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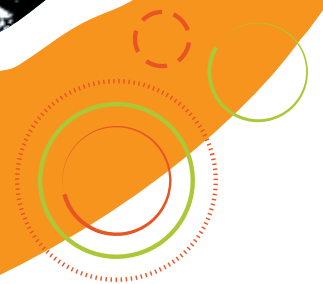



Supporting Youth Leaving Care

A Study of
Current Aftercare Practices



Delhi

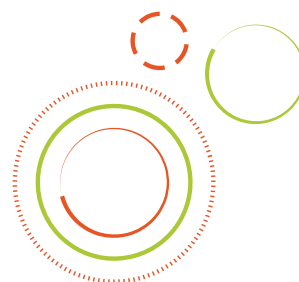




Supporting Youth Leaving Care

A Study of Current Aftercare Practices in Delhi

May 2019
Udayan Care



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List of Acronyms

ACO	Aftercare Organisation	MoU	Memorandum of Understanding
AOP	Aftercare Outreach Programme	MoSDE	Ministry of Skill Development & Entrepreneurship
BPL	Below Poverty Line	MoWCD	Ministry of Women and Child Development
CAP	Current Aftercare Practices	NCS	National Career Service
CCI	Child Care Institution	NCT	National Capital Territory
CCL	Children in Conflict with Law	NGO	Non-Governmental Organisation
CL	Care Leaver	NIPCCD	National Institute for Public Cooperation and Child Development
CLAN	Care Leavers Association Network	NOSs	National Occupational Standards
CLs	Care Leavers	NSDC	National Skill Development Corporation
CNCP	Children in Need of Care and Protection	NSQF	National Skills Qualification Framework
CSR	Corporate Social Responsibility	NULM	National Urban Livelihood Mission
CWC	Child Welfare Committee	NYP	National Youth Policy
DAN	Delhi Arogya Nidhi	OHC	Out-of-Home Care
DCPCR	Delhi Commission for Protection of Child Rights	PAN	Permanent Account Number
DCPO	District Child Protection Officer	PIL	Public Interest Litigation
DCPU	District Child Protection Unit	PMEGP	Prime Minister Employment Generation Programme
DICs	District Industries Centres	PMKVY	Pradhan Mantri Kaushal Vikas Yojna
DLSA	District Legal Services Authorities	PPP	Public-Private Partnership
DWCD	Department of Women and Child Development	RGSRY	Rajiv Gandhi Swavlamban Rojgar Yojna
ICP	Individual Care Plan	RWA	Residents Welfare Association
ICPS	Integrated Child Protection Scheme	SCPS	State Child Protection Society
INR/Rs.	Indian Rupee/ Rupees	SHG	Self-Help Group
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015	SOP	Standard Operating Procedure
JJ Rules	Juvenile Justice (Care and Protection of Children) Model Rules, 2016	SPSS	Statistical Package for Social Sciences
JJB	Juvenile Justice Board	SYLC	Supporting Youth Leaving Care
KI	Key Informant	UNCRC	United Nation Convention on the Rights of the Child
KII	Key Informant Interview	UNGA	United Nations General Assembly
KVIBs	State Khadi and Village Industries Boards	UNGACC	United Nation Guidelines for the Alternative Care of Children
KVIC	Khadi and Village Industries Commission	UNGACC	United Nation Guidelines for the Alternative Care of Children
MIS	Management Information System	UNICEF	United Nations Children's Fund

Preface

Alternative Care, of which Aftercare is an important component, is poised strongly on the international child protection agenda. In 2018, in a historic step, the United Nations General Assembly (UNGA) has resolved to focus on 'Children without Parental Care' in 2019. Youth are our hope. My experience of working with youth has shown me that they are ever willing to learn, explore and experiment. All they need is hand holding to constantly add to their skills. Our Aftercare youth, or Care Leavers (CLs) as we know them, are amongst the most vulnerable section of the youth population but they have immense potential and we need to support them so that they become resilient and independent citizens who can give back to society.

The study on "Current Aftercare Practices" (CAP), is a result of Udayan Care's long term desire to see all CLs getting the care and support their special circumstances deserve. This desire emanates from our long years of being practitioners in ensuring quality care for children, living in our small group homes and continuing this support even after they turn 18 years, through our Aftercare model. The CAP research evolved after a pilot study was conducted in Delhi with 47 CLs with the Delhi Commission for Protection of Child Rights (DCPCR) in 2017. It led to a much bigger multi-state research project that has been carried out in five states of India: Gujarat, Maharashtra, Karnataka, Rajasthan and Delhi again, using uniform research design and tools.

Throughout the process of this study, we have always kept the voice of our CLs at the centre. Lack of data and access to non-receivers of Aftercare, undoubtedly, has been a huge challenge to this study. NITI Aayog, in its 3 years Action Agenda (2017-2020) acknowledges the non-availability of credible data as the major obstacle to design effective policy interventions. But things are changing. The Central Government of India, for the first time, instituted a Committee under the Chairpersonship of Ratna Anjan Jena, Statistical Advisor, which mapped all Child Care Institutions (CCIs) in India (except 34 Homes in Uttar Pradesh). The Jena Committee report, was published in September 2018, for which data collection was completed in March, 2017, and has reviewed 9,589 CCIs in India. The report found that 91% CCIs are run by NGOs, and only 9% are government supported. For the first time, we have government data saying there are 3,70,227 Children in Need of Care and Protection (CNCP) (199,760 are boys, 170,375 are girls) and 7,422 Children in Conflict with Law (CCL) in the country. Unfortunately, the report, does not talk of Aftercare, except that it mentions that "CCIs and Aftercare homes need to be actively involved in networking, coordinating and linking with various professionals, institutions and community based organisations that have expertise in the concerned areas to provide a wide range of services to children". It thus misses an opportunity to include the 'Continuum of Care' approach for children living in Alternative Care and further shows that Aftercare remains a low priority within the child protection system in India.

At the national level, the National Youth Policy, in 2014, identified youth in institutional care, orphanages, correctional homes and prisons as a category that needs more support from the State but not much of this has been formulated clearly or as implemented. The policy states that "while the government is working to create support and

“ While the government is working to create support and rehabilitation systems for youth at risk, it is essential to simultaneously build systems to ensure that youth are not forced to put themselves into situations that constitute physical or mental risk. A targeted awareness and outreach programme for youth that are likely to be at risk must be developed and undertaken as a matter of priority. ”

rehabilitation systems for youth at risk, it is essential to simultaneously build systems to ensure that youth are not forced to put themselves into situations that constitute physical or mental risk. A targeted awareness and outreach programme for youth that are likely to be at risk must be developed and undertaken as a matter of priority.” This translated into action for CLs is something we hope to see in Delhi soon. The Youth Policy is due for review in 2019 and we hope to push the CLs’ agenda to be included therein so that reintegrating CLs becomes everyone’s collective responsibility rather than no one’s responsibility, as it appears to be now. Small steps go a big way in bringing change on the ground.

While the 1st study was undertaken in Delhi in 2018, this second report for Delhi has been completed in three months from February to April 2019 and builds evidence to develop a robust Aftercare programme in the State. We owe our deepest gratitude to Shri Ramesh Negi, Chairperson, DCPCR and Ms Rita Singh, Member, DCPCR, for understanding the need for paying attention to Aftercare and the needs of CLs in Delhi. I hope the evidence generated in this report, as well as individual reports from the other 4 states of Maharashtra, Gujarat, Karnataka and Rajasthan, which are also compiled in a multi-state synthesised report, become instrumental in bringing Aftercare to the forefront of discourse in the Alternative Care ecosystem by plugging the gaps in implementation and having more robust policies. I am so humbled by the resilient CLs that were a part of this study, who spoke their minds and hearts out and shared their hopes with us. We remain committed to listening to their voices always and sustaining practice-informed, evidence-based advocacy on Aftercare.

Kiran Modi, PhD
Founder Managing Trustee
Udayan Care

Foreword



Delhi Commission for Protection of Child Rights being a nodal agency in NCT of Delhi to monitor implementation of Juvenile Justice (Care and Protection of Children) Act, 2015 supervises functioning of more than 100 Child Care Institutions in the city. It has been observed that the youth who leave the Child Care Institutions upon attaining the age of 18 face lot of constraints such as lack of social integration, lack of support system in place available in the Child Care Institutions and skill and rehabilitation issues. Aftercare facility is most vital in the life of a child when he/she is at the gateway of adulthood and independent life while exploring opportunities for economic stability. There are serious concerns about social integration and emotional stability.

While Delhi has more than 100 Child Care Institutions and significant progress has been made in implementation of the provisions of Juvenile Justice (Care and Protection of Children) Act, 2015, efforts in the areas of Aftercare have been very meagre. Therefore, the need for streamlining the system to ensure rehabilitation of Care Leavers for their overall growth and advancement in life. In order to extensively, cater to their needs, DCPCR supported Udayan Care to conduct a pilot study, to understand situation of Care Leavers in Delhi. This study titled “Supporting Youth Leaving Care Research Study in Delhi” was released in 2018.

Subsequently, to update the findings of the study, DCPCR decided to support Udayan Care to conduct second level study in Delhi covering 55 Care Leavers. The findings of this study presented in this report contain data on situation of Care Leavers in 2019. The study also recommends solutions for robust Aftercare programmes in the city.

DCPCR is grateful to Ms. Rita Singh, Member for providing her support for this study.

I congratulate Udayan Care for bringing out this report. I sincerely hope that this report would be of immense help to policymakers and other stakeholders working in the field of Aftercare services in Delhi

In conclusion, I would like to thank Dr. Kiran Modi and the entire research team of Udayan Care for their enthusiasm and drive for rigour. I thank Dr. Hrishikesh Yashod IAS, Commissioner Women and Child Development, Mr. Ravi Patil, Dy. Commissioner Child Development, DWCD and Ms. Manisha Biraris, Programme Manager, Integrated Child Protection Scheme (ICPS) for their enduring interest and commitment to find ways to integrate the findings into the State’s Guidelines on Aftercare. I hope that the evidence gathered through this study will help strengthen policy and programming initiatives in Alternative Care of which Aftercare is a crucial component; with active participation of youth leaving care.

Ramesh Negi

Chairperson

DCPCR

June 2019



Executive Summary

“ I feel like a nomad. I have been placed in five different homes and I have no stability, I have no friends and I feel detached from everyone now.”

A 20-year-old Care Leaver

“Current Aftercare Practices” (CAP) is a research study conducted in the State of Delhi, and is part of a multi-state study conducted in Karnataka, Rajasthan, Gujarat, and Maharashtra. The CAP study is an Udayan Care initiative, supported and funded by UNICEF, Tata Trusts and other partners; and is based on the premise that every child who leaves an Alternative Care setting on completing 18 years of age (or becomes a ‘Care Leaver’, ‘CL’ hereafter) needs extended support in the form of Aftercare. The CAP study gathers evidence through a scientific data collection process, consolidates knowledge and promising practices, and discusses gaps and challenges from multi-stakeholders’ perspective. At various stages, the study has employed participatory methods to incorporate the voices of CLs and critical feedback from key stakeholders and experts.

Udayan Care has developed a conceptual and analytical framework, called, the ‘Sphere of Aftercare’, drawing from its experience in child protection, the extensive literature review undertaken, and the findings of the pilot study it conducted in Delhi (2017). This ‘Sphere of Aftercare’ comprehensively identifies eight different domains of Aftercare, those being: affordable and adequate housing, independent living skills, interpersonal skills and social relationships, mental and emotional wellbeing, physical health, financial independence and career, education and vocational skills and identity and legal awareness. The CAP study is designed to look at the support and services received by CLs from the objective lens of an ‘Aftercare Quality Index’ (AQI), calculated by using the scores within each of these eight domains.

The report covers a total of 55 CLs from Delhi, comprising of 30 males and 25 females, from both Government and NGO-run Child Care Institutions (CCIs). It also includes data from 10 stakeholders, which includes experts, practitioners and duty bearers, working in the field of child protection in Delhi. Although, much is happening on Aftercare in the State, there are many areas where we, as duty-bearers, need to rise to the call to meet the aspirations of the CLs. The key highlights discussed in the report are as follows:

- **Type of CCI:** 60% CLs had grown up in Government CCIs, while 40% had lived in NGO-run CCIs.
- **Age at leaving CCI:** The average age of leaving a CCI was 19 years of age.
- **Multiple Placements:** 67% CLs reported being placed in more than one CCI during their childhood. Young adults, who have been placed in more than one CCI, showed a negative score for the Aftercare Quality Index.
- **Involvement of Children in their Care & Rehabilitation Planning:** 71% of CLs reported that they were consulted in preparation of Individual Care Planning (ICPs) and 29% were not.
- **Continuity in Education:** 27% of the sampled CLs reported that they were unable to continue their education as per their wishes even during their stay in the CCI. This increased to 47% of the CLs during Aftercare.
- **Skills Development in CCI:** 31% of the sample fell in the ‘satisfactory’ range, while the Skill Index of the remaining 69% CLs was either ‘neutral’ or ‘unsatisfactory’.
 - Larger proportion of male CLs had a lower Skill Index score than females.
 - Unsatisfactory skill development has been reported by 64% CLs who have not received Aftercare and 29% CLs who have received Aftercare.
 - 44% CLs who are above the age of 22 years have an unsatisfactory level of skill development.
- **Housing:** 63% Aftercare receivers (n=27) are placed in homes supported by their CCIs or Aftercare programme. 37% received support under domains other than housing.
 - 37% of the Aftercare receivers and all of Aftercare non-receivers (n=13) lived in independent accommodation such as paying guest accommodation, rented accommodation, homes of family members or friends.
- **Independent Living Skill Index:** 75% of CLs (n=64) fell in the ‘unsatisfactory’ range of the Independent Living Skill Index. 90% male CLs fall in the ‘unsatisfactory’ range as opposed to only 56% female CLs. 24% female CLs lie in the ‘satisfactory’ range of the Independent Living Skill Index.
- **Mental and Emotional Wellbeing:** Mental and Emotional Wellbeing: 86% of the CLs shared that they have been facing recurring emotional distress that makes them sad or tense.
 - More female CLs reported symptoms of cognitive, emotional and functional mental health issues as compared to the male CLs.

- Symptoms of emotional and cognitive distress is higher among Aftercare receivers as compared to the non-receivers.
- 51% of the CLs have sought assistance from professionals, who are licensed social workers, psychologists or doctors. Most of them (66%), who have approached a professional, are between the ages of 18-21 years.
- It was found that CLs' Emotional Wellbeing Index was significantly correlated with the overall AQI score of the CLs.
- **Social Relationships and Interpersonal Skills:** 1 unable to maintain meaningful or long-lasting relationships with staffs, caregivers and mentors during their childhood.
 - 67% of all CLs reported inability to form and maintain friendships.
 - 82% CLs have reported maintaining no relationship with biological father and 71% have reported no relationship with biological mother.
 - 71% of all CLs reported difficulties in maintaining romantic relationships and the proportion was significantly higher for male CLs.
 - 46% (n=25) CLs who have voiced the need for guidance or counselling to be able to improve the quality of their relationships.
 - 50% of the CLs fell in the 'unsatisfactory' category of the Social Relationships and Interpersonal Skill Index.
- **Physical Health:** 68% of the CLs living in CCIs run by NGOs received care during their illness as compared to only 49% in government run homes.
 - 75% did not have any health insurance. Among females, 88% did not have a health insurance.
 - 68% CLs falling in the 'satisfactory' category of the index were from the NGO-run CCIs and also those (73%) who were being provided Aftercare from NGOs had a 'satisfactory' score on the physical health index as compared to those under the government Aftercare.
- **Education and Vocational Skills:** 43% (n=13) male CLs and 28% (n=7) A female CLs completed their education up to Class XII.
 - Less than half of all CLs had received training in one or more career-related skills in CCIs while 42% received these trainings during their Aftercare transition phase.,
 - Only 18% of all CLs fell in the 'satisfactory' category, and a higher proportion of male CLs scored 'unsatisfactory' on the Educational and Vocational Skill index.
- **Financial Independence and Career:** 56% of all CLs (n=31) had their own independent sources of income, either through a salaried job or self-employment. Of the total sample, 52% had either held or currently hold salaried jobs as their primary source of income (n=29), whilst 4% were self-employed (n=2).
 - 63% male CLs and 48% female CLs had independent means of own income.
 - 64% of those, who received Aftercare support from NGOs, had independent sources of income as compared to 36% of those who received Govt. Aftercare.
 - Mean income was Rs. 7,732 per month and ranged from Rs.750 to Rs. 40,000 per month.
 - Only 12% CLs reported that their Aftercare organisation or CCI provided them with additional financial support.
 - 30% of all CLs are dissatisfied with their present financial status and demanded that the Government should provide financial support.
 - 80% CLs are of the opinion that this monetary support should be given directly to CLs so that they can manage their survival and subsistence.
 - 67% of all CLs (n=55) reported getting no guidance regarding their monetary management during their childhood in the CCIs. 78% of all CLs (n=43) had never attended a financial literacy workshop, or one-on-one consultation with a caregiver, staff, mentor or expert.
 - 96% of all CLs have a bank account. However, only 38% reported using credit or debit cards; and 14% had bought insurance products.

- 33% of all CLs (n=18) reported that their income/allowance was insufficient to cover their cost of living.
- **Identity and Legal Awareness:** 66% of all CLs (n=36) had not received any information regarding their legal rights and responsibilities towards others as an adult, prior to leaving their CCI.
 - 64% of all CLs (n=35) had not received any guidance regarding this either through a workshop or a one-on-one consultation even during the Aftercare transition phase.
- **Recognition of Care Leavers as vulnerable youth:** The State must accord special recognition to all CLs as a distinct and vulnerable youth population for their social inclusion and mainstreaming.
- **Effective implementation of existing provisions of policy and law on Aftercare:** The State Child Protection Society (SCPS) located in the Department of Women and Child Development (DWCD), Govt. of National Capital Territory of Delhi, (NCT), must play the role of a nodal department under the continuum of care approach for effectively implementing the provisions of Aftercare in the State and ensure that every CL is provided with sustained support across the 'Sphere of Aftercare' in a dignified manner that respects the freedom and choices of the youth.
- The State Aftercare Guidelines must be drafted, notified and immediately implemented in a timely manner. The guidelines should be drafted by a committee where CLs are essential members and can voice their concerns.
- **SCPS** must appoint an Aftercare officer under its NIC programme component to coordinate with the district work on Aftercare.
- Government. of NCT, Delhi must mandate **Transition Planning** in all CCIs in Delhi.
- Government. of NCT, Delhi must set up a One Stop Aftercare Suvidha Kendra (OSASK) or Outreach Service Centre.
- **SCPS** should be strengthened to provide Aftercare services beyond merely housing provisions and include all domains of the 'Sphere of Aftercare' to all CLs.
- Set up dedicated **Aftercare Funds** in each district.
- **Aftercare Outreach Service Centre that offers a range of services to CLs at district level may be envisaged.**
- DWCD may promulgate affirmative action for CLs in all the domains of the 'Sphere of Aftercare', bringing out special Guidelines on Aftercare, announcing affirmative reservations in jobs and higher education for CLs in the State, on the lines of Govt. of Maharashtra.
- Set up a robust **MIS and data maintenance** system for Aftercare to maintain real time reliable data on CLs and their outcomes.
- Undertake **training** of stakeholders on Transition Planning, Aftercare and follow-up modules.
- SCPS may promote **linkages and convergence** through various Govt. departments, corporates and civil society organisations to offer a range of services and support to CLs through PPP model, especially exploring access to housing, employability and mentoring services by the corporate and private sector for CLs.
- Make access to health services possible for all CLs and offer affordable medical services under schemes such as Ayushman Bharat, a Pradhan Mantri Jan Aarogya Yojana (PM-JAY), with more focus on mental health care.
- Ensure **post Aftercare follow up** and support by making the district Aftercare Outreach Service Centres for all CLs.
- Commission **further research** on areas identified in the study.
- Collectivise CLs to provide them spaces to form their own association and network.

Both, the pilot study report, launched in December 2018, by Shri Manish Sisodia, the Deputy Chief Minister of Delhi, and this study, have together brought out the urgent need to focus on Aftercare for the CLs in the city by bridging the gap between policy and practice. The commitment of DCPCR in this direction is definitely an enabler and an opportunity that can go a long way in providing better outcomes to the CLs in the State.



Chapter 1

Overview of Aftercare

“Turning 18 years old, does not make us adults. We need support because there is a fear of being lost.”

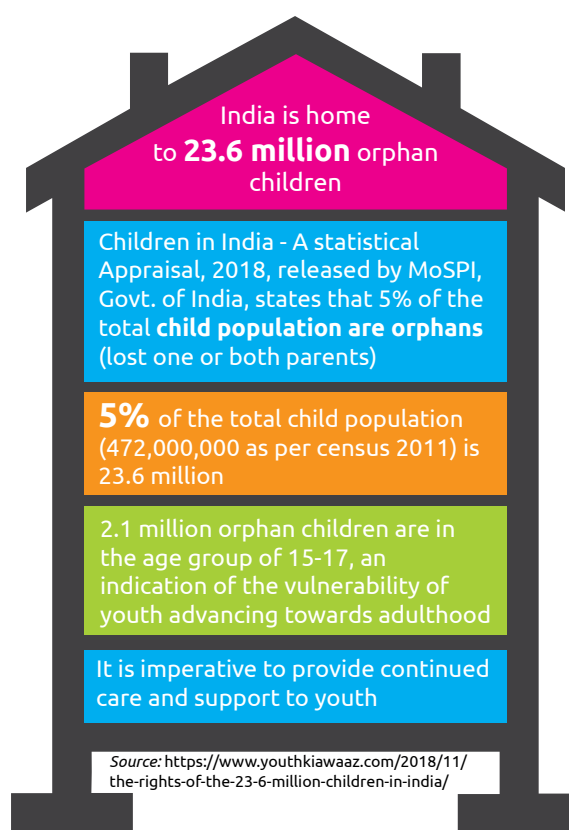
A 19-year-old Care Leaver

1.1 Introduction

The United Nation Convention on the Rights of the Child (UNCRC) mandates the right to a family for every child and pronounces that “children have the best chance of developing their full potential in a family environment”. Aligning with this principle, India’s National Policy for Children (2013), commits to the right of all children to grow in a family environment, in an atmosphere of happiness, love and understanding. Myriad factors such as death of parents, abandonment, desertion, poverty, abuse at home, displacement, HIV/AIDS, family disputes and disasters or conflicts, lead to separation of children from their biological families, pushing them towards Alternative Care. Children continue to be separated, either temporarily or permanently, from their biological families in all parts of the world and need Alternative Care arrangements and support. The United Nations Guidelines on Alternative Care of Children (UNGACC, 2010) lay down two very important principles for care of children living in any kind of alternative setting; the principle of “necessity” and the principle of “suitability”. These principles clearly postulate that separation of children from their biological families must be prevented at every cost and taken to as the last resort only if it is absolutely necessary and in the best interest of the child. In all such cases of separation, the UNGACC prescribes that the best suitable care arrangement shall be the responsibility of the State.

Alternative Care is defined as care for orphans and other vulnerable children, who are not under the custody of their biological parents. It includes adoption, foster care, guardianship, residential care and other community-based arrangements for the care for children in need, particularly for children without primary caregivers (UNICEF, 2006). For children without parental care, living in formal or informal settings of Alternative Care (also referred to as children in Out-of-Home Care (OHC), the State is mandated to act as their guardian and ensure their safety and development through child protection measures, dictated by national and state legislations and policy frameworks. In India, the key instruments governing this are the Juvenile Justice (Care and Protection of Children) Act, 2015, along with the Juvenile Justice (Care and Protection of Children) Model Rules 2016, and the Integrated Child Protection Scheme (ICPS).

Recent estimates put the number of children in need of Alternative Care in India at approximately 23.6 million (Ministry of Statistics and Programme Implementation, MOSPI, 2018). For them and many more children, who are at risk of separation from family, preventing separation and finding suitable alternative family-like care environments is challenging, given the sheer numbers of children in the country and the absence of community-oriented interventions. Different forms of non-institutional Alternative Care that are proposed in the JJ Act and Rules, such as foster care group foster care, are still at very nascent stages in the country. India has a long way to go to bring care reform for OHC children, the success of which depends on the four enabling conditions of change, identified by Hope and Homes for Children (HHC). The HHC theory of change highlights four crucial components: Political will; Evidence & Knowhow; Civil



Society Participation and the last and the most important, Resources (funding). In pursuance of the Act, the Central Government has notified the Model JJ Rules of 2016 and most States are in the process of drafting and notifying the State JJ Rules. Studies, such as the present one, to create an evidence base, have started getting support. However, this political will as reflected in the above efforts also need to be substantiated by mobilising resources, and enhanced civil society participation. Civil society organisations have been working with some youth in their own limited capacities. However, both the Government and the civil society organisations require a strong collaborative and coordinated effort to bring substantial change in the situation of Care Leavers (CLs). This calls for scientific assessment of the situation to develop a workable plan for stakeholders to engage with CLs by continuing their support as Aftercare practice.

1.2 Transition from Childcare to Aftercare

Legislations in many countries prescribe that upon attaining a certain age of adulthood or majority, (usually 18 years of age), children, living in Alternative Care, have to leave the care setting, and move on to lead an independent life, within the community. The policy and laws in India prescribe Aftercare support for 'Children in Need of Care and Protection' (CNCP) in Alternative Care settings as well as for 'Children in Conflict with Law' (CCL).

The nodal ministry in India, MoWCD, recognising this critical area of care, announced the detailed Standard Operating Procedure (SOP) for CCL (MoWCD, SOP, CCL, 2016), that detailed the aspect of rehabilitation through Aftercare in a prominent manner. The document stated that "there should be proper mechanisms for linkages and synergy between various government departments, NGOs, agencies, corporates and other duty bearers to give the best to the child and there should be a tracking mechanism set up in all States where complete records of all CCL moving out of Special homes are maintained and follow up done ensuring their reintegration under Aftercare services. The follow up should be such that there is no falling back of the child into crime again." This policy, however, is limited only to CCL children.

Gradual and supported transition out of Alternative Care settings is the key to ensure that young adults "aging out" of the system prosper in their lives as they move forward (Modi, et al., 2018). This transition from living in a protective care facility to independent living often brings a host of difficulties, due to the absence of a pivotal family-like ecosystem, minimal community integration, and limited ownership of essential resources, at the care setting like that of a CCL. Youth, transitioning from care, are, thus, at higher risk of facing personal, professional and social hardships. Inadequate social and life skills, low educational achievements, higher risk of physical and mental health concerns, and the increased risk of social issues including homelessness, substance abuse, conflicts with law, abuse and violence, teenage pregnancy, social exclusion, incarceration, and self-harm and suicide, all effectively slow down or often deny youth their full settlement in life (Kuligowska, 2015; Montgomery, Donkoh, & Underhill, 2006). On the other hand, the transition period can be an enabling one (Akister, Owens, & Goodyer, 2010), marked by distinct needs of the youth, which needs to be supported, guided and counselled, so that they are able to realise their full potential. In the absence of these inputs by care providers and a lack of their understanding of the difficulties faced by young people, the youth run a risk to lose opportunities available to them. They may face difficulties across multiple life domains, such as locating and accessing safe and stable housing, building strong and positive relationships with members of their social networks, being able to manage crisis and stress, and pursuing higher education or acquiring meaningful vocational and life skills towards steady and lucrative employment (Fryar, Jordan, & DeVooght, 2017).

Dutta (2017), in her research brings forth that a strong social network is the foundation stone for ensuring a well-planned, smooth and steady transition out of care for girls living in residential care settings in India. This paper lays emphasis on how “multiple environmental factors” such as support network (friends, peer group, family, social workers, etc.) in Child Care Institutions (CCIs) facilitate the empowerment of CLs.

On the brighter side, the transition is also characterised by growth, where youth are exposed to new circumstances and opportunities towards an independent life, which can flourish if provided with timely support and guidance (Stein, 2006). Young adults are capable of identifying opportunities and may possess the skills to explore, reflect upon, and take risks in their journey towards an independent life. However, in order to do so, youth need constant guidance in developing life skills, knowledge about their legal rights and responsibilities, and training on how they can nurture their own personal development, through self-care and pro-social behaviour (Human Service Community Service, 2010).

Projects like Berry Street’s ‘Stand By Me’ (Meade & Mendes, 2014) show that working with young people requires not only helping them with their accommodation and financial needs, but also addressing their trauma and attachment issues. It must be noted that apart from having to go through the physical and emotional transition into life as an adult, which is challenging even for youth raised in primary care, the transition becomes more arduous for CLs due to their adverse experiences and experiences in care (Barn, 2010). The trauma must be addressed by improving access to mental health support systems and by providing them with opportunities to maintain links with OHC support, in order to reduce the possibility of further stress and disrupted attachments (Meade & Mendes, 2014). CLs may not reach out for support whilst transitioning into adulthood, feeling that they do not have a reliable support network (Mann-Feder, & White, 2003). It is thus important to ensure that young people, leaving residential care, receive care and support on a continuous basis, without interruptions, till they are able to manage on their own (Modi, Nayar-Akhtar, Ariely & Gupta, 2016).

According to a study titled, ‘Youth Aging out of Foster Care: Supporting their Transition into Adulthood’, access to education and employment opportunities are critical to meeting life’s basic needs (Torrico, 2010). It appears that CLs demonstrate poorer academic outcomes compared to their peers from regular family settings (Jones & Gragg, 2012). Another important factor is continuity of services in meeting educational and vocational needs. For children and youth in Alternative Care, it is common to face frequent changes in schools, resulting also in disrupted relationships with teachers and peers. The ruptured education and relationships have an impact on students’ educational progress and related developmental outcomes. In fact, students can lose four to six months of academic programmes with every school change (Legal Center for Foster Care and Education, 2008). Due to poor performance and improper guidance, children begin to lose interest in school, are unable to concentrate on studies and resultantly, end up with low educational achievements. Those who show academic inclination are also limited by paucity of financial support for higher education and skill development. In the long run, poor academic performance often leads to negative long-term outcomes such as unemployment or low wages, making it difficult for young people to earn a decent livelihood (Torrico, 2010).

Mental health is another essential component of Aftercare support (Tusla, 2017). Given that many young adults raised in Alternative Care have experienced trauma (Sridharan, Bensley, Huh, & Nacharaju, 2017), and perhaps continue to do so, support in the forms of free counselling, guidance, interventional support, psychological assessment services and crisis management, from designated mental health professionals, must

be made available through Aftercare. All mental health support must be rooted in a non-judgemental harm reduction philosophy, that not only ensures safety, care and protection for the youth but also helps empower them (Batista, Johnson, & Friedmann, 2018) to identify their individual priorities, develop their inherent strengths and build resilience. Each child/youth in and from care has had unique life experiences. Hence, treatments and interventions must be tailor-made rather than adopting the 'one approach fits all' principle. Listening to the needs of the youth and developing interventions along with their inputs, may have successful outcomes (Doucet, 2018). Mental health support must extend to counter the often unaddressed stigma and discrimination experienced by young people in care, psychologically and socially, in turn shifting focus to promote their contributions as citizens (Cantwell et al., 2012).

At this critical juncture of their life, Aftercare support is meant to address the challenges faced by adolescents while also enabling them to identify their latent talents and explore opportunities that may be available, according to their individual interests. The role of a well-designed Aftercare programme is to also ensure sustained delivery of key rehabilitative services required by youth, emerging out of care systems, as well as hand-holding them until they learn to cope on their own - termed as the 'continuum of care' approach for CLs. Under this approach, it is pertinent that before being left "all on their own", the youth need to have a supportive environment that builds their resilience and develops their life skills, to be able to eventually take care of their physical and mental health, social relationships, housing and employment, among other life domains. The level of investment made for young people leaving care in terms of housing, finance and personal support, which are all very important in promoting resilience along with the quality of resource relationships, are markers in making transitions successful (Stein, 2006). In the absence of a support system, which is usually provided by one's parents and/or family, young people growing out from CCLs experience episodes of "re-traumatisation", with their abandonment, social adjustment issues, anxieties and stress being repeatedly triggered, especially in the initial years after leaving childcare.

Aftercare, thus means provisions for support to CLs as a range and continuum of care services to enable them to achieve social and life skills through participation in the life of the local community and systematically lead them to self-reliance and mainstreaming in the community. Aftercare is an important final stage in the continuum of care, as it ensures smooth rehabilitation and reintegration of a child in need of care and protection/conflict with law as she/he steps into adulthood. This is especially required if a child has gone through a long period of institutionalisation, which is likely to result in the lack of social adjustment. Aftercare is the provision of care for all children, including children with special needs, after they have reached the age of 18 years and are discharged from children's homes/special homes so that they can smoothly move away from institution-based life to an independent living.

1.3 Policy and Legal Framework on Aftercare

1.3.1 International Framework

The UN Guidelines on Alternative Care, 2009, (UNGACC) are intended to help everyone who is responsible for the care and wellbeing of children. The Guidelines explain why it is necessary to make arrangements for some children to live away from their parents and which alternatives might be right for children in different situations. The UNGACC provides illuminating and comprehensive guidance on minimum standards for Aftercare services, including a specific section dedicated to Support for Aftercare (paragraphs 131 to 136), which is extracted here.

UN Guidelines on Alternative Care, 2009, (paragraphs 131 to 136).

- Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate Aftercare and/or follow-up. Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.
- The process of transition from care to Aftercare should take into consideration children's sex, age, maturity and particular circumstances and include counselling and support, notably to avoid exploitation. Children leaving care should be encouraged to take part in the planning of Aftercare life. Children with special needs, such as disabilities, should benefit from an appropriate support system, ensuring, inter alia, avoidance of unnecessary institutionalisation. Both the public and the private sectors should be encouraged, including through incentives, to employ children from different care services, particularly children with special needs.
- Special efforts should be made to allocate to each child, whenever possible, a specialised person who can facilitate their independence when leaving care.
- Aftercare should be prepared as early as possible in the placement and, in any case, well before the child leaves the care setting.
- Ongoing educational and vocational training opportunities should be imparted

1.3.2 National Level Policies, Laws, Schemes and Programmes applicable to Aftercare

India's **National Policy for Children, 2013** reiterates its commitment to safeguard, inform, include, support and empower all children within its territory and jurisdiction, both in their individual situation and as a national asset but nowhere talks about Aftercare to be provided, except at one place where in the context of preventing HIV infections at birth and ensuring that infected children receive "Aftercare". The Aftercare for children leaving CCIs does not even find a mention in the policy document.

The **National Policy for Youth, 2014** caters to the needs of all youth in the age-group of 15-29 years, which constitutes 27.5% of the population according to Census of India, 2011, that is about 33 crore persons. The policy recognises that "there are a number of youths at risk and marginalised youth who require special attention to ensure that they can access and benefit from the government programmes". In the different categories, it acknowledges, 'Youth in institutional care, orphanages, correctional homes and prisons,' as a vulnerable group.

The National Policy for Skill Development and Entrepreneurship 2015 aims to meet the challenge of skilling at scale with speed, standard (quality) and sustainability and provide an umbrella framework to all skilling activities being carried out within the country and to align them to common standards and link skilling with demand centres. The core objective of the Policy is to empower the individuals, by enabling them to realise their full potential through a process of lifelong learning, where competencies are accumulated via instruments such as credible certifications, credit accumulation and transfer. The CLs can benefit a lot from this policy.

Juvenile Justice (Care and Protection of Children) Act, 2015, and Juvenile Justice (Care and Protection of Children) Model Rules, 2016

In India, the Juvenile Justice (Care and Protection of Children) Act, 2000 did not define the term 'Aftercare'. It, however, empowered State Governments to establish or recognise "Aftercare organisations" (ACOs); and the functions that may be performed by them; for a scheme of Aftercare programme to be followed by such ACOs for the purpose of taking care of juveniles in conflict with law or children in need of care and protection, after they leave Special Homes or Children's Homes, as the case may be, for the purpose of enabling them to lead an honest, industrious and useful life; for the preparation or submission of a report by the probation officer or any other officer appointed by that Government in respect of each juvenile/child prior to his discharge from a Special Home/Children's Home, regarding the necessity and nature of Aftercare of such juvenile/child, the period of supervision and for the submission of report by the probation officer or any other officer appointed for the purpose, on the progress of each juvenile/child; for the standards and the nature of services to be maintained by such ACOs; and for such other matters as may be necessary for the purpose of carrying out the scheme of Aftercare programme. The provisos to Section 44, however, restricted Aftercare services to a period of three years and that required a juvenile/child over seventeen years of age, but less than eighteen years of age would stay in the Aftercare organisation till he attains the age of twenty years.

The JJ Act, 2015, which came into force on 1st January 2016, clearly articulates the objective of Aftercare as being a service 'to facilitate child's re-integration into the mainstream of the society' (JJ Act, 2015, Section 46). Aftercare is defined under Section 2(5), JJ Act, 2015, as "making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society" applicable for children leaving institutional care. Section 46 states that any child leaving a CCI on completion of eighteen years of age may be provided with financial support in order to facilitate child's re-integration into the mainstream of the society in the manner as may be prescribed. All relevant fundamental principles, enshrined in Section 3, JJ Act, 2015, need to be adhered to, as appropriate, while dealing with the youth in Aftercare.

The JJ Rules for Delhi is in the process of being drafted, at the time this report is being written. The same are yet to be notified and brought into force and till then the Juvenile Justice Model Rules (JJR), 2016 apply to Delhi at present. As noted in the JJR, the services provided under Aftercare programme to mainstream the child into society prescribes for the following:

- **Rule 17(vii)(j):** CWC must maintain the following records in a register: children placed in Aftercare
- **Rule 25(3):** CWC should maintain a record of lists (prepared by DCPUs) of organisations, institutions and individuals interested in providing Aftercare as per their area of interest
- **Rule 25(5):** CWC, while monitoring the post release plan of each individual, will also examine the effectiveness of the Aftercare programme
- **Rule 25(6):** Children who are placed in Aftercare programme, shall be provided funds by the State Government for their essential expenses; such funds shall be **transferred directly to their bank accounts**
- **Rule 79(5):** CWC must ensure consent of child before placing them in Aftercare and approve all Aftercare programme
- **Rule 83(4)(vi): JJ Funds for Aftercare** facilities and **entrepreneurship fund** for providing capital and infrastructure, for starting up small businesses to support reintegration into mainstream life

- **Rule 84(1)(v):** SCPS to develop programmes for Aftercare
- **Rule 84(1)(x):** SCPS to maintain database of Aftercare organisations
- **Rule 85(1)(xviii), (xix), (xx):** DCPU to make Aftercare-related database at the district level and forward it to SCPS, CWC
- **Rule 85(1)(x):** DCPU to implement Aftercare programme as per CWC order and SCPS plan
- **Form 37 under Rule 25(2): Order of Aftercare Placement:** Provide all possible opportunities for her/his rehabilitation and reintegration in its truest sense. CWC has to direct SCPS/DCPU to release INR 2000 per month towards Aftercare support to the said person to carry out necessary follow up and for the said purpose shall open a bank account in the name of the person

Rule 25, JJ Model Rules, elaborates the provisions for Aftercare of children leaving institutional care, as under:

1. The State Government shall prepare an Aftercare programme for children, who have to leave CCIs on attaining eighteen years of age, by providing for their education, giving them employable skills and placement as well as providing them places for stay to facilitate their re-integration into the mainstream of society.
2. Any child who leaves a CCI may be provided Aftercare till the age of twenty-one years on the order of the Committee or the Board or the Children's Court, as the case may be, as per Form 37 and in exceptional circumstances, for two more years on completing twenty-one years of age.
3. The DCPU shall prepare and maintain a list of organisations, institutions and individuals, interested in providing Aftercare as per their area of interest such as education, medical support, nutrition, vocational training, etc. and the same shall be forwarded to the Board or the Committee and all CCIs for their record.
4. The Probation Officer or the Child Welfare Officer or Case Worker or social worker, shall prepare a post release plan and submit the same to the Board or the Committee, two months before the child is due to leave the CCI, recommending Aftercare for such child, as per the needs of the child.
5. The Board or the Committee or the Children's Court, while monitoring the post discharge plan will also examine the effectiveness of the Aftercare programme, particularly whether it is being utilised for the purpose for which it has been granted and the progress made by the child as a result of such Aftercare programme.
6. Children, who are placed in Aftercare programme, shall be provided funds by the State Government for their essential expenses; such funds shall be transferred directly to their bank accounts, if they are placed in Aftercare group homes.
7. The services provided under the Aftercare programme through a group approach may include:
 - i. community group housing on a temporary basis for groups of six to eight persons;
 - ii. provision of stipend during the course of vocational training or scholarships for higher education and support till the person gets employment;
 - iii. arrangements for skill training and placement in commercial establishments through coordination with National Skill Development Programme, Indian Institute for Skill Training and other such Central or State Government programmes and corporates, etc.;
 - iv. provision of a counsellor to stay in regular contact with such persons to discuss their rehabilitation plans;
 - v. provision of creative outlets for channelizing their energy and to tide over the crisis periods in their lives;
 - vi. arrangement of loans and subsidies for persons in Aftercare, aspiring to set up entrepreneurial activities; and
 - vii. encouragement to sustain themselves without State or institutional support.

The Management Committee, that is to be constituted in every CCI under the JJ Act, is vested with the responsibility of meeting at least once every quarter or sooner as per need to consider and review planning post-release or post-restoration rehabilitation programme and follow up for a period of two years in collaboration with Aftercare services, and inter-district and in co-ordination with inter-state networking agencies as the case may be; pre-release or pre-restoration preparation; release or restoration or repatriation; post release or post-restoration or repatriation follow-up; and minimum standards of care, including infrastructure and services available (JJR, 2016, Rule 39(4)(xii-xvi)).

For the welfare and rehabilitation of the children dealt with under the JJ Act and the Model Rules 2016, there is a provision for the Juvenile Justice Funds. This Rule states that the State Government has to make adequate budgetary allocations towards this Fund, and may receive donations, voluntary contributions, subscriptions or funds under Corporate Social Responsibility whether given for any specific purpose or not. This Fund has to be utilised for implementing programmes for the welfare and rehabilitation of children, supporting with entrepreneurial support, skill development training or vocational training; specialised professional services, counsellors, etc. and can also be used for Aftercare support.

The functions of the SCPS have been detailed in the JJR 2016, one of which includes developing programmes for foster care, sponsorship and Aftercare; (JJR, 2016, Rule 84(1)(v)), and maintaining a state level database of all children in institutional care and family based non-institutional care and database of Child Care Institutions, Specialised Adoption Agencies, open shelters, fit persons and fit facilities, registered foster parents, sponsors, Aftercare organisations and other institutions at the State level. (Rule 84(1)(ix-x JJR))

In addition to the number of other functionaries who have a key-role to play in Aftercare services, the Model JJR, 2016, provide for Rehabilitation cum Placement Officer (RPO), to be designated in every CCI for the specific purpose of rehabilitation of children (JJR, 2016, Rule 65(1). Rule 65, JJR, 2016, which deals specifically with the subject of the RPO, specifies that such an officer may have a Master's Degree in Social Work or Human Resource Management and at least three years' experience in the field of rehabilitation, employment creation and resource mobilisation. It goes on to lay down the functions of the RPO, which are:

- i. identify the skills and aptitude of the children placed in CCIs through appropriate mechanism and in consultation with the Child Welfare Officer, Case Worker, Counsellor and Vocational instructor;
- ii. identify and develop linkages with all such agencies that offer vocational and training services with job placement at the end of the course;
- iii. network with DCPU, persons, corporates, recognised Non-Governmental Organisations (NGOs) and other funding agencies to mobilise resources for sponsoring training programme and support for self-employment;
- iv. facilitate and coordinate with agencies, individuals, corporates, recognised NGOs and other funding agencies to set up vocational training units or workshops in CCIs as per age, aptitude, interest and ability;
- v. mobilise voluntary vocational instructors who render services to carry out the training sessions in the CCIs;
- vi. inculcate entrepreneurial skills and facilitate financial and marketing support for self-employment;
- vii. prepare rehabilitation plans keeping in mind the nature of the offence and the personality traits of the child;
- viii. maintain the Rehabilitation Card in Form 14 and monitor the progress made by the child on regular basis and submit such progress reports to the Management Committee;
- ix. engage with the child's family, guardian, other significant adults, as appropriate, and ensure their participation in the child's rehabilitation process;
- x. facilitate the child to get certificates on completion of the education or vocational training courses;

- xi. make efforts for ensuring effective placement of each eligible and trained child;
- xii. organise workshops on Rehabilitation programmes and services available under Central and State Government Schemes, job readiness, spread awareness and facilitate access to such schemes and services;
- xiii. organise workshops on personality development, life skill development, coping skills and stress management and other soft skills to encourage the child to become a productive and responsible citizen; and
- xiv. conduct regular visits to the agencies where the children are placed to monitor their progress and provide any other assistance as may be required.

Child Protection Services (erstwhile ICPS)

The Juvenile Justice Act provides for Aftercare support for youth aging out of CCIs. The Child Protection Services (CPS) provides for a framework for the implementation of various provisions of the JJ Act, including Aftercare. This was notified originally in 2009 as Integrated Child Protection Scheme (ICPS), for ensuring effective implementation of the JJ Act, 2015. The scheme aims to provide a security net through a well-defined service delivery structure and institutional care amongst other things. CPS provides preventive, statutory care and rehabilitation services to children, who are in need of care and protection and those in conflict with law, as defined under the JJ Act, 2015 and any other vulnerable child.

Financial support is provided under CPS to NGO-run open shelters, shelter homes and specialised adoption agencies for up-gradation and maintenance. The scheme has elaborate arrangements for identification of voluntary organisations, which are interested and capable of providing Aftercare support. Under ICPS (clause 6.3) the SCPS has been entrusted with the task of providing financial support to the young Aftercare adults under the support of an Aftercare organisation. The SCPS has the power to release a grant of up to Rs.2000 per person per month to the concerned organisation, running the Aftercare programme. The grant is based on and is meant to support the individual needs of the young adult. Under the Scheme, it is the responsibility of the DCPU to identify, enlist and involve suitable voluntary organisations, ready to run the Aftercare programmes. It is the responsibility of the interested Aftercare organisations to formulate such Aftercare programmes for the children that could help them in their required needs for a period of three years.

Aftercare provisions under CPS

- Provide for a community group housing, a temporary residential arrangement for a group of 6-8 young persons, growing out of the CCIs;
- Encourage young adults to learn a vocation or gain employment so as to contribute towards the rent as well as the running of the home;
- Encourage young adults to gradually sustain themselves without state support and move out of the group home to stay in a place of their own, after saving sufficient amount through their earnings;
- Provide for a peer counsellor to stay in regular contact with these groups to discuss their rehabilitation plans with them and provide them guidance and counselling in their various needs; provide them opportunities for creative outlets for channelizing their energies and to help them tide over the crisis periods in their lives;
- Make provisions for stipends during the course of vocational training until the youth gets employment;
- Arranging loans for youths aspiring to set up entrepreneurial activities.

Under the ICPS, States can seek budgetary support for Aftercare programmes according to the scale noted below:

- i. States with less than 15 districts: Rs.15 lakhs
- ii. States with more than 15 districts: Rs.30 lakhs
- iii. States with more than 30 districts: Rs. 45 lakhs

Thus, it is clear that policy and law in India strongly mandate financial and non-financial Aftercare support for CLs. However, despite this strong mandate, Aftercare remains an incredibly neglected low priority agenda in child and youth care and protection. It is mired by negligible investment in terms of budgetary or human resource support. Several NGO-run and civil society interventions exist, some of which are very innovative and promising, but unfortunately such interventions have not been adequately documented, reviewed or scaled up in the country. “A series on Alternative Care,” a booklet published by Udayan Care, in 2017, and the first of its kind, documented promising practices in India as well as abroad. Priti Patkar, the founder of Prerana, an NGO based out of Mumbai, has documented the experiences of young female CLs living in independent group homes in her book, “Aftercare: Interventions in a Neglected Post Institutional Domain,” (Priti Patkar, Saumya Bahuguna & Dr. Pravin Patkar, 2013). It is crucial for all the stakeholders to document challenges and practices of Aftercare to keep practitioners informed on recent developments and best practices.

1.3.3 Monitoring implementation of the Aftercare Programme

Even though the issue of Aftercare has not been directly taken up by the Judiciary yet, after the matter of Sampurna Behura versus Union of India & Ors. [W.P. (C) No.473 of 2005], decided by the Supreme Court of India, the Chief Justice of every High Court have set up active Juvenile Justice Committees. These Committees conduct their work under the mandate of the JJ Act and act as a policy making body with supervisory and monitoring functions for setting up of Juvenile Justice System in the State.

The statutory bodies such as **National Commission for the Protection of Child Rights and the State Commission for Protection of Child Rights** are also responsible for monitoring the implementation of the JJ Act and hence the Aftercare components as well. In Delhi, the DCPCR is an active body playing this role.

In a Public Interest Litigation (PIL) filed by Ms. Poulomi Pavini Shukla in the Supreme Court of India in 2018, she argues for implementation of the ‘Adopt a Home’ program that was notified on 27th April 2016, by MWCD, Government of India. The program proposes bringing corporate sector, business houses and individuals together to support children staying in CCIs. The PIL also highlights the inadequate budgetary provision for Aftercare under ICPS and states that the “State, effectively, stops contributing at the age of 18 years towards the support of ‘orphans’ except for the recently introduced meager Rs. 2000 per month that could be reached to very limited numbers in the Aftercare program in the current scheme of things and available funds with the Ministry.” The PIL argues that there is no provision for graduate or higher education, therefore, the scheme is short of supporting youth. It further says that “there is no emphasis on professional courses and vocations for orphans till date when ‘orphan’ children are turned out of the State institutions, while at best, the State essentially expects ‘orphans’ to educate themselves after Class 12 level”.

1.4 Situation of Aftercare in Delhi

1.4.1 Statistics of Children and youth in need of Aftercare services in Delhi:

The total number of vulnerable children in Delhi, according to the Childline India Foundation (CIF) report of 2018 (also known as the Jena Committee Report) is 4088, out of which children in need of care and protection is 3816, whereas the number of orphans is at a low of 437. It is based on the data collected in the

year 2016 through the national mapping exercise and has covered all CCIs/homes in India. It presents the state-wise distribution of government homes, NGO-run homes and other alternative facilities for children and offers useful information and promising data that provides a better picture of the status of vulnerable children at the State and National level. The data for Delhi is as follows:

The DCPCR has recently published a report in 2018 titled 'Mapping of Child Care Institutions in Delhi, which gives the numbers of different type of CCIs in the city as follows:

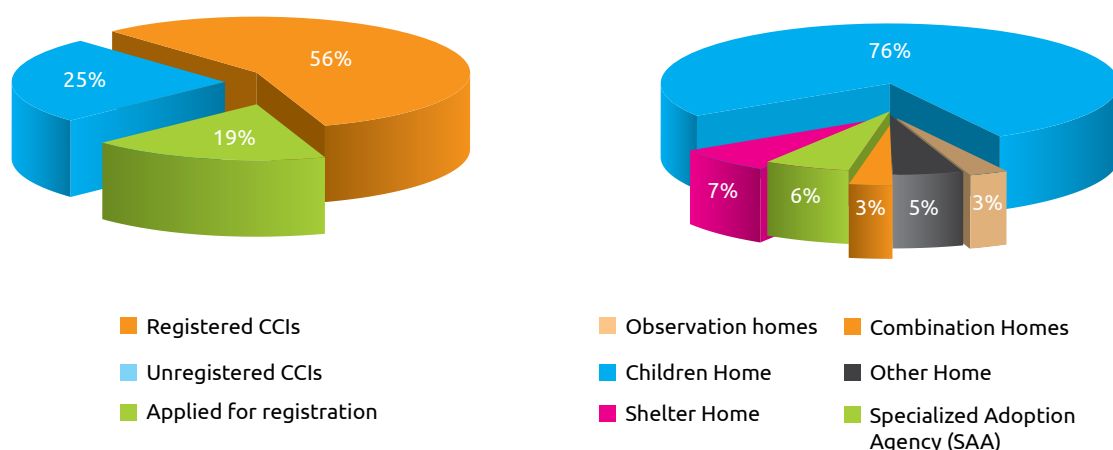


Figure 1: Profile/Type of CCIs in Delhi

The DCPCR mapping study does not mention anything about the number of children residing in these institutions. There are discrepancies in the categorisation of institutions and the numbers stated in the Jena Committee report and by DCPCR (2018) despite being published in the same year. This shows that even though efforts on data collection are being made in the space of child protection, there is much more that is needed for an improved mechanism of data collection, maintaining records around children living in CCIs. It is also interesting to note that none of the reports address the data around Aftercare and CLs and it is imperative that such processes enumerate the numbers of CLs as well as the facilities and services available for them.

Again, the annual report of the SCPS, DWCD, published in 2015-16 has no mention of Aftercare. It explains the role and implementation of ICPS in detail and provides an overview of the programmes run by the DWCD/SCPS. It has also elaborated on the funds provided to NGO-run shelter homes, open shelters and specialised adoption agencies. Apart from this, the report provides details of children in child care institutions in Delhi in the year 2015-16. The data states that there were 14230 children admitted to CCIs in the year 2015-16 and 13783 were moved out/restored/transferred. The report has no data on CLs or number of Aftercare homes.

1.4.2 Aftercare Services by Government of Delhi

For a total of nine districts in Delhi, there are two Government Aftercare Homes, one for boys in Alipur and one for girls, located at Nirmal Chhaya, Jail Road.

There are twelve NGOs in Delhi that provide Aftercare services to young adults in some form or the other. A few of them have their own Aftercare facilities where young adults exiting from their own CCIs are provided accommodation. These NGOs also provide needs based support to their own CLs in education, vocational training, employment and health. It is noteworthy that none of the facilities or services provided by NGOs are recognised by the Govt. in any form, whatsoever.

Each of the Govt. Aftercare homes in Delhi has a total capacity of 100. Hence at any point of time, a total of 100 males CLs and 100 female CLs can be provided accommodation in the government Aftercare homes in the city. As per officials from the two homes, the capacity is never totally utilised.

Girls Aftercare Home: The inception of Aftercare in Delhi roughly dates back to 1988 with the establishment of a statutory institution by the name of 'Nirmal Chhaya' by the DWCD. It was set up to provide shelter to women and girls, rescued from trafficking, and offered free boarding, lodging, medical care, mental health care, protection, counseling, psychiatric treatment, vocational training, guidance, basic education and recreation activities for them. It also provided non-formal education, school education, and training to female residents of custodial and non-custodial institutions. After some time, this facility was earmarked by the DWCD as a dedicated facility for girls coming out of Govt. CCI under its Aftercare programme, but the department has no records of the inception year for this change.

Often, the home allows girls to continue to reside even after 23 years, if they have no other place to go to. It provides Aftercare services like training in nursing and nursery teachers' training through Industrial Training Institute (ITI), a Government of Delhi institution and any other vocational training to rehabilitate the residents. Efforts are also made to arrange their marriage as another mode of rehabilitation in the society.

Boys Aftercare Home: The Government Aftercare home for boys is located in Alipur and provides Aftercare facility for male CLs between the age of 18-23 years. With a total capacity of 100, it provides Aftercare services such as training in various skills like computers/IT, English speaking, accounting through ITIs, and any other vocational training towards their rehabilitation along with non-formal education, school education, and training as per the interest of the young adult.

With just two Government-run Aftercare homes, the inadequacy of Aftercare infrastructure in the city is stark. It is further coupled with a lack of understanding amongst stakeholders on the essence of the continuum of care. The current scenario clearly indicates inadequate priority being accorded to Aftercare support and there is no planning or data/record keeping by the ICPS division at the DWCD.

1.4.3 Aftercare Services by NGOs in Delhi

Even for most NGOs, Aftercare is not a priority, as their focus remains overwhelmingly on care and protection of children upto 18 years rather than on rehabilitation and social reintegration of CLs. But conversation with NGO functionaries showed that there are several activities implemented by them such as functional placement in terms of employment or marriage. The youth also receive certain levels of education or skills, access to government healthcare, accommodation, etc. to make them independent, emotionally stable and free from vulnerabilities. Yet, these functional strategies do not meet the goal that is intended to rehabilitate and socially reintegrate the youth.

1.4.4 Existing Schemes in Delhi Relevant to Aftercare

Prime Minister Employment Generation Programme (PMEGP)

Launched in 2008, PMEGP is implemented in Delhi through the State Khadi and Village Industries Directorates and government banks. The scheme covers any individual, above 18 years of age who is at least VIII standard pass, to start projects costing Rs.10 lakhs and above in the manufacturing sector and Rs. 5 lakhs in the business or service sector. Only new projects are considered for sanction under PMEGP. Self Help Groups (including those belonging to BPL, provided that they have not availed benefits under any other Scheme), Institutions registered under Societies Registration Act, 1860; and Charitable Trusts are also eligible.

Pradhan Mantri Kaushal Vikas Yojana (PMKVY) The Ministry of Skill Development & Entrepreneurship (MSDE) launched this scheme in 2015 and it has been approved till 2020 to benefit 10 million youth. It aims at providing Skill Certification Scheme to enable a large number of Indian youth to take up industry-relevant skill training that will help them in securing a better livelihood. Individuals with prior learning experience or skills will also be assessed and certified under Recognition of Prior Learning (RPL). Under this Scheme, Training and Assessment fees are completely paid by the Government. The scheme is implemented through the National Skill Development Corporation (NSDC). It includes Short Term Training for candidates of Indian nationality who are either school/college dropouts or unemployed. Apart from providing training according to the National Skills Qualification Framework (NSQF), it also provides recognition of Prior Learning with the aim to align the competencies of the unregulated workforce of the country to the NSQF. The Special Projects component of PMKVY envisages the creation of a platform that will facilitate trainings in special areas and/or premises of Government bodies, Corporates or Industry bodies, and trainings in special job roles not defined under the available Qualification Packs (QPs)/National Occupational Standards (NOSs).

Rajiv Gandhi Swavlamban Rojgar Yojna (RGSRY) This scheme has been designed, developed and promoted by the Delhi Khadi & Village Industries Board, with the help of Government of NCT of Delhi, to provide the employment opportunities to the unemployed youths, artisans, trained professionals, skilled technocrats and entrepreneurs by promotion/expansion of permissible industries, professions, tertiary and service sector in the UT of Delhi. One can avail a loan under the scheme if the person is a school/college dropout above the age of 18 years.

Delhi Arogya Nidhi (DAN) The scheme provides financial assistance upto Rs. 1.5 lakhs to patients in need whose family income is less than Rs. 1 lakh per annum for treatment of diseases in Government hospitals only. The patient must be resident of Delhi continuously for last 3years (prior to the date of submission of application).

Yuva Nirman Scheme This scheme of the Ministry of Social Justice and Empowerment is implemented in Delhi by the Department of Social Welfare. Under this scheme, students from socially and economically backward sections and having a Delhi domicile are provided scholarship and financial assistance for professional courses (non-technical).

Aam Admi Bima Yojana The Government of India launched the Aam Admi Bima Yojana in January 2013. Under this scheme, in case of death or disability, financial aid is provided to members, who are aged between 18 years completed and 59 years nearer birthday. The member should normally be the head of the family or one earning member of the below poverty line family (BPL) or marginally above the poverty line under identified vocational group/rural landless household.

A child living in a CCI transit on attaining 18 years. This transition is generally from a CCI to independent living without any substantial support. 'The Situation of Aftercare Youth in Delhi' was captured in Udayan, 2018. The report highlights "need to make Aftercare programming in Delhi more robust and effective for the youth." The research of 2018 has strengthened approach and methodology for this forging study to greater height. CLs require support to enable them to achieve social and life skills through participation in the life of the local community and to systematically lead them towards self-reliance and life in the mainstream, which this study refers to as Aftercare support. Aftercare as continuum of care is crucial for the CLs to realise their true potential and become contributing members of the society. There is a need for collaborative and coordinated efforts between different stakeholders to meet the aspirations and needs of all the CLs. This study is an attempt to capture the situation of CLs and Aftercare approaches to highlight the issue and bridge the gaps in policy, law and practice on Aftercare in Delhi.



Chapter 2

Objectives & Methodology

“Research is to see what everybody else has seen, and to think what nobody else has thought.”

Albert Szent-Gyorgyi (1893-1986)

Hungarian Biochemist, and Nobel Laureate in Physiology or Medicine (1937)

Children exiting from a Child Care Institution (CCI), on attaining adulthood, need extended support in the form of Aftercare. The present ecosystem of Aftercare practices thus becomes crucial to develop an understanding of their situation, and to develop strategies to support youth leaving care. To this end, the research has been conceived to study the Current Aftercare Practices (CAP) in different states, including Delhi. This chapter details out the justification, objectives, methodology, framework, data collection process, sampling, analysis, and ethical considerations that guide this study.

2.1 Justification and Rationale

The justification for this research lies in the need to generate data on the situation of Aftercare youth, or CLs, as we know them. Generating this empirical data is important to bridge the knowledge gap that exists at present. The present study has been conceived keeping in view three inter-related dynamics, namely, the critically important nature of Aftercare services for rehabilitation of CLs, the inadequate availability of Aftercare infrastructure and support in the State, and the near total absence of empirical data regarding the nature of challenges and opportunities, faced by young adults in need of Aftercare support. As one delves deep into these issues, it is a daunting task to answer many questions with regard to the nature and dynamics of Aftercare support and the status of CLs in the State. What happens when a child leaves a CCI on attaining 18 years without any support? What is the nature of the tracking mechanism for such youth? How do they meet their needs and manage their affairs? What are the challenges and risks they face? Are young adults resilient enough to counter critical situations of life? What are the budgetary allocations necessary to achieve positive outcomes for this population?

Udayan Care has extended its support to children exiting out of the Udayan Care homes (Udayan Ghars), through two Aftercare facilities as well as scattered site support that provide secure accommodation, mentorship, counselling, career guidance, educational and vocational support, and help with internships and employment. Through several conferences and consultations on Aftercare, Udayan Care has always advocated for the rights and empowerment of CLs.

As the first step for this CAP study, Udayan Care conducted pilot research in Delhi through 47 CLs' interviews and 13 Key Informant Interviews (KIIs), to explore the status and quality of Aftercare services in Delhi. The report, titled "The Situation of Aftercare Youth in Delhi, 2018", has been concluded with the support of Delhi Commission for the Protection of Child Rights (DCPCR). After reviewing and strengthening the tools, with the support of UNICEF, Tata Trusts and Shri Deep Kalra, this research was conducted in Maharashtra, Karnataka, Gujarat, Rajasthan and the second phase in Delhi (with the support of DCPCR again) by five separate teams. Throughout the project, UNICEF team had remained closely involved as partners, supporting the field research teams to gain access to the government systems, providing technical guidance on the research methodology as well as helping to improve the draft reports for the States' specific contexts.

2.2 Objectives

Bearing in mind the opportunities and challenges the CLs face, the objectives of the study are to:

1. Establish the relationship between life in CCI and nature of challenges and opportunities faced by CLs as young adults.
2. Understand the nature of challenges faced by CLs in the domains of mental health, physical health, housing, education, vocational skills and employment, financial management and legal literacy, and interpersonal relationships and social support.
3. Understand and document emerging and promising Aftercare interventions.
4. Ascertain the average number of children who exit child care institutions in State every year on completing 18 years of age and,
5. Recommend measures for interventions that will bring about qualitative improvement and robustness in Aftercare activities.

2.3 Methodology

The present study, on Aftercare practices, follows a mixed method approach with a descriptive research design, which uses both, the quantitative and the qualitative methods of inquiry in tandem. This study has used in-depth interviews and case studies as tools for data collection. The first of its kind in Delhi, this study has used focus group discussions with different stakeholders, structured interviews, and case studies with ‘CLs’ and unstructured interviews with KIs as tools of data collection. The study has used triangulation of these methods, theories and data points for probing more in-depth into the lives of the CLs and validating the observations with the views of the stakeholders, who are engaged in the field of Aftercare. This study has attempted to understand the existing Aftercare ecosystem in Delhi from the point of view of CLs as primary stakeholders and functionaries, duty-bearers and child rights experts as key informants. This empirical research in Delhi was conducted through extensive field work by Udayan Care with its local team of researcher from January to April 2019.

Based on Udayan Care’s experience since the year 1996 in service delivery, the extensive secondary research, and learning from the pilot study, eight domains signifying holistic Aftercare support and services were identified by Udayan Care, which is explained in the next section. Grounded on these domains, Udayan Care developed a comprehensive interview schedule to be administered to the CLs, after pilot testing, on a small group of cohorts in Delhi. Another interview guide was designed for the key stakeholders to gauge their understanding of existing Aftercare practices, challenges, and gaps to elicit pertinent solutions and recommendations for the same. KIs were conducted with relevant functionaries from different CCIIs and concerned State Welfare Departments in Delhi with a focus on obtaining pragmatic and solution-driven outcomes. Secondary data were collected through desk research, exhaustive literature review, and understanding the ground reality in the State through direct communication with officials in concerned government departments.

2.4 Scope

The CAP documentation focussed on understanding the status of Aftercare services provided only to ‘Children in Need of Care and Protection’ (CNCP), who had attained the age of 18 years and exited a Children’s Home in Delhi, and the nature of challenges faced by them as they grew up in CCIIs and transitioned out of care.

It is pertinent to mention here that this study follows the key principles of Alternative Care in its scope as laid down by the United Nations Guidelines for the Alternative Care of Children (UNGACC). Clause 30 of the Guidelines excludes the ‘Children in Conflict with Law’ (CCL) from the scope of Alternative Care. Though the JJ Act, 2015 provides for Aftercare for ‘Children in Conflict with Law’, the study did not cover this category of children. Similarly, issues of persons with a disability could not be included because of the entirely different approach needed to study this cohort. These are important areas that need to be included in further research studies on Aftercare.



2.5 Literature Review

An extensive review of the literature was undertaken to collect relevant information on the subject at hand. For this purpose, various international and national research studies, journals, periodicals, laws, policies, and practices on Alternative Care with special focus on Aftercare were studied. Statistics were collected from different government and civil society reports and surveys. Literature review has been a crucial exercise for the research team right from the inception and conceptualisation phase of this study. The exercise remained an ongoing process till the end and it enriched this report with relevant insights, statistics and in concluding this study. domains are:

2.6 Thematic Framework

Though several works of literature have helped in conceptualising this study, Udayan Care's 'Sphere of Aftercare' with eight crucial domains (explained below), and Mark Stein's Resilience Framework, which identifies three main outcome groups (Stein, 2012), formed the principal framework of analysis. Resilience Framework has been thoroughly employed in the analysis of case studies in chapter 5.

Based on Udayan Care's several years of experience in service delivery, extensive secondary research, learnings from the pilot study and findings reported in the following sections; the research team developed a thematic framework that governs this study. This research puts forth the 'Sphere of Aftercare' as a comprehensive ideology of rehabilitative support and services for CLs transitioning out of care. The data has been analysed in the backdrop of the 'Sphere of Aftercare' concept, developed by Udayan Care. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for CLs' mainstreaming as they transition out of care. These domains are:

- | | |
|---|---|
|  Housing |  Physical Health |
|  Independent Living Skills |  Education and Vocational Skills |
|  Social Support and Interpersonal Skills |  Financial Independence and Career |
|  Emotional Wellbeing |  Identity and Legal Awareness |

The eight domains of the 'Sphere of Aftercare' that must be assessed to ensure successful reintegration are represented diagrammatically below:



Figure 2: The Sphere of Aftercare

The 'Sphere of Aftercare' consists of 8 essential domains, as enumerated above, that impact a Care Leaver's adult life. These domains, although distinct from one another, are intricately interdependent, (as substantiated by existing literature in Chapter 1). It is posited that to achieve independence and social reintegration, none of these domains can be ignored. As CLs transition into an independent life, they may require support/services under one or more of these domains depending on their unique needs and aspirations. As duty-bearers, it is our collective responsibility to ensure that a spectrum of support/services is available and accessible under each domain. The Sphere should be the guiding principle for assessing needs of CLs, advocating for better Aftercare policies, developing programmes, and strengthening the support systems for the youth.

The geometric shape of the 'circle' has been thoughtfully used to signify the provision of holistic support based on individual needs that are aimed at decreasing dependency and instead, empowers CLs to stand on their own feet. The puzzle-like shape for each domain signifies how one piece fits with the other to solve a complex picture. It highlights how one domain complements the other to complete the Sphere. Further, just as a circle has no beginning or an end, nor a base or a top, the domains of the Sphere are equally weighted in importance and impact on adult life, and lack of anyone has the potential of derailing a Care Leaver's settlement in society. The different domains in the 'Sphere of Aftercare' are explained in Annexure-I. Operational definitions of certain terms used in this study are also explained in the same Annexure.

2.7 Data Collection

The study was conducted in National Capital Territory (NCT) of Delhi, keeping in mind the operational feasibility and the study population.

The data was collected at multiple levels by employing the following methods and tools:

2.7.1 Structured Interviews of Care Leavers

Interviews with CLs formed an important component of data collection. This interview schedule was developed by Udayan Care's team of experienced practitioners and professionals, mental health experts, lawyers, international and Indian research scholars, specializing in Aftercare research. Questions for the interview were carefully crafted, keeping in mind the sensitive nature of the CLs' situation. Any questions with the potential of triggering any negative emotions were reworded or removed.

The tools were face and content validated during the FGD and pilot-testing phase by a team of researchers, analysts and statisticians, and experts from the field. The State documentation team completed data collection through individual in-person interviews in different locations, such as coffee shops, their places of accommodation, public parks, etc.

2.7.2 In-depth Interviews of Care Leavers for Case Studies

In-depth interviews covering various aspects, like abandonment, surrender, trauma, neglect, life in CCLs, opportunities, and challenges in their present life, and perceived success or failure of a young adult starting from his/her childhood, were conducted. Three case studies of young adults, who are either successful, moderately successful or are still struggling to find a foothold in life, were developed. A semi-structured interview schedule was used for conducting these interviews. To analyse the case studies, Mark Stein's

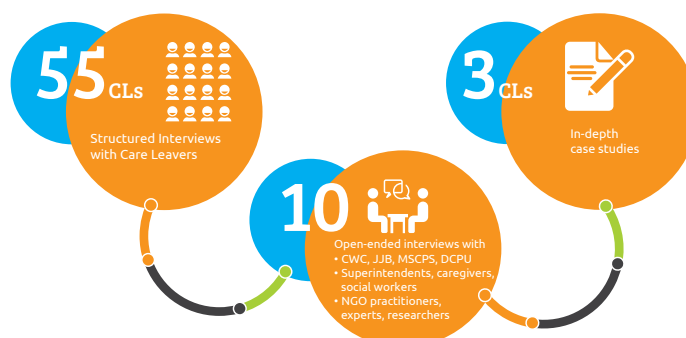


Figure 3: Sample Size

Resilience Framework that has categories of “moving on”, “survivors” and “strugglers” has been used (Stein, 2012). According to Stein, these are not set groups or permanent characteristics of CLs; instead, young people may move between them, over time, or as their circumstances or the support they receive changes.

2.7.3 Semi-structured and Open-ended Key Informants Interviews (KIIs)

KIIs were conducted with senior functionaries such as DCPOs and CWC members, representatives of various CCI (governmental and non-governmental), Aftercare providers, program managers, social workers, activists and scholars, who have substantial experience in the care and protection for children. A semi-structured interview schedule was used to conduct these interviews to elicit a candid response from these professionals regarding their opinion of the existing Aftercare framework. A total of 10 KIIs were conducted in the State. All the KIIs were administered in-person.

2.8 Sampling Methodology

A total of 55 CLs respondents were reached out to by adopting a stratified convenience sampling method for conducting the interviews, based on their age, sex, CCI type (Govt. or NGO) and Aftercare support. Over half of CLs (58%) were in the age group of 18-21. Nearly one-fourth (24%) were those who did not receive Aftercare, 60% lived in government-run CCIs, and 45% of the sample were female. Selection of respondents was done based on their availability and convenience, whereby those who were available were approached to be interviewed first. The inclusion and exclusion criteria for the selection of respondents were objectively laid out. The inclusion criteria were that each respondent must have grown up in a CCI and must be older than 18 years. Any other respondent not meeting the inclusion criteria was excluded from the sampling.

- **Step 1:** The research team approached the governmental and non-governmental organisations engaged in Aftercare and childcare services, as well as the local DCPU and CWC members for obtaining names and contact details of young adults, who fulfilled the inclusion criteria noted above. The research teams also reached out to CLs through their peers.
- **Step 2:** The details so obtained were used for selecting the respondents using a stratified convenience sampling method. Respondents were stratified based on their age (18-21 years, 22-25 years, or above), their sex and the type of CCI they had lived in. Proportionate representation was sought wherever possible; however, interviews were conducted depending on the respondents' availability and convenience.
- **Step 3:** The interviews of the CLs were undertaken individually, in-person, with due consent.

2.9 Data Processing, Analysis & Interpretation

- Data cleaning and entry:** Each completed interview schedule went through the process of data cleaning during which inaccuracies, inconsistencies, and omissions were identified by the research team and rectified to make it fit for analysis. Clarifications and additional information were sought, if found necessary, from the concerned respondents. All the interview schedules, for CLs and key informants, were suitably coded and entered in MS Excel.
- Analysis of qualitative data:** Interpretation and analysis of qualitative data have been conducted using the 'Sphere of Aftercare' framework. Additional themes were identified based on the conventional method of qualitative analysis and inferences were developed in collaboration with all team members, keeping in view the objectives and context of the study.
- Analysis of quantitative data:** Quantitative data were processed with the help of the Statistical Package for Social Sciences (SPSS). Descriptive statistics, frequencies, cross-tabulations, and indexing were used for analysing the data. Thereafter, tables, charts, and graphs were prepared.
- Process of Indexing:** A composite score for each of the 8 domains was computed to develop a domain Index.

Each of these eight (8) domain indices consists of anywhere between 3-18 polar questions that can be answered in either 'yes' or 'no'. A positive answer was assigned a score of '1', while a negative answer was assigned a score of '0'. The average score for these selected questions equalled respondents' Domain Index score. Depending on their Domain Index score, each Care Leaver was categorised into having an either 'Unsatisfactory', 'Neutral', 'Satisfactory' score for that domain. Further analysis and correlations were conducted on the Domain Index scores and their categorisation.

The scores for each of the eight domains were added and averaged out to give the overall Aftercare Quality Index (AQI) for each respondent.

Additionally, two more indices were developed for the 'transition planning' which is seen as a phase that precedes Aftercare and is preparatory period at CCI before transitioning. The two indices capture the childhood experiences and skill development of CLs, while they were in the CCI before 18 years (See Annexure - II for further details).

2.10 Ethical Considerations

At the onset of this study, Udayan Care envisaged setting the highest possible standards for action-oriented social science research in India. As practitioners in the field of child/youth development, Udayan Care brought its 25 years of experience in dealing with vulnerable populations, while prescribing to the objectivity and rigour, the research demanded. A Research Protocol that sets clear ethical standards for maintaining confidentiality, privacy, and dignity of respondents, obtaining informed consent, along with guidelines on identifying and mitigating risk factors for vulnerable children and adults was developed and has guided all aspects of this project. The Research Protocol, along with the current study's design, methodology and tools were approved by Suraksha Independent Ethics Committee, Committee for Scientific Review & Evaluation of Biomedical Research. Apart from ensuring scientific credibility, it is hoped that the protocol followed for this research will set the trend for others as research and evidence gathering become central to programmatic interventions and policy-making.

2.11 Limitations

Sample Size: Due to the lack of available research in this area and no data on the population of CLs, the sample size of the present study is small and not representative of all the CLs. The present research, therefore, does not aim at generalisations based on this sample size.

Non-Inclusion of Children in Conflict with Law and Disabilities: The study, by design does not include children in conflict with law, because it operates within the UNGACC definition of Alternative Care. Similarly, issues of persons with disability could not be included because of the completely different approach needed to study this cohort.

Lack of evidence and data estimating Care Leavers availing support and their outcomes: Another major limitation of this research was the lack of data on how many CLs exit from CCIs every year on attaining the age of eighteen years and need Aftercare support and services. To this end, the state research team approached various government functionaries; to review the official CWC records to ascertain this number. The record maintenance formats at the CWCs were found to be inconsistent in different years, and various discrepancies existed between the different districts that did not allow any systematic collation of data.

Respondent induced bias: Since the respondents at the Government Aftercare facilities had to be interviewed in the presence of a welfare officer as per the terms and conditions of the DWCD, the

respondents could not answer truthfully. There was an influence of the welfare officer and other staff who were present during the interview with the respondents. Also, there was courtesy bias as a few of the respondents gave the answers that they knew the interviewer wanted to hear, rather than what they really felt.

Budgets Allocated and Needed for Aftercare could not be Estimated Adequately: The overall allocation in ICPS is reflected in budgets but drawing component wise allocation on Aftercare for could not be possible. Given the provisions one can broadly deduce that there is a huge gap in allocation and the actual requirement. Also, enumeration of a budget that shall adequately provide for services for all domains of Aftercare has not been possible.

Lack of available Documentation: Another challenge was that almost no documentation of reports or research studies on Aftercare were readily available in the public domain, in Delhi, except for the one, “The Situation of Aftercare Youth in Delhi,” which is also cited in reference as (Udayan, 2018), done by Udayan Care, which was really like a precursor to this study.



Chapter 3

Findings

“It is not easy. Since I left my CCI, every single day brings a new problem and there are times when I am not even prepared to face it and want to give up. Life is not simple for us.”

A 21-year-old Care Leaver

(Note: Identities of respondents have been withheld in the interest of confidentiality and privacy.)

This chapter details the quantitative findings from interviews with 55 CLs, as well as qualitative information obtained through KII with 10 stakeholders in Delhi. This study was a rapid assessment process aimed to understand the situation of current Aftercare practices in Delhi, from the point of view of primary stakeholders and was conducted within 3 months from February – April 2019.

To understand the nature of challenges and opportunities faced by CLs in Delhi, triangulation of various data is provided in this Chapter in the form of frequency tables, cross-tabulations, correlations and qualitative insights (in boxes). As the findings in this chapter will show, this study aims to create an evidence base that will prioritise the means to achieve satisfactory Aftercare in Delhi.



3.1 Demographics

Age: The sample was made up of CLs between the ages of 18 to 28 years. There were 58% of the CLs in the age group of 18-21 years and 42% who were 22 years and above.

Sex: 55% of the CLs interviewed were male, while 45% were female.

Type of CCI: 60% CLs had grown up in Government CCIs, while 40% had lived in NGO-run CCIs.

Aftercare Status: 76% CLs reported receiving Aftercare support/services under one or more of the following 8 domains of the 'Sphere of Aftercare':

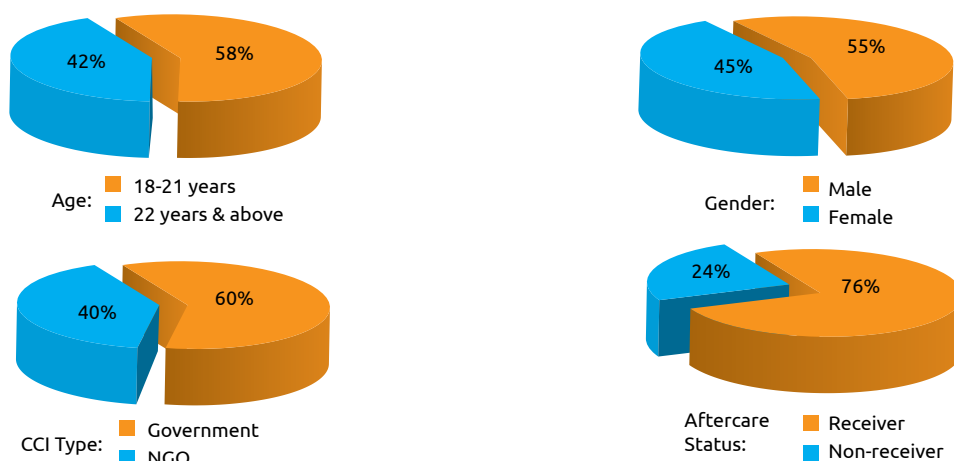
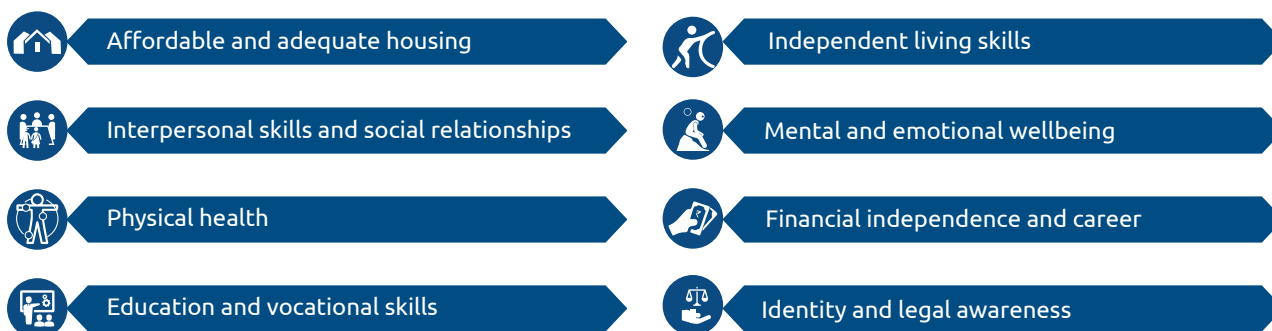


Figure 4: Demographic Profile of CL's

Non receivers: There are a total of 13 respondents who reported receiving no Aftercare support under any of these domains. Of these 13, there are 2 respondents who were enrolled in Aftercare programmes yet did not receive any support.



3.2 Life in a CCI and Transitioning into Aftercare

Age at admission to CCI: The average age for entering a CCI was found to be approximately 8 years for 53% of CLs. The youngest child admitted to the CCI was 2 years old and the oldest was 17 years old. Most of the CLs had been in the CCI for long years, except only 5% (n=3) of the CLs who spent less than 3 years in a CCI before attaining adulthood.

Age at leaving CCI: The average age of leaving a CCI was found to be 19 years of age. Only 1 CL reported leaving before completing 18 years of age because he wanted to live independently.

Multiple Placements: It was found that placement of children from one CCI to another was quite frequent. 67% CLs reported being placed in more than one CCI during their childhood, and 23% respondents have had more than 4 CCI placements, as shown in Figure 5.

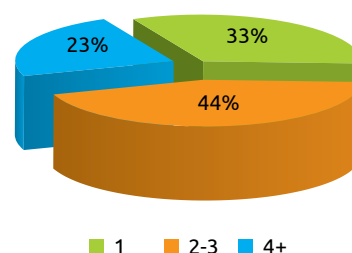


Figure 5: Number of Placements in different CCIs during Childhood

Effect of Multiple Placements with Key Domains of Independent Life: Multiple placements were also found to have a negative correlation with other key aspects of life such as:

- Childhood experiences in CCI (CCI Life Experience Index)
- Overall adult outcomes on the 'Sphere of Aftercare' (Aftercare Quality Index - AQI)

CLs who as children experienced multiple placements in more than one CCI showed a negative score for their CCI experience as well as Aftercare Quality Index.

(Pearson correlation coefficient significant at alpha level = 0.05)

Stakeholder Views on Childhood Experiences in CCI:

Duty-bearers from the DCPU, CWC and a few CCI functionaries in Delhi felt that there must be sensitivity when dealing with children, which they thought was often lacking. They opined that orphan children are not given a culturally suitable environment where they can build relationships, learn and grow. The aim is to provide a family like environment but that is not happening in Delhi CCIs. Most functionaries thought that the CCIs are not preparing children to learn to fend for themselves and live independently outside of their CCI.

3.2.1 Involvement of Children in their Care & Rehabilitation Planning:

71% of CLs (n=39) reported that they were consulted but 29% (n=16) said they were not consulted in preparing their Individual Care Plan (ICP) which included Aftercare or rehabilitation planning.

Sex	Yes	No
Male	67% (n=20)	33% (n=10)
Female	76% (n=19)	24% (n=6)

Table 1: Frequency of CLs who were not Consulted in Care & Rehabilitation Planning

Rehabilitation does not begin at 18 years. It begins from the very first day the child comes into a CCI. After 14 years of age the child should be exposed to life skills. Give skills which they are interested in and can provide employment. There has to be supervision. Rehabilitation plan should be ready. By 18 children should know what reality of life is.

- Ex-CWC Member, Delhi

Stakeholder Views on Care & Rehabilitation Planning:

There is consensus among all KIs that ICP and rehabilitation planning is of utmost importance for the development of children in CCI. However, 6 out of 10 KIs reported that the process of creating the ICP is not being followed adequately in most CCIs in Delhi. Most CCIs do not prepare the ICP and even a few members from DCPUs and CWCs are unaware of how to record an individual child's progress and plan for their rehabilitation. This was the situation despite officials in Delhi being actively involved in trainings and workshops related to the child protection laws as compared to the other states. KIs suggest that capacity-building of both government and NGO staff is lacking on how to develop and implement the ICPs and rehabilitation plans.

There has to be a lot of 'planning' before the exit as you can't just exit a child after so many years. It should start at 16 years for sure, children should be made a part of the Aftercare plan.

*Trustee and President,
HAQ Center for Child Rights*

3.2.2 Continuity in Education

CLs reported that they were unable to continue their education as per their wishes even during their CCI stay. This increased to 47% of the CLs who shared that their education was discontinued during the Aftercare period against their wishes. The proportion of female CLs reporting inability to continue their education almost doubled during the transition from CCI to Aftercare, as shown in Table 2. Lack of additional support and age-appropriate classes were cited as other reasons for discontinued education.

Sex	Frequency (%) reporting inability to continue Education	
	In CCI	In Aftercare
Male (n=30)	37%	50%
Female (n=25)	16%	28%

Children coming from vulnerable backgrounds do not know the importance of education and therefore they should be prepared at an early age. They get admission in schools late and are not able to adjust as the admission are not age appropriate. Remedial education is a neglected aspect. The vocational training courses should be according to the children's interests.

Superintendent, Nirmal Chhaya

Table 2: Continued Education in CCI vs. Aftercare

3.2.3 Skills Development in CCI

Skills that could empower CLs to achieve satisfactory outcomes in key domains of adult life were identified under 3 broad categories, as follows:

1 Job-readiness & Vocational Skills	2 Independent Living Skills
<ul style="list-style-type: none"> a. Resume making b. Interview techniques c. English speaking d. Computer/IT e. Basic accounting 	<ul style="list-style-type: none"> a. Health & nutrition management b. Cooking c. First aid d. Disaster management e. Household management
3 Interpersonal Skills	
<ul style="list-style-type: none"> a. Leadership, team-building, trust b. Self-esteem, motivation, resiliency c. Anti-bullying d. Conflict resolution 	<ul style="list-style-type: none"> e. Communication f. Rights, responsibilities, morals & obligations g. Gender neutrality and inclusion

A composite Skill Index score for the above 3 categories was computed by factoring in whether children in CCIs received any training – either hands-on or through workshops – for developing these skills.

As shown in Figure 6, only 31% of the sample fell in the 'satisfactory' range, while the Skill Index of the remaining 69% CLs was either 'neutral' or 'unsatisfactory'. (See Annexure - II for details)

It was found that a larger proportion of male CLs had a lower Skill Index score than females, as shown in Figure 6.

The overall skill development index is neutral and unsatisfactory for 34% and 35% CLs in each category and satisfactory for 31% of them. Unsatisfactory skill development has been reported by 64% CLs who have not received Aftercare and 29% CLs who have received Aftercare. It may be interpreted that even those who have received Aftercare are not very satisfied with their skill development. Unsatisfactory or neutral skill development has also been reported by 36% of CLs whose Aftercare has been managed by Government.

It was found that children from Government CCIs had a higher unsatisfactory Skill Index score than those from NGO CCIs, as shown in Figure 7. Further research is required to ascertain the reasons for differing standards of care and skill development afforded to children in different types of CCIs. The data also suggests that some promising practices that enable CLs to acquire these skills do exist within the sector; however, they seem to be limited to only a few NGOs. Almost 64% of non-receivers reported unsatisfactory skill development index. The probable reasons for this as mentioned by some of the respondents are inadequate provision of Aftercare services, inadequate skill training during the CCI stay and poor employment opportunities that were available based on the skills developed.

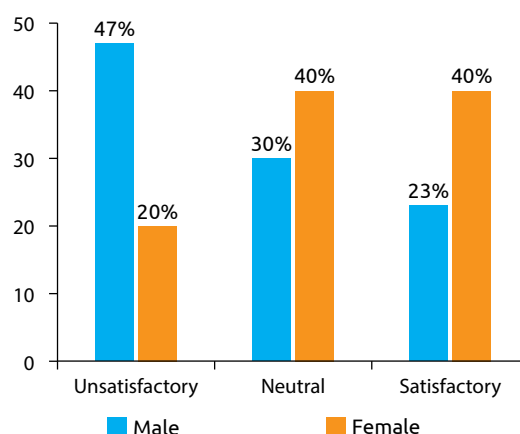


Figure 6: Skill Index in CCI by Gender

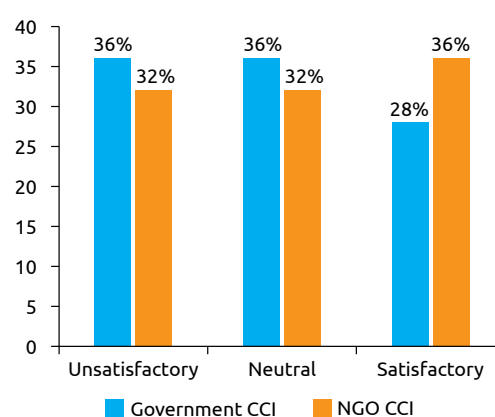


Figure 7: Skill Development in CCI by Type of CCI

Skills Development in CCI	Frequency (%)	
	Aftercare Received	Aftercare Not Received
Unsatisfactory	29%	64%
Neutral	38%	9%
Satisfactory	33%	27%
Total	42%	13%

Table 3: Continued Education by Status of Aftercare

Stakeholder Views on Skill Development in CCI

6 out of 10 KIs share that not letting them do things on their own is not teaching them to be independent. By denying them to take charge of their own lives and do their little chores, their skills remain underdeveloped. They opined that the existing care ideology for children in need of care and protection was not cohesive with the aim of making them independent by the age of 18 years but limited child care to a job to be done and gotten over with. It is important to resolve the primary issues arising from vulnerabilities and trauma faced, prior to their separation from their families, and the instability experienced in CCIs, before developing their other skills.

Impact of Skill Development in CCI: Findings indicate that CLs' skills at 18 years are differently developed and many of them may be unequipped to handle the pressures of independent life. The extent of skills acquired during childhood in a CCI (Skill Development in CCI Index) was found to be significantly correlated with the following domains of CLs' adult life in the present, such as their:

- Formation and maintenance of a social support group (Social Relationships & Interpersonal Skill Index)
- Adult outcomes in the 'Sphere of Aftercare' (Aftercare Quality Index)

This highlights that **low skill development hinders growth of social relationships, interpersonal skills and leads to unsatisfactory outcomes in the quality of Aftercare.**

Changes during Transition: Upon transitioning out of a CCI, many CLs reported similar experiences of risks and opportunities.

CCI Life Experience Index

A composite score of respondents' childhood experiences in CCIs – such as a number of placements, their involvement in care and rehabilitation planning, continuity in the formal education, association with parents and relatives, family strengthening support and feelings of empowerment – was computed to give the CCI Life Experience Index. (See Annexure - II)

This index was also found to be significantly correlated with the Education & Vocational Skills Index and the Social Relationships & Interpersonal Skill Index. (Pearson correlation coefficient significant at alpha level = 0.05)

Changes During Transition: Upon transitioning out of a CCI, many CLs reported similar experiences of risks and opportunities:



Figure 8: Opportunities

Figure 9: Risk



3.3 Housing

CLs are a particularly vulnerable population when transitioning from living in the care and protection of CCIs to independent living. Housing is the first and most basic need that must be fulfilled. Housing for CLs can be broadly divided into two categories:

Residential Homes by Government.: Dedicated residential facilities for youth above 18 years of age and managed by the State.

Other Housing Options:

- **Aftercare facilities in the same CCI complex managed by the same NGO that runs the CCI** – this option is provided to only those adults who exit the same CCI but after a formal CWC permission and release order.
- **Independent Housing Options** – residential facilities such as working-women hostels, college/private hostels and other scattered housing options such as paying guest accommodation and shared or rented apartments.

Many CLs who did not receive any Aftercare services after 18 years, and/or chose to live in independent housing without organisational support were extremely hard to find in Delhi. There are no records of these young adults anywhere in the system. As there is no follow-up mechanism in place yet, they are inevitably underrepresented in the study sample. The current housing situation of those who left CCI to live independently on their own and the 13 non-receivers has been captured in this section.

“Aftercare as per JJ Act is a program but it has been implemented as an institution and that is opposed to the concept of Aftercare programme. Living together in groups, doing everything on their own, managing daily chores and to have a mentor just for guidance will make them independent. **Living in a structure or organisations which are closed door, a child cannot learn. How do you expect a bird to learn to fly in a cage?**”

Former Member, CWC, Delhi

Nature of Aftercare Housing	Frequency	Percentage
Government Home	27	49%
Independent Housing Options	28	51%
Total	55	100%

Table 4: Nature of Aftercare Housing – Residential Homes vs. Other Options

CCI supported Aftercare housing: There are 63% Aftercare receivers (n=27) who are placed in homes supported by their own CCIs. The remaining 37% received support under domains other than housing.

Aftercare Homes for boys: There are 30% male CLs who are living in one Government Aftercare facility.

Aftercare Home for girls: There are 70% female CLs living in residential Aftercare homes. Most of these young women are supported either by the Government Aftercare or NGOs providing hostel services or housing.

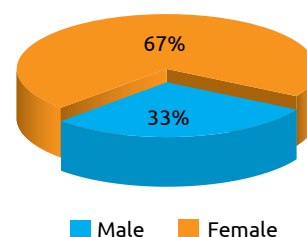


Figure 10: CLs in Residential Homes by Gender

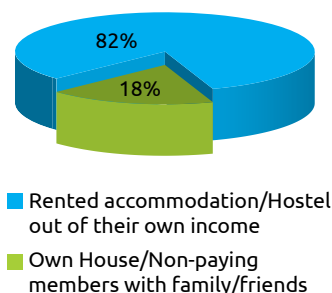


Figure 11: Types of Independent Housing for CLs

Independent Housing Options: 37% of the Aftercare receivers (n=15) and all of Aftercare non-receivers (n=13) lived in independent accommodation, such as paying guest accommodation, rented accommodation, or homes of family members or friends.

Stakeholder Views on Residential Homes vs. Other Housing Options

Stakeholder Views on Residential Homes vs. Other Housing Options: Since there are only two government homes which provide accommodation to young adults and very few NGOs which provide dedicated residential housing to young adults, **6 out of 10 KIs have cited adequate and affordable housing as one of the biggest concerns for CLs in Delhi. Stakeholders also suggested that the Aftercare home for boys managed by the government is situated at a location which is not easily accessible and well connected.**

A few **practitioners opposed the institutional nature of the government. Aftercare homes and suggested options such as group housing or community housing so that CLs can learn to live independently.**

The lack of government. responsibility and clear guidelines around making group-homes for CLs was criticised by NGO functionaries.

Stakeholder Suggestions:

- Public Private Partnership in which the government runs the home with the help of larger community and individuals, including NGOs and corporates.
- Making sure that children are placed in culturally suitable environments during CCI and Aftercare, and the services being provided should be child-centric and fulfil their individual requirements.
- Community group housing instituted to build a one-stop servicing centre with short-term group housing and vocational training.



3.4 Independent Living Skills

For CLs transitioning into adult life from an institutional setup and without any familial support, acquiring independent living skills can make or break their future. These skills enable CLs to lead stable, secure and spirited lives and are essential for their functioning as adults. Such skills can be many; however, a few important ones for CLs are as follows:

- Nutrition & health
- Cooking
- First Aid
- Disaster management
- Household management (taking care of belongings, hygiene, financial management)
- Exercise & recreation

The disparity in skill training received is explained in Table 5 below. A significant gap is reported between males and females in relation to the independent skill received during the CCI stay. It can be seen that lesser proportion of males have received skill training in independent living as compared to the proportion of females in cooking, first aid, nutrition, etc. but there is a slight improvement for male CLs when it comes to household management, recreation and exercise, reflecting gender biases. However, almost all CLs voiced the need for such training even in their current situation.

Independent Living Skills	Frequency (%)		Total (%) Training required (n=55)
	Male (n=30)	Female (n=25)	
Nutrition & Health	40%	52%	20%
Cooking	20%	44%	26%
First Aid	50%	68%	26%
Disaster Management	70%	76%	22%
Household Management	50%	44%	22%
Recreation & Exercise	57%	56%	16%

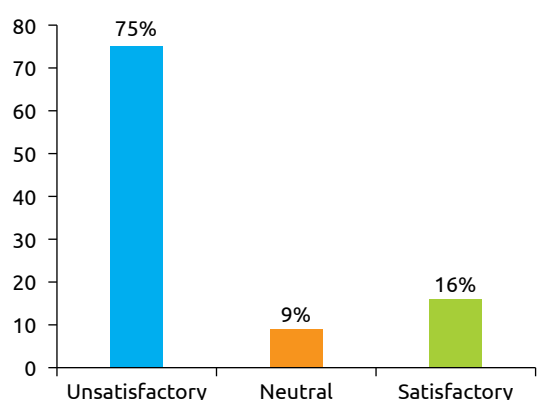
Start by the age of 12-13 years to train children in basic activities of daily living. Maintaining their own hygiene, cleaning their rooms, managing expenditure on grocery and using public transport, etc. Early learning and socialisation will make them confident to manage life outside CCLs.

Ex-CWC Member, Delhi

Table 5: Independent Living Skills by Gender and Total CLs Requiring Training

Independent Living Skills and Aftercare Housing

The index was calculated by considering whether CLs acquired these skills through training or hands-on experience. (See Annexure - II)



The objections made by Inspection Committees at CCI level about children doing chores such as washing their own clothes or cooking, are actually roadblocks in teaching them basic life skills. All of a sudden, then at 18 years, you cannot expect them to know how to live on their own. These children are not provided trainings that are market oriented or industry tailored and limited options are given. This must change if we want CLs to live independently.

CWC Member, Mumbai

Figure 12: Independent Living Skills Index

75% of CLs (n=64) fell in the 'unsatisfactory' range of the Independent Living Skill Index.

Independent Living Skills and Gender: A significant gender disparity in the Independent Living Skill Index was observed, wherein 90% male CLs fall in the 'unsatisfactory' range as opposed to only 56% female CLs. 24% female CLs lie in the 'satisfactory' category, as shown in Figure 13.

It may be observed that male CLs lacked independent living skills training and were not satisfied with the kind of training they have been exposed to during their stay in CCLs. They seem to struggle in achieving a smooth transition as they grow up and have to live independently.

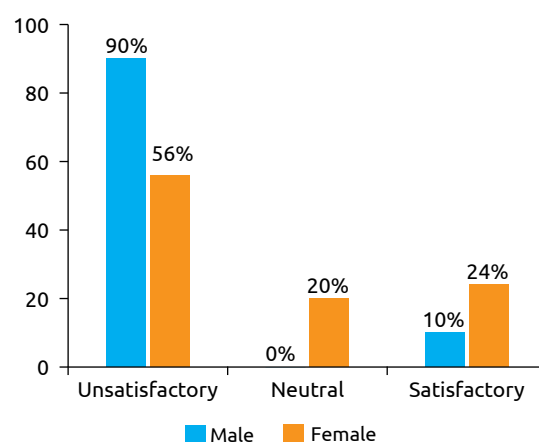


Figure 13: Independent Living Skill Index by Gender

Stakeholder Views on Independent Living Skills

50% KIs felt that the duty and role of the CCIs is to impart skills to children which can help them become productive young adults. It is unfair to expect CLs to lead independent lives when they haven't been socialised at the right age and in the right way as required. Additionally, NGO CCIs stated that **interference by other agencies who come for social audits are unaware of the reality and children use this to their advantage. They often complain to these agencies that they are being asked to 'work'.** The functionaries expressed that they face challenges as they cannot ask children to do any small task. They felt that if children do not learn basics now, then the sudden freedom at the age of 18, without adequate guidance, is sometimes misused by CLs. Without proper preparation for independent life, transitioning out of care leads to disastrous results for some as they get involved in social ills and do not yet understand the responsibilities that come with the freedom adult life gives.

Stakeholder Suggestions: Many KIs suggested that it is imperative that such skills and training be provided to CLs, before they transition into independent living at the age of 18 years, but also continued throughout the Aftercare phase. Additionally, stakeholders unanimously agreed:

- That there is a need to study existing models and adapt promising practices across the state. There must be minimum standards of care in all CCIs, be in government. NGOs, and innovative practices being used by NGOs can be replicated in government homes, wherever possible.
- There is a need to introduce skill-building activities for all children in the age group of 14-18 years as part of the mandatory transition preparation and planning.
- Provide children and youth with increasing levels of household responsibilities depending on their age and situation, subject to their consent and participation.
- That the Inspection Committees must be trained to understand this aspect of care.



3.5 Mental and Emotional Wellbeing

Emotional Stability: It has been reported by 86% CLs that they have been facing recurring emotional distress that makes them sad or tense.

Reasons for emotional distress in adulthood

- 12% reported constantly worrying about their future (finances, housing, academics and career)
- 11% reported feelings of loneliness, isolation due to lack of family/caring adults
- 13% cited their inability to express feelings and/or views as reasons for stress
- 13% reported suffering from frequent mood swings, anger and irritability

Symptoms of Psychological Distress: In the present sample, more female CLs reported symptoms of cognitive, emotional and functional mental health issues as compared to the male CLs. Female CLs reported getting easily tired, having mood dysregulation, sleep and food disturbances whereas more male CLs reported having violent thoughts and the need to push for everything. Almost 1 in every 5 respondents (~20%) reported multiple symptoms of psychological disorders listed below in Table 6.

	Frequency (%)		Total (n=55)
	Male (n=30)	Female (n=25)	
Mood Dysregulation	37%	64%	49%
Anger/Irritability	30%	72%	35%
Feeling worthless, helpless	17%	36%	26%
Anhedonia (loss of interest/pleasure)	10%	36%	22%
Harmful/Violent Thoughts	13%	8%	11%
Easily tired	3%	56%	27%
Work functioning	37%	40%	38%
Sleep Disturbance	33%	48%	40%
Disturbance in Food Intake	10%	40%	34%
Affected Daily Functioning	27%	28%	27%
Need to push for everything	33%	32%	33%
Harmful/Violent behaviour	10%	8%	9%

Table 6: Symptoms of Psychological Distress by Gender

Effects of Transition on Emotional Wellbeing

It was unexpected to see that symptoms of emotional and cognitive distress were higher among those respondents who have been receiving Aftercare as compared to the non-receivers. Also, CLs from government CCIs showed more symptoms of emotional and cognitive distress as compared to the CLs from NGO CCIs.

What should actually happen is that from 16 onwards children should be prepared about the competitive ruthless world. Mental preparedness is as important as well as getting vocational skills. It is very important that the children in CCI should interact with children who stay with families. They should be linked with outside world.

CWC Member, Delhi

Symptoms	Frequency (%)		
	At the time of leaving CCI (n=55)	Last 4 weeks among Aftercare receivers(n=42)	Last 4 weeks among Non-receivers (n=13)
Mood Dysregulation	49%	60%	15%
Anger/Irritability	49%	50%	46%
Feeling worthless, helpless	26%	31%	8%
Anhedonia (loss of interest/pleasure)	22%	26%	8%
Harmful/Violent Thoughts	11%	12%	8%
Easily tired	27%	33%	8%
Sleep Disturbance	40%	45%	23%
Disturbance in Food Intake	24%	29%	8%
Affected Daily Functioning	27%	29%	23%
Need to push for everything	32%	36%	23%
Harmful/Violent behaviour	9%	10%	8%
Affected work functioning	38%	38%	38%

Table 7: Frequency of Care Leavers with Symptoms of Psychological Disorders during CCI, based on Receivers and Non receivers

Mental Health Assistance: The findings bring forth that 51% of the CLs have sought assistance from professionals who are licensed social workers, psychologists or doctors. Most of them (66%) who have approached a professional are between the ages of 18-21 years. Youth who are out of care (44%) tend to approach non-professionals such as friends, family members and mentors, acquaintances. This substantiates that although counsellors and professional social workers are available in CCIs during childhood, as mandated by the JJ Act, 2015, this is not the case when they transition into adulthood. It is interesting to see that 47% have visited their doctors/therapist 1-4 times, and most of them are females (60%).

Relationship between type of Housing and Mental Health: Because a majority of the receivers are from the government Aftercare Homes, the distress among receivers in Delhi is seen as higher than the non-receivers. Also, a higher proportion of them have consulted professionals for their mental health as compared to those in the NGO setting.

Type of assistance	Male (n=30)	Female (n=25)	Total
Non-professional	33%	28%	31%
Professional (counsellor/doctor)	40%	64%	51%
No assistance	20%	8%	15%

Figure 14: Type of Mental Health Assistance sought by Gender

Impact of Emotional Wellbeing on Aftercare Quality Index: It was found that CLs' Emotional Wellbeing Index (See Annexure - II) was significantly correlated with the overall AQI score of the CLs. (Pearson correlation coefficient significant at alpha level = 0.05)

Stakeholder Views on Emotional Health:

60% KIs recognised that mental/emotional distress needs intervention at the earliest. The life of children living in CCIs is full of struggles and challenges in various domains, such as emotional trauma, trust issues, unwillingness to continue education, inability to forge and maintain relationships, etc. which are partially rooted in their poor emotional health and lack of ego-resiliency. Unfortunately, qualified counsellors are not always available in Aftercare Homes and the staff are ill-equipped to adequately resolve emotional issues of CLs. In one of the Aftercare homes, the welfare officer fills in the role of a mentor as well as a counsellor for children.

A few KIs also suggested that Delhi has the best **mental health services but they are not accessible for CCIs and Aftercare homes. No one is looking at the mental health of these children, youth and caregivers.** Educating Caregivers and CLs on how to identify symptoms and encouraging them to seek help without feeling stigmatised is very important as also having systems to address the identified issues.



3.6 Social Relationships and Interpersonal Skill

Childhood Relationships in CCIs: The data suggests that at least 1 in every 5 male CLs reported that they were unable to maintain meaningful or long-lasting relationships with staff, caregivers and mentors during their childhood, as reported in Table 8. On the other hand, very few female CLs reported being unable to do so. Interestingly, 67% of all CLs reported inability to form and maintain friendships.

Relationship	Males unable to maintain relationships(n=30)	Female unable to maintain relationships(n=25)	Total
CCI Staff & Caregivers	13%	4%	17%
Friends	66%	68%	67%
Mentors	33%	12%	24%



Table 8: Frequency and Percentage of CLs unable to maintain Relationships in CCI by Gender

Relationships with Family, Friends and Romantic



Relationships in Adulthood: As shown in Table 9, a large proportion of all CLs were unable to maintain relationships with their parents. There is not much difference between the genders in terms of maintaining relationships with biological parents or siblings during their adulthood.

A total of 82% CLs have reported maintaining no relationship with their biological father and 71% have reported no relationship with their biological mother.

More than 71% of all CLs reported difficulties in maintaining romantic relationships and the proportion was significantly higher for male CLs.

 I do not feel the need to find out who my parents were and where they are right now. I was too small when I was admitted to the CCI so I do not have any emotions for them. 

A 19-year-old CL, Delhi

 My family is the house mother and other children in the home. My parents live in the village and I do not know what to talk to them about as they have no idea about my life here. So I prefer not interacting with them. 

A 22-year-old CL, Delhi

Relationship	Male (n=30) Unable to maintain relationships	Female (n=25) Unable to maintain relationships	Total
Father	80%	84%	82%
Mother	67%	76%	71%
Siblings	47%	48%	47%
Romantic Partner	83%	56%	71%

Table 9: Frequency and Percentage of CLs unable to maintain Relationships with Family and Romantic Partner by Gender

Guidance/Counselling for Relationship Management: There are 46% (n=25) CLs who have voiced the need for guidance or counselling to be able to improve the quality of their relationships.

Social Support and Interpersonal Skill Index: The index was calculated by factoring in the various relationships that CLs were able to maintain and whether they had acquired certain interpersonal and intrapersonal skills such as:

- conflict resolution
- effective communication
- leadership, trust, team-building
- legal rights, responsibilities and moral duties
- ego-resiliency, self-esteem
- gender neutrality and inclusion

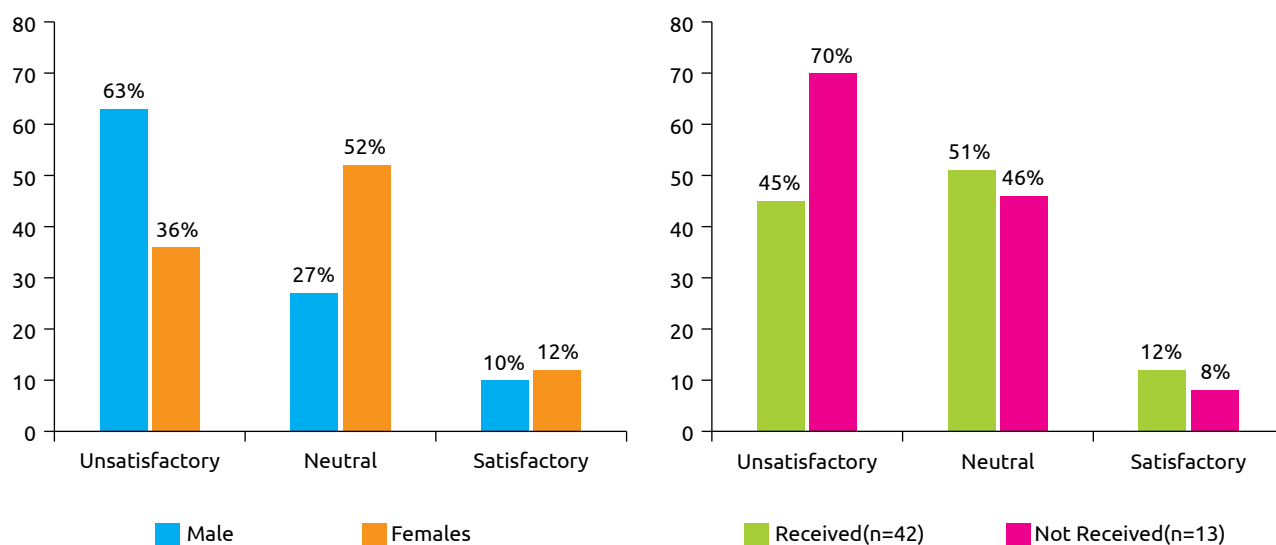


Figure 15: Social Support and Interpersonal Skill Index by Gender and Nature of Housing

As Figure 15 shows, more than 50% of the CLs fell in the 'unsatisfactory' category of the Social Relationships and Interpersonal Skill Index. However, female CLs have a better score on the index than their male counterparts. It can be observed that a higher proportion of non-receivers have 'unsatisfactory' Social Relationships and Interpersonal Skill Index which builds up on the need for providing a continuum of care to young adults so that they can develop strong and meaningful social support systems and interpersonal skills.

I know a girl who now lives on her own terms, eats her own food of her choice, but still has issues regarding basic documents (eg. ID proof) and is still hesitant to interact with people.

CCI caregiver, Delhi

Stakeholder Views

It has been discussed by 40% of the Stakeholders that the CLs lack reasonable socialisation and exposure to healthy relationships that children witness in their families. One of the experts explained that a child who has lived on the streets has been socialised in a different way and it is not possible to mould that child suddenly. The best interest of the child should be assessed. CCIs have to gradually expose these children to the behaviours which are acceptable in the society. An institutional care setup is a closed-door arrangement, where children do not have the opportunity to interact or communicate with the people in the community and members of the opposite sex. They are unable to develop social and interpersonal skills in institutional care as they are oblivious to the concept of family. Poor skill development during childhood has a negative impact on relationships that children establish in adulthood.

Stakeholder Suggestions:

- On-going capacity-building and regular training of staff.
- Competitive salary to improve employee/caregiver retention to ensure enduring attachments for children in care.
- Mental health counselling and related services for staff.
- Encouraging peer mentoring and bonding through Alumni Associations.
- Instituting a follow-up/tracking mechanism for youth exiting CCIs and encouraging them to maintain touch with either the organisation, their caregivers or peer.



3.7 Physical Health

Incidence of Physical Illnesses in last 2 years

- 11% suffered from major illnesses like TB, typhoid, malaria, etc.
- 32% suffered from viral, cold cough and allergies
- 7% suffered from long duration pain, fever and fractures
- 2 % suffered from lifestyle issues like diabetes /HIV

Availability of Caregiver: 22% of all CLs (n=12) reported that they did not have someone who could provide care in case of illness, or if they did, they could not rely on them for more than a few days. Those who are left without care and support in times of need or emergencies are more vulnerable to having poor health, increased time taken to recuperate, and incomplete recovery.

Caregiver and CCI Type: The findings state that a large proportion of CLs (68%) living in CCIs run by NGOs, received care during their illness as compared to those in government run homes (49%). It is also noteworthy that Aftercare being provided by NGOs had a higher proportion of CLs (55%) who reported receiving long term care as compared to their counterparts.

Health Insurance: Of all CLs, 75% did not have any health insurance. Among females, 88% did not have a health insurance. Those who possessed a health insurance were from NGO run homes or Aftercare facilities provided by NGOs.

Physical Health Index

The index was calculated by considering the availability of a caregiver, food, funds and health insurance during the illness and the availability of certain health amenities. (See Annexure - II).

It was found that a larger proportion of male CLs had better Physical Health Index than females, as given in Table 10.

Physical Health Index	Sex		Total (n=55)
	Male (n=30)	Females (n=25)	
Unsatisfactory	20%	4%	13%
Neutral	17%	44%	29%
Satisfactory	63%	52%	58%
Total	30%	25	100%

Table 10: Physical Health Index by Gender

The proportion of CLs (68%) who fell in the 'satisfactory' category of the index was from the NGO run CCIs and also those (73%) who were being provided Aftercare from NGOs had a 'satisfactory' score on the physical health index as compared to those under the government Aftercare.

Physical Health Index was strongly correlated with the Housing index and overall AQI score, suggesting that access to healthcare was associated with CLs' nature of accommodation and to the overall adult outcomes in the 'Sphere of Aftercare'. (Pearson correlation coefficient significant at alpha level = 0.05)



3.8 Education and Vocational Skills

Formal Education: The education level of CLs interviewed ranged from illiterate to above post-graduation, as given in Figure 16.

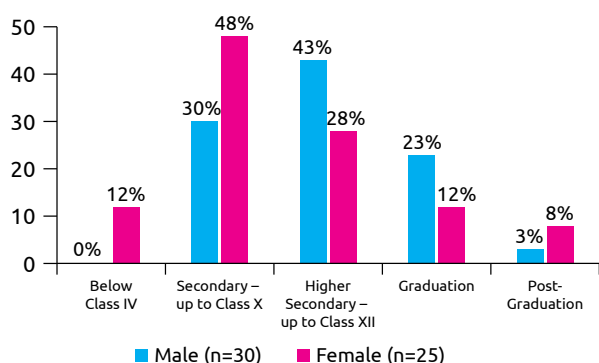


Figure 16: Highest Level of Formal Education Attained by CLs

Providing higher education requires financial support. There are many CLs who want to pursue higher education and are even talented of getting into paramedical courses and management institutes, etc. but they are unable to go there and pursue the course because they are unable to afford the fees. The funds that are provided by the government are not enough as most of it goes in meeting the basic requirements of the children.

DCPO, Delhi

Notably, 6% CLs were educated below Class IV and 41% were educated up to Class X. Of the CLs who completed Class XII, there were 43% (n=13) male CLs and 28% (n=7) female CLs which brings forth the gender disparity in higher education.

There are 18% (n=10) CLs who have obtained their graduation degree and 5% (n=2) of them had even obtained post-graduation level of education.

Vocational, Technical and Employability Skills in CCI: As shown in Table 11, a greater proportion of CLs from NGO CCIs had acquired vocational skills like Computers and IT, basic accounting and English speaking, as well as job readiness skills, like resume making and interview techniques as compared to CLs from government CCIs. More female CLs also reported having acquired these skills in their CCIs as compared to the males.

Skills Acquired in CCI		Frequency (%)		Total (n=55)	Frequency (%)	
		Male (n=30)	Female (n=25)		Government CCI (n=33)	NGO CCI (n=22)
Vocational & Technical	Computer and IT	70%	68%	69%	67%	73%
	Basic Accounting	17%	24%	20%	18%	23%
	English Speaking	43%	56%	49%	37%	68%
Job Readiness	Resume Making	33%	48%	40%	40%	41%
	Interview Skills	37%	52%	44%	46%	41%

Table 11: Career-Related Skills by Gender and Type of CCI

The data also revealed that only half or less of all CLs had received training in one or more career-related skills in CCIs, except computer and IT skills; while 24% to 42% received these trainings during their Aftercare transition phase, as shown in Figure 17. 36% - 53% CLs reported the need for such training even at the time of interview to improve their skill base.

Skills		Frequency (%)		Training Required (n=55)
		In CCI (n=55)	In Aftercare(n=55)	
Vocational & Technical	Computer and IT	69%	42%	51%
	Basic Accounting	20%	24%	36%
	English Speaking	49%	29%	53%
Job Readiness	Resume Making	40%	33%	42%
	Interview Skills	44%	29%	55%

Table 12: Career-Related Skills Acquired in CCI vs. Aftercare and CLs still requiring Skill Training

Education and Vocational Skills Index

A composite score factoring in the CLs' education level, gaining of vocational and job readiness skills and self-perceived adequacy of skills.

It was found that CLs from NGO CCIs, on an average, had a better index score than CLs from government CCIs. The proportion of CLs from the NGO CCIs which fell under the 'satisfactory' category was 23%.

Only 18% of all CLs fell in the 'satisfactory' category, and a higher proportion of male CLs scored unsatisfactorily than female CLs on the Educational and Vocational Skill index as shown in Figure 17.

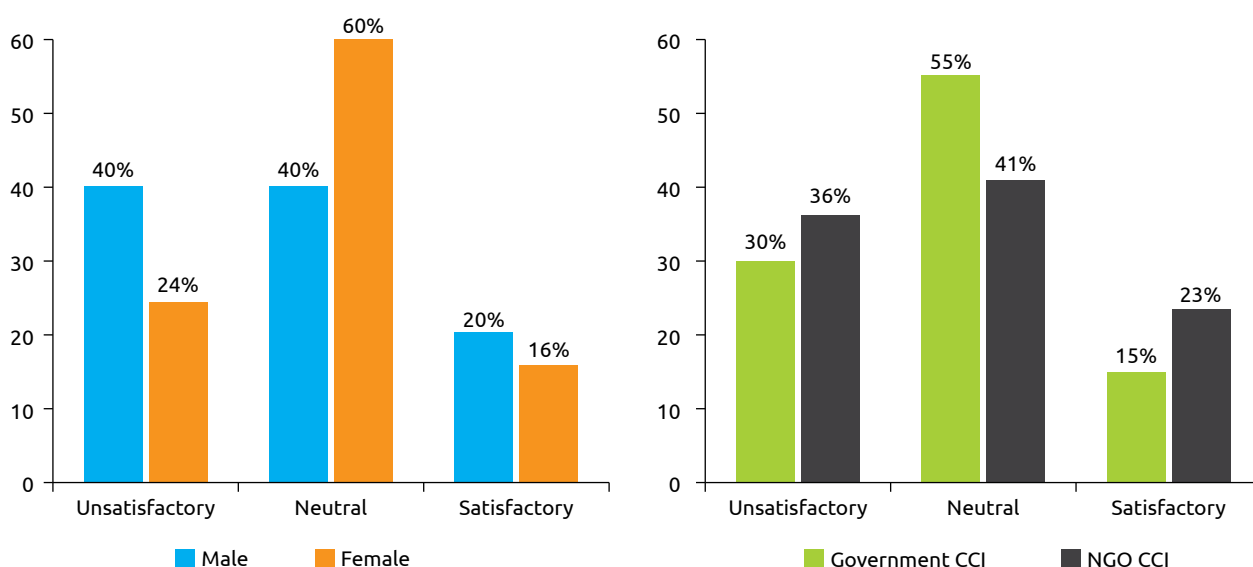


Figure 17: Education and Vocational Skills Index by Gender and Type of CCI

Interaction of poor Education and Vocational Skills with Key Domains of Independent Life: It was found that CLs' educational and vocational skills attainment (Education and Vocational Skills Index) had a significant positive correlation with the following, suggesting that their **formal education and job-related skill level is closely tied to their experience and skill level in other domains**. Some KIs confirmed that many CLs' skills are underdeveloped; some struggle in finding jobs and often discontinue with their jobs because they cannot cope with the pressure and feel insecure because of the lack of communication and conflict resolution skills.



3.9 Financial Independence and Career

Financial Independence: 56% of all CLs (n=31) reported that they had their own independent sources of income, either through a salaried job or self-employment. Of the total sample, 52% had either held or currently hold salaried jobs as their primary source of income (n=29), whilst 4% were self-employed (n=2).

Independent Income and Gender: A significantly greater proportion of males reported having their own sources of income than females. Among the 25 females interviewed, 48% of them (n=12) were earning for themselves, while 63% of the 30 male CLs (n=19) were doing so.

Independent Income and Aftercare Type: The results also show that of the Aftercare receivers, 64% of those who received Aftercare support from NGOs had independent sources of income as compared to 36% of those who received government Aftercare support.

Average Monthly Income: For those who had independent sources of income from salaried employment (n=29), the **mean income was found to be Rs. 7,732 per month and ranged from Rs.750 to Rs. 40,000 per month. Those who were self-employed (n=2) had a mean income of Rs. 20,000 per month.** In the present study, the CLs are mainly engaged in jobs like that of a driver, sub-staff in bank, music teachers, attendants in hospitals and alike.

This is relevant as the **mean income of CLs is lower than the minimum wages of Rs. 14000 for unskilled workers in most industries in Delhi.** Most CLs start off with low grade jobs and their income and contribution to the economy is on an average low.

Financial Support: Some CLs reported earnings and financial support from other sources.

- Only 12% CLs reported that their Aftercare organisation or CCI provided them with additional financial support.
- There are 13% CLs who received additional financial allowance from well-wishers such as family members, friends and mentors.



Figure 18: Interaction of poor Education and Vocational Skills with Key Domains of Independent Life

Gender Disaggregation for Independent Sources of Income	Frequency	Percentage within Independent Income
Male	19	63%
Female	12	48%
Total	31	100%

Table 13: CLs with Independent Sources of Income by Gender

Income Status	Frequency (%)	
	NGO Aftercare (n=11)	Government Aftercare (n=31)
Independent Income	64%	36%
No Independent Income	36%	64%

Table 14: Independent Income by Aftercare Type

“I understood that I had to work, I needed something in my life. I had to do something for myself. I also understood that I cannot get a high paid job.”

A 24-year-old Care Leaver

Care Leavers' Opinion on Financial Support: More than 30% of all CLs are dissatisfied with their present financial status and believe that the government should provide financial support.

80% CLs are of the opinion that this monetary support should be given directly to CLs so that they can manage their survival and subsistence, 16% believe it should be provided to their Aftercare organisation. The remaining 4% did not have an opinion on who should receive this money, keeping in mind its efficient and efficacious usage. Upon inquiring about the amount of money that should be provided, CLs responses were as follows:

- 30% believed an amount of Rs.3000 to Rs.5000 per youth per month would be sufficient
- 38% suggested an amount up to Rs. 10,000 per youth per month would be required
- 32% stipulated an even higher amount, ranging from Rs. 20,000 to Rs. 40,000

Financial Literacy: 67% of all CLs (n=55) reported getting no guidance regarding their monetary management during their childhood in the CCIs. Notably, there is not much difference in the proportion of CLs from government CCIs (67%) and NGO CCIs (68%) in receiving no guidance on household economics with regards to managing their income, savings and expenditure. Regardless, **78% of all CLs (n=43) had never attended financial literacy workshops, or one-on-one consultation with a caregiver, staff, mentor or expert.**

There has to be a social enterprise in every NGO. Children should be imparted skills and then these skills have to be polished and developed so that they can create something. Every organisation should have signature products which can be sold in the market. The generated resources can be used for meeting the needs of the children.

Member, JJB, Delhi

Financial Security: On a positive note, 96% of all CLs reported that they do have a bank account. However, only 38% reported using credit or debit cards; and 14% had bought insurance products. Moreover, as reported in the previous section, although 29 CLs had salaried jobs, only 15 of them had opted for a provident fund. Similarly, only 2 of the CLs were part of a Self-Help Group (SHG).

A greater proportion of CLs from NGO CCIs held the above as compared to CLs from government CCIs, suggesting that CLs from NGOs had better access to and understanding of availing these financial security benefits. Yet, the data suggests that many CLs lacked financial literacy and faced financial exclusion.

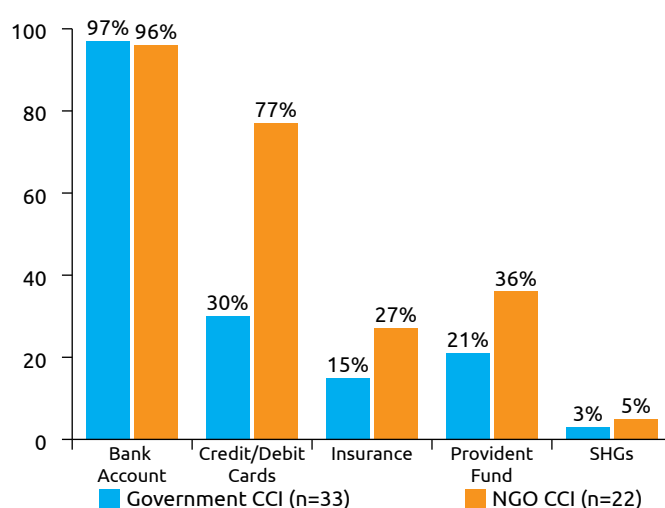


Figure 19: CLs with various Financial Security Products

Saving Habits

- 51% CLs reported that they were saving by building a balance of money in their bank accounts
- 31% reported saving cash at home or in their wallets
- 2% reported savings by giving money to their family, friends, etc.
- 35% reported that they were not saving actively

Financial Crisis: 33% of all CLs (n=18) reported that their income/allowance was unable to cover their cost of living. Notably, 13 out of these 18 (72%) CLs were males.

9 out of 55 (16%) CLs indicated that questions regarding income and expenses were not applicable to them, suggesting that their cost of living was at least partially incurred by their Aftercare programme, as shown in Figure 20. 8 out of 9 (88%) were female CLs.

Ability to Cover Cost of Living	Frequency (%)		Total
	Male (n=30)	Female (n=25)	
✓ Yes	53%	48%	51%
✗ No	43%	20%	33%
N/A Not Applicable	3%	30%	16%

Figure 20: Ability to Cover Cost of Living by Gender

Financial Index

A composite score was computed factoring in aspects of CLs' financial status –financial literacy, security and crisis. (See Annexure - II)

It was found that 29% of all CLs fell in the “unsatisfactory” range, while 51% fell in the “neutral” range, as shown in Table 15 below.

Financial Index	Frequency (%)				
	Sex		Total (n=55)	Aftercare Status	
	Male (n=30)	Females (n=25)		Receiver (n=42)	Non-receiver (n=13)
Unsatisfactory	20%	40%	29%	26%	38%
Neutral	60%	40%	51%	50%	54%
Satisfactory	20%	20%	20%	24%	8%
Total	30	25	100%	42	13

Table 15: Financial Index by Gender and Aftercare Status

Stakeholder's Suggestions

Following are a few suggestions provided by various stakeholders:

- Youth/ CLs should be given pocket money.
- Provisions for free clothing, and free transportation, fee exemptions for children. Money to be provided to organisations for covering these expenses.
- Regular monitoring system within the organisation to assess the financial status of the CLs and providing guidance on saving. Conducting workshops and trainings on financial literacy once in three months.
- CLs who are already earning pay a part of their salary to their organisation for the first year. This will also inculcate the sense of 'giving back' to the society.

Present Engagement: At the time of interview, CLs were engaged in one or more of the following ways:



Figure 21: Nature of Care Leavers' Present Engagement by Gender

As Figure 21 shows, 17% of all CLs (n=18) were not in education, employment or training (NEET) at the time of interview.

Challenges faced in Achieving Career Goals: The CLs had as varied professional aspirations as one would expect from any youth. Many reported that they aspired to become defence personnel, politicians, social workers, medics, technicians and even athletes, actors, musicians and entrepreneurs. However, the most commonly reported challenge in realising their aspirations was that averting monetary crisis had taken precedence over pursuing their goals.

Skill Adequacy: 55% of all CLs (n=30) thought their education and/or skill level were inadequate to achieve their academic and career goals. Furthermore, 6% either chose not to respond or were unable to assess the adequacy of their skill level. Related to this, it was also found that 51% of all CLs (n=28) had never received one-on-one career guidance nor attended any career-development workshop.

CLs often have to face stigma and prejudice because of their background. This leads to missed opportunities and adds on to their distress. They are not able to achieve their career aspirations and end up compromising majorly due to financial in-capabilities and the stigmatisation.

Member, DCPCR

The indicator to assess the impact of what is done for the child from 18 to 21 years is the wage he earns.

Program Coordinator, NGO CCI, Delhi



3.10 Identity and Legal Awareness

Knowledge of Legal Rights and Responsibilities in CCI: It was found that 66% of all CLs (n=36) had not received any information regarding their legal rights and responsibilities towards others as an adult prior to leaving their CCI.

Knowledge of Legal Rights and Responsibilities in Aftercare: 64% of all CLs (n=35) had not received any guidance regarding this either through a workshop or a one-on-one consultation even during the Aftercare transition phase.

- a. **Right to Identity:** 4% CLs were not aware of their fundamental right to identity through documents such as Aadhar Card, Voters' ID Card, Birth Certificate, Passport, etc.

b. Right to Aftercare: 42% CLs were unaware of the fact that they were entitled to Aftercare support and services under the law.

Possession of Legal Documents: Many CLs did not possess certain legal documents that are essential to access academic and job opportunities, citizenship rights and benefits, as shown in Table 16. **In general, it seems that lesser proportion of Aftercare receivers had documents such as domicile certificate/proof of residence, ration card, PAN card and passport as compared to non-receiver CLs.** Again, this has to be seen in the light of the fact that most receivers were residents of the two government homes and perhaps had no exposure or access to getting these documents. The non-receivers in Delhi were those who had been left on their own and had struggled to live independently and make their own ends meet. They possessed greater freedom and were living in mainstream societies, even though in challenging ways. All the non-receivers had their voter ID cards and were enthusiastic to be able to participate in the upcoming elections and decide for the governance of their country.

Document Type	Frequency (%)		Total (n=55)	Frequency (%)	
	Receivers (n=42)	Non-receivers (n=13)		Government CCI (n=33)	NGO CCI (n=22)
Aadhar Card	98%	100%	98%	97%	100%
Domicile/ Proof of Residence	57%	62%	58%	49%	73%
Education Certificate	95%	92%	95%	97%	91%
Voters' ID	36%	100%	51%	39%	68%
Ration Card	2%	15%	6%	3%	9%
PAN Card	57%	100%	67%	58%	82%
Passport	19%	23%	20%	15%	27%

Table 16: Possession of Legal Documents by Receivers and Non- receivers and CCI Type

Most CLs living in government. Aftercare homes lacked knowledge of their legal rights and responsibilities and were disempowered when it comes to exercising those rights or fulfilling certain responsibilities. Moreover, absence of legal identity documents for some CLs resulted in loss of opportunities such as admission in college/institutes, foreign travel for work or leisure, accessing banking/financial services, job openings, etc. and even left them out of the governance process.

Stakeholder's Concerns

Of the 10 KIs, 50% (n=5) raised concerns regarding awareness of one's legal rights and having proper documentation. Most notable of these were gaps in:

- Ineligibility to avail reservations and scheme benefits as they lack birth certificates, caste certificates, etc.
- Missing out on opportunities and reservations for education and employment due to lack of proper identity documents like a passport.

Identity and Legal Awareness Index

The Legal Index was computed by factoring in whether CLs had received any information or guidance about their legal rights and responsibilities, whether they were aware of Aftercare as their legal right and whether they held a Voters' ID card which gives them a political identity and citizenship rights for governance (See Annexure - II).

It was found that a greater proportion of CLs who were not placed in residential Aftercare homes scored 'satisfactorily' as compared to those who were still in residential Aftercare at the time of interview; and CLs from NGO CCIs had marginally better index score than those from government CCIs, as shown in Table 17.

Legal Index	Aftercare Status		Total (n=66)
	Aftercare Receiver (n=42)	Non-Receiver (n=13)	
Unsatisfactory	63%	36%	51%
Satisfactory	37%	64%	49%

Table 17: Legal Index by Care Status



3.11 Aftercare towards Social Reintegration

Access to Aftercare Support/Services: Upon inquiring about how CLs would prefer to access Aftercare support and/or services, 33% of all CLs (n=18) thought that services should be provided in-person through a physical facility/office. 7% (n=4) CLs thought that such services could be provided over the phone through a non-emergency helpline, while 9% CLs (n=5) preferred an online portal such as a website or app to avail these services. A majority of 51% CLs thought that Aftercare services should be available across multiple mediums.

Youth Collective: 75% of all CLs (n=41) informed that they did not have any formal or informal group or an alumni association of CLs for peer support. Moreover, 64% (n=35) reported that they would like to contribute and benefit from such a youth collective, if formulated. However, there are 23% (n=13) CLs who are a part of CL network in Delhi known as Care Leavers Association and Network (CLAN). They showed pride in being part of a collective, had dreams to make the group stronger and the zeal to do more for their younger counterparts.

Aftercare Quality Index (AQI)

TA composite score, comprising of the following 8 indices, was computed to give the Aftercare Quality Index. (See Annexure - II)

- Housing Index
- Independent Living Skills Index
- Social Support and Interpersonal Skills Index
- Emotional Wellbeing Index
- Physical Health Index
- Financial Index
- Education and Vocational Skills Index
- Legal Index

Aftercare and Gender: A marginally greater proportion of female CLs had better Aftercare Quality Index than their male counterparts. This implies that the care and Aftercare received by females is more conducive to their social reintegration than the care and Aftercare received by males, as shown in Figure 22. It may also mean that the aspirations of female CLs is lower and the male CLs aspire for more in life.

Aftercare and Childhood Experiences: As a result, it was also found that a greater proportion of CLs from government CCIs had 'unsatisfactory' Aftercare Quality Index than CLs from NGO CCIs, as shown in Figure 23, although a comparable proportion of CLs from both

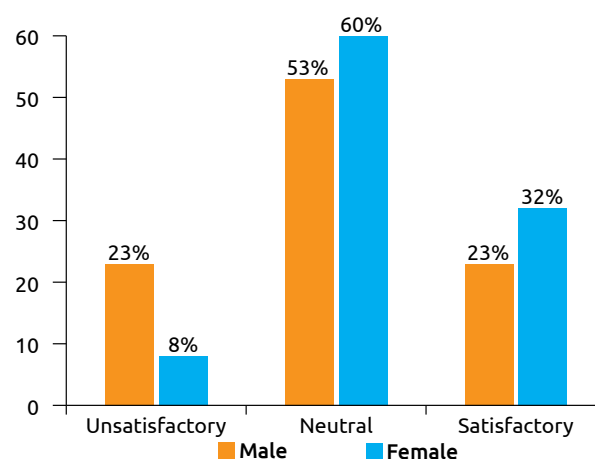


Figure 22: Aftercare Quality Index by Gender

types of CCIs scored 'satisfactorily'. Moreover, the CCI Life Experience Index as well as the Skill Development in CCI Index was found to have a mild to moderate positive correlation with the Aftercare Quality Index. This data suggests that the nature of care provided in childhood strongly determines the efficacy of Aftercare support and services. (Pearson correlation coefficient significant at alpha level = 0.05)

Impact of Aftercare: It was also found that **twice the proportion of CLs who received Aftercare scored 'satisfactorily' on the Aftercare Quality Index than those who did not, as shown in**

Table 18. It seems that the provision of Aftercare yields better outcomes in some domains of the 'Sphere of Aftercare' for only a small proportion of CLs. The factors that contribute to the efficiency and efficacy of these support/services need to be studied further.

Aftercare Status	Aftercare Quality Index (n=55)			Total
	Unsatisfactory	Neutral	Satisfactory	
Receiver	17%	52%	31%	42
Non-receiver	15%	69%	15%	13
Total	16%	56%	27%	55

Table 18: Aftercare Quality Index by Type of Care Status

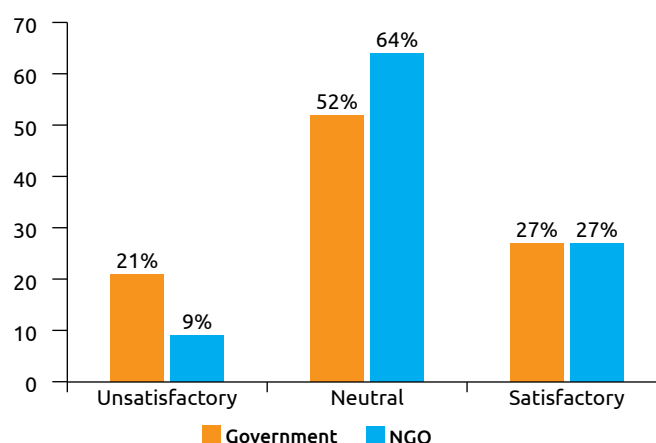


Figure 23: Aftercare Quality Index by Type of CCI

“Money is the basic requirement once they step out of the institutional care. A consolidated fund should be provided to CLs so that they feel secure and confident to at least begin their independent life.”
J-Member, DWCD, Delhi

The findings presented in the chapter have highlighted the situation of CLs in Delhi, establishing that they continue to face challenges in life and that they are not adequately supported. The present study has covered all aspects of life of CLs who have grown up in an alternative setting from their physical, social, emotional and mental well-being to their education, vocation and employment status. The study conducted in Delhi has brought forth, in some cases that non-receivers of Aftercare are performing better than the receivers. This may be due to the sense of independence and freedom that non-receivers have as they are not living in an institutionalised setting as compared to the receivers of Aftercare. Delhi, though does not have a rich history of Aftercare but being politically active, promotes access to services such as accommodation, legal support, and psychological well-being through various government and private organisations. The next chapter brings out the discussion and conclusions based on the findings.

The overall findings suggest that CLs exit CCIs as wards of the state but after 18 years, they are “nobody’s responsibility” due to a lack of a defined nodal agency that holds responsibility for their reintegration into mainstream society. Aftercare only exists in law but in spirit, practice and implementation, it remains largely absent. Low priority to Aftercare also accords for low financial and human resource investments, resulting in CLs falling off the map and facing heightened challenges and poorer outcomes on the journey to independence, not only because of their fractured pasts but also a lack of planned interventions towards preparing them for independent living whilst growing up in CCIs, as well as a total absence of a supporting ecosystem for CLs.



Chapter 4

Discussion & Conclusions

“There are so many decisions to be made every single day. You can’t even imagine. The fear of leaving a place which is ‘home’ for us haunts me. I want to grow up and work for other children who are in the same situation.”

A 20-year-old Care Leaver

The voices, perceptions, and experiences of CLs have been captured through in-depth interviews with CLs, their care providers and key stakeholders, as well as extensive discussions with government and non-government functionaries, which brought forth the importance of the continuum of care to ensure the smooth transition of young adults from care settings to independence. In defining each aspect of the 'Sphere of Aftercare' interventions, this section discusses the importance not only of support that must be given but also understood to have been received by CLs, a perception sadly lacking in many areas of Aftercare intervention. This section also summarises the points that form the recommendations emerging from the study in Delhi, bearing in mind the objectives of the study.

4.1 Objective 1

Establishing a relationship between life in CCIs to the nature of challenges and opportunities faced by CLs as young adults.

4.1.1 Transition Planning: Preparation for Transitioning out of Care

From the findings, certain aspects of the care provided in CCIs were found to be directly associated with outcomes in adult life. The discussion of these aspects is intended to bring further insight into how they impact the transition of the CLs and their lives later on.

4.1.2 Placement Stability

The role of CWCs has been the focus of discussion during interviews with most stakeholders. Whereas some practitioners have questioned the role of DCPUs in restoring the child back to the family, there seems to be insufficient clarity of the role of CWCs and DCPUs, leading to a lack of coordinated efforts. Stakeholders also suggested that children must be restored to their families as soon as possible or should be provided other forms of Alternative Care which are non-institutional and that admission of a child into a CCI has to be a well-thought out decision, the last resort and in the best interest of the child. But they also felt that this was practically lacking in Delhi. Once a child is sent to a CCI, it is the CWC's responsibility to ensure placement stability. However, the results of this study in Delhi show that **67% of CLs did not find this stability easily due to multiple placements in different CCIs as children**. Existing studies have found that multiple placements result in fractured relationships, gaps in schooling and unnecessary stress for children (Udayan Care, 2017). Frequent changes in the environment, breakdown of the continuum of care, residential instability and inability to form long-term peer relationships contribute towards inability to acquire proper skills and to poor academic performance, amongst other issues as already noted in Chapter 1 of this report. In accordance with the findings of these previous researches, this study also reports a **conclusive negative correlation between frequent transfers and CCI life experience, as well as the total AQI index**. (Refer to Section 3.2). Perhaps, there is a greater need to examine this aspect of childcare and precautions must be taken by all CCIs, CWCs, DCPOs, and practitioners in Delhi to minimise frequent placement at CCI stage.

4.1.3 Child Participation in Individual Care Planning

The data collected from CLs although reports that majority of them (71%) have been consulted in the preparation of their Individual Care Plan (ICP), but the duty bearers have a different opinion in the ICP preparation and participation of the child. They feel that the preparation and implementation of the ICP are either completely missing or incomplete and most of the CCIs do not even know the child's interests and requirements. ICP should involve children as it is essential for its implementation to be outcome based rather than merely service focussed. This becomes even more important as children reach adolescence and develop their individuality. Children's involvement in the decision-making process increases their sense of agency and

empowerment. To become caring, capable and responsible individuals, their strengths, weaknesses, interests, and aspirations need to be considered as fundamental to their development. Stakeholders strongly suggested that duty-bearers such as social workers, counsellors, caregivers, DCPOs and CWC members require training and capacity building to adequately prepare and implement these plans in consultation with the children/youth. Some practitioners in Delhi have also suggested a regular inspection and monitoring of the data that is being maintained by the CCIs.

4.1.4 Skill Development in CCI

As the data suggests, a large proportion of CLs were not satisfied with their level of skill development in either government CCI or NGO CCI.

Data shows a significant difference in the skills (vocational and career-related, interpersonal independent living skills) acquired during childhood between CLs from government CCIs and NGO CCIs (refer to section 3.4), suggesting that the government CCIs require an evaluation of their approach to care. The extent of skills acquired during childhood in a CCI was found to be significantly correlated with the formation and maintenance of social relationships & interpersonal skills and also having a negative life experience in CCI. This highlights that a low skill development hinders the growth of social relations, interpersonal skills and in turn leads to having negative experiences during the CCI life by the CLs. Social and life skills, if acquired during childhood, decrease the risk of CLs encountering social problems of homelessness, substance abuse, violence, social exclusion, etc. (Kalinowski, 2015; Montgomery, Donkoh, & Underhill, 2006).

“There is no structure that we follow. We believe in providing individual case intervention which can help children build up life skills and soft skills.”

Chairperson, NGO CCI, Delhi

4.1.5 Training on Transition Planning

All KIs in Delhi, ranging from social workers and NGO practitioners to DCPOs suggested that a transition planning and training programme be mandated for all children between the age group of 14-18 years. According to them, preparation for transitioning out of care and into independent life should start as early as possible and should be needs-based and child-centric. It should include, but not be limited to:

- Independent Living Skills – cooking, cleaning, maintaining hygiene, managing nutrition & health, exercise, household economics, disaster management, etc. – through training or hands-on experience.
- Exposure to society through field trips, socialising in the community and by encouraging volunteerism.
- Innovative practices like travelling on a holiday once a year, ensuring the children’s horizons are constantly widened, their aspirations much loftier and more ambitious.
- Continued quality education.
- Vocational training into courses which are industry relevant and of child’s interest, internships and apprenticeships.
- Resilience-building through counselling.
- Outcome-based, collaborative planning for transition through information and knowledge sharing.

“Aftercare has to have a body or a separate committee which looks into every case and then takes a decision on what kind of assistance is required and for how long and how are they going to plan the exit from a child’s side.”

Secretary, NGO CCI, Delhi

Shifting the focus from the CLs onto the care providers, certain relevant aspects that could aid in improving the entire Care and Aftercare system are discussed below.

4.1.6 Capacity-Building of Staff

Some of the major concerns of the duty-bearers in Delhi representing the government departments included: lack of professional training for caregivers and social workers, the burden of extra responsibilities on social workers due to multiple portfolios handled by them, too much documentation work, and inadequate compensation prevailing in the childcare sector. Stakeholders also suggested capacity-building of staff and caregivers, not only for ICP preparation and implementation but also for guidance towards developing children's skills, strengthening their ego-resiliency and increasing their sense of agency, responsibility, and empowerment. Mental health education, support, and intervention for the caregivers, to improve their efficiency, has also been brought forth by the stakeholders. Apart from this, improving incentives for the caregivers and staff has also been suggested by the KIs.

At the most we as CWC can perform a limited function, even so we have written to the JJC asking them who will follow up that each child is settled at 21. The Welfare Officer has the task of following up each child from the age of 18 to 21 years but there is no answerability mechanism or a supervision of this task of the welfare officer. Neither are we clear about the sanction of any budgets that may assist the WO in his task of referring the youth to relevant courses or places to stay.

Secretary, NGO CCI, Delhi

4.1.7 Follow-up/Monitoring Mechanism

To complement the investments made during childcare and to ensure stability, care, and skill development within CCIs, duty-bearers (staff in CCIs, DCPUs, CWCs, etc.) must maintain proper data on each child and youth as they transition out of care. This exercise would ensure the smooth implementation of each CL's Rehabilitation Plan while creating evidence to assess the efficacy of existing care and skill development practices. All KIs unanimously mentioned the lack of a systemised monitoring mechanism as a primary challenge in improving Aftercare services for youth. In the absence of this, no evaluation of CLs' situation after leaving care and Aftercare has ever taken place; and so, some unhelpful practices have sustained, while progressive and promising innovations have been overlooked. For example, as quoted by a CWC member, initiatives like the CLAN taken up by Udayan Care is an innovative practice which provides a platform and an informal group for CLs through which they can share their challenges, discuss opportunities, or merely socialise with each other and keep in touch with CCI staff. Tools like these could be successfully replicated and used to increase social services and grievance redressal of CLs.

Due to the lack of proper data and follow-up, our field investigation team found that CLs who had not received any Aftercare support or services were virtually untraceable. DCPOs and CWC members implied that they were either restored to family members without adequate follow-up thereafter or left to live independently without any institutional support from the government. Consequently, the current situation of non-receivers of Aftercare has not been adequately captured within this report. It is posited that the challenges faced by them in adulthood might be far graver.

4.1.8 The Sphere of Aftercare

Although 76% of CLs reported receiving one or more Aftercare support or services in the city, it remains unclear whether the support received by each CL fall under only one, multiple, or all of the 8 domains of the holistic 'Sphere of Aftercare'.



4.1.9 Gender Gap in Aftercare (refer Figure 2)

The government-run women's Aftercare facility is situated within the compounds of Delhi's Tihar Jail. The young women in government Aftercare are allowed outside the facility for only four hours a week, besides

their time out for work; and very few of them are capable of earning their salary in a job that can support them for longer periods. Apart from this, the girls have to go through a urine pregnancy test, and their menstrual cycles are paid special attention to if they come back later than 8 pm. Self-reliance of young women has not been facilitated by ways of developing their confidence, social and economic network, and barely any effort is made to build their capacity to protect themselves against discrimination and violence. Without these inputs, women in care find it difficult to hope for equal participation in the governance of public resources or compete for private resources. Their sense of self remains underdeveloped as they do not yet understand their gender roles, reproductive rights, or how to negotiate their rightful place in the community due to lack of opportunity for exposure to being productive. Violation of women's rights to development are more acute due to the restriction on their mobility that is coupled with the restricted options offered for rehabilitation, where marriage is the most favoured option for them. This narrow view of rehabilitation and 'settlement' violates the human rights of these young adults. A more participatory approach is required to uphold their rights, and go beyond the mere settlement of CLs to transform them into productive, responsible and conscientious citizens of India.

4.1.10 Convergence, Linkages, and Synergy

Field observations showed that there was hardly any coordination and cross-sharing between different Aftercare programmes, DCPUs, CWCs, CCIs, other government departments, and other stakeholders. There has been a strong recommendation by practitioners for creating a separate wing/committee which is designated only for Aftercare programmes. As a result, support in some domains is more readily available, while others were wholly or partially neglected in the current Aftercare landscape. A key informant stated that "the DCPU should be guiding DCPO and then the welfare officer should be the last in the chain which is planning every child's future plan with them. CWC should then review and monitor. Models for pre Aftercare planning must be created and rolled out." The nodal agency should be the Department of WCD, and its focus must be on staff training and increasing coordination and linkages between different departments involved in child and youth welfare.

 A modelling of the JJ Act/ ICPS and JJ Rules provisions for Aftercare is a must. This modelling should be done immediately and in conjunction with the collection of promising practices and evidence based mapping of the needs of children in CCIs and youth who have aged out. 

*Director of Advocacy- South Asia,
Leading NGO, Delhi*

4.1.11 Conclusion

These findings are crucial to our understanding of 'Aftercare' as it supports the ideology that the experiences, values, knowledge, and skills accumulated during childhood in CCIs have a direct and profound impact on experiences and outcomes of CLs' adult life. It can, thus, be deduced that investments to ensure better quality care, individual care planning, education, and targeted skilling during childhood would allow for a smoother transition into independent living, resulting in better outcomes in key domains of adult life.

In general, findings from Section 3.2 indicate that:

- CLs' skills are underdeveloped, and some may be unequipped to handle the pressures of independent life.
- There's a lack of equitable skill development practices across government and NGO CCIs. Further research is required to ascertain the reasons for these differences and to designing appropriate solutions.
- Based on findings and KIs suggestions, 'transition planning and training comprising of the elements mentioned above could ensure better care and preparation of CLs in CCIs and may pre-emptively mitigate the challenges faced by them after transitioning out of care.

- Staff's capacity to ensure better care practices and adequate planning for each child/youth in light of these findings need to be built.
- Ensuring stability during childcare, avoiding unnecessary placements, and proper data maintenance and follow-up with each CL, post 18 years, for a stipulated time or at least until they are adequately mainstreamed is required to ensure they don't fall through the cracks into obscurity.
- The government Aftercare Homes staff lack clarity on their actual role and responsibilities and are not adequately motivated and involved to make Aftercare an effective practice.
- Several different organisations, such as CCIs, Aftercare organisations, government bodies (CWCs, DCPUs, JJBs), and departments (WCDD, Skill Development, etc.), civil society organisations and even corporates need to work in tandem to ensure better quality services for CLs.

4.2 Objective 2

Understanding the nature of challenges faced by CLs in the domains of mental health, physical health, housing, education, vocational skills and employment, financial management and legal literacy, and interpersonal relationships and social support.

The Sphere of Aftercare: Towards Social Reintegration

A holistic Aftercare programme needs to envision, plan and implement support and services for CLs under all 8 domains proposed as the 'Sphere of Aftercare.' This section discusses the findings and suggestions of stakeholders under each of those domains. Although different Aftercare programmes may choose to focus on only one or some of these domains, the DWCD, NCT, Delhi must make provisions in a way that all CLs have easy access to multiple service providers to achieve complete social reintegration.



i. Housing Support

Housing or accommodation is the first domain which comes into mind when one talks of Aftercare support. The priority needs of most of the CLs upon transitioning out of care is to find affordable and adequate housing. Protection from forced eviction and having a secure tenure is especially crucial for CLs as most of them lack caring individuals or a strong social group to provide temporary housing, even in the face of homelessness. For the rest of them, vulnerable situations in their homes and families that caused them to enter a CCI continue to persist, and so, returning to such homes pose more risks than opportunities. This has been emphasised by 8 KIs in the present study. In Delhi, there are hardly any NGOs which provide Aftercare housing, and there are two government homes which are not enough, not situated centrally and not offering quality services to cater to the needs of so many children who are in need of care and protection. Mostly, there are vacancies in these two homes because NGOs do not prefer to send CLs to these facilities.

Group housing is to be the best option for young girls. They can learn to be independent and take decisions for themselves under guidance from a mentor. Young women do not need supervision but guidance.

Ex-CWC member

Physical Infrastructure for Aftercare Housing: CLs from rural locations have no option but to move to a different district or be denied Aftercare provision altogether. JJB member, Delhi stated that government Aftercare Homes have a lot of space, but there is very less enrolment because the services are not youth-centric. Also, the boys' Aftercare Home is located at such a place that they feel disconnected from the outside world. Often, transitioning youth are uninformed of what to expect in this far off Aftercare Home and require

orientation to adjust. This transition takes a toll on CLs' education, their relationships with CCI caregivers and friends and their mental health. Since opportunities of education, work and training are more readily available and accessible in urban locales, it makes sense to place Aftercare Homes in these areas.

Gender Imbalance in Provision of Aftercare Housing: The field investigations and the available secondary data reported that the single government Aftercare Home for Girls in Delhi has the primary focus of getting them married as part of the rehabilitation process. Once married or restored, there is no follow up mechanism. Most were lost to follow-up as they soon moved on and their contact details became outdated. The female CLs living in NGO supported scattered housing or independently are more empowered and have greater choices and mobility. The Superintendent of the girls' Aftercare Home said, "To be honest, we do not have any formal mechanism to follow up with the girls who are restored or married. It should be in place, but it is not there. No one wants to make that effort".

Non-residential Aftercare Centres: In the spirit of the JJ Act, 2015, 'Aftercare' is designed to be a non-institutional intervention that promotes interdependent community living. Currently, the Government of Delhi provides Aftercare support services only as part of its residential programme and there is no provision of outreach-based Aftercare services to CLs. NGO Aftercare programmes supported 49% of those who lived in other housing options (refer to Chapter 3, Section III. (b)). Practitioners in the state have voiced the need for one-stop centres or a physical space where CLs living in other housing options can be provided outreach services.

There is a need to think of community based support for housing and otherwise for CLs with outreach work being done by mobilisers to identify families and map other services from there.

Ex-CWC member

Conclusions: Findings from Section 3.3 and the discussions here show that:

- There is differential access to adequate Aftercare housing for male and female CLs in the state of Delhi. Though there are a lot of NGOs supporting Aftercare housing for CLs but they are still inadequate in catering to the needs of these children based on the 'Sphere of Aftercare'. There is only one government Aftercare Home for girls and one for boys which are inconveniently located.
- Establishing non-residential Aftercare centres would reflect the 'non-institutional' spirit of Aftercare and provide support/services in other domains of the 'Sphere of Aftercare' to CLs who may be restored to families or have independent housing support. Group housing or independent housing options seem to be more conducive to acquiring independent living skills and interpersonal skills, but at the same time it is also associated with increased emotional/mental strain and financial burden.



ii. Independent Living Skills

The idea of making young adults live an independent life successfully has been much discussed in the present context. Most of the stakeholders, especially superintendents have raised concerns regarding the inadequate and partial socialisation of CLs at the appropriate age. Their experiences in CCIs corroborates the data that suggests CLs at the age of 18 lack Independent Living Skills, like nutrition and health management, cooking, first aid, disaster management, household management (taking care of belongings, hygiene, financial management, etc.). Usually, a child living in a family acquires these skills by observing and interacting with people in their immediate environment including parents and peers, but such opportunities are extremely limited in CCIs. During a KII interview, one of the experts on child protection in Delhi succinctly sums up the children's experience of this transition, "*institutional care is a closed door structure*

which has limited exposure and scope of learning for a child. The independent living skills are not imparted properly because we do not treat these children like our own. They are a responsibility, and the laws do not let us tell them to do their basic tasks. They are provided everything on a platter. So when they step into adulthood, they do not know how to adjust to this new world outside. Then they struggle."

Cross-sharing of Ideas towards Developing Independent Living Skills: A larger proportion of females were found to be performing better in this domain. (Refer to Table 5 & Figure 12). This suggests that gender stereotypes still prevail in our care approach, wherein females are more likely to acquire these skills as compared to male CLs.

A couple of the child protection practitioners in Delhi shared that the State run CCIs should replicate the NGO models which are successfully imparting youth with relevant independent living skills. They emphasised the need to use innovative ideas and methods for the better development of children.

Conclusions: From the discussion and findings from Section 3.4, it may be concluded that:

- Independent living skills are best acquired early in life, during childcare years in a CCI, and are honed by the individual during the Aftercare transition phase. CCIs must be aware of this and create an enabling environment for children.
- Differences observed between CLs from government and NGO CCIs are considerable and provide an opportunity to bring parity between institutional interventions.





iii. Mental and Emotional Wellbeing

As already noted, CLs represent a vulnerable population and have most likely been exposed to several instances of adverse childhood trauma and stress since early years. An unplanned transition out of CCI to own living often recreates another stressful situation in their lives and often retriggers the past trauma. Thus it is important to support them not only in finding accommodation and securing finances but also in matters relating to their physical, mental and emotional wellbeing (Meade & Mendes, 2014; Barn, 2010). The findings of this research confirm this fact as almost **20% of the CLs showed one or more symptoms of psychological distress at the time of transitioning out of their CCI.**

Impact of Transitioning on Emotional Wellbeing: Upon transitioning out of care, CLs in Delhi felt that their familiar spaces, habits, relationships, comforts are all left behind, and they have to develop these anew. Some CLs experience re-traumatisation, as they are unwittingly pushed into adult life without adequate preparation and limited resources. During this phase, many reported experiencing symptoms of clinical depression, anxiety, stress, and even suicidal tendencies (Vacca, 2008). Such mental disorders pose a threat to normal day-to-day functioning; and may result in drug addiction, involvement in crime, low self-esteem, or withdrawal from activities necessary for social reintegration (Guillen, Macedo, & Lee, 2017). A high proportion of female CLs have reported symptoms of psychological distress. As the findings further show, their emotional wellbeing has a profound impact on their functioning in almost all other domains of independent life. For some of them, emotional distress results in poor relationships with others, which results in increased vulnerability as they fail to establish a social support structure for themselves. But most CLs in Delhi found different avenues in Delhi to get over these difficult times and gave credit to the vibrancy of the city for this.

The non- receivers showed better mental health as compared to the receivers. This may probably be so due to the fact that the majority of the receivers lived in the government institutionalised care setting, which was not allowing them their freedom, and this may be leading to their higher distress.

Availability of Mental Health Services: Most KIs shared that the stigma related to psychological disorders often discourage CLs from seeking assistance. Studies on the mental health of CLs have consistently shown that stigma is a significant contributor to the poor mental health status of CLs. It has also been found that self-stigma affects an adolescent's self-identity, self-efficacy, and interpersonal relationships. This influences self-sufficiency once youth leave care (Guillen, Macedo, & Lee, 2017). CLs may also not reach out for help after transitioning as they do not have a reliable support network (Mann-Feder, & White, 2003). Moreover, being aware of the symptoms and accepting that professional intervention is required is another challenge but in the present sample, there are only 47% CLs who have visited mental health professionals and this is a constructive finding. The mental health professionals and related services are expensive for CLs in Delhi and there is no planned support through Aftercare Programmes in Delhi, which also discourages them from obtaining professional assistance. It is interesting to see that **47% have visited their doctors/therapist 1-4 times** and this shows that the city of Delhi has better awareness and access to counsellors for managing mental health issues, despite high costs. However, there is a further need of awareness and sensitivity amongst CLs and service providers so that it is easier to recognise symptoms of distress and address them promptly, so that more CLs access these services.

 We have strict rules. If girls come back to the home after 8 pm, they have to undergo a urine pregnancy test, and their menstrual cycle is paid attention to. With girls, we have to be more careful. There is hardly any counselling for them to understand their physical needs and have relationships with the opposite sex. We have to counsel them even before their marriage. 

Superintendent, Aftercare Home for Girls

Conclusions: From the discussion herein and findings in Section 3.5, it is apparent that:

- CLs, and particularly those who transition into independent housing in Delhi suffer from huge emotional distress, and some even show symptoms of psychological disorders. A greater proportion of females are afflicted than males, and gender-specific strategies of preventive and curative mental healthcare are needed to be planned for an Aftercare programme in Delhi.
- The stigma around mental health, gender stereotypes, lack of awareness and lack of resources also have an impact on CLs' ability to access professional mental health support and interventions and mental health professionals should work to break these myths, especially for vulnerable youth such as CLs.
- There should be more discourse around preventive mental wellbeing in public spaces and more awareness should be built amongst all stakeholders in Delhi.

This finding definitely calls for a stronger psychosocial intervention plan for the young adults which helps them identify the symptoms and access support to deal with it. To ascertain probable causes for this finding, further research is required.



iv. Social Relationships and Interpersonal Skills

The findings within this domain suggest that CLs, particularly young males face hurdles in maintaining close personal relationships with their caregivers, mentors, other children in CCLs and even family members (refer to Table 9 and Figure 15). Other studies have also reported similar data that conclusively show that "lack of positive adult interaction from consistent carers can also limit children's ability to develop personal confidence and key social skills." Necessary skills of appropriate interaction, maintaining relationships, conflict resolution, empathy, humour, and communication are often missing in institutionalised children (Modi, 2016).

Effects of Poor Social Skills: Poor psycho-social skills in effective communication, conflict management, leadership, self-esteem, knowledge of legal rights and duties, gender neutrality, etc. also have a negative

impact on the overall quality of life of CLs. The data shows that **less male CLs acquire these skills as compared to females**. Fact that more females in our sample belong to NGO-run CCIs also suggests that **greater freedom to explore, learn, fail and then succeed, helps these female CLs develop ego-resiliency, self-esteem and trust, and enables them to acquire psycho-social skills better than the males** in the study sample.

Effects of Poor Social Relationships: In the absence of familial support, the inability to maintain social relationships in neighbourhood/community and workplace makes it harder for CLs to establish a social support group for themselves. The added stigma of being an orphan or belonging to an institution also makes their social reintegration a precarious journey, as voiced by CLs and caregivers alike.

CLs also face problems in establishing romantic relationships as they are unaccustomed to interactions with the opposite sex. Deciphering their feelings and behaving appropriately in the context of romantic relationships remains a daunting task for CLs. All CCIs are segregated by gender. As an unintended side-effect, children rarely get to interact with peers and adults of the opposite sex. Thus, innate understanding of gender roles and gender inclusion that may happen in a traditional family is lacking amongst CLs. The findings support this notion as very few CLs reported being able to maintain romantic relationships (refer to Table 18).

Conclusions: Findings from Section 3.6, along with the discussion above show that:

- A significant proportion of CLs in Delhi lack positive relationships with various adults in their lives and are unable to maintain childhood relationships with CCI staff, house parents, and even other children they grew up with in their CCIs after they transition out of care. This is particularly true for male CLs.
- Many CLs do not have experiences of healthy relationships with immediate family or intimate partners and may not be adequately oriented towards family life.
- Experiences of relationships and acquisition of appropriate social skills are indicative of a poor social support network in adulthood.
- Platforms for youth association and peer support are currently absent, except a new initiative called **Care Leavers Network & Association (CLAN)**, which has given hope of bonding to many CLs in Delhi to improve their own as well as lives of other CLs.



v. Physical Health

Upon transitioning out of a CCI, issues such as headaches, problems related to sleep, weight-related issues and dental issues tend to remain quite high even in a sample population of a developed country such as the United States (Barth, 1990). In the Indian context, where the social welfare sector remains underdeveloped, and accessing quality medical services is dependent upon availability of funds, CLs are systemically deprived of the health care amenities.

Physical Healthcare as a Low Priority: Delhi has several Mohalla Clinics in almost every community and there are various kinds of government and private health care providers. In the present study, physical wellbeing needs have been satisfactory for 68%, which is more than half of the total respondents. The NGO run Aftercare programmes are doing better on the physical health index of CLs in Delhi. CLs, in general, have not reported many challenges except the availability of below average quality food, lack of basic hygiene and limited access to professionals. (Refer to Chapter 3, Section VII)

“I would say that even despite our best efforts, all the needs of these children are not met. For example, the dietary provisions which are mentioned in the law, but aren’t fulfilled by us. I use my authority to provide children the required quantity and quality of food as individual discretion. They get eggs and non-veg on designated days in the week so that their protein requirements can be met.”

DWCD officer

Possible Solutions and Improvements: Although most CCIs and Aftercare organisations support the food, clothing, medical and other requirements of CLs, the value of nutrition, hygiene and exercise are neither communicated effectively nor ingrained as habits for preventive healthcare. This presents a valuable opportunity to CCIs and Aftercare homes to include focused training and activities to inculcate such habits in children as part of the Pre-Aftercare Preparation.

Moreover, sensitisation to gender-specific health problems and mandatory training for caregivers, to help children and youth to deal with such issues is an area bereft of intervention in Delhi. Awareness regarding sexuality and intimate relationships are not understood by the functionaries by ways of open-communication, professional talks, and planned exposure.

Conclusions: Findings from Section 3.7, and the discussion herein conclusively show that:

- The lack of caring persons, inadequate funds to access healthcare needs and not having health insurance put CLs at an increased risk of poor health and may even aggravate pre-existing conditions.
- Continued Aftercare support seems to reduce this risk for receivers as compared to non-receivers, however challenges remain in the current provisioning as noted above.
- CLs are not aware of the special health protection schemes and have limited avenues to access social security schemes.



vi. Education, Vocational Skills and Career

Breakdown of the continuum of care, residential instability, inability to form long-term peer groups and frequent changes in the environment – all contribute towards an inability to acquire proper skills and poor academic performance, amongst other issues (Torrico, 2010). As a result, many young adults choose not to pursue higher education and are forced to join the workforce at unskilled or semi-skilled positions. However, there is also evidence that young people who have had several placements can achieve educational success if they remain in the same school – and this also meant that they were able to maintain friendships and contacts with helpful teachers (Stein, 2005).

Inadequate Formal Education: Disrupted and incomplete education is a common phenomenon amongst CLs, as 40% informed that they were unable to continue their education in Aftercare as per their wishes. The **number of CLs reporting inability to continue their education almost doubled from CCI to Aftercare** (refer to Table 21); and in general, CLs demonstrate poorer academic outcomes compared to peers from the regular family setting (Jones & Gragg, 2012). Notably, this increase was seen mostly in male CLs. Superintendent, Alipur Boys Home shared that “there is no government grant dedicated towards education. There have been times when we have to make arrangements for funds by taking loans for their higher education and courses in private educational institutions which are quite expensive.”

Gender Differences in Educational Qualifications and Vocational Skills: The **proportion of female CLs currently pursuing higher education or vocational training was relatively higher than their male counterparts**. Among the academically qualified CLs, the share of males is more than females for higher education. It seems that societal structure and the need to ‘settle down’ pushes female CLs to abandon their education early in favour of getting married. The need for remedial classes and coaching classes has been voiced by some stakeholders as CLs often need extra help to cope with their studies.

Adequacy of Qualifications and Skills: The findings show that the present level of educational qualifications and skills acquired by CLs does not always match their academic needs and aspirations. Challenges in determining and realizing a fulfilling career path are not uncommon (refer to Section 3.8). 55% of the KIs

also voiced concerns relating to vocational training and skill development at the CCI level and reported the absence of dedicated funds for education and skill-based training in Aftercare. They have also suggested introducing newer courses in bakery, pottery etc. as per the interests of the CLs. Many stakeholders have spoken in favour of the PPP model for enhancing the quality of Aftercare programmes. Collaborations and convergence with the educational sector, corporate sector, volunteers and community members would be valuable to design programmes geared towards developing academic aptitude, opportunities and vocational skills as well as financial aid and scholarships.

Duty bearers and child protection experts have voiced their opinions supporting reservations for children who grow up in CCIs in education and health sectors so that they can come at par with other children. There are schemes in Delhi for which CLs are eligible such as PMEGP and RGSRY which provides employment to youth who are 18 years and above.

Convergence of Existing Schemes: In case of employment, convergence with existing schemes such as the Pradhan Mantri Kaushal Vikas Yojna (PMKVY), National Urban Livelihood Mission (NULM), National Career Service (NCS), and PMEGP as part of the Aftercare policy framework and guidelines is emerging as a worthy option to explore. Inter-departmental cooperation and collaboration could effectively render an integrated, holistic scheme for employment of CLs. Entrepreneurship along with mentoring and suitable loan opportunities should be encouraged as options, alongside the provision of vocational skills.

Corporate Engagement: In 2013, India became the first country to make 'Corporate Social Responsibility' (CSR) contributions mandatory under law. While approaching CSR, the ask should not always be funds but also close employee engagement – for example, under CSR, employees can be motivated to become mentors for the CLs, corporates can offer internships and training to CLs as opportunities and exposure, and later if they are found qualified and trained, they can be offered employment at the same corporate. It is always not about money but also about changing the thinking process. Employee engagement programmes, apprenticeships, internships and jobs can be offered to CLs through the PPP route, allowing for corporates to fulfil their CSR goals even as they contribute to the growth of this vulnerable population. A major ideological shift within the duty-bearers, policy-makers, frontline social workers, as well as the larger community is required to address these multi-pronged socio-cultural issues that limit the academic and career achievements of CLs.

Conclusions: Findings from Section 3.8 and the discussions above show that:

- Focus on education, vocational, technical and employability skills for male and female CLs is disproportional. It may be deduced that although significant investments are being made in ensuring education and skilling of female CLs, social pressures continue to counteract these developments as not many female CLs are seen to be joining the workforce.
- The disparity in educational attainments, vocational skill level and job-readiness between CLs from NGO and government CCIs also highlights that the ideology, resources, approaches and practices may be different in different organisations with scope to bridge the gap.
- Better social support from family members, friends, mentors, and other community members is also related to better educational achievements and skill attainment.
- Existing schemes for education and skilling of youth are not being utilised for CLs due to a lack of awareness amongst youth and a lack of training of Aftercare staff; and as a result, they face systemic exclusion. Continued efforts of advocacy and to streamline the implementation and convergence of other existing schemes is a promising way forward to strengthen Aftercare programmes and achieve the objective of mainstreaming of all CLs.



vii. Economic Independence and Financial Literacy

Apart from securing adequate housing, acquiring life skills, forging and maintaining relationships and taking care of their mental and physical health, CLs face tremendous pressure to start earning and becoming financially independent at the tender age of 18 years. They are expected to make ends meet through salaried income, self-employment, part-time jobs, financial assistance from institutions, and even donations. A member from WCD says, *“The ICPS needs strengthening. Children should get sponsorship. An amount of 5000-6000 per month should be provided to children and a small consolidated fund when they leave CCI. First thing they need after stepping out of institutional care is money. We are planning to start this soon where children leaving the CCI will be provided a small consolidated amount from the government which can make their transition smooth.”*

Gender Gap in Independent Income: It is interesting to find that **48% of the females were earning for themselves. Even though female CLs had lesser educational skills than male CLs they were found to be almost at par with, or in some cases even better positioned than males, with respect to skill development.** (Refer to Table 13) This poses a question as to why female CLs are not encouraged to join the workforce. This puts a large number of females at-risk of financial vulnerability as they remain financially dependent on the organisation or other persons. It is important to probe deeper into this aspect. It is relevant to ask questions that if there is too much focus on matrimony, if there are stereotypes leading to lower employment for females, or if there are no jobs matching the vocational trainings acquired by females.

Financial Support for CLs: 75% of the KIs expressed that the sum of Rs. 2,000 per month per youth provided to the Aftercare programme under the ICPS is grossly insufficient and is not being implemented in the first place. There is no clarity about the process and no clear guidelines as to how to obtain the amount. As noted earlier, some CLs felt that Rs. 2,000 may be sufficient, provided that it reached them directly or was utilised efficiently through the Aftercare programmes. The KIs shared that this amount of money is unable to cover the monthly expense of food, clothing, transportation and allowance but still getting something is better than nothing. Practitioners running private NGOs and even some of the duty bearers estimate an average monthly amount of approximately Rs. 10,000 per young adult is required to assure an acceptable level of quality of life for CLs.

Instilling Financial Responsibility: Having no hands-on opportunities to learn household economics, lack of financial common sense is visible among CLs, which makes them vulnerable to poor economic conditions. Instilling value for money and its judicious use is prudent at a young age (Refer to Section 3.9). 80% CLs thought that this grant should be given to youth directly. For implementing such a scheme, it would also become necessary that Pre-Aftercare in CCIs, should impart better budgeting, saving techniques, and other skills that instil financial responsibility.

Economic Vulnerability: Vulnerability of youth is high, as **33% reported that their income/allowance was unable to cover their cost of living** (refer to Table 28). Plus, many are not in the habit of saving or investing and only a few have opted for provident fund after procuring salaried jobs, though majority of them have bank accounts.

Conclusion: The findings from Section 3.9 and the discussion herein allude to the fact that:

- Those who live in unsupported independent housing bear a higher financial burden.
- CLs from NGO CCIs and Aftercare programmes have differential outcomes of financial independence and stability as compared to the CLs from government Aftercare programmes, resulting in the gap between them.

- In general, CLs' financial literacy is poor, and they require support to improve their saving habits and ability to manage crisis.
- A significant proportion of CLs are either yet to find jobs or actively choose to not engage in education or career opportunities, as they feel their skills are inadequate.
- Corporate engagement and linking with existing government schemes can bridge the gap observed in CLs' career prospects.

Many CLs are able to pick up self employed jobs such as music teachers as a solution to increment their minimum wages jobs offered to them in the city.



viii. Identity and Legal Awareness

Poor Legal Literacy: People's awareness of laws ensures that their voices, especially of the marginalised, are heard. Further, the awareness of one's legal rights paves the way for participation of the masses in the decision-making process. It is disheartening to know that

64% CLs had not received any information regarding their legal rights and responsibilities, either through a workshop or a one-on-one consultation even during the Aftercare transition phase. Further, data also shows that **non-receivers performed better on awareness regarding their basic Right to Identity through documents such as Aadhar Card, Voter's ID etc.** which could be because they are independent and more aware of the fact that benefits under various schemes can be only availed if they have legal documents. (Refer to Section 3.10).

Possession of Legal Documents: The challenges faced by CLs in accessing legal aid were also voiced by various KIs, wherein 25% of them raised concerns relating to CLs' status of legal awareness and legal aid. An expert on Child Protection emotionally narrated the story of a CL who could not get the passport due to discrepancies in the identity documents and lost the opportunity to go for higher education abroad.

Access to Legal Services: Right to free legal aid or free legal service is an essential fundamental right of all CLs and for which the services of the District Legal Service Authorities (DLSA) should be availed by the CLs. At the very least, dedicated financial and/or legal literacy workshops, and referrals to vetted advisors who are willing to provide subsidised financial and legal services should be included in the centralised resource directory. It has also been suggested that the process of documentation in availing services and access to schemes which are meant for CLs and youth need to be streamlined.

Conclusion: From the findings in Section 3.10 and the discussion in this section, it can be concluded that:

- Different organisations have varying practices related to documentation, as CLs from government and NGO CCIs reported possessing differing identity documents. These differential practices result in gaps and may deprive CLs of their civic rights, as many CLs remain oblivious to their rights and responsibilities as productive and conscientious citizens.
- Incomplete identity documents obstruct CLs' access to higher education, job opportunities, benefits from government schemes and scholarships, and even exclude CLs from the governance process.

Getting identity papers of children is a difficult task and it is very difficult process to complete their documentation. The CCI children certificate or a CWC number should be treated like a caste certificate under which institutionalised children can avail a percentage of all reservations provided everywhere to other youth. The children have no proof of their identities but we know they are from poor backgrounds with no socialisation except for a much more serious traumatised back ground that effect their psycho-social wellbeing and behaviour. Thus we are not asking for anything extraordinary. The youth carry the stigma of being 'institutionalised' without any community ties.

Managing trustee, CCI, Delhi

- Linkages to organisations that provide legal services and workshops on legal awareness can improve the current situation of CLs.

In light of the conclusions noted above in each domain of the 'Sphere of Aftercare', it is evident that even though the state of Delhi is actively involved and aware of Aftercare, Delhi has still much work to do to develop a holistic Aftercare programme that enables CLs to successfully integrate into the mainstream society. However, there is much learning from Delhi that can inform national-level efforts, such as awareness, resources and systems in place for providing basic services to young adults. Adequate housing, though in scattered form for those who have obtained certain life skills or residential homes/hostels that are a more suitable option for those who need closer support systems. It has also shown that focus on early intervention, as demonstrated by many NGOs in the state, can lead to better outcomes for the youth. Focus on skill development and social linkages assists CLs to become independent adults. Networks such as the CLAN are useful additions but there is a need to strengthen and recognise these platforms and bring CLs together. To support these CLs, adult mentorship and common service centres or facilities that bring all stakeholders together are needed.

4.3 Objective 3

Understand and document the emerging and promising Aftercare interventions.

Based on the inception consultation, KIIs, field investigation and desk review, it was found that many NGOs in Delhi are working towards provision of Aftercare services. Following are some examples of these organisations and their Aftercare practices.

i. Don Bosco Ashalayam

Primary Focus

Prerana works towards ending second generation prostitution and human trafficking brought about by multiple vulnerabilities amongst children and women. They run two group Aftercare homes to enable the smooth transition of the most vulnerable girls in their care.

The focus is generally on children between 6 to 18 years of age who are at risk on the street and in child labour. It extends its services to rag pickers, coolies, shoe shine boys, construction workers, street vendors, parking boys, lottery ticket sellers, begging children, and other young at risk.

Aftercare Theory

According to Father Swanoop, Director, Don Bosco Ashalayam, the Aftercare programme is implemented 'as a moral obligation' of the organisation towards the children of Ashalayam. Presently, the programme covers 22 youth, who are pursuing higher education.

Grooming - This stage takes place once the children become sure that there is a better place than the nastiness and misery of the street. They are assisted to build up personal hygiene, proper dressing habits, and hale and hearty habits by providing them love and guidance, instilling self-respect through clean route, civil performance, and developing their sense of responsibility.

Training - Ashalayam give the children the option of either Formal/Non-Formal or Vocational training. If they want and are capable, they can proceed for higher studies. It helps the children to bring out their talents and later on earn an honest livelihood.

Interventions and Impact

They are also taught various life-skills which equip them for independent living. The organisation prepares an action plan for each youth that focuses on rehabilitation and independent living. The youth are given pocket money of 1,000 INR on a weekly basis for their daily expenses, but fees for their higher education are directly paid to the concerned educational institutions.

Earning - The children learn to earn from the workshops by selling their crafts, spend a portion of their earnings and save the rest. Ashalayam personally scrutinise their progress through regular visits to their places. After the age of eighteen, the young adults are placed in rented homes, where they learn to produce for themselves and stand on their own feet.

ii. Prayas

Primary Focus

The 'YUVA Connect' programme launched in Delhi in 2011 by Prayas targets youth in conflict with law, with a focus on vocational training as one of the key programme components. The ultimate goal of the Aftercare program is to ensure a safe and independent life free from crime through skill enhancement, mainstreaming in society which eventually leads to self-dependence through income generation. Furthermore, Yuva Connect aims to ensure that all juveniles completing the Aftercare program get employment in the vocational trade of their choice. The goal is also to ensure that none of the youth fall through the cracks after having completed the Aftercare program.

Aftercare Theory

Prayas aims at protecting children's rights, to help them meet their basic needs and to expand opportunities to achieve their full potential. Guided by dreams and aspirations of thousands of neglected street and working children, Prayas makes an effort to restore the lost childhood of neglected, street and working children following a humanitarian, gender-sensitive and child-focused approach. Prayas works to ensure that children have a bright future. It is dedicated to changing the lives of needy children. The Aftercare theory that Prayas follows is based on providing a smooth transition to young adults so that they can live independently. The organisation has a dedicated Aftercare facility within its CCI complex for its own CLs. The organisation takes permission from CWC to extend their stay upto 21 years of age or till the time they become independent. They provide all accommodation, education, skill training and health services for young adults.

Interventions and Impact

Their Aftercare programme is successful in connecting with their CLs and imparting vocational training, education and employment. Its monitoring include:

- Analyse the performance subject in the periodic tests carried-out during the training programmes.
- Assess interest in personality development/co-curricular activities and promote that part in the persona.
- Assess subject's behaviour with peers and trainers. May refer the case for Psychologist's help if some aberration is found in the behaviour.
- Assess trainer-pupil relationship and periodically improvise upon this to achieve ideal friendly learner-teacher relationship.
- Identify placement opportunities after completing vocational training.

- Mainstreaming in education through NIOS/IGNOU, etc.
- Encouraging to learn a job oriented vocational skill and gain employment so as to be able to contribute towards the rent as well as the running of the home.
- Encouragement to gradually sustain themselves without state support and move out of the group home to stay in a place of their own after having saved sufficient amount through their earnings.
- Provision for a peer counsellor to stay in regular contact with these groups to discuss their rehabilitation plans and provide creative outlets for channelizing their energy and to tide over the crisis periods in their lives.
- Providing stipend during the course of vocational training until the youth gets employment.
- Arranging loans for youths aspiring to set up entrepreneurial activities. This can also be fitted with their own microfinance model.

iii. SOS Children's Villages of India (SOSCVI)

Primary Focus

SOSCVI was built in 1974 with the aim of providing abandoned or parentless children a loving family like environment to grow up in. Bawana is the second location where the SOS Children's Village started to work in. At present, the village consists of 171 children living in 16 Family Homes. SOS India functions around building a loving and an everlasting bond between the child and his SOS family. Festivals of both National and International importance are celebrated with great enthusiasm in the SOS Villages. Children along with their mothers, brother and sisters and other village co-workers participate in various activities that help them develop trust and strengthen relationships.

Aftercare Theory

The Aftercare programme of SOS Children's Villages of India (SOSCVI), Bawana is based on a graded approach to Aftercare that starts at the age of 14-18 years and ends at the age of 25. Through this Youth Programme, the young minds are counselled, trained and exposed to various aspects of rehabilitation and reintegration in three phases namely Arunodaya, Sopan and Gharonda, which include quality education, career planning, vocational training, and opportunities for acquiring attitudes and confidence for independent living. The support provided under the Youth Programme includes, inter alia, employment, medical insurance, marriage and higher education.

Interventions and Impact

SOSCVI has a facility called Money Gift Balance under which money deposited in the name of the child, by a donor, is given to the youth on becoming 25 years old or within five years from serving of the departure notice, whichever is earlier. This money helps the youth in starting their own enterprise or is utilised as seed capital for acquiring productive assets.

vi. Udayan Care

Primary Focus

Udayan Care is committed to ensuring sustainable and holistic development for children and youth, by upholding children's' rights and looking after their well-being and facilitating various needs through their different phases of life — childhood, adolescence and adulthood.

Aftercare Theory

The Aftercare model of Udayan Care is a demonstration of needs-based approach to rehabilitation and reintegration of the youth. Udayan Care focuses on a continuum of care until each young person is independent and settled. Contrary to the prescription of the JJ Act, the programme has no upper age limit for coverage, as the youth are supported till their final rehabilitation and reintegration. The principal focus of the model is planning a comprehensive individual care plan for each child, who is a member of its 'Udayan Ghars' (Sunshine Homes). The key components of the organisation's Aftercare programme are noted below.

- Presence of mentor parents, under the overall organisational support of Udayan Care, as the constant adult figure from childcare to adulthood who guides and supervises the CLs in matters concerning career and settlement through their lifetime.
- Accommodation arranged in dedicated Aftercare facilities, group housing and some scattered independent flats or in hostels of their educational institutions, as per their need.
- Other Aftercare services available for the youth include support for higher education, professional training and career development. They are encouraged to take up part time jobs and manage an independent kitchen as part of the process of equipping them for future independent life.
- Employment opportunities through partnerships with corporates.
- One time settlement on exiting the Aftercare programme.
- Keeping a connect with the alumni for life.

Interventions and Impact

Udayan Care catalyses systemic change by creating meaningful interventions, enabling children and youth to bloom into confident, self-reliant individuals, while fostering in them the spirit of giving back. Alumni are encouraged to become members of the Aftercare Committees so that they can be part of the decision making process for their younger siblings and contribute to the programme.

The relationship with the CLs continue even after they exit from the Aftercare programme because of the practice of attachment and trauma based understanding and by developing a sense of permanency in their lives. The role of the mentor parents continues, and reduces the possibility of further trauma and disrupted attachments. The alumni network offers a permanent support network that enables them to have continued mentoring and guidance support

v. Salaam Baalak Trust (SBT)

Primary Focus

Another leading CCI working in Delhi, provides need-based support to the youth on a case-by-case basis. Mr. Anubhav Nath, Trustee, informed that 'the organisation has not put in place any structured programme; and instead provide need-based support'.

Aftercare Theory

The nature of various Aftercare provided to SBT's alumni is elaborated below.

- Financial support for higher education and skills training, ranging from beautician courses to pursuing a Masters' programme in Aeronautical Engineering
- Long term collaboration for 16 children to attend a one-year community college course in the USA every year

- Jobs are offered within Teamwork Productions, Ishara Theatre Trust, and City Walk, along with other avenues
- Wedding expenses are paid for by SBT, if requested by the CLs
- Material set up like furniture, utensils etc. and need-based financial support for a period of three to six months

Implementation and Impact

In the capital of India, the Salaam Baalak Trust has a total of 18 centres (13 contact points and 5 shelters home) providing full time and short stay facility to children in need of care and protection. A sense of security and rehabilitation to normal life. With support from Azim Premji Philanthropic Initiatives, SBT aims to mainstream street children through inclusive education and skill building. The project works on a holistic approach to empower CLs over a period of three years.

vi. Udaan

Primary Focus

The Udaan programme of Rainbow Homes is a structured Aftercare programme that is designed to offer long-term stability to youth who are transitioning into adulthood. 'We never ask our children to leave us' is the motto that guides the homes.

Aftercare Theory

The Udaan programme components include activities for preparatory phase, capacity building, education and skill building while providing accommodation and group living, a youth forum and social security. These activities provide education and skill development, accommodation and life skills, while ensuring the movement towards a dignified source of livelihood. These coordinated activities are designed to improve basic education to facilitate post-secondary education, vocational training, integrated employment and social integration.

Implementation and Impact

Keeping in view the importance of transition services for young adults who need to be prepared for a smooth transition from childcare to outside independent living, their workshops modules are well developed for the age group of 16-18 and which has so far seen over 342 participants so far.

4.4 Objective 4

Ascertain the average number of children who exit child care institutions in the city every year on completing 18 years of age.

Lack of data maintenance and follow-up mechanism: The unavailability of data on Aftercare poses a big challenge in planning an effective Aftercare programmes. There is no data available in the public domain on how many children exit or leave the CCIs and Aftercare programmes every year, nor any information on what happens to those who are restored back to their families on turning 18 years, nor is there any follow-up mechanism in place to know their outcomes. As a result, ascertaining the average number of children/youth who exit child care institutions in Delhi every year upon completing 18 years of age remains a challenge. Efforts made by the field investigators included several rounds to CWCs, however the manual records maintained were found to be faulty, mismatched or altogether missing in some cases. Data that was collected

during interviews with KIIs and duty bearers, little information was available. According to data available, as of 2019, from the Department of Women and Child Development Government of NCT of Delhi, (DWCD), 27 females and 13 males in the age group of 18 to under 21 are accommodated in the two Aftercare facilities. The government officials report that on an average 20-25 children exit CCLs every year but there is no data or mapping on this. The Welfare Officer at the girl's government Aftercare Home reported that there were a total of 60 young adults, who exited the Aftercare home between 2016-2018. A few out of these were restored in their families, some got married and the remaining are now living independent lives.

Currently, may be there are a few digital record maintenance systems in place but the data is not collated properly and if done it could address these issues. Interviews with senior government functionaries also failed in estimating this number and only a few could venture a guess without any evidence backing their suppositions.

The chapter above captures the suggestions and opinions of the stakeholders substantiating the findings. One may summate that despite the existing NGOs working for Aftercare and rehabilitation of youth, the inadequate data of CLs is a major challenge. Ensuring mandatory registration of youth leaving care, use of technology to develop Management Information Systems, creation of "opt in" services for CLs at centralised locations as well as online will go towards the creation of an Aftercare youth database that will ensure they are developed as a constituency that can contribute to their own independent living with the relevant support.

4.5 Objective 5

The recommendations have been presented in chapter 6 of this report.



Chapter 5

Case Studies

“I am satisfied with what I have but there are many other who are in a worse condition. I don’t want them to face the struggles I have faced. I can at least share with them my journey and how I coped.”




A 21-year-old Care Leaver

The present chapter explores three case studies of youth in Delhi. The case studies have been developed with the help of interviews conducted with the youth, using an indigenously developed qualitative questionnaire that could glean the youth's experiences and quality of life along the eight dimensions of the 'Sphere of Aftercare', namely, Independent Living Skills, Interpersonal Skills and Social Relationships, Financial Independence and Career, Physical health, Affordable and Adequate Housing, Education and Vocational Skills, Mental and Emotional Wellbeing, and Identity and Legal Awareness.

The case studies have been categorised on the basis of three decades of research work on young people in care conducted by Prof Mike Stein. His Resilience Framework identifies three main outcome groups: young people moving on - who demonstrate greater resilience; 'surviving' - who have faced greater disruptions; or 'strugglers' (formerly termed 'victims')- who have the highest mental health needs and have faced the most barriers to help (Stein, 2005, 2012). The Resilience Framework developed by Prof. Stein is shown below. However, it is important to bear in mind that the journey through Aftercare is a dynamic one and often the situation of CLs change and so does the categorisation.

'Movers' (Moving On), Survivors and Strugglers

Analysis of research studies, following up young people from care, completed over 30 years, identifies 3 main groups (Stein, 2012)

 Moving On	 Survivors	 Strugglers
Neglect – early care	Trouble, growing up	Severe maltreatment
Stability, continuity	More instability	Highest number of moves
Progress in education	Disrupted education	Exclusions, missing school
Positive well-being	Moderate SDQ scores	High mental health needs
Help with problems	Help with problems	More barriers to help
Leave care later	Disrupted leaving	Leave early from breakdown
Satisfying career	Unstable work	Unemployed
Formal to social networks	Formal services	Detached from services
Care to 'ordinary' identity	'Move on' later	Cluster of problems

The Resilience Framework has guided the classification of case studies in this chapter, enabling the understanding of CL's situations along with the three empirically established categories.



STRUGGLER

5.1 Struggling

5.1.1 A World tinted by Mistrust

Satyam* is 18 years old. While describing the circumstances which brought him into institutional care, he says *"I must have been 4 or 5 years old. My father worked as a driver and was an alcoholic. He used to beat my mother every day. One day, my mother gathered the courage to leave home. She took me and my younger sibling along. I don't know if my sibling is a brother or a sister because I was too small."*

He remembers walking for days with his mother and his sibling. One night, wandering on his own, he lost his way and could not find his mother anywhere. A stranger who was sleeping at the footpath heard him cry and tried to communicate with Satyam but since he was a little child, he could not understand anything. Satyam was adopted by this stranger and he started living with them. Satyam says that this was his 'step' family. Satyam describes that this new 'family' was very poor and his stepmother, was also pregnant. She did not accept Satyam and ill-treated him. After a few days, the neighbours started telling the family that they cannot afford to adopt a child as they do not have enough resources to bring up two children, and that they should give him away to someone else. But Satyam's step father did not agree. Since the family was financially strained, Satyam at a very early age got involved in theft and other deviant behaviours as his needs were not being fulfilled by this 'new family', and he was being ill-treated too. He tried to run away several times. One day he got into a bus as he wanted to go for a movie with his friends but the bus he got into, took him to an unknown destination. He was lost again. This time he was happy that he did not have to go back to the same family. While walking, Satyam was found by another stranger who took him to his home. Satyam was not accepted in this family either and after about a week, he ran away again. He was on the streets for the next few days when he came across a concerned lady who took him to the police station.

Satyam shares that he does not know anything about his original family at present. He was about 8 years old when he was placed at a CCI at Meerut. He stayed there for a month but he used to be scared as boys were often beaten there. His home was then changed by the CWC. In the second home, he stayed for 2 years and was again moved to a different child care home where he stayed for 2 years. He did not want to disclose the reason. He liked the third home as he could identify positive changes in himself and his schooling also began here. He was admitted to class 5 when he was 13 years old. He feels that he was not studying in an age appropriate class. He should have been in a higher standard. He got late admission in school, because of which, he felt awkward studying with younger children.

“Satyam does not mingle with other children as he finds it difficult to trust anyone.”

Satyam does not like to interact much with the Aftercare home staff or other youth. He likes being on his own. He says, **"I cannot trust anyone now. I talk to people only if it is really required."** He finds the environment at his Aftercare home okay because he gets adequate food and so he has no complaints. Satyam does not mingle with other children as he finds it difficult to trust anyone. He has just one 'friend' in the home. With the staff, he shares an emotionally detached relationship and maintains a need-based interaction. He finds the behaviour of the staff very rough. It may be observed that perhaps due to the adverse life circumstances he grew up in, Satyam has developed trust issues and does not open up easily with others.

Satyam has not received any vocational training. He wants to learn different skills but he has not been provided any training at the CCI or at the Aftercare home. He has learnt mobile repairing with the help of

his friend outside the Aftercare home and earns a small amount by working at his friend's shop. He has not disclosed this to the staff in the home. It may be interpreted that the lack of financial support from the Aftercare home is forcing him to work outside covertly to earn money. Apart from this, he has interest in art and craft. He saves the money that is provided yearly to students for books and uniform.

Satyam desires to pursue a course from an ITI (Industrial Training Institute) after Class 10 and get employment in a hardware related job. He aspires to buy his own house and live a decent life without any stress. He believes that he will be able to achieve his goals and aspirations with his hard work. Though there is no problem regarding meeting with basic needs, while he is living in the home, he feels that children should be given some amount as pocket money, stating that providing only food and books is not enough.

Regarding his personal and social life, he feels very lonely as he has no one to talk to except for one friend and he maintains his distance from others. According to him, the kind of education he is getting is fine as he is able to, at least, understand different aspects of social life and how societies function. He feels it is a good way to begin settling in life. Apart from this, the little money he earns from mobile repairing gives him happiness and contentment. His resilience, stemming from faith in himself, has helped him move forward against many odds that life has brought his way.

Satyam shared that he had a lot more to tell but he cannot as it may be held against him. He goes on to explain that Aftercare is a good way of providing support and shelter to homeless children who have grown up in child care homes. They get to learn the realities of life, manage and become independent. He concludes by saying that there is a lack of skills training, educational support and emotional warmth from the staff. Even if Aftercare was not provided, Satyam would have managed his life. All he is getting here is the basic education, which would have been difficult otherwise.

It is learnt that out of the eight domains of the 'Sphere of Aftercare', education and vocational training support has been inadequate for Satyam. His experiences bring forth his lack of mental and emotional well-being as he has reiterated the loss of trust and emotional support. He has developed pessimism towards life. Apart from these three domains, he lacks financial independence and career guidance. He also lacks interpersonal skills and is unable to maintain social relationships which are the primary skills required to live an independent life. A significant lack in five domains out of eight is becoming a hindrance in his growth and development as a young adult.



SURVIVOR

5.2 Surviving

5.2.2 Keeping hope is the key

Meenu, now 18 years old, does not remember her exact age at which she was admitted to a CCI. She states that she may have been around 5 years old. Meenu recalls that while accompanying her older friend to her friend's school, they had an encounter with a cow, got scared and ran in two different directions. After walking for some time, Meenu realised that she could not see her house anymore and had lost her way. She failed to recall anything after that. A policeman found her and admitted her to a child care home. She explains *"If the police wanted, they could have easily found my house as I was too young to be able to travel a great*

“If the police wanted, they could have easily found my house as I was too young to be able to travel a great distance. My house would not have been too far. They found it easier to admit me to a CCI.”

distance. My house would not have been too far. They found it easier to admit me to a CCI. I remember there was a pond near my place". Her family consisted of her parents, two brothers and two sisters. She was the youngest. It appears that CCI did not make any efforts to help Meenu trace her family, a serious negligence.

Meenu does not remember her original name. She was given this name in the CCI. All she remembers is that she used to go to a masjid to pray and that made her a Muslim. She does not remember anything about her first CCI except for its name. She was then shifted to another home where her basic schooling commenced after she was admitted to kindergarten. She recalls that this home often faced food shortage and they had to eat their roti with sugar. Meenu was then shifted to a third CCI where she completed her education up to Class 3. She found the atmosphere of this home better than the previous ones. After this Meenu came to a fourth home where she studied from Classes 3-11. She quite liked everything here. After 18 years, she went to live in a government run Aftercare home where she is currently studying in Class 12. Whenever she makes a specific enquiry, she is met with restricted answers about staff government rules. Since her eyes are weak, she needed prescription glasses but the staff at the Aftercare home were dismissive. Meenu is now determined to get glasses with her own money once she finds a job. While the rest is okay, Meenu finds that the staff are not particularly friendly in the Aftercare home. She thinks that they seem to only clock in to complete their working hours and do not care or think much about the youth.

Meenu is currently taking her Class 12 exams and finds that the education and schooling given at the fourth CCI has been the best for her. She has received private schooling and has also participated in school sports (such as football coaching). She is good at English and also has basic computer skills. From her first CCI to the fourth, her peers in the CCI have been supportive. Meenu is cautious and keeps her distance from other youth at the Aftercare home. She does not quite understand them and while her behaviour is soft towards them, she does not share much conversation with them, and does not seem to trust them at all.

Meenu's relations have been good with caregivers in every CCI.

“We also feel like eating or buying something spontaneously, when we are outside but we do not have money to fulfil our wants. Wishes have to be suppressed.”

As long as she was at the fourth CCI, her goal was oriented towards Hotel Management or possibly to continue staying in the sports field. However, after coming to Aftercare, Meenu feels that she cannot continue to pursue Hotel Management or sports. After her exams, she plans to find a job. She feels that she will be able to achieve her dreams in life by her own will and not because of any support from the Aftercare. She is confident that with her interest in sports she will be able to secure a good job. She is not getting any financial help from the Aftercare home. She borrows a meagre amount of money from her friends for meeting her needs. There is no source of income but she is more or less satisfied with what she has and says that she cannot do anything about the way life is.

As for her health, she feels physically weak. The facilities for health services in the Aftercare home are not sufficient. There is no light bulb in the washroom and she faces difficulty in accessing it at night.

Meenu explains that Aftercare is very important and useful for children as one cannot fend for themselves as soon as they turn 18. Children have been living in a CCI which is like a hostel and immediately after 18 if they are asked to leave the home, the youth cannot adjust outside. Life inside a home is very different from

life outside. Life beyond Aftercare support will be stressful but on the other hand, it is also expected of the Aftercare staff treat youth well. They should first listen and understand what the child is saying and then react. They should not impose their thoughts on the children. They have a rigid mentality and judgment towards children who have grown up in CCIs or are in Aftercare homes. Apart from this, a small pocket money should be provided to children for meeting their needs. She says, *"We also feel like eating or buying something spontaneously, when we are outside but we do not have money to fulfil our wants. Wishes have to be suppressed."*

Among the fundamental eight domains of the 'Sphere of Aftercare', Meenu's experiences indicate a significant lack of inputs in a worrying six domains, namely higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, independent living skills, and interpersonal skills and social relationships.



MOVING ON

5.3 Moving On

5.3.1 For Some, the Sky is the Limit

Pooja* at 21 years, is currently working in a Chartered Accountant's firm as an accountant involved in filing GST (Goods and Services Tax) and other taxes for companies. She recalls that one afternoon while she was sitting in her rented room with her younger brother, their mother went out saying that she would return in a few hours. Pooja shared that she must have been 5 years old at the time. Their mother didn't return home. The landlady informed the police about the situation. Pooja says that the next morning she remembers sitting in a government CCI with her little brother. The police brought them there. Since then, her life has been in the CCI with other children. Her brother was shifted to a boy's home, which was quite far from her CCI.

Pooja lost touch with her mother ever since she came to the CCI. With the hopes of finding her, she went back to her place of birth a month ago but couldn't recognise anything or anyone. There were new people and the infrastructure of the place had changed. She was too young when she left her home so she just had a vague memory of the place. She said that she has now given up on finding her mother, stating that it did not matter to her anymore. As for other relatives, she is not in contact with anyone, as she was too young when she was brought to the CCI. Pooja is presently living in a rented accommodation for which she pays the rent out of her income.

The lack of emotional support she has been experiencing after leaving her CCI is brought out by her statement

Pooja shared good relationships with her peers in the CCI. She had fun times with the other girls and never faced any issues. She was shifted to another CCI run by the NGO when she was in Class 10, as she wanted to meet her brother. The previous CCI was very far from her brother's CCI so she could not travel often. In the new CCI, she could frequently go to see her younger brother. Pooja shared that her social relationships were better in the first CCI. She is very close to her counsellor and housemother, who she refers to as *"didi"* and *"maa"* respectively. She said *"I call them up whenever I feel stressed or upset. Talking to them makes me feel that I am not alone in this world."* The lack of emotional support she has been experiencing after leaving her CCI is brought out by her statement *"I hate cooking but I still cook my own food and have it all alone in my room. Sometimes I miss being with my brother."* Her brother has recently shifted to an Aftercare facility. Her current boss takes care of her brother by providing some financial help for his education. Her brother is pursuing engineering and is in the first year of graduation. *"Sir is very nice. He keeps guiding me at work and even helps me to grow professionally because I have no background in accounts."* Though she has been living independently

for two years now, the constant need and stable support of an adult can clearly be seen here as one essential for youth to lead a fulfilling life.

Pooja mentioned that she was happy with her CCI. She received quality, timely food. She was cared for by the house mother and other staff of the CCI. She said that she learnt more when she left the CCI and started living independently. She has learnt drawing, stitching and designing from her neighbours. She is learning *Kathak* from a professional. She did not get this opportunity at her CCI. She has used her freedom and independence to develop her talents and skills. They were provided training in English speaking and computers at the CCI. She feels that her life has changed for good after leaving the CCI. She said *"I didn't take Aftercare because I wanted to be independent and take care of my brother."* Pooja earns Rs 14,000 per month and is satisfied with it as she is able to meet her expenses, save and even pay for her brother's expenses. Her brother is doing his graduation and she wants him to pursue his dreams. She wants to pursue graduation as well and said that she will soon start applying. She is not satisfied with her current skill level when it comes to her job. She wants to learn more of accounting and financial management so that she can perform better at work. One can clearly understand that Pooja is an ambitious girl who is willing to enhance her skills and improve wherever she can. She aspires to become a model but she feels that she does not possess the skills required to become one. This is a challenge which she states she is not able to overcome. Presently, she lacks the guidance and resources to pursue her dreams. She states that she does, however, have a backup plan. She hopes to start her own business if she doesn't succeed in fulfilling her dreams.

The emotional support from the CCI has been immense and she credits the CCI for taking care of her whenever she fell sick. She frequently gets skin allergies, the cause of which is unknown. She finds it difficult to manage her health issues now when she is living independently. She then goes on to share, *"I do not have a personal life as such, a few friends and a younger brother, that is the radius of my life, therefore there are no issues which I face when it comes to my personal life"*. The CCI did not train her in financial literacy, career development and vocational training. Support and guidance of this nature, provided at an age where youth may have uncertainties about their education and career, goes a long way in securing a good future for them. The CCI run by the NGO supported her to find accommodation which is safe for her. Pooja continues to stay in touch with the CCI staff who often reach out to learn about her safety and well-being.

She wants to be a part of the Care Leavers Association Network (CLAN) and wants to contribute for the welfare of other children who are in the CCI as well as for youth who are about to leave the CCI. *She says, "I don't want them to face the struggles I have faced. I can at least share with them my journey and how I coped."*

Pooja and feels more confident and empowered than she used to when she was living in the CCI. One may summate that, though Pooja's experiences have been positive overall, there are aspects of her life where she lacks support and guidance. There is definitely a lack of emotional support. The domains of education and vocational training are also under developed. Among the fundamental eight domains of the 'Sphere of Aftercare' that require appropriate support for development, Pooja's experiences indicate a significant lack of the same across at least two domains, namely education and vocational skills, and interpersonal skills and social relationships.



Chapter 6

Recommendations for Strengthening Aftercare

“Age should not be the criteria to define empowerment. We need a protective and supportive environment until the time we feel confident to face the challenges. Confidence not only in terms of being financially independent but also socially and emotionally stable. We lack conflict-resolution and decision making skills which make us vulnerable.”

A 23-year-old Care Leaver

This study enriched by analysis of literature, policies, current Aftercare practices in Delhi, and views of multiple stakeholders, along with CLs at the centre, puts forward some concrete recommendations and aim at building on what already exists to mitigate challenges and move towards developing a holistic Aftercare programme. The study recommends a strong social inclusion of CLs through a participatory approach, understanding and addressing their needs, priorities and aspirations, and promoting their voices in mainstreaming them, and allowing for a full 'Sphere of Aftercare' to be provided to CLs based on their individual needs.

The key focus of these recommendations is that the CLs are empowered at their earliest to reduce dependency on external support. The following policy and practice recommendations will enable establishing a robust Aftercare programme in National Capital Territory of Delhi.

6.1 Recognition of Care Leavers as Vulnerable Youth

Keeping in view the social, economic and familial contexts that brings vulnerable children into the juvenile justice system and under the care of CCIs, and the challenges they face following departure from institutional care, on completion of 18 years of age, CLs should be recognised as a distinct and vulnerable population category. The State is the guardian of children living in CCIs, and transitioning to adulthood. The relationship of the State with the CLs is deemed one of parent and ward. Given the inherent disadvantages of CLs who grow up outside of family care, the State should accord special recognition to them as a distinct and socio-economically vulnerable youth population. This will allow policy makers and implementers to include CLs as beneficiaries across social welfare and security measures for all youth in the State.

Recommendations for the DWCD, Government of NCT-Delhi, in this regard, are:

- CLs should be recognised as a disadvantaged section under the Economically Weaker Sections (EWS) category.
- CLs should be considered as a vulnerable category of youth while formulating policy or schemes in the State for youth, such as State Youth Policy, Schemes on Housing, Education and Health, and scholarships and schemes offering subsidies or loans for education or entrepreneurship.
- With a vision of mainstreaming CLs, State Government should promulgate affirmative action for CLs. Giving priority enrolment, easy access to and providing reservations in educational institutes and government jobs, will contribute in mainstreaming CLs in the State. There are already precedents set by the States of Maharashtra and Rajasthan, which have promulgated reservation in jobs and higher education. It would also ensure that the agenda of CLs is brought to the political forefront, helping to raise awareness regarding the challenges they face. However, any affirmative action should be time bound, fully operationalised and regularly evaluated. CLs should be provided necessary support in having awareness on these benefits and acquiring relevant documents to avail benefits of such affirmative actions.
- The State Aftercare Guidelines must be drafted, notified and immediately implemented in a timely manner. The guidelines should be drafted by a committee where CLs are essential members and can voice their concerns.

6.2 Streamline Aftercare Systems and Processes in Delhi

- Minimum standards of care in government and NGO managed CCIs must be announced for all CCIs in Delhi. For example, nurturing skill building and exposure for children through access to outside facilities goes a long way in building independent living skills and children living in government CCIs in Delhi can learn and exchange from the NGO run CCIs in this regard.

- Government of NCT, Delhi must mandate the SCPS, DWCD, to play the role of a nodal department under the continuum of care approach for effectively implementing the provisions of Aftercare in the city.
- Government of NCT, Delhi should set up a **one stop service centre on Aftercare** for the whole of Delhi to provide coordinated support services to all CLs in the city. An **“Aftercare Suvidha Kendra” (ASK)** in Delhi can be set up as a model one-stop servicing centre for all CLs which will be responsible for maintaining a portal or website for all necessary information on Aftercare and running a non-emergency **Helpline** on Aftercare. Such a centre would also **facilitate convergence** with all stakeholders and various Government bodies and carry out research and documentation on Aftercare in Delhi. ASK will also offer facilities for temporary housing for a few CLs or manage group housing. Other responsibilities will include **conducting workshops and trainings** on Aftercare, building a pool of adult mentors from Corporates/ PSUs, providing legal services and building a Peer Mentoring programme. Such centres would also aid in providing space and environment to CLAN as the collective voice of CLs in Delhi.
- Declare DCPCR as the Grievance Redressal Forum who may take due cognizance of issues related to Aftercare.

6.3 Effective Implementation of Existing Policy and Law on Aftercare

a. Enforcement at CCI level

- Mandatory ‘Transition Planning’** for all children in CCIs from 14+ years or as early as possible in the spirit of UNGACC and the JJ Act, must be done, leading to an effective development and implementation of rehabilitation plan for every CL, with their close participation and the efficacy of the plan being examined by CWCs. Transition training that channelises their thinking toward safe transitions and independent living should be conducted by those with practical experience in child and youth care.
- Preparation for Transition:** Regular exposure, practical training and life skills building along with workshops on rights and responsibilities must be undertaken and should include, but not be limited to:
 - Development of Independent Living Skills such as cooking, cleaning, maintaining hygiene, managing nutrition & health, exercise, household economics, disaster management, through hands-on experience.
 - Exposure to society through field trips, community immersion and by encouraging safe volunteerism.
 - Outcome based, collaborative planning for transition through information and knowledge sharing.

b. Ensuring all Care Leavers are re-integrated into the mainstream of society through support provided across the 8 domains of the ‘Sphere of Aftercare’.

Every CL should be involved in developing their rehabilitation plan. Every CL should be offered local support options at the district level across different domains in the ‘Sphere of Aftercare’.

- Housing:** Non-institutional housing support should be developed, made available and incentivised across all districts as it seems to offer better outcomes for CLs as per the study and hence scattered site housing must be promoted and strengthened at the district level. More Aftercare housing options for female CLs must be set up in the light of current inadequacy of such options. The current practice of sending them to State Homes for Women (Nari Niketan) is not addressing their specific needs adequately.
- Physical health:** Access to health services, subsidised medical services and health insurance through the PM-JAY for all CLs.

- iii. **Mental health care** support that is accessible to CLs through professional specialised counsellors and peer mentors as well as continuous support for individual and group counselling therapy. Resilience-building through counselling and Pre-marriage counselling may be provided since as children, most CLs may have not lived in a family and hence are unable to internalise the nuances of family life once mainstreamed.
- iv. **Education and Vocational Training:** There must be more focus on matching the educational qualifications and skills acquired by CLs with their needs and aspirations. There needs to be an increased focus on vocational training and skill development at the CCI and Aftercare level with dedicated funds for skill-based training. Collaborations and convergence are required with the private Universities, corporate sector, volunteers and community members to design programmes geared towards developing academic aptitude, opportunities and vocational skills as well as financial aid and scholarships.
- v. **Window of opportunities:** All departments of the State Government and corporate sector to offer opportunities to CLs to intern with them and offer meaningful employment, wherever suitable. PPP models need to be explored such that corporates are engaged to support CLs through internships, training and employment. Corporate employees must be encouraged to become mentors for individual CLs through employee engagement programmes.
- vi. **Documentation, legal awareness and legal aid:** DLSA in every district to extend services to CLs for assisting them in legal documentation, legal awareness, legal aid, identity documents, domicile certificates and training on the use of government systems and schemes such as “digital lockers”.
- vii. **Workshops on financial literacy and management should** be organised for CLs.
- viii. **Bed, Breakfast and Care Scheme:** A Bed, Breakfast and Care (BBC) scheme may be explored where willing families can provide bed, breakfast and care to CLs on offer of payment from the government. While the concerned family will get an opportunity to maximise its resources, the CLs will receive care and support services in a hassle-free manner. It is, however, important to ensure through proper monitoring that the CLs are not used as unpaid domestic help or are subjected to any other forms of violation of their rights and safety.
- c. **MIS and Data maintenance:** Mapping children exiting CCIs and in need of Aftercare support with or without Housing. Estimating the number of children exiting CCIs on an annual basis is critical to ensure adequate planning, budgeting and an overall understanding of the issue. The database must include information on Aftercare receivers as well as non-receivers.
 - i. Robust consent-based MIS and data maintenance system must be put in place for all Aftercare receivers as well as those who exit the Juvenile Justice system without receiving any support. This data must be maintained in real time, must be reliable and disaggregated to monitor their outcomes at both district and State level.
 - ii. Periodic assessment of all services offered under the domains of the ‘Sphere of Aftercare’ for CLs by SCPS. Such data may be used as evidence for any policy making of youth in the State.
 - iii. All CLs should be informed about the monitoring process so that they are aware and participate freely in the data collection process. In accordance with the best interest of CLs, all such data could be made accessible for the purpose of monitoring and research whilst ensuring confidentiality and anonymity through aggregation.
 - iv. Longitudinal data could be deployed to assess the changing situations of CLs.

d. Training and Capacity Building

- i. All staff in CCIs should be trained on implementing an effective transitioning programme, with effective modules in vernacular languages and with trainers who have practical experience in child and youth care. This module should focus on developing and implementing robust ICPs, including Rehabilitation plans and Pre-release plans for every child, while ensuring child participation.
- ii. The DCPU staff must be trained to develop, implement and document progress on the Rehabilitation Plan for every CL in the State.
- iii. Training of CWC members, DCPU staff and CCI caregivers on what constitutes continuum of care, transition planning and preparing children towards smooth transitions to independent living.

e. **Post-Aftercare follow up and support:** The Single Window Support Centres must be accessible to CLs in the post Aftercare phase for crisis support for at least two years after exit from the Aftercare Programme, respecting the choice of the CL.

f. **Grievance redressal body:** DCPCR may act as the grievance redressal body for CLs and include Aftercare in their discourse as a Continuum of Care.

6.4 Increased investment in Aftercare

- There is a need to create a dedicated Aftercare Fund, within the Juvenile Justice Fund at district level that can cater to a holistic programme.
- The current allocation of Rs. 2,000 per month per child under ICPS is inadequate and this needs to be increased to a budget of Rs. 10,000 per youth per month to meet the needs of CLs.
- There is also a need to provide one-time exit settlement to all CLs for their initial stability.
- CPS is the only scheme that caters to Aftercare, which in itself forms a negligible part of the union budget. More such schemes need to be formulated at the State level.

6.5 Linkages and Convergence

- Build effective linkages and convergence for Aftercare between various government departments such as Departments of Social Welfare, Industry, Women and Child Development, Education and Health, Housing, Youth Affairs and Higher Education, in order to provide integrated services across the 'Sphere of Aftercare'. The Department of WCD must be responsible for building this convergence model
- Similarly, Aftercare service providers such as CCIs, NGOs, ACOs, community based agencies and corporates under their CSR, must come together to offer their range of services to CLs, in an integrated manner, guided by the DWCD under SCPS. Through convergence, efforts should be made to encourage CLs to benefit under the different domains of the 'Sphere of Aftercare'.
- Announce subsidies for CLs in housing schemes & soft loans for entrepreneurship and Seek Funds under ICPS for next FY (**15 Lakhs for states with less than 15 districts**).
- **Clearly lay out the budgetary allocations and financial norms on Aftercare:** Financial support on monthly basis as per ICPS norms plus an additional **one-time initial settlement amount be paid by the State Government to every CL.**

6.6 Collectivising Care Leavers

- A common echo of all CLs interviewed in this study has been the development of physical spaces and platforms created with support and recognition from the State government and district administrations where Aftercare youth can form peer networks and mentoring relationships.

- CLs can be resourceful and their experience and skill set can be utilised through meaningful engagement as Mentors to younger children living in CCIs. They could also act as a link between CCIs and other government departments/functionaries to bring about change in the lives of other CLs. This will allow them to participate and engage as contributing members of the society.
- Technologies like MIS, social media and text applications have huge potential to organise CLs into a collective aimed at peer support and must be optimally used to benefit CLs.
- Models already existing such as the CLAN in Delhi can be looked at for setting up similar chapters in the State.

6.7 Research on Aftercare

Investments must also be made to commission **further research** on areas identified in the study, such as a study to examine the effective implementation of the JJ Act, 2015 and the applicable Rules in the State vis a vis Aftercare. SCPS should encourage need-based research and documentation on Aftercare at the State level. Additionally, other research issues such as the gender gap in the existing Aftercare programme, outcomes of female CLs and absence of an ability to build social relationships by CLs, could also be studied.

It is hoped that this report has widened the information ecosystem that helps to increase the knowledge and understanding of the needs and rights of CLs in Delhi by documenting their voices, as well as taking cognisance of the voices of different key stakeholders, which can inform strategies, policies and services on all the domains in the 'Sphere of Aftercare' in Delhi.

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Annexure-I

The Eight Domains of The Sphere of Aftercare

The '**Sphere of Aftercare**' is a comprehensive ideology of rehabilitative support and services for Care Leavers (CLs) transitioning out of care and is a very robust tool to develop them to face the realities of life, once they leave the protective environs of alternative care settings. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but **interdependent** domains that are essential for CLs mainstreaming as they transition towards independent living.

The eight domains of the Sphere of Aftercare that must be accessed as per the individual needs of the CLs to ensure successful reintegration are explained below:

1. Emotional Well-being (Psycho-social Needs):

This domain meets Positive Mental Health and Psychosocial Needs of the youth, that require supportive and therapeutic intervention, and includes emotional preparation to leave care, trust, (complex) trauma, anxiety, aggression, attachment issues and sexuality. It also addresses spirituality, generosity, resiliency and empathy for others, as without these, it is difficult to gain a sense of emotional well-being.

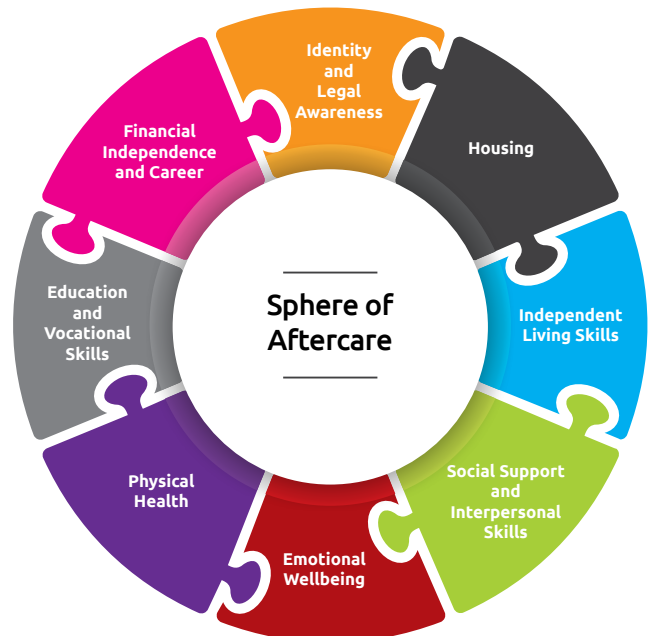
2. Education and Vocational Skills: This domain refers to all aspects of a young person's education or skills training, as per one's aspirations, aptitude and interest, which can lead to employment and self-sustenance. It also includes factors that may impede or determine a youth's educational/skills attainment pathways, such as financial access or cognitive impairment.

3. Physical Health: refers to a youth's health, including access to health care services and insurance, and covers a wide range of areas including healthy diet, adequate weight, dental health, personal hygiene and sleep. Physical health is vital for overall well-being.

4. Independent Living Skills: This domain addresses the acquisition of a range of practical life skills such as budgeting, shopping, cooking, cleaning, etc. as well as decision making and planning for the future.

5. Social Support and Interpersonal Skills: These skills, also referred to as social skills or relationship skills: 'soft' skills that enable Care Leavers to engage fruitfully with their birth family, relationships built whilst in care, mentors and others, with the same and opposite gender. Teamwork, negotiation and assertiveness and being part of networks are vital relationship management skills. Guiding CLs through several aspects of life like pre-marital counselling, reflections at different pathways in order to arrive at one's own decisions is also important. It also addresses one's political awareness and need for active citizenship.

6. Identity and Legal Awareness: This domain focuses on the development of the self (agency) of the young person, with attention to factors such as culture, gender, sexuality and future self. It also refers to attainment of all legal papers affirming one's identity as a citizen of their country, along with an understanding of their legal rights and responsibilities.



- 7. Financial independence & Career:** This domain refers to all aspects of preparing a young person for employment or entrepreneurship after leaving care. Financial literacy, crisis management, security and job readiness skills including internships are tools towards sustainable economic independence. Workplace etiquette, ethics and integrity are workplace skills that sustain careers.
- 8. Housing:** This domain addresses the issues of safe, adequate and affordable housing to mitigate homelessness that the young person may face when leaving care., A non-institutional approach ensures reintegration and rehabilitation into society.

Operational Definitions

The following terms have been used frequently in this study and have been defined for operational purpose. These terms, though relatively new to the Indian context, are commonly used in international literature and need to be included in the child protection discourse in India.

Care Leaver	Care Leaver refers to the youth who has lived in a state or NGO-run Child Care Institution at any point of their life and have transitioned out of care, on attaining 18 years of age.
Aftercare Receivers	Aftercare receivers refers to those CLs who have received at least one or more Aftercare service or support from the State Government or NGO-run Aftercare Programme
Key Informants	<p>The Key Informants, who were interviewed for this study include:</p> <ul style="list-style-type: none"> Representatives of various CCI (governmental and non-governmental), Aftercare providers/ program managers, social workers. Practitioners, Experts, Policy-makers, activists and scholars in Child Protection. <p>State Officials: Representatives of Department of Social Justice & Empowerment (SJE) and Department of Women and Child Development (DWCD), Juvenile Justice (JJ) functionaries including CWCs and JJBs, ICPS functionaries including DCPOs and State Child Protection Officers (SCPOs), District Women and Child Development Officers (DWCDO), Child Welfare Officers, Probation Officers, Social Workers, Case Worker.</p>
Transition Planning	<p>Transition Planning for children living in CCIs refers to the process of planning to equip children for future independent living after leaving CCIs at the age of 18 years and entails</p> <ol style="list-style-type: none"> Providing children with pathways to acquiring education, life skills, independent living skills, social skills to equip them for independent living Empowering them to be mentally and emotionally stable and confident for the transition and enabling them to access a support system Enabling them to acquire all legal, identity, domicile, caste etc related documentation and information of their rights and entitlement so that they can access available schemes and facilities including Aftercare support The transition plan is actually a set of short-term actions towards independent living and community integration of CLs in the long term. It is always carried out with children's participation so that their interest, talents and life choices are included and children have ownership of their planning pathway to life.
Supported Housing	Supported Housing refers to housing facility provided to the CL as an Aftercare service by an NGO or the Government.
Unsupported Housing	Unsupported housing refers to a housing facility accessed by the CL on his own (includes living with family, friends, self-owned house or in paid/ rented accommodation wherein the financial cost is borne by the CL) without any support under the Aftercare programme.
Mainstreaming	The seamless process by which CLs are ready for independent living and socially reintegrated such that they can manage their accommodation, transportation, finances, household responsibilities, access to services such as education, vocational training, health care, legal aid services, employment, and financial services on their own without external support by taking responsibility for themselves and contributing to society. (The concept of family and caring for a Person does not end on a specific date or age)
Mentor	An individual, who is willing to commit and take voluntary responsibility of providing support, assistance and guidance to a Young Person to achieve their goal of mainstreaming and independence.

Annexure-II

Indices of Sphere of Aftercare

Process of Indexing: A few questions that were descriptive of each respondents' experiences in their CCI life, skill development in CCI and the existing condition, support, services and/or amenities available within each Aftercare Sphere domain were selected to compute the Domain Index. Each of these indices consists of anywhere between 3-18 polar questions that can be answered in either 'yes' or 'no'. A positive answer was assigned a score of '1', while a negative answer was assigned a score of '0'.

For each respondent, average score for selected questions under each domain equalled their Domain Index score. Depending on their Domain Index score, each CL was categorised into either 'Unsatisfactory', 'Neutral', 'Satisfactory' for that domain, as follows:

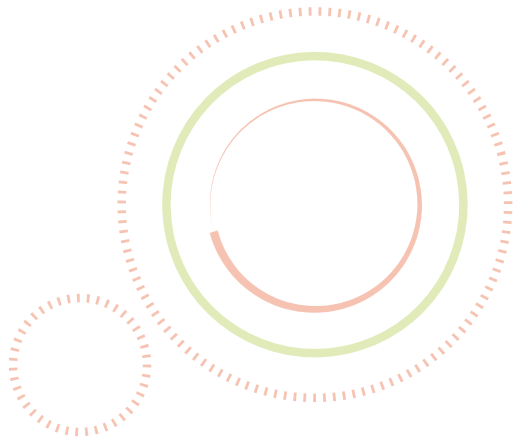
Transition Planning Indices		
Index	Selected Questions	Scoring and Categorisation
CCI Life Experience (8 Questions)	<ol style="list-style-type: none"> 1. Have you been placed in more than one CCI? 2. Have you been in touch with your family? 3. Was your family counselled, provided with help or trained to alter situation that made you to come to the CCI? 4. Were you able to continue your education as you wanted? 5. Did you receive any one-on-one guidance/mentoring by an adult regarding your interests, hobbies, and academic aspirations? 6. Were you consulted to prepare your Individual Care Plan and Release Plan? 7. Did you feel empowered during your childhood? 8. Are you satisfied with your CCI Life experience? 	<p>Scoring Criteria for each ques.:</p> <p>Yes = 1; No = 0</p> <p>Score:</p> <p>Maximum = 8; Minimum = 0</p> <p>Index (Score ÷ 7):</p> <p>'Unsatisfactory' = 0.000 – 0.333</p> <p>'Neutral' = 0.334 – 0.666</p> <p>'Satisfactory' = 0.667 – 1.000</p>
CCI Skill Development (18 Questions)	<p>Did you receive/acquire any of following skills either through a workshop, training or hands-on experience in your CCI?</p> <p><u>Independent Living Skills:</u></p> <ol style="list-style-type: none"> 1. Nutrition and health management 2. Cooking 3. First aid 4. Disaster management (fire, flood, earthquake, etc.) 5. Household management (taking care of your belongings, budget management/saving, etc.) 6. Recreation and exercise <p><u>Interpersonal Skills:</u></p> <ol style="list-style-type: none"> 7. Conflict resolution 8. Communication 9. Anti-bullying 10. Self-esteem, motivation, etc. 11. Leadership, team-building, etc. 12. Rights and responsibilities 13. Gender roles, neutrality and inclusion <p><u>Vocational Skills and job-readiness</u></p> <ol style="list-style-type: none"> 14. Computer and IT 15. Basic accounting 16. English speaking 17. Resume making 18. Interview techniques 	<p>Scoring Criteria for each ques.:</p> <p>Yes = 1; No = 0</p> <p>Score:</p> <p>Maximum = 18; Minimum = 0</p> <p>Index (Score ÷ 18):</p> <p>'Unsatisfactory' = 0.000 – 0.333</p> <p>'Neutral' = 0.334 – 0.666</p> <p>'Satisfactory' = 0.667 – 1.000</p>

Aftercare Sphere Indices		
Domain Index	Selected Questions	Scoring and Categorisation
1. Housing Index (8 Questions)	<p>Does your current housing meet the following criteria?</p> <ol style="list-style-type: none"> Habitability i.e. Protection from weather, private space to, cook, rest and freshen up? Access to basic services like water, electricity, health, education, road and sanitation? Proximity to education and work? Access to safe transport? Protection against forced eviction? Culturally adequate to connect with the community – Language and sociability? Secure tenure? Security against violence and theft? 	<p>Scoring Criteria for each ques.:</p> <p>Yes=1; No=0</p> <p>Domain Score:</p> <p>Maximum = 8; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 8):</p> <p>'Unsatisfactory' = 0.000 – 0.333</p> <p>'Neutral' = 0.334 – 0.666</p> <p>'Satisfactory' = 0.667 – 1.000</p>
2. Independent Living Skills Index	<p>Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare?</p> <p>Independent Living Skills:</p> <ol style="list-style-type: none"> Nutrition and health management Cooking First aid Disaster management (fire, flood, earthquake, etc.) Household management (taking care of your belongings, budget management/saving, etc.) Recreation and exercise 	<p>Scoring Criteria for each ques.:</p> <p>Yes = 1; No = 0</p> <p>Domain Score:</p> <p>Maximum = 6; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 6):</p> <p>'Unsatisfactory' = 0.000 – 0.333</p> <p>'Neutral' = 0.334 – 0.666</p> <p>'Satisfactory' = 0.667 – 1.000</p>
3. Social Support and Interpersonal Skills Index (13 Questions + 7 Questions = 20 Questions)	<p>Social Relationships</p> <p>Are you able to forge and maintain meaningful and long-lasting relationships with the following persons?</p> <ol style="list-style-type: none"> Caregivers, staff, house-paren Mentors Teachers Other children in CCI Colleagues Officials like boss, superintendents, govt. duty-bearers, etc. Neighbours Friends Romantic partners Father Mother Biological Siblings Acquaintances, strangers, others, etc. <p>Interpersonal Skills</p> <p>Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare?</p> <ol style="list-style-type: none"> Conflict resolution Communication Anti-bullying Self-esteem, motivation, etc. Leadership, team-building, etc. Rights and responsibilities Gender roles, neutrality and inclusion 	<p>Scoring Criteria for each ques.:</p> <p>Yes = 1; No = 0</p> <p>(1) Social Relationships Score</p> <p>Personal = 2+7+8+9+13</p> <p>Family = 10+11+12</p> <p>Official = 1+3+4+5+6</p> <p>[Avg. (Personal) + Avg. (family) + Avg. (Official)]</p> <p>Maximum = 3; Minimum = 0</p> <p>(2) Interpersonal Skills Score:</p> <p>Maximum = 7; Minimum = 0</p> <p>Domain Score [Avg. (1) + Avg. (2)]:</p> <p>Maximum = 2; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 2):</p> <p>'Unsatisfactory' = 0.000 – 0.286</p> <p>'Neutral' = 0.287 – 0.573</p> <p>'Satisfactory' = 0.574 – 1.000</p>

Aftercare Sphere Indices		
Domain Index	Selected Questions	Scoring and Categorisation
4. Emotional Wellbeing Index (5 Questions)	<p>Have you faced the following symptoms in the last 4 weeks?</p> <ol style="list-style-type: none"> Affected day-to-day functioning Feeling worthless, helpless or hopeless Violent thoughts of harming self or another Did you seek assistance for your stress/symptoms? Are you satisfied with your current emotional/mental status? 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>Domain Score: Maximum = 5; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 5): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>
5. Physical Health Index (9 Questions)	<p>Do you have the following amenities during physical illnesses?</p> <ol style="list-style-type: none"> Clinic to consult a doctor Space to rest and recuperate Space for wellness, exercise, yoga, run, etc. Hygienic surrounding for stay, work, etc. Adequate quality food and water Safe transport Is a caregiver available when you fall ill? Do you have health insurance? Are you satisfied with the current state of your physical health? 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>Domain Score: Maximum = 9; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 9): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>
6. Financial Index (5 Questions)	<ol style="list-style-type: none"> Have you attended any financial literacy workshop, seminar or one-on-one consultation/mentoring? Do you have a bank account? Do you have any financial insurance? Was your income/allowance able to cover your cost of living in the last 12 months? Are you satisfied with your current financial status? 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>Domain Score: Maximum = 5; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 5): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>
7. Education and Vocational Skill Index (8 Questions)	<p>Education</p> <ol style="list-style-type: none"> Have you completed your higher secondary education (Class 12th)? <p>Vocational Skills Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare?</p> <ol style="list-style-type: none"> Computer and IT Basic accounting English speaking Resume making Interview techniques <p>Current Skill Adequacy</p> <ol style="list-style-type: none"> Do you think your current education and skill-level are adequate to achieve your academic and career aspirations? Are you satisfied with your current skill level? 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>(1) Education Score Maximum = 1; Minimum = 0</p> <p>(2) Vocational Skills Score Maximum = 6; Minimum = 0</p> <p>(3) Current Skill Adequacy Score Maximum = 2; Minimum = 0</p> <p>Domain Score [Avg. (1) + Avg. (2) + Avg. (3)]: Maximum = 3; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 3): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>

Aftercare Sphere Indices		
Domain Index	Selected Questions	Scoring and Categorisation
8. Legal Index (3 Questions)	<ol style="list-style-type: none"> 1. Have you ever been informed about your legal rights and responsibilities either through a workshop, seminar or one-on-one consultation? 2. Were you aware that under the JJ Act, 2015, you can be provided 'Aftercare' from the age of 18-21 years? 3. Do you have a Voters' ID? 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>Domain Score: Maximum = 3; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 3): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>

Aftercare Quality Index		
Domain Index	Selected Questions	Scoring and Categorisation
Aftercare Quality Index (AQI)	<ol style="list-style-type: none"> 1. Housing Index 2. Independent Living Skills Index 3. Social Support and Interpersonal Skills Index 4. Emotional Wellbeing Index 5. Physical Health Index 6. Financial Index 7. Education and Vocational Skills Index 8. Legal Index 	<p>Aftercare Quality Score (AQS): [Sum of all 8 Aftercare Sphere Domain Indices] Maximum = 8; Minimum = 0</p> <p>Aftercare Quality Index (AQS ÷ 8): 'Unsatisfactory' = 0.1475 – 0.3792 'Neutral' = 0.3793 – 0.6110 'Satisfactory' = 0.6111 – 0.8428</p>



Supporting Youth Leaving Care

A Study of Current Aftercare Practices

■ Delhi ■ Gujarat ■ Karnataka ■ Maharashtra ■ Rajasthan

Collated as a Multi-State Report:

Beyond 18

Leaving Child Care Institutions

2019



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