution/ group are welcomed to use this document, with courtesy acknowledgement for Koshish, for the repatriation and reintegration of people into their families.

Rationale for restoration:-

1. Repatriation with the family is an important felt need and basic right of every person in institution/ shelters specifically and in general.
2. Sensitive families can and have proved to be the most crucial support system for a person affected by violence, illness (whether physical or mental) or any other vulnerability.
3. Restoration of those people, especially women, with families leads to decongestion of institutions and ensures availability of these services to those other 'last persons' who need them the most.

Who is the person in question:-

- Homeless (abandoned, lost or voluntarily left the home)
- Poor socio-economic status
- Uneducated or very less educated
- Survivor of violence (physical, mental, sexual)
- Dependent
- Not capable of making her/his own decisions especially if faced trauma/ illness
- Scared and slow in trusting people or building relations

What is the person's mental and emotional State:-

- Angry
- Feeling cheated
- Not able to trust anyone easily
- In shock/ trauma
- Lacks confidence
- Feeling isolated and lonely
- Is restless
- Not able to say what he/ she needs or wants.

Beginning the Process:

Step I: - Rapport Building:

- 1) **Separate Space:** - Choosing a separate space, where a person shall be willing to confide and share the extremely personal details of one's life, is essential. Presence of other individuals except the caseworker can prove to be detrimental to the process as the client might feel insecure and may not share complete information.
- 2) **Compassion:** - Most residents in custodial institutions have been rescued from/ have come from, difficult circumstances. As part of their previous lives they have faced Physical violence and/or Mental Agony. Thus to begin working with them one requires compassion.
- 3) **Privacy and Confidentiality:** - One must respect clients' right to privacy. Once private information has been shared by the client, standards of confidentiality apply. Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client. However, client must be informed about this in the beginning itself. We have experienced that once the client is able to trust the case worker, he/she generally allows for such sharing. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed. Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality.
- 4) **Self Determination:** - One must respect and promote the right of the clients to self-determination and assist clients in their efforts to identify and clarify their goals. One may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others. However, such decisions must be taken with utmost care and caution, with clients' long term rehabilitation as the sole purpose.
- 5) **Purposeful Listening giving space to free expression of feelings:** - Caseworkers' attitude shall be such that the client is able to express him/ her freely without any hesitation. Active listening thus becomes a crucial skill.
- 6) **Individualization:** - Planning for each individual client shall be based on needs, life story and aspirations of that particular client and a blanket generalization is inappropriate. For some women repatriation with families might be ideal considering the nature of families, and for some it might prove to be detrimental because of familial abuse, discord or violence.
- 7) **Informed Consent:** - A case workers should provide services to clients only in the context of valid informed consent. One must use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services, reasonable alternatives, and clients' right to refuse or withdraw consent. Clients must be given an opportunity to ask questions.

Step II. Collection of Information:

Following steps are generally followed, to collect information about families:-

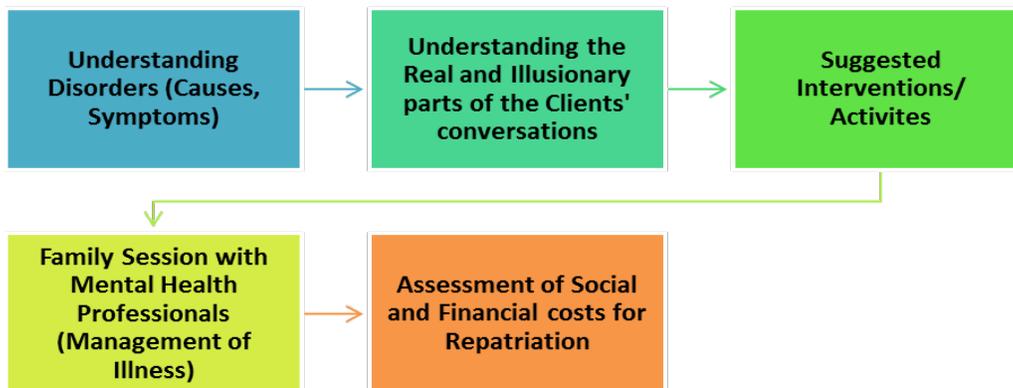
- 1) Details of family members have to be noted down with names, both families of parents and in-laws and other relatives. For address details, the caseworker shall specifically ask the name of the village, block, district, state and landmarks (presence of temple, mosque, school, hospital, hotel, Police station or any other landmark close to their house).
- 2) It is very crucial to 'Be Specific' while questioning persons suffering from mental illness, as several details they give might be irrelevant for our purpose. However, if there is any word/ reference/name that is spoken repeatedly, must be taken very seriously, no matter how irrelevant or incorrect it may sound. Also, case worker should be able to encourage the client to speak. Patience is the key while collecting the information.
- 3) Also some clients might mention only the name of a village and not know the district/state/block/Police station. In that case, the village has to be searched and the block, district, Police station shall be identified through internet/web searches. If the same village exists in more than one district or state the client's village shall be identified by asking them the name of neighbouring villages. Case worker should also name the neighbouring villages and notice the change in expressions of the client. Very sharp and attentive involvement is required. Very often, even if the client himself/herself is not able to remember the names of nearby villages, there can be a response on hearing the names. If they are unable to tell the neighbouring villages, then all those villages shall be seen as potential village of the client and their information shall be shared with several police stations/panchayats/local-networks/voluntarily groups etc.
- 4) Most clients will not be in a position to give all the details in one session, and progressive rounds of conversations might be required for receiving adequate information and clarifications.
- 5) Custodial institutions are full of persons hailing from different parts of the country. Thus, some clients might speak a language which is different from the languages the organization/ case worker understands. In such a case, either we should be able to extract some essential information using simple words that are commonly known to both the client and the caseworker or arrange a translator from within the institution or outside (other residents and staff members) for collecting information. Volunteers from educational institutions are huge support in this context as usually any college or university would have students from across the country.
- 6) Photograph of the person is a crucial detail for quicker tracing especially for people who are affected by speech or hearing impairments. However, this must be done after a detailed and thorough assessment about person's relation with the family and willingness to go back has been made. Also, as far as possible, this must be done through official stakeholders like police, panchayat functionaries etc. This is crucial to prevent any sort of possible abuse.

Step III: - Interaction with Mental health professionals (psychiatrist/ psychologist for each mentally ill client. (To check mental status for purposes of repatriation and planning individualized interventions).

Importance: -

Stable Mental Health and well-being forms a crucial part of the rehabilitation of persons in destitution, as mental illness has been seen as a reality closely linked and more so an inseparable part of the issue of violence, abandonment, homelessness. Most institutions would have a sizeable population of people with mental illness, and sometimes retardation. Thus, mental health practitioners wherever available, must remain our close partners, as they help us in building our capacity to understand various disorders and their symptoms and what intervention a mentally ill person requires for speedier recovery. They are crucial stakeholders in formulating a wholesome plan for a client.

- 1) As a social worker, we need to understand the illness/specific disorder a person suffers from to be able to distinguish the real and illusionary parts of her/his conversation. This holds importance as sometimes a mentally ill person could ask us to trace an imagined ‘Second Family’, which they were never a part of, full with fictitious names and addresses. Seeing through the information provided by a mentally ill person is an important task to be performed with the help of a psychologist and psychiatrist.
- 2) Understanding a disorder means knowing its symptoms, and being mentally prepared to face them while speaking to the client.
- 3) Specific activities like putting beads in a thread, art, music, sports and other forms of recreation is suggested to move a client closer to recovery. Psychosocial support which involves consistent positive conversations with a client is a crucial pillar of recovery along with regular medication.



4) Mental illnesses/disorders are perceived with a lot of skepticism in Indian society, and sometimes it becomes a reason for abandonment of family members in the most crucial times of need. A social worker needs this understanding to be able to explain to a family the impact of an illness on a family member and his/her care needs.

5) Families with poor socio economic status might need to know the exact cost of living with a person with mental illness in financial terms. This can become possible to calculate only when one knows the monthly amount that must be spent on a person’s medicines, food, clothing etc. This brings clarity,

especially in the context of the ambiguous earnings of an already strained family and facilitates decision making for a family.

Step IV- Tracing of the Family

- Through the Police or District Administration: - Finding and contacting the police station nearest to the concerned town or village is one of the most reliable ways of tracing a family. One must mention the name of the organization and the name of the department one works with. (This might vary for each institution/state, Social Welfare and Women and Child Development). A two-line brief about the client and his/ her mental condition have to be shared with the police men and a request is placed to trace the family of the client. Details of the family (names, occupation and address etc.) and one's phone number shall be shared with the police, so they can contact us back for any clarification or information.

- Home Visit in the same city: - A home visit for tracing family in the same city might require some mental preparation as many a times a client will share the house number and name of the area, which has the same house number in several buildings. Thus several buildings, spaces or *mohallas* might have to be visited before the family could be traced. A photograph of the client becomes a crucial tool for tracing as one can show it to shopkeepers, or other neighbouring households to find out if that person stayed in the same locality. If one is in the correct locality, neighbours will be able to direct one to the family of the client.

- Through a network organization: - The process remains the same as in case of tracing through the police, except that a member of the partner organization can be asked to extend their help to explaining to the family face to face about the situation of the client, their medication, process of repatriation, how she/he landed up in such an institution. (This network of friends and organizations whose support can be sought has to be constantly expanded to cover most parts of the country)

- Panchayat: - Access to the panchayat of a village is one easy way to reach the family. For this one needs to be able to identify in which block/panchayat the village falls.

- Building a network of shelters housing destitute persons all over the country: - In case a person's family is not traced or a person is not able to share much information or the family is unwilling to take back this person it can be a positive step to move this person to a shelter in their native state, if known. Familiar language and food pattern can have a positive impact on the well-being of the person enabling him or her to recollect lost memories. Also the information he/she is sharing has better chances of being decoded in the native state improving the chances for repatriation.

Police Personnel have proved to be the biggest stakeholders who contribute to the successful tracing of families and this is true, not for one or two states, but across the country. Thus acknowledging them and recognizing their effort despite their high pressure jobs is not just fair but also useful and therefore, becomes a crucial step in the process. Similarly network organizations play a crucial role in providing follow up support to families and must be acknowledged appropriately.

Websites generally used for tracing:-

www.indiamapped.in
www.onefivenine.com
www.brandbharat.com
www.vlist.in

Step V. Documentation of all the information

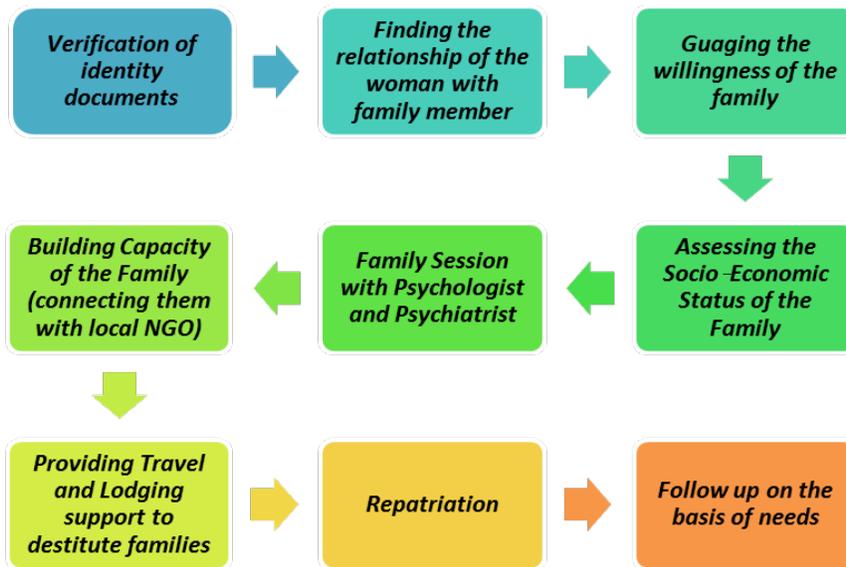
Documentation of all the details collected in one single file meant for the person is a crucial step so that any change in case worker or the staff handling the case does not result in any disruption with the case nor there will be any need for the new person to make efforts from the very beginning. Proper documentation would ensure that all relevant staff members working on the case will have access to the progress made by previous case worker.

Step VI. Interaction with the family and Repatriation (Understanding the socio economic status of the family, previous behaviour patterns of the client, present condition, future care needs, and medicines).

Importance:-

If a client is going to be repatriated to the family it is crucial to understand the setting/context/ecosystem the client is going to, especially in a state of mental illness after a reasonable period of time. If this ecosystem, is well understood and oriented to the client's situation, will prove to be a catalyst in the recovery of the client. On the other hand, if proper briefing and counselling is not done, the family can continue to feel disrupted, out of sync and strained for resources while living with a perceived 'unproductive person'.

1. Verification of identity documents:- Verifying Voter-id, Ration card or any other identity documents is a crucial step after the family has been traced to confirm if the person belongs to this family or not.
2. Finding the relationship of the person with family member: - It is essential to find out the kind of relationship the person has with the family member to ensure that the person is not being made to accompany an abusive person. This becomes even more crucial in the case of women clients.
3. Willingness of the family: - Families might be unwilling to take the client back considering his/her previous behaviours even if now the client exhibits stability and normalcy to an extent. The family's willingness has to be gauged as repatriation by force might result in unwanted consequences, as the family might again abandon the client.
4. Socio Economic status of the family: - If the family is from a poor socio-economic background, it might need some form of support, like knowledge of government hospitals nearest to its village/town, where they can access psychiatric help and medication easily without any cost or at a minimal cost. A network organization working in the same area might be asked and be able to provide on-going support to a family. (The form of support shall be need based and also depends on what the partner organization is able to do).



5. Family session with mental health professionals: - If the family travels from their native town to the institution, an interactive session between the family and mental health professional looking after the treatment of the client must be arranged. This is important as the family can share its concerns and apprehensions openly without feeling the pressure of being called insensitive. This also proves to be the space for clarification of their doubts regarding disorders and how to deal with the symptoms exhibited by the client. This step goes a long way in preparing the family mentally, about how to catalyse the recovery of the client and make the medication available.

6. Telephonic Conversation: - If the family is not able to travel to another state for taking the client back, and the client is being sent home through the police, a telephonic conversation between the mental health professional and the family must be arranged for fulfilling the above mentioned needs.

7. Building capacity of the family: - The family needs to be mentally prepared to take care of the person. This support can also be provided by the local network organization.

8. Providing travel and lodging support to destitute families: - Some families, who are extremely poor, require travel support to be able to come to another state to take back their family member. In such situations stay at an open shelter can be organized and some basic travel support can be given to the family to facilitate repatriation. There is a provision of 'travel warrant' that can be used by the state institutions to support such families.

9. Follow-ups (need based):- A follow up with the family/client shall be must if the client suffers from some terminal illness needing periodic over all medical check-up. It also becomes essential to see if the family continues to follow the guidelines given to it at the time of restoration. Follow-ups can be done by the concerned team if the family/client are in the same city or by other teams if the family is in their city. The help of a partner organization shall be needed in cases where the team doesn't have a presence in the same city as the client's family.

During a follow up visit, a caseworker (concerned team/partner organization) must be aware of the clear purpose of the visit so that this purpose can be shared with the client and the necessary preparation if any can be made beforehand. Example: - In case a hospital visit has to be organized for the client, the timings and days when a particular nearest hospital will be open should be checked.