

# Supporting Youth Leaving Care

## Current Aftercare Practices (CAP) in Delhi

### Background:

Aftercare is a continuum of care process towards social reintegration and mainstreaming, applicable to youth leaving Care on attaining adulthood. Apart from India's ratification of the United Nations Convention of the Rights of the Child (UNCRC), national policies, laws and schemes have been formulated in India with special provisions for care and protection for out-of-home-care (OHC) children and youth leaving care or Care Leavers. The Juvenile Justice Act, 2015 and Model Rules, 2016 and the Integrated Child Protection Scheme, 2014 (ICPS) govern the provisioning of Aftercare programme in the National Capital Territory of Delhi (NCT, Delhi).

### Research Overview:

Udayan Care, with the support of the Delhi Commission of Protection of Child Rights (DCPCR) and Mr. Deep Kalra, initiated a Current Aftercare Practices (CAP) Research Study in 2019 with the aim of developing evidence-based programmes for Aftercare in Delhi. This study was a mixed-method study aimed to understand the situation of current Aftercare practices in Delhi, from the point of view of primary stakeholders and was conducted within 3 months, from February – April 2019. This was a second level study in NCT Delhi, after a pilot study was conducted in 2018, and is also a part of the multi-city study in Maharashtra, Karnataka, Rajasthan and Gujarat, funded by UNICEF and Tata Trusts.

The CAP study in Delhi examines:

- The nature of challenges and opportunities faced by Care Leavers (CLs)
- The extent of existing Aftercare interventions
- The gaps and promising practices within the Aftercare ecosystem
- Recommendations to develop a robust Aftercare programme

This study was conducted with 55 CLs as the primary stakeholders, and 10 government functionaries, private service providers, professionals and institutional duty-bearers as key-informants (KIs). Quantitative and qualitative data was collected through:

- An indigenously developed questionnaire for Care Leavers
- In depth interviews conducted with care providers (KIs)
- Secondary data through desk research, literature review and current intervention approach documentation

### Sphere of Aftercare

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



Care Leavers' Demographic Profile (N = 55)

Care Leavers' Demographic Profile (N = 55)		
Age	Gender	Aftercare Status
18-21 years: 32 (58%)	Male: 30 (55%)	Receivers: 42 (76%)
22 years & above: 23 (42%)	Female: 25 (45%)	Non-receivers: 13 (24%)
Care Status	Nature of Aftercare	Marital Status
Govt.: 33 (60%)	Govt.: 32 (76%)	Single: 54 (98%)
NGO: 22 (40%)	NGO: 10 (24%)	Married: 1 (2%)
Education		
Primary School: 3 (6%)	Class XII pass: 20 (36%)	Post-Graduation & Above: 3 (5%)
Class V – X: 19 (35%)	Graduation/Diploma: 10 (18%)	



# RESEARCH HIGHLIGHTS

## LIFE IN CCI

- Average Age of Admission to CCI= approx. 8 years.  
Average age of leaving a CCI= approx. 19 years
- 67% reported being placed in two or more CCIs, with 23% reporting being placed in more than 4 CCIs 28%
- 71% were consulted in their individual care planning, including rehabilitation planning
- 27% CLs reported that they were unable to continue their education as per their wishes even during their childhood
- 67% CLs reported getting no guidance regarding their monetary management during their childhood in the CCIs
- 78% CLs never attended a financial literacy training, or one-on-one consultation with a caregiver, staff, mentor or expert
- 51% CLs had never received one-on-one career guidance nor attended any career-development workshop
- 66% CLs never received legal literacy training
- 96% CLs have a bank account



## SKILL DEVELOPMENT IN CCI

Skills Development Index identified under 3 broad categories: Independent Living Skills, Interpersonal Skills, Job-readiness & Vocational Skills

- 69% CLs had a neutral or unsatisfactory Skill Development Index score
- 47% male CLs had 'unsatisfactory' Skill Development Index score vis-à-vis 20% female CLs
- 64% Aftercare non-receivers had unsatisfactory Skill Development Index Score vis-à-vis 29% Aftercare receivers
- 75% CLs fell in the 'unsatisfactory' range of the Independent Living Skill Index (household management, nutrition, disaster management etc.
- 90% male CLs fell in the unsatisfactory range of the Independent Living Skill Index vis-à-vis 56% female CLs
- Skills acquired during childhood were found to have a significantly moderate correlation with life in the present

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



## ACADEMICS AND CAREER

- 41% CLs reported receiving education only up to 10th Standard
- A higher proportion of CLs from NGO CCIs reported satisfactory educational and vocational outcomes as compared to CLs from Govt. CCIs
- A greater proportion of male CLs (43%) reported completing XII Standard vis-à-vis 28% female CLs
- Only 18% CLs reported 'satisfactory' score on Educational and Vocational Skill Index
- A significantly larger proportion of non-receivers (53%) voiced the need for vocational/technical and job-readiness training than Aftercare receivers (39%)
- Only 5% CLs were neither in education, employment or training (NEET)
- 55% CLs reported their education and/or skill level was inadequate to achieve their academic and career goals
- 47% CLs shared that their education was discontinued against their wishes, after turning 18 years, with a male skew

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



## IDENTITY AND LEGAL AWARENESS

- 98% CLs reported having an Aadhar card. All the non-receivers reported having an Aadhar card
- Only 51% CLs possessed Voters' ID
- 64% CLs did not receive any training or information on their legal rights and responsibilities during the Aftercare transition phase
- A lesser proportion of receivers (52%) had basic identity documents such as domicile certificate/proof of residence and passport as compared to non-receivers (70%)
- 42% CLs were not aware of their right to Aftercare support

"The main purpose of child/youth care is to make them good citizens. Aftercare should allow them to stand on their own feet and they should become capable to lead their life independently." - Practitioner, NGO CCI, Ajmer



## HOUSING

- There are 2 dedicated Government-managed Aftercare facilities for CLs, one each for male and female CLs
- 63% Aftercare receivers were living in housing that was supported by their CCI/Aftercare programme, whereas 37% received support under domains other than housing
- 51% were living in independent housing such as PG, hostel etc., without support from any CCI/Aftercare programme
- **72% female CLs reported receiving accommodation support vis-à-vis 30 % male CLs**

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

## PHYSICAL AND MENTAL HEALTH



- **86% CLs reported facing recurring emotional distress. Almost 1 in every 5 CLs reported multiple symptoms of psychological disorders, with a marginal female skew**
- **A greater proportion of receivers experienced incidents of psychological disorders in comparison to non-receivers**
- A greater proportion of CLs from Govt. CCIs reported symptoms of psychological disorders and emotional distress vis-à-vis CLs from NGO CCIs
- 51% CLs sought assistance from professionals for mental health concerns. 44% CLs sought assistance from non-professionals such as friends or mentors
- 47% have visited their doctors/therapist for 1-4 times, with a high female skew (60%)
- **A higher proportion of young adults in the government CCIs consulted professionals for their mental health as compared to those in the NGO CCIs**
- **75% CLs do not have health insurance**
- 22% reported that either they did not have anyone who could provide care during illnesses or if they did then they could not rely on them for more than a few days
- A greater proportion of CLs from NGO CCIs (68%) reported receiving care during illness as compared to CLs from Govt. CCIs (49%)
- The proportion of youth reporting inability to continue their education almost doubled during the transition from childhood to adulthood

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

## FINANCIAL SECURITY



- Only 56% CLs reported independent sources of income by means of salaried jobs, daily wage or self-employment
- 63% males reported having their own sources of income vis-à-vis 48% females
- A greater proportion of CLs from NGO CCIs (64%) reported independent sources of income vis-à-vis (36%) CLs from Govt. CCIs
- **Mean income of independent earners (Rs.7732 pm) is lower than the state minimum wages for unskilled workers in most industries**
- More than 30% of all CLs are dissatisfied with their present financial status and believe that the Government should provide financial support
- 33% CLs reported that their income/allowance was unable to cover their cost of living., with a high male skew
- 80% CLs reported that the monetary support under ICPS should be given directly to CLs
- 35% were not actively saving

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

## SOCIAL INTEGRATION



- **1 in every 5 CLs reported that they were unable to maintain meaningful or long-lasting relationships with CCI staff and caregiver during their stay in CCI, with a high female skew**
- **67% of all CLs reported inability to form and maintain friendships**
- **82% CLs reported maintaining no relationship with their biological father and 71% reported no relationship with biological mother**
- **More than 71% CLs reported difficulties in maintaining romantic relationships, with a high male skew**
- **More than 50% of the CLs fell in the 'unsatisfactory' category of the Social Relationships and Interpersonal Skill Index, with a male skew**
- **64% reported that they would like to contribute and benefit from such a youth collective**
- **46% CLs voiced the need for guidance or counselling to improve the quality of their relationships**
- **33% thought that Aftercare services should be provided in-person through a physical facility/office, whereas 51% CLs thought that Aftercare services should be available across multiple mediums**

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

## Aftercare Quality Index

The provision of Aftercare Support and Services has an impact on overall outcomes in all domains in Adulthood. A composite score, comprising of the above-mentioned 8 indices, was computed to give the Aftercare Quality Index: Housing Index, Independent Living Skills Index, Social Support and Interpersonal Skills Index, Emotional Wellbeing Index, Physical Healthcare Index, Financial Index, Academics and Career Skills Index, Legal Index.

- A greater proportion of Aftercare receivers (31%) had a better Aftercare Quality Index than non-receivers (15%)
- CCI Life Experience Index as well as CCI Skill Development Index were found to have a positive correlation with the Aftercare Quality Index. (Pearson correlation coefficient significant at alpha level = 0.05). This data suggests that the nature of care provided in childhood strongly determines the efficacy of Aftercare support and services post 18 years of age
- It was found that a marginally greater proportion of female CLs had better Aftercare Quality Index than their male counterparts. This implies that the care and Aftercare received by females in our sample was more conducive to their social reintegration than the care and Aftercare received by males
- A greater proportion of CLs from Govt. CCIs had 'unsatisfactory' Aftercare Quality Index than CLs from NGO CCIs, although a comparable proportion of CLs from both types of CCIs scored 'satisfactorily' on Aftercare Quality Index
- Better educational qualifications, job readiness and vocational skills indicate better quality of life across all Spheres of Aftercare

These findings are crucial to our understanding of Aftercare as they support the ideology of a continuum of care, where experiences, values, knowledge and skills accumulated in care and Aftercare have a direct and profound impact on experiences and outcomes in adult life.



Where young  
lives shine



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