

# MULTI-STAKEHOLDERS' CONSULTATION ON

## AFTER CARE SERVICES IN INDIA

September 17, 2014 New Delhi, India



**A Report**

Organized by  
**Udayan CARE**  
• Empathy • Education • Empowerment

Supported by









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## **MULTI-STAKEHOLDERS' CONSULTATION ON AFTER CARE SERVICES IN INDIA: A REPORT**

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**Compiled by** : Dr. Kiran Modi and Dr. Karabi Majumdar

**Research** : Tyler Gray

**Rapporteur** : Maninder Kaur

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# ACKNOWLEDGEMENTS

The idea of organizing a consultation on After Care services came up with the realization of a near absence of recognized After Care programs in India. In Delhi itself, there is only one recognized After Care facility run by the Government, that too established even before the Juvenile Justice (Care and Protection of Children) Act, 2000 (JJ Act) came into being. Almost all the NGO run Child Care institutions (CCIs) are running their own After Care programs, without seeking Government recognition. After Care Policies, as outlined in JJ Act and in Integrated Child Protection Scheme (ICPS) that work towards the delivery of After Care services, seem sketchy and need more elaboration and thought.

Recognizing the importance and need to develop a dialogue on this crucial issue with multi-stakeholders, Udayan Care decided to engage diverse stakeholders, especially the civil society organizations and Government agencies, working on child rights, to examine the

strengths and gaps in the current legislation and practices as well as bring to the fore, the problems and issues related to After Care services in India.

We, at Udayan Care, express our profound gratitude and thank everyone who supported us in organizing this much-needed consultation to create a platform to discuss After Care. We got an overwhelming response. In an audience of about 80 strong, there was participation from Child Rights organizations, CCIs, Lawyers, Mental Health practitioners, Child Welfare Committee members, and representation from Delhi Commission for Protection of Child Rights (DCPCR), and above all, young adults who were looked after in different institutions. On this platform, we considered the common problems and way forward to establish a meaningful After Care program in India. Also, we exchanged ideas to face challenges in improving the quality of standards for smooth transitioning of young adults from institutions to the wider world.

First and foremost, our heartfelt gratitude goes to Mr. Rajesh Kishore, Secretary General, National Human Rights Commission (NHRC), for accepting our invitation to grace the occasion as the Chief Guest, who brought home the necessity for Human Rights Commission to be concerned about Child Rights too. It was a privilege to have Ms. Razia Ismail, Convener, India Alliance for Child Rights (IACR), as Guest of Honour, during our inaugural session, who enlightened the audience with her valuable inputs. Dr. Deepak Gupta, Mental Health Practitioner and one of the editors of “Institutionalised Children Explorations and Beyond (ICEB)”, explained the concept behind the journal lucidly, as its second issue was to be released at this platform. ICEB is an academic journal, first of its kind, on Institutional and alternative care for children, out of family protection network. The Chief Guests obliged by releasing the much acclaimed journal. Grateful thanks to all!

Thanks to all the Chairpersons, Panelists and Speakers, such as Dr. Bharti Sharma, Ms. Bharti Ali, Mr. Premodaya Khakha, Mr. Rakesh Jinsi, Ms. Roma Debabrata, Dr. Deepak Gupta, Ms. Mamta Sahai, Father Joe Prabu, Ms. Bulbul Das and Ms. Helen Lenga. They undoubtedly enriched the vision of the consultation with their deep knowledge and expertise, and wide experiences. We are very grateful to all the

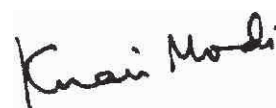
participants, the leading child rights activists and experts in running children’s homes, and Government officials, for their active participation and critical inputs, as wonderful, highly interactive audience.

We would also like to thank Mr. Vikram Dutt for his insightful observations in comprehending and summing-up the consultation with a way forward. Grateful thanks to Mr. Tyler Gray, an independent researcher from Canada, who researched the background material. We would like to thank Ms. Maninder Kaur, who took copious notes of the deliberations and helped in documenting it. Grateful thanks to Dr. Karabi Majumdar for putting all the proceedings and observations together in this report.

Words cannot express our gratitude to the trustees, staff, mentor parents and volunteers of Udayan Care, who supported us in this venture. Their faith in the project and their untiring effort made this event a success. Special thanks go to Ms. Aneesha Wadhwa, Trustee and Mentor Mother, Udayan Care, who was an impeccable master of ceremonies.

Above all, we would also like to extend our warm gratitude to UNICEF, India, for supporting this consultation. Their support was invaluable to us and for the success of this event.

Thank you once again!



**Dr. Kiran Modi**  
Founder Managing Trustee  
Udayan Care

# ABBREVIATIONS

<b>ACYA</b>	:	After Care Young Adults
<b>CAMHS</b>	:	Child and Adolescent Mental Health Services
<b>CCAW</b>	:	Centre for Child & Adolescent Wellbeing
<b>CCIs</b>	:	Child Care institutions
<b>CSR</b>	:	Corporate Social Responsibility
<b>CWC</b>	:	Child Welfare Committee
<b>DCPCR</b>	:	Delhi Commission for Protection of Child Rights
<b>IACR</b>	:	India Alliance for Child Rights
<b>ICEB</b>	:	Institutionalised Children Explorations and Beyond
<b>ICPS</b>	:	Integrated Child Protection Scheme
<b>INGO</b>	:	International Non-Government Organization
<b>JJ Act</b>	:	Juvenile Justice (Care and Protection of Children) Act, 2000
<b>JJB</b>	:	Juvenile Justice Board
<b>NCPCR</b>	:	National Commission for Protection of Child Rights
<b>NCR</b>	:	National Capital Region
<b>NGO</b>	:	Non-Government Organisation
<b>NHRC</b>	:	National Human Right Commission
<b>OHB</b>	:	Observation Home for Boys
<b>SAARC</b>	:	South Asian Association for Regional Cooperation
<b>SBT</b>	:	Salaam Balak Trust
<b>UNICEF</b>	:	United Nations Children's Fund



# EXECUTIVE SUMMARY

After Care is a largely unaddressed topic within the provision of child welfare services in India. Nevertheless, in this respect, India is unique compared to other South Asian Countries, having identified the establishment of After Care programs within institutionalized care, at least in provisional measure, in the JJ Act and ICPS. However, despite this recognition, there remains little infrastructure to the development of much needed After Care programs, and in this respect, India is falling far short of meeting international standards and best practices. While there is a progressive, established legislative framework for After Care programs, direction from the Government of India remains vague both in specific After Care program guidelines, and in direct Government support of these programs.

After Care programs require significant investment on the part of the Government of India. But, investing in our disadvantaged, orphaned youth to ensure that they have the best chance of succeeding as independent citizens of India is a crucial investment, both ethically and economically. Keeping this important background in mind, Udayan Care, an NGO, headquartered in Delhi, running model children's homes, organized a one-day consultation that brought key stakeholders on one platform, to discuss the future roadmap of After Care services in India on September 17, 2014. The consultation brought together participants and stakeholders representing NGOs, INGOs and Government agencies.

The sessions in the consultation were conceptualized and planned in such a way that they encompassed all the crucial issues related to

After Care services. There is an evident lack of clarity on the definition of After Care, which currently ranges from an institutionalized post legal-guardianship program to a process. Also, at some places in law, it is gender specific. Those in conflict with law, who are discharged from reform homes currently do not have an active place in whatever existing After Care programs are there and this is a serious lacunae that needs addressing. The issue of importance on Mental Well Being in the After Care Program needed discussion, whether it should be, like Rule 46 of JJ Act, mandatory in After Care programs. Also, since licensed CCIs, including Reform Homes, under JJ Act makes it mandatory for them to accept all children referred through the legal system (i.e. the CWC, JJB and any other legally constituted authority) without 'picking and choosing'; should the same policy be applied or extended to 'Recognized' After Care Programs?

*The New National Youth Policy (2014)* highlights the need for **greater investment** on the part of the Government of India to capitalize on the **"economic opportunity"**, presented by the youth of India. The consultation demanded thoughts on these for the youth coming out of institutionalized set ups. Other key issues were: How do programs engage private members of greater society to assist in transitioning institutionalized children to independence? How do we argue for greater duration of intensive services for transitioning young people and the greater, required investment? Whether a national tracking system for all care leavers is needed? How to identify their transition and journeys and develop assessment modules to improve programs for them? And above all, how

to evolve After Care as a part of holistic development for all institutionalized children?

The panel discussion by eminent child rights advocates very meaningfully covered the range of issues on After Care from diverse perspectives, such as legal, Government, NGO models, and mental health. The session on experience sharing by the young adults, raised in

care homes, provided the food for thought to the audience. The group work witnessed the eager participation of each and every participant and the four groups came-up with important recommendations. Some of the major recommendations, emerging from different sessions and group work, throughout the day, were:

- i. After Care should be introduced into the policy discourse at NHRC, from where it is specifically missing, since there is a universal acceptance that all Human Rights include Child Rights.
- ii. There is specific requirement of Mental Health Well Being as a critical component for After Care. Such a program must necessarily include guided sexuality understandings.
- iii. The existing JJ Act and Rules to be expanded/amended where ever required, making an After Care program initiation into the schedule of every Care program from an early age. There should also be a clear definition of legal terminology, roles and responsibilities of different authorities and all vexatious matters clarified.
- iv. Strategies very specific in regard to children in conflict with law now being 'set free' upon attaining 18 years of age, or 'completing' their remand term should be prioritized.
- v. There needs to be greater specificity about special needs children and young adults.
- vi. Budgetary allocations should be revisited.

The foremost take-home message for everyone present was: After Care program, which is the key pillar in the delivery of rehabilitative services for adolescents and young adults out of home care, is a neglected and largely unaddressed program. Hence, Government of India needs to revive, revise and invest significantly in this program with clear guidelines.

# BACKGROUND OF THE CONSULTATION

‘After Care’ is a term used to describe a variety of services and supports that may be available when a youth reaches adulthood and is no longer eligible to remain in foster care homes or institutions, based upon the policy of the State. Successful After Care programs seek to increase key capacities in institutionalized children while providing the necessary allocation of time for healthy transition out of institutionalized care. Life skills, educational attainment, and achieving gainful employment are key developments that occur in young adults as they transit into independent adulthood.

In the South Asian region, only India and Bangladesh have developed policies that work towards the delivery of After Care services. While many member States have established Children’s Welfare Acts, or various other types of legislation, there is limited practice in After Care, with only India mandating the delivery of After Care programming. Despite the existence of legislations, many countries have an unidentified number of children in need of protection as population counts are unreliable or do not take into account private organizations existing within the care delivery framework.

**Legal Framework of After Care services in India:** In India, The legal framework for the establishment of After Care programs, for children without family or other support who leave institutional care, can be found in the *Juvenile Justice (Care and Protection of Children) Act 2000*. Section 44 lays the groundwork for the establishment of After Care organizations under *Chapter IV – Rehabilitation and Social Integration*. It is clear that After Care is established as a key pillar in the delivery of rehabilitative services for

orphaned youth in India. Legislation recognizes the need for After Care services for institutionalized children to help them “*to lead an honest, industrious and useful life*”. Additionally, the legislation recognizes that this transition period is not a short-term period, but rather provisionally grants an additional three years of support and services to young people reaching the age of majority. The objective of this After Care program is to enable such children to adapt to society and to encourage them to move away from an institution based life. Some of the key provisions include community group housing, vocational training, stipend during the course of vocational training, health services, provision for a peer counselor, loans for youths aspiring to set up entrepreneurial activities, and linkages with corporate and civil society groups.

As per the guidelines for After Care program under ICPS, suitable Government and voluntary organizations will be identified and selected to run the After Care program. The criteria for selection of After Care Organizations are - the organization should be registered under the JJ Act; must have five years of experience in management of a home; minimum three years of experience in assisting children with vocational training; minimum three years of experience in placement of children in jobs, apprenticeships etc.; and a well established counseling program.

**Rationale for the Consultation:** Despite progressive policies, there is a near total absence of recognized After Care programs, and existing programs fail to meet the parameters of proper After Care delivery. Those, which can be very good models to learn from, are established by

NGOs, running CCIs, but they are not seeking Government recognition or registration. What is it that holds them back? The best practices never get shared. Therefore, recognizing the importance and need to engage all the stakeholders especially the civil society organizations working on child rights, to address the problems and issues related to After Care services in India, and to bring forward some of the best practices, Udayan Care organized a one-day consultation on 17<sup>th</sup> September 2014 at India International Centre, with the following objectives and expected outcomes :

## Objectives

1. To understand and explore the current implementation status of After Care services and facilities in India.
2. To examine the strengths and gaps of the legislations related to After Care services.
3. To Identify the opportunities for collaboration for inter-sectoral/multi-sectoral action on After Care services.
4. To come up with a set of recommendations to be submitted to the concerned Ministries for necessary actions.
5. To release the second issue of “*Institutionalised Children: Exploration and Beyond*”, an academic journal focused on South Asia Region.

## Expected Outcomes

1. Improve understanding among stake-holders on the issues related to After Care services.
2. Some best practices on After Care will come to the fore.
3. Recommend to the nodal Government Departments as well as other relevant agencies about the scope of integrating components of After Care into their existing programs (eg. creating jobs, training, skill development, scholarships, etc)
4. Stimulate sustained civil society dialogue on After Care programs and how to improve/smoothen the transition from the institutions to the After Care facilities.
5. Develop suggestions for effective Government-NGO partnership for synergistic efforts to address the problems related to institutionalized children and After Care services.



# GLOBAL BEST PRACTICES OF AFTER CARE

After Care services, as reflected in international best practices, are not merely to be considered between the ages of 18-21 years, rather After Care services are to be viewed as a piece of holistic Children's Welfare service delivery in developing long-term plans for children in care who become young adults, transitioning out of care. Education, employment, permanency and attachment, stability of housing and the development of healthy and supportive social networks, are some of the key areas which are emphasized internationally as key components, vital in creating successful avenues for young people in transition to independence.

## USA AFTER CARE MODEL

In USA, 'Aging Out' is the term used to describe what occurs when a youth reaches a state's age of majority and is no longer eligible to remain in foster care. Independent Living (IL) services are available to prepare youth to live independently after exiting foster care. The program helps in successfully transitioning youth from out-of-home care to adulthood. It assists youth in planning for their future and in enhancing their individual strengths and abilities through a matrix of services and activities. IL services include individual case management and support, as well as group support on education, employment, housing, medical needs, and life-skills training.

A growing body of research suggests that allowing youth to remain in foster care voluntarily after age 18 is an important policy option, particularly since many youth do not

graduate from high school until after their 18th birthday. In many states that extend care past age 18, foster youth may remain in care only if they are enrolled in an educational activity or have a special need or disability. Another option is for states to implement a "return policy" for youth who leave foster care at age 18. In Kentucky, this policy allows emancipated foster youth, who experience difficulties, to return to state care, where they are assured of having health insurance, housing, and continued support.

The "Midwest Evaluation of the Adult Functioning of Former Foster Youth" (Midwest Study), a longitudinal study of youth in Illinois, Iowa and Wisconsin, compared the outcomes of young adults who were still in care at age 19 to the outcomes of youth who had already been discharged. The report found that those youth remaining in state custody for an additional year were more likely to advance their education, have stable housing, stay out of the juvenile justice system, receive independent living services, and have access to health and mental health services. To prepare youth for the transition to independence, researchers recommend that independent living services be provided to youth as early as age 13 and continued through their early-to-mid 20s.

A comprehensive transition planning is an essential tool that has emerged from the legislative reform of the foster care system. A well-thought out transition plan can make the difference between whether a youth becomes homeless and jobless, or whether s/he becomes

a successful and productive member of society. A transition plan must include goals related to housing, education, employment, physical and mental health and community connections. A transition plan is not just a checklist of skills required for the youth to be successful, but rather a collaborative process through which the youth should feel empowered to achieve her aspirations. Youth should be intimately involved in the planning process and should be empowered to make appropriate decisions regarding their own transition plan.

The first step in the planning process is assessing the strengths and needs of the youth. There are several tools available to achieve this goal:

1. The **Ansell-Casey Life Skills Assessment** is a web-based tool that assesses daily living tasks, housing and community resources, money management, self-care, social development and work and study habits. Both the youth and his care giver are able to provide their assessments. Scores are given immediately and can be sorted depending on the needs of the taker. Additionally, the assessment can be adjusted for youth at different developmental levels.

2. **Youth Decision Meetings** are also a very effective way of assessing and planning for a youth's needs. YDM's are designed to bring together foster parents, relatives, attorneys and others who assist the youth with goal setting and planning. The meetings are facilitated by an Intensive Family Services worker to ensure that each voice is heard, however, the youth is given considerable control over the direction and content of the meeting. Following assessment of the youth's strengths and needs, the youth and his support team should identify and define problems, sort out life options and goals, and ultimately plan for and establish goals for the future with regard to housing, education, employment, health, and supportive relationships.

In order to be effective, the staff involved in transitional planning must be able to view a youth's needs and strengths in the context of his cultural background and integrate this knowledge into the transition plan. Finally, it is vital to the planning process that one is honest with teens about the challenges that they face. It is important that they understand that they will be out on their own earlier than their peers and that their history of abuse and neglect will make the transition to adulthood more difficult for them. However, in doing so, it is important also to recognize and value the strength and resilience that the youth embodies and seek ways to enhance these strengths. Ultimately, a successful plan must promote a youth's development through well thought out, long-term planning rather than seeking to fix things through crisis services.

Such plans must be tailored to the individual needs and must include plans for the youths' housing, education, mental and physical health, employment, community connections and supportive relationships. Youth benefit from a single coherent planning process that brings everything together for them in a clear and meaningful way.

**Federal Law for After Care in USA :** The most recent and comprehensive federal laws reflect the growing knowledge in the role Child Welfare Systems have in supporting youth in their transition to adulthood , rather than terminating services at age 18. The United States Congress acknowledged the need to prepare young people who are transitioning out of foster care for adult independence by including in the **Consolidated Omnibus Budget Reconciliation Act of 1985** language to amend the **Social Security Act** and establish the **Title IV-E Independent Living Program**.

Thirteen years later (in 1999), to address the growing need for independent living services, the **Foster Care Independence Act (known as**

**the Chafee Act**) was enacted, creating the John H. Chafee Foster Care Independence Program (**CFCIP**). The CFCIP replaced the title IV-E Independent Living Program and broadened the scope of transitional support.

Subsequently, in 2001, the Chafee legislation was amended to include the **Education and Training Voucher Program** (to provide funds to youth in foster care for higher education). These programs provide funding for education,

housing, health care, and life skills development to youth transitioning from foster care to adulthood.

Another program, the **Transitional Living Program**, provides residential services for runaway and homeless youth, ages 16-21, many of whom are also in the foster care system. Each of these support programs that serves youth in foster care is described briefly below:

- **Education and Training Voucher (ETV) Program:** In 2002, the Promoting Safe and Stable Families Amendments of 2001 modified the CFCIP by creating a new grant program for states to provide education and training vouchers. The new program, the **Education and Training Voucher (ETV) Program**, serves youth aging out of foster care. The ETV program makes funds available to youth formerly in foster care to apply toward the cost of attending an accredited institution of higher education.
- **Transitional Living Program:** The federal Government has funded programs to serve runaway and homeless youth since 1975, when the **Runaway and Homeless Youth Act** was passed. However the **Transitional Living Program** that operates today was created in 1988. The Transitional Living Program provides residential services for homeless youth, ages 16 - 21, for up to 18 months, with an additional 180 days for youth who are younger than 18 years. The intent of this program is to help homeless youth transition into self-sufficiency. The following services are included under this legislation:
  - Basic life-skills building,
  - Interpersonal skill building and manage stress
  - Educational opportunities- post secondary training, or vocational education
  - Assistance in job preparation and attainment, such as career counseling
  - Education, information, and counseling to prevent, treat, and reduce substance abuse
  - Mental health care, including individual and group counseling
  - Physical health care, including routine physicals, health assessments, and emergency treatment

**Conclusion:** Over the past decade, the availability of new federal funds and research findings in USA has prompted states to improve programs and services for youth transitioning out of foster care. As a result, a number of promising strategies are emerging across the nation.

#### **UK AFTER CARE MODEL**

A review of United Kingdom (UK) literature reveals that the same development parameters exist for the development of appropriate After Care programs and systems of delivery. Education, employment, financial support, housing, continuing support and health services

are all identified as key priorities of After Care delivery in various terminologies and implementations.

**Legal Framework for the Delivery of After Care Programs in UK:** The UK has extremely well established delivery points for After-Care Programs through multiple Government ministries. The Department of Education, Department of Health, and Department of Labour and Pensions are all collaborative partners in the creation of a national framework for the delivery of After Care Programs. Each of these departments develops and implements After Care from the legislative framework of the *Children (Leaving Care) Act 2000*. The legislation requires that local Government branches provide young people leaving care with assessment of needs, transitional planning, personal case manager, education and training (up to age 24), financial support, maintenance in suitable accommodations, consistent point of contact following discharge.

Unlike most other countries with established After Care, national legislation plays a major part in the development of After Care programs, with even local organizations largely implementing either the **Looking After Children model**, or some version of transitional programming as mandated by Government ministries.

Effective planning and review for individual young people depends upon the existence of an appropriate policy and practice framework and a model for delivering leaving care services. The shape of this framework is informed by the **Children Act 1989 Regulations and Guidance** and by the subsequent inspections and work on standards in leaving care. Evidence also suggests that it is helpful for this framework to situate leaving care in the context of a continuum of *through care* services for young people, linking preventive services, services for looked after young people and after care.

A review of 15 UK service delivery organizations revealed a list of 7 different “good practices” after review of delivery and successful outcomes. These practices highlight the necessity of creating institutionalized relationships of strength in combination with informal relational qualities that encourage transition. Some of these best practice themes were:

#### a) Developing Quality Relationships

- The development of quality relationships required workers and informal supports/mentors to engage with honesty, respect, and empathy for young people
- Formal and informal supports were recognized as key factors in young people’s decisions to enter and remain engaged in education, training, employment, and transition to independent living.

#### b) Continuity

- Providing a consistent case manager throughout one’s time in care was explored in UK – children had same caseworker in one program from 13-25. Young people found it beneficial as it provided one central point of contact.

#### c) Personalized support

- Assessment tools that focus on each person according to their needs generated flexibility and provided youth with a greater sense of possibility and a chance to tell their own story.
- Young people are given autonomy to choose the type of support they receive.



**d) Meeting Basic Needs**

- Staff and service users both highlight the need to address basic needs in order to enable young people to engage with the service and address other areas of their lives.

**e) Providing Information, Helping eliminate misinformation, and Challenging Stigmas**

- Many young people are hesitant to engage in services because of perceived stigmas.

Providing awareness for young people and those supporting them is a key to enhancing engagement in clinical services.

**f) Engaging Youth to “Get Involved”**

- Project design and planning, user consultation forums, and input to evaluation methods were identified as key ways to engage youth in affecting their support services.

**g) Empowering young people to Aim Higher**

- Important for plans to not limit young people to limited hopes and ambitions.
- Care leavers identified that they wanted to stretch their abilities and improve skills/self-confidence.

As with many other programs and assessments of After Care programs, data collection is identified as a key to efficient program delivery, evaluation, and modification. A lack of sufficient data has been recognized as an obstacle to proper support in the above mentioned areas, and from 2014 moving forward, the UK Department of Education will

be collecting information from care leavers at 18-21 on a yearly basis. The hope is that this information will allow for proper program development and evaluation of existing policies.

**Individual UK Frameworks and Programs**

*From Care2Work* : The National Care Advisory Service - part of the charity Catch 22 – is managing the From Care2work initiative, enabling relationships between ‘corporate partners’ and employers in order to offer a breadth of opportunities to young people leaving care. All South West authorities are engaged and a large number of national employers have agreed to explore innovative and interesting employability routes. Local Authorities are encouraged to increase opportunities within councils and Government offices and departments have also given their support to From Care2work by offering apprenticeships.

*Oxfordshire Care Pathway*: Oxfordshire has developed a joint pathways approach to developing housing and support services for vulnerable young people aged 16-24 who need accommodation. Resources from across the Children and Families Department, Supporting People Department, and 5 local Housing Authorities have been used to jointly commission a clear pathway of housing and support services to prevent homelessness and improve the quality of accommodation and support with reference to value for money.

*The Prince’s Trust – From Care to Independence Project*: A UK developed project that has undertaken a five-year study to highlight what works in supporting young care leavers’ successful transition to independent living. The program has several aims: increase knowledge about supporting care leavers, improve skills for practitioners supporting care leavers, influence policy to improve support for care leavers and raise awareness among the general public of the issues facing some care leavers

**Conclusion:** The strength of UK After Care Program delivery is rooted in the strong, established legislation, and strong Government partnership. These two factors provide stimulation for private partner engagement, strong data collection and measures of evaluation, and accountability for program adaptation to identify, reflect, and meet the best interests of the child.

### CANADIAN AFTER CARE MODEL

Canadian After Care structures and programs are largely driven by established international best practices. Attachment, permanency, development of life skills, educational / employment attainment, and development of support networks to guide transition are all key staples of successful programs. However, like many countries, Canada, seeking to provide After Care services, faces the challenge of corroborating progressive After Care programs with social services and child welfare systems that have been developed and implemented to provide service up to the age of 18 years.

Canada also deals with an Aboriginal population that is significantly overrepresented in foster care. This presents additional cultural challenges as traditional Aboriginal practice differs greatly from Western practice, and each Aboriginal culture itself is unique. The result is that each province has a type of Child and Family Welfare Act, which is governed by the National Framework legislations of *The Indian Act*, *The Youth Criminal Justice Act*, *The Criminal Code of Canada*. These frameworks provide directional determination for the development of any After Care Programs.

In Toronto for example, the **Pape Adolescent Resource Centre (PARC)** is a preparation for independence program serving youth in care and formerly in care, ages 15-24. In addition to providing support related to employment, housing, identity, health and life skills, the agency also offers a schooling program tailored

to youth who have experienced being a child or youth in the child welfare system. The agency and school program also partner with community colleges and universities to help such youth gain admittance in:

Life Skills Training
Employment Training
Transition Housing
Peer Support
Mentorship Programs

### Individual After Care Program

**Project de Qualification des Jeunes:** This transitional program for youth, ages 16-18, in Quebec seeks to establish a long-term relationship between worker and youth, with the idea being to drive independence through engagement in career and life planning, and through the development of a positive social network. Unlike most programs in Canada, there has been an extensive Government evaluation undertaken to review the effectiveness of the program and the challenges it faces.

**Macdonald Youth Services:** Macdonald Youth Services (MYS) is a non-profit organization located in Manitoba, Canada. Originally, the program was developed to help de-stigmatize youth in conflict with the law. The program has evolved in the last 20 years to become a full services youth agency offering various programs. A major focus point of MYS programming is on services to older adolescents. There are various forms of service delivery, all focused on assisting the youth in the development of life skills, education/employment readiness, and positive community involvement.

**The Positive Alternatives for Youth (PAY):** This program places a participant youth alongside volunteer Mentors/Helpers, and staff on

community service or volunteer projects. The idea of the program is to generate healthy community connectivity, enhance life skills development, and provide opportunities for the enhancement of employment/educational goals. The program is designed to create independence as youth as they move through the various manifestations of the program. Some programs are closely connected to juvenile justice structures, while others are focused on enhancing successful outcomes for high-risk youth. The various forms of program are :

<b>Community Service Support Program (CSSP)</b>
<b>Support Towards Education/Employment Participation (STEP)</b>
<b>Youth Positively Involved in the Community (YPIC)</b>
<b>Mentor/Helpers Training and Support (MTS) Project</b>
<b>Fine Option / Community Service Orders</b>

**Conclusion:** Canadian After Care structures and programs are largely driven by established international best practices. Attachment, permanency, development of life skills, educational/employment attainment, and development of support networks to guide transition are all key staples of successful programs.

#### AUSTRALIAN AFTER CARE MODEL

Australia has modeled much of its contemporary After Care programming after the UK established model, **Looking After Children (LAC)**. The legal parameters for the establishment of After Care programs are found in the *Children, Youth and Families Act (2005)*, **Section 16**. The act provisionally provides for youth, age 16-21 with financial, housing, and life skills assistance for the purpose of creating a

smooth transition to independent, contributing adulthood. The overarching national framework gives way to localized policy development. Each state develops its own policies and frameworks for implementation of the broader, national act.

The model has been widely implemented in Australia in New South Wales, Western Australia and Victoria, as well as in Canada and the UK. Much of the information highlighted on LAC reports that it is not a program that sees success through duplication, but rather implementation. The framework has a lot of flexibility for its delivery while maintaining outcomes associated with the framework, in its original implementation in the UK. As such, the information provided on this service delivery model is thorough and recognized as a widely accepted international best practice.

The legal framework that sets the parameters for Australian After Care programs can be found in the Children Youth and Families Act 2005 (Section 16). Within this legislation, the following are provided to children under guardianship at 16 to the age of 21 years old:

- Information about available resources and services
- Financial assistance
- Assistance in obtaining accommodation or setting up a residence
- Assistance with:
  - Education and training
  - Finding employment
  - Obtaining legal advice
  - Gaining access to health and community services
  - Counseling and support

Planning for young people leaving care is integrated with other case planning and follows the Best Interest Case Practice Model (*all decisions made in the best interests of the child or young person particularly with regard to safety, stability, and development*). The Looking After

Children (LAC) Framework is dependent upon information and reporting and requires up-to-date essential information records, assessment and progress records, and a care and transition plan (for youths 15+). Care teams must be responsive to the information provided in these records by updating care plans and information and acting upon new information. Each plan is interconnected with the care plan development and follows the 7 developmental domains:

- Health
- Emotional and Behavioural Development
- Education
- Family and Social Relationships
- Identity
- Social Presentation
- Self-Care Skills

The entire Care Plan/Case Planning process provides the guiding principles for transition planning. Each guideline is designed with interconnection between all three phases of care (Preparation, Transition, Post-Care Support):

**Principle 1:** Transition planning practice should be inclusive of young people, their family and significant others.

**Principle 2:** Care teams are central to developing, monitoring and reviewing transition planning processes.

**Principle 3:** Transition planning processes should be well coordinated and tailored to the individual needs and circumstances of the young person.

**Conclusion:** The legal structure in Australia does not seem to allow for a national framework of After Care to develop with ease. In these regional cases, much of the focus is on ensuring that material is engaging to workers and young people and those workers are aware of their need to actively engage young people to participate in their own transition to independence. Where these qualities exist, successful transitions to independence increase in number. Where they are absent, many youth are forced to transition to independence in society without the necessary skills to live sustainably.

In short, global best practices call for de institutionalized care, the introduction of alternative care; and also recognize the need for consolidation between legislation and programs; and above all, recognize that After Care is the right and need of children who have spent several years in institutional care and are being discharged to receive continued assistance to enable them to become economically independent, to lead fulfilling lives. It also recognizes that the preparation for After Care should commence well ahead of the child reaching the age of 18 years and should be personalized, based on each child's individual needs.



# THE CONSULTATION PROCEEDINGS

## The Participants and distinguished guests

The consultation brought together about 80 participants representing NGOs, INGOs and Government agencies. There was a good representation of NGOs that are skilful, accomplished and with a proficient record in bringing up children who are defined under the JJ ACT as those in 'need of care and protection'. A good representation of experts in child care, including a pediatric psychiatrist, several psychologists, many social workers fully involved in the care of children of both the categories under JJ Act and numerous Managers of such programs and projects. A member of the Delhi Commission for Protection of Child Rights was also present. A legal expert and a practicing senior advocate who have specialized in child rights issues were present. A Consultant of DCPCR specializing in work with the Intellectually Delayed (Mentally Challenged) and a senior Consultant in Disability were also present. Among other NGOs present were those focusing on legal rights of the child as well as one that directed its efforts at rehabilitation of trafficked girls and young women.

To give a cutting edge to the consultation, there were six young adults who gave firsthand accounts of their efforts to overcome difficult

and stressful situations as children to start walking the path of success, drawn from the facilitating licensed CCIs, participating in the consultations. Most importantly, a senior bureaucrat – the Secretary General of the National Human Rights Commission – graced the occasion by inaugurating the consultation.

## Introductory Session

In the introductory session, the second issue of the Academic Journal, *Institutionalised Children: Exploration and Beyond (ICEB)*<sup>1</sup>, was released by the Chief Guest, Mr. Rajesh Kishore, the Secretary General of National Human Rights Commission, and the Guest of Honour, Ms. Razia Ismail. Dr. Deepak Gupta, an Adolescent and Child Psychiatrist, who is also one of the editors of ICEB, introduced the mission and vision of the journal. The Chief Guest, Mr. Rajesh Kishore, in his inaugural address, mentioned that National Human Rights Commission has now become more familiar with the issues related to Juvenile Justice. It plans to take up the issues around it

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**About the Journal:** The second issue of the journal entitled, **Institutionalised Children: Explorations and Beyond (ICEB)**, will be released on the occasion. This journal is aimed at serving as a platform for sharing of information, knowledge enhancement and the development of a dialogue and debate amongst professionals, policy makers, and volunteers working for institutionalised children, about best practices, research findings and studies, legislation, jurisprudence and case law, in relation to such children's mental health, social development, care and upbringing in other alternative modes of care for children out of family network, in South Asian countries.

and convey them to the Government of India. However, he pointed out that the subject of After Care is missing from the policy discourse and not many care institutions across the country are sensitized about the same. He expressed the need for such consultations on After Care in order to bring out various aspects of the issue. He shared his desire to receive the outcomes of the consultation. The need to introduce subject of After Care in policy discourse and its translation into practice with actual programs, budgeting, and involvement of civil society was emphasized by him.

Ms. Razia Ismail gave food for thought to the audience by discussing that the conditions in care institutions have a major impact on After Care. She highlighted that, the nature of upbringing of children in care institutions is a critical part of the problem that is looked at. Some primary issues that were raised by her included: the state of the young person leaving institution in terms of his/her emotional self sufficiency; if s/he feels liberated or fearful; his/her level of preparedness to step into the mainstream society and to integrate with it. The risk factors to which the young person is exposed, when leaving care and living alone without a support system and if the young individual is ready to leave institutions in terms of educational and employment status. These questions set the platform for further deliberations on the subject of After Care.

**Dr. Kiran Modi**, the Managing Trustee of Udayan Care, set the tone of the consultation through her inaugural presentation. Dr. Modi touched upon all the relevant issues on After Care which could be reflected upon and discussed during the daylong deliberations. She updated the audience on the legislative framework of After Care services in India.

However, she felt that despite a progressive agenda, there is a near total absence of After Care programs in our country which is a matter of concern for those working in this sphere. Dr. Modi cited a few international best practices where the issues of attachment, permanency and housing stability are handled very delicately in After Care programs. Nevertheless, she is optimistic about the growth opportunities of After Care services in our country as well. The key considerations that Dr. Modi underlined were:

- How do programs engage private members of greater society to assist in transitioning institutionalized children into independence?
- How do we argue for greater duration of intensive services for transitioning young people and the greater, required investment?
- How to develop a national tracking system to identify the journeys of care leavers to assess successful transitions?
- How to evolve After Care as a part of holistic development for all institutionalized children.

At the end, Dr. Modi hoped that the consultation would examine the strengths and gaps of the legislations related to After Care services, identify opportunities for collaboration for multi-stakeholders' action on After Care services and finally come-up with a set of recommendations to be submitted to the concerned Government agencies.

## Session 2

# Panel Discussion on "Aspects of After Care Services in India: Issues, Challenges and Way Forward"

The panel discussion was carefully designed to bring forth the various issues related to After Care services from a diverse perspective. It consisted of seven panelists representing a Government agency, an Ex-CWC member, a child rights NGOs, a legal expert, 3 chief functionaries, running care homes, and a mental health expert.

**Dr. Bharti Sharma**, the chairperson cum panelist in the panel discussion, introduced the session by providing certain clarifications regarding the concept of After Care. It was emphasized that After Care is not an institution, as the JJ Act clearly envisages it as a program. Secondly, it was brought out that After Care program is not restricted to children in care institutions, but it also includes children in conflict with law, in foster care and the sponsored children. She drew the participants' attention to the difficulties faced by many young adults, when they suddenly shift from the closed protected environment of children's homes to the unpredictable outside world. She advocated the idea that in the After Care phase, young adults require handholding and the Government should become the duty bearer to provide a semi-protected life to the latter.

**Dr. Sharma** raised the issue regarding the implementing authority of After Care and brought out, how the unclear rules pertaining to After Care lead to ambiguity regarding the role of Child Welfare Committee. She emphasized the need to have very specific and detailed rules involving CWC and JJB in the After Care programs. She further mentioned that the authorities need to be updated and informed in relation to After Care.

**Mr. Premodaya Khakha** mentioned that the difficulties that arise in After Care program due to the unclear nature of rules in JJ Act regarding After Care. He shared his apprehension that After Care program becomes superfluous in the absence of specific guidelines regarding its implementation. He highlighted the concerns of children in conflict with law who remain out of the ambit of After Care due to the issues of legality as there are no specific mention about After Care services for such children in JJ Act.

**Ms. Bharti Ali** stated the international and national mechanism including UN Convention on the Rights of Child (UNCRC) and Juvenile Justice Care and Protection Rules, concerning After Care of children in institutions. Some of the points raised vis-a-vis UNCRC Guidelines included: if After Care is available only to children who are parentless and so won't children with families require After Care services when they go back to their families after a number of years of institutionalization?

**Ms. Ali** came up with some critical issues concerning the rules regarding After Care as given in the JJ Act. It was questioned if After Care is meant to be yet another form of institutional care or if it is formally supervised group care home kind of arrangement? The question of the age and gender of individuals availing After Care was raised. This session once again brought out the subject of the authority for implementation and monitoring the After Care programs.

**Prof. Roma Debabrata** emphasized on the difficulties involved in After Care program of girl children rescued from trafficking and other traumatic situations. She described the impact of the daunting episodes on the girl children, which affects their mental health leading to anxiety, aggression, guilt feeling and intrusive memories. Coming from exploitative circumstances, some of the girl children get infected by diseases including HIV/AIDS. Many of the children are stigmatized and are also at risk of being re-trafficked. Another challenge involved with some of the affected girl children is to help them with the de-addiction program. The multitude of problems faced by children rescued from the difficult situations, adds to the complexity of After Care.

**Mr. Rakesh Jinsi** shared SOS Model of After Care, which prepares children to integrate in the mainstream society. He spoke about the family like atmosphere created in the care home which provides children with secure relationships. He talked about a well planned After Care program which ensures English speaking skills, IT skills, Vocational skills and hundred percent employment for all young adults leaving care. He emphasized on the “money gift scheme” which provides a certain amount of funds to each child in their care for future use. He mentioned about the clearly defined phases designed for preparing the children for a meaningful transition in the outside world; highlighting the importance of support program when the youth leave care homes.

**Father Joe Prabhu** introduced the Don Bosco’s model of After Care services to the audience. He began by sharing an understanding of After Care as a holistic process involving practical, emotional, educational, training and social support of the individual; which aims at providing safe, dignified re-insertion of young adult into society. He mentioned that social integration should bring about a shift from negative feelings of vulnerability, marginali-

sation, and social rejection to responsibility, maturity and social reintegration. He discussed about a number of challenges that come in the way to provide a constructive experience to children in institutional care and then After Care. In order to overcome these challenges, he suggested some appropriate intervention strategies and developing a personal plan for each child. Partnership between Government and community was also seen as a means to facilitate social integration of young adults. Participation of children in their rehabilitation and reintegration was brought out as an important component in successful After Care program. The role, of adults, in providing support to the children in institutions, and young individuals leaving care, was discussed.

**Dr. Deepak Gupta**, heading the Udayan Care Mental Health Program, started his session with the case study of a young adult, who experienced difficulties at various times while in care and during his transition to the outside world. He discussed how unknown fears and anxiety about self can surround the young adults when they leave care. This phase can also stimulate helplessness and resurface past traumas which may lead to feelings of defiance, anger and hopelessness. The approaches laid down to minimise vulnerabilities were shared with the participants. The strategies as implemented for young adults of Udayan Care include regular After Care meetings which provide a feeling of security and support. Life skill workshops and career counseling were seen as essential aspects for self reliance. In addition, considering that each child in care has different past experiences and specific coping abilities, the provision of individual counseling and psychiatric help was considered to be of immense help. The road map for After Care as planned by the organization suggested a comprehensive approach for rehabilitation of young adults. As discussed by Dr. Deepak Gupta, crisis support, training on relationships and sexuality, regular alumni meets, in addition



to counseling and skill based training are the important components in After Care. In this session, Dr. Gupta raised the much neglected issue of After Care for children with special needs and neurological disorders and those who are especially slow learners.

### **Session 3**

## **Experience Sharing by Young Adults Raised in Different Institutions**

This session brought the inspiring young adults together to share their journey from child care institutions to the outside world. They discussed their anxieties and challenges during their transition phases, and the support provided by the care institutions to facilitate their integration in the mainstream society. The stories were motivating and brought out the plan of action of some of the children's homes in terms of the After Care program. The session was chaired by **Ms. Bulbul Das**, a legal expert on women and child rights. This session was bi-lingual, as the young adults were requested to speak either in Hindi or in English, whatever they were comfortable with.

**Ms. Rama** from STOP

*"Before starting with this sharing session, for a moment I felt, why I should tell my story. But then I realized the importance of sharing. When I came to STOP, I initially had a difficult time. I used to cry a lot as I wanted to go back to my biological family; but I realized that back home I will*

*"I want to share my story because I have come a long way, far from where I started my journey, all thanks to mummy, Romadi."*

*not be safe. I like driving and which I learnt in my institution; I pursued a course in hotel management. I have also worked as a manager in Cafeteria. At present I enjoy cooking. I want to share my story because I have come away far from where I started my journey. At present I mentor the other children who come to our institution. I believe that Government should provide jobs to young adults from care institutions and also provide them a hostel for their accommodation."*

**Ms. Neelam Pal** from Udayan Care

*"When I came to Udayan Care, I met Kiran Bua and she told me that I will be meeting other 20 girls at that place. We visited that Ghar in Greater Noida, where I have stayed for 11 long years. I have done my education from Pragyan School, which is a very good school in Greater Noida. Then I was sent to college where I did my graduation. I have done Bachelors in Computer Application and now I have moved out from*

*"I have done Bachelors in computer Application and started working with IBM India and I stay on my own; my organization prepared me for job."*

*Udayan Care as I have started working with IBM India and I stay on my own. I have heard people talking about After Care since morning, and that is how I came to know about it. When I speak to my sisters they tell me that now they have been separated from the younger girls. When I was in Udayan Care, we were all living like a family, no age separation, like in a real family; elder ones helping younger ones; but now I am told that they have been separated and the young adults have to manage their house and have to save money. This is how Udayan Care is empowering their kids and they have empowered me."*

**Mr. Damni Kumar** from Don Bosco

*"I got hopeless about my life and I thought I that I won't land up anywhere and my life was over. Then I met the staff members of Don Bosco. I couldn't believe when they asked me if I wanted to study; I felt that no one does that. I got anxious that why a person wanted to do good to me and for at least two months I doubted them. Gradually I started believing that there are people who spend their lives for others. I am presently working as a photo-grapher in the commercial team of NDTV and live on my own. I am now known as ND-TV bhaiya in my earlier home".*

***"Gradually I started believing that there are people who spend their lives for others. If it was not such care given to me, I would have continued to doubt people."***

**Mr. Ashutosh** from SOS Village, Bawana.

*"As I grew up I came in contact with the reality of life. People and peers told me that I didn't have a family. I had some questions that could not be answered. This might have caused me agony at that point of time as I was growing up. But today I can challenge those who told me that I do not have a family because there is no*

***"I would like to say that if there is a concept of second birth, I would like to be born in SOS again."***

*other place in the world that I can call home; other than House No. 13, SOS Bawana, where I belong to, where I grew up. The lesson which SOS taught me is 'life*

*is like a camera, focus on what is important, capture the good times, develop from negative and if things do not work out then take another shot'. At the end I would like to say that if there is a concept of second birth, I would like to be in SOS again. "*

**Mr. Jaspal** from Prayas

*"I used to live with my mother in a slum, even small children there were addicted to drugs and the environment was very negative; people didn't give any importance to studies. One day I found out that an NGO had been established nearby by the name of Prayas. I went there and met Shreemati Akhilesh who saw that I was eager to study and she enrolled me in school and arranged for my expenses. I am very interested in Shastriya Sangeet (classical music). I have completed visharad from Prayag University for Indian Classical Music. I want to be a singer and a music composer."*

***"I want to be a classical singer and a music composer. My talent was nurtured by my organization."***

**The young person then amazed all the participants with a melodious piece of classical music.**

**Mr. Raju** from Salaam Balak Trust (SBT)

*I felt very sad when I had to leave SBT; this pain was much more than what I experienced while leaving my biological family. While leaving I was anxious, I feared that if I ask for an accommodation will the person accept me? Will his and my mentality match? But even when we left SBT, they supported us in medical and education. For our problems that we experienced, we used to go back and shared with our teachers and they used to guide and support us. My aim is to make an animated movie and take up the career in animation.*

***My aim is to make an animated movie and take up the career in animation. SBT opened up avenues for me."***

From the stories of young panelists, one can gather that they faced various difficulties and losses in their childhood. As shared by them, their experiences, inside the children's homes, helped them to overcome their distresses. The

transition phase brought back anxiety for many of our young adults, where they struggled with the question of survival in the outside world in terms of financial, social and emotional resources available to them. However, continuing support from their respective child care institutions has provided the necessary hand holding for them. Need to prepare children in terms of everyday skills like cooking and financial budgeting came out as essential components of After Care program. The fact that these youth have engaged in diverse fields of career like Masters in Social Work, to Bachelors in Computer Application, Hotel Management, Photography, Animation and Classical Music, stressed upon the fact that helping the children identify their talents and providing them with the required support is essential to broaden their horizons and move beyond the traditional idea of employability for children in need of care and protection.

The chairperson, Ms. Bulbul Das, in her concluding remarks, emphasized on the fact that the deliberations must be reported and given to the concerned Government departments. The Government should encourage that the good practices of the care institutions where the young panelists came from, should be adopted by all other institutions including homes for 'children in need of care and protection' and 'children in conflict with law'.

## **Session 4**

### **A Special Presentation on "Creating Safer Bases and Safer Places in Children's Home and After Care"**

**by Ms. Helen Lenga**

**Ms. Helen Lenga** very efficiently and interestingly brought out the trauma and attachment perspective of After Care. She spoke about the universal need to feel safe and linked it to the key factors like one's past experiences, cultural background, economic and physical environment. The optimum conditions, required to tackle the newness of a situation were considered. She elaborated on how past experiences help an individual to develop skills, which enables one to handle an unfamiliar situation, and to save oneself from the overwhelming impact of stress and insecurity. The importance of having emotional, social, physical and financial resources at one's end was highlighted. The opportunity and ability to make choices in one's own life decisions, was viewed as a crucial condition for safety. In addition to these factors, an essential role played by relationships in helping one to feel safe was discussed

After developing a broad understanding of safety perspective, Ms. Lenga directed her discussion towards children in care institutions and the multiple losses faced by many of them. She mentioned that children in care experience multiple losses, and the feeling of vulnerability can be triggered during the phase where the young adult has to separate from the space which is familiar and secured in some sense. It was emphasised that early attachment between the children in care and their care givers is of primary importance to provide a secured base and develop their ability to self regulate. The positive relationships were shown to impact the sense of security of child residents and build their resilience to stress. It helps them to create meaningful interpersonal relationships in the future. She brought out how factors including predictability, consistency and familiarity can help to battle this feeling of insecurity in young adults leaving care institutions and facilitate their smooth transition in the outside world.

## Session 5

# Group Work Leading to Recommendations

All the present participants participated in the group work, which was moderated by Ms. Mamta Sahai. Ms. Sahai shared her apprehension about the existing status of child care system where objectives of most of the children's homes are limited to the provisions of food, shelter and clothing to children till 18 years, after which the latter are left on their own. She questioned the effectiveness of After Care program in the present scenario. However, she appreciated the practices of some CCIs, where attempts are made for effective After Care programs. She brought out that approximately 3,500 youth in Delhi are in need of After Care services. The After Care services are provided by only a few children's homes and thus a majority of the young adults leaving care remain deprived of any support. She called for a determination in the CCIs to provide best for children in their care.

After setting the ground, Ms. Sahai requested the entire audience to divide themselves into four groups and assigned four topics for group discussions. She requested the participants to come up with realistic suggestions which could be taken up by Delhi Commission for Protection of Child Rights and can be forwarded to other Governmental Authorities.

The four assigned topics for group discussion were:

1. Government partnership in After Care program
2. Community Partnerships
3. Developing programs to begin transition from institutions to After Care programs.
4. Developing programs for transition from After Care to the outer world.

The groups were allocated 30 minutes for discussion and at the end, the group leaders put forward the views of the respective groups very succinctly. Ms. Mamta Sahai summed up the points that emerged out of the group discussion and also added her critical reflections. She stressed the need to give much more importance to the After Care programs than what is given at present. She mentioned that in the Union Territory of Chandigarh, children from institutions are provided admissions in private and Government reputed colleges, and that such endeavors can be replicated in other parts of the country. Continuing from this, she drew the participants' attention to the fact that children in care should be helped to aim high in life and do well in academics. They should be encouraged to take up professions including higher educational degrees, medical, and engineering and software professions and should not be restricted only to vocation based programs. She emphasized the need for a broad and progressive mindset to aim high for children in need of care and protection. She brought out the importance of certified courses for young adults.

It was recognized that Government needs to take accountability for young adults in transition and the roles and responsibilities of the implementing agencies must be clearly defined without any ambiguity. After Care program must no longer be an unaddressed program and Government must look into the matters of After Care on a priority basis.



# RECOMMENDATIONS & CONCLUSION

Following are the major **recommendations** that emerged from the group discussions and from the deliberations of the day, which are as follows:

## Law and Policy

- After Care should be introduced into the Policy Discourse at NHRC, from where it is specifically missing, though there is a universal acceptance that all Human Rights include Child Rights. The issue however is the matter of After Care - the Umbrella of Care required by and for the Institutionalized Young Adults after the age of 18-needs to find space in such Policy Discourses. Once it so happens, it would automatically percolate to all mandated authorities involved with the well-being of such adults 'released' from the terms of the JJ Act.
- Explicit rules and guidelines for After Care must be framed keeping in mind the preparation for the transition at an early stage, rather than confining it as a small part of JJ Act or ICPS. The existing JJ Act and Rules to be amended where required making an After Care program initiation into the schedule of every Care program from an early age. It is not a day, a week or a month; or for that matter, even a year short of 18, that there should be a sudden waking up to prepare the institutionalized child/young adult for the transition; this should be a continuous process from the age of 15 years onwards.
- There must be clarity on the gender specific rules, if there are any, or apply to every young person leaving care institution. It is to be looked at if the after care service can be availed only by youth without a family or all other individuals who are no longer in child care institutions.
- It needs to be defined who is the implementing authority for After Care program and who owns the responsibility of monitoring it, whether WCD, DCPO and/or CWC / JJB. At present the legal responsibility of CWC ends when children in care institutions attain 18 years of age. However, in the Juvenile Justice Act, the accountability of Government vis-a-vis children in care is extended to 21 years. Taking this forward, After Care should be brought under the ambit of Child Welfare Committee. Therefore, the role and extent of control of CWC should be specified and orientation programs be introduced for the members so that there are no confusions. CWC/JJB and other mandated authorities should be instructed on the strategies of re-integration and rehabilitation of all such individuals into mainstream society.
- Strategies should be very specific in regard to Children in Conflict with Law now being 'set free' upon attaining 18 years of age, or 'completing' their remand term. Specific guidelines should be framed for After Care vis-a-vis children in conflict with law in transition and reintegration in society; as also for Children with special needs.
- The terminologies for After Care services as given in Juvenile Justice Rules and ICPC Guidelines needs to be defined clearly; as also whether After Care is a program or is it institutional in nature.
- Greater duration of intensive services for transitioning young people should be

stressed upon rather than a set time frame, as a part of holistic development for all institutionalized children.

- Policy should also talk about diverse, appropriate intervention strategies, personal care plan for every young adult, transitioning, in consultation with the young adult.
- Government should provide special grants, funds and scholarships to youth leaving care institutions. Children from institutions should be provided admissions in reputed Government colleges.
- Roadmap of Government, Corporate and Community Partnerships for proper rehabilitation and reintegration of young adults should be chalked out.
- Government should collaborate with police and other social departments to help create an independent identity for children within care institutions and youth in transition phase. This can include: availing identity proof, age proof, passport, bank accounts and other necessary documents to ensure a smooth integration of youth in the outer world. There should be a realization that hand holding has to be provided in the initial state till the time youth feel self sufficient.
- Space should be allotted to run After Care Programs within community which facilitates the integration process. MLAs and other local authorities should be sensitized to provide spaces where After Care Homes can be established.
- Government must give the freedom, without any imposition, to the organizations which are already running After Care facilities, to operate their After Care homes with their own organizational philosophy and perspective within the spirit and word of law; and should not be prevailed upon to take young adults given to them by the authorities, from Government or other organizations.
- National tracking system of creating databases should be developed for all

children, who will be in transition, in After Care; and once they leave care, they should be tracked for minimum 3 years to analyze the transitions and develop learning.

- Helpline numbers should be made available for youth who are out of the care institutions, where they can contact to seek guidance or counseling, whenever required, and can find solutions for their concerns.
- Periodic consultations for stakeholders including CCIs, Government authorities dealing with child care issues and young adults in transition to address the strengths and gaps and highlight and share good practices in after care.
- Establish a Steering / Study Group, including young adults, to draw up specific guidelines that could be incorporated into law and rules with a specific timeline.

#### **Budgetary**

- Increase the stipend for care leavers to sustain and help establish themselves; rather than one time, under proper supervision.
- Proper budgetary guidelines for After Care programs for better coordination between policy and practice for different stakeholders running institutionalized care for children.

#### **Mental Health**

- There is specific requirement of Mental Health well-being as a critical component for After Care. Such a program must necessarily include guided sexuality understanding.
- Within care institutions, efforts should be made to build the emotional immunity of the children. Mental well-being is closely associated with the development of a positive self identity. This can be built when child is provided consistent care and feeling of security in Children's Home, and by giving an opportunity to develop meaningful relationships with the caregivers. Attachment and permanency are crucial for the

individual in need of care and protection, while s/he is in a child care institution and when s/he leaves the institution.

- It is to be realized that children living in Care Institutions have experienced difficult circumstances; the feeling of vulnerability and past experiences of loss can be triggered during the phase where the young adult has to separate from the spaces which are familiar and secure in some sense. In order to prevent stress, predictability, consistency and familiarity play an essential part. Programs should be developed to prepare them to face the outside world in order to handle new individuals and new relationships. After care plans for the youth in transition can help reduce insecurity. It is very important to involve the individual in development of his/her after care plans. Therefore, the concept of informed choice of youth leaving care should be emphasized. This preparedness can decrease the chance of re-traumatising them and the long-term impact this may have on their psychological, physical, cognitive and social development.

### **Capacity Building**

- Care and protection for children in institutions should not remain limited to provision of food, clothing and shelter. Efforts have to be made to bring children to a high level vis-a-vis emotional, psychological, cognitive, physical and social aspects. Young adults should be prepared to be self reliant, by imparting everyday skills ranging from cooking to basic stitching work to managing financial budgets on their own.
- Individuals in care should be helped to aim high in life and do well in academics. They should be encouraged to take up professions, including higher educational degrees, medical, and engineering and software professions and should not be restricted only to vocation based programs.

- Creation of more vocational programs in Government recognized institutions that are on market demand and provided opportunities to young adults leaving care to enroll into these courses and attain Government certified degrees. To make the programs in sync with the market demands, reforms should be made in ITI skill based courses. With the increasing importance of computers, training in computers should be made a part of the curriculum.
- Children within institutions should be provided with aptitude or psychometric tests to identify capabilities and skills they are best at. Career counseling should be provided to help them choose the occupation they want to take up. Care institutions and other stakeholders should work with children to provide them opportunities for strengthening their specific abilities which can later be taken up as their occupation. Employability skill based training should be based on the need of the hour.
- Engagement of corporate community to help stimulate vocational/job training. Efforts should be made to link their CSR program with After Care plans for young adults. Interaction with successful entrepreneurs should be organized to provide youth with various options for self employment and motivate them to choose occupations based on their interest.
- Self defense trainings must be provided to young adults.
- Alumni meets should be organized regularly to provide a platform for young adults to come and share their experiences.
- An effective implementation of After Care program involves training and monitoring of all the stakeholders of the After Care process.

## Community Participation

- Strong advocacy from all civil society organizations working on children's rights to stimulate development of After Care programs reflecting best practices.
- Communities should be sensitized on the issues of children living in care institutions, without any stigma, and encourage to involve After Care young adults in the local celebrations and make them feel a part of society.
- Residential Welfare Associations be involved and take responsibility in arranging accommodation for young adults leaving care and help them in reintegrating in society.
- Community members should be encouraged to volunteer as mentors for children within institutions and youth leaving care. Mentoring programs, as prevalent in other countries, like "Big Brothers, Big Sisters", should be introduced to provide an ongoing support to youth undergoing the transition phase.
- Local entrepreneurs and corporate can provide internships to young people in transition and prepare them for future employment.
- Issues of employability are of primary importance for young adults during transition phase. Placement cells should be developed and different organizations should be brought in to understand the requirements of job market. The young adults should be prepared accordingly. Corporate should be involved and efforts should be made to link their CSR program with After Care plans for youth.
- Care leavers collaborative group should be formed so that they can collaborate to synergies their experiences and learning that can work in their favor. Alumni meets should be organized regularly to provide a platform for young adults to come and share their experiences.

## Conclusion

Existing laws, while indicative of the need for After Care, including under the comparatively new ICPS guidelines and rules, lack specificity in matters relating to the 'Need for Umbrella Care of the Family' to young adults. **We could borrow from the guidelines in Sweden which suggests – Do with them as you would with your own young adults in your family.**

After Care programming has to be recognized as a key factor in successful transitions for institutionalized children to independent living. Successful After Care programs should seek to increase key capacities in institutionalized children while providing the necessary allocation of time for healthy transition out of institutionalized care. Life skills, educational attainment, and achieving gainful employment are key developments that occur in young adults as they transition into independent adulthood. After Care systems and programs must be developed to face the additional challenge of providing services to young adults with significant obstacles and restrictions that hinder a natural process of development. Not only do children raised in out-of-home care face increased risks of interactions with criminal justice systems, they also must overcome the barriers of lower educational and employment attainment.

Despite these challenges, there is a unique opportunity to develop policies and frameworks that can provide holistic intervention in line with best practices internationally. Should India take this challenge, it will be uniquely positioned in South Asian countries to create and draft holistic, inclusive legislation that streamlines service delivery and provides institutionalized young adults the best opportunity for successful transition into independent adulthood.



## CONSULTATION AGENDA

TIME	ACTIVITY	DESCRIPTION	SPEAKERS AND MODERATORS
09.00 – 09.30	Registration		
09.30 – 10.00	Inauguration & Welcome address	Welcome address & Introduction of the Chief Guest and Guest of Honour	Master of Ceremonies <b>Ms. Aneesha Wadhwa</b> Trustee & Mentor Mother Udayan Care
			Chief Guest <b>Sh. Rajesh Kishore</b> Secretary General National Human Rights Commission  Guest of Honour <b>Ms. Razia Ismail</b> Convenor India Alliance for Child Rights (IACR)
	Release 2nd issue ICEB Journal	Introduction to the Journal ICEB: Institutionalised Children: Explorations and Beyond” and release of its 2nd issue by the Guests of Honour	<b>Dr. Deepak Gupta</b> Adolescent and Child Psychiatrist; Editor ICEB; Founder Director, Centre for Child & Adolescent Wellbeing (CCAW), Working with Udayan Care children
		Release of ICEB Journal  Address by the Chief Guest & Guest of Honour	<b>Chief Guest &amp; Guest of Honour</b>
10.00 - 10.30	Introductory Session	Some observations on Aftercare Programme	<b>Dr. Kiran Modi</b> Founder Managing Trustee Udayan Care; Liasioning Editor, ICEB
10.30 – 11.00	Tea Break		
11.00 - 12.30	Panel Discussion “Aspects of Aftercare Services in India: Issues, Challenges and Way Forward”	Introduction and opening remarks	Chairperson: <b>Dr. Bharti Sharma</b> Ex Chairperson Child Welfare Committee
		Child Welfare Committees' Role in Aftercare	<b>Dr. Bharti Sharma</b>

		Aftercare: Government Services & Policies	<b>Mr. Premodaya Khakha</b> Superintendent (OHB-II) Rehabilitation & Social Reintegration
		Aftercare: A legal perspective	<b>Ms. Bharti Ali</b> Founder and Co-Director HAQ: Centre for Child Rights
		Preparing vulnerable & affected girls in Aftercare	<b>Prof. Roma Debrabrata</b> Founder, R. B. C. Trust Sop Global Movement
		SOS Model of Aftercare	<b>Mr. Rakesh Jinsi</b> General secretary SOS Villages of India
		Don Bosco's Model of Aftercare Services: An NGO Perspective	<b>Father Joe Prabu</b> National Director, Don Bosco Home Link / Missing Children Search Network; Don Bosco YaR Forum
		Aftercare Young Adults: A Mental health perspective	<b>Dr. Deepak Gupta</b>
		Sum up	Chairperson's Remarks
01.00 - 01.45	<b>Lunch</b>		
01.45 - 03.00	<b>Presentation</b>	Creating Safer Bases and Safer Places: A Trauma and Attachment Perspective on Best Practice in Children's Home and Aftercare	Chairperson: <b>Dr. Deepak Gupta</b> <b>Ms. Helen Lenga</b> Trauma Specialist and Consultant; Founder and Director of the Gong Shi Project, Australia
03.00 - 04.15	<b>Group Work</b>	Introductory Remarks: 4 Groups: 1. Government partnership in Aftercare programme 2. Community Partnerships 3. Developing programmes to begin transition from institutions to Aftercare programs 4. Developing programmes for transition from Aftercare to the outer world	Chairperson: <b>Ms. Mamta Sahai</b> Member, Delhi Commission for Protection of Child Rights; Ex-CWC member
		Sum up & Q & A	Chairperson's Remarks
04.15 - 04.25	<b>Sum Up &amp; Way forward</b>		<b>Mr. Vikram Dutt</b> Sr. Consultant, Rehabilitation
04.25 - 04.30	<b>Vote of Thanks</b>		<b>Mr. Rahul Raja Sharma</b> Asst Manager, Udayan Care
04.30 - 05.00	<b>Tea Break</b>		

# CHIEF GUESTS / PANELISTS

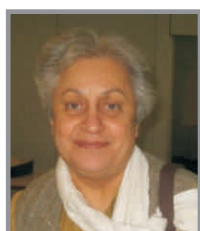
## SPEAKERS / CHAIRPERSONS



### Chief Guest

**Mr. Rajesh Kishore**, a 1980-batch IAS officer of Gujarat cadre, is the Secretary General of the National Human Rights Commission. Prior to this he was the Principal Secretary, Health and Family Welfare in the Gujarat Government since 2009.

Mr. Kishore headed the Gujarat State Disaster Management Authority as its Chief Executive Officer (CEO) from 2005 to 2009. He did his Masters Degrees in Physics and Management, and a Diploma in Social Development. Mr. Kishore has worked in the areas of public finance, indirect taxation, small industry development, science and technology, land management, disaster management, health, besides the current role in the National Human Rights Commission, and has served in various capacities in different departments of the Union and State Governments.



### Guest of Honour

**Ms. Razia Sultan Ismail** is the convener of the India Alliance for Child Rights (IACR) and the first coordinator of the South Asia NGO Alliance since 2001. She engages regularly with national Government policies and planning for children. She has initiated and led coalitions and collective processes for independent review and reporting to the UN through wide-ranging consultations among NGOs, development experts and inter-faith bodies. Ms. Razia also held senior advocacy positions in UNICEF (1976-99). She has published many articles and papers on development with justice, peace, child rights, and respect for diversity, gender justice in childhood, sustainable development, and the role and

responsibility of the voluntary sector in policy formulation. She is the co-author of the books *India Social Development Report* and *A Place to Live*. Ms. Razia has been instrumental in developing the GNRC not only in India, but also in the difficult-to-reach region of Central Asia and the Caucasus.



### Chairperson cum Panelist

**Dr. Bharti Sharma** has degrees in Home Science with a specialization in Child development, followed by Social Work from M.S. University, Baroda and Ph.D. on Juvenile Delinquency from South-Gujarat University, Surat. She has teaching experience at graduate and post graduate levels at different Universities in India and abroad. She has also been a trainer for various functionaries, at the front line and supervisory levels of Family and Child Welfare Project of the Government of India. Her experience working at the grassroots has been in India and United Kingdom. Soon after her retirement as Assistant Professor, Social Work, Jamia Millia Islamia, Delhi, Dr. Sharma was appointed Chairperson of CWC, New Delhi for two consecutive terms – 2003 to 2009. She was on the Committee for drafting Model Rules, 2007 of the Juvenile Justice Act. She has also been on various committees of the National Commission of Protection of Child Rights. She has been consultant to INGOs and NGOS on different matters affecting lives of children.



### Panelist

**Ms. Bharti Ali** is the Co-founder and Co-director of HAQ: Centre for Child Rights, a Delhi based NGO working for the recognition, promotion and

protection of children's rights. She has been working on issues relating to women and children for over 23 years. Her work includes research, training, advocacy, legal aid and counseling. She has been a member of the Central Advisory Board on Child Labour and is presently part of the Selection Committee constituted under the Juvenile Justice Act for selection of CWC and JJB members, the Delhi State Legal Services Committee and the recently constituted Gender Sensitization and Internal Complaints Committee of the Supreme Court of India.



**Chairperson**

**Ms. Bulbul Das** is a lawyer who has been working for the rights and welfare of Women and Children over the last 3 decades. Educated at Patna, Delhi and Cambridge in U.K, Ms. Das has been closely associated with several organizations such as *All India Democratic Women's Association* (AIDWA), All India Women's Conference (AIWC), All India Women's Education Fund Association (AIWEFA), Delhi University Women's Association (DUWA), Jaguri, etc., at various capacities in various projects. She is in-charge of the Mobile Helpline run by *Delhi Commission for Women* since 2009 onwards. She has published several articles on Women empowerment and legal rights of women. Ms. Das has been a resource person in several National and International conferences.



**Panelist**

**Dr. Deepak Gupta** is a Child and Adolescent Psychiatrist associated with Sir Ganga Ram Hospitals, New Delhi. He holds the privilege of being one of the few qualified Child and Adolescent psychiatrists in India. He is the founder of Centre for Child and Adolescent Wellbeing (CCAW), in New Delhi, which is an exclusive multi-specialty child and adolescent mental health services (CAMHS) centre for children, young people parents and families. Dr. Gupta is also associated with Udayan care since

2004 and since 2008 he started 'EHSAAS', a group for psychologist and school counselors which has been creating mental health awareness among mental health professionals associated with schools in Delhi and NCR. He received 'Distinguished Services Award' on Doctors' Day by Delhi Medical association in 2009, 'President Appreciation Award' by Delhi Medical association in 2010 and 'Eminent Medical Person Award' by Delhi Medical association in 2011.



**Guest-Speaker**

**Ms. Helen Lenga** is a registered Australian psychologist having over 30 years' experience working in the field of trauma as a Psychotherapist, Trainer, Consultant and Supervisor. She has specialist training in Child and Adolescent Therapy, Family Therapy and Adult Individual Therapy. She lives and practices in Melbourne, Australia and runs her own Private Practice. She is a Clinical Consultant with the Lighthouse Institute (Melbourne) and lectures in the Masters of Counseling and Masters of Art Therapy courses in the Faculty of Public Health, Latrobe University, Melbourne. Ms. Helen is the Founder and Director of the *Gong Shi Project*, an international training program for the mental health and wellbeing of children and young people. She regularly consults and delivers training on trauma and attachment to orphanage staff, teachers and mental health workers in China and Nepal, and is hoping to expand this to India in 2105.



**Panelist**

**Father Joe Prabu** is from Don Bosco YaR (Young at Risk) Forum India, New Delhi. Currently he is the National Director of Homelink/ Missing Children Search Network Program. Homelink has developed Child MISS (Management Information System & services), a web based application for child tracking system. Recently he has done a research and published a book, "Missing Children: Who cares?" Besides, he has worked with various YaR category,



like, Children of Street, Slum Youth, Displaced and Refugees, etc. for 19 years in East Africa. He has worked in Social development sector for four years in Chennai. He has degrees in Masters in Social Work & PG Diploma in Counseling Psychology.



### Speaker

**Dr. Kiran Modi** is the Managing Trustee and founder of Udayan Care. Udayan Care works to ensure nurturing homes for children, who are orphaned and abandoned, an opportunity for higher education for every girl and for every adult, the dignity of self-reliance and the desire to give back to society. A doctorate from IIT Delhi, Dr. Modi is a person of varied experience in several fields, including the media and has also been a founding member of several other trusts working for the disadvantaged. Recipient of many prestigious awards, Dr. Kiran Modi continues to strive towards ensuring the rights of the underprivileged with the same zeal and passion as she started out decades back.



### Chairperson

**Ms. Mamta Sahai** is a member in Delhi Commission for Protection of Child Rights (DCPCR) since 2012 and also the founder and the secretary of Savera Social Welfare Society working for the empowerment of women and children in the slum and resettlement areas of Delhi and U.P since 2000. Prior to this she was the Chairperson and Member Child Welfare Committee, Mayur Vihar Delhi. A Post Graduate Diploma in Human Rights from Indian Institute for Human Rights, New Delhi, Ms. Sahai is the recipient of Samajik Suvidha Sangam (Mission Convergence) Innovation Award in the Gender Resource Centre, Delhi Govt. 2009; and received Certificates of Appreciation by the District Magistrate for the success of the Pulse Polio Campaign organized by the Health Department 2002 – 2003. Invited by UNICEF, She was instrumental in imparting trainings on Juvenile Justice Act to newly constituted

CWC in Jharkhand; sensitize the Government officials, WCD department, Police on JJ act and the POCSO Act in several districts of Chhattisgarh.



### Panelist

**Mr. Pramodaya Khakha** is the Superintendent at Observation Home for Boys having responsibility to work for the juveniles at risks for their institutional care, reformation, rehabilitation and social reintegration. He joined Department of Social Welfare of Government of NCT of Delhi in October, 1998 and worked as Welfare Officer and also as Probation Officer till December, 2010. He has worked as Superintendent in District Office (Social Welfare/ Women & Child Development), Assistant Director (Grant-in-Aid/ Licensing), Child Development Project Officer in ICDS Project, Officer-in-Charge/ Superintendent of Juvenile Justice Board, and Assistant Director (Integrated Child Protection Scheme), and Assistant Director (Research, Training and Evaluation). Besides, he had the opportunity to be Resource Person at National/ State level training programs not only in Delhi but also in other States i.e. Jharkhand, Bihar, West Bengal, Chhattisgarh, Uttar Pradesh, Bangalore, Jammu & Kashmir. He has been recognized as State Resource Person for training and awareness on Juvenile Justice System/ Act/ Rules, Protection of Children from Sexual Offences Act and Child Protection.



### Panelist

**Mr. Rakesh Jinsi** is the Secretary General of SOS Children Village of India. Mr. R. Jinsi is an Electrical Engineer from Punjab Engineering College, Chandigarh and has worked in leadership positions in various companies such as Eicher Group, Hero Motors, Force Motors & Fiat New Holland Tractors. In 2009, he consciously decided to move to the social sector and since then has been the Secretary General, SOS Children's Villages, a child care NGO besides being member NHRC and member PAC, NSDC.



**Panelist**

**Prof. Roma Debabrata** taught in Miranda House, University of Delhi, for 40 years and involved in research work with other international Universities and organizations (GOs/NGOs /INGOs), focusing on Human Right issues. She is the President of STOP Trafficking and Oppression of Children and Women and the Managing Trustee of Ramola Bhar Charitable Trust under which STOP was initiated as a global movement against trafficking for commercial sexual purpose in the year 1997. Prof. Roma Debabrata is the member of Regional Task Force to implement SAARC Convention relating to trafficking in women and children and promotion of child welfare. She is also in the Central Advisory Committee on Child Prostitution, Department of Women and Child Development, Govt. of India, and State Level Co-ordination Committee on Trafficking, DWCD, Government of India. Prof. Roma Debabrata has shaped unique ways to break barriers within the system, by creating numerous 'intelligence gathering networks' within communities to combat human trafficking at source. Her vision is to effectively curb Human Trafficking in Asia.



**Speaker**

**Mr. Vikram Dutt** has over 42 years experience in the Voluntary sector working with children, persons with disability, first generation learners and women amongst others. A prolific writer, he has over 250 published articles. As a hobby, he makes documentary films and has made 52 so far. Four of them have been exhibited at the Cannes Film festival. He has been with Udayan Care for many years, is President of Manovikas Charitable Society and serves as a Core Committee Member of the Expert Committee of the Rehabilitation Council of India under Ministry of Social Justice and Empowerment and High Powered Committee of the UGC in Mass Media Communication. He is the Chairperson of the Jury for the National Women Excellence Award for the last six years.

## Annex-III

### SPEAKERS: YOUNG ADULTS



**Ashutosh Sharma**

**Ashutosh Sharma** came to SOS Children's Village Bawana in 1998 at the age of 7 years along with his elder sister Priya. Along with other children as brothers and sisters, Ashutosh grew up in SOS family under the loving care of his SOS Mother, Ms. Sushma Manajri. Ashutosh studied in KD Model Senior Secondary School, Barwala, Delhi upto till Class V, after which he went to a boarding school at Siksha Bharti Senior Secondary School, Dwarka, Delhi. Ashutosh secured 1<sup>st</sup> division in his Xth and XIIth board examinations in the year 2008 and 2010 respectively. After XII he did his BSW from Bhim Rao Ambedkar College, Delhi University and completed his degree with 1<sup>st</sup> division. Currently, Ashutosh is pursuing his final year of MSW from Delhi School of Social Work. As a meritorious student, he also received scholarship from Delhi University for his good performance in 1<sup>st</sup> year. Ashutosh enjoys sports particularly Basketball and Volleyball. He also loves reading books.



**Damni Kumar**

**Damni Kumar** from Don Bosco Ashalayam, Palam Gaon. Currently he is pursuing 2<sup>nd</sup> yrs. BA Program from Delhi University and has done Associate's Degree in Photography in 2013. Damni has experiences in working for NDTV ETHNIC RETAIL LIMITED – INDIANROOTS, Assistant Photographer with Aditya Arya on Commercial/ Industrial Assignments, Assistant Photographer with Dinesh khanna on Commercial food Assignment, Assistant Photographer with Sandeep Bali on Commercial /Wedding/Event Assignment, worked

at Apex Academy for photographic Excellence as senior instructor. Damni wants to pursue photography as a full time profession and in the process evolve as a professional with dedication and diligence.



**Jaspal**

**Jaspal** came to Prayas when he was 7 years old. He was admitted in Non Formal Education. After one year he was mainstreamed in class 3 of MCD School. He studied there till class 5. Then he took admission in another Government School and finally completed schooling from "Pratibha Vikas Vidyalaya". At present, studying in PGDAV College , University of Delhi, and also undergoing training in vocal classical music from Vidushi Smt Sidhu Prakash from Sargam Sangeet Mahavidyalaya affiliated to Prayag University. His aim is to become classical musician in future and preparing for the entrance of Sangeet Research Academy Kolkata to get his future training under "Guru Shishya Parampara"



**Neelam Pal Udayan**

**Neelam Pal Udayan** along with her four sisters came to Udayan Care under very adverse circumstances in 2004. After completing her schooling from Pragyan School with a first division she joined BCA course in Global Institute of Information and Technology in Greater Noida. During her graduation days, she interned with several corporate agencies such as Tata Tele Services and also worked part-time at McDonald's in order to gain work exposure. In her final exam Neelam stood second in her institute securing 80%. After completing her education, Neelam got a job with IBM India and started supporting herself. Neelam feels that the journey of 10 years in Udayan Care had been unforgettable. She is living independently since 2013 in a rented apartment sharing with four other roommates.



**Raju**

**Raju** is from Salaam Balak Trust (SBT). Before coming to SBT, he had a difficult life as he used to work in hotels and as domestic help. Raju was working in Nagpur. But his destiny brought him to Delhi and met some kind-hearted people from SBT. Raju was adopted by SBT and from that day onwards his life drastically changed and started following a positive path. He completed high school. He is presently doing graduation from Delhi University. Alongside he is also taking training for 3-D animation, which is his area of interest and the occupation that he wants to take up in future. After turning 18 years, Raju felt very sad when he had to leave SBT; this pain was much more than what he had experienced when he left his biological family. But even after he left SBT, they supported him with his education.



**Rama Gundetti**

**Rama Gundetti** from STOP Trafficking and Oppression of Children and Women, has a number of technical skills and training including Jute Bag Making, Driving, Tailoring: Basic and Advanced Course, Spoken English Course, Training in Accounts Keeping . Rama has the experiences of working as the Head, Production Unit at STOP; Manager, Miranda House Cafeteria and a trainer in Driving School. She has been successful in delivering catering services and orders for KOSHISH within Delhi, and clothesline supply of SALILA to clients in India, U.S. and FARCAP, Germany. Her aspirations are to be able to help establish sustainable profitable enterprises for KOSHISH and SALILA which would be an effort towards sustainable economic rehabilitation of survivors of trafficking and other forms of violence.

# PARTICIPATING ORGANIZATIONS

## Annex-IV

All India Women's Conference  
Aman Biradri Trust  
Antyodaya Niketan  
Centre for Child & Adolescent Wellbeing  
Centre for Equity Studies  
Centre for Socio-economic Environmental Studies  
Child Welfare Committee, Mayur Vihar, Nirmal Chhaya, Lucknow (Uttar Pradesh)  
Childline India Foundation  
Childrens Home 1 & 2, After Care Home for Boys, Alipur  
Communicators India  
CRY  
Deepalaya  
Delhi Commission for Protection of Child Rights  
Don Bosco Ashalayam  
Don Bosco Yar Forum  
Empowering The Vision  
FXB India Suraksha, NOIDA  
Gong Shi Project, Australia  
HAQ : Centre for Child Rights  
Holy Cross Social Service Centre  
Human Unity Movement, Lucknow  
India Alliance for Child Rights  
Indian Academy of Pediatrics  
Jawaharlal Nehru University  
Koshish  
Leher  
Make a Difference  
Manav Mandir  
Manovikas Charitable Society  
Minda Bal Gram  
National Human Rights Commission  
Palna  
Prayas JAC Society  
Rainbow Foundation India  
Sai Kripa  
Salaam Balak Trust  
Save the Children  
SOS Villages of India  
State Child Protection Society, Guwahati, Assam  
STOP: Trafficking & Oppression of Children & Women  
Sweet Home  
Tara Homes for Children  
Tata Institute of Social Sciences  
The Indian Society for Church of Jesus Christ Latter- Day Saints  
Udayan Care  
UNICEF



# About Udayan Care

**Udayan Care, registered in 1994**, is a Public Charitable Trust, working for the quality care of disadvantaged children and women and youth for over 20 years.

**Vision:** To regenerate the rhythm of life of the disadvantaged.

**Theory of Change:** There are millions of orphaned and abandoned children in India; in addition, girls from weaker sections of society do not get an equal opportunity to continue their education; professional skills and attitude are lacking among disadvantaged communities to become economically self-reliant.

Udayan Care provides homes to orphaned children while it also gives girls financial and developmental support to continue higher education; it helps communities to train themselves in vocations, by engaging socially committed individuals, who provide a transformative, nurturing and mentoring environment, to help them realise their full potential.

**Mission:** A nurturing home for every orphaned child, an opportunity for higher education for every girl and for every adult, the dignity of self-reliance and the desire to give back to society.

## OUR VARIOUS INNOVATIVE PROGRAMS ARE:

### 1. Udayan Ghars:

Based on the belief that a loving home and family are rights of every child, *Udayan Ghars*, long term residential homes, nurture children, who are orphaned or abandoned, in a simulated family environment through a strategy called L.I.F.E – Living In Family Environment. There are single and multi *Udayan Ghars*, wherein 12 children (6-18 years), constitute a unit to give individual attention to each child. This 'Group Foster Care' model ensures children love and care by a group of Mentor Parents – socially committed individuals (volunteers), who groom these children with a team of social workers, care givers and supervisors. *Udayan Ghars* are located in middle class neighbourhood to help children reintegrate with mainstream society. Children receive quality education in some of the best schools. Once they reach the age of 18 years, they move into our After Care facilities and continue higher education or vocational training. Since inception in 1996, *Udayan Ghars* have nurtured 352 children. Presently, over 200 children and young adults live at our 13 *Udayan Ghars* and 2 After Care facilities, across Delhi & NCR, Kurukshetra and Jaipur. With a vision to reach out to more children, more homes are in the offing.

Udayan Care's After Care Program is a pioneering effort in providing young adults the opportunity of independent living within the security of their Udayan Care's family umbrella. The aim of this program is to provide a secure stepping stone towards self-reliance for the young adults. They are supported through their higher education needs, career guidance, as well as encouraged to take up part time jobs and even manage an independent kitchen in order to equip for the future.

### 2. Udayan Shalini Fellowships (USF):

The situation of education for girls in India is abysmal, the biggest hurdle being faced during transition from high school to secondary levels and then to college where dropout rates increase dramatically. Making a conscious choice to support higher education of girls, Udayan Care began *Udayan Shalini Fellowships (USF)* in 2002, in Delhi with 72 girls. Since inception, USF has supported over 3500 girls. Today, many of our girls, whom we call *Shalinis* (Dignified Women), are pursuing fields like Engineering, Medicine, Chartered Accountancy and Computer Science, among others.

Some of the unique features of USF are mentoring and regular motivational workshops to create a force of sensitive, trained and enlightened citizens. To become socially aware and responsible, *Shalinis* fulfill 50 hours of mandatory social work. USF is now present in 9 cities – Delhi, Kurukshetra, Aurangabad, Dehradun, Kolkata, Gurgaon, Haridwar, Phagwara and Jaipur – with Jaipur as the most recent Chapter.

### 3. Udayan Care Information Technology and Vocational Training Centres (IT&VT):

Based on Udayan Care's mission to enable every adult the dignity of self-reliance, Udayan Care IT&VT Centres were initiated in 2006 to enable under-served youth and adults improve their livelihood options. Our Centres offer **Certificate courses in basic computer knowledge as well as Diploma and Advanced courses in Computer Application** and courses in stitching and beauty therapy. Spoken English and life skills trainings are also a part of the curriculum to make students job ready. Since inception, our 8 IT&VT Centres have **equipped over 9500 students across Delhi & NCR** with the dignity of self reliance.

### 4. Advocacy:

Udayan Care believes in people-centric advocacy that enables civil society members and organizations to take responsibility to improve the situation of vulnerable sections of society. Consistent efforts on this front have brought on board committed Mentor Parents, educationists, volunteers, corporate fraternity, medical experts and schools who willingly give their time and skills. We endeavour to ensure the protection of child rights, by organizing and participating in conferences, seminars, NGO networks and developing policy recommendations. In 2005, we were instrumental in getting the 'Guardian' column included in the application forms of Board exams by filing and winning a PIL in the Delhi High Court; earlier the form only had 'Father' and 'Mother' columns, making it difficult for an orphaned children to fill it.

In 2009 we conducted two conferences on 'Positive Mental Health and the Wellbeing of Children in Institutional Care' in Delhi and at the national level. In 2013, we conducted two symposia on After Care under the Juvenile Justice Act and ICPS, under the banner of a newly formed association "Justice for Children: a Policy Network" - an association of NGOs for protection and advocacy of child rights. Most recently in March 2014, we organized a two day seminar, "Institutionalised Children: Seminar on Standards of Care and Mental Health" the first initiative of its kind, in India, to bring together representatives from the South Asian countries from the domain of child rights, child protection and mental health, to focus on the issue of mental health, care and protection for children living in institutions. Here the academic bi-annual journal, "Institutionalised Children: Explorations and Beyond" was also launched.

### 5. Volunteer & Internship Program:

Udayan Care's experience has shown that no matter what one does or where one resides, each of us can make a difference to improve the situation of the disadvantaged. Udayan Care's Volunteer and Internship Program engage civil society to share their time, skills and resources with less privileged children and youth. Through several volunteering opportunities we enable individuals and corporate in India and globally, to advocate for child rights and be a part of change. Udayan Care's Internship Program provides a great opportunity for students to learn and gain on-the-job exposure to the not for profit sector. In 20 years, we have been fortunate to enjoy the support of 500 volunteers and interns, annually from India and various countries across the globe.

### 6. Big Friend Little Friend Program (BFLF):

Long term caring and equal accompaniment is a powerful gift one can give another. With this as the pivotal thought, Udayan Care introduced the Big Friend Little Friend Program in 2010; in partnership with Mr. Randy Yeh, founder of **New Path Foundation**. The Big Friend Little Friend Program is a unique initiative born out of our belief that adolescents (12-17 years) from underprivileged communities need emotional support and companionship. Since inception, we have matched more than 80 pairs of Big and Little Friends.

### 7. Curricula on Life Skills & Health Education:

In 2004, Udayan Care published a set of books on health and life skills to be used as part of the curriculum for school children. Pedagogists, health consultants, school teachers and students came together under the umbrella of Udayan Care to formulate a series of books titled "Health is Fun". Satya Bharti Schools, run by Bharti Foundation, were the first ones to introduce these in their schools and are still using it. Motivated by its success, Udayan Care, keeping in mind the NCERT syllabus for Art of Healthy & Productive Living, created another manual catering to primary school children, titled "Together with Life: A Celebration" – a series of 5 books on health, life-skills, culture, civic awareness, heritage, etc, which are used by many schools in North India.

Winner of numerous awards, Udayan Care is accredited by GiveIndia and Credibility Alliance, organizations that monitor and accredit non-Government organizations for transparent and credible performance.









A painting done by young adults during "Youth Consultation" in March 2014

**Udayan**  **CARE**  
• Empathy • Education • Empowerment

**Head Office:** 16/97 A, First Floor, Vikram Vihar, Lajpat Nagar-IV, New Delhi-110024  
Contact No: 011-4654 8105 / 06, E-mail Id: [info@udayancare.org](mailto:info@udayancare.org), [advocacy@udayancare.org](mailto:advocacy@udayancare.org)