

International Journal of Innovative Research in Science, Engineering and Technology

(A High Impact Factor, Monthly, Peer Reviewed Journal)

Visit: www.ijirset.com

Vol. 6, Issue 10, October 2017

Problems of Rehabilitations and Support System

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ABSTRACT:

- Rehabilitation (neuropsychology), therapy to regain or improve neurocognitive function that has been lost or diminished
- Rehabilitation (wildlife), treatment of injured wildlife so they can be returned to the wild
- Rehabilitation hospital, hospitals devoted to the rehabilitation of patients with various neurological, musculo-skeletal, orthopedic and other medical conditions.
- Drug rehabilitation, medical or psychotherapeutic treatment for dependency on substances such as alcohol and drugs
- Occupational rehabilitation, therapy to return injured workers to an appropriate level of work activity
- Physical medicine and rehabilitation, a branch of medicine that aims to enhance and restore functional ability to those with physical impairments or disabilities
- Physical therapy, physical rehabilitation using mechanical force and movement
- Psychiatric rehabilitation, a branch of psychiatry dealing with restoration of mental health and life skills after mental illness
- Vision rehabilitation, rehabilitation to improve vision or low vision
- Vocational rehabilitation, process which enables persons with impairments or disabilities to maintain or return to employment or occupation

The aim of community-based rehabilitation (CBR) is to help people with disabilities, by establishing community-based medical integration, equalization of opportunities, and Physical therapy (Physiotherapy) rehabilitation programs for the disabled. The strength of CBR programs is that they can be made available in rural areas, with limited infrastructure, as program leadership is not restricted to professionals in healthcare, educational, Physiotherapy, Occupational therapy vocational or social services. Rather, CBR programs involve the people with disabilities themselves, their families and communities, as well as appropriate professionals. Some are doing their own works. In the beginning of the 1960s, efforts to establish rehabilitation centers in developing countries had taken hold in urban centers, but failed to provide support and assistance to disabled people in rural areas throughout the world. The response of world aid organizations was to shift funding from city-based hospitals to rural community programs. The first CBR pilot projects were launched in the 1960s, and their continuing success has led to CBR programs being adopted throughout Africa, Asia and South America. A CBR Network is a formal or informal relationship among CBR implementers/ practitioners or their organizations to promote and strengthen CBR. The strength of the network depends on the strength of individual or organizational members and the co-ordination and collaboration between members. It is expected that the benefits from the network will be greater than any individual's effort. To enrich CBR further for the benefit of the people with disabilities, their family, community and the country, a network of CBR practitioners/implementers/promoters is required at least at a national level, regional level and global level.

Physical medicine and rehabilitation, also known as physiatry, is a branch of medicine that aims to enhance and restore functional ability and quality of life to people with physical impairments or disabilities. This can include conditions such as spinal cord injuries, brain injuries, strokes, as well as pain or disability due to muscle, ligament or nerve damage. A physician having completed training in this field may be referred to as a physiatrist.

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KEYWORDS: Rehabilitations, problems, support, system, healthcare, physiotherapy, community

I. INTRODUCTION

The major goal of physical medicine and rehabilitation treatment is to help a person function optimally within the limitations placed upon them by a disabling impairment or disease process for which there is no known cure. The emphasis is not on the full restoration to the premorbid level of function, but rather the optimization of the quality of life for those not able to achieve full restoration. A team approach to chronic conditions is emphasized to coordinate care of patients. Comprehensive rehabilitation is provided by specialists in this field, who act as facilitators, team leaders, and medical experts for rehabilitation.

In rehabilitation, goal setting is often used by the clinical care team to provide the team and the person undergoing rehabilitation for an acquired disability a direction to work towards.[1] Very low quality evidence indicates that goal setting may lead to a higher quality of life for the person with the disability, and it not clear if goal setting used in this context reduces or increases re-hospitalization or death.

Not only must a physiatrist have medical knowledge regarding a patient's condition, but they also need to have practical knowledge regarding it as well. This involves issues such as: what type of wheelchair best suits the patient, what type of prosthetic would fit best, does their current house layout accommodate their handicap well, and other every day complications that their patients might have.

Cancer rehabilitation has been defined in the scientific literature as a distinct field of medicine that focuses on reducing or eliminating side-effects of cancer treatment and improving survivors' strength, ability to function and quality of life. Cancer rehabilitation providers focus on improving each patient's functional status. Using an interdisciplinary model of care, professionals identify patients' goals, improve their function, develop a patient and family centered plan of care that accounts for medical, physical, psychological and social components. The aim is helping patients improve their cancer-related symptoms and treatment side effects, while promoting optimal patient function at home, work and in the community. Additionally, cancer rehabilitation physicians work on identifying musculoskeletal and neurologic problems and treat them with a variety of treatments including medications, procedures and therapy. Some of those procedures include, but are not limited to, various types of injections and other procedures. Therapeutic exercises include those guided by physical, occupational and speech therapists to work on specific motor or cognitive impairments as well as difficulties performing activities of daily living (ADLs) (dressing, bathing, toileting etc) and instrumental activities of daily living (IADLs) such as house cleaning, shopping, etc. However, patient-driven general exercise to maintain or improve endurance and overall functional status is also an important component of the rehabilitation process. Because cancer patients' problems typically are complex and survivors have a high likelihood of developing physical, mental and functional issues, rehabilitation experts have recommended that cancer rehabilitation be integrated in oncology care early on. Several clinical articles have highlighted the effectiveness of rehabilitation interventions before, during, and after cancer treatment to screen for, assess, and treat patients' functional needs.[2]

Physicians that specialize in PM&R are usually called physiatrists (or rehabilitation medicine physicians). These doctors lead interdisciplinary teams, and they are specialists in the non-surgical treatment of musculoskeletal problems and rehabilitation medicine. Physiatrists should ideally be a part of the cancer care team as they perform diagnostic evaluations, provide unique expertise in prescribing medications, perform injections and prescribe appropriate splints and other devices to treat non-cancerous conditions that are a result of cancer treatments or the cancer itself. Other potential members of the cancer rehabilitation team include, but are not limited to, physical and occupational therapists, speech language pathologists, nurses, exercise physiologists, oncology social workers, case managers and psychologists.

Rehabilitation of sensory and cognitive function typically involves methods for retraining neural pathways or training new neural pathways to regain or improve neurocognitive functioning that have been diminished by disease or trauma. The main objective outcome for rehabilitation is to assist in regaining physical abilities and improving performance. Three common neuropsychological problems treatable with rehabilitation are attention deficit/hyperactivity disorder (ADHD), concussion, and spinal cord injury. Rehabilitation research and practices are a fertile area for clinical neuropsychologists, rehabilitation psychologists, and others.

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Wildlife rehabilitation is the treatment and care of injured, orphaned, or sick wild animals so that they can be released back to the wild.

Rehabilitation hospitals, also referred to as **inpatient rehabilitation^[1] hospitals**, are devoted to the rehabilitation of patients with various neurological, musculoskeletal, orthopedic, and other medical conditions following stabilization of their acute medical issues. The industry is largely made up by independent hospitals that operate these facilities within acute care hospitals. There are also inpatient rehabilitation hospitals that offer this service in a hospital-like setting, but separate from acute care facilities. Most inpatient rehabilitation facilities are located within hospitals.[3]

The objective of rehabilitation is to cure a patient completely. However, exact goals vary for each person. For instance, someone with a problem in their lungs might get pulmonary rehabilitation so that their breathing becomes better.

On the other hand, someone with a spine injury may need physical therapy and rehab to help restrict more damage from happening to their backs.

Drug rehabilitation is the process of medical or psychotherapeutic treatment for dependency on psychoactive substances such as alcohol, prescription drugs, and street drugs such as cannabis, cocaine, heroin or amphetamines. The general intent is to enable the patient to confront substance dependence, if present, and stop substance misuse to avoid the psychological, legal, financial, social, and physical consequences that can be caused.

Treatment includes medication for depression or other disorders, counseling by experts and sharing of experience with other addicts.

Occupational rehabilitation is the science and practices of returning injured workers to a level of daily work activities that is appropriate to their functional and cognitive capacity related to their position of which may be influenced by the severity of a worker's injuries.

Physical medicine and rehabilitation, also known as **physiatry**, is a branch of medicine that aims to enhance and restore functional ability and quality of life to people with physical impairments or disabilities. This can include conditions such as spinal cord injuries, brain injuries, strokes, as well as pain or disability due to muscle, ligament or nerve damage. A physician having completed training in this field may be referred to as a physiatrist.

Psychiatric rehabilitation, also known as **psych social rehabilitation**, and sometimes simplified to **psych rehab** by providers, is the process of restoration of community functioning and well-being of an individual diagnosed in mental health or emotional disorder and who may be considered to have a psychiatric disability.

Society affects the psychology of an individual by setting a number of rules, expectations and laws. Psychiatric rehabilitation work is undertaken by rehabilitation counselors (especially the individuals educated in psychiatric rehabilitation), licensed professional counselors (who work in the mental health field), psych rehab consultants or specialists (in private businesses), university level Masters and PhD levels, classes of related disciplines in mental health (psychiatrists, social workers, psychologists, occupational therapists) and community support or allied health workers represented in the new direct support professional workforce in the United States (e.g., psychiatric aides).[4]

These workers seek to effect changes in a person's environment and in a person's ability to deal with his/her environment, so as to facilitate improvement in symptoms or personal distress and life outcomes. These services often "combine pharmacologic treatment (often required for program admission), independent living and social skills training, psychological support to clients and their families, housing, vocational rehabilitation and employment, social support and network enhancement and access to leisure activities. The key role of professionals to generate insight about the illness with the help of demonstration of symptoms and prognosis to the patients. There is often a focus on challenging stigma and prejudice to enable social inclusion, on working collaboratively in order to empower clients, and sometimes on a goal of full recovery. The latter is now widely known as a recovery approach or model. Recovery is a process rather than an outcome. It is a personal journey that is about the rediscovery of self in the process of learning to live with the debilitations of the illness rather than being defined by illness with hope, planning and community engagement

Vision rehabilitation (often called **vision rehab**) is a term for a medical rehabilitation to improve vision or low vision. In other words, it is the process of restoring functional ability and improving quality of life and independence in an individual who has lost visual function through illness or injury. Most visual rehabilitation services are focused on low vision, which is a visual impairment that cannot be fully corrected by regular eyeglasses, contact lenses, medication, or surgery. Low vision interferes with the ability to perform everyday activities. Visual impairment is caused by factors

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including brain damage, vision loss, and others. Of the vision rehabilitation techniques available, most center on neurological and physical approaches.

Vocational rehabilitation, also abbreviated **VR** or **voc rehab**, is a process which enables persons with functional, psychological, developmental, cognitive, and emotional disabilities, impairments or health disabilities to overcome barriers to accessing, maintaining, or returning to employment or other useful occupation.[5]

II. DISCUSSION

A **support system** is usually defined as a group of people who provide some sort of encouragement to help someone achieve something. This can include social or emotional reinforcement, physically helping someone with a task, or facilitating an achievement monetarily. But no matter which form the actual support takes, the idea is that a support system provides some guidance when things get difficult. In other words, they're providing encouragement to someone who's trying to achieve something, which makes the achievement somewhat more attainable. Perhaps the most literal analogy for a support system would be cheerleaders for a sports team. Cheerleaders exist to get spectators excited and to provide encouragement to the players. So throughout each sporting event, they're chanting positive reinforcement, which has the effect of making the players feel more confident and capable. But a more relevant example is when family and friends support someone in recovery. In this case, the support system is less about motivating success than it is for mitigating the risk of failure. They're sober supporters for people in recovery who must regularly deal with stress, triggers, and other things that put sobriety at risk.

Looking at substance abuse treatment programs, it should come as no surprise that we tend to look at addiction recovery as a solo venture. After all, family and friends aren't completing treatment programs alongside the actual patients. However, there are, in fact, forms of recovery that are communal in nature, particularly the recovery fellowships and support groups like Alcoholics Anonymous. Although drug rehabs and holistic treatment programs are widely considered to be a more effective form of recovery, countless people have experienced immense success in support groups, which is a clear sign that there's something about the support group model that's quite effective for recovery.

Humans are inherently social creatures. While the extent to which we're social varies from one person to the next, the vast majority of people have certain emotional and psychological needs that are best addressed through interpersonal interaction. This is particularly true when it comes to significant challenges and difficulties. Whether it's family support or the support of close friends, a support system helps to prop someone up when he or she is feeling torn down. In most cases, these supporters needn't really even do or say anything, in particular, to be of immense help. Simply being there when the proverbial road gets bumpy does a lot to strengthen a person's conviction, especially when it comes to addiction recovery.[6,7]

If you've ever seen a counselor or therapist, then you'll probably have experienced the relief of coming out of a session after having spent the past hour venting and getting things off your chest. There are a couple of key reasons why this is beneficial: First, talking about your thoughts, feelings, or problems is cathartic, almost like you're liberating the emotions attached to your bad experiences simply by talking about them. Additionally, we commonly make new connections or realize something new while expressing ourselves aloud to someone else.

A support system is essentially just a group of people close to you who are there to listen when you need it. Even if they don't have helpful advice to give, the act of just listening can evoke much of the same catharsis that you'd feel after a session with your counselor or therapist. Think of a support system as a soundboard for someone in recovery.

III. RESULTS

The rehabilitation debate – arguments about whether or not rehabilitation works – has been the focus of rehabilitation research for more than 30 years. The research has undoubtedly supported the notion that, yes, rehabilitation does work. Moreover, it works better than doing nothing when youth are incarcerated and it works better than deterrence-based strategies. In other words, rehabilitation works better than many of the programs and ideals that are rampant in

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corrections to date. While deterrence-based strategies may appease the public's "get tough" sentiment, they do not satisfy the public's desire to rehabilitate offenders, especially their heightened desire to rehabilitate youth.

Classic meta-analytical studies have provided a foundation for contemporary researchers to build on and fill in the gaps in knowledge. Since the general questions about the effectiveness of rehabilitation have been answered, it is now time to turn to the particulars of rehabilitation to determine what the ideal circumstances are for effective treatment.[8,9]

It is important to note that rehabilitation is not the only relevant crime prevention strategy. Preventing crime can begin much earlier than when there needs to be a response to offending youth. On the front end, prevention of offending behaviour can be accomplished by addressing communities and ensuring that the welfare of all Ontarians is provided for (health care, education, employment opportunities, equal treatment, etc.). On the back end, rehabilitation needs to address individual needs within the setting of "real life" or in the community. In both cases, this requires the cooperation of service providers such as mental health, corrections, enforcement and education. The programs discussed herein call for input from mental health professionals, academics, schools and families. Effective coordination across service sectors is imperative. "Research into service delivery needs to advance our understanding regarding what the most effective means are to provide such cross-sectoral services" (Leschied, 2007: 44).

Policy-makers must be mindful that rehabilitation efforts do not appear inconsistent or unfair in any way. There is fine balance between addressing the needs of a youthful offender and imposing sanctions that can be seen as disproportionately punitive. The Youth Criminal Justice Act prescribes that responses to youth crime must be proportionate in terms of the current offence (i.e., youth may not be punished more severely for being repeat offenders). This is a tough challenge. Collaboration between service providers may be able to help the youth justice system adhere to the principles of the Youth Criminal Justice Act by referring treatment decisions to other sectors.

Finally, the most important lesson learned from a review of the vast literature on rehabilitation is that the key to providing adequate service is to base interventions on evidence-based practices and continuously evaluate the effects of these treatments. It is recommended that when implementing a new program, funding be built in and dependent on a rigorous evaluation process that involves a pre-test/post-test research design and randomization wherever possible. Mandated evaluation strategies will enable program developers to understand what works and what doesn't while changes can be made. Follow up studies are also needed in order to understand the long-term effects of rehabilitative treatment. From a policy perspective, evaluation requirements enable government funding agencies to understand whether or not they are spending their money wisely. To this end, programs can foster scientific support, instead of hype or rhetoric being used to "sell" specific programs. Most importantly, high-quality evaluation research will measure and contribute to assurances that treatment interventions are making a positive impact on the lives of youth – or provide good reason to amend programs that are not helping youth live up to their potential.

Recovery from addiction is a lengthy process involving physical and mental withdrawal, long term hunger and lifestyle changes to help you fight against the original causes of your addiction. Although the first step to overcoming an addiction is always to seek professional assistance with addictions treatment, you will need to start building your support group while you're in treatment so that you can count on people to help you once you're out of a clinic.

There is no doubt that your therapist or consultant will talk about establishing a support system or a community as a part of your treatment and this guide helps you understand why you need one and how you can build and support yourself for a long time.[10,11]

The peer encouragement can be described as the mechanism by which non-professional, non-clinical assistance is provided and offered by people with similar conditions or situations to obtain long term rehabilitation from drug or alcohol-related problems.

A support system is a network in which there is a group of people or organizations of which you could rely on to help keep you safe and sober. Your support system or community can be made up primarily of strangers, close friends, friends from 12 Step Recovery groups, close friends, or a combination of all that we have mentioned.

There is no option to help someone who is suffering addiction because your assistance relies on the partnerships and situations you have. This is especially true if the condition in the home is not one that fosters sobriety, whether your parents are still intoxicated or if you can not seek help anywhere.

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Benefits of having a support system

Rehabilitation is an individual experience in many respects. Going into healing means getting comfortable with your patterns of thought and behaviors. This is a moment when you are very aware of why you abused drugs or alcohol and how to fight against those reasons. Although healing is somewhat of an individual process, the importance of your support systems can not be overlooked. So, what sort of benefits do support systems have for your journey in recovery?

They help you to surround yourself with healthy people.

When a person is consumed by addiction, they'll likely harm a few relationships along the way. The great thing about support systems is they give that person a chance to make amends or create new relationships that will benefit them in their journey in recovery.

The people you meet in 12-step groups and other support groups work actively towards a healthy life by any means necessary. This kind of peer encouragement is extremely beneficial to surround yourself with in recovery.

You have a chance to express your struggles.

The road to recovery is not always quick or easy, as with any significant change in life. You are likely to face difficulties and problems while you continue to work on your rehabilitation. Support groups can help provide some compassion and relation to your struggles, making you feel less alone in them. It is likely that others in the group have experienced similar difficulties and have ideas or insights into how to deal with them.

They offer healthy pressure from peers.

Just as unhealthy people may encourage you to drug and alcohol, a healthy support group can help to put pressure on you to make healthy decisions. Regular meetings and consistent dialogue with your sponsors and support group members helps remind you that you are making the best kind of decision for yourself.

They provide a safety net during your lowest point

All recovering addicts deal with temptations, cravings, and triggers that may cause them to relapse. If you are tempted, access to a sponsor and a group of persons provides a healthy alternative to falling back into substance abuse. Eventually, you can walk the recovery journey by yourself, but the support groups and people around you are a great and extremely important tool to help you.

You can use drugs or alcohol for several years before being sober and you can feel vulnerable by learning to live a chemical-free life. You are now no longer certain about the addiction you rely upon as a coping mechanism for the stunning of emotional pain or confidence. You need to enter the world and deal completely "unarmed" with other people and situations.

The rehabilitation program and the completion of a treatment and alcohol therapy program give some powerful tools to help you learn to live an alcohol and drug-free life. A recovery addict must continue to use the techniques used in treatment every day, but during the earlier days of recovery, he or she can use the encouragement of friends.

When family members participate in a counseling program during the addiction process, they gain a better understanding of addiction disease and its impact on their relatives. The family can provide people with wonderful support in early rehabilitation; they can provide every day encouragements and help their loved ones stay the course if circumstances arise that make them tempted to slip into past behavior.

Go to 12-step meetings or group recovery

The following care recommended by the drug or alcohol treatment center should be attended by some sort of group. One advantage of participating in a 12-step program or recovery group is that everyone involved understands what is exactly like in recovery immediately. The largest of all the 12-step programs is Alcoholics Anonymous.

Spend Time with Family

Families can lead to new acquaintances as members of the family can often invite their friends and neighbors.

Take part in an organization

Consider an organization that wants some room for support and service. There are several kinds of jobs that unemployed employees will carry out, and the organizations are more than grateful to have one extra eye. Regardless of the expertise, someone has to give in rehab, there is a structure.[12,13]

Family members and old friends may assist, but they may not necessarily know exactly what to say to encourage a person in their recovery. Take advantage of a professional, social worker, specialist, or a community leader for your

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recovery support. Trained listeners can often provide a type of support other than good intentions of friends or family members, for those going through addiction recovery.

An individual seeking recovery needs a support system throughout recovery, especially in early recovery. Support systems help people find a sense of belonging and purpose in their journey through recovery. Without a support system, they won't have anyone to talk to or relate to, which can result in relapse.

IV. CONCLUSION

Juvenile or Children are a conflict with law referred to children under the age of 18 years and suspected or accused of committing a crime or be part of illegal activity. Children in conflict with law cannot be arrested by a police officer and can only be apprehended. Only minors between the age of 16-18 years committed heinous crimes can be treated and tried as adults.

The child in conflict with law cannot be tried in criminal courts and should be produced before the Juvenile Justice Board Chaired by a Magistrate and two social worker members. The idea of having social workers on the Juvenile Justice Board is to handle the child with concern to his/her future and to treat them with proper care.

The child in conflict with the law has the following rights based on the Child Rights Convention, humane treatment, no corporal punishment if detained separation from adult criminals at the correctional facility, access to legal assistance, bail and release on recognizance, privacy, diversion, (Education, skill development, sports etc.), proportionate judgment (age considerate Judgement), minimum possible restrictions on liberty, automatic suspension of sentence, probation on merit, confidentiality of proceedings, right against discrimination, constitutional rights.

The major concern on the detention of a child in conflict with law is to make him/her understand and repent for the crime committed. After the Juvenile Justice Board stipulated detention the child may be released on probation. Great care is required to reintegrate the Juvenile back into society. The rehabilitation of the child in conflict with the law has to be done with the considerations to his/her age, mental and physical makeup.[14]

Childcare institutions and social welfare organisations work hand in hand with government nodal agencies to find constructive solutions to the rehabilitation of the Juvenile. To ensure this Standard Operating Procedures (SOP) are laid down by the Ministry of women and child development. Follow up by social workers and probation or parole officer is done periodically to make sure the child reintegrate well into the society he/she was once barred from.

The primary motto of punishment is to make the convict understand the grievous nature of the crime committed and regret his/her actions. Hence after the completion (full or partial) of the sentence, the convict has to be prepared to get back into society. The ex-convicts always viewed with a suspicious mind by the general public. Hence the ex-convicts should be prepared mentally and may be taught skill sets to improve their job ability.

Special programs to prevent substance abuse, improve mental health, continuing education was framed for sexual offenders, women parolees and children in conflict with the law. The importance slowly downgraded as the twentieth century progressed towards its end. It regained momentum as human rights concerns are high on the activists' list.

How does rehabilitation for juveniles work?

While the juveniles held accountable for their violation of the law and kept in juvenile homes or other relevant correctional facilities for public safety, the primary aim is to rehabilitate them. The rehabilitative process includes psychological assessment of the crime committed by the juvenile and the environment, causing it to happen, therapeutic guidance, skill development, involving them in yoga and other mind developing activities.

Financial constraints of the government wade rehabilitation away and involvement of social workers and non-profit organisations resulted in cost-effective multi-modal rehab programs for the juveniles.

What are the provisions made by the Juvenile Justice Act?

The Juvenile Justice Act provides for the rehabilitation of the to begin as soon as the child's transfer to the care home or other correctional facilities. The social reintegration of the child in conflict with law can be done by

Aftercare care organisations

These are transitional homes where the child is kept before totally reintegrated into society. Aftercare organisations are special homes registered under the governmental nodal agency functions for the welfare of delinquent children.[15,16]

At the aftercare organisations, the Juveniles were given,

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1. Vocational training
2. Therapeutic training to improve psychological behaviour
3. Continuing education
4. Consensus about social values
5. Economical ability to support themselves
6. Activities for physical and mental fitness

The juveniles are taken care of in After Care Organisation which is transitional homes after they leave the special homes and children's home. Juvenile in conflict with law and children in need of care and protection, both categories are placed in the aftercare organizations. Aftercare organizations enable the juveniles to lead an honest and industrious life. After-Care Organisations are set to achieve the principal objective of allowing children as well as juveniles to adapt to society. At the after-care organizations, the children and juveniles are motivated to stay in mainstream society from their past life in the institutional homes.

Aftercare organizations are nothing but a temporary home which is set up for a group of youths. At the aftercare organizations, the placed youths are encouraged to learn a trade, and they also contribute towards the running of the aftercare home. Any voluntary institution or organization designated as the after-care organization strives to work towards preparing the children as well as juveniles to achieve self-reliance and acquire social and life skills to integrate them fully in the community.

In the aftercare program children and juveniles are also provided access to social, legal and medical services and also with appropriate financial support. Regular educational and vocational training opportunities are provided to children and juveniles at the aftercare organization for helping them to become financially independent and in turn, to generate their income.

The After Care Organisation must ensure regular follow up and support after the child or juvenile is reintegrated in the community or society. Members of various government bodies also work together to reintegrate the child or juvenile into the mainstream society by enabling them psychologically and economically and also providing them with support after integration with society with constant monitoring.

Both institutional and non-institutional measures have been used not only for the proper care and development of children but also to handle the problems of children adequately as a last resort for the welfare of the children and juvenile, the institutional measures have to be used. [17,18]

Sponsorship

It is the financial help given for child care organisations, foster families, individuals or individual groups to meet the expenses of the juveniles' rehabilitation programs. It may be a government aid or by a non-governmental organisation (NGO) or by individuals.

Foster care

It is one of the non-institutional care provided for the juveniles. Based on Section 42 of the Juvenile Justice Act of 2000, the child may be placed with a foster family so he/she may be surrounded in a family environment and parental care which cannot be possible in normal institutional rehabilitation. The child is provided with education as well as family care. The foster family is paid for their service, and it is voluntary in nature.

A child may be placed in foster care if the natural parents are

- sentenced,
- suffering from deadly diseases
- being abroad
- Incapacitated by other means

Adoption

Adoption benefits the orphans, homeless children and destitute youngsters as well as childless couples. Adoption makes life meaningful for lone single adults too as they gain a parent-child relationship. Adoption empowers a powerful relationship between the child and its adopted parents even though they are not related. Section 2(2) of the Juvenile Justice Act of 2015 states that adoption as the process through which the adopted child is permanently

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separated from his/her biological parents and becomes the lawful child of his/her adoptive parents with all the rights, privileges and responsibilities that are attached to a biological child.

What are the steps taken by the Judicial proceedings towards the rehabilitation of juveniles?

A child in conflict with law is sent before the Juvenile Justice board, not before other courts of law. The Juvenile Justice Board consists of two social worker members among one is women. This is to make sure the case proceedings happen in a way to ascertain the welfare of the child. Care is taken while issuing the justice which not only contains the punishment for the unlawful deed but to rehabilitate the child back to the society.

What are the other measures or techniques used in the rehabilitation of juveniles?

There is a huge lack of infrastructure for the rehabilitation of the juveniles like the absence of Juvenile Justice Boards, observation homes or special homes at many districts. There is also not enough counsellors, psychiatrists, medical personnel and trained social workers. The implementation of the Juvenile Justice Act of 2015 is lacking implementation at various levels. It is the role of the state government to ensure the implementation and proper function. State governments need to impart training to the monitoring officers.[19,20]

While Juvenile Justice Boards avoid the child to be produced in normal courts it does not prevent children from giving evidence at normal courts. Child Rights Convention to which India is a signatory provided guidelines for treating Child victims, Child witnesses and delinquent youth.

1. the Media (Newspapers, Televisions, etc.,) should publish the photograph, name and age of the child.
2. The proceedings should be run in a closed courtroom (in-camera) with the presence of a parent or guardian and a welfare worker.
3. Suitable counselling measures should be given to the child after the court session.
4. Any persons or proceedings contravening the above shall be punishable by law.

Section 36 of the Child Protection Act of 1960 also emphasise this.

The unwanted attention given to the child involved in court proceedings may result in mental trauma. Child psychologists specialised in these scenarios help the children to tackle the situation.

Children sent to juvenile homes for petty offences should be treated properly and care is given to educate them and re-socialise them for the positive reintegration with society. The correctional facilities and rehabilitation services for the juveniles should be done with the approach.

As more than one ministry is involved in the juvenile care strong coordination between the concerned departments and corpus fund integrating all the ministries involved is necessary to smooth functioning and implementation of the child care acts. Result oriented mechanism for evaluating, monitoring and future planning must be given more preference.

What are the Legislative Interventions against Juvenile Delinquency?

The Apprentice Act, 1850 states that the convicted children of the age group of 10-18 are to be provided with vocational training to help with their rehabilitation. This was considered to be the first legislation concerning children.[21]

Separate prison for children, creation of remand homes, making suitable arrangements for the custody of children under remand and creation of children's courts with the informal and elastic procedure were recommended by Indian Jail Committee (1919-20). To provide for the administration of Juvenile Justice with special considerations to the treatment of Juvenile delinquents in the year 1986 the Act Juvenile Justice Act was passed in parliament. The Juvenile Justice Board and other child care home were established based on this act, it also gives emphasis for the following:

- Providing a reasoned approach for the prevention and remediation of juvenile delinquency. This is done while keeping the child's developmental needs towards social maladjustment.
- Rules and regulations for investigation, prosecution, adjudication and disposition, rehabilitation of juvenile justice administration.
- Provisions for juvenile specific offences and punishments.
- Conforming the standard Minimum rules for the administration of Juvenile Justice of United Nations implemented in the administration of the juvenile justice system in India

To provide proper care, protection and treatment by catering to the juvenile delinquents' developmental needs, and for adopting a child-friendly approach in the adjudication and disposition of court proceedings in the best interests of children and for their proper rehabilitation the Juvenile Justice Act of 2000 is enacted by Government of India.

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Provisions for institutional and non-institutional measures for rehabilitation are provided in the Juvenile Justice (care and protection) Act of 2000.

The Convention on the Rights of the Child (1989) adopted by the General Assembly Resolution 44/25 of 20 contains articles to prevent abuse, exploitation and abuse of children. All member states are required to implement the provisions of the Child Rights Convention on par with their own law. It also mandates the process to restore the victimised child back into society. Article 6, 7, 8 of the Convention on the Rights of the Child, 1989 stresses the right to equitable life, basic education and socio-economic rights of the child.

All nations must ensure these rights of the child are protected constitutionally and there should be a proper redressal mechanism. The National Council for the protection of child rights (NCPR) is established for this purpose.

Article 15(3), 25, 39 of the Indian Constitution has necessary provisions for protecting the rights of children. India also implemented Sarva Shiksha Abhiyan (SSA) which made education for children between 6-14 years age free and compulsory. It is also punishable under the law to employ children under 14 years of age. Several legislations enacted in pre and post-independent India for the safeguard of child rights, protecting the young offenders from harsh punishments, reforming the delinquent children with social consciousness.[22,23]

The principle of “the first call for children” – the children’s essential needs to be given at most priority of Child Rights Convention is ratified by India in 1992., Juvenile Justice (Care and Protection) Act of 2000 was passed by the Indian parliament to replace all older acts concerning Juveniles in lieu of the Child Rights Convention.

According to Section 83 of Indian Penal Code, any act committed by a child under seven years of age is not an offence and even it is not an offence committed by a child under twelve years of age provided he/she does not understand the nature and consequences of the act and not attained enough mental maturity.

Under Section 27 of the Criminal Procedure Code of 1973, any accused under the age of 16 years committed any offence other than one is punishable with capital sentence may be tried by the special courts empowered by the Children Act 1960.

Procedures for the three stages of the trial were detailed out in the Juvenile Justice (Care and Protection of Children) Rules, 2007. They are as follows,

Pre-Trial Processes

Rule 11(11) of the Juvenile Justice Rules, 2007 states when dealing with a child in conflict with the law except for crimes of heinous nature like rape or murder not need to file first information report (FIR) or charge sheet by the police. The information recorded only in the general daily diary. The juvenile should be produced before the Juvenile Justice Board immediately after apprehension by the police.

A report on the social background of the juvenile, circumstances of apprehension and the alleged crime committed should be submitted before the Juvenile Justice Board. A juvenile who is accused of a bailable or non-bailable offence “shall” be released on bail or placed under the care of a suitable person/institution.[Section 12, the Juvenile Justice (Care and Protection of Children) Act, 2000] If bail is refused the juvenile cannot be sent to jail and kept in an observation home.[25,26]

Trial and Adjudication

The Juvenile Justice Board conducts an inquiry of the juvenile charged with an offence and produced before it by the powers under Section 14 of the Juvenile Justice Act. By the provisions of Section 18, a juvenile cannot be tried with an adult. The age of the juvenile is determined based on documentary evidence like the birth certificate, matriculation certificate or medical board examination.

Rule 13 mandates to conclude the inquiry as soon as possible by the Juvenile Justice Board and then the presence of juvenile during inquiry may be dispensed by the Board if it deems fit. According to Rule 13 (7) Section 47 of the Juvenile Justice (Care and Protection of Children) Act, 2000, beyond four months, the inquiry must not be prolonged and delay of more than 6 months will terminate the trial in all non-serious crimes.

Post-Trial Processes

After the expiry of the appeal period, the case records of the juvenile are removed to ensure no disqualification attaches to a juvenile in the conflict of law. During his stay in a children’s home or the special home itself rehabilitation and social reintegration of the juvenile begin as per the provisions of Section 40 of the Act. For the juveniles to have an

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honest, industrious and useful life various programs were conducted by government authorised After-care organizations after they leave the Juvenile homes.[24]

Executive Interventions against Juvenile Delinquency

The National Policy for Children 1974 is the first policy document adopted by the Union government for the needs and rights of children. It reaffirms the Constitutional provisions, this brief document outlines services for the complete development of a child, before and after birth and throughout a child's period of growth including health and nutrition programs, free and compulsory education, protection from abuse, neglect, cruelty, and exploitation with special focus on children from marginalized backgrounds or children with social handicaps by the state.[27]

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