

CONSULTATION ON
AFTERCARE SERVICES IN KARNATAKA

A REPORT
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TATA TRUSTS





Aftercare in Karnataka
A Consultation Report

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Chapter 1: Background

Children without parental care often grow in formal or informal settings of alternative care such as foster care, children’s homes, child-care institutions (CCI) or fit facilities. Upon attaining 18 years of age they have to leave the care setting and are expected to lead an independent life of their own. This shift from care setting to independent living often throws up new transitional challenges as well as offers opportunities as they go through situational and emotional changes. Challenges arise due to the absence of a pivotal family-like ecosystem, minimal community integration and limited ownership of essential resources; while opportunities are manifestations of new circumstances that allow the young adults to explore life independently. The transition period is a delicate period, which if unsupported, may reduce scope of the opportunities available to them to locate and access safe and stable housing, pursue higher education or acquire vocational training, find steady and meaningful employment, and build strong and positive relationships with members of their social networks and be able to manage crisis and stress. (Fryar, Jordan, & DeVooght, 2017). They are more likely to experience a lack of life skills, poorer education and health outcomes, unemployment and economic hardship, homelessness, substance abuse and addictions, criminal justice involvement and incarceration, violence and abuse, teenage pregnancy, social exclusion, mental health problems and even suicide; all effectively slowing down or often denying them their full settlement in life. (Kuligowska, 2015). This is the basis of aftercare services which act as the preparatory stage for ‘care leavers’ leading to their full social mainstreaming. The Juvenile Justice (Care and Protection of Children) Act, 2015 prescribes for financial and non-financial aftercare support for such care leavers in the age group of 18 to 21 years, and extendable up to another two years in some cases. Yet, Aftercare remains an unaddressed and low priority agenda with very less investments and budgetary support that can offer adequate aftercare services in the country. The current budget of Rs. 2,000 per care leaver under the Integrated Child Protection Scheme (ICPS) is neither adequate nor transparent in its allocation. Coupled with this, is the lack of an understanding of the real issues and the reality of care leavers on the ground.

Udayan Care firmly believes that every child who leaves an Alternative Care setting on completing 18 years of age needs to be covered under aftercare, which is the logical programmatic intervention after their upbringing in a child care institution, observation home, special home, foster care, etc. Aftercare being a right for care leavers, Udayan Care has constantly pushed for more robust aftercare mechanisms in India using the ‘continuum of care’ framework. Since 2014 when the Udayan Care convened the first consultation on aftercare services in Delhi, we have advocated for their rights and empowerment. Udayan Care has extended its support to children exiting out of the Udayan Care homes through two aftercare facilities that provide secure accommodation, counselling, career guidance, educational and vocational support, and help with internships and employment. More recently, with the idea of consolidating years of experience and knowledge, Udayan Care conceived the Aftercare Outreach Programme (AOP) with the vision that that all care leavers should be supported after leaving the alternative care settings. In 2017, under the initiative of Current Aftercare Programme (CAP), a multi-city research with various stakeholders involved in aftercare has been initiated by Udayan Care with support from UNICEF and Tata Trusts. The research entails interviews with key-informants (KII) and the Care Leavers. State level consultations are also being organized with the intent of getting stakeholders together to gain better understanding on the ground realities and join hands in support of a robust Aftercare planning for the Care Leavers. Accordingly, the first city research on aftercare with 47 care





leavers and 10 KIIs to explore the status and quality of aftercare services in the city, titled “Understanding Aftercare Youth: A Study of their Movement from Child Care Institutions to Mainstream Society in Delhi”, has been concluded with the funding obtained from Delhi Commission for the Protection of Child Rights (DCPCR) and the consultation in Delhi was held on December 14, 2017 in collaboration with Plan (India) International and Department of Women and Child Department (DWCD). This Care Leavers Association and Network (CLAN), Delhi chapter was launched at the 3rd Biennial International Conference held on 16th and 17th March 2018. The Delhi research and consultation also helped Udayan Care conceptualize and roll out a national wide research and consultations on aftercare, which so far includes cities such as Bangalore, Pune, Bhubaneswar and Ahmedabad.

The Bangalore Consultation

As part of the CAP series, a one-day consultation was in collaboration with NIMHANS at the Psychiatry department, Seminar Hall in Bangalore held on April 6, 2018. The Bangalore CAP research launch invited more than 60 stakeholders to gain acceptance, interest and involvement of all the stakeholders involved directly or indirectly in the aftercare discourse in the state of Karnataka. Prior to the consultation, a desk review was undertaken by Udayan Care on the situation of Aftercare in Karnataka but very little information was found on the subject. Like other parts of India, aftercare was an entirely unaddressed area even in this state and this fact has been



reiterated by service providers as early as 2012¹. The promise of the central government to “set up a database of children leaving child care homes upon turning 18 every year and also create helpline numbers for those who are out of institutional care, where they can contact to seek guidance or counselling, whenever required, and can find solutions for their concerns” is still unmet². The website of the DWCD in Karnataka has not been updated and continues to state that there are only 5 aftercare homes for men in the state³ but none for women/girls; even though now the numbers have changed in reality. Karnataka also has the Orphanages and Other Charitable Homes (Supervision and Control) Act of 1960 under which minimum standards for orphanages and other children's homes run by private agencies with reference to conditions regarding boarding, lodging, clothing, sanitation, health, hygiene and also regarding facilities provided for the education and training of the inmates is fixed and certificate of recognition for those orphanages who fulfil the requirements are given. Some innovative and encouraging practices can also be seen in the State such as the Bangalore University providing free

¹ <http://www.thehindu.com/news/cities/bangalore/aftercare-support-is-vital/article2868261.ece>

² http://www.business-standard.com/article/pti-stories/new-guidelines-on-treatment-of-juvenile-convicts-aftercare-117051500989_1.html

³ http://www.dwcd.kar.nic.in/dwcd_english/prg_social_defense.html





education and boarding facilities to orphan students for two programmes; post-graduation and PhD⁴ since 2016. Yet, there was very little documentation or research available, on current practices and approaches on aftercare in Karnataka and there is no data available on the actual numbers of care leavers, budget allocations are unknown and there is lack of any documentation of the challenges faced by different stakeholders, including care leavers themselves. These issues have never been discussed sequentially, nor adequately studied so far. These existing gaps made the consultation in the state a very important step in the CAP series, where a discussion could take place with regard to the nature of challenges and opportunities faced by different stakeholders at a common platform. The Consultation also ignited adequate interest in the stakeholders present to participate in the forthcoming research launched on the day in the city of Bangalore to gain an adequate understanding of the aftercare agenda in Karnataka, the needs assessment, challenges and opportunities and to develop and impact better policies and programs towards the same. In this way, the Bangalore consultation was the next logical step after the Delhi research and the Delhi Consultation in the CAP series.

The Key objectives of the Consultation were as follows:

- To bring together stakeholders in Karnataka and involve them in discussions on aftercare;
- To understand the nature of challenges faced by care leavers between the age of 18 to 25 years in Karnataka
- To understand CAP India 2018 research process needs in Bangalore,
- Disseminate the findings of Udayan Care's research on Aftercare programmes in Delhi,
- To initiate Udayan Care's research on Aftercare programmes in Bangalore

Chapter 2 – Proceedings from the Consultation



Introduction session

Welcome address: Dr Janardhana, Professor, Department of Psychiatric Social Work, NIMHANS, who is also heading Udayan Care's Research team, in Karnataka welcomed all the delegates including the Government functionaries, CCI representatives, researchers, academics and above all, youth themselves. He thanked UNICEF and Tata Trusts for their understanding of the urgent need to invest in the process of aftercare.

⁴ <https://timesofindia.indiatimes.com/city/bengaluru/Bangalore-University-offers-free-higher-education-to-orphan-students/articleshow/54746327.cms>





Dr Tirumoorthi, Head of Department of Psychiatry Department of NIMHANS, began his presidential address by emphasizing that the state govt. is accountable to monitor the contributions made by different actors towards promoting the rights of children to generate positive behaviours in their adulthood. Service providers should enable a space for youth leaving CCIs so that they are able to smoothly reintegrate in society as a contributing citizen, utilizing the resources available. There are difficulties and challenges faced by youth, after leaving the institutions, on different life-situations, not the least being in adjusting to the kind of stigma they are subjected to, in the social system. Support to them has to continue as per their needs. Dr. Tirumoorthi concluded with the observation that If the youth at and after 18 is not adequately self-sufficient, then all investments made in their childhood gets wasted. He recommended that a partnership between government and various agencies can strengthen the care and service provided to children and young people.

“Child care practices should go beyond simply meeting their basic needs and must endeavour to develop their emotional wellbeing so that as a young person they contribute to the socio-economic fabric of the country. This kind of work is instrumental in moving forward the agenda of humanity for all.”

Dr Tirumoorthi, Head of Department of Psychiatry Department of NIMHANS, Bangalore

Dr Kiran Modi, Founder and Managing Trustee, of Udayan Care, thanked the team at NIMHANS for organizing the consultation and taking forward this seminal research funded by DCPCR, on the aftercare programme that was started in Delhi. The initial study in Delhi revealed above all, she said, the necessity to collect evidence on a larger scale for evidence based advocacy towards a comprehensive aftercare programme in India.



“We need to find the solutions in the best interest of our youth, for their fundamental human rights. Schematic and planned interventions for their physical and psychological safety, opportunities for education and skill development, appropriate structures (payment, transport), supportive relationships... in short, a social development framework is really the only way forward”

Dr. Kiran Modi, Managing Trustee, Udayan Care

Dr Modi shared that over 31 million children in India⁵ are living in different forms of alternative care and these looked after children are also referred to as ‘out-of-home-care’ children (OHC). Most spent their childhood in child care institutions (CCIs) or foster care or other forms of Alternative Care because they have been separated from their biological and/or extended families. Dr. Modi mentioned that since 2014, Udayan Care has been organising and participating in various national and international conferences and one major issue that was invariably discussed at all these for a was the issue of lack of enough attention to the aftercare programming. Dr. Modi also shared Udayan Care’s emphasis on aftercare as the key pillar for service delivery to all young persons in Alternative Care. She cited the JJ Act 2015 and Rules of 2016 that now have made provisions for a more supportive legislative

⁵ UNICEF, 2009





policy and a schematic framework to move forward. She mentioned that now strategies, action plans and commitments to make aftercare actually work on the ground is required and in order to do this, evidence as well as participation of care leavers is a must. Dr. Modi emphasized on the fact that the young persons may have diverse voices and experiences but they are all united in their personal journeys since they face similar challenges. She quoted the HHC6 theory of change, which talks about the four essential components to bring about change: Political Will; Evidence & knowhow; Civil Society Participation and the last and most important, Resources.

She emphasized on the fact that there are no national numbers or data available of care leavers in any part of the country. There is a complete lack of a proper tracking mechanism to follow and monitor them in their journeys as adults, to understand as to what worked and what are their unmet needs; with literally no evidence being available, no proven indicators for long-term and short-term outcomes, an effective aftercare programme to ‘Support Youth Leaving Care’ (SYLC) is not viable.

She hoped that this consultation and later the research in the city with stakeholders will attempt to take back voices from the state to inform the national policy making at the centre. She concluded with the need to form a support network to make transition smoother for Youth Leaving Care called “SYLC” and a Care Leavers Network and Association (CLAN), stating that individual work of organisations means much but collectivization of care leavers themselves through CLAN is needed and SYLC should extend all their support to them.



The next speaker Ms Usha from NIMHANS and member of the Udayan Care’s research team spelt out the expectations from the consultation, which were to understand the context of aftercare in the state for the CAP research roll out in Karnataka, and to get the stakeholders’ interest in the same.

Session 1: Aftercare Approaches in Karnataka

The speakers at this session were:

- Mr. Sony Kutty George, Moderator from UNICEF
- Ms Lakshmi Kanthamma, Deputy Director from DWCD Karnataka
- Mr. Biju Thomas, from ECHO
- Sister Sheeba, from Don Bosco
- Mr. Hemant Kumar, from SOS Children’s Village, Bangalore
- Dr. Kiran Modi from Udayan Care
- Ms. Sheila, from APSA
- Care leaver Ravi from BOSCO
- Care leaver Satish from SOS

⁶ The Health and Human Capital Theory





Mr. Sony Kutty George from UNICEF, who was also the moderator for this session, spoke about the exclusion, which life in an institution can bring in the life of a child living there since most of the times children are not enabled to develop independent skills to relate to the adult world. He urged everyone to document the experiences of Karnataka as he felt that the state had much to offer in terms of good practices in setting up of aftercare homes.

Ms Lakshmi Kanthamma, Deputy Director from DWCD Karnataka explained that the state government currently supports 59 children's homes and 3 Aftercare homes. The government grants up to Rs. 8000 per youth in the State. There are state schemes such as Jeevan Adhara that covers youth of 18 to 21 years of age. Ms Lakshmi also shared the following details:

- Karnataka government has been taking up a number of initiatives to provide skills and vocational education to youth as well as those seeking livelihoods without any appreciable skills. There is however a need to formulate a coherent and comprehensive policy on skill development for the state. It is in this context that the policy on Skill Development in Karnataka is prepared⁷. The government of Karnataka has set up the Skill Development, Entrepreneurship and Livelihood Department (SDEL) to help the youth to acquire necessary skills and expertise to increase their employability⁸, but none of these initiatives have any special provision for aftercare youth.
- The state tries to rehabilitate juveniles from other states who are convicted in Karnataka by finding a job for them such that it prevents them from further committing unlawful activities. These youths do not know the Kannada language, due to which assessment of the skill base of these youth becomes a challenge. Short training courses are offered to these youths before they are repatriated back to their native state.
- Summer camps in aftercare homes are used as an opportunity to impart learning activities. She shared the example of a Mysore hotel owner, who took a young boy and trained him for a job after obtaining the appropriate orders from the Child Welfare Committee (CWC).
- The State run homes for girls allow women to pursue their education, but 90% of them are married off while only a very a few manage to secure jobs.
- The government is ensuring that each child has an Aadhar card and bank account along with driving license and ration card.

She concluded that the government recognizes aftercare as a need for every youth and puts the best efforts to enable youth's transition into becoming responsible human being.

Mr. Biju Thomas, from ECHO

The next speaker Mr. Thomas mentioned that ECHO was the only rehabilitation model for children in conflict with law in the city. He shared that the care leavers from ECHO are trained into hotel management jobs and then placed in jobs in the same sector. The Hotel Management Learning Centre was started as a pilot programme in 2014, in partnership with ROC Mondrian College in The Hague, Netherlands and Planet

⁷ [http://emptrg.kar.nic.in/Skill%20policy%20final%20\(Dec%2015%202016\).pdf](http://emptrg.kar.nic.in/Skill%20policy%20final%20(Dec%2015%202016).pdf), page 1

⁸ <http://www.kaushalkar.com/about>





Hope Foundation, Netherlands. This venture provided quality and professional education to underprivileged children⁹. The identity of children in conflict is made known to the person, who takes them on for rehabilitation, so that the youth is treated with sensitivity. Courses are also offered every six months on vocational programme and these courses have had 100% placement. Youth, who have graduated from ECHO training and mentoring, have had good fortunes. For example, some of them are chartered accountants, earning even Rs 80,000 a month. A group of 18 girls were sent to ECHO by Uttar Pradesh government and they competed for entrance tests after undertaking certain coaching courses and have had placement into jobs. After they were given training in hospitality they could apply for jobs in consultation with their families. ECHO also offers assistance for up-to Rs 10,000 a month to young adults who take on different trainings to get financially and socially streamlined.

Sister Sheeba, from Don Bosco

Sister Sheeba from Don Bosco shared that *Bangoly Sewa Cutta* has 9 centres (7 for Boys and 2 for girls) in the city. The girls' centres were started 4 years ago with 70 girls. So far only two have aged to stay in PG accommodation. Sr. Sheeba shared that unlike boys, girls are very guarded in expressing themselves and their needs, as well as about their past. They do not want to revisit the trauma that has landed them in institutions. In such a scenario, planning aftercare or even care becomes a challenge for the girls. The boys home has been in existence since the past 35 years where the organisation has worked with children above 15 years in *yuvak* centres giving them vocational training in different skills. Once they complete the training, the boys rent their own houses, while some live in a group home with initial support and one year's follow up from the organisation. Girls are placed in Paying Guests accommodations, with people who are trusted completely by the organisation. Security for girls is a grave issue and the girls break down whenever they are faced with small or big difficulties. They then, approach the NGO, which provides for care and support to ensure that they do not get re-traumatized. Sr. Sheeba mentioned that in her experience boys manage themselves and know how to negotiate and navigate through the challenges that they face. Even after exiting from the aftercare, boys come back to visit their CCI on the Don Bosco day, even without a formal invitation. They are very vocal about sharing their wellbeing and to meet with each other. Sr. Sheeba stressed that the organisation does not get into the life style of these boys after they pass out. Support towards placement through the Bosco Yuva Centre, the employment centre, is given, resulting in 80% youth getting settled. Due to language issues, youth, from other states, are sent to the CWC so that they can be sent back into their native states, if possible.

Mr. Hemant Kumar, Director, from SOS Children's Village, Bangalore

Mr. Hemant Kumar from SOS Villages in Bangalore shared that the organization has been in operation since the past 27 years in Bangalore and through the years, they have provided care to over 200 children. At present, 41 boys and 40 girls are living and working in and around Bangalore. SOS has a target of ensuring that the aftercare youth earn a salary of at least Rs 16,500 per month. He shared that the process of settlement and aftercare is a planned outcome at SOS where the process of planning starts by recording the first observation report within 24 hours of the child entering the care system. When the child enters the SOS system, the child is not sent into formal school initially and for about 3 to 6 months, they work with

⁹ <http://echoindia.org/>





the child informally to assess the need to mainstream the child in the SOS family to make the child comfortable in the system. Thereafter, the child's aptitude is assessed through a child development plan that is drawn up jointly by the child and the adult caregivers. This care plan is more than the Individual care plan as mandated by the government. This plan is prepared within one month of the child's joining the SOS system and it is reviewed every six months until the child/youth settles down in life. Boys and girls stay together in the same home till the boys reach the age of adolescence and thereafter they are shifted to an all-boys home as mandated by the juvenile justice law. SOS strives to develop the capacity and resilience of the child immaculately to mainstream the child in the society as a youth. SOS is successful in drawing upon the CSR of different institutions who agree to concessional fee rates for the courses the child undertakes along with a regular rigorous pre-employment and post-employment counselling.

At a sequel interview, after the consultation, Mr. Hemant shared that not every child has been an achiever. Some keep turning up with request that they want to come back to the village and continue to live there as staff members. Many girls offer to continue to live there and even become mothers. He also shared that in states where the sex ratio is skewed; families seek to marry girls who have aged out of institution. The perception that this woman has no family to turn back to often leads to domestic violence with the married girl. He shared that these girls have no choice but to come back to the village after abandoned by the families they got married into. He concluded by saying that girls face more challenges than boys during their aftercare phase.

Dr. Kiran Modi: Udayan Ghars Model of Udayan Care

Dr. Kiran Modi shared the Udayan Care childcare model that supports about 200 children in its different small group homes, known as sunshine homes or Udayan Ghars that are situated in neighbourhoods where 10 to 12 children live as a family. Under the strategy of LIFE (Living in Family Environment), children learn to grow up in a community. The development goals for the children are laid out such that they are motivated to succeed and grow up demonstrating independent living skills. There are live-in service providers, under the supervision of mentor mothers and mentor fathers. These mentor parents are long-term, committed volunteers, who have pledged themselves to specific homes throughout their lives. Over 24 years of care, there are around 120 children who are now well settled in life, yet there is continual engagement and attachment provided to them. The trauma informed care approach is adopted throughout child and youth care to allow them to mitigate their fears and adverse experiences. Most youth experience re-traumatization between the age of 16 to 18, at the impending transition period, and it is at this stage that they require a lot of counselling, support and training. Training is also required to understand when to negotiate, how to resolve conflicts and overcome the fact that they may have come from dysfunctional families. Throughout, it is endeavoured that they learn to build positive relationships so that they contribute towards developing a network of assistance that extends itself to each other in times of need.

Dr. Modi further explained that at Udayan Care, the step towards gaining a career path is only one of the many steps to develop one self. It is important to make the child develop themselves as an employable individual and therefore the plan for the child is revisited multiple times on the basis of emotional and intelligence test. Each child has their own trajectory of getting stuck at different points and at such junctures the mentor parents assist the child to win over their current hurdle. To get to a steady career path is not easy. Coming from traumatized backgrounds, developing trust becomes an issue with most of





these youth. Often, they find it challenging to continue in their jobs and the young persons are constantly counselled on the skills required to retain a job depending on their personal efficiency, as well as their individual situations. At Udayan Care, children and young persons are offered an attachment matrix, based on the commitment of long-term volunteer mentor parents. There is an aftercare committee that deals with the needs of each case along with a monitoring system. This committee comprises of mentors and staff as well as the alumnus. Dr Modi concluded with the example of two case studies of a boy who has now completed his Engineering and is working in a multinational company and still visits his home to look after younger brothers and sisters every weekend. As a child he was abused and abandoned by the very people, who provided him shelter, when he got orphaned. But now, he has an anchor to give back continually to relationships that will remain with him throughout his own life. The other case shared by her was of 5 sisters who came together and each has developed well in the caring community of Udayan Ghars.

Ms Sheila, from Association for Promoting Social Action (APSA)

Ms. Sheila shared the experience of APSA¹⁰, which is functional for the past 35 year in 50 slum areas of Hyderabad and Bangalore. Known as a child-centric development organization with an outreach approach, APSA offers space to youth in transition for a maximum of 3 years. All youth come to them from the CWC. She shared that every youth who come to them have a baggage of traumatic experience and lack adult support. APSA provides them with guidance, life skills training and helps them to improve their day to day life skills along with their employability skills. The youth have an option to stay in the APSA community home to experience group living while they get guidance through different approaches. The *Navajeevana Nilaya* girls' hostel is a cost-effective, safe and enabling response to shelter problems and girls from different disadvantaged backgrounds such as single parents, orphans, girls from alcoholic families or those facing physically exploitative situations stay here. APSA also runs "*Nammane*" - a two-storey multi-utility residential and learning centre for children rescued from distress situations such as child labour, street children, abandoned or runaway children and children rescued from distress or conflict situations as well as children needing care and protection. On an average, 350 children use the facilities at the *Nammane* Shelter annually. Along with the residential care, *Nammane* provides nutritional, medical and counselling support as well as protection for the children in its care, enabling them to retrieve their childhood.

APSA also runs a *Kaushalya* Skill Training Centre, since 1992, to bring job-related training within the reach of youth from urban slums. Around 2500 children are trained every year through vocational training options such as computers and graphic designing. The aftercare program has health, training and education components with specific modules for de-addiction that has been developed with the support of NIMHANS. They also offer follow up support and conduct camps to provide space for peer bonding.

The Care Leavers' Perspectives: Ravi & Satish

Ravi, a care leaver from BOSCO, shared his experience of how as a child he was placed in Bosco through a CWC order. Before this placement, Ravi had never felt loved but at Bosco, he found affection along with an opportunity to study. Currently he is working in Mount Carmel College, as an office bearer. Whenever he

¹⁰ <http://www.apsabangalore.org/>





sees children on the streets, he speaks to them to explore better options for them. Ravi concluded by sharing his huge desire to give back to society.

Satish, another care leaver, from SOS shared his experience of growing up at SOS and having found his own home, which made a critical difference in his life. Today he has five brothers and six sisters and he feels he has transformed his life and he no longer feels like an orphan. Satish appealed that aftercare providers contact as many companies to offer internships and exposure to children and youth living in alternate care. He suggested that heads of companies should be encouraged to visit CCIs so that they can understand the situation. He also shared that at SOS, those youth, who are not interested in studying further, have another list of options to choose from and from age 13 to 18 soft skills are learnt in summer camps for students, who have cleared the 10th standard exam or passed high school. He exhorted youth to work upon building confidence.

Mr. Sony Kutty George concluded this session by saying that the continuum of support through aftercare is very important and the key is that organisations learn from each other's good practices.

Session 2: Sharing the Delhi Research and way forward in Karnataka

The speakers at this session were:

- Ms Rini Bhargava from Udayan Care
- Ms Arlene Manoharan, independent researcher, Bangalore
- Dr Janardhana, NIMHANS and Udayan Care Research Team
- Ms Nina Naik, Child Rights Expert, Bangalore
- Open Floor discussions

Ms. Rini Bhargava, Advocacy-Coordinator at Udayan Care, began by presenting the objectives of the CAP research in Delhi as the following:

- ✓ Understand the nature of challenges faced by care leavers in the domains of accommodation, education, physical and mental health, employment, financial management, legal literacy and social relationships
- ✓ Establish relationship between life in child care institutions and nature of challenges and opportunities faced by care leavers as young adults
- ✓ Understand and document emerging and promising aftercare interventions
- ✓ Ascertain the average number of children who exit child care institutions in targeted area every year on completing 18 years of age
- ✓ Recommend measures for interventions that will bring about qualitative improvement and robustness in aftercare activities

Ms. Bhargava briefly shared the methodology employed and the processes followed for the research in Delhi. An indigenous questionnaire was developed by Udayan Care to interview care leavers. It was prepared by a meticulous process by a team of researchers, statisticians, domain experts, lawyers and practitioners. The tool was face and content validated; and went





through multiple revisions after pilot testing. This questionnaire was designed to gather empirical data pertaining to challenges faced by care leavers in the domains of mental and physical health, housing status, education, vocational skills and employment opportunities, financial and legal literacy. Along with this, standardized tools – the WHO Quality of Life Scale (1995), Flourishing Scale (Diener, et al., 2009), and the Satisfaction with Life Scale (Diener, et al., 2008) - were also administered to the care leavers to obtain further data. Additionally, KIIs with practitioners from government-run and NGO-run CCIs, CWC, JJB and DCPU members, were also conducted to understand the context of their challenges in supporting care leavers.

Ms. Bhargava shared the profile of the care leavers interviewed for this study and said that they belonged to both governmental and non-governmental CCIs in the National Capital Territory of Delhi; and all of them were between the ages of 17 and 29 years of age, with 65% of the sample between the age group of 18-21 years of age which is the current prescribed age bracket for aftercare services under the JJ Act, 2015. The key finding of the research showed that out of the total sample of 47 care leavers, 40% of the youth had not received aftercare support. However, even those who received aftercare had almost a similar quality of life when compared to those who did not receive any form of aftercare. This suggests that the current aftercare provisions are not adequate or robust and is not leading to any improvement in the conditions of care leavers and there is much more that is still desired to be done in Delhi.

When analysed in-depth, Ms. Bhargava shared that 1/3rd of the total sample, (15 out of 47) had faced debilitating physical illness and injuries in the past one year. Further, 11 of these 15 care leavers were females who had experienced high incidences of STDs and other ailments due to poor hygiene sense and unhealthy sexual habits. 60% of care leavers were still living in accommodation provided by their CCI or Aftercare programme. Moreover, 85% of all females interviewed lived in an institutional setting that controlled their free movement, even after attaining adulthood. Besides poor health conditions this also impacts their behaviour and learning opportunities. Upon visiting a government-run aftercare facility for women in Delhi, our researchers observed that many girls living in close proximity had contracted herpes from each other, raising concerns about their housing conditions.

Next, the study found that 43% of the interviewed care leavers had experienced some form of mental or emotional stress over the past one year. Family issues, unemployment and domestic violence/abuse were some of the root causes of this stress. It was also found that females scored significantly lower than males in the psychology domain of the WHO Quality of Life scale; suggesting that female care leavers experienced poorer psychological health than their male counterparts. This shows the lack of gender-specific strategies to address care leavers' mental wellbeing.

Further, the study also revealed that care leavers lacked adult mentors. 15 out of 18 respondents who did not receive aftercare reported that were unable to maintain long-term relationships with any adults. Factors responsible for poor social bonding of care leavers include frequent breakdowns in the continuum of care, severed attachments as one moves out of their CCI, and lack of trained and caring staff during CCI stay. The effects of unhealthy relationships, especially for girls, have also been reiterated by key-informants like social workers and caregivers in CCIs. Many of them reported frequent problems of teenage pregnancy, domestic abuse and further victimization of this vulnerable population. However, 20 of 29 who received aftercare considered their caregiver/mentor as one of the reliable people in their lives. This establishes the





important need to continue building trustworthy relationships with care leavers through aftercare and provide them with a sense of belongingness and social security. As a result, care leavers who receive aftercare reported higher self-perceived *Satisfaction with Life*¹¹ than those who did not receive aftercare. (t=1.924, p-value < 0.1)

Compounding on to problems faced in the domains of mental and physical health, accommodation and interpersonal relationships, achieving financial stability also remained a major challenge for care leavers. Most of care leavers lacked basic financial literacy; only 19% of the care leavers reported participating in workshop aimed at imparting knowledge of managing their financial affairs. 21 care leavers (45%), did not have their own sources of income and relied solely on aftercare programmes, friends and family, and individual donors. As a result, 41% or 19 of 47 care leavers reported that their income was insufficient to cover their cost of living. Key-informants such as Ms. Anjina Rajagopal, Chief Functionary of Sai Kripa – a children’s home in Delhi reported that they spend about Rs. 10,000 per month for aftercare services to one care leaver. Although other aftercare facilities were not so forthcoming about their budgets and expenditure, all key-informants believed that the amount of Rs. 2,000/month ordained by the ICPS for aftercare of one young adult is grossly inadequate.

Awareness of legal rights and responsibilities was also low among the care leavers interviewed. 45% were unaware that they were entitled to the rehabilitation-release plan upon turning 18 years of age or upon exiting their CCIs. They were also unaware of the fact that they could avail aftercare services as mandated under law. Thus, many care leavers reported feeling lost and disempowered after exiting their CCIs. Although most care leavers (87%) had Aadhar Cards, many did not possess PAN card, passport, voters’ ID card, ration card or proof of residence. Such documents are necessary to traverse adult life and required for renting accommodation, accessing subsidized health care, applying for higher education and jobs; and without these legal, identity documents care leavers miss out on important opportunities. For example, a care leaver narrated his experience of when he was selected for an educational exchange-programme to a foreign country. Being proactive, he even resourced the money for his travel, but was unable obtain a passport in a timely manner as he did not have proof of permanent residence. Missed opportunities like these remain unquantifiable, but may have lasting impacts on the life trajectories of care leavers.

Regarding employment, 47% reported that they had not come across any suitable employment opportunity since they’ve left their CCIs, and 29 of 47 (62%) believed that their current education and/or skill level was not enough to achieve their career or academic goals. Although 47% of the care leavers had received vocation skills training in computers/IT skills, the rest were mostly limited to carpentry, plumbing and electrician for boys, and housekeeping, secretarial management and nursing for girls. Although many care leavers were engaged in multiple ways like pursuing higher education (51%), technical/vocational training (21%) or salaried jobs (34%); many (30%) still remained idle and were not engaged in any productive activity. Keeping the individuality of each young adult in mind, Mr. Sanjoy Roy, Trustee of Salaam Baalak Trust insists that exposure to arts, sports and entrepreneurship must be encouraged as viable career options for care leavers. Given the limited opportunities for care leavers, those who are not academically inclined have minimal opportunities to progress. This was substantiated by the care leavers’ score on the

¹¹ (Diener, et al., 2008) A measure of self-perceived satisfaction with life using 7 questions on Likert-scale.





Flourishing Scale¹² (Care leavers who had not passed 12th grade scored significantly lower on the Flourishing Scale than those who had. (t=2.815, p-value < 0.05)

Through the focus group discussion, interviews with key-informants and mostly importantly with care leavers, this study in its entirety has revealed that though more girls receive aftercare accommodation linked services than boys, these services tend to be limiting in nature as the service providers still consider marriage as the only viable option for girls towards rehabilitation. There is no effort made to equip them with vocational skills or life skills to empower them to face the challenges that independent living may throw at them. Verifying this assumption, the results showed that girls scored lower than boys on the *Social, Independence and Overall domains of the Quality of Life Scale*. (p-value < 0.01)

As a key-outcome of the study a **Care Leavers' Association and Network (CLAN)** was launched in Delhi on the 17th of March, 2018. CLAN is a youth-led, independent group of care leavers that represents supports and advocates on behalf of all care leavers in Delhi. CLAN acts as a platform for raising resources, advocating for policy and social change, and providing informational and emotional support to care leavers. Presently, CLAN's activities of outreach have been initiated by self-motivated, voluntary alumni from NGOs and government-run CCIs in Delhi, like Prayas, Don Bosco, Deepalaya, Bal Sahyog, Udayan Care and Alipore Boys' Home. The Delhi research has also led to formation of SYLC – 'Support for Youth Leaving Care' – a group of like-minded people from the civil society and experts, professionals and practitioners from the field of child rights and child protection, to join hands as a collective that supports and informs the activities of CLAN. SYLC provides resources, structural, informational and advisory support to CLAN as when needed. Overall, the study in Delhi revealed that there is an urgent need to better organize aftercare programmes and improve the quality of support and services to care leavers in Delhi.

Ms Arlene Manoharan, the next speaker, an independent researcher, said that prevention of juvenile delinquency should also be a priority. Children are either abandoned by their families or run away when they fail in standard 8th and 10th class. Children often abandon learning as the education system is not responsive to their needs. She said that the civil society and government needs to make schools accountable under the Right to Education law. Preventive action is more important so as to prevent the child from entering a CCI. She suggested that learnings of various stakeholders who have worked in the recent past on care and aftercare be incorporated in the guidelines for the state. The aftercare guidelines by Karnataka government allow only a sum of Rs 2000 per child per month to be given, even though much more needed for this. She noted that as civil society we must factor in the additional services that are needed to make aftercare effective and demand a budget for them as well.



¹² (Diener, et al., 2009) A measure of positive psychology traits and expected flourishing in life using 5 questions on Likert-scale.





The next speaker for the session, **Dr Janardhan**, spoke about the mental wellness approach to aftercare programming. He emphasized on the various mental health needs of the youth, particularly those living in CCIs. He stated that the stigma associated with mental illness and the fear of being branded as a 'mentally ill' person is keeping a lot of people from availing services and seeking help for their mental health issues. Dr Janardhan emphasized the challenges of mental health during young age where an adolescent goes through stress because he is expected to behave like an adult and eventually is not able to engage in any productive work. He explained the Ericson stages of birth and death, where each stage is important in life and during the years of transition, human beings feel burdened with the fear of the unknown. In transitioning to adulthood, children face a lot of identity issues; they question their own bodies where hormones rage a war between the need for intimacy and the need for seeking isolation. This dichotomy leads to an inability to form effective relationships and children who grow up in difficult circumstances, such as conflict in families or in institutional care, this problem gets further aggravated. These lead to problems of learning and further complicate choices of vocational or career paths. It is important to understand the true meaning and implications of mental health. He explained that mental health means more than the illness that debilitates normal functioning. He suggested that we start using the term "mental strength" because that has a positive connotation and can steer the discourse in a different direction and an understanding of the "mental" is understood as including emotional, psychosocial and social wellbeing. It will thus aid in the development of fulfilling relationships and utilizing faculties towards coping mechanism.

It will be helpful, he further elaborated, if the CCI could look at mental wellness models while preparing the child to overcome the trauma that makes one begin life afresh under alternative care. He added that there is enough research on youth's low self-esteem, that leads them towards self-harm and as facilitators we need simple mechanisms to develop the self-esteem of the young to help themselves to resolve their day to day problems. In his opinion, poverty, social inclusion and lack of housing are all linked to each other and contribute to low self-esteem in young people.

Dr Janardhan went on to say that prevention is the best strategy. He said that 50 % of mental health issues start at the age of 14 and 75% at the age of 24. Suicide, he said, was emerging as a big concern, where almost 90% suicidal deaths have mental health related causation. In the last 45 years, suicide rate has increased by 65%. More than one lakh persons in India have lost their lives by committing suicide during the year 2012¹³. In his opinion, substance abuse is an even bigger problem where 10 million alone are alcoholic. He said that community based strategies are needed to counter all these issues rather than institutionalized care. Dr Janardhana profusely appreciated the confidence reflected in the sharing of the care leavers.

¹³ <http://ncrb.gov.in/StatPublications/ADSI/ADSI2012/suicides-11.pdf>



Dr. Nina Naik, Ex Member, NCPDR, said that bringing parents into the conversation of developing life skills is important such that the child is able to learn to cope with difficult situations in life. The trauma and pain associated with it should be minimized before they are left independent on their own. There are lot of civil society clubs, like Rotary, Lions, Inner Wheel, etc., and it needs to be explored as to how to draw them into the work on aftercare. They can mentor the children at the district and taluk level. The self- help groups (SHGs) are empowered and can mentor youth as well help by training them on neighbourhood enterprises.

Open Floor

This was followed by an open floor discussion wherein Dr. Modi reminded the group that the juvenile laws do mention foster care as an option but this is still a grey area. Ms. Sindhu Naik talked about the need to monitor the training of staff in developing the individual care plan (ICP). She mentioned that a system needs to evolve to show that the planner could instil the right balance of skills, morals and independent living ability in the child/youth under care. Mr Sony Kutty George shared the UNICEF plan for hand holding the government to develop the practice to standardize the ICP process. One of the care leavers shared the challenge of getting rented apartments for care leavers to stay in groups as not many landlords agree to give their homes on rent to vulnerable youth. The need for SYLC (Supporting Youth Leaving Care) was strongly agreed by all participants not just for renting accommodation but also for support in other areas such as health, education, social networking and relationship building. Mr Sony Kutty George from UNICEF observed that if aftercare associations existed in India, earlier, then by this time Care Leavers would have raised their own issues from the perspective of those who are direct stakeholders. Now that the Care Leavers Association has been formed as a new phenomenon, he hoped, that its voice will impact the way legislations are made and implemented. He concluded by saying that participants at this consultation have articulated concerns around aftercare from multiple perspectives, and that as practitioners and community of carers, it is important to ensure that every child who leaves care strives and thrives.

Session 3: Group discussion

Facilitated by Dr. Shivani Bhardwaj from Udayan Care, the participants were then divided into three groups to discuss a set of questions, on 3 related aspects of aftercare:

- Legislation and Policy
- Aftercare Services
- Care Leavers' Concerns

The choice was left to the participants to voluntarily join either group. The three groups discussed and deliberated their issues and presented their conclusions on a chart paper to a panel, that comprised of Ms Nina Nayak, Ms Arlene Manoharan, a woman care leaver from SOS and Dr. Kiran Modi.

The points that emerged from each of the groups, based on the questions are recorded below.

Presentation from Group I: Legislation and Policy

Question 1: What kind of policy and legislative reform is required for effective implementation of aftercare





in India?

Responses

- 1. Make state accountable for action:** Aftercare as a right of all OHC youth who have special needs should be included in the youth policy.
- 2. Define aftercare:** The current definition of aftercare under the JJ Act is limited to only children exiting out of CCIs and excludes other forms such as foster care etc. The definition is also not comprehensive and focuses only on financial support and accommodation.
- 3. Set criteria to avail aftercare:** All OHC children should be eligible to apply for schemes to avail benefits under aftercare but there should be age flexibility for exiting out of aftercare. In exceptional cases, aftercare should go beyond 25 as some youth may require support depending on the circumstances. There are cases where the youth may need to come back and seek support, for example a girl getting married and settled but facing domestic violence in marriage, will require support after a break of some years after the exit from the residential care systems.
- 4. One time support for all aftercare youth should be set up as a programme:** Just the way the government of Karnataka offers Rupees five lakhs for marriage of those under institutional care, a similar one time budget should be set aside that different care leavers could avail based on a priority criteria. The provision could have a criterion that gives first priority to those who have a disability, second to those who have no adult guardian, third to those who have single parent or abusive or vulnerable category guardians.
- 5. Aftercare guidelines need to factor experience of the state on aftercare:** The state rules specify that JJ act guidelines should have been issued within six months of issue of JJ rules. The rules were notified in 2016,
- 6. Specific information on aftercare training and services should be available:** A handbook on training programmes and aftercare services is a felt need to aid DCPUs and CWCs for better implementation of existing provisions.

Question 2: What does mainstreaming in society / rehabilitation and reintegration mean for the Care Leavers in Karnataka.

Responses

- 1. Define mainstream:** a definition of mainstreaming is needed for care leavers and ensure that it is broad and not restrictive.
- 2. Promote group homes as best practice for aftercare:** The standards set up in care facilities can be met only if there is adequate budgetary support for them. Aftercare hostels can be an extension of institutional care but it excludes youth from taking on community responsibilities and develop skills towards independent living. Therefore, group homes are better than aftercare hostels. However, standards for group housing are not specified.
- 3. Monitoring by State:** There should be less of monitoring by the state since then spirit of service and independence gets lost. Further research is required to clarify the extent to which aftercare facilities should be monitored by the state or whether it should be a non - monitored activity.





Question 3: What kind of tracking mechanism needs to be instituted to compute number of Care Leavers in each district?

Responses

1. **Software for tracking youth needs to be developed:** The model rules refer to a protection officer who will track the youth but no provision is made for the salary for this role. This thus becomes an additional task for the DCPU that at present is not able to track even the number of children in care. It was suggested that the task of tracking should be outsourced to consultants with reputability of being child protection exponents.

“Our link with government must not be fractured! We should continue to be cared for by the state. The state government can dove-tail all schemes to offer a one window system for aftercare to get us mainstreamed. The care leavers need legal services and support for aftercare”.

-A Care Leaver

Question 4: How should districts plan the scheme and expend the budget to support aftercare of youth till they are deemed settled in life.

Responses

1. The state should allocate aftercare budget within district/rural development plan based on needs specified by the care leavers and their care organisations.
2. For youth exiting CCIs, six months follow up data should be reported within the finance programme of the district development plan.
3. Aftercare should be a rural development activity under the panchayati raj budget wherein all concerned departments can monitor provisions for vulnerable under the Karnataka Development Program (KDP). Representations from care leavers at these meetings can make them understand the district development plans.
4. Aftercare should be included in gram panchayat action plan where care leavers can also participate and also claim their right to housing and land resources under the Indira Aawas Yojna or apply for space for vending or managing parking areas with a café facility. For this the KDP can have aftercare budget to provide for infrastructure or upkeep of waterbodies or park that the Care Leavers Association of the district can manage and earn revenue from. These kind of projects can be an assistance to help collectivization of people who are OHC to avail benefit from a one window system. These activities should be monitored by the Jila Panchayats or the RWAs.

Panel Response: A convergence programme is required. The JJB/CWC has a duty to support OHC children and youth. The right to aftercare and to be mainstreamed should be on the same principles as the child labour, who gets admission into school without any documentation, as the state takes responsibility for





the dire situation of the child in the vulnerability.

Presentation from Group II: Discussions on aftercare services

Question 1: What support and services can be offered to Care Leavers?

Responses:

1. Making available **identification documents**. There has to be a system to get the legal documents faster and offer legal services to aftercare youth.
2. Providing health insurance, **health care** by linking with private hospitals and mental health institutions.
3. Providing **life skills**: This can be offered in addition to counselling services, as a pre aftercare at 15 and during aftercare programme.
4. Providing **vocational skills**: Training, in collaboration with different NGOs to reach government skilling programmes to aftercare youth as a complete package on aftercare, needs to be organized. Educating care leavers, for aftercare with identified vocational skill like coding, computer repair. A listing of all training institutions for career and soft skill development will help in referring aftercare services to the care leavers.
5. **Entrepreneurship training** with financial assistance from a bank needs to be facilitated as an option. Most financial assistance should be managed along with hand holding support through local organizations.
6. Development of **personality for empowerment**. Care and aftercare should be empowering children and youth to plan their own development. Towards this, there should be a module to train children, their case workers and mentors to develop the Individual Aftercare Plan (IAP).

Question 2: What kind of **Public Private Partnerships** (PPP) should be initiated to service Care Leavers?

Responses: Working out long term relationship with CSR engagement by setting up PPP is required so that corporates can provide training, internships and jobs. Different companies can provide technical skills for supporting of each other.

Panel Response: The ICPS is being revised now and aftercare needs to be strengthened in it, based on the experience Karnataka has demonstrated. A data base should be available in public domain with line departments taking charge of monitoring development goals for the individual and their contribution to the public space they nurture. The civil society can advocate for linking different inputs, provided to aftercare youth, for gaining access for inclusion, for example, the disability sector gets a 5 % reservation, where each department puts aside this percentage in all its programmes. A similar percentage should be worked out for aftercare. Before this is done, the numbers of aftercare youth need to be ascertained. It is not catch and capture but protect, develop and nurture such that the agency of the child is strengthened. In all our work, the centrality of the child as the actor today instead of future caretaker of resources needs to be sharpened as a pivot point of child care programming. There should be convergence between different stakeholders. There could be an online group for SYLC and CLAN.





Presentation from Group III: Care Leavers discussions

Question 1: How can youth organize themselves in Karnataka to support each other better?

Responses

1. Care leavers can get together for supporting each other in specific areas such as caring and mentoring, emotional support, counselling and guidance for family living and marriage.
2. The elders can become a sounding board for their relationship and behaviour issues.
3. **Financial Support:** Group living and financial support to live in a society till care leavers earn enough. Rental expenses are a big burden for them that can be provided by an agency that also can help us get a house for group living on lease. After earning income this can be repaid back.
4. **Training was needed in the following areas:**
 - a. To organize themselves: The training to organize Youth Forum and Youth Rights Clubs that need to develop differently than political clubs. These clubs could link with local clubs that work at district level to connect to social welfare programming. Aftercare youth need to finance the convergence of self-welfare with welfare of the community where they live and work after they age out of their institutions.
 - b. To deal with corruption: Often children selected to perform on sports or cultural events they are expected to bribe the organisers so that their smooth participation is ensured. The care leavers have not been groomed to deal with this kind of behaviour. They ask for **redressal avenues** that help them move out of being part of the corruption. CLAN can lobby with SYLC for entry for Care Leavers to be free for regional and national tournaments. In Telangana and Andhra this has happened already.
 - c. To understand what mainstreaming means and how it can be planned: Legal documents and bank account for care leavers need to be organized for the care leavers before they are out of institution. Children don't have passports even as different CCIs have approached the passport authority and obtained the document on trying.
 - d. To become employment oriented: Exposure to aftercare youth through orientation or internship with different companies to understand different kinds of management approaches and organizational environment. This will give them confidence.
5. Niti Aayog's skill development section should have provision for the inclusion for the skill development of institutional children and the Kaushalya programme should be linked to other programmes of building soft skills.

Question 2: Is there a possibility of collaboration between different agencies to promote a community based reintegration of the Care Leavers in the state?

Responses

1. Community based re-integration should be organized after the care leavers and the stakeholders are ready to work with them
2. **Organising Care Leavers:** Care leavers as a group should be developed as a valuable goal to change the current system. Child under the care of state and care leavers can be common terms used to add





dignity to the children and youth.

3. **Aftercare organizations to get together under one platform:** Aftercare agencies need to meet frequently to share their development and techniques to learn from each other. This is useful to implement best practices as currently stakeholders do not have unity to advocate for a specific change. In Delhi, eight organizations have come together to form Support for Youth Leaving Care (SYLC) and this should be replicated in Karnataka too.

Panel Response: National youth policy should have special mention for reservation for aftercare youth in jobs, education and social protection. Karnataka aftercare organizations can look at the different provisions made by other states and get specific entitlements for the care leavers in the state. The care leavers look forward to a proper mentoring system in school as well as institution where they are placed after ageing from the CCI.

Closing remarks

Dr Janardhan concluded the day by acknowledging that the care leavers were the reason of the day's work of professionals in the room. He encouraged the youth to guide the aftercare programme such that this constituency is served better. He reiterated that CLAN needs to be formed in Karnataka to record their voice and the felt needs of the youth aging out of care institutions. He said that the care leavers association will have to be empowered to work in a way that they can take control over their lives and work to better the lives of other children in institutions at present. He appealed to the stakeholders in Bangalore to form a network of people who have known each other and have supported each other at different points to impact different social agendas. Recalling that this group has been meeting together for various causes, Dr Janardhan stressed that is important to understand that different social development transformations are brought about by such groups meeting regularly. Many more meetings need to be organized to internalize an aftercare agenda within the framework of wellness and continuum of care within institutional care as well as within family and in communities. For the purpose of CAP, a focus on aftercare as a sector is required to increase quality of care not only in the State but also in the region.

The consultation thus resulted in sharing of work at state level and it generated new ideas to strengthen a discourse on aftercare. This information could be processed to meet at sequel meetings on specific issues such that an advocacy for continuum of care and aftercare gets clarified for youth, the government as well as the market agencies. An e-group can be formed to keep progress of CAP research in the city and the findings inform the policy and practice in the state. He concluded by calling upon everyone to jointly own the agenda. He himself determined to share the aftercare agenda with his own students at NIMHANS.

Mr Sony Kutty George from UNICEF congratulated the aftercare stakeholders in being able to create the context of work for the next few months. The work for CAP research has launched a process and it was reassuring for all present to know that this work on aftercare will not just stop with this consultation. He committed that UNICEF will work for long term on aftercare in the state. He suggested that there be quarterly meetings on this issue and this team be strengthened as a reference group. He also suggested





that sub groups be formed as follows:

- Work on the aftercare guidelines
- Revision to the ICPS scheme
- Implementing the continuum of care at state level
- Training the Care leaver group to become an active stakeholder in the state.

He concluded by assuring everyone of UNICEF's support and appealing everyone to commit to an agreed time frame to document the process for designing the logical flow for next level of programming. He promised that the research will provide evidence as a way forward.

Dr Kiran Modi thanked all the stakeholders for their overwhelming enthusiasm and participation.

Recommendations

1. Follow up on the consultation and **form a platform for all stakeholders** to come together on aftercare in the state of Karnataka. This platform can organise more frequent meetings to plan together and share their development and techniques to learn from each other. This collective can also undertake to engage with other stakeholders, especially corporates, SHGs and other bodies to create more opportunities for care leavers in the State.
2. Explore **convergence at district and block level** to ensure more budgetary provisions and efficient utilisation of existing resources on Aftercare by linking panchayat action plan and incorporate aftercare in the State Youth Policy and other schemes already being enforced by the state government.
3. **Form sub-groups** on work on the aftercare guidelines, revision to the ICPS scheme, implementing the continuum of care at state level and the care leaver group or CLAN and SYLC at state level.
4. **Form CLAN and SYLC in each district of Karnataka** to empower them to become the voice of all care leavers and works to influence the decision makers.
5. Advocate for the Karnataka State Child Rights Commission to act as a grievance redressal forum for all care leavers in the State.
6. **Document** all previous work on aftercare in Karnataka and design a logical flow for the next level of programmatic intervention on aftercare at state level.
7. Collect evidence and data through the **CAP city research** and feed the findings into the state policy and practices on aftercare.
8. Promote work around **mental health and trauma informed care approach** for care leavers.





Annex 1

List of Participants

1. Mrs Nina P Nayak
2. Mrs Radha Ganesh
3. Mrs Suchitra Rao
4. Mr Sony Kutty George
5. Mrs Shella Devraj
6. Mrs Lakshmikantamma
7. Mrs Sindu Naik
8. Mr Vijay Kumar
9. Mr Hemanth
10. Dr N Janardhana
11. Dr Roppesh B N
12. Dr L. N. Suman
13. Dr Dhanssekara Pandian
14. Dr A Thirumoorthy
15. Mr Santosh Kumar
16. Mr K Raghevendra Bhat
17. Mr Harish Jogi
18. Mrs Sheeba Thomas
19. Ms Chaitra Nagaraj Kuble
20. Mrs Baby Kavita
21. Mrs Anapurna
22. Mrs Supriya A P
23. Mrs Kalpana Purshotam
24. Ms Farheen
25. Ms Gori
26. Ms Sridevi
27. Mr Ventkatesh
28. Mr Ravi K
29. Mr Ravi Kumar M C
30. Mrs. Meenakshi Gailola
31. Mr Channappa Hera
32. Mr Hemnath Kumar
33. Mr. Rony Geo Alex
34. Ms Supriya
35. Ms Megha
36. Ms Raksha
37. Mr Satish
38. Mr Karan
39. Mrs Kavitha T N
40. Ms Husha
41. Mrs Vishalakshi T S
42. Mr Basavaraj Jigalur
43. Mr Gururaj Itagi
44. Mrs Vijay lakshmi
45. Mr Mahesh Jakati
46. Mrs Meena Jain
47. Mrs Janani Barath
48. Mrs Savita Beri K S
49. Mr Giriswamy
50. Mr Swamy N K H
51. Mr Devraj K P
52. Ms Arelene Manoharan
53. Father George Kulashini
54. Monsiha Murali
55. Mrs Usha Kiran
56. Dr Kiran Modi
57. Dr Shivani Bhardwaj
58. Ms Rini Bhargava





Annex 2

Background material for the Consultation in Bangalore



“Current Aftercare Programmes (CAP), India”

The attaining of 18 years of age marks a significant shift in life of the Care Leaver (CL) aging out of Child Care Institutions (CCI) as it throws up new transitional challenges and opportunities simultaneously until they are fully settled in life. While challenges arise as a result of the absence of a family-like ecosystem in a children’s home, opportunities are manifestations of new circumstances that allow the young adult to explore life independently, it is known that youth living without families need additional support to upgrade their skills. During this transition, these young adults need planned support in matters like establishing their legal identity, employment, higher education, training for vocational pursuit, managing to build relationships, accommodation and stress management as the absence of such a support system has the potential for slowing their settlement in life. This is the basis of aftercare services, which form the preparatory stage for young adults leading to their social and financial mainstreaming as envisaged by section 44 of the JJ Act 2015.

Aftercare facilities for children leaving CCIs is the key pillar in shaping the future of the youth and in the delivery of the rehabilitative services for the CL. In the absence of such guidance usually provided by parents and family, the young adults may experience “trauma” as they are exposed to challenging situations that can create stress, anxiety, abandonment and social adjustment issues. Hence, it becomes pertinent that before leaving the youth “all on their own”, they need to be trained in various life skills such as managing relationships, accessing adequate housing, maintaining health to perform in a competitive environment, securing and safe keeping of tangible resources including money and empowerment. They need constant guidance in their daily living skills, knowing their rights and responsibilities under the law and ways of nurturing their own personal and social development along with self-care.

Mainstreaming and full settlement has contextual relevance; the system of aftercare has challenges that need to be understood from the perspective of the Care Leaver and the Institutions that provide services to the Care Leaver.

This consultation aims to create an analysis of what can be done by GO and NGOs to strengthen Care leavers and to motivate them to work on their own development while developing a responsibility to give back to society. The consultation is structured to share the finding from the pilot research as mentioned below:





- 1. Estimating numbers to ascertain quantum of provision:** The first challenge in addressing the aftercare of Care Leavers is estimating their numbers. Not all Care Leavers who need to be settled are present in each district. Very few CLs in Delhi had a planned movement from the CCI that assisted the mainstreaming of the youth by getting them into jobs or getting women married to find them secure homes, yet not all Care Leavers avail opportunities equally. The number of youth ageing out of CCIs should be estimated to plan for aftercare of every youth at the age of 16 while they are in care. While the Government may have data towards this at district level, this data will be from only those CCIs that are registered with the government. This gap will leave many Care Leavers in non-registered CCIs out of the planning net. In Delhi an average of 3000 youth was estimated to require aftercare every year. It would be important to share data on Care Leavers in each state to estimate a national figure for Care Leavers in India. This figure will have an implication for the schemes and services that can be offered for aftercare provisioning by the central government.
- 2. Setting adequacy of entitlements and human rights of the as per legal provisions:** The second challenge is the adequacy of existing opportunities in need of aftercare support. The Care Leavers themselves have no organized collective to put forth their own issues. The Delhi pilot found that most care leavers were not aware if aftercare is an entitlement of those without adult guardian. Legal entitlement of Care Leaver is only understood as the youth having a right their legal documents like Aadhar card and voter card. Very few Care leavers in Delhi were aware that as a person below the poverty line they can apply for a ration card, housing, skill development and for manual work under MNREGA, etc. The research process revealed that a few state governments have made provisions for Care Leavers like in Odisha there is a notification that Care leavers will be entitled to preferential allotment of land under Vasundhara schemes and housing grant under the Indira Awas Yojna, while few states have proposed reservations for Care leavers by categorizing them as OBC. In Maharashtra Care leavers will be entitled to 1% reservation in admission to educational institutions and employment.
- 3. Setting up the policy and implementation frame work on the basis of legal provision:** The third challenge is the lack of implementation of the aftercare provisions of the JJ Act and a mentoring system on aftercare processes. The progress of each development plan can be monitored in an organized manner through existing CCIs and Aftercare agencies committing to support care leavers through a long term process. Towards this a caring community needs to come together to feel accountable to the development of Care leavers. In Delhi a few CCIs and child rights organizations have loosely formed themselves into a Support for Youth Leaving Care (SYLC). Similar autonomous groups if set up in different States can assist the Care Leavers to organize themselves to create a system of awareness building on aftercare services.
- 4. Learning from evolving good practices:** The best practices in different states in India need to be documented and efforts for up scaling same need to be planned. It is aspired for better collaboration and communication between governmental and nongovernmental agencies with regards to after care services available to Care leavers. Care leavers too aspire to be better informed through access to information and resources. A web site has been set up towards this end. Many other services like this need to be set up and replicated including the establishment of counselling services,





access to health service as well as receiving education fee support. Make A Difference and Miracle Foundation supports Care Leavers with a grant to sustain themselves while they are still studying.

During the conceptual phase of conceiving this study, Udayan Care conducted a few stakeholders' consultations and internal deliberations. There, it was universally agreed upon that an effective aftercare intervention will only be possible if such an initiative is backed by empirically generated data, based on real life experiences of young adults after their departure from Child Care Institutions. A pilot study has already been conducted in Delhi in this regards. The consultation that was held in Delhi on December 14th, 2017 normed a set of recommendations that needed to be contextualized and validated for national relevance. Hence, a multi-city study had been planned and NIMHANS has been entrusted with the data collection for Bengaluru city under Karnataka state. The proposed consultation is anticipated to bring forth best practices in the field that can further improve the aftercare services and facilities in the state. The deliberation is also focusing on the points for advocacy in this regard. The discussions also intend to come up with programs that can be developed and implemented to benefit the youths leaving care.

Annex 3

Agenda

CAP Inauguration and setting the national and state context		
9.30 – 10	Registration and Tea	
10- 10.10	Welcome inaugural address and background of the consultation	Dr N Janardhana, Department of Psychiatric Social Work, NIMHANS Dr. Kiran Modi, Udayan Care. Founder and Trustee
10.10.10.15	Presidential address	Dr. Thirumoorthy, HOD department of Psychiatric Social Work, NIMHANS
10.15 to 11PM	Different Models of aftercare practice in India: Make A Difference, ECHO, BOSCO, Don Bosco, SOS, NIMHANS and Udayan Care. Panel discussion	Moderated by Mr Sony Kutty George, UNICEF and representative Tata Trust.
11 to 11.15	Karnataka State Integrated Child Protection Society and After Care Services	Mrs Narmada Anand, Project Director, KSICPS
11.15 to 11-30	Needs of youth moving out from child care institutions with focus on mental health and wellness	Dr N Janardhana, Department of Psychiatric Social Work, NIMHANS
11.30 – 11 45	Experience sharing from youth receiving and not receiving after care services	Two youth (One boy , One girl)
11.45-12PM	Discussion	
12 noon -12.30	Pilot study findings and the multi-centre study and discussion	Ms. Rini Bhargava
Panel response on presentation from three break away discussions		





12.30 noon to 1 pm	Groups will be formed before lunch to break into discussion on 1. Aftercare guidelines based on the JJ Act 2015, 2016 rules and issues for advocacy. 2. Making aftercare services available to urban and rural youth exiting from CCIs and foster care. 3. Improving Care Leavers support for themselves in each district of Karnataka.	Dr. Shivani Bhardwaj – Facilitator
1 to 2 PM	Lunch	
330- 415PM	Presentation from 3 groups to the panel. Response from the panel members on the group presentation	Mrs Nina Nayak, Consultant Director- WCD Department Suchitra Rao, Consultant, UNICEF Don BOSCO/SOS Village
4.15 to 4.30 PM Way ahead from members of the research steering committee set time lines and agree to facilitate CAP interviews and hold focus group discussions in the next four months		

Annex 4

Background note shared for group 1

LEGISLATIVE & POLICY FRAMEWORK ON AFTERCARE

United Nation Guidelines on Alternative Care for Children

The United Nations Guidelines for the Alternative Care of Children for strengthening aftercare programme are the following:

- Childcare agencies and facilities should ‘systematically aim at preparing children to assume self-reliance and to integrate fully in the community’. The focus of actions should be on acquisition of social and life skills through participation in the life of the local community.
- The process of transition from care to aftercare should take into consideration children’s gender, age, maturity and particular circumstances.
- Children leaving care should be encouraged to take part in the planning of aftercare life. Children with special needs, such as disabilities, should benefit from an appropriate support system. Both the public and the private sectors should be encouraged to employ children from different care services, particularly children with special needs.
- Special efforts should be made to engage, a specialized person who can facilitate the child’s independence when leaving care.
- Aftercare should be prepared as early as possible, well before the child leaves the care setting.
- In order to make the young people financially independent, they should be imparted educational and vocational training. This should be considered as part of their life skills education.
- Young people should have access to social, legal, health and financial services.





India Position

National Youth Policy (2003) under 4.6 *serious service gaps*, where it states:

- xiv) Lack of rehabilitation services for older children not adopted through the regular adoption process;
- (xv) Aftercare and rehabilitation programme for children above 18 years are not available in all States, and where they do exist they are run as any other institutions under the JJ Act 2000.

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. In essence, there is a recognized need in multiple pieces of government-produced legislation for greater government involvement in the development and delivery of After-care services in order to provide the best future for India. A lot of investment during childhood care is lost due to the absence of a well-developed after care program. After-care programmes require significant investment on the part of the Government of India

Juvenile Justice (Care and Protection of Children) Act, 2015, defines “aftercare” as making provision of support, financial or otherwise, to persons, who have completed the age of 18 but have not completed 21, and have left any institutional care to join the mainstream of the society.

Under **Section 46 of the 2015 Act**, any child leaving a CCI on completion of eighteen years of age **may** be provided with financial support in order to facilitate child’s **re-integration** into the mainstream of the society. This Aftercare continues until the child is **twenty-one years** and in exceptional circumstances, **for two more years on completing 21 years of age**.

Order for placement of young adults under aftercare schemes will be passed by the Child Welfare Committee (CWC) or the Juvenile Justice Board (JJB) or the Children’s Court.

Further the **Juvenile Justice (Care and Protection of Children) Rules, 2016 and the Integrated Child Protection Scheme (ICPS), 2014 allows for the following:**

- Community group housing on a temporary basis for groups of six to eight persons;
- Provision of stipend during the course of vocational training or scholarships for higher education and support till the person gets employment;
- Arrangements for skill training and placement in commercial establishments through coordination with National Skill Development Programme, Indian Institute for Skill Training and other such Central or State Government programmes and corporates, etc.;
- Provision of a counsellor to stay in regular contact with such persons to discuss their rehabilitation plans;
- Provision of creative outlets for channelizing their energy and to tide over the crisis periods in their lives;
- Arrangement of loans and subsidies for persons in after-care, aspiring to set up entrepreneurial activities; and
- Encouragement to sustain themselves without external State or institutional support.





- Arrangement for marriage of girls

Under the Rules, the **District Child Protection Unit shall** prepare and maintain a list of organisations, institutions and individuals interested in providing aftercare in education, medical support, nutrition, vocational training etc. and the same shall be forwarded to the Board or the Committee and all Child Care Institutions for their record.

Under ICPS, funds for aftercare programmes have been provided to the States according to the scale noted below:

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

Under the JJ Rules of 2016, EVERY State government now has to prepare a SCHEME for education of young adults, giving them employable skills and placement. There will be provision for their stay.

Annex 5

Background note for Group 2

Aftercare policy and practice for the state of Karnataka

Every Youth Leaving Care has a right to aftercare till they are fully mainstreamed into society (aligned with the JJ Act, ICPS and UN Guidelines on alternative care 2009 that mentions rehabilitation, reintegration and restoration for care leavers at 18 years of age)

Engaging stakeholders in the discourse on aftercare by convening meetings and analysing viewpoints to co create solutions is seen as an important task by Udayan Care(UC). The process has begun through a research that will interview Youth, CCIs and Government functionaries. A series of discussion meetings will be organized with different stakeholders that will result in evolution of a framework for aftercare in Karnataka.

In an attempt to bring forth a core team to promote aftercare policy and programme for the State, Udayan Care postulates that stakeholders will need to converge on what all will constitute an aftercare service in each district of State and how will it be administered with responsibilities clearly spelt out. This will help create procedures and SOPs for staff in the pre, during and post aftercare process for each youth who comes out of a CCI in a transparent way. The Maharashtra government has announced a 1% reservation for aftercare youth for admission in educational institutions while Odisha Government has notified that Aftercare youth can apply to get preference in allotment of housing grant under Indira Awas Yojna. Similar or different provisions can be advocated for in the state but each DCPU needs to be empowered to offer services for aftercare youth to avail. Before stakeholders in the state propose schemes they need to agree a broad vision, mission and a goal





for an aftercare advocacy for services that can help to roll out an action for each stake holder.

Vision: Every youth coming out of care must be mainstreamed adequately.

Mission: By 2020 all Care Leavers are tracked to be seen as mainstreamed in the state, as per the JJ Act 2016 rules. This will be a phased programme with a pre-aftercare programme for children from 16 to 17 years of age, an aftercare phase from 18 to 23 years and a post aftercare follow up from 24 to 25 years. Thus aftercare input from the government needs to have guidelines for a scheme and budgeted amount to cover support for each care leaver from the age of 16 years to 25 years for supported to be mainstreamed in the society from 2018. One way to set up after care services is by initiating PPPs¹⁴ and organizing funds through donor based support.

Mainstreaming (reintegration and rehabilitation) needs to be defined in rules for support towards monthly allowance for food, transport and communication, adequate housing, legal rights to IDs such as Aadhar Card, Pan Card and Election Card (though already in law but missing in practice) from Child Care Institutions (CCI), health, educational and vocational support, life skills, financial skills, internships and jobs and mentorship.

Goal: Strengthening Government and CSOs accountability to make aftercare a viable engagement for every Care leavers or Youth Leaving Care (YLC).

To clarify, engagements mean securing and managing resources to offer aftercare services mentioned in JJ Act 2016 rules, to care leavers like life skills training, group accommodation, physical and mental counselling services, linked to hospitals and wellness centres, education and vocational training as per their talent, exposure programmes social development/enterprises like vending, vocational jobs / corporate support jobs / to get financially independent and confident as per their needs and talents.

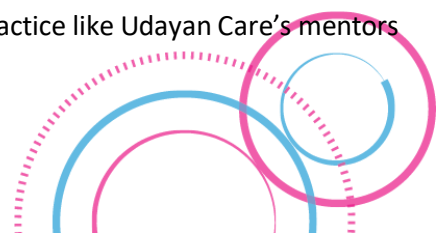
Each CCI should make the development plan of the Youth within the rights and needs as per the JJ Act. These rights and responsibilities at present are to be explained better to the Care Leavers before they leave care.

In Delhi and Mumbai Care leavers are being congregated into associations and trained on their rights and responsibilities. This will create a system of demands that increase accountability of duty bearers towards the process of rehabilitation and resettlement of each YLC-care leaver.

The needs of the Care Leavers are to have allocations for

1. Financial assistance for education, vocational training, equipment, living allowance, coaching, interning and enterprise grants
2. Infrastructure base for aftercare service providers to get land on lease from the government to provide housing/ training halls and spaces for networking with toilets/water and electricity, information and internet access.

¹⁴ PPP model for preparing YLC for job placements learning from best practice like Udayan Care's mentors programme model and SOS youth hostel model.





3. Access to services with facilitation through health card/insurance/counselling and free ship for education.
4. An association managed by the Care Leavers and their adult guardians for spreading awareness and support.
5. Active mentoring and coaching programme for the development.

Currently aftercare is seen as a responsibility and duty to be carried on by some organisations that take care of youth. The rights based approach needs to be understood by all stake holders including Care Leavers. These rights then will be specified as duties of different stakeholders including the YLC, Care Leavers and staff members of CCIs, aftercare organisations and service providers. The task of visualizing and co creating an accountable aftercare for all care leavers in the State needs a group of people who have dealt with children and youth in institutionalized care to associate in an advocacy platform.

Possible policy and practice objectives:

Define ‘mainstreaming/ rehabilitation and reintegration’ clearly to plan how all care leavers are to be mainstreamed adequately.

1. Strengthen DCPU to become a provider of information that empowers the care leavers to get rehabilitated and reintegrated on their own by accessing quality services through PPP provided by stakeholders.
2. Support the formation of a registered care Leavers Association that can function as an SHG that is federated from local units to a district wide network linked to negotiate benefits from a convergence programme that coordinates between different departments of the government.

The articulation of a common aftercare agenda will assist to bring a caring group together. Some common advocacy points can be as follows:

1. Youth policy needs the mention of aftercare as an action of the state that situates aftercare as a right of all care leavers.
2. Mainstreaming needs to be defined in the JJ Act 2015 and its rules such that full rehabilitation and reintegration of Care Leavers is understood for schematic and budget implications mentioned as SOP for pre, during and post aftercare phase for each child in a CCI.
3. Age for aftercare needs to be reconsidered in the JJ act 2015 as well as its rules and the ICPS from 18 to 25 years. The existing law that specifies that after care ceases at age 21, with a flexibility for two years. as the as
4. Towards the above the state DWCD can lead to set up a platform to understand roles and responsibilities of all stakeholders (define direct and indirect stakeholders) to leave no care leavers behind.
5. All care leavers in each district of State should be registered in the online portal giving linkage to the MIS of their CCI and the aftercare facility they are enrolled in
6. All care leavers in State need to be computed and made public by DWCD such that a budget can be set for mainstreaming all care leavers s in a district.





7. Specific time bound schemes and budgets need to be raised and committed by each stakeholder and expended transparently per care leavers for a period of 10 years before the child leaves care.
8. A State pilot to mainstream all care leavers based in district units to identify, assess their needs and realise them as defined in the job descriptions of welfare officers/social workers in CCIs and aftercare institutions.
9. Training curriculum for DCPU/CWC and provide technical support to make the district pilots work to reach to each care leavers.



