

NON-STATUTORY CHILD WELFARE  
SERVICES IN BOMBAY CITY :  
PERSPECTIVES, PROBLEMS AND  
PROGRAMMES

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I. AN OUTLINE OF THE PAPER

This is a background paper for the Seminar on Statutory and non-Statutory Child Welfare Services in Bombay City. The services under the Children's Act would be covered in another paper. Hence all the community services, social services as well as social welfare services not covered under this Act will be considered in this paper.

The statistical information presented in this paper has been drawn from the following unpublished materials.

- (i) Existing Child Welfare Services in Greater Bombay (66-67), T. J. Aranha, Director of Research Department, Institute of Social Service (School of Social Work).
- (ii) Report on the situation of children and youth in Greater Bombay, Miss M. Khandekar, Research Associate, Unit for Study of the Urban Child and Youth, T.I.S.S.
- (iii) Integrated Urban Projects for Children and Youth in India, Dr. S. Phadke, UNICEF, India, (November 1969).
- (iv) Annual Reports of Maharashtra State Social Welfare Advisory Board
- (v) Reports of Bombay Municipal Corporation
- (vi) Press Cuttings.

In this paper an attempt is made to offer some factual information regarding the services and to point out gaps in the services. Specific problems have been identified and the kind of efforts that need to be made by the voluntary organisations, the municipal corporation, the charity trusts, Social Welfare Board and Department of Social Welfare, have been suggested.

II. THE CONSTITUTIONAL AND LEGAL POSITION OF THE CHILD

The Constitution of India declares, that the child belongs to the vulnerable groups. The directive principles declare the child and youth be protected against exploitation and moral and material abandonment. The Constitution requires that special provision for the welfare of children should be made. The law forbids employment of children under 14 years in mines, factories and hazardous employments. It requires that provision should be made for compulsory education of the child until it reaches the age of 14 years. The law looks upon the family as the primary agency responsible for the proper

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upbringing of children. Parents have a natural right to the custody of children and they are responsible for their proper upbringing. But the law retains the right to interfere by regulating guardianship, if the parents are found unfit.

According to law, no child under seven years of age can be guilty of a criminal offence. A child between the age of 7 and 12 years cannot be considered guilty of a criminal offence, unless it is proved that it has attained emotional maturity. On the basis of this principle, children under 14 are not considered firstly responsible for their crimes. Under the Children's Act, the juvenile delinquents and young offenders are committed to the certified schools. The law takes care of these in the same way that it takes care of the orphans, neglected and destitute children. When children are found engaged in immoral acts, adults are held responsible.

### III. RELEVANT DATA

From what has been said so far, it should be amply clear that the government in particular and the social welfare agencies in general are expected to bear a major share of the responsibility for the welfare and well being of children. In order to face this responsibility effectively, it is necessary to have definite data on the size and the nature of the juvenile population involved and to have a clear picture of the facilities and provisions available for them. The following data provide some of the relevant information.

#### *Demographic Data*

It is essential to have a clear perspective

of the demographic characteristics of the child population in the city, to get an idea of the services, problems etc.

#### AGE DISTRIBUTION OF POPULATION IN BOMBAY<sup>1</sup>

Age Groups	1961 Census	1971 Projection (D.T.R.C. Projection)
0— 4	11·1	11·2
5— 9	11·2	10·3
10—14	9·4	11·1
15—19	8·8	9·8
20—24	12·4	10·5
25 +	47·1	47·1
	100·00	100·00
	41·52	59·97 (Popula- tion in laks)

The child population in Bombay city is 31.7 %<sup>2</sup> of the total population, compared to all India figure of 39% is lower. The percentage of children between the age group 0-5 and 6-17 is also *low* because of migration of adult persons to the city.

#### DENSITY PER SQUARE K.M. AND INFANT MORTALITY<sup>3</sup>

	Density	Infant Mortality
Bombay island	45,043	98·5
Suburbs	7,825	91·5
Extended suburbs	2,474	60·9

The excessive density of population in the city may be contributing to high infant mortality rate. Malnutrition and poor standard of health condition lead to the death of children below 1 year.

<sup>1</sup> M. Khandekar, A Report on the Situation of Children and Youth in Greater Bombay, Tata Institute of Social Sciences, 1970, p. 20.

<sup>2</sup> Census of India 1961.

<sup>3</sup> M. Khandekar, *op. cit.*, p. 27.

AGE SPECIFIC DEATH RATE IN BOMBAY<sup>4</sup>

Under 1 year	95.0
1—4 years	13.9
5—14 years	2.0
15—19 years	2.0

The causes can be infection of various diseases as well as severe malnutrition.

SCHOOLING, NON-SCHOOLING, NON-WORKING AND<sup>5</sup> WORKING CHILDREN IN BOMBAY

	Schooling %	Non-School- & Non- working %	Working %
Total	74.50	22.77	2.73
Male	78.42	17.67	3.91
Female	70.17	22.39	1.44

It is interesting to note that every fifth child in Bombay is non-working and non-schooling.

According to 1966 figures, the total population of Bombay city is 54 lakhs and there are about 206 slum localities. The official estimate of the slum population is 6,31,000. Approximately 15% of the slum population consists of the children. "Thus, about 95,000 children below the age of 15 stay in slum areas.<sup>6</sup> A large number of children in these areas live in very unhealthy physical and social surroundings. In addition, quite a large number of children have to stay on open streets.

## DATA ON HEALTH SERVICES

In Bombay, per capita water supply ranges 12-15 gallons<sup>7</sup> per day which is very

low in comparison to 50-200 gallons prevalent in most of the developed countries. The sewage and drainage systems are not sufficient. The child is constantly exposed to intestinal diseases, T.B. etc. which is quite high. Health facilities are offered through Government Hospitals, Private Charity Hospitals, hospitals under the E.S.I. Scheme, Port Trust, Railways and Defence etc. In general there is overcrowding in the existing hospitals.

Maternal health is an important aspect of child health. There are 286<sup>8</sup> maternity homes in the city (191 in city and 95 in suburbs; 53 Municipal and 233 non-municipal) with 4525 beds. Municipal Maternity homes offer completely free services, while the maternity homes run by the Private Maternity Homes are beyond the reach of the poor class. In 1967, 89.8% registered births have taken place in the above maternity homes. Thus 10.2% of the births are still at home without any expert antenatal and postnatal help. The suburbs and extended suburbs do not get adequate medical facilities. Almost all big hospitals are in the city concentrating at Parel and Byculla areas. These maternal and child health centres, along with other maternity facilities provide immunisation against small pox, B.C.G., Polio and Triple. Small Pox and B.C.G. vaccination are commonly given, but the number of children getting Triple and Polio vaccination is limited, as it is a part of post-natal care. All mothers do not bring their babies to maternal and child health centres. There are many unhealthy prac-

<sup>4</sup>*Ibid.* p. 27.

<sup>5</sup>*Ibid.*

<sup>6</sup>*Ibid.*

<sup>7</sup>S. Phadke, *Integrated Child Welfare.*

<sup>8</sup>*op. cit.*

<sup>9</sup>*Ibid.*

tices prevailing particularly amongst uneducated mothers regarding child care. To note some of them, young babies are not given water due to the fear that the baby will catch cold. When the babies are given powder milk, bottles and nipples are not cleaned properly. The measures given on the milk tins are not followed because of ignorance. Solid food is not introduced at proper age. There is a need to introduce education programme for mothers.

Many of the children coming from low income homes suffer from severe malnutrition. Rising costs of food grains in the market, low family income, growing population, non-availability of milk and ignorance on the part of the parents are responsible for malnutrition.

Since 1962-63 Bombay Municipal Corporation has been operating a Nutrition Scheme. The Education Department of Bombay Municipal Corporation is running a school feeding programme which provides 4 biscuits to each of 5 lakhs of children, double toned milk to 3 lakhs and peanuts to 1 lakh children. This programme is aided by CARE and UNICEF. The total cost of this programme is one crore ten lakhs of rupees. There are a few other agencies in the city, which also run milk distribution centres for poor children.

Many schools including those covered by Bombay Municipal Corporation have facilities for medical check up. The Bombay Municipal School Health Unit has 18<sup>10</sup> full time doctors, referral clinics in four general hospitals, a special dental clinic, a referral service for T.B. and a mobile health unit. During 1966 20% of the children studying in the corporation

schools were covered under this scheme. Follow up is left to the parents. We do not know how far these cases are followed up.

During 1967, 1,01,539 children of municipal primary schools and 9,122 children of secondary schools were examined by this unit; 82.4% were found defective. 54.3% of these defective children suffer from general debility.

#### DATA ON EDUCATION

Since last mid century Bombay has been an important centre of education in India, providing very good facilities for education.

#### PREPRIMARY EDUCATION

The exact number of preprimary schools in Bombay city is not known. The figure available with education department is 113. But according to Mr. Shesh Namle there are more than 400 schools in the city.

The first preprimary school was started in Bombay city in 1937. The same school also pioneered training college for nursery school teachers. During 65-66 there were 113<sup>12</sup> preprimary schools in Bombay. The preprimary schools are considered as special schools. Some of them are developed by Central Social Welfare Board through its grant-in-aid programme. No standard scales are prescribed for the teaching staff. The preprimary education has not yet become an integrated part of the educational system and is usually regarded as a welfare activity. In case of the schools which are having preprimary sections, there is an emphasis on education as part of its total policy.

<sup>10</sup>Phadke, *op. cit.*

<sup>11</sup>Khandekar, *op. eit.*

<sup>12</sup>*Ibid.*

## PRIMARY EDUCATION

The education is free in all the municipal primary schools<sup>13</sup>. In 1968, Greater Bombay had 1012 municipal schools, 170 aided private schools, 387 recognised but unaided schools. Usually admission to such schools cannot be refused. There are three different types of schools in Bombay. Sophisticated private schools have high fees and draw students from higher income groups. Bombay Municipal Corporation runs schools with Marathi, Gujarati, Hindi, Urdu, Tamil, Malayalam, Telugu, Kannada, English and Sindhi media. The number of children in each class is 55-60, which increases the pressure of work on teachers and they are unable to provide individual attention. All the schools are run in shifts due to the scarcity of accommodation. Students do not have facilities at home to study and the attendance is poor due to poor economic condition of the parents (from some of the observations of Education Officer Bombay).

According to the survey conducted by Bombay Municipal Corporation in 1966 it was found that about 12,855 children between the age of 6-11 were not in schools: Doing household jobs, looking after younger children, non-availability of materials, parental apathy, truancy, etc. were given as some of the reasons.

## SECONDARY EDUCATION

There are 611 secondary schools out of which 117 are night schools. Working youth and children form the clientele of the night schools.

Only 6 schools in Bombay city have social service departments where through professionally trained social workers case work and counselling services are offered. All these departments are in the private schools. The salary of social worker does not come under approved expenditure and hence the schools do not get any grant for the workers' salary. Through these departments, some of the schools have extended their activities to the nearby Municipal and the aided schools. In Bombay there are 33 vocational classes in Municipal schools. Some of the private schools also provide vocational guidance and counselling.

## RECREATION

In Bombay there is an acute shortage of playgrounds. Many schools not having their own playgrounds are forced to conduct their physical education classes in the class rooms. The recreational place available in Bombay is .29 acres<sup>14</sup> per thousand population as against the International Standard of 4 acres per thousand population. The children belonging to lower income groups usually have very limited play facilities. There are 264<sup>15</sup> community welfare agencies in Bombay, providing recreational and cultural programmes. Craft Centres or hobby classes are conducted by 6.5%. Only one government centre is offering comprehensive facilities of indoor and outdoor play, library, craft, hobby classes etc. There are 144 welfare agencies running children's libraries. A few well known voluntary organisations

<sup>13</sup>Integrated Child Welfare Project —Dr. S. Phadke. Note on Primary Education in Bombay, Education Department, B.M.C.

<sup>14</sup>Phadke, *op. cit.*

<sup>15</sup>T. J. Arhanha, Study of Child Welfare Agencies in Bombay City.

have mobile libraries and centres in culturally deprived areas.

Toy library is a very novel idea in this country. Only one library functions in Bombay. Emphasis on development of indigenous literature for children is comparatively limited, though more readily available in a city like Bombay.

#### HOLIDAY HOMES

This scheme is sponsored by the Central Social Welfare Board and the Indian Council for Child Welfare. Children belonging to lower income groups can take advantage of this programme. During 1969,<sup>16</sup> 150 children from three agencies in Bombay took advantage of the scheme.

A few organisations in the city are now concentrating on development of programme like national and international understanding. Children's Film Show and

Children's Little Theatre have been active in developing films and dramas for children.

#### DATA ON SERVICES FOR THE PHYSICALLY HANDICAPPED CHILDREN

The exact number of the physically handicapped children staying in Bombay is not known. But from the information obtained from the National Sample Survey conducted in 1960-61, the total number of persons per thousand is 5.01 in India and in Maharashtra 4.00. Approximately there are 22,000 to 27,000 physically handicapped persons in Bombay. According to Dr. Marfatia's estimate, 3 to 4% population in India is mentally retarded. This shows that there are thousands of physically and mentally handicapped persons in Bombay. The correct figure of the handicapped children is also not available. But we can assume that their number too will be quite high.

NO OF AGENCIES OFFERING SERVICES HANDICAP-WISE<sup>17</sup>

Categories	Residential	Non-residential	Both non-residential & residential	Total
Blind	1	—	2	3
Deaf	—	4	1	5
Orthopaedi-Handi	2	1	1	4
Mentally Retarded	2	6	1	9
Leper	—	—	1	1
<b>Total</b>	<b>5</b>	<b>11</b>	<b>6</b>	<b>22</b>

There are very few agencies compared to the number of children who need special services. Our day-to-day experience shows that it is very difficult to get admission in these agencies which are already overcrowded.

It is very clear that there are very few

agencies working for the pre-school age handicapped child. There is no service available for this age group. They need to be identified at an early age.

It is clear from this Table that there is concentration on medical services and social service is neglected.

<sup>16</sup>1969 Report of Maharashtra State Social Welfare Advisory Board.

<sup>17</sup>Aranha, *op. cit.*, p. 61.

ACADEMIC EDUCATION PROVIDED BY THESE AGENCIES<sup>18</sup>

<i>Categories</i>	<i>S. S. C.</i>	<i>Middle</i>	<i>Primary</i>	<i>Preprimary</i>	<i>Total</i>
Blind	1	2	—	—	3
Deaf	1	1	2	1	5
Orthopaedi-Handicapped	2	2	—	—	4
Mentally Retarded	1	2	3	3	9
Leper	—	1	—	—	1
<b>Total</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>4</b>	<b>22</b>

DISTRIBUTION OF SPECIAL SERVICE ACCORDING TO TYPE OF HANDICAPS<sup>19</sup>

<i>Type of Handicaps</i>	<i>Occupational Theory</i>	<i>Psychotherapy</i>	<i>Psychological Test</i>	<i>Physiotherapy</i>	<i>Speech Therapy</i>	<i>Vocational Guidance</i>	<i>Total</i>
Blind	—	—	—	—	—	—	3
Deaf	—	1	2	—	4	1	5
Orthopaedically Handicapped	3	1	1	2	1	1	4
Mentally Handicapped	5	3	6	3	4	6	9
Leprosy	—	—	—	—	—	—	1
<b>Total</b>	<b>8</b>	<b>5</b>	<b>9</b>	<b>5</b>	<b>9</b>	<b>8</b>	<b>22</b>

## Agencies providing Vocational Education

Blind .....	3
Deaf and Dumb .....	5
Orthopaedically Handicapped .....	2
Mentally Retarded.....	7

## SERVICES FOR CHILDREN NEEDING SPECIAL HELP —Child Guidance Clinic

There are 13 child guidance clinics in Bombay city. They offer case work services to number of children. They try to help children to solve some of the problems such as truancy, scholastic backwardness, aggressive behaviour and many other emotional problems. While some schools take advantage of these services, public in general is not aware of the existence of those clinics. Some of the clinics have started youth counselling and guidance programmes in nearby schools. Extension activity on the part of these clinics is desired.

For further training, children are sent to National Centres of higher training outside Bombay.

There are very few agencies giving importance to rehabilitation services. Even the existing services also are generally in the form of work placement. Very little help is offered to enable him to rehabilitate himself in his own family.

<sup>18</sup> Ibid., p. 63.<sup>19</sup> Ibid., p. 68.

## SOCIALLY HANDICAPPED CHILDREN

*Adoption*

Adaption is the institutionalised practice through which an individual belonging by birth to one kinship group acquires new kinship ties that are equivalent to congenital ties. The practice existed amongst the Hindus mainly to provide continuity of family line. But the chief function of adoption in contemporary society is to provide for the care and welfare of the child. The children born out of wedlock, the children of unmarried mothers or completely destitute children are given in adoption. Adoption through licensed welfare agencies is a new activity in Bombay and the country as a whole, though the customary adoption exists. The Hindu Adoption and Succession Act 1956 gives all the rights as of natural child to the adopted child. It also provides that unmarried males or females also can adopt. The workers have experienced that more boys are in demand than girls. The agency has to follow customary laws, in case of all other communities. Social stigma is still attached to the child of unmarried mother. The agencies do not have adequate legal protection.

## FOSTER CARE

Foster Family Care is a temporary placement of the child. It helps the parents to maintain or to improve the quality of care given to the child. It can be used under the circumstances of Family stress, such as, long illness of either of the parents, confinement, educational needs of the child etc. It can also be effectively used as a part of adoptive service. The joint family which was taking care of all such needs of the

child is slowly breaking. With country's 'present economic condition social assistance programmes are difficult. In Bombay city, through the grant from Central Social Welfare Board two pilot Foster Care Projects are working. The foster family gets Rs. 50/- per month per child. It is experienced that there are a number of children, but getting matching foster families is difficult. Foster family day care is experimented under one of the projects.

In Bombay city, more and more women are going out for work. But unlike the Western countries a comprehensive programme of the Day Care Centres and Creches is not developed. In fact, it is one of the badly needed activities. Under the Factories Act it is compulsory for industries employing more than 50 women to have a Creche. During 1968, there were 74 factories having Creches in Bombay with 1205 children.<sup>20</sup> Except these Creches there are about 7 to 8 Creches run by voluntary welfare organisations. There are a few creches run on proprietary lines. There is a need to start these services at community level. The Reports of Administration of the Factories Act have repeatedly stressed that the female employees cannot take the advantage of these creches due to the difficulty of transportation (p. 18 of the 1962 Report, p. 17 of 1950 report, p. 21 of 1963 report and p. 27 of 1965 report). The agencies can start such a programme, if the State grants are made available for building construction and the Housing Boards reserve accommodation which can be used for the purpose. It should be noted that this type of service is inadequate for middle class groups which have capacity to pay for it.

Under the special schemes for slums,

<sup>20</sup>Khandekar, *op. cit.*, p. 73.



the Central Social Welfare Board has sanctioned one integrated pre-school-project. As a part of this scheme a day care centre is run for the children living in a slum area in the city. The minimum standard of care, and supervision would be needed, for all creches other than those coming under Factories' Act of 1948.

Under Institutional Care, the work done by Sneha Sadan needs recognition. These are small homes situated in the heart of slum areas. Though institutions, they are small homes with only house parents. The India Sponsorship Committee, Bombay, organises the sponsorship programme in India. There are 10 agencies engaged in this programme. Upto end of 1969 the committee has sponsored 301 children; out of these 167 were in Bombay. The sponsorship committee does thorough investigations and assesses the needs of individual families. Here also there are difficulties. In the absence of social assistance schemes, the workers have to depend more on private funds. The committee at present takes Rs. 365 per year per child from sponsors. It is difficult for an average Indian to participate and help in this programme unless the yearly amount is reduced. Secondly, the age limit is 16. The child also has to secure good marks. For a child staying in a slum it is difficult to complete his education upto S.S.C. before the age of 16 securing good marks. This will keep a child studying in adverse conditions away from the scheme.

#### SPECIAL SERVICES FOR SLUM CHILDREN

Everyday migrants are coming to Bombay city for employment. There are about 95,000 children staying in slums. Number

of private agencies are working in slum areas. They conduct nursery schools, sahayog kendras, milk distribution centres, etc. The exact number of agencies working in these areas is not known. Services are offered either free or charged nominal fees. Apart from these activities the following special schemes are started.<sup>21</sup> The scheme of urban project is being sponsored in Bombay by Central Social Welfare Board since 1958. At present two projects are working. It is significant that one of the two projects was able to carry ante-natal and postnatal services. There are no creches in the both, Balwadi activities seem to have got better attention.

#### INTEGRATED PRE-SCHOOL CHILD WELFARE SCHEME

The scheme is being implemented as recommended by Child Care Committee. The scheme aims to provide all basic amenities to the children below 6 years of age. It includes programmes such as (1) Balwadis, (2) Creches, (3) Play Centres, (4) Infant Health Centres, (5) Well Baby Clinics, (6) Children's Clubs, (7) Nutrition Programmes, (8) Mothers Clubs, (9) Antenatal and Postnatal Services; and (10) Family Planning. Pilot project has been sanctioned to one of the agencies in Bombay.<sup>22</sup>

#### NUTRITION PROGRAMME

Recently Nutrition Programme is introduced in slum areas. 100 children in 18 slum areas will get slices of bread and milk daily. This scheme is applicable to the children below the age of 6 years, not covered under school nutrition programme.

<sup>21</sup> Report 1970 of Maharashtra State Social Welfare Advisory Board.

<sup>22</sup> 1969 — Annual Report of Maharashtra State Social Welfare Advisory Committee.

### STUDY ROOMS

Study rooms, mainly run by voluntary organisation, aim at providing suitable place for studies at night in most of the deprived localities which are poorly lighted and there is lack of privacy and quiet.

#### IV. THE STAFFING OF SERVICES — GAPS IN THE SERVICES AND SOME SUGGESTIONS

Generally, in all government and voluntary agencies we find that there is overcrowding. All needy do not get the required services. There is high pressure of work on the workers. The agencies have often to sacrifice the quality of work because of the quantity. Many of the agencies cannot offer the services to the level of minimum standards as recommended by Dr. Bulsara's Committee (Grant in aid code committee, Central Social Welfare Board, New Delhi). Very few agencies are in a position to offer specialised services. Some of the services such as counselling are not yet started though a small beginning has been made by a few voluntary welfare agencies.

#### STAFF

The general picture of the staff working in welfare agencies is not common. agencies for the handicapped children have comparatively better staff. The agencies for the blind have qualified superintendents. All agencies working for orthopaedically handicapped get expert medical and paramedical services, through very highly qualified staff. But they do not have properly qualified recreational personnel as well as the vocational personnel. In many of the community centres, the agencies have to depend on unqualified staff. The School Social Service Departments and Child Guidance Clinics have qualified staff. Secondly, the salaries of personnel

employed in Welfare Agencies depend mostly on the financial position of the agency. There are no fixed scales for various categories of workers. Most of the agencies do not have satisfactory service and working conditions. Due to this situation, there is a constant turn over of staff members. There are many workers, who are untrained. There is no arrangement for the training of these workers. There is a need to organise training courses for all the staff members working at lower levels in agencies.

#### ADMINISTRATION

Many agencies in Bombay city are managed by Voluntary Welfare Organisations. For some services the National Headquarters of the Coordinating Agencies are in Bombay (National Association for the Blind, Indian Council for Social Welfare, Indian Association of Mental Hygiene). Some of these fields get expert services from the well known workers in the field. Voluntary workers share a lot of responsibility at administrative level. In a developing country like ours, for many more years to come these workers will have to play an important role in child welfare activities. So they also need orientation. This will enable them to locate new needs, make them aware of the new developments in the social welfare services in the developed countries and adopt them to the needs and conditions in our country.

#### RECORDING

Many agencies maintain the records required by the grant giving bodies such as Central Social Welfare Board, Bombay Municipal Corporation or Government of Maharashtra. But in general, the quality of records maintained is inadequate.

## FINANCES

The Bombay Municipal Corporation, the Central Social Welfare Board and Government of Maharashtra are the three major grant giving agencies. Agencies do get financial help from these bodies. But there is no common code evolved by the three bodies. Agencies find it difficult to send applications and accompanying statements to various organisations. Many of the agencies, particularly where the staff members are not highly educated, find it difficult to submit all information repeatedly. They have to depend on private donations. There are a number of trusts in Bombay. A part of the financial requirements has to be met from charity drives and private donations. Many trusts are sectarian and their funds are not made available to an agency, if it does not come in their purview. This leads to non-utilisation of available resources. Many trusts give ad hoc financial help without any plan of continued activity with them.

## BUILDINGS

Many of the agencies have to limit their activities for the lack of proper accommodation. Some of the agencies conduct their activities in rented buildings, which are not suitable for the type of activities they are conducting; for example, some of the nursery schools, private creches, and children's libraries are conducted in two room blocks of residential chawls. They do not have any facility for outdoor activities. One of the residential homes for young girls is just amidst the market and bazar area with cinema studios around. Many of the agencies in slum areas do not have proper physical structure available.

## GAPS IN SERVICES

In this section an attempt is made to

locate the gaps in the existing services. The gaps can be of various types. Non-availability of particular service, inadequacy of coverage, the gap between availability of service and use of it can be some of them. Suggestions, wherever indicated, are primarily for the purpose of stimulating discussions.

## EDUCATION

1. Compared to the number of children between the age group 3 and 6, there are very few nursery schools in the city. Most of the nursery schools are run by private organisations. There are no municipal nursery schools. Thus, a large number of children staying in slums, the backward class children and other children belonging to culturally deprived classes cannot get the advantage of pre-school education. It is a recognised fact that child's basic personality is shaped during these years of life. The question of organising this service needs to be considered by the seminar. Secondly, the nursery school education is considered as a welfare activity and not an integrated part of total educational system as a whole. The discussion on how to make it a part of total educational system is worth considering.

2. Government of Maharashtra gives scholarships to the children belonging to the low income families, with the income of Rs. 2,400 per year. In view of the growing prices, is this adequate? Moreover, lot of expenditure is involved for books, clothes and other educational equipments. Who should meet this requirement? Can there be a further way out to help the child in low income families? It is also felt necessary to have a follow up service to see that the money is properly utilised. How can this be achieved?

3. The problem of school drop-outs is quite serious. Non availability of bare necessities of life, inadequate housing, taking job at a very early age of life, responsibility to take care of the younger siblings, if mothers are working are some of the factors contributing to school drop out. Supply of mid-day meals, nutrition programmes have been started to improve the health of school children as well as to reduce the drop out rate. Here also the question of follow up is worth considering. It is also desirable to discuss the possibilities of help from voluntary welfare agencies to encourage these children to continue their education. For boys, there are night schools available. Can the women's organisation help the girls dropping out from schools?

4. Only six schools in Bombay are having school social service departments. There is no such department in a municipal school. If the Municipal Schools can have a network of school social service organised through the Education Department of the municipality under the guidance of the professionally trained social workers, the problem of drop outs, slow learners, parent's education, can be tackled by them. An exceptionally intelligent child can be identified and helped to make use of other community services to enable him to develop his full capacities. The financial and administrative implications of such a step may be considered.

5. At present there are only a few organisations to help gifted child and/or exceptionally intelligent child. Will it be possible to consider a few programmes for their benefit?

#### HEALTH PROGRAMMES

6. There are very high mortality and

morbidity rates in the children between 0 to 6. In the light of the expanding child population the existing health services are still limited. Family Planning activity emphasizing small family norm is very necessary. Mothers' education programme seems very important for the child's health. Nutrition education, family life education, population education, and health education will be the areas to be covered under the mothers' education programme. The matter of coordination in Family Planning programmes needs our attention.

7. Bombay Municipal Corporation has appointed social workers in Municipal Hospitals. There are no social workers in Municipal Maternity Homes. Appointment of social workers in the Municipal Maternity Homes, and Municipal School Health Service is equally essential. Use of social workers in the prenatal and post-natal services, at development of parents' education at community level can be discussed here.

#### RECREATION

8. Earlier, it has been indicated that there are a number of agencies running play centres. They are inadequate in coverage. Very few agencies are having well equipped personnel to handle these activities. Will it be possible to create a good cadre of recreational workers? Is it possible to mobilise volunteer force through the young students of schools and colleges?

9. With increasing emphasis on formal and informal education of the child and the family, the need for indigenous literature, films, theatre, etc. is felt. What role the social workers can play in stimulating and sustaining such activities may be worth considering.

## SPECIAL SERVICES

10. The problem of starting Creches and Day Care Centres as a part of community child welfare services also needs careful consideration.

11. Though the exact number of the handicapped children in Bombay city is not known, a large number of handicapped children are not covered under the existing services. Non-institutional Care and Services are very few. While institutional care is absolutely necessary for severely handicapped child, Day Schools also are required. Though there is an emphasis on offering medical and para-medical services, social work services are absent. Should it be developed? If so, how?

The question of developing special facilities for care, protection and education of the children of the leprosy patients needs special consideration. Due to the social stigma attached to leprosy, the normal children of people suffering from leprosy are greatly handicapped in making use of the community facilities. The question of providing special protection and rehabilitation services for these children poses a problem.

There are 13 child guidance clinics. Out of 13 clinics only one clinic is located in suburban area. Even distribution and proper coordination of such services is extremely necessary to meet the needs of such children in different localities. The role of existing clinics in developing such programmes needs to be discussed.

## PARTICIPATION OF BOMBAY MUNICIPAL CORPORATION

It will be seen from the discussion of the services pertaining to education, health, and recreation that Bombay Municipal Corporation plays a very important

role. They spend crores of rupees on education and health of the child. But it has no department to take care of welfare activities. The possibilities and difficulties in the development of such a department may be worth considering.

The Education Department can evaluate the work done by special schools such as the school for bedridden children, school for children in need for special care etc. They should encourage more special wings to cover more children under such programmes. The experiment of school social work also needs special attention of the Education Department. A few voluntary organisations have pioneered education for special groups, such as the school for bedridden children, school for children in need of special care etc. How far this can be considered a purely welfare activity? Should such an effort not become a part of total educational system? For this, a careful evaluation may be necessary.

It is felt that for rural areas, the scheme of Family and Child Welfare Projects is already functioning. The same scheme should be made applicable to urban slums. Under this scheme, a lot of emphasis is laid on the education of mothers. There are a few agencies already working in these areas. A large scale programme alone will help the slum child to enable himself to take advantage of educational facilities. There is a need to start a crash programme immediately. The agencies like Lions Club, Rotary Club and Bombay Junior Chamber can play a very important role by helping ad hoc activities co-ordinated by the B.M.C. with the help of Social Welfare Department as proposed above. A lot of voluntary help seems possible for the benefit of the slum child. Activities for

the slum child should be started on a larger scale without much delay.

It has been made compulsory to register all welfare agencies under the charitable trusts act or Registration of Societies Act. All agencies and trusts are registered. The charity commissioner here can play an important part in pooling the financial resources of the trusts to expand or sustain specific child welfare activities. Some of the trusts can be motivated to utilise their funds for orientation and proper training of field workers.

There is a need to develop Field Counselling Service as early as possible. Central Social Welfare Board be requested to take immediate steps in this regard. In Bombay

city, many experienced professionally trained social workers are available. Their services can be used to start with if the Board has any difficulties to get suitable qualified mature counsellors. Creation of such a unit will enable many developing agencies to get proper guidance right in the beginning, which will help them to avoid many of the errors arising out of ignorance.

If all the activities are to be strengthened, financial problem is likely to crop up. It is suggested that to overcome this problem a child welfare cess be levied on the lines of Education Cess. Large funds can be made available for child activities through the income from this cess.