



# Supporting youth Leaving Care

A Study of  
Current Aftercare Practices



Rajasthan





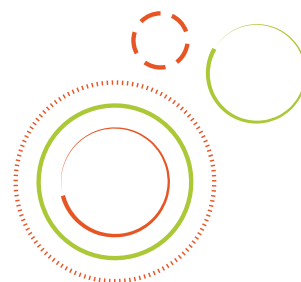


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## A Study of Current Aftercare Practices

in Rajasthan

May 2019  
Udayan Care



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# List of Acronyms

ACO	Aftercare Organisation	NCS	National Career Service
AOP	Aftercare Outreach Programme	NEET	Not in Education, Employment or Training
CAP	Current Aftercare Practices	NGO	Non-Governmental Organisation
CCI	Child Care Institution	NULM	National Urban Livelihood Mission
CCL	Children in Conflict with Law	NYP	National Youth Policy
CL	Care Leaver	OHC	Out-of-Home Care
CNCP	Children in Need of Care and Protection	PAN	Permanent Account Number
CSR	Corporate Social Responsibility	PIL	Public Interest Litigation
CRC	Child Resource Centre	PMJAY	Pradhan Mantri Jan Aarogya Yojna
CWC	Child Welfare Committee	PMKVY	Pradhan Mantri Kaushal Vikas Yojna
DCPO	District Child Protection Officer	PPP	Public-Private Partnership
DCPU	District Child Protection Unit	RSLSA	Rajasthan State Legal Service Authority
DCR	Department of Child Rights, Government of Rajasthan	RSLDC	Rajasthan State Livelihoods and Development Corporation
DLSA	District Legal Services Authorities	RWA	Residents' Welfare Association
FGD	Focused Group Discussion	SCPS	State Child Protection Society
GoR	Government of Rajasthan	SHG	Self-Help Group
ICP	Individual Care Plan	SOP	Standard Operating Procedure
ICPS	Integrated Child Protection Scheme	SPSS	Statistical Package for Social Sciences
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015	UNICEF	The United Nations Children's Fund
JJ Rules	Juvenile Justice (Care and Protection of Children) Model Rules, 2016	UNCRC	The United Nations Convention on the Rights of the Child
JJB	Juvenile Justice Board	UNGACC	The United Nations Guidelines for the Alternative Care of Children
KII	Key Informant Interview		
MHVY	Mukhya Mantri Hunar Vikas Yojana		
MIS	Management Information System		
MoU	Memorandum of Understanding		
MoWCD	Ministry of Women and Child Development		



# Preface



Alternative Care, of which Aftercare is an important component, is poised strongly on the international child protection agenda. In 2018, in a historic step, the United Nations General Assembly (UNGA) had resolved to focus on 'Children without Parental Care' in 2019. Youth are our hope. My experience of working with youth has shown me that they are ever willing to learn, explore and experiment. All they need is hand-holding to constantly add to their skills. Our Aftercare youth, or Care Leavers (CLs) as we know them, are amongst the most vulnerable section of the youth population but they have immense potential and we need to support them so that they become resilient and independent citizens, who can not only live a better life with dignity, but also give back to society.

The documentation on "Current Aftercare Practices" (CAP), is a result of Udayan Care's long-term desire to see all CLs getting the care and support that their special circumstances deserve. This desire emanates from our long years of being practitioners in ensuring quality care for children, who are provided care and protection in our small group homes. Since the beginning, we have continued to support them even after they turn 18 years, through sustained engagement as part of our Aftercare model. The CAP research evolved after a pilot study was conducted in Delhi with 47 CLs in partnership with the Delhi Commission for Protection of Child Rights (DCPCR) in 2017. It led to a much bigger multi-state research project that has been carried out in five states of India: Gujarat, Maharashtra, Karnataka, Rajasthan and Delhi again, using uniform research design and tools. This study was made possible in partnership with UNICEF and Tata Trusts. I must acknowledge and appreciate the role of Rajasthan UNICEF chapter for their technical guidance and support.

This documentation in Rajasthan was conducted with the support from Child Resource Centre (CRC), Harish Chandra Mathur Rajasthan State Institute of Public Administration (HCM-RIPA) and UNICEF State Chapter in Rajasthan. Despite the best efforts of the team, lack of adequate data undoubtedly, had been a huge challenge to this study. NITI Aayog, in its 3 years Action Agenda (2017-2020) acknowledges the non-availability of credible data as the major obstacle to design effective policy interventions. But things are changing. The Ministry of Women and Child Development (MoWCD), Government of India, for the first time, instituted a Committee under the Chairpersonship of Ratna Anjan Jena, Statistical Advisor, which mapped all Child Care Institutions (CCIs) in India (except 34 Homes in Uttar Pradesh). The Jena Committee report, was published in September 2018, for which data collection was completed in March, 2017, and has reviewed 9,589 CCIs in India. The report found that 91% CCIs were run by NGOs, and only 9% were Government aided. For the first time, we have Government data saying there are 3,70,227 Children in Need of Care and Protection (CNCP) (199,760 are boys, 170,375 are girls) and 7,422 Children in Conflict with Law (CCL) in the country. Unfortunately, the report, does not talk of Aftercare, except that it mentions that "CCIs and Aftercare homes need to be actively involved in networking, coordinating and linking with various professionals, institutions and community-based organisations that have expertise in the concerned areas to provide a wide range of services to children." (Jena Committee Report, 2018). It thus misses an opportunity to include the 'Continuum of Care' approach for children living in Alternative Care and further shows that Aftercare remains a low priority within the child protection system in India.

At the national level, the National Youth Policy, in 2014, identified youth in institutional care, orphanages, correctional homes and prisons as a category that needs more support from the State, but not much of this has been formulated clearly or effectively implemented. The policy states that *"while the Government is working to create support and rehabilitation systems for youth at risk, it is essential to simultaneously build*

*systems to ensure that youth are not forced to put themselves into situations that constitute physical or mental risk. A targeted awareness and outreach programme for youth that are likely to be at risk must be developed and undertaken as a matter of priority.*" This, translated into action for CLs, is something we hope to see in Rajasthan soon. The Youth Policy is due for review in 2019 and we hope to push the CLs' agenda to be included therein so that reintegrating CLs becomes everyone's collective responsibility. Small steps go a big way in bringing change on the ground.

Even though Aftercare has existed in Rajasthan for many years, the team could not get any substantial documentation or research studies on Aftercare in the State.

I hope the evidence generated in this report, as well as individual reports from the other 4 states, which are also compiled in a multi-state synthesised report, become instrumental in bringing Aftercare to the forefront of discourse in the Alternative Care ecosystem by plugging the gaps in implementation and having more robust policies. In Rajasthan, it was heartening to listen to the strong voices of the CLs at the State Consultation and Round Table conducted during the study. I am so humbled by the resilient CLs, who were a part of this study and who spoke their minds and hearts out and shared their hopes with us. We remain committed to listening to their voices, to making our best efforts in working with them towards achieving the rehabilitative goals of the Juvenile Justice (Care and Protection of Children) Act, 2015, and in sustaining practice-informed, evidence-based advocacy on Aftercare, in their best interests.



**Kiran Modi, PhD**  
Founder Managing Trustee  
Udayan Care

# CFO Message

Many children still continue to remain less privileged to grow and develop in an environment where they can reach their full potential. The government provides for institutional or non-institutional care for children in situations of disadvantage and isolation, especially those who are bereft of family or family-like settings till they reach/attain turn eighteen years of age. After eighteen however these children have to move out of institutions or non-institutional settings and live life as independent adults, more often than not, without any social safety net to depend on. Research indicates that those making this transition often face a range of psycho-social, emotional, employment and financial challenges in adjusting to independent adulthood.

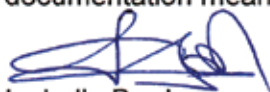
Addressing this issue becomes all the more critical when one considers that there are millions of children who are living in vulnerable conditions in India. To ensure preparedness of these children in transiting to adult life, it is extremely important to provide aftercare services as a bouquet of meaningful and timely support services.

It is important to refer to the context of the Indian legislation that recognizes the need to provide aftercare services to children who leave institutional care on turning eighteen and till they turn twenty-one years of age by which time they are legally deemed as adults. These aftercare services are defined as 'support, financial or otherwise, to persons... [who] have left any institutional care to join the mainstream of society.' Further, The United Nations Guidelines on Alternative Care of Children (UNGACC) emphasizes the need to take into consideration 'children's gender, age, maturity and particular circumstances and include counselling and support, notably to avoid exploitation.'

At present the Government of Rajasthan supports higher education and vocational training to all vulnerable children who are eligible and are above the age of 16 years. The government also provides aftercare services to children in institutional care till they attain eighteen years, as outlined under the Juvenile Justice Act. Hence these are well-meaning efforts towards strengthening both these service schemes.

I am certain that this systematic and comprehensive information will help inform and further strengthen the State's Hunar Vikas Yojana and Aftercare services to encompass essential skills including psycho-social, educational, vocational, legal, physical health, independent living, interpersonal skills and social relationships and financial management.

This collaboration led by Udayan Care in partnership with the Department for Child Rights, Government of Rajasthan and Child Resource Centre, Harish Chandra Mathur – Rajasthan Institute of Public Administration (RIPA) and supported by UNICEF has indeed been commendable! I am hopeful that significant systematic and comprehensive understanding on areas within aftercare which have been elicited will be further strengthened to benefit the programme implementation in Rajasthan. I would like to take this opportunity to thank all stakeholders for providing their valuable time towards making this documentation meaningful.



Isabelle Bardem

Chief, UNICEF Office for Rajasthan

23 May 2019



# PS - SJE Message







# Ashwini Bhagat

I.A.S.

Principal Secretary, Training  
Government of Rajasthan  
& Director, HCM RIPa

## Director's Message

Children constitute around 40% of the population of India. Ensuring child protection is responding to the problems of children in difficult circumstances. It is about addressing their vulnerabilities, so that they receive necessary care and protection. There has been an increasing concern about issues related to children, because it is imperative to ensure that all children are protected, as it adversely affects all their rights.

The Juvenile Justice (Care and Protection of Children) Act, 2015 is the key legislation for juvenile justice in India. The Act emphasizes the rehabilitation and reintegration of children through various non-institutional and institutional measures. The Act recognizes the role of family care and support in the development of children and prescribes various measures for non-institutional care for children in difficult circumstances. Aftercare is a measure for rehabilitation and social reintegration of young adults, who leave institutional childcare system on attaining certain age, as specified in law. It is still an evolving area in the domain of child and youth care in India. Aftercare can be termed as a preparatory stage for young adults under which they are provided financial support, training in skills, handholding for career development, counseling for managing emotions and such other related measures contributing to the process of their social mainstreaming in the society and ensuring their dignity and sustainability in leading their life with full prosperity and less insecurity. It is the final stage in the continuum of care of institutionalized children.

Creation of Child Resource Centre is one of the unique initiatives in the country, as being an exclusive centre dedicated to cater to the need for building technical expertise and creating a professional manpower hub working on issues related to child protection. CRC aims to strengthen governance for children and it strives to inform, educate and empower arms of the State government.

The current policies as well as processes of preparing young adults on leaving Institutional care and the State's Palanhar Yojana, with indicators for mainstreaming of youth, are needed to be sufficiently documented. This critical information would help significantly in not only informing policy design to cater very closely to on-ground requirements but also in advocating for/bringing about necessary convergence within schemes and services in administering meaningful after care services.

With this objective, in Rajasthan, a documentation of current after care practices was undertaken by Udayan Care with support from Department of Child Rights, Rajasthan, UNICEF, Rajasthan and Child Resource Centre, Harish Chandra Mathur Rajasthan State Institute of Public Administration, Jaipur.

I appreciate the group effort which has resulted in creating this document and believe that the scientific analysis and findings of this documentation will facilitate various stakeholders, more so the policy makers and implementation machinery, in better understanding the dynamics of "Aftercare" as an important component of child care.

  
Ashwini Bhagat, IAS

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# Message

# TATA TRUSTS

I would like to congratulate Udayan Care for conceptualising and completing a first-of-its-kind research on the current situation of After Care in India.

Children who enter institutions have often experienced multi-dimensional deprivations and therefore, are extremely vulnerable. Very often these vulnerabilities are exacerbated when such children reach adulthood and have to leave their respective care setting to live on their own. The absence of a continuum of care services and a holistic rehabilitation plan impedes such children from living a productive and dignified life. Even though provisions for After Care are included in the Juvenile Justice (Care and Protection of Children) Act, 2015, as well as the Integrated Child Protection Scheme, the real challenge, as this study also shows, lies in the right understanding of the legal provisions by stakeholders as well as in its effective implementation.

Children in need of care and protection are one of the most vulnerable groups in society. Udayan Care has been providing excellent care to children in need of care and protection for the last 25 years. Building on this, they have identified After Care as a critical gap in the system, where children in the transition to adulthood as well as adjusting to life on their own need support systems once they leave institutional care.

As one of India's largest and oldest non-sectarian philanthropic organisations, the Tata Trusts have been working to positively impact the quality of life of the most marginalised and under-privileged communities in a holistic manner. Additionally, we see ourselves not just as a donor but aim to ensure that the learnings from programming and research are adopted at scale, and inform policy.

Research is important for policy and programme formulation and the Tata Trusts have been happy to extend support to and partner with Udayan Care in this study, carried out in the three states of Maharashtra, Karnataka and Rajasthan. We truly hope that this study will make significant contributions to the field of child protection, and that its recommendations will be carried out to change the landscape of After Care in the respective states.



**Shireen Vakil**  
**Head – Policy and Advocacy**  
**Tata Trusts.**





# Executive Summary

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

Udayan Care has developed a conceptual and analytical framework, called, the ‘**Sphere of Aftercare**’, drawing from its experience in child protection, the extensive literature review undertaken, and the findings of the pilot study it conducted in Delhi (2017). The ‘Sphere of Aftercare’ comprehensively identifies 8 different domains of Aftercare, which are affordable and adequate housing, independent living skills, interpersonal skills and social relationships, mental and emotional wellbeing, physical health, financial independence and career, education and vocational skills, and identity and legal awareness. The CAP documentation is designed to look at the support and services received by CLs from the objective lens of an ‘Aftercare Quality Index’(AQI), calculated using the scores within each of these 8 domains.

The report covers a total of 98 young adults from Rajasthan, comprising of 40 males and 58 females CLs, from both Government and NGO-run Child Care Institutions (CCIs) and 17 youth who, as children, availed the benefits under the Palanhar scheme of the Rajasthan Government. A total of 25 key informants were also interviewed as part of the study. Currently, Aftercare provision under the JJ Act and its Rules is meant only for CLs exiting from CCIs and is not applicable for Palanhar beneficiaries in the State. Although, much work on child protection is happening in the State, there are many areas, one of them being Aftercare, where duty-bearers need to rise to the call to meet the aspirations of the youth and CLs. The key highlights discussed in the report are as follows:

**Care Status:** 30% CLs had grown up in Government CCIs (n=29), while 53% had lived in NGO-run CCIs (n=52). The remaining 17% of the respondents lived with extended family members as beneficiaries of Palanhar (n=17).

**Age at the time of entering and leaving CCI:** Average age for entering a CCI was 8 years

- 10% CLs (n=8) continued to live in their CCI post 18 years, and 28% CLs (n=23) were still living in the CCI during the time of interview either under their formal Aftercare programme or as an informal practice observed in many of Rajasthan’s CCIs. All of the Palanhar beneficiaries (n=17) were still staying with their families at the time of interview.

**Multiple Placements:** 30% CLs were placed in more than one home during their childhood. All 17 Palanhar beneficiaries remained with the same family throughout their childhood.

**Lack of Inclusion and Participation:** 47% of all CLs from CCIs (n=38) were not consulted in preparing their Individual Care Plan (ICP).

**Continuity in Education:** 16% of the sampled youth were unable to continue their education as per their wishes even during their childhood. This increased to 22% of the youth during transition from childhood to adulthood.



Education was discontinued for 23% of CLs from NGO CCIs (n=12) and 21% of CLs from Government CCIs (n=6) against their wishes in adulthood.

**Skills Development in Childhood:** Larger proportion of CLs from Government CCIs had ‘unsatisfactory’ Skill Development Index score than those from NGO CCIs. All of the Palanhar beneficiaries scored ‘unsatisfactory’ on the Skill Development Index.

The extent of skills acquired during childhood had a significantly moderate to strong correlation with Independent Living Skill Index, Social Relationships & Interpersonal Skill Index, and Aftercare Quality Index.

**Housing:** 40% of sampled CLs (n=32) were living in housing that were supported by their CCI/Aftercare programme (residential facilities, group-housing, paying guest accommodations etc.).

- 60% of sampled CLs (n=49) lived without any housing support from any CCI/Aftercare programme.
- All 17 Palanhar beneficiaries (100%) reported that they were still living with their foster/extended families as non-paying members.

**Independent Living Skills:** 94% of all young adults (n=93) fell in the ‘unsatisfactory’ range of the Independent Living Skill Index. All categories of young adults – CLs from both Government and NGO CCIs, Palanhar beneficiaries, Aftercare receivers and non-receivers, and male and female young adults equally reported ‘unsatisfactory’ life skills acquisition.

**Mental and Emotional Wellbeing:** 63% of sampled youth (n=62) reported facing recurring emotional distress that makes them sad or tense. Almost 1 in every 7 respondents (~13%) reported multiple symptoms of psychological disorders.

- A greater proportion of CLs from Government CCIs reported multiple symptoms of psychological disorders as compared to CLs from NGO CCIs, while none of the Palanhar beneficiaries reported these symptoms retrospectively at the age of 18 years.
- 50% sought assistance from non-professionals such as friends, family members, mentors, and acquaintances, and only 8% reported seeking professional help from licensed counsellors or doctors; and none of them had visited their therapist/doctor more than 4 times for regular therapy.

**Social Relationships and Interpersonal Skills:** A fairly small proportion of CLs and Palanhar beneficiaries reported that they were unable to maintain meaningful or long-lasting relationships with staff, teachers, mentors and other children in their CCI during their childhood.

- A large proportion of CLs from Government CCIs reported inability to maintain relationships with their parents and biological siblings, wherever applicable, as compared to CLs from NGO CCIs.
- 90% of all young adults reported difficulties in maintaining romantic relationships or considered such relationships to be “not applicable” to them.
- 24% (n=23) CLs voiced the need for guidance or counselling to be able to improve the quality of their relationships.

**Physical Health:** 5% of all young adults (n=5) reported that they did not have someone who could provide care. It was found that a larger proportion of Aftercare receivers reported ‘satisfactory’ access to healthcare amenities and availability of caring persons as opposed to non-receivers.

**Education and Vocational Skills:** A comparable proportion of young women and men in the state of Rajasthan have been able to complete formal education up till graduation. Notably, 37% of young adults had

not completed their higher secondary education (up to Class XII). Higher proportion of CLs from NGOs were able to complete higher education as compared to CLs from Government CCLs.

- A large proportion of all CLs had an 'unsatisfactory' index. A marginally greater proportion of Aftercare receivers had acquired adequate vocational skills and educational qualifications as compared to non-receivers. None of the Palanhar beneficiaries scored in 'satisfactory' range
- Poor Education and Vocational Skills (Education and Vocational Skills Index) had a significant positive correlation with Social Relationships and Interpersonal Skills Index, and Independent Living Skills Index

**Financial Independence and Career Development:** 46% of all young adults (n=45) reported that they had their own independent sources of income.

- 93% of them (n=42) had either held or currently hold salaried jobs as their primary source of income, whilst the remaining 1% (n=1) was a self-employed professional and 2% (n=2) either had internships, part-time jobs, or worked as daily-wagers. Of these, 3 young adults also reported to be working as freelancers in addition to holding salaried jobs.
- Significantly greater proportion of males reported having their own sources of income than females. Among the 41 females, 33% (n=19) of them were earning for themselves, compared to 65% (n=26) males.
- 69% CLs from Government CCLs (n=20) reported no guidance on household economics with regards to managing their income, savings and expenditure, as opposed to 52% CLs from NGO CCLs (n=27).
- Mean income was found to be approximately Rs. 8,600 per month. 49% of all young adults (n=39) reported that their income/allowance was unable to cover their cost of living.
- 6% of all young adults (n=12) were neither in education, employment or training (NEET) and all of them were females.
- 16% reported that averting monetary crisis had taken precedence over pursuing their goals.

**Identity and Legal Awareness:** 62% of all young adults (n=61) had not received any information regarding their legal rights and responsibilities. 75% of all young adults (n=73) had not received any guidance regarding it through a workshop or a one-on-one consultation.

- 13% of all young adults were not aware of their fundamental right to identity through documents such as Aadhar Card, Voters' ID Card, Birth Certificate, Passport, etc.
- 88% of CLs (n=71) were unaware of the fact that they were entitled to Aftercare support and services under the law.
- Across all categories, over 86% young adults fell in the 'unsatisfactory' range of the Legal Index.

The documentation clearly establishes the importance of quality care and individual attention during childcare, as the Aftercare outcomes is a direct reflection of the care received during childcare. Throughout the documentation, it has been emphasised that a large proportion of those CLs who did not receive any formal Aftercare support were untraceable due to poor follow-up mechanisms of CCLs and Government departments; thus becoming no one's responsibility after leaving care. Those who did receive support were limited to only a few domains of the 'Sphere of Aftercare'.

The report begins with a dedicated chapter on a comprehensive desk review of information on Aftercare at the international, national and state levels. Chapter 2 provides the objectives, methodology and justification for the CAP research, while Chapter 3 presents a detailed analysis of the findings from the State. The report captures the detailed discussions of the findings in Chapter 4, and Chapter 5 provides insight through in-depth case studies. Chapter 6 documents the key recommendations that can contribute in building the



roadmap for Aftercare in Rajasthan. The key recommendation is that CLs need to be empowered at their earliest towards independent living and reduce their dependency on external support, yet windows of seeking help during times of crisis through a supportive ecosystem needs to be present so that they do not fall through the cracks at any point of their adult life.

**Some of the key recommendations emerging from the documentation are:**

- Recognition of Care Leavers as vulnerable youth
- Streamline Aftercare systems and processes
- Effective implementation of existing policy and law on Aftercare
- Increase investment in Aftercare
- Linkages and convergence
- Collectivise Care Leavers
- Research on Aftercare

Given the active involvement of the State of Rajasthan in Aftercare, it is hoped that the findings of this documentation will bridge the gap on policy and practice on Aftercare in Rajasthan.





## Chapter 1

# Overview of Aftercare

**“If I was to be their real teacher and guardian, I must touch their hearts, I must share their joys and sorrows, I must help them to solve the problems that faced them, and I must take along the right channel the surging aspirations of their youth.”**

*—Mahatma Gandhi*

## 1.1 Introduction

India has the maximum number of children in the world (UNFPA, 2019). **The Constitution of India** warrants children equal rights as citizens of the country and equality before law. **The Directive Principles of State Policy** as mentioned in the constitution also mandate the States to formulate legislation that promote the rights and welfare of children. The State Governments are responsible for framing child protection policies to ensure a safe and secure environment for all children especially for vulnerable children, opportunities for their development, and prevention and protection from all forms of violence. Further, it is the duty of the State Governments to provide all children within the state the right to survive, be protected from abuse, neglect and exploitation, enjoy fully the development rights, and participate in decisions.

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

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

Recent estimates put **the number of orphan children in India** at approximately **23.6 million** (refer to the box). For them and many more children, who are at risk of separation from family, preventing separation and finding suitable alternative family-like care environments is challenging, given the sheer numbers of children in the country and the absence of community oriented interventions. Institutional care is the last resort in law but often is the most relied upon option for vulnerable children in India. Non-institutional forms of Alternative Care that have been proposed for children in OHC settings, such as foster care, are at very nascent stages in the country. India has a long way to go to bring care reform for OHC children, the success of which depends on the four enabling conditions of change identified by Hope and Homes for Children (HHC). The HHC theory of change highlights four crucial components: Political will; Evidence & knowhow; Civil society

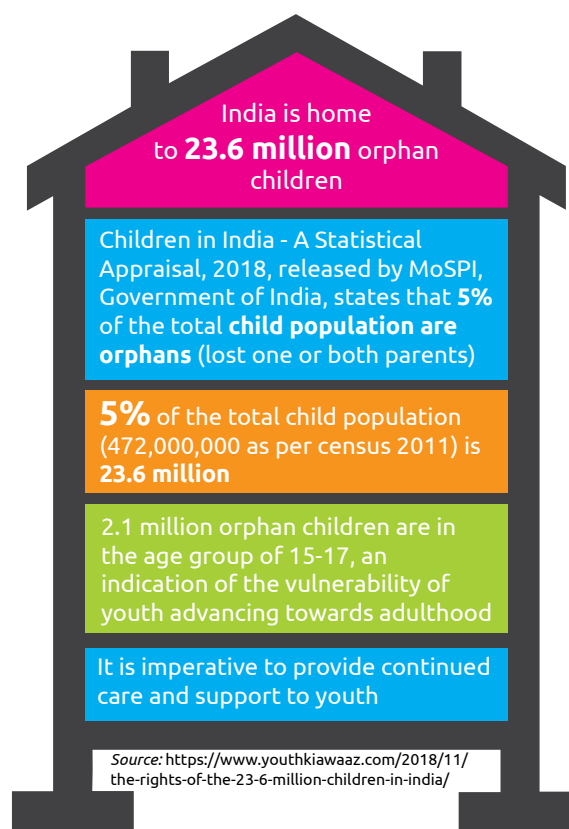
participation, and the last and the most important, resources (funding). The State Governments in India have either accepted Central Model Rules or notified or are in the process of notifying Model JJ Rules. Some are also in the process of drafting Guidelines on Aftercare and supporting vulnerable youth through different schemes in states. Studies, such as the present one, to create an evidence base, have started getting support. However, this political will as reflected in the above efforts also need to be substantiated by mobilising resources, and through enhanced civil society participation. Civil society organisations have been working with some youth in their own limited capacities. However, both the Government and the civil society organisations require a strong collaborative and coordinated effort to bring substantial change in the situation of CLs. This calls for scientific assessment of the situation to develop a workable plan for stakeholders to engage with CLs by continuing their support as Aftercare practice.

## 1.2 The Transition from Childcare to Aftercare

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

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

Gradual and supported transition out of Alternative Care settings is the key to ensure that young adults "aging out" of the system prosper in their lives as they move forward (Modi, et al., 2018). This transition from living in a protective care facility to independent living often brings a host of difficulties, due to the absence of a pivotal family-like ecosystem, minimal community integration, and limited ownership of essential resources. Youth transitioning from care are, thus, at a higher risk of facing personal, professional and social hardships than those who have a family ecology to support them. Inadequate social and life skills, low educational achievements, higher risk of physical and mental health concerns, and the increased risk of social issues including homelessness, substance abuse, conflicts with law, abuse and violence, teenage pregnancy, social exclusion, incarceration, and self-harm and suicide, all effectively slow down or often deny youth their full



settlement in life (Kalinowski, 2015; Montgomery, Donkoh, & Underhill, 2006). The transition period can be an enabling one (Akister, Owens, & Goodyer, 2010), marked by the distinct needs of the youth who need to be supported, guided and counselled so that they are able to realise their full potential. In the absence of these inputs by care providers and a lack of understanding of the difficulties faced by young people, they run a risk of losing opportunities available to them. They may face problems across multiple life domains, such as locating and accessing safe and stable housing, building strong and positive relationships with members of their social networks, being able to manage crisis and stress, and pursuing higher education or acquiring meaningful vocational and life skills towards steady and lucrative employment (Fryar, Jordan, & DeVooght, 2017).

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

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

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

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

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

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

Aftercare thus means provisions for support to CLs as a range and Continuum of Care services to enable them to achieve social and life skills through participation in the life of the local community, systematically leading them to self-reliance and mainstreaming in the community.

Aftercare is an important final stage in the Continuum of Care, as it ensures smooth rehabilitation and reintegration of a child in OHC as she/he steps into adulthood. This is especially required if a child has gone through a long period of institutionalisation, which is likely to result in the lack of social adjustment. Aftercare is thus the provision of continued care and support to youth, including those with special needs, after they have reached the age of 18 years and are discharged from children's homes/special homes so that they can smoothly move away from institution-based life to independent living, along with extending need-based support to youth who have grown up in Alternative Care settings.

## 1.3 Policy and Legal Framework for Aftercare

### 1.3.1 International Framework

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



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

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

### 1.3.2 National Level Policies, Laws, Schemes and Programs applicable to Aftercare

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

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

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



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

At the country level, in India, the erstwhile Juvenile Justice (Care and Protection of Children) Act, 2000 did not define the term 'Aftercare'. It, however, empowered State Governments to establish or recognise "Aftercare organisations" (ACOs); and the functions that may be performed by them; for a scheme of Aftercare programme to be followed by such ACOs for the purpose of taking care of children in conflict with law or Children in Need of Care and Protection, after they leave Special Homes or Children's Homes, as the case may be, for the purpose of enabling them to lead an honest, industrious and useful life; for the preparation or submission of a report by the probation officer or any other officer appointed by that Government in respect of each child prior to his discharge from a Special Home/Children's Home, regarding the necessity and nature of Aftercare of such juvenile/child, the period of supervision and for the submission of report by the probation officer or any other officer appointed for the purpose, on the progress of each child; for the standards and the nature of services to be maintained by such ACOs; and for such other matters as may be necessary for the purpose of carrying out the scheme of Aftercare programme.

The JJ Act, 2015, which came into force on 15th January 2016, clearly articulates the objective of Aftercare as being a service 'to facilitate child's re-integration into the mainstream of the society' (JJ Act, 2015, Section 46.). Aftercare is defined under Section 2(5), JJ Act, 2015, as "making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society" applicable for children leaving institutional care. **Section 46** states that any child leaving a child care institution on completion of eighteen years of age may be provided with financial support in order to facilitate child's re-integration into the mainstream of the society in the manner as may be prescribed. All relevant fundamental principles enshrined in Section 3, JJ Act, 2015 need to be adhered to, as appropriate, while dealing with the youth in Aftercare.

The Government of Rajasthan (GoR) has circulated a draft copy of **the Rajasthan Juvenile Justice (Care and Protection of Children) Rules, 2017 seeking public opinion and the same are yet to be notified.**

The GoR has set up a committee to draft Guidelines on Aftercare and as on date, a final draft is pending the Government's consideration. In the absence of State notified Rules, the Model JJ Rules, 2016 are applicable for all children in Rajasthan. Rule 25 of the Model JJ Rules provides for the following:

### Aftercare of Children Leaving Institutional Care

1. The State Government shall prepare a programme for children who have to leave Child Care Institutions on attaining eighteen years of age by providing for their education, giving them employable skills and placement as well as providing them places for stay to facilitate their re-integration into the mainstream of society.
2. Any child who leaves a CCI may be provided Aftercare till the age of twenty-one years on the order of the Committee or the Board or the Children's Court, as the case may be, as per **Form 37** and in exceptional circumstances, for two more years on completing twenty-one years of age.

Rule 25 of the Model JJ Rules mandate the CWC to maintain records in a register of all children placed in Aftercare. The DCPU is mandated to prepare and maintain a list of organisations, institutions and individuals interested in providing Aftercare as per their area of interest such as education, medical support, nutrition, vocational training, etc. and the same shall be forwarded to the JJB or the CWC and all CCIs for their record. It also mandates the Probation Officer, the Child Welfare Officer, Case Worker, or social worker, to prepare

a post release plan and submit the same to the JJB or CWC, two months before the child is due to leave the CCI, recommending Aftercare for such child, as per the needs of the child. Further it puts the onus on the JJB or CWC or the Children's Court to examine the effectiveness of the Aftercare programme, particularly whether it is being utilised for the purpose for which it has been granted and the progress made by the child as a result of such Aftercare programme.

Sub clause (6) of Rule 25 provides for funds to be given by the State Government for CLs under Aftercare for their essential expenses and directs that such funds shall be transferred directly to their bank accounts.

**Sub clause (7) of Rule 25 specifically mentions the following services to be provided under Aftercare programme as follows:**

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

**Rule 83 (4) that provides for the setting up of the JJ Fund clearly allows for the funds to be used for the following:**

- providing **lump-sum subsistence support** to children leaving CCI on attaining the age of eighteen years;
- providing **Aftercare facilities and entrepreneurship** fund for providing capital and infrastructure to persons who have crossed the age of eighteen within institutionalised care, for starting up small businesses to support reintegration into mainstream life;
- providing support for foster care, sponsorship and Aftercare.

## **Child Protection Services (Erstwhile ICPS)**

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

The scheme has elaborate arrangements for identification of voluntary organisations which are interested and capable of providing Aftercare support. Under CPS (clause 6.3), the SCPS has been entrusted with the

task of providing financial support to the young Aftercare adults under the support of an ACO. The SCPS has the power to release per child grant of up to a maximum of INR 2000 per youth per month to the concerned organisation running the Aftercare program. The grant will be based on and meant to support the individual needs of the children. Under the Scheme, it is the responsibility of the DCPU to identify, enlist and involve suitable voluntary organisations, ready to run the Aftercare programs. It is the responsibility of the interested ACOs to formulate such Aftercare programs for the children that could help them in their required needs for a period of three years.

#### Aftercare provisions under CPS

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

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

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

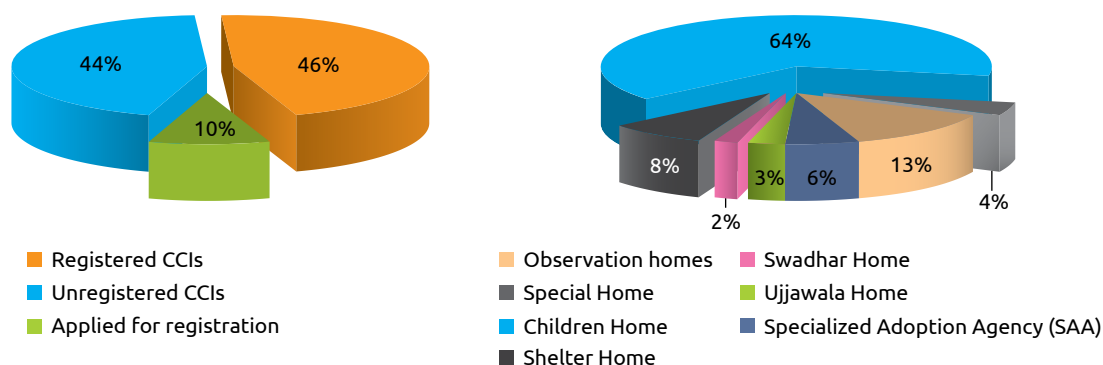
Thus, it is clear that policy and law in Rajasthan strongly mandates financial and non-financial Aftercare support for CLs. However, despite this mandate, Aftercare remains an extremely neglected low priority agenda in child protection in the State and is mired by negligible investment in terms of budgetary or human resource support. Several NGO-run and civil society interventions exist, some of which are very innovative and promising, but unfortunately such interventions have not been properly documented, reviewed or scaled up in the country. "A Series on Alternative Care" a booklet published by Udayan Care, in 2017, and the first of its kind, documented promising practices in India as well as abroad. It is crucial for all the stakeholders to document challenges and practices of Aftercare to keep practitioners informed on recent developments and best practices.

## 1.4 Situation of Aftercare in Rajasthan

### 1.4.1 Statistics of Children in care and need for Aftercare Services

Children constitute 41% of the total population of Rajasthan. The Childline India Foundation (CIF) report of 2018 (also known as the Jena Committee Report) puts the number of vulnerable children in Rajasthan at 5474, of which 5248 are CNCP and 226 are CCL. There are 3950 boys and 1298 girls who are in need of care and protection in the state.

As per the Annual Report (2017-2018) of Department of Child Rights, Rajasthan, (DCR), Rajasthan has approximately 160 registered Governmental or NGO CCIs. Of these, 42 CCIs are run by the Government while the other 118 are established and managed by NGOs, of which 42 receive grants from the Government, while the other 78 manage the facility through their own financial resources. There were about 6682 children living in 42 Government CCIs in 2018. No data is available for children who have left institutional care on attaining the age of 18 years. The CIF report of 2018 gives the following numbers for Rajasthan:



**Figure 1: Profile/Type of CCIs in Rajasthan**

These figures indicate that there is a large number of children being provided care and protection in over 250 CCIs, who would also require support beyond 18 years, as part of the continuum of care. As the study highlights in Chapter 3 that children are not prepared for independent living during their stay in CCIs, which necessitates the need for improved transition training and provisioning of robust Aftercare Programme.

## 1.4.2 Child Protection Bodies in the State

The **Department for Child Rights (DCR), GoR** was established in Rajasthan in 2013 with the aim of promoting the rights of children and has been set up as a distinct and full-fledged Department vide notification dated 17 May, 2013. Rajasthan is the first state to have a separate independent department to address child rights issues. The aim of the department is to protect rights of children and to implement all laws related to children.

The **Rajasthan State Child Protection Society (RSCPS)** functions under the aegis of the DCR. District Child Protection Units (DCPUs) are functional at state and district levels respectively. There are 33 Child Welfare Committees (CWCs) and 34 Juvenile Justice Boards (JJBs) that are functioning in the districts. There are 28 ChildLine (1098) services that are functional in the state.

DCR in partnership with Harish Chandra Mathur Rajasthan Institute of Public Administration (HCM RIPA), Jaipur has established "**Rajasthan State Child Resource Centre**" (CRC) at HCM RIPA in 2016. CRC is a strategic initiative and a joint venture of RSCPS and HCM RIPA that aims to facilitate "child friendly governance and create enabling environment to help children develop with their best potential". CRC functions as the nodal centre to undertake various activities including training, manual and module development, workshop, seminar, report, research and documentation as mandated under the JJ laws and ICPS. It also acts as the nodal agency of capacity development of various stakeholders including CWCs, JJBs, CCIs and DCPUs on child rights and child protection. Rajasthan has the **Greh Unnayan Samiti** constituted under the Chairmanship of Principal Secretary, SJE works to improve the conditions of CCIs.

The **Rajasthan State Commission for Protection of Child Rights** (RSCPCR), an independent state level statutory body was set up in 2010 in the State. It is mandated to monitor the implementation of the JJ Act in the State.

### 1.4.3 Existing Aftercare Services

#### Non Institutional approach to Aftercare

**During 2010 planning, efforts were being made in Rajasthan to establish Aftercare organisation but it was decided not to establish or recognise Aftercare organisations as it leads to transfer of**

**the child from one institution to another whereas the aim of the Aftercare is to rehabilitate and re-integrate the child back to society. Therefore, as an alternative, the state Government introduced the Mukhya Mantri Hunar Vikas Yojana (MMHVV) for children leaving care or children who are beneficiaries of Palanhar Yojana. Hence, there are no Aftercare Homes set up by the GoR.**

At present, female CLs are sent to “Nari Niketan”, which is a shelter home for women in distress, and male CLs go to hostels. The State has hostel facilities for boys and girls, where CLs can be given accommodation on a case to case basis. Apart from this, some NGOs provide rented accommodation facilities to children especially to those who are working and can pay at least half of the rent. A few NGOs are currently running their own housing facilities; a few are also supporting and encouraging scattered rented housing, PG accommodations or hostels for CLs. There are also community-based hostels in Rajasthan as such Hostels, SC/ST Hostels, etc. but they have been established to serve a particular community. However, planned housing to meet specific needs of Aftercare CL has not been attempted as such.

Some Government care home superintendents on their own initiative settle the children at 18 through their individual contacts, even as they are not monitored on this task. As a result, the youth are at the mercy of somebody or are forced to be on the streets again.

Although the decision to not have residential facilities for CLs is a thought out decision of the GoR, alternative options of housing have not been developed to meet the needs of CLs in the State. Female CLs sent to “Nari Niketan/Mahila Sadan experience adjustment issues and do not want to stay with older women and women with psychiatric illness.

Certain NGOs like I-India provide facilities of **group home** for CLs in Jaipur. These group homes provide temporary shelter to the young adult till they attain economic independence. They have a fully equipped kitchen, rooms and other facilities. There are other NGOs like Sheela Baal Bhavan that supports girl’s education and accommodation till they complete their higher education or till they find a job.

Apart from the above initiatives, there are many NGOs that provide Aftercare support such as SOS Children’s Village, (Jaipur), I-India (Jaipur), Sheela Baal Bhavan (Jaipur), Karni Nagar Viksa Samiti (Kota), Madhu Smriti (Kota), Dayanand Baal Niketan (Ajmer), Navjeevan Santhan (Jodhpur), Jankal Sahitaya Manch Sansthan (Jaipur), Aashray Care Home for special needs children (Jaipur), Udayan Care etc. These organisations provide support mostly in education, vocational training, marriage, housing, and financial support. These services are planned on the basis of each child’s interest and abilities. However, the services provided to children depends more on the resources available to them. In addition, the services provided to children are also based on the ideology of institution. For instance, if the institution is of the opinion that for girls, marriage is the best way to rehabilitation, the institution will direct all the resources and energies in fixing a matrimonial alliance.

Data of adults leaving care was found to be inadequately captured and monitored in the State. The first step to solving any problem is identifying the magnitude of the problem, which relies heavily on sound statistics.

Sound statistics not only help us understand the depth of the issue but also has implications for effective policy planning, intervention and budgeting. So until and unless we know the magnitude of the problem, we will not be able to draw any robust intervention plan and address the issue.

#### 1.4.4 Existing Schemes, Programmes and Funds in Rajasthan

As Rajasthan has a specific architecture, ways of living, and folk traditions, there are guilds that bring up family art and skill. With strong family and community ties, one witnesses more instances of kinship care in Rajasthan, where the child is being taken care of by the extended family members. The extended family members, in the absence of parental care, extend the support to the child and cater to all their needs, ranging from basic needs to education to marriage. In addition, Aftercare was linked with developing skills in homebound learning routines of work that sustained large joint families where human resource was nurtured to learn and promote kinship ties. This model of kinship care is a traditional model and continues to exist in the State.

Keeping the traditional model of kinship care in mind and also respecting the principle of institutionalisation as a last resort in JJ Act, the Social Justice and Empowerment Department, Rajasthan introduced an innovative social protection scheme i.e. **“Palanhar Scheme”**, in the year 2005 with the aim to support children, ease the burden of extended families and sustain the kinship model of care. This scheme supports foster families/extended families with a cash allowance INR 100/500 per month for kinship care in Rajasthan till the age of 18. However, planned Aftercare has not been attempted for these youth, raised under the Palanhar Scheme.

Eligibility criteria includes the annual income of the eligible Palanhar family not being more than 1.20 lakhs and it being mandatory for children of age group 3 to 6 years to attend Aanganwadi and 6 to 18 years to attend school. There are nine carefully selected categories of vulnerable children/families who can avail the Scheme. The benefits include Rupees 500 per month for a child (age group < 6 years) and Rupees 1000 per month for a child (age group > 6 years and < 18 years). Over and above the monthly grant, an annual grant of Rupees 2000 for other related expenses such as uniform, books etc. is given but is not applicable to children of widows and Nata Pratha. Data for over 3.5 lakh Palanhar beneficiaries are available with the State, showing expenditure of over 3 crores spent and a strong system streamlined to track every beneficiary by linking them with their Aadhar and Bhamashah cards. The entire scheme is implemented through the online application submission, process and sanction process that allows speedy and hassle-free monthly payment to beneficiaries on a regular basis. Over 2, 20,000 vulnerable children have benefited with a total spend of Rupees 190.00 crores for the financial year 2017-18.

**Mukhya Mantri Hunar Vikas Yojana (MMHVV)** was launched with the idea of streamlining Aftercare services in the State in 2011-2012. The scheme aims to ensure social re-integration of children (above 17 years of age) living in either Government-run or aided CCIs, to make children self-reliant. The scheme provides vocational, technical, higher education and skill development facilities to children who are in need of care and protection and also to youth who as children have been beneficiaries of the Palanhar Scheme. 434 persons have benefited in the last 3 years. Online systems ask for bonafide and antecedents are not available with CLs, thus making the online process for skill development course enrolment challenging for CLs. The online registration system requires uploading of certificates and domicile identity that are not available to most of them.

A number of other schemes exist such as the **Protsahan Yojana**, which promotes corporates to work with CCIs in the State and strengthen Government-run CCIs.

### 1.4.5 Positive Developments in the State Pertaining to Aftercare

**Reservation for Orphans:** The State Government, on the recommendation of State Other Backward Class Commission, issued notification in 2000, mentions that **orphan children living in CCIs will be considered as belonging to the OBC category**, if they are not aware of their caste and can avail all the benefits of reservation under OBC quota in the State. Whereas, for children who are aware of their caste and have a caste certificate other than OBC such as SCs, STs etc. are entitled to avail all the benefits provided to that particular caste. CLs face challenges in getting the orphan and OBC certificate as no guideline or “disha nirdesh” has been issued to operationalise the above-mentioned order. Many CLs have objected to being identified as OBC and they demand to be served under their own special category as done in Maharashtra and Tamil Nadu. However, not many CLs have been able to benefit from these reservations so far.

### 1.4.7 Research, Publications and Evidence on Aftercare

There is very little documentation or research available on current practices and approaches of Aftercare in the State. Other areas of child rights have received more research and publication attention. For example, recently in 2017, CRC and UNICEF, Rajasthan documented the **“Best Practices of Child Care Institutions in Rajasthan”**. The document highlights the innovative practices adopted by various Governmental and non-Governmental child care institutions in Rajasthan.

### 1.4.8 Challenges in Aftercare Delivery

Securing adequate accommodation, soft-skill training, life skills, and access to medical facilities remain just a few of the challenges CLs face upon exiting their CCIs. In the absence of Aftercare Guidelines, efforts towards mainstreaming CLs remain scattered and ad hoc in nature. There is also a lack of investment in curriculum development and budget allocations required to train CCIs and Palanhar staff to understand Aftercare in a holistic manner. There is a huge gap in planning and implementation of the existing provisions of the JJ Act especially as there is no fixed budget to support youth under Aftercare Program; With limited vocational training courses being availed due to lack of fee waivers, there is also a lack of job opportunities even for CLs who have completed their education and vocational training. Lack of understanding amongst the stakeholders is found to be a major road block in the effective implementation of the Aftercare provision. Limited exposure of the stakeholders, limited studies on the subject, and no platform to share the best practices, further contributes to the limited understanding on the subject.

**Identity certificate to avail reservations:** Youth from CCIs find it difficult to apply for training, internships and jobs due to documentation challenges in being certified as OBC to avail a reserved seat. CLs and some other participants shared the challenges in getting the orphan and OBC certificate as no guideline or “disha nirdesh” has been issued to activate this order. CLs objected to being identified as OBC and they demand to be served under their own special category as done in Maharashtra.

**Operational delays in funding:** Mostly, Government reimbursement mode on fees does not work for those who have no collateral to take loan. The fee for admission to higher study for skill development need to be paid by the CCIs, who are always short of funds. The Government support under schemes like MMHVV is reimbursed a year or two later and this facility can thus be availed only by those who already have access to ready money or a loan. In the recent years, only 400 youth could avail support under MMHVV as others did not have the capacity to pay first and get reimbursed later.

**Reimbursement of fee done in account of the youth not the person who loans the fee:** If an NGO helps the youth they may or may not get back the money they have loaned to the student as the money is reimbursed directly to the youth alone.



**Operational delays in accessing Schemes through online portals:** Most schemes in the State are implemented through Online systems and require bonafide documents that are not available with CLs most of the time. The online process to apply for skill development requires the youth to upload certificates and domicile identity that are not available with CLs. Run away children also do not have documentation or address and name of their family. The online portal of MMHVV does not clarify critical things such as place of training and does not allow application for more than one course, often leading to CLs not being able to make their decisions.

The transition from protected living as a child in a CCI to independent living as an adult, requires substantial support in the form of Aftercare, to enable them to become self-reliant. Aftercare as Continuum of Care is crucial for the CLs to realise their true potential and become contributing members of the society. There is a need for collaborative and coordinated efforts between different stakeholders to meet the needs and aspirations of all the CLs. This study is an attempt to capture the situation of CLs and Aftercare approaches, as it exists, to highlight the gaps in policy, law and practice on Aftercare in Rajasthan, and suggest a workable way forward.





## Chapter 2

# Objectives & Methodology

**“Our parents are the Government and they have so many kids so they are very busy, but who else will we complain to for our needs?”**

*Care Leaver, Rajasthan*

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

## 2.1 Justification and Rationale

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

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

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

## 2.2 Objectives

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

1. Establish the relationship between life in CCIs and nature of challenges and opportunities faced by CLs and Palanhar beneficiaries as young adults;
2. Understand the nature of challenges faced by CLs and Palanhar beneficiaries in the domains of mental health, physical health, housing, education, vocational skills and employment, financial management and legal literacy, and interpersonal relationships and social support;

3. Understand and document emerging and promising Aftercare interventions;
4. Ascertain the average number of children who exit CCIs in State every year on completing 18 years of age; and
5. Recommend measures for interventions that will bring about qualitative improvement and robustness in Aftercare activities.

## 2.3 Methodology

The present documentation, on Aftercare practices, follows a mixed method approach with a descriptive research design, which uses both, the quantitative and qualitative methods of inquiry in tandem. This study has used in-depth interviews and case studies as tools for data collection. The first of its kind in Rajasthan, this study has used focus group discussions with different stakeholders, structured interviews, case studies with 'Care Leavers' and unstructured interviews with Key Informants (KIs) as tools of data collection. The study has used triangulation of these methods, theories and data points for probing more in-depth into the lives of the CLs and validating the observations with the views of the stakeholders, who are engaged in the field of Aftercare. This study has attempted to understand the existing Aftercare ecosystem in Rajasthan from the point of view of CLs as primary stakeholders and functionaries, duty-bearers and child rights experts as KIs. This empirical research in Rajasthan was conducted through extensive field work by Udayan Care with its team of researchers from September, 2018 to April 2019.

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

## 2.4 Scope

The CAP documentation focussed on understanding the status of Aftercare services provided only to CNCP, who had attained the age of 18 years and exited a Children's Home in Rajasthan, and the nature of challenges faced by them as they grew up in CCIs and transitioned out of care. Given the fact that Rajasthan has a strong Palanhar scheme operational in the State, the study included Palanhar beneficiaries, to understand the nature of support received by them during childhood and their outcomes in adulthood, as well as the gaps and challenges faced by them. The data of CLs and Palanhar beneficiaries is presented objectively and no comparison across the two groups is attempted.

It is pertinent to mention here that this study follows the key principles of Alternative Care in its scope as laid down by the UNGACC. Clause 30 of the Guidelines excludes the CCL from the scope of Alternative Care. Though the JJ Act, 2015 provides for Aftercare for CCL, the study did not cover this category of children.

Similarly, issues of persons with a disability could not be included because of the entirely different approach needed to study this cohort. These are important areas that need to be included in further research studies on Aftercare.

## 2.5 Literature Review

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

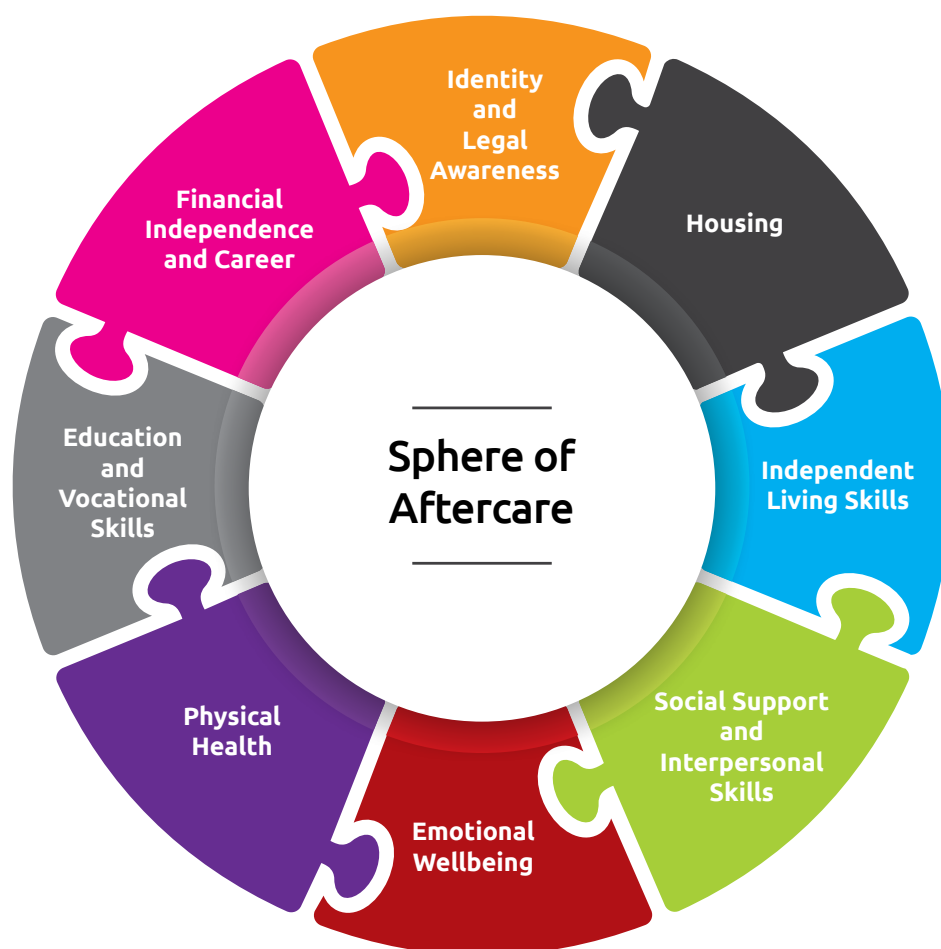
## 2.6 Thematic Framework

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

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



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



**Figure 2: The Sphere of Aftercare**

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

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

definitions of certain terms used in this study are also explained in the same Annexure.

## 2.7 Data Collection

The study was conducted in six districts of Rajasthan, namely, Ajmer, Bhilwara, Bundi, Jaipur, Jodhpur and Kota; keeping in mind the operational feasibility and the study population.

The data collection was conducted at multiple levels:

The following methods were used for data collection:

### 2.7.1 Focus Group Discussions

The team conducted three FGDs with KIs, CLs, practitioners from CCIs, ACOs and Government functionaries. The proceedings of these FGDs consolidated the research team's understanding of complex and interdependent challenges of Aftercare provision. Overarching problems of inadequate rehabilitative services, lack of social support, and inaccessibility to resources as well as state-specific opportunities and challenges were discussed.

### 2.7.2 Structured Interviews of Care Leavers

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

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

### 2.7.3 In-depth Interviews of Care Leavers for Case Studies

In-depth interviews covering various aspects, like abandonment, surrender, trauma, neglect, life in CCIs, opportunities, and challenges in their present life, and perceived success or failure of a young adult starting from his/her childhood, were conducted. Five case studies of young adults who are either successful, moderately successful or are still struggling to find a foothold in life were developed. A semi-structured interview schedule was used for conducting these interviews. To analyse the case studies, Mark Stein's Resilience Framework that has categories of "moving on", "survivors" and "strugglers" has been used (Stein, 2012). According to Stein, these are not set groups or permanent characteristics of CLs; instead, young people may move between them, over time, or as their circumstances or the support they receive changes.

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

KIIs were conducted with senior functionaries such as DCPOs and CWC members, representatives of various

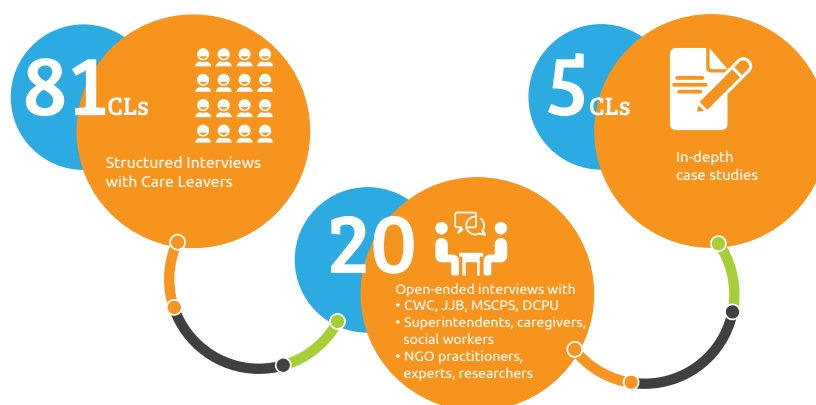


Figure 3: Sample Size

CCIs (Governmental and Non-Governmental), Aftercare providers, program managers, social workers, activists and scholars, who have substantial experience in the care and protection for children. A semi-structured interview schedule was used to conduct these interviews to elicit a candid response from these professionals regarding their opinion of the existing Aftercare framework, an ideal budgetary allowance, given the reality of their current expenditure, or lack thereof. A total of 20 KIIs were conducted in the State. All the KIIs were administered in-person.

### 2.7.5 Inception Consultation and Round Table

An Inception Consultation was held in Jaipur on September 25, 2018 to launch the study and gather opinion and secondary data, while a Round Table with stakeholders was organised on April 12, 2019 to share the draft findings of the study and seek inputs on the recommendations from stakeholders.

The State Level Inception Consultation and FGD were organised to launch the study and to ensure stakeholders' participation in the ensuing research with the support of UNICEF State chapter. Both were held in Jaipur, Rajasthan in collaboration with Department for Child Rights (DCR), Rajasthan and Child Resource Centre (CRC) at HCM-RIPA, attended by various stakeholders, such as senior officials from Department for Child Rights (DCR), Rajasthan, representatives from UNICEF, Rajasthan, members of Child Welfare Committees (CWCs), personnel from District Child Protection Units (DCPUs), personnel of various CCIs and Aftercare Homes, child protection experts and care leavers from Governmental and Non-Governmental CCIs. This process asserted the need to make Aftercare inclusive in covering concerns of female CLs, and of those with special needs. The Round Table offered a platform to the research team, partners, stakeholders and CLs to discuss the draft findings of the study. The discussions resulted in a participatory and coordinated process of session that helped to enrich the study and suggest a way forward.

## 2.8 Sampling Methodology

A total of 81 CL respondents were reached out to by adopting a stratified convenience sampling method for conducting the interviews, based on their age, sex, CCI type (Government or NGO) and Aftercare support. Three-fourth of CLs (75%) were in the age group of 18-21. As high as 40% were those who did not receive Aftercare, 30% had grown up in Government-run CCIs, and 59% of the sample were female. Selection of respondents was done based on their availability and convenience, whereby those who were available were approached to be interviewed first. The inclusion and exclusion criteria for the selection of respondents were objectively laid out. The inclusion criteria were that each respondent must have grown up in a CCI and must be older than 18 years. Any other respondent not meeting the inclusion criteria were excluded from the sampling.

The process of selecting respondents and conducting interviews involved the following;

**Step 1:** The research team approached the Governmental and Non-Governmental organisations engaged in Aftercare and childcare services, as well as the local DCPU and CWC members for obtaining names and contact details of young adults, who fulfil the inclusion criteria noted above. The research teams also reached out to CLs through their peers.

**Step 2:** The details so obtained were used for selecting the respondents using a stratified convenience sampling method. Respondents were stratified based on their age (18-21 years, 22-25 years, or above), their gender and the type of CCI they had lived in. Proportionate representation was sought wherever possible; however, interviews were conducted depending on the respondents' availability and convenience.

**Step 3:** The interviews of the CLs were undertaken individually, in-person, with due consent.



This documentation also covers 17 beneficiaries of Palanhar Yojna. Convenient sampling was employed to conduct interviews with male and female youth from the list of Palanhar beneficiaries retrieved from the concerned department in the State.

## 2.9 Data Processing, Analysis & Interpretation

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

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

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

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

## 2.10 Ethical Considerations

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



## 2.11 Limitations

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

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

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

**Lack of available documentation:** Another challenge was that almost no documentation of reports or research studies on Aftercare were readily available in the public domain, in Rajasthan.

Coupled with the above, was the challenge faced due to an absence of discourse and engagement on Aftercare at the State level. With almost no documentation, it was impossible to find reports or research studies done on Aftercare that were available in the public domain.



## Chapter 3

# Findings

**“Lack of guidance and financial support has greatly impacted my mental and physical health.”**

*Care Leaver, Rajasthan*

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

This chapter details the quantitative findings from interviews with 98 young adults, as well as qualitative information obtained through KIIs with stakeholders in Rajasthan. To understand the nature of challenges and opportunities faced by youth (CLs and Palanhar beneficiaries) in the State, wide-ranging data is provided in this Chapter in the form of frequency tables, cross-tabulations, correlations and qualitative insights (in boxes).

As the findings in this chapter will show, this documentation aims to create an evidence base that will prioritise the means to achieve satisfactory Aftercare in the State. Care and support of youth leaving care or youth transiting out of CCI at the age of 18 years can be assessed using the 'Sphere of Aftercare' propounded by Udayan Care (Pls. refer to chapter 2). The practice and challenges of Aftercare practices is assessed within the 8 domains of the Udayan Care's 'Sphere of Aftercare' (Figure 2), which is analysed against respective indices for each domain (See indices in Annexure-II).



### 3.1 Demographics

**Age:** The sample was made up of young adults between the ages of 18 years to 30 years. 75% of the young adults fell in the age group of 18-21 years (n=73).

**Sex:** 41% of the young adults interviewed were males (n=40), while 59% were females (n=58).

**Care Status:** Out of the 98 respondents, 30% CLs had grown up in Government CCIs (n=29; M=3, F=26), while 53% had lived in NGO-run CCIs (n=52; M=31, F=21). The remaining 17% of the respondents lived with extended family members as beneficiaries of Palanhar scheme (n=17; M=6, F=11).

**Aftercare Status:** Currently, Aftercare in the state is provided as a non-institutional intervention to CLs and to Palanhar beneficiaries in the State but is limited to educational or vocational training. Of the total sample, 60% (n=59; M=23, F=26) had received Aftercare support/services under one or more of the domains of 'Sphere of Aftercare', while 40% (n=39, M=17, F=22) had not.

55% of CLs from Government CCIs (n=16), 81% of CLs from NGO CCIs (n=42) and 6% of Palanhar beneficiaries (n=1) had received Aftercare at the time of interview.

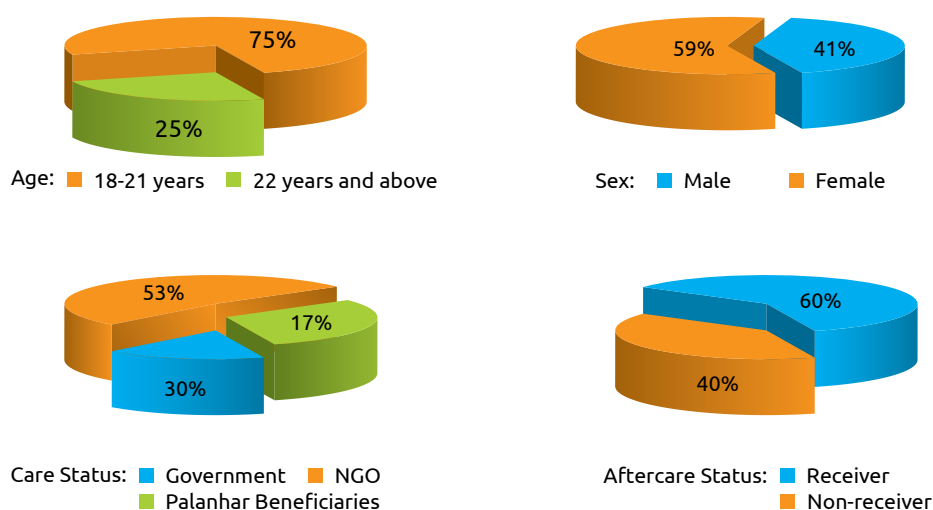


Figure 4: Demographics



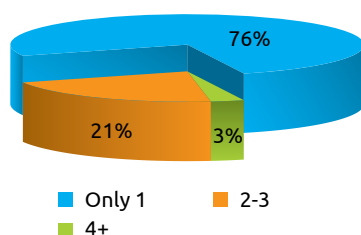
## 3.2 Life in Alternative Care and Transitioning into Aftercare

**Age at the time of entering Alternative Care:** The average age for entering a CCI was found to be approximately 8 years. Whereas, all Palanhar beneficiaries reported being placed with their foster families since birth.

**Age at leaving Alternative Care:** 10% of CLs (n=8) reported leaving their CCI before turning 18 years, while 52% CLs (n=46) left their CCI upon attaining 18 years of age. 10% CLs (n=8) reported that they continued to live in their CCI post 18 years until 21 years, and 28% CLs (n=23) were still living in the CCIs during the time of interview either under their formal Aftercare programme or as an informal practice. All of the Palanhar beneficiaries (n=17) were still staying with their foster/extended families at the time of interview.

**Multiple Placements:** It was found that placement of children from one CCI to another was quite frequent. 30% of CLs (n=24) reported being placed in more than one CCI during their childhood, as shown in Figure 5. All of the 17 Palanhar beneficiaries remained with the same family throughout their childhood.

A larger proportion of CLs reported continued education, feelings of empowerment, mentorship and inclusion in care planning than those who did not. However, this study was unable to shine light on the quality of education, scope of decision-making by the children in CCI, the value derived from mentors and the proper implementation of the ICPs from the CLs' point-of view.



**Figure 5: Number of Placements in Different Homes by Care Status**

The goal, for which the Individual Care Plan is made, is either not properly understood by the juvenile justice functionaries or they just don't want to work like that. Right now, it is only a fill in the blanks questionnaire because that is how they treat it in the institutions.

*Child Protection Expert, Rajasthan*

**Involvement of Children in their Care & Rehabilitation Planning:** 47% of all CLs from CCIs (n=38) reported that they were not consulted in preparing their Individual Care Plan (ICP) which included Aftercare or rehabilitation planning. 9% CLs (n=7) were unsure of their involvement. A greater proportion of CLs from Government CCIs (66%) reported that they were not consulted in ICP preparation as compared to CLs from NGO CCIs (37%).

Care Status	Frequency (%) who were not Consulted in Care & Rehabilitation Plan	
Government CCI (n=29)	No: 19 (66%)	Don't know: 3 (10%)
NGO CCI (n=52)	No: 19 (37%)	Don't know: 4 (8%)

**Table 1: Frequency of Care Leavers not consulted in Care & Rehabilitation Planning**

**Continuity in Education for CLs:** 16% of the sampled CLs (n=13) reported that they were unable to continue their education as per their wishes in their CCIs. This increased to 22% CLs whose education was discontinued against their wishes, after turning 18 years.

It seems that a majority of those who are unable to pursue education as per their wishes in CCIs are also deprived of Aftercare services upon attaining adulthood; while it may be posited that those without formal education are in greater need of support for rehabilitation into society. A greater proportion of non-receivers (39%) reported inability to continue their education after 18 years of age as compared to Aftercare receivers (16%).

Care Status (only CLs)	Frequency (%) Reporting Inability to Continue Education (% within Care Status)	
	In CCI (Before 18 years)	Post-CCI (After 18 years)
Government CCI (n=29)	24%	21%
NGO CCI (n=52)	12%	23%
Aftercare Status (only CLs)	Frequency Reporting Inability to Continue Education (% within Aftercare Status)	
	In CCI (Before 18 years)	Post-CCI (After 18 years)
Receiver (n=58)	10%	16%
Non-receiver (n=23)	30%	39%

**Table 2: Frequency of Care Leavers unable to continue Education**

**Skills Index in CCI:** A set of skills that could empower CLs to achieve satisfactory outcomes in key domains of adult life were identified under 3 broad categories by Udayan Care, as follows:

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

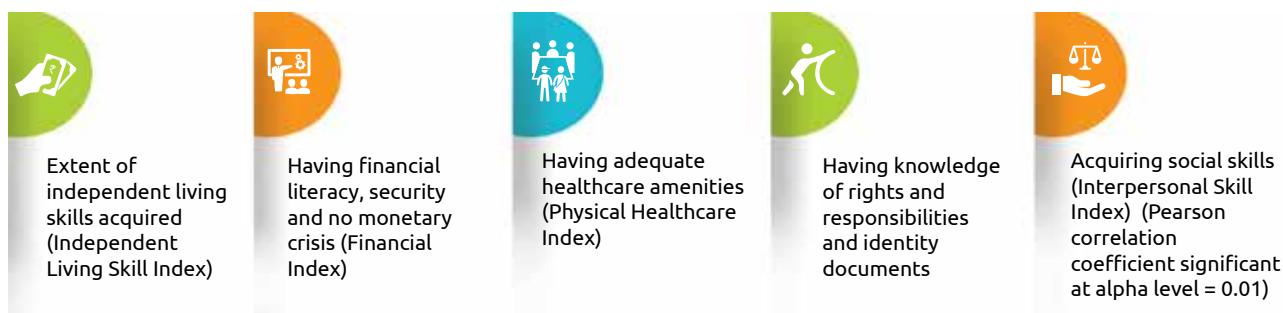
A composite Skill Index score for these 3 categories was computed by factoring in whether children in CCIs received any training – either hands-on or through workshops – for developing these skills.  
(See Annexure-II for details)

It was found that a significantly greater proportion of CLs from Government CCIs (86%) had ‘unsatisfactory’ Skill Development Index score than those from NGO CCIs (54%), as shown in Table 3. It was also found that all of the Palanhar beneficiaries also had ‘unsatisfactory’ Skill Development Index.

Skills Development in Childhood Index	Frequency (%)			
	Government CCI (n=29)	NGO CCI (n=52)	Palanhar Beneficiaries (n=17)	Total
Unsatisfactory	86%	54%	100%	71%
Neutral	7%	39%	0%	23%
Satisfactory	7%	8%	0%	6%

**Table 3: Skill Development in Childhood Index by Care Status**

**Impact of Skill Development in Childhood on Adult Life:** The extent of skills acquired during childhood (Skill Development in Childhood Index) was found to have a significantly moderate to strong correlation with:



**Figure 6: Skill Development in CCI**

### CCI Life Experience Index

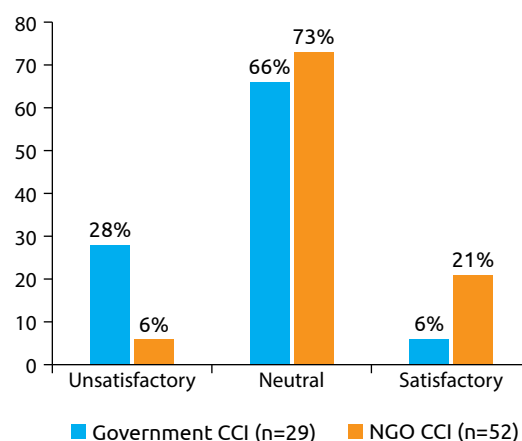
A composite score of CLs' childhood experiences in CCIs, such as:

- the number of placements in different CCIs
  - their involvement in care and rehabilitation planning
  - continuity in formal education
  - association with parents/relatives
  - family strengthening support
  - feelings of empowerment
- was computed to give the CCI Life Experience Index. (See Annexure-II)

**Disparity between Organisations:** A greater proportion of CLs from NGO CCIs reported 'satisfactory' or 'neutral' life experiences in CCIs as compared to CLs from Government CCIs. This suggests the presence of disparate practices and conditions of different organisations and offers an opportunity to bring parity to achieve at least minimum standards of care in CCIs.

“Aftercare should basically function as a bridge between CCI life and independent living in the society.”

*District Child Protection Officer, Rajasthan*



**Figure 7: CCI Life Experience Index by Care Status**

**Relationship of Childhood Experiences with Adult Life:** These experiences were found to be significantly correlated to skill development in childhood (Skill Development in Childhood Index) and overall adult outcomes in the 'Sphere of Aftercare' (Aftercare Quality Index). These findings indicate that the skills acquired in CCIs and the extent of positive experiences had in childhood have a moderate to strong impact on all of the domains of adult life identified in the Sphere of Aftercare. (Pearson correlation coefficient significant at alpha level = 0.01).

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



Figure 8: Opportunities

Figure 9: Risk

### Stakeholder Views on Care and Aftercare Planning and Monitoring

Through the KIIs, it is evident that duty-bearers' understanding of the importance of 'Continuum of Care' is not nuanced enough. Many questioned the meaning/definition of 'Aftercare' and blamed the lack of guidelines and SOPs for their confusion.

#### Current Understanding of Aftercare:

- Deliberations in 2010 by the Government of Rajasthan (GoR) resulted in the decision not to establish ACO in order to prevent institutionalisation of young adults. As an alternative, a non-institutional model was envisioned and the Mukhya Mantri Hunar Vikas Yojana (MMHVY) was introduced for skilling of CLs and Palanhar beneficiaries post 18 years.
- Beyond the MMHVY, no other Government initiative has taken place under the scope of 'Aftercare'
- Even after a seemingly thought-out decision taken by GoR in 2010 regarding the non-institutional nature of Aftercare, primary caregivers' and ground staff understanding of Aftercare is limited to providing extended institutional housing for 3 years while they continue their studies.
- Since Aftercare is not viewed in a holistic manner that facilitates each CLs' journey to integrate into the mainstream society, many duty-bearers' remain oblivious to the importance of rehabilitation planning.

#### Existing practices around Individual Care Plan and Release Plan:

- There is lack of clarity on the function of the ICP and many senior functionaries are of the opinion that it is the sole responsibility of the Counsellor or Probation Officer – there is lack of synergy and collaboration between different duty-bearers to assess the needs of each child/youth adult and provide need-based intervention.



- Child Protection Experts in Rajasthan also shared that the ICP and Release Plans are made only a few months prior to a child turning 18 in attempt to check all boxes as per policy, but the plans are not being used to integrate them into the society and no data is maintained regarding the progress of each child.
- Senior Government functionaries report that there is not enough training of staff regarding the preparation and implementation of the ICP, and so the system is not yet functioning smoothly.

#### Existing practices around Individual Care Plan and Release Plan:

- There is lack of clarity on the function of the ICP and many senior functionaries are of the opinion that it is sole responsibility of the Counsellor or Probation Officer – there is lack of synergy and collaboration between different duty-bearers to assess the needs of each child/youth adult and provide need-based intervention.

#### Challenges faced in ICP Planning:

- Staff and duty-bearers in the Children Home have cited the shortage of manpower as the primary reason for their inability to prepare and implement the ICPs.
- According to Child Protection Experts, ICP is being done as a routine work, limited to checking that a child's basic needs of food, clothing and shelter are being met, rather than as a comprehensive roadmap for their future.

#### Suggestions:

- Efforts to plan for the child/young adult's future should begin much before their last few months in CCIs. Although the ICP should be prepared as soon as the child enters the CCI, Aftercare/Rehabilitation planning should also begin 2 years prior to the release (by 16 years of age.)
- Capacity building of primary staff, superintendents, DCPUs and CWC members should be undertaken regularly
- As suggested by experts, appoint a person to "execute the Individual Care Plan step-by-step, perform diagnosis, prognosis and can also follow-up with the child/youth to determine their preparedness for independent life"
- Experts have suggested developing a support structure that is exclusively dedicated to ensure the smooth transition of children in CCI to become independent young adults; and the CCI staff should be connected with them to maintain the Continuum of Care. As a concrete direction, the role of the 'Rehabilitation-cum-Placement Officer' should be clearly defined to assist CLs to transition out of care.



### 3.3 Housing

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

**Aftercare Supported Housing:** 40% of total CLs or 55% of the Aftercare receivers (n=32; Government CCI=8, NGO CCI=24) were living in housing that was

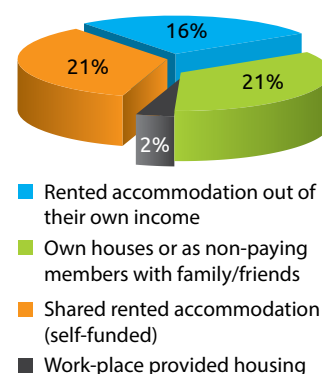
“A major challenge is that children are provided all the necessary support in the form of housing, food, clothing, education, etc. in a CCIs. But suddenly at the age of 18 years, they are asked to move out with no place to go. How will they afford a house/ rented accommodation at such an age? How will they continue their education?”

*Member, Child Welfare Committee*



supported by their CCI/Aftercare programme. These were NGO-run residential facilities for Aftercare, group-housing, paying guest accommodations, and rented accommodation. The remaining 45% of Aftercare receivers (n=27) did not get housing support but accessed services and support in other domains of the 'Sphere of Aftercare', such as support for higher education, vocational training and financial aid.

**Unsupported housing:** 60% of sampled CLs (n=49) lived without any housing support from any CCI/Aftercare programme. The various types of unsupported housing availed by CLs is given below in Figure 10.



**Figure 10: Types of Independent Housing availed by Care Leavers**

**Housing for Palanhar Beneficiaries:** All 17 Palanhar beneficiaries (100%) reported that they were still living with their foster/extended families as non-paying members.

### Stakeholder Views on Aftercare Housing

16 out of 20 KIs expressed their views regarding housing for CLs, as discussed below.

#### Existing Practices:

- There are no Government Aftercare Homes in the State of Rajasthan – this has been a conscious effort to avoid further institutionalisation of CL.
- However, no other options of housing such as group home, scattered rental apartments or PGs have been established in the absence of these homes. Few NGOs have established formal and informal Aftercare programmes which provide housing beyond 18 years to CLs. NGOs also facilitate funding for children/youth through individual sponsors and donors which is usually based on their academic performance and willingness to pursue higher studies. Due to this practice, finding sponsors for those who are unable to shine academically or otherwise is extremely challenging. Unfortunately, these young adults are also the ones that may require the support more than others.
- As a result, CLs from organisations who do not have Aftercare facilities and lack family support must look for self-funded accommodations.
- Some female CLs, in need of housing after turning 18 years, are sent to 'Mahila Sadan', while male CLs are referred to private youth hostels, 'dharamshalas' and State Homes for Men.

#### Challenges:

- Child Protection experts shared that lack of infrastructure is their major challenge. Although a sum of Rs. 56 lakhs was sanctioned by CJM of Rajasthan in 2008 to build a home, work has not begun even after 10 years. They also asserted that since a dedicated budget and scheme for Aftercare is available, it is unacceptable that there be a lack of infrastructure.
- They also shared that the prevailing attitude of Government functionaries is to delegate their responsibility of child/youth care to NGOs. However, NGOs too work under constraints of resources.
- Duty-bearers also believe that these limitations arise from the gaps in law and policy. According to them, the JJ Act, 2015 only obligates them to support children until 18 years and then all the care, support and facilities are withdrawn – this leads to confusion and frustration for the child. Senior functionaries like JJB members also complained that this approach hinders them from going "an extra mile" to support some youth.

- Primary caregivers in CCLs report that they sometimes obtain special permission from CWCs to keep children beyond 18 years of age. However, these exceptions are usually made in case the child has no outside support and is pursuing his/her education. However, there are others who could benefit from this, for example, children/youth with learning disabilities, poor mental health, those who are not academically inclined, etc., yet they are transferred out to hostels or Mahila Sadans.
- CLs find it hard to adjust to these new homes and the conditions are usually not conducive to becoming independent.

#### **Suggestions:**

- All stakeholders voiced the need for more infrastructure for housing CLs, especially females.
- NGO practitioners recommend semi-independent housing that allows CLs to manage the household with limited supervision while providing shelter.
- To avoid stigma and bias, the Government should provide group-housing facilities that are located within communities.
- Establish non-institutional models for Aftercare housing that allow CLs to mingle with the community at large. The 3-year period of Aftercare would allow CLs to establish a footing in the community, gain exposure to the outside world and will be prepared to stand on their own feet after 21 years.
- Practitioners also reported that although youth centres exist and are well-maintained, they are not really functional. According to them, it would be worthwhile to strengthen these existing resources and task them with temporary housing for CLs alongside the provision of skills, job placement, etc. to make CLs independent in the true spirit of 'Aftercare'.
- Experts also suggest that these housing options could be subsidised or could have a discounted rental to teach CLs to be accountable and prepare them for independent life.



### **3.4 Independent Living Skills**

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

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

#### **Independent Living Skill Index**

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

94% of all young adults (n=93) fell in the 'unsatisfactory' range of the Independent Living Skill Index. As a result, all categories of young adults – CLs from both Government and NGO CCLs, Palanhar beneficiaries, Aftercare receivers and non-receivers and male and female young adults equally reported 'unsatisfactory' life skills acquisition.

Independent Living Skills Index	Total (n=81)
Unsatisfactory	95%
Neutral	4%
Satisfactory	1%

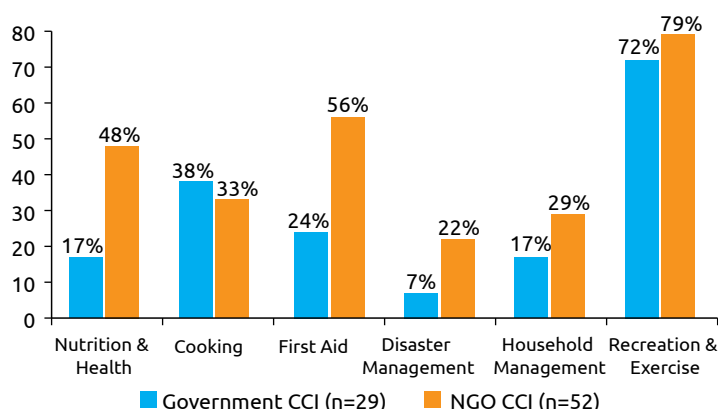
“The main purpose of child/youth care is to make them good citizens. Aftercare should allow them to stand on their own feet and they should become capable to lead their life independently.”

*Child Protection Practitioner, Ajmer*

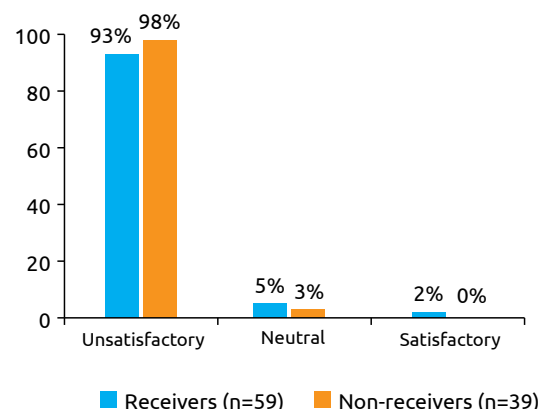
**Table 4: Independent Living Skills Index of Young Adults**

**Differences between Alternative Care Setups:** Upon further scrutiny, it was found that a significantly greater proportion of CLs from NGO CCIs had acquired Independent Living Skills as compared to Government CCIs. Since explicit skill training is not yet understood as a part of family-based parenting, none of the Palanhar beneficiaries reported receiving any training for such life skills.

**Impact of Aftercare:** The findings in this section show that training for independent living skills was completely lacking in Alternative Care environments in Rajasthan as both receivers and non-receivers reported that they had not acquired the identified skills.



**Figure 11: Independent Living Skills acquired by Care Status of Young Adults**



**Figure 12: Independent Living Skills Index by Aftercare Status**

### Stakeholder Views on Independent Living Skills

Out of 20 KIs, four expressed their views regarding the necessity of life-skills for CLs.

#### Existing Practice:

- CWC member, JJB members and experts believed that the most important reasons for the lack of life skills amongst CLs is the fact that our CCIs and child care framework requires them to be placed in closed environments for reasons of safety and security. Child Rights Experts believe that it is a limitation of our CCIs that fail to teach them how to face different people and what to expect in the outside world. According to them, exposure visits to the outside world through field trips, in a safe and controlled manner, should be organised.
- Duty-bearers reported that currently no explicit life skills programmes exist in CCIs and it is only by the will and initiative of superintendents and caregivers who may conduct some life-skills activities or share their experiences to instil these skills.

### Suggestions:

- One of the DCPOs suggested that training in 'moral values and principles' should take place in CCI as they are done in families. Religious stories and fables can be taught to children as lessons of right and wrong (without indoctrination.)
- Experts also suggest that life-skills training should become a mandatory part of all CCIs. Moreover, they believe that once children imbibe these life skills, such as decision-making, problem-solving, negotiation and conflict management, etc. – they will be empowered enough to identify other needs and skills that they require.



## 3.5 Mental and Emotional Wellbeing

63% of all sampled youth (n=62) reported facing recurring emotional distress that makes them sad or tense. They cited different reasons for the state of mental and emotional wellbeing as mentioned below:

### Reasons for emotional distress in adulthood:

- Worrying about their future – poor academic performance, lack of stability in work, lack of finances, etc.
- Feelings of loneliness, isolation due to lack of family/caring adults
- Inability to express feelings and/or views, lack of decision-making in their own lives
- Suffering from frequent mood swings, anger and irritability
- Victims of bullying or fights

**Tendency towards Mental Health Issues:** Almost 1 in every 7 respondents (~13%) reported multiple symptoms of mental health issues listed below. The proportion of males and females reporting these symptoms was comparable, as shown in Table 5.

Symptoms in the last 4 weeks		Frequency (%)		Total
		Male	Female	
Cognitive	Mood Dysregulation	28%	24%	26%
	Anger/Irritability	10%	19%	15%
	Feeling worthless, helpless	25%	19%	21%
	Anhedonia (loss of interest/pleasure)	8%	3%	5%
	Harmful/Violent Thoughts	5%	12%	9%
Functional	Easily tired	15%	24%	20%
	Sleep Disturbance	20%	14%	16%
	Disturbance in Food Intake	10%	14%	12%
	Affected Daily Functioning	0%	0%	0%
	Need to push for everything	13%	16%	14%
	Harmful/Violent behaviour	3%	7%	5%

**Table 5: Symptoms of Psychological Disorders by Gender**

**Mental Health and Care Status:** During the transition phase from CCI to independent living at the age of 18 years, CLs face increased emotional stress as compared to young adults who continue to live with family support. As a result, a greater proportion of CLs from Government CCIs reported multiple symptoms of psychological distress as compared to CLs from NGO CCIs, while none of the Palanhar beneficiaries reported these symptoms retrospectively at the age of 18 years.

Symptoms at the time of transition (18 years)		Frequency (%)		Palanhar Beneficiaries (n=17)
		CLs from Government CCIs (n=29)	CLs from NGO CCIs (n=52)	
Cognitive	Mood Dysregulation	35%	25%	0%
	Anger/Irritability	35%	17%	0%
	Feeling worthless, helpless	17%	17%	0%
	Anhedonia (loss of interest/pleasure)	14%	6%	0%
	Harmful/Violent Thoughts	14%	8%	0%
Functional	Easily tired	14%	6%	0%
	Sleep Disturbance	28%	23%	0%
	Disturbance in Food Intake	24%	6%	0%
	Affected Daily Functioning	3%	2%	0%
	Need to push for everything	14%	12%	0%
	Harmful/Violent behaviour	7%	2%	0%

**Table 6: Symptoms of Psychological Disorders during Transition (18 years) by Care Status**

**Mental Health Assistance:** Although counsellors and professional social workers are more readily available in CCIs during childhood, as mandated by the JJ Act, 2015, this is not the case when they transition into adulthood. Most CLs, i.e. 50% sought assistance only from non-professionals such as friends, family members, mentors or acquaintances. 8% reported seeking professional help from licensed counsellors or doctors; and none of them had visited their therapist/doctor more than 4 times for regular therapy. Those who did not seek any assistance (13%), cited several reasons for this, such as:

- lack of trustworthy persons in their life
- lack of resources to get professional help
- lack of will or motivation
- inability to recognise symptoms

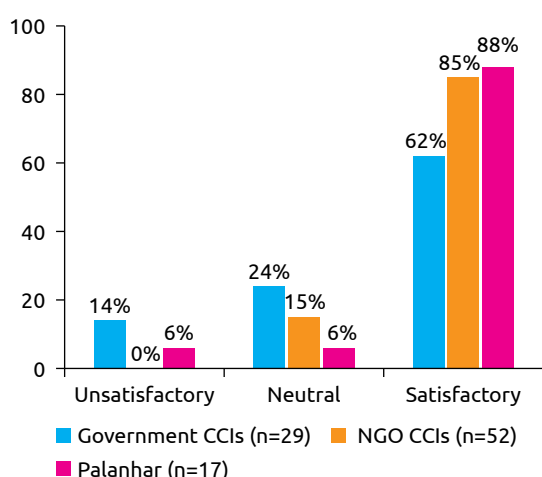
“Counselling plays a big role, but in reality, there is no counselling happening. I released an order stating that there should be at least 2 counselling sessions in a month for each child, and its report should be attached to the file that comes to me. The order was followed once, but after that no regular counselling happened and the reports are not maintained.”

*Member, Juvenile Justice Board, Rajasthan*

## Emotional Wellbeing Index

A composite score comprising of the availability of mental health assistance for young adults and the presence of selected extreme symptoms of psychological distress was computed to give the Emotional Wellbeing Index of young adults. (See Annexure-II)

Although a majority of the young adults (~78%, n=77) scored ‘satisfactory’ on the index, a lesser proportion of CLs from Government CCIs (62%, n=18) reported so as compared to CLs from NGO CCIs (85%, n=44); while 88% of Palanhar beneficiaries (n=15) had ‘satisfactory’ scores.



**Figure 13: Emotional Wellbeing Index by Care Status**

**Impact of Aftercare:** Further, there seems to be no impact of Aftercare provision on the mental health of young adults as a majority of both receivers and non-receivers scored 'satisfactory' on the Emotional Wellbeing Index.

Emotional Wellbeing Index	Aftercare Status	
	Receivers (n=59)	Non-receivers (n=39)
Unsatisfactory	7%	2%
Neutral	15%	18%
Satisfactory	78%	80%

**Table 7: Emotional Wellbeing Index by Aftercare Status**

**Impact of Emotional Wellbeing on Adult Life:** Furthermore, the results also shows a significant moderate correlation between young adults' emotional wellbeing and overall outcomes in adult life -the domains identified in the 'Sphere of Aftercare' – suggesting that one's mental health has transcending impacts on almost all the areas of adult life. (Pearson correlation coefficient significant at alpha level = 0.01).

### Stakeholder Views on Emotional Wellbeing

Out of 20 KIs, Four expressed concerns regarding the mental health of children in CCLs and CLs.

#### Opinions & Existing Practices:

- Senior functionaries, like CWC and JJB members, said that many children in CCLs experience depression. They believe it is so because "they feel that if their parents were rich or if they were in still living with their families, they could've done something better in life."
- They require constant motivation and a professional counsellor to orient them to the CCL life. Many a times, children are lost or feel confused about their future and purpose of life. In such times, they require adult guidance and reassurance.
- Although regular counselling is important for children in CCLs and CLs, this domain is largely neglected as reported by CWC and JJB members.

#### Suggestions:

- A group of specialists should be involved in taking care of each child/youth's mental health. Psychologists, social workers, career counsellors, teachers and para-legal professionals should work collaboratively to address mental health concerns of children in CCLs. Such a committee should continue to provide support during the transition and Aftercare phase.
- Experts also suggest that Art-based therapy should be introduced as it has shown promise in improving the mental health status. Music, dance and drama-based therapy will also provide some exposure to children and improve extra-curricular skills.



## 3.6 Social Relationships and Interpersonal Skills

**Childhood Relationships in CCL:** A fairly small proportion of CLs and Palanhar beneficiaries reported inability to maintain relationships with the care staff/family members, mentors, teachers and other foster-siblings in the home during their childhood, as reported in Table 8.

Relationship	Government CCI (n=29)	NGO CCI (n=52)	Palanhar Beneficiaries (n=17)
Caregivers/CCI Staff/ Family members (in case of Palanhar beneficiaries)	10%	6%	6%
Teachers	3%	4%	6%
Mentors	10%	2%	0%
Other children in CCI	7%	4%	6%

**Table 8: Young Adults unable to maintain Relationships in Childhood by Care Status**

Rehabilitation and Aftercare are closely related to each other. Let's say there is a girl from a CCI who has to be rehabilitated, then the Aftercare staff is like this emotional thread to her. Suppose those who get married at the 'Narishala' or 'Balika Grah' are not treated right in their new family... who does she have on her side then? Aftercare and rehabilitation efforts need to be tied together with a fine thread.

*Child Rights Expert, Rajasthan*

### Relationships with Family, Friends and Romantic Relationships:

As shown in Table 9, a large proportion of CLs from Government CCIs reported inability to maintain relationships with their parents and biological siblings, wherever applicable as compared to CLs from NGO CCIs. These findings may be explained by the differing practices of social investigations and family strengthening undertaken by the differing CCIs. However, in-depth research is necessary to unearth the reasons for the poor quality of relationships experienced by CLs.

Interestingly, almost 90% of all young adults reported difficulties in maintaining romantic relationships or considered such relationships to be "not applicable" to them. Since such relationships are considered taboo or at least unfavourable within the cultural context of Rajasthan, it may be so that respondents were uncomfortable in sharing such details – and so, a large proportion of young adults said that romantic relationships were "not applicable" to them. Furthermore, in the case of CLs, lack of experiences of family-life and lack of exposure to other adults sharing such relationships may also hinder their capacity to maintain relationships with romantic partners as young adults.

We ask girls for their consent and give an advertisement in the newspaper for matrimony alliance. We review and filter the applications to find a suitable family/groom and their profiles are shown to the girls. If the girl is agreeable, we call the family here in the office to meet and conduct a background check. Recently we solemnised the marriage of around 80 girls approximately in the months of August and September.

*Associate Director, Mahila Sadan*

Relationship	Government CCI (n=29)		NGO CCI (n=52)		Palanhar Beneficiaries (n=17)	
	Unable to maintain relationships	N/A	Unable to maintain relationships	N/A	Unable to maintain relationships	N/A
Father	27%	52%	6%	79%	0%	94%
Mother	24%	52%	4%	71%	0%	0%
Siblings	24%	28%	4%	31%	0%	12%
Friends	3%	0%	0%	0%	6%	0%
Romantic Partner	14%	76%	2%	90%	0%	100%

**Table 9: Young Adults unable to maintain Relationships with Family Members, Friends and Romantic Partners by Care Status**

**Guidance/Counselling for Relationship Management:** As a solution, 24% of all young adults (n=23) voiced the need for guidance or counselling to be able to improve the quality of their relationships.

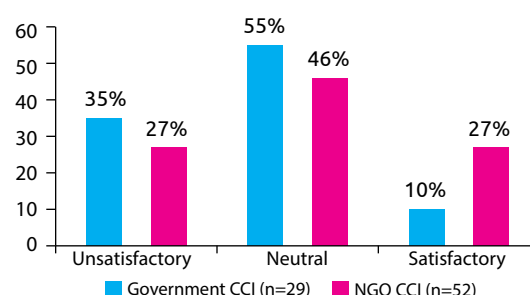
## Social Relationships and Interpersonal Skill Index

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

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

**Differences between Organisations:** A greater proportion of CLs from NGO CCIs had 'satisfactorily' acquired many of the listed social skills and were able to maintain not just childhood and family-relationships, but also relationships in adulthood with colleagues, employers and neighbours, as compared to CLs from Government CCIs.

**Impact of Aftercare:** A marginally greater proportion of Aftercare receivers (22%) reported the 'satisfactory' acquisition of social skills and ability to maintain relationships as compared to non-receivers (10%). However, a large proportion of young adults (42%) still scored 'unsatisfactory' on the index, suggesting that there is a need to assess the quality of relationships they form during childhood and how they develop interpersonal skills that impact their interactions in their adult life.



**Figure 14: Social Support & Interpersonal Skills Index by Care Status**

Social Support & Interpersonal Skill Index	Aftercare Status	
	Receivers (n=59)	Non-receivers (n=39)
Unsatisfactory	41%	44%
Neutral	37%	46%
Satisfactory	22%	10%

**Table 10: Social Support & Interpersonal Skills Index by Aftercare Status**

**Impact of Social Support and Social Skills:** The extent of social skills acquired and the ability to maintain long-term relationships was found to have a significant moderate to strong correlation with:

- having caring persons and access to healthcare amenities (Physical Health Index)
- acquisition of life skills (Independent Living Skills Index)
- having financial literacy and security, and no monetary crisis (Financial Index)
- academic qualifications and vocational skills (Education and Vocational Skills Index)
- overall adult outcomes in the 'Sphere of Aftercare' (AQI)



## Stakeholder Views on CL's Relationships

Out of 20 KIs, 10 shared their views on CLs' social support network.

### Existing Practices:

- Practitioners from NGOs shared instances of life-long associations wherein CLs (alumni) treat the CCIs as their home and visit even after 30 years, after exiting the CCI. According to caregivers, in many instances, children, now adults, form close, family-like bonds with the staff.
- NGOs that work on this philosophy of life-long associations are no doubt overburdened as the number of children, exiting their home, grows, but also report more wholesome relationships with CLs. In many cases, these experiences of positive relationships with childhood caregivers and staff translate into the ability to have positive relationships in their adult life. As a result, these NGO practitioners believe child care to be a continuous process – one not broken into 'care' or 'Aftercare' or other phases.
- However, other CCIs who do not have the resources or capacity to maintain such relationships follow other paths – and marriage is the most common way to ensure social support for CLs. Practitioners from both Government and NGO CCIs report that in fact most children in care have some extended family members who usually arrange for the marriages of CLs. In rest of the cases, CCI staff and even Mahila Sadan staff undertake the efforts to find matrimonial alliances for girls upon obtaining consent from them and conduct "saamuhik vivah" (community wedding).

### Challenges:

- Duty bearers report that the stigma associated with having lived in a CCI rather than in a traditional family is the biggest hindrance faced by CLs in establishing peer-to-peer relationships.
- This stigma also hinders them in assimilating in to their neighbourhood, college or work-place. However, this stigma is, many times, not properly understood by duty-bearers and they take the situation for granted.
- DCPOs also report that since these children have limited exposure to family life and caring adults, they find it hard to form trusting relationships with adults and are sometimes vulnerable to exploitative relationships. Young adults, especially girls, are more vulnerable in this adolescent age and need to be counselled about sexuality, consent and safe sex practices.

### Suggestions:

- An association can be set up to provide peer support and access to information, and services and platforms that are beneficial to CLs. Such an association can be a forum to socialise, celebrate festivals and occasions, discuss and solve each other's problems, and even guide younger CLs on how to avoid common pitfalls. Eventually, such an association may also act as a self-advocacy group that interacts with the different Government Departments, stakeholders and CCIs that deal with youth affairs of education, skilling, employment, etc. Further, practitioners also suggested a sub-wing of this association for females that could bring forth gender-specific issues and create safe spaces for discourse.
- DCPOs should be tasked with maintaining regular touch with CLs, and continued counselling and mentorship support should be provided.



## 3.7 Physical Health

A small proportion of CLs and Palanhar beneficiaries reported health issues such as TB, Typhoid and Malaria (5%), allergies, frequent cold, cough and flu (6%); and serious fractures, wounds and operations (16%). In times of physical health concerns, having adequate funds and persons to care becomes of utmost importance for young adults to recuperate.

**Availability of Caregiver:** 5% of all young adults (n=5; Government CCI 2, NGO CCI=3, Palanhar=0) reported that they did not have someone who could provide care.

**Health Insurance:** Only 6% of all young adults (n=6; Government CCI=0, NGO CCI=4, Palanhar=2) reported having health insurance.

Fortunately, the findings show that funds and caring persons were available for almost all young adults growing up in Alternative Care in Rajasthan. However, 94% were left out of the healthcare security net as they did not have health insurance.

### Physical Health Index

The index was calculated by considering the availability of a caregiver, food, funds and health insurance during the illness and the availability of certain healthcare amenities such as:

- Proximity to clinic, doctor or hospital
- Availability of space to rest and recuperate
- Space for wellness (yoga, exercise, etc.)
- Hygienic surroundings
- Acceptable quality of food and water
- Availability of safe and timely transport in case of emergencies

Physical Health Index	Care Status	
	Government CCIs (n=29)	NGO CCIs (n=52)
Unsatisfactory	3%	2%
Neutral	24%	8%
Satisfactory	73%	90%

**Table 11: Physical Health Index by Care Status**

It was found that although almost 80% of CLs had 'satisfactory' index score, a marginally larger proportion of CLs from NGO CCIs had reported better access to the above-mentioned healthcare amenities than CLs from Government CCIs.

**Impact of Aftercare:** A greater proportion of Aftercare receivers (83%) reported 'satisfactory' access to healthcare amenities and availability of caring persons as opposed to non-receivers (49%).

Physical Health Index	Aftercare Status	
	Receivers (n=59)	Non-receivers (n=39)
Unsatisfactory	5%	41%
Neutral	12%	10%
Satisfactory	83%	49%

**Table 12: Physical Health Index by Aftercare Status**

The few, who reported challenges in meeting their healthcare needs, faced the following issues:

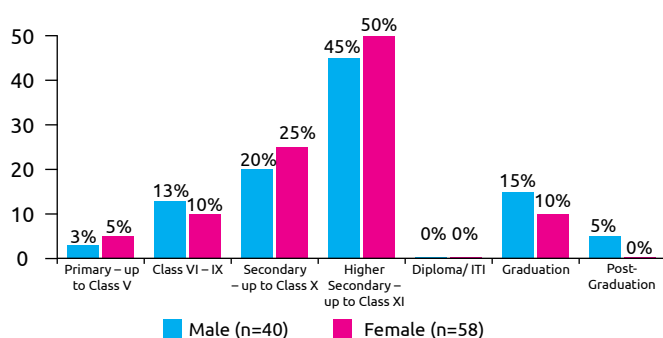
### Challenges in meeting Physical Health needs

- Inadequate space for them to rest and recuperate; small area shared by many people
- Oblivious to the benefits of physical exercise; no time or space to exercise
- Limited access to professionals as no doctors or clinics near place of residence
- Physical space around CLs (eating and resting space, bathrooms, etc.) was usually dull, cluttered, unclean and/or unhygienic
- Food quality was subpar due to lack of nutritional value, variety and even less in quantity as shared by some stakeholders.



## 3.8 Education and Vocational Skills

**Formal Education:** The education level of CLs interviewed ranged from primary to post-graduation, as given in Figure 15.



There should be one resource centre whose only work should be to guide all children who have turned 18 years of age or are about to. First, career guidance should be provided and CLs should be advised to acquire appropriate skills. Next, discussion about job placements and settling in the society should be carried out. All these things are very important for a resource centre to handle.

*Member, JJB*

**Figure 15: Highest Education Level of Young Adults by Gender**

Highest Education Level	Government CCI (n=29)	NGO CCI (n=52)	Palanhar Beneficiaries (n=17)
Primary – up to Class V	14%	0%	0%
Class VI – IX	21%	8%	6%
Secondary – up to Class X	34%	17%	18%
Higher Secondary – up to Class XII	17%	58%	71%
Diploma/ ITI	0%	0%	0%
Graduation	14%	14%	6%
Post-Graduation	0%	4%	0%

**Table 13: Highest Educational Level by Care Status**

Data in Figure 15 and Table 13 suggests that a comparable proportion of young women and men in the state of Rajasthan have been able to complete formal education up till graduation. Notably, 37% of young adults had not completed their higher secondary education (up to Class XII). Of the 37 young adults who did not complete Class XII, 23 are females (62%), while the rest 14 are males (38%) (Government CCIs=20 (54%), NGO CCIs=13

(35%), Palanhar=4 (11%). Of the 63% who completed their higher secondary, 12% had also completed their graduation (M=6 (50%), F=6 (50%)); (Government CCI=4 (33%), NGO CCI=7 (58%), Palanhar=1 (9%)), and 2% had completed post-graduation (M=2 (100%), F=0 (0%); Government CCI=0 (0%), NGO CCI=2 (100%), Palanhar=0 (0%)). Notably, none of the young adults had completed short-term diploma courses or vocational courses.

**Vocational, Technical and Employability Skills:** As shown in Table 14, a marginally greater proportion of males had acquired vocational skills like Computers and IT, basic accounting and English speaking, as well as job readiness skills like resume making and interview techniques as compared to females. However, the differences between CLs from Government CCI s and NGO CCIs were stark. It seems that a greater proportion of CLs from NGO-run Children’s Homes had received explicit training in such skills as compared to children from Government Homes. On the other hand, none of the Palanhar beneficiaries reported receiving any vocational/technical or job-readiness training.

Skills Acquired		Frequency (%)				
		Male (n=40)	Female (n=58)	Government CCI (n=29)	NGO CCI (n=52)	Palanhar (n=17)
Vocational & Technical	Computer and IT	63%	45%	48%	71%	0%
	Basic Accounting	13%	10%	7%	17%	0%
	English Speaking	33%	26%	17%	44%	0%
Job Readiness	Resume Making	15%	16%	7%	25%	0%
	Interview Skills	13%	5%	0%	15%	0%

**Table 14: Frequency of Care Leavers with Vocational, Technical and Employability Skills by Gender and Care Status**

**Skill Adequacy:** Upon inquiring about their career-related skills, 65% of all young adults (n=64) thought their education and/or skill level were inadequate to achieve their academic and career goals. The proportion of CLs (62%, n=50) and PMPY beneficiaries (82%, n=14) reporting this was high for both categories. Related to this, it was also found that 69% of all young adults (n=68) had never received one-on-one career guidance nor attended any career-development workshop. As a result, most young adults felt that they underperformed, and were unable to realise their aspirations.

## Education and Vocational Skills Index

A composite score factoring in the CLs’ education level, gaining of vocational and job readiness skills and self-perceived adequacy of skills (See Annexure-II).

It was found that a large proportion of all CLs had an ‘unsatisfactory’ index score. None of the Palanhar beneficiaries scored in ‘satisfactory’ range. The differences between these categories needs to be probed further as the reasons for this remain beyond the scope of this documentation.

Education and Vocational Skills Index	Care Status		
	Government CCIs (n=29)	NGO CCIs (n=52)	Palanhar (n=17)
Unsatisfactory	65%	57%	82%
Neutral	35%	33%	18%
Satisfactory	0%	10%	0%

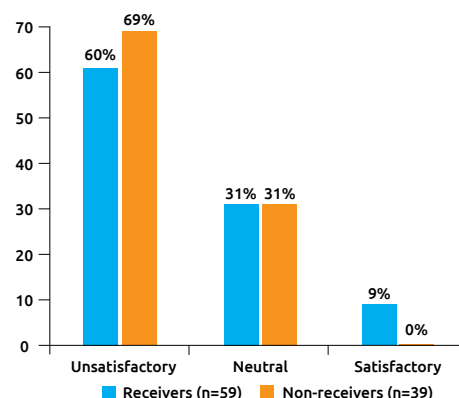
**Table 15: Education and Vocational Skills Index**

**Impact of Aftercare:** Although a majority of young adults fell in the 'unsatisfactory' category of the Educational and Vocational Skills Index, the findings show that a marginally greater proportion of Aftercare receivers (9%) had acquired adequate vocational skills and educational qualifications as compared to non-receivers (0%). This may indicate that Aftercare provision allows young adults the necessary support to pursue higher studies or skill-building as per their interest.

#### Interaction of poor Education and Vocational Skills with

**Key Domains of Independent Life:** It was found that CLs' educational and vocational skills attainment (Education and Vocational Skills Index) had a significant positive correlation with the following, suggesting that their formal education and job-related skill level is closely tied to their experience and skill level in other domains.

- social skills and maintenance of relationships (Social Relationships and Interpersonal Skills Index)
- financial literacy and security, no monetary crisis (Financial Index) and monthly income
- overall outcomes in adult life – 'Sphere of Aftercare'  
(Pearson correlation coefficient significant at alpha level = 0.05)



**Figure 16: Education and Vocational Skills Index by Aftercare Status**

#### Stakeholder Views on Education and Vocational Skills Development

Out of 20 KIs, 18 shared their views regarding education and skilling of young adults exiting CCIs.

##### Existing Practices:

- Promising practices in the domain of education and skill development exist in the State of Rajasthan. Child protection experts reported that the Chief Minister's budget for 2018-2019 has a provision for support of Rs. 1 lakh for children exiting CCIs. However, awareness of such options are limited even within the duty-bearers and so such benefits are rarely availed.
- The Department of Social Justice & Empowerment (SJE) has developed an MOU with the Rajasthan Skill & Livelihood Development Corporation that includes children in CCIs under a special group for their skill development.
- This collaboration with the RSLDC scheme is to enrol children in CCIs between 16-17 years of age. The RSLDC provides computer courses, vocational training and other types of skill development classes.
- Many NGOs such as 'Prayaas', 'Smile' provide vocational skill trainings while also providing a minimal stipend of Rs. 100 for the work done, which motivates them to work harder.
- According to NGO practitioners, the situation has improved slightly for girls. Initially, most girls were encouraged to get married after 18 years. Now, girls who score well in their 10th and 12th examination are encouraged to pursue higher education and vocational training, like handicrafts, stitching, cooking, designing, beautician training and nursing. However, these changes are only limited to certain urban centres and NGO-run organisations and the advancements are not reflected in the data obtained through this documentation.
- Additionally, Associate Director, Mahila Sadan also informed that skill building activities take place in the Mahila Sadan and she herself conducts counselling of young girls so training can be provided based on their interests and abilities.

- CWC Chairpersons, Senior functionaries and even DCPOs reported that they used their personal contacts and connected children with philanthropists. However, such practices are informal and not impartial.
- All duty-bearers reported that the decisions regarding education or skill development are taken in consultation with children at the age of 16 years. However, this was not reflected in our sample as many children reported not being consulted in their care planning.

#### Suggestions:

- Promising practices of collaborations with skilling organisations should be identified and scaled so that all CLs have the opportunity to avail the benefits.
- To avoid the 'one-size-fits-all' trap, a comprehensive list of different trainings should be prepared, and options should be made available to all CLs.
- Dedicated centres of skilling should be opened, and CLs should be connected to them which provide stipends and job placement thereafter. Long-term courses of 3-5 years could prepare young professionals and even assist them in becoming entrepreneurs.
- In-take in RSLDC centres should be increased as the current strength of 40 is not enough.



## 3.9 Career Development and Financial Independence

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

Present Engagement	Care Status			Sex	
	Government CCI (n=29)	NGO CCI (n=52)	Palanhar (n=17)	Male (n=40)	Female (n=58)
Pursuing Education	48%	54%	94%	43%	71%
Pursuing Vocational/ Technical Training	14%	17%	12%	18%	14%
Full-time/Part-time jobs (Paid/unpaid)	48%	62%	41%	68%	45%
Self-Employed/Freelance	7%	6%	0%	10%	2%
No Engagement –NEET	17%	2%	0%	0%	10%

**Table 16: Present Engagement of Young Adults by Care Status and Gender**

**Gender Differences:** As Table 16 shows, 6% of all young adults (n=6) were neither in education, employment or training (NEET) at the time of interview and all of them were females. A greater proportion of females (71%) were pursuing further studies as compared to males (43%). A comparable proportion of both males and females were enrolled in vocational/technical training; but only 45% females (n=26) were in salaried jobs as opposed to 68% males (n=27).

**Differences between Alternative Care Status:** A comparable proportion of CLs from both Government CCIs (48%) and NGO CCIs (54%) were pursuing higher education; and a marginally greater proportion of CLs from NGO CCIs (62%) were engaged in full-time or part-time jobs as compared to CLs from Government CCIs (48%). On the other hand, 94% (n=16) of the Palanhar beneficiaries were enrolled in educational institutions, while 41% (n=7) also did part-time jobs.

**Challenges faced in Achieving Career Goals:** The CLs had as varied professional aspirations as one would expect from any youth. Many reported that they aspired to become social workers, medics, fashion designers, teachers and even actors and musicians, but many young adults (16%) also reported that their career was not based on their interests. 14% reported that they did not know whether their area of study/profession was based on their interest, suggesting that many CLs are dependent on others to make their decision and may experience passivity in their lives, possibly lowering their quality of life experiences. The most commonly reported challenges in realising their aspirations are as follows:

- 16% reported that averting monetary crisis had taken precedence over pursuing their goals
- 13% reported that their communication and English-speaking skills were poor
- 12% reported lack of family/adult support for guidance or financial aid
- 11% reported factors such as ill health, transport and safety issues, inability to maintain cordial relationships at work, household responsibilities as few of the reasons that deter them from following their professional dreams
- 4% reported that they were unable to manage their time between education, job and household duties to pursue their career aspirations

**Financial Independence:** 46% of all young adults (n=45) reported that they had their own independent sources of income: within these, 45 young adults, 93% of them (n=42) had either held or currently hold salaried jobs as their primary source of income, while 1% (n=1) was self-employed and 2% (n=2) either had internships, part-time jobs, or worked as daily-wagers. Of these, 3 young adults also reported to be working as freelancers in addition to holding salaried jobs.

**Independent Income and Gender:** A significantly greater proportion of males reported having their own sources of income than females. Among the 41 females interviewed, 33% (n=19) of them were earning for themselves, while 65% (n=26) of males were doing so. This is a significant finding as 60% of the females had finished Class 12th or higher, only 33% of them had independent sources of income at the time of interview. On the other hand, 65% males had completed Class 12th and proportionately 65% of them were also earning.

Gender Disaggregation for Independent Sources of Income	Percentage within Gender
Male (n=40)	65%
Female (n=58)	33%
<b>Total</b>	<b>46%</b>

CLs should be given one-time settlement amount when they leave the home, so they can arrange food and rent a room or live in rest-house (dharamshala), until they figure out what they want to do outside.

*Ex-member, JJB and Child Rights Expert*

**Table 17: Young Adults with Independent Sources of Income by Gender**

**Financial Support for CLs:** 38% of CLs (n=31) reported having no additional financial support available to them.

- 21 out of 81 (26%) CLs reported that their ACO or CCI provided them with additional financial support
- 32 out of 81 (40%) CLs indicated that they received additional financial allowance from well-wishers such as family members, friends and mentors

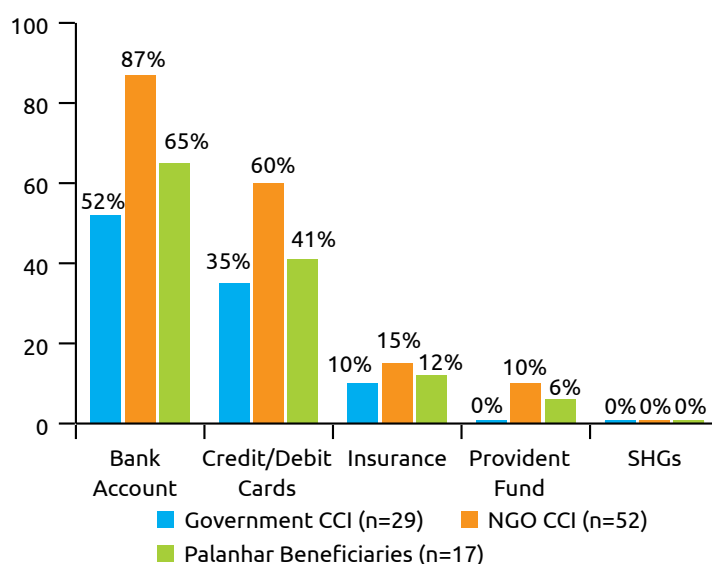
**Care Leavers' Opinion on Financial Support:** 36% of all CLs (n=29) believed that the Government should provide financial support to their ACO for each young adult supported by them. On the other hand, 62% (n=50) thought this monetary support should be given directly to CLs. Upon inquiring about the amount of

money that should be provided, CLs' responses were as follows:

- 25% believed an amount of Rs. 5,000 per youth per month would be sufficient
- 52% suggested an amount between Rs. 5,000 and Rs. 15,000 per youth per month would be required
- 19% stipulated an even higher amount, ranging from Rs. 15,000 to above Rs. 25,000 would be required

**Financial Literacy:** 69% CLs from Government CCI (n=20) reported no guidance on household economics with regards to managing their income, savings and expenditure as opposed to 52% CLs from NGO CCI (n=27) and 24% of Palanhar beneficiaries (n=4). Regardless, 74% of all young adults (n=72) had never attended a financial literacy workshop, or one-on-one consultation with a caregiver, staff, mentor or expert.

**Financial Security:** 87% of CLs from NGO CCI (n=45) reported having a bank account, while 52% of CLs from Government CCI (n=15) had one. Due to this, only 60% CLs from NGOs and 35% CLs from Government CCI reported using credit or debit cards; and only 14% of the CLs (Government CCI=3 (10%), NGO CCI=8 (15%)) had bought insurance products. Moreover, as reported in the previous section, although 42 young adults had salaried jobs, only 5 of them had opted for a provident fund.



**Figure 17: Frequency of Care Leavers possessing various Financial Products by Care Status**

### Saving Habits:

- 38% reported that they were saving by building a balance of money in their bank accounts
- 23% reported saving cash at home or in their wallets
- 6% reported savings by giving money to their family, friends, etc.
- 4% reported investing in stocks, bonds, shares or their local SHGs
- 41% reported that they were not saving actively

**Financial Crisis:** Of those who were earning for themselves, 49% of them (n=22) reported that their income/allowance was unable to cover their cost of living. The proportion of those reporting inability to cover their cost of living were comparable for receivers and non-receivers. A higher proportion of males (30%, n=12) also reported financial crisis in the last 12 months as opposed to females (17%, n=10) suggesting that males were largely unable to rely on additional financial support from elsewhere.

In crisis situations, to make ends meet, CLs took the following steps:

- 55% dipped into their existing savings or had to drastically cut down their expenditures
- 32% took loans from banks or acquaintances
- 10% worked over-time or double jobs to generate more income

## Financial Index

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



**Differences between Alternative Care Setups:** It was found that 52% of the CLs from Government CCIs (n=15) fell in the “unsatisfactory” range as compared to 21% of the CLs from NGO CCIs (n=11). 53% of Palanhar beneficiaries (n=9) were in this category, however, they continued to live with their families who fulfilled much of the financial needs of the young adults.

**Gender Disparity:** A greater proportion of female young adults (48%, n=28) had ‘unsatisfactory’ level of financial literacy and security, and incidence of monetary crisis as compared to males (18%, n=7).

Financial Index	Care Status			Sex	
	Government CCIs (n=29)	NGO CCIs (n=52)	Palanhar Beneficiaries (n=17)	Males (n=40)	Females (n=58)
Unsatisfactory	52%	21%	53%	18%	48%
Neutral	38%	75%	47%	75%	48%
Satisfactory	10%	4%	0%	7%	4%

**Table 18: Financial Index of Young Adults by Care Status and Gender**

**Impact of Aftercare:** A greater proportion of non-receivers (54%, n=21) scored in the ‘unsatisfactory’ range of the Financial Index as compared to Aftercare receivers (24%, n=14) suggesting that continued Aftercare support was related with better financial literacy and security and lesser monetary crisis.

Financial Index	Aftercare Status	
	Aftercare Receivers (n=59)	Non-receivers (n=39)
Unsatisfactory	24%	54%
Neutral	71%	41%
Satisfactory	5%	5%

**Table 19: Financial Index by Aftercare Status**

**Interaction of Financial Status with Key Domains of Independent Life:** One’s financial status – literacy, security and monetary crisis – was found to have a significantly moderate correlation with:

- skill acquired in childhood (Skill Development in Childhood Index)
- educational qualifications, vocational skills and job-readiness (Education and Vocational Skills Index)
- acquisition of social skills and ability to maintain relationships (Social Relationships and Interpersonal Skills Index)
- overall adult outcome in the ‘Sphere of Aftercare’(AQI)

#### Stakeholder Views on CL’s Financial Status

- Out of 20 KIs, 12 shared their view on the job opportunities availed by CLs and the corresponding finances required to make them self-sufficient.

#### Existing Practices:

- Practitioners from NGOs report an expense of anywhere between Rs. 12,000 to Rs. 1 lakh per annum per youth towards their education, skilling, coaching, marriage, food, clothing and household utilities. The existing grant of Rs. 2,000 is nowhere near enough to care of the Aftercare needs of CLs.

- Associate Director, Mahila Sadan shared that they provide an allowance of Rs. 1,900 to girls while their education and training fees is borne by the SJE directly.
- Practitioners also shared that the ICPS grant of Rs. 2,000 comes to the organisation and is distributed in the cost of housing, food, clothes, etc. None of it is passed on the CL.
- There is no financial support provision to those who do not receive Aftercare. Individual support may be secured through donors or philanthropists in some cases.

#### Challenges:

- Some KIs reported that it is a challenge to open bank accounts for some children who lack proper documents. Availing monetary benefits for such children/youth becomes all the more problematic.
- The question of whether CLs should receive the financial allowance directly still remains unanswered. Experts believe that at the age of 18 years, CLs are not mature enough to manage their finances and may end up misusing the money.
- Although limited support for skilling and education is available, job placement services are completely missing for CLs. As a result, even after obtaining financial support, completing their education and training, most CLs are unable to find meaningful jobs.

#### Suggestions:

- Rs. 2,000/- per youth per month under ICPS is insufficient and it must be revised after assessing the needs of CLs. Their basic needs must be covered by an Aftercare programme, while support for their education, skilling and career development should also be provided to CLs on a needs-basis.
- Job-readiness workshops and placement fairs should be organised under the purview of Aftercare to ensure exposure to employability.



## 3.10 Identity and Legal Awareness

**Knowledge of Legal Rights and Responsibilities:** It was found that 62% of all young adults (n=61) had not received any information regarding their legal rights and responsibilities. 75% of all young adults (n=73) had not received any guidance regarding this either through a workshop or a one-on-one consultation with a guardian/mentor even upon attaining adulthood.

- Right to Identity:** 13% of all young adults were not aware of their fundamental right to identity through documents such as Aadhar Card, Voters' ID Card, Birth Certificate, Passport, etc.
- Right to Aftercare:** 88% of CLs (n=717) were unaware of the fact that they were entitled to Aftercare support and services under the law.

**Possession of Legal Documents:** Upon inquiring, it was found that many young adults did not possess certain legal documents that are essential to access academic and job opportunities, and citizenship rights and benefits, as shown in Table 20. A lesser proportion of CLs from Government CCIs had documents such as domicile certificate/proof of residence, PAN Card, ration card, caste certificate and voters' ID as compared to CLs from NGO CCIs. Surprisingly, it was also found that a large proportion of Palanhar beneficiaries also did not possess these documents that are useful in availing scheme benefits, admissions to educational

institutions and jobs.

Document Type	Care Status Total (n=98)		
	Government CCI (n=29)	NGO CCI (n=52)	Palanhar Beneficiaries (n=17)
Aadhar Card	90%	98%	94%
Domicile/ Proof of Residence	31%	44%	47%
Education Certificate	90%	100%	100%
Caste Certificate	24%	46%	24%
Voters' ID	14%	52%	24%
Ration Card	28%	40%	77%
PAN Card	24%	48%	29%
Passport	7%	8%	6%

**Table 20: Frequency of Care Leavers possessing Legal Documents by Care Status**

### Identity and Legal Awareness Index

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

Across all categories, over 86% young adults fell in the 'unsatisfactory' range of the Legal Index. Overall, it was observed that lack of knowledge of their legal rights and responsibilities disempowers young adults when it comes to exercising those rights or fulfilling certain responsibilities. Moreover, absence of legal identity documents for some CLs resulted in loss of opportunities such as admission in college/institutes, foreign travel for work or leisure, accessing banking/financial services, job openings, etc. and even left them out of the governance process as only 36% held Voters' ID.

Legal Index	Aftercare Status	
	Aftercare Receivers (n=59)	Non-receivers (n=39)
Unsatisfactory	81%	92%
Satisfactory	19%	8%

**Table 21: Legal Index of Young Adults by Aftercare Status**

### Stakeholder Views on CL's Legal Awareness and Documentation

4 Out of 20 KIs, 4 shared their view on the problem of documentation and legal awareness of CLs.

#### Existing Practices:

- Proper legal services are not available for CLs. Only a few NGOs have tie-ups to provide aid in times of need.
- Aadhar Cards for almost all children in CCIs are made. Although the system has a few glitches, there is enough support to mitigate them. Such a system should be developed to prepare all necessary documents.

### Challenges:

- Since, children in CCIs usually lack caste certificates, they are left out from schemes that offer benefits to SC, ST and OBCs.
- On some occasions, parents/extended family provide wrong/incomplete information to CCIs regarding the children that creates problems in conducting the social investigation and ensuring that the rights of the child are upheld.

### Suggestions:

- For CLs, a separate category should be introduced that allows them to avail benefits of the various welfare schemes.
- Information regarding documentation should be available in one place, and assistance should be provided to all CLs to obtain important identity documents.



## 3.11. Aftercare Towards Social Reintegration

Most young adults – CLs and Palanhar beneficiaries – reported the need for services/support or interventions in almost all domains of independent life identified above.

**85%**

reported the need for assistance in completing their higher education

**77%**

reported the need for assistance in finding adequate housing

**67%**

required assistance in job placement

**54%**

reported the need for training/guidance to achieve financial independence

**47%**

reported the need for better physical healthcare amenities

**46%**

reported the need for vocational and job readiness skill development

**43%**

reported the need for career counselling

**39%**

reported the need for professional mental health interventions

**34%**

reported the need for legal literacy workshops/training

**Figure18: Aftercare Towards Social Reintegration**

**Access to Aftercare Support/Services:** Upon inquiring about how young adults would prefer to access Aftercare support and/or services, 27% (n=26) thought that services should be provided in-person through a physical facility/office. 10% (n=10) CLs thought that such services could be provided over the phone through a non-emergency helpline, while 32% (n=31) preferred an online portal such as a website or app to avail these services. 32% (n=31) also suggested that all of these mediums may be utilised for Aftercare service delivery.

“Successfully settled CLs can form a group in collaboration with society members, DCPU officer and youth who are willing to do voluntary work. Other than this, committees like ‘Nehru Yuva Sangathan’ and Scout Guide Group can come together to help these children/young adults.”

*Member, Directorate of Child Rights (DCR)*

**Youth Collective:** 25% of all CLs (n=20) reported that they did not have any formal or informal group or an alumni association of CLs for peer support. The fact that 75% CLs had such groups for socialisation is an encouraging finding. 93% CLs (n=76) responded positively to the idea of a youth collective and reported that they would like to contribute and benefit it, if formulated.



### Aftercare Quality Index (AQI)

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

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

**Aftercare and Gender:** A greater proportion of females had 'unsatisfactory' Aftercare Quality Index than their male counterparts. However, overall only 8% of the young adults fell in the 'satisfactory' range suggesting that not many of them had favourable adult outcomes regardless of gender.

### Aftercare and Childhood Experiences of

**Alternative Care:** It was also found that a greater proportion of CLs from Government CCI (52%) had 'unsatisfactory' Aftercare Quality Index than CLs from NGO CCI (15%), as shown in Figure 20. This poses an opportunity for child care organisations in Rajasthan to re-evaluate the practices of Care and Aftercare, share and scale promising practices and bring parity between different approaches. All of the Palanhar beneficiaries fell in the 'unsatisfactory' range of the AQI. Further research is required to understand these findings; however, field observations suggest that the current situation of those who grow up in family care are different from CLs, and a more in-depth comparative study may be required to ascertain these. Regardless, the findings conclusively show that Palanhar beneficiaries also require continued Aftercare support/services in all the domains of the 'Sphere of Aftercare'.

**Aftercare Impact on Adult Outcomes:** As is clear from the findings, a larger proportion of those young adults who received Aftercare support/services scored 'satisfactorily' on the Aftercare Quality Index than those who did not, while a significantly greater proportion of non-receivers scored in the 'unsatisfactory' range, as shown in Table 22. It seems that the provision of Aftercare support and services results in better outcomes for some young adults. However, there is still a need to provide comprehensive and holistic support as 90% of Aftercare receivers still fell in the 'neutral' or 'unsatisfactory' range. Thus, there is a need to improve the implementation of Aftercare to enable all young adults to transition into independent life and make the process of their social reintegration smoother.

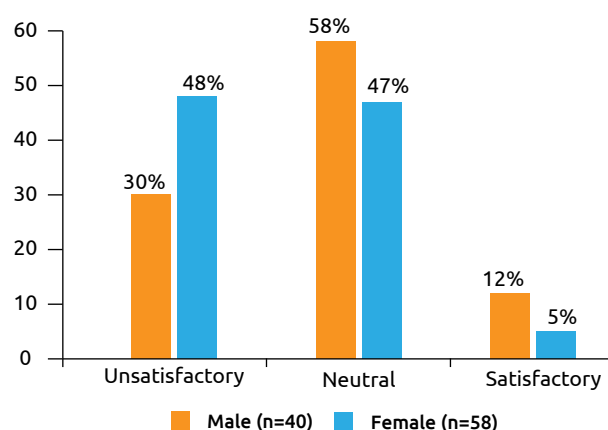


Figure 19: Aftercare Quality Index by Gender

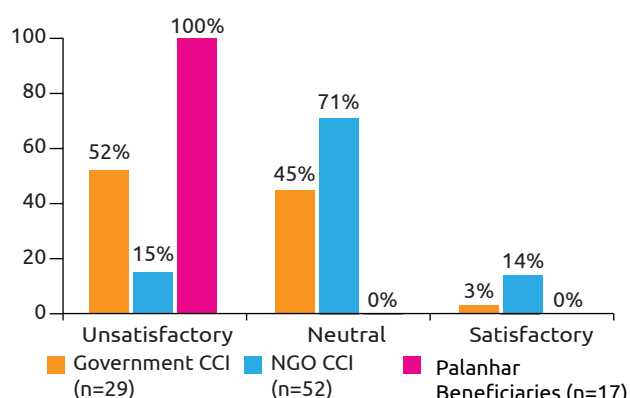


Figure 20: Aftercare Quality Index by Care Status

Aftercare Quality Index (AQI - Adult Outcomes)	Aftercare Quality Index	
	Aftercare Receivers (n=59)	Non-receivers (n=39)
Unsatisfactory	27%	62%
Neutral	63%	33%
Satisfactory	10%	5%

**Table 22: Aftercare Quality Index by Aftercare Status**

### Stakeholder Views on Aftercare

Through KIs, it is evident that the Aftercare agenda in Rajasthan has been included in the Government's list of priorities for quite some time now. However, the deliberations and discourse around it has not been translated into ground-level action and implementation yet.

#### Key Informants' Beliefs:

- Any services in the field of housing, education, skilling, job prospects, obtaining identity documents, behavioural psychology and mental health, etc. that are provided after 18 years with the aim of rehabilitating young adults into the mainstream society, reducing vulnerability and avoiding social ills come under "Aftercare".
- Aftercare support/services should be provided to every child/youth who has lived in institutional care. There shouldn't be any discrimination based on their categorisation – CNCP, CCL, children with disabilities, single-parent children or true orphans, and any other children in the JJ system – should have equal access to Aftercare services.
- However, these services should be need-based with firm criteria as resources are limited and must be utilised smartly and efficiently.
- The age of 21 years is not sufficient for many young adults to become independent. Extended time and support is necessary to ensure reintegration in to the society.
- Currently, our understanding of Aftercare is limited to post-18 services, but children from the beginning must be prepared for independent life that awaits them after leaving the CCI. This preparation must go beyond education and skilling, and look at ways of creating resilient, conscientious young adults.
- "Transition Planning" could begin by 14 years in CCI to ensure that the transition out of care is smooth.

#### Existing Practices:

- Currently, only a few NGOs are providing Aftercare with housing support as its centre.
- The MMHVY is the only Government initiative under the purview of Aftercare for CLs and Palanhar beneficiaries
- Support for education, skill building and employment is available through the support of Chief Ministers' budget, MMHVY, 5% reservations in educational institutions and Government jobs, and NGO support through individual donors and grants. However, access to these benefits is limited and dependent on the young adults' awareness, adult support available, location and other resources.

**Challenges:**

- Support under other domains of emotional wellbeing, physical health, relationship development and social skills is completely absent.
- Partial and limited provision of rehabilitative Aftercare services fails to achieve its goal of social integration, especially for girls.
- Lack of guidelines, SOPs and standard practices are among the main reasons that willing stakeholders are unable to establish successful practices.
- Intention of Aftercare is often misunderstood to provision of aid, benefits and services; in the process, young adults become more dependent on external support rather than becoming independent.

The findings presented in the chapter have highlighted the situation of CLs in Rajasthan, establishing that they continue to face challenges in life and that they are not adequately supported. The present study has covered all aspects of life of CLs who have grown up in an alternative setting from their physical, social, emotional and mental well-being to their education, vocation and employment status. The next chapter brings out the discussion and conclusions based on the findings.

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





## Chapter 4

# Discussion & Conclusions

**“Youth who leave the CCI, without support, will start considering themselves as a failure. It is not easy to be accepted by this society and to reintegrate on one’s own.”**

*Care Leaver, Rajasthan*

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



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

## 4.1 Objective 1

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

### 4.1.1 Transition Planning out of Care

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

#### 4.1.2 Placement Stability

One of the many purposes of a CCI is to bring stability and security in the lives of vulnerable children in need of care and protection. However, the results of this documentation in Rajasthan show that **30% CLs did not find this stability easily** due to multiple placements in different CCIs as children (refer to Figure 5). Existing studies have found that multiple placements result in fractured relationships, gaps in schooling and unnecessary stress for children. (Udayan Care, 2017). Breakdown of the Continuum of Care, residential instability, and inability to form long-term peer groups and frequent changes in environment contribute towards inability to acquire proper skills and poor academic performance, amongst other issues as already noted in Chapter 1 of this report.

#### 4.1.3 Child Participation in Individual Care Planning

Children's early involvement in developing their Individual Care Plan (ICP) is essential for its implementation to be outcome-based rather than service-focused. This becomes even more important as children reach adolescence and develop their individuality. Children's involvement in the decision-making process increases their sense of agency and empowerment. To become caring, capable and responsible individuals, their strengths, weaknesses, interests and aspirations need to be considered as fundamental to their development. KIs pointed out that currently, the preparation and implementation of the ICP is either completely missing or incomplete in most districts. Findings in previous sections support these KI suppositions as 47% CLs were not consulted in their care and rehabilitation planning (refer to Table 1). As suggested by Child Rights Experts, training the front-line staff in ICP preparation would streamline the process; however, an ideological shift in how duty-bearers view child and youth care may be necessary to professionalise its implementation. For example, the ICP is only filled out as a routine job and sometimes only at the last minute to complete "paperwork"; the duty-bearers should instead be trained in the utility of ICP and collaboratively work on implementing the individual roadmap designed for each child.

#### 4.1.4 Skill Development in Childhood

As the data suggests, the current care provided to children in CCIs between the age of 6-18 years is ill-suited to develop skills required in independent adult life. Data shows a significant difference in the skills (vocational and career-related, interpersonal independent living skills) acquired during childhood between CLs from

Government CCIs and NGO CCIs (refer to Table 3), suggesting that there is scope for cross-sharing promising and efficient practices between organisations within the state and maintain equal standards of care. Caution must be employed in interpreting these findings. Based on the interactions with Palanhar beneficiaries, field investigators posit that they and their families may be less concerned with explicit skill development and such skills may be acquired intrinsically and/or subconsciously. On the flipside, it may also be that children living in family-based care do not acquire many of these identified skills and may have continued support to develop these skills after 18 years; plus, since these children do not face an abrupt transition to independent life, such skills may not be as essential for them as compared to CLs. Further research on how and when children acquire and make use of these skills is required to determine the factors that affect skill development of young adults who grow up in institutional care versus family-based care.

However, skill development of children was found to have a positive impact on many aspects of adult life, such as one's financial literacy and security, avoiding monetary crisis, having adequate knowledge of rights and responsibilities, having enough funds for emergencies and acquiring appropriate social skills to maintain a social circle. These findings support the argument for explicit skill building support for all children in Alternative Care, including Palanhar beneficiaries.

#### **4.1.5 Strengthening the System**

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

#### **4.1.6 Capacity-Building of Staff**

One of the major limitations evident in the practices of Aftercare seems that there is lack of nuanced understanding of 'Aftercare' and its objectives. This stems primarily from the lack of comprehensive guidelines and discourse on Aftercare within the State. It seems that many duty-bearers still view youth care as only a moral obligation and not a professional service. On the other hand, Rajasthan also boasts of a strong family/kinship care framework, especially in the rural areas. These two dynamic processes of child care need to be further examined and strengthened. The benefits and risks of professionalising the child and youth development must be scientifically assessed before implementing irreversible changes. Regardless, the existing CCI staff must be trained in ICP preparation and how to implement it collaboratively to achieve individual goals for each child.

#### **4.1.7 Follow-up/Monitoring Mechanism**

The absence of a formal monitoring mechanism has resulted in lack of reliable data regarding the needs and conditions of CLs after transitioning out of care. To complement the investments made during child care, duty-bearers (staff in CCIs, DCPUs, CWCs, etc.) must maintain proper data on each child and youth as they transition out of care. A Child Rights Expert and Retired IAS Officer reported that *"the responsibility of maintaining data and monitoring all child/youth care practices lies with the 'Rajasthan Rajya Baal Adhikar Sanrakshan Ayog' (Rajasthan State Child Protection Society (RSCPS). Monitoring of CLs can be linked to a financial grant or to support services."*

#### **4.1.8 The Sphere of Aftercare**

The documentation also found that the 8 domains of the holistic 'Sphere of Aftercare' were not clearly understood by stakeholders in the State of Rajasthan. Various KIs complained that "there is no proper definition of Aftercare" and as such, no proper Aftercare programme exists in the state. Other KIs reported a lack in budget clarity, and CWC member, Ajmer expressed confusion as to how Aftercare funds may be availed and expended. However, on a positive note, the state-wide consultations and in-person interviews

with duty-bearers have brought much-needed focus on Aftercare and initiated a process that would result in improvements of the JJ system.

#### 4.1.9 Convergence, Linkages and Synergy

Although Rajasthan has seen some recent developments in child and youth care and have established the collaborations with RSLDC for skilling of young adults, there still seems to be insufficient synergy between various stakeholders. Field observations showed that there was hardly any coordination and cross-sharing between different NGO-run Aftercare programmes, DCPUs, CWCs, other Government departments within districts. Although some NGOs access corporate funding, child care organisations have not tapped into the potential of CSR activities towards education, skilling and mentoring. A nodal agency should be established that recognises this limitation, and focuses on staff training and increasing coordination and linkages between different departments, organisations and corporates that are invested in child and youth welfare.

#### 4.1.10 Conclusion

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

In general, findings from Chapter 3 indicate that:

- CLs' skills at 18 years are underdeveloped and some may be unequipped to handle the pressures of independent life.
- There's a lack of equitable skill development practices across Government and NGO CCIs, while skill development of Palanhar beneficiaries is yet to be recognised as a State duty. Further research is required to ascertain the reasons for these differences and to designing pertinent solutions.
- Staff's capacity to ensure better care practices and adequate planning for each child/youth and understand the 'Sphere of Aftercare' in light of these findings need to be built. Guidelines for Aftercare must be notified timely to bring clarity amongst duty-bearers.

## 4.2 Objective 2

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

### 4.2.1 The Sphere of Aftercare: Towards Social Reintegration

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



#### i. Housing Support

Upon transitioning out of care, one of the primary needs of most CLs is to find affordable and adequate housing. Protection from forced eviction and having a secure tenure is especially

important for CLs as most of them lack caring individuals or a strong social group to provide temporary housing, even in the face of homelessness. For the rest of them, vulnerable situations in their homes and families that caused them to enter a CCI still persist, and so, returning to such homes pose more risks than opportunities.

**Physical Infrastructure for Aftercare:** In the spirit of the JJ Act, 2015, 'Aftercare' is designed to be a non-institutional intervention that promotes interdependent community living. As a result, no Government-run Aftercare facilities exist in the State of Rajasthan as deliberations between policy-makers in 2010 concluded in support of the non-institutional nature of Aftercare. A decade has passed since this commendable progress in youth care ideology, yet no alternative steps have emerged to fill the service gap. As a result, individuals who up until the age of 18 had been socialised within a sheltered, CCI life are now released to find new homes in the community. Often, transitioning youth are uninformed of what to expect during this change and require orientation to adjust. A few NGOs have recognised this short-coming and are currently running their own housing facilities; a few are also supporting and encouraging scattered rented housing, PG accommodations or hostels for CLs. Such practices need to be identified and supported if found beneficial. There is an urgent need of guidelines or other policy documents that lists viable options of housing for CLs.

**Non-residential Aftercare Centres:** Findings from Section 3.3 show that there is no provision of outreach-based Aftercare services to CLs who are either restored to families or are referred to other institutional homes such Nari Gruh, Dharamshala, or State Homes. Practitioners in the state have voiced the need for one-stop centres where CLs living in other housing options can be provided outreach services that cover the entire gamut of services of the 'Sphere of Aftercare'.

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

- Due to the lack of Aftercare Homes in Rajasthan, a gap exists in provision of adequate housing to CLs.
- Viable housing options like group-housing, and scattered rental options are not readily available. Guidelines on Aftercare must include a clear roadmap for housing services for CLs. Existing housing schemes (Awas Yojna) must be explored to utilise existing infrastructure
- Establishing non-residential Aftercare centres would reflect the 'non-institutional' spirit of Aftercare and provide support/services in other domains of the 'Sphere of Aftercare' to CLs who may be restored to families or have independent housing support.



## ii. Independent Living Skills

The data suggests that CLs at the age of 18, lack life skills, like nutrition and health management, cooking, first aid, disaster management, and household management (taking care of belongings, hygiene, financial management, etc.) It is assumed that these skills are acquired by children and young adults as they interact with family and other members in the community. However, the findings of this documentation also show that Palanhar beneficiaries who grow up in families and communities also lack such skills (refer to Table 4). The reasons for this could not be ascertained within the scope of this research. However, it may be so that explicit skill development does not take place in traditional families, young adults remain oblivious to the subconscious acquisition of skills. Else, it may also be so that Palanhar beneficiaries do not acquire these skills while living in homes and have extended time and support from families to do so.

**Gender Differences in Independent Living Skills:** As the data suggests, gender stereotypes persist in young adults acquiring life skills and almost twice the proportion of females had learned how to cook, manage their health and diet and take care of material belongings in comparisons to males. This difference based on gender roles limits young adults, and particularly male CLs, who may not have family support after transitioning out of care as they need to live independently.

**Differences between Organisations on Independent Living Skills:** Although more than 90% of the young adults had not acquired independent living skills, the data shows that a significantly greater proportion of CLs from NGOs reported the acquisition of these skills than Government CLs (refer to Figure 11). It seems that NGO-approach to skill building during childhood and the transition into Aftercare allows young adults the freedom, agency and confidence to become independent. These differences need to be probed further and accordingly scaled to other child care organisations.

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

- Independent living skills are best acquired early in life, during childhood in a CCI, and are honed during the Aftercare transition phase.
- Differences between male and female CLs in the acquisition of independent living skills suggests that gender stereotypes still prevail in our care approach, wherein females are more likely to acquire these skills as compared to male CLs.
- Differences observed between CLs from NGOs and Government CCIs indicate the importance of skill building from an early age which prepares young adults for the transition.



### iii. Mental and Emotional Wellbeing

As already noted in chapter 1, CLs represent a vulnerable population and have most likely been exposed to several instances of trauma and stress since childhood. Abrupt transition out of care is also a stressful situation as CLs need help not only finding accommodation and securing finances but also in matters relating to their physical, mental and emotional wellbeing (Barn, 2010; Meade & Mendes, 2014). The findings of this research confirm this fact, as almost **13% of the CLs showed one or more symptoms of psychological distress at the time of interview** (refer to Table 5).

**Impact of Transitioning on Emotional Wellbeing:** The data suggests that emotional distress is quite frequent amongst all CLs. However, none of the Palanhar beneficiaries reported any of the symptoms retrospectively (at the age of 18 years.) The primary difference between the two is that for CLs transitioning out of care, familiar spaces, habits, relationships, comforts are all left behind, and they must develop these anew. Some CLs experience re-traumatisation' as they are unwittingly pushed into adult life without adequate preparation and limited resources. During this phase, many report experiencing symptoms of clinical depression, anxiety, stress, and even suicidal tendencies (Vacca, 2008). Such mental disorders pose a threat to normal day-to-day functioning; and may result in drug addiction, involvement in crime, low self-esteem, or withdrawal from activities necessary for social reintegration (Guillen, Macedo, & Lee, 2017). However, as the findings further show, emotional wellbeing of Palanhar beneficiaries is only slightly better than CLs, especially those from NGO CCIs (refer to Figure 13), suggesting other factors that may also result in mental stress regardless of growing up in a family atmosphere. In-depth research into the underlying factors for psychological symptoms is necessary to address such issues. It is also necessary to provide on-going professional mental health services to both CLs and Palanhar beneficiaries.

**Availability of Mental Health Services:** Access to mental health services among CLs drastically declines during the transition from care to Aftercare. However, many hurdles exist in addressing the mental health concerns of young adults; and so, as data shows that only a quarter of those who faced emotional distress sought professional help. Firstly, there is stigma related to emotional distress that discourages them from seeking assistance. International studies in the mental health of CLs have consistently shown that self-stigma and public stigma impacts access to mental health services. It has also been found that self-stigma affects an adolescent's self-identity, self-efficacy, and interpersonal relationships. This influences self-sufficiency once

youth leave care (Guillen, Macedo, & Lee, 2017). Secondly, mental health professionals and related services are expensive for CLs, unless offered through their Aftercare Programme, which also discourages them from obtaining professional assistance. Thirdly, there is a lack of awareness and sensitivity amongst staff, children, youth, caregivers, duty-bearers, functionaries and the community at large regarding issues faced in Alternative Care, which makes it all the more difficult to recognise symptoms of distress and address them in a timely manner.

**Gender-specific Strategies for Emotional Wellbeing:** Young adults require a gendered-approach for developing coping mechanisms, establishing a supportive ecological environment and accessing mental health services. As noted before, CLs may also not reach out for help after transitioning as they do not have a reliable support network (Mann-Feder, & White, 2003). These unaddressed underlying conditions have profound effects in independent adult life and hinders social reintegration of male and female CLs differently. Further research into gender-specific interventions for emotional wellbeing must be undertaken to create preventive strategies.

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

- CLs suffer from emotional distress, and some even struggle with psychological disorders. A marginally greater proportion of females are affected by this than males and gender-specific strategies of preventive and curative mental healthcare are needed.
- Stigma around mental health, gender stereotypes, lack of awareness and lack of resources also have an impact on CLs' ability to access professional mental health support and interventions.
- Increasing discourse and awareness around preventive mental wellbeing amongst all stakeholders could bring out the nuances of CLs emotional health.



#### iv. Social Relationships and Interpersonal Skills

The findings within this domain suggest that CLs face hurdles in maintaining close personal relationships with their caregivers, mentors, other children in CCIs and even family members (refer to Section 3.6). Other studies have also reported similar data that conclusively show that “lack of positive adult interaction from consistent carers can also limit children’s ability to develop personal confidence and key social skills”. Basic skills of appropriate interaction, maintaining relationships, conflict resolution, empathy, humour, and communication are often missing in institutionalised children (Modi, Nayar-Akhtar, Ariely, & Gupta, 2016).

**Impact of Social Support:** Difficulties in maintaining relationships amount to having a diminished support network in times of need. Inability to maintain relationships with CCI staff, other children in CCI, school/college or workplace makes it harder for young adults to assimilate. KIs also reported that many CLs are restored back to their families upon turning 18 years. However, it remains unclear whether proper social investigation is conducted to ascertain the vulnerabilities that may exist in the family. Differing practices of skill development, exposure to community members and activities outside CCIs and even outlets to build one’s social circle may have an impact on CLs’ ability to garner social support for themselves and maintain cordial and civil relationships with community members as they progress to live independent lives in the mainstream society.

In the absence of caring adults for CLs, peer support becomes increasingly important. Although social media has increased young adults’ capacity to socialise, no formal groups or association of CLs or Palanhar beneficiaries exist in Rajasthan. Such groups have potential in empowering young adults through ways of peer mentoring, collectivising support for themselves and advocating for change as the primary stakeholders. As

the findings show, a large proportion of young adults indicated that they would be willing to contribute and benefit from such a group/association.

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

**Gender Roles:** As per the law, all CCIs are segregated by gender in India. They are governed by strict policies regarding movement of children and other non-staff persons in and out of the home, in the interest of children's safety. As an unintended side-effect, children rarely get to interact with peers and adults of the opposite gender. Thus, innate understanding of gender roles and gender inclusion that may happen in a traditional family is lacking amongst CLs. The findings support this notion as very few CLs reported being able to maintain romantic relationships. This is troublesome as the existing trend is to get young women leaving care married as a definitive way to rehabilitate them as informed by many KIs.

**Impact of Aftercare Provision:** Data shows that the proportion of Aftercare receivers who reported satisfactory relationships and social skills was double that of non-receivers. Although many young adults still required support under this domain, the data suggest that continuity of care through Aftercare had a positive impact on young adults' social life.

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

- A significant proportion of CLs lack positive relationships with various adults in their lives and are unable to maintain childhood relationships with CCI staff, house parents, mentors, and even other children they grew up with in their CCIs after they transition out of care.
- Many CLs do not have experiences of healthy relationships with immediate family or intimate partners and may not be adequately oriented towards family life.
- Platforms for youth association and peer support are currently absent but have the potential to improve the social life of CLs.
- Aftercare provision was found to be associated with better outcomes in the domain of social relationships and interpersonal skills.



## v. Physical Health

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

**Physical Healthcare as a Low Priority:** Overall physical wellbeing of a person implies physical soundness, absence of diseases and efficient functioning of human body. A physically healthy person is better positioned for daily chores, work, and emotional wellbeing than a physically unhealthy person. However, physical wellbeing needs are a grossly neglected part of existing Aftercare programmes. As a result, CLs reported many challenges such as expensive healthcare, unhygienic or unclean space for recuperation, no hospitals or clinics in proximity, poor nutrition and exercise habits, etc. (refer to Section 3.7).

Notably, and rather unfortunately, none of the KIs interviewed raised CLs' physical health as a concern. This research did not explore the unique circumstances of such children. However, any efforts to improve



Aftercare support and services must have an inclusive approach towards health issues, of all children and youth, entitled to it under the Juvenile Justice System.

**Impact of Aftercare:** It seems that the provision of Aftercare support, albeit in domains other than 'Physical Health' was associated with better outcomes in this domain. It is possible that Aftercare provision assists CLs in maintaining a social support group which in turns results in having adequate care and amenities in times of need. On the other hand, 40% non-receivers responded that they faced difficulty in accessing these and reported this to be a concern.

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

Moreover, sensitisation to gender-specific health problems and mandatory training for caregivers, children and youth to deal with such issues is an area bereft of interventions. Awareness regarding sexuality and intimate relationships must be promoted by ways of open-communication, professional talks, and planned exposure.

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

- The lack of caring persons, inadequate funds to access healthcare needs and not having health insurance put CLs at an increased risk of poor health and may even aggravate pre-existing conditions.
- Challenges such as expensive healthcare, unhygienic or unclean space for recuperation, no hospitals or clinics in proximity and poor nutrition and exercise habits, are the most common reasons for poor physical health of CLs.
- Continued Aftercare support seems to reduce this risk for receivers as compared to non-receivers, however challenges remain in the current provisioning as noted above.
- CLs are also excluded from health protection schemes such as the *Pradhan Mantri Jan Arogya Yojana* (PMJAY) as they are primarily applicable to families. Once again, CLs remain an obscure population and have limited avenues to access social security schemes.



## vi. Education and Vocational Skills

In the State of Rajasthan, investments are being made in the education and skilling of CLs and Palanhar beneficiaries. However, their outcomes are disproportionate as not all are able to join to pursue their career aspirations and many are left to do menial jobs.

**Adequacy of Qualifications and Skills:** The findings show that the present level of educational qualifications and skills acquired by CLs do not always match their academic needs and aspirations (refer to Table 14). Challenges in determining and realizing a fulfilling career path are not uncommon. KIs also voiced concerns relating to low focus on vocational training and skill development at the CCI and Aftercare level and reported the absence of dedicated funds for skill-based training. As a response, CCIs and Aftercare programmes should consider collaborations and convergence with the education sector, corporate sector, volunteers and community members to design programmes geared towards developing academic aptitude, opportunities and vocational skills as well as financial aid and scholarships. The collaboration with RSLDC in Rajasthan is a good example of convergence and must be strengthened, adapted and scaled. Overall, the push towards



vocational skill training of young adults seems to be a new and welcome trend in Rajasthan, as the data shows none of the CLs had yet obtained diploma/ITI certificate, but many were enrolled during the time of interview.

**Impact of Aftercare on Vocational Skills and Job-Readiness:** The findings revealed that a greater proportion of Aftercare receivers had acquired vocational and job-related skills and had better educational qualifications than non-receivers. Although this builds a case for ubiquitous Aftercare provision to all young adults (CLs and Palanhar beneficiaries) to improve their education and skill level, it also questions the efficiency of existing practices as 60% of Aftercare receivers still reported unsatisfactory outcomes in this domain (refer to Figure 16). Further study is required to determine the reasons for this. Outcomes in this domain also impacted the financial status of young adults, their social life and overall outcomes in all domains of the 'Sphere of Aftercare'.

**Conclusions:** Findings from Section 3.8 show that:

- There are no formal approaches available which guide CLs in choosing viable career options or accessing job opportunities. Many young adults did not consider their skills enough at the time of interview and voiced the need for career guidance, counselling and support in pursuing higher education and training.
- Aftercare provision in the state was associated with better outcomes in this domain highlighting the importance of such services to all CLs and Palanhar beneficiaries.
- However, many young adults still struggled and lacked concrete guidance and support for career development.
- Existing support of RSLDC and MMHVY needs to be extended to more CLs and complemented with career guidance services.



### vii. Economic Independence and Career Prospects

Apart from securing adequate housing, acquiring life skills, forging and maintaining relationships and taking care of their mental and physical health, CLs face tremendous pressure to start earning and becoming financially independent at the tender age of 18 years. They are expected to make ends meet through salaried income, self-employment, parttime jobs, financial assistance from institutions, and even donations. However, this may not be the case with Palanhar beneficiaries as most of them have family support to rely on for housing, social support and healthcare. Having this support also allows to pursue education and gives them time to realise their aspirations and become independent.

**Impact of Stigma, Education and Skilling on Career:** Inadequate education and skills are some of the many reasons for high rates of unemployment for CLs. However, this is compounded by the stigmatisation faced by them. CLs' experience a discouraging and intimidating atmosphere at workplaces and in communities due to societal stigma; additionally, they have an inadequate and disrupted education and feel a gaping lack of guidance during childhood and later stages. It can also be concluded that better education, social networks and training in not just vocational, but also in interpersonal skills, can positively influence their prospects of availing opportunities for employment or self-employment.

**Gender Gap in Independent Income:** It is concerning to find that only 33% of the females were earning for themselves, even though many were at par with males with respect to their educational qualifications. This poses a question as to why young women are not encouraged to join the workforce? This puts a large proportion of them at risk of financial vulnerability as they remain financially dependent on the organisation or other persons. This may be a part of a larger societal bias that causes females to remain dependent either on families, organisations or husbands. Such unhealthy stereotypes could also negatively impact males, wherein they face increased pressure to join the workforce and may be pushed out of gaining vocational

or entrepreneurial skills in favour of a conventional job. Unfortunately, the few young adults who join the workforce end up in menial jobs such as electrician, mechanics, entry-level accountants or salesmen for men, and beautician, nurses and data-entry operators for women.

**Financial Support for Care Leavers:** Apart from the meagre income for some, non-monetary support for Aftercare receivers, and Rs. 2,000 per month for Palanhar beneficiaries, 38% of the young adults reported having no additional financial support. Majority of the young adults and few KIs expressed that the sum of Rs. 2,000 per month per youth provided to the Aftercare programme under the ICPS or under Palanhar is grossly insufficient. They posit that a sum of at least Rs. 5,000 to Rs. 15,000 would be required per young adult per month to fulfil their needs of holistic development. In the absence of a clear break-up of CLs' needs and a yearly estimate of how many youths require Aftercare, budgeting criteria remains obscure and insufficient.

**Instilling Financial Responsibility:** Having no hands-on opportunities to learn household economics, lack of financial common sense is visible among CLs, which makes them vulnerable to poor economic conditions. Instilling value for money, and its judicious use is prudent at a young age. Findings show that Palanhar beneficiaries and CLs from Government CCI had poor financial literacy as compared to CLs from NGO CCIs. This suggests that there are differences in the care practices within organisations and between CCIs and Palanhar families in the way they instil financial responsibilities in children. This represents an opportunity to identify promising practices and cross-sharing of ideas to bring parity between them. Females, significantly more so than males, had poor financial literacy, poor saving habits and faced crisis more often.

**Economic Vulnerability:** Vulnerability of youth is common, as 49% reported that their income/allowance was unable to cover their cost of living. Plus, many are not in the habit of saving or investing and only a few have been signed up for provident funds after procuring salaried jobs. Moreover, it is dismaying to note that no key-informant or stakeholder talked about financial inclusion schemes such as the *Jan Dhan Yojana*, which aims to expand and make affordable access to financial services such as bank accounts, remittances, credit, insurance and pensions. This shows that although there are avenues available for financial inclusion, CLs and their duty-bearers are unaware about these schemes.

**Convergence of Existing Schemes:** In case of employment, stakeholders suggested conducting job fairs, providing internships with Governments and providing job placements for young adults. However, none of the stakeholders suggested convergence with existing schemes such as the Pradhan Mantri Kaushal Vikas Yojna (PMKVY), National Urban Livelihood Mission (NULM), National Career Service (NCS) as part of the Aftercare policy framework and guidelines. These schemes represent low-hanging fruits and may be worthy options to explore rather than initiating new programmes. Inter-ministry cooperation and collaboration could effectively render an integrated, holistic scheme for employment of CLs. Entrepreneurship along with mentoring and suitable loan opportunities should be encouraged as options, alongside the provision of traditional vocational skills.

**Corporate Engagement:** In 2013, India became the first country to make 'Corporate Social Responsibility' (CSR) contributions mandatory under law. Employee engagement programmes, apprenticeships, internships and jobs can be offered to CLs through the public private partnership route, allowing for corporates to fulfil their CSR goals even as they contribute to the growth of this vulnerable population. A major ideological shift within the duty-bearers of Aftercare institutions, policy-makers, frontline care providers, as well as the larger

community is required to address the multi-pronged socio-cultural issues that limit the academic and career achievements of CLs. So, while providing better quality services to CLs, sensitisation training to CCI staff and Aftercare providers also requires focused attention.

**Conclusion:** Together, findings from Section 3.9 allude to the fact that:

- In general, CLs' financial literacy is poor, and they require support to improve their saving habits and ability to manage crisis.
- Gender disparity exists in employment rates and females are disproportionately left out of the workforce, sometimes in favour of getting them married instead.
- A significant proportion of CLs are either yet to find jobs or actively choose to not engage in education or career opportunities as they consider their skills inadequate.
- Young adults report receiving next to no support or guidance in matters of financial management and career development.
- Corporate engagement and linking with existing Government schemes can bridge the gap observed in CLs' career prospects and adequate financial stability.



### viii. Identity and Legal Awareness

**Poor Legal Literacy:** People's awareness of laws ensures that their voices, especially of the marginalised, are heard. Further the awareness of one's legal rights paves the way for participation of the masses in the decision-making process. 62% CLs had not received any information regarding their legal rights and responsibilities, either through a workshop or a one-on-one consultation even during the Aftercare transition phase. Further, data also shows that 88% CLs interviewed in this documentation were unaware of the fact that they may be entitled to Aftercare support and services as mandated by the JJ Act, 2015.

**Legal Documentation:** The challenges faced by CLs in accessing legal aid were also voiced by various KIs and raised concerns relating to CLs' status of legal awareness and legal aid. Lack of documents emerged as a recurring theme that hindered young adults in accessing housing, education, employment and Government schemes. Although a large proportion of young adults had Aadhar Cards and Education Certificate, this was not the case of Domicile Certificate, Caste Certificate, Voters' ID or PAN Card, which are equally important in accessing the aforementioned opportunities and scheme benefits.

**Legal Services:** Right to free legal aid or free legal service is an essential fundamental right of all young adults and under which the services of the District Legal Service Authorities (DLSA) should be availed by them. At the very least, dedicated financial and/or legal literacy workshops, and referrals to vetted advisors who are willing to provide subsidised financial and legal services should be included in the centralised resource directory, as mandated in the JJ Rules, 2016 to be maintained by the DCPU.

**Conclusion:** From the findings in Section 3.10, it can be concluded that:

- Many CLs remain oblivious to their rights and responsibilities as productive and conscientious citizens.
- Different organisations have varying practices related to documentation that sometimes result in gaps and deprive CLs of their civic rights.
- Linkages to organisations that provide legal services and workshops on legal awareness can improve the current situation of CLs.

## 4.3 Objective 3

Understand and document the emerging and promising Aftercare interventions

Based on the inception consultation, KIIs, field investigation and desk review, it was found that many NGOs in Rajasthan are working on Aftercare. Following are some examples of these organisations and their Aftercare practices. These organisations have been purposively selected, with all of them showing some substantial level of support according to the 'Sphere of Aftercare'. This documentation may have missed out on other organisations working on this issue. The organizations listed below are the ones that were identified during this process and gives an overview to develop a basic understanding of the Aftercare support in Rajasthan.

### i. I-India

I-India's mission is to provide care, love and development for children and communities living on the streets of Jaipur and in conditions of extreme poverty. I-India strive to help as many children as possible and focus on those in most urgent need.

I-India was established in 1993 and currently reaches over 3000 children daily through street schools, residential homes and vocational centres. The NGO in Jaipur assists children with immediate challenges, such as homelessness, child labourers, malnutrition and illness, while also developing their attitudes and skills in a way so that they have greater choice to transform their future.

I-India has 3 permanent and 2 temporary open shelter homes for both boys and girls. The main focus of these institutions since its inception is to create a comprehensive system of services to fulfil children's long-term needs of education, skill and emotional support, as well as their short-term needs for nutrition, health and shelter.

I-India runs several programs or projects such as CHILDLINE, Child Inn (boys' home), Ganga (Girls home), Temporary homes, Ladli Vocational Centres, Schools on wheels, Integrated Streets Schools, Shower Bus, Ambulance etc.

#### Aftercare Theory

I-India considers livelihood creation as a critical aspect of their 'Aftercare' program. This is achieved through a focus on early intervention at an early age of a child in care. The primary focus of the 'Aftercare' intervention is to empower every child to live independently. One of the unique initiatives taken by I-India for the rehabilitation and social re-integration of children is the launching of Ladli program. Ladli is a vocational training program for children wherein they receive vocational training.

The children go to a local school and obtain skills training at Ladli, I-India's vocational centre. They also learn social values and get emotional support through counselling.

#### Intervention and Impact

The first centre of vocational training under the name of Ladli was established for girls in 2005; a centre for boys opened in 2006 and eventually a village centre under the name of "Franklyn Scholar Vocational Training Centre" was opened at Jhag Children's village in 2013. These centres are located in Jaipur and Village Jhag in India.

Ladli is currently being attended by 75 girls and 50 boys approximately. The products that these children prepare during the course of training are sold and the income generated is shared with these children. The incomes of the children are deposited in their saving bank account which they can access on attaining the age of 18 years.

In addition to this, the organisation also provides community or group home facilities to children who have left home on attaining 18 years of age. The group home has all the facilities where the children can stay for a fixed period of time or till they get job with suitable income. The home is supervised by the team of I-India.

## ii. Sheela Baal Bhavan

Sheela Bal Bhavan was officially established in 1992. The home is located in a residential area in Jaipur, a northern Indian city near the capital of Delhi.

**Sheela Bal Bhavan (SBB) operates two homes:** the main home in Jaipur and a smaller satellite home in Khurpatal. SBB is home to approximately 18-25 children at a given time. Most of the girls attend a local English-language private school.

The younger girls receive tutoring at home, whilst the older girls attend a nearby tutoring centre after school. Additionally, some of the girls participate in extra-curricular activities such as dance classes.

### Aftercare Theory

Since its inception in 1992, SBB has been home to over 40 girls. Most girls come to the home between the ages of 0-6 and stay until they turn 18. The organisation believes in empowering girls with education and hence supports their education. Till 18 years of age, girls live in the home and on attaining 18 years of age, the organisation helps girls to find a rented home where they can continue their education. The entire expense of the girls' education, rent and food is taken care of by the organisation.

### Interventions and Impact

All of the girls are encouraged to continue their studies after graduating from high school. Several of the girls have obtained bachelor's degrees from local colleges, and a few have gone on to earn Masters degrees as well. The home provides complete financial support to girls who are pursuing tertiary education. There are typically 18-25 girls living at the Jaipur home at a given time. There are currently three girls living in Khurpatal.

The home has celebrated seven marriages, producing 10 grandchildren. Nine of the young women who grew up in the home are currently living independently in cities across India, pursuing their post-secondary studies or focusing on developing their careers. Three of the women who grew up at SBB have earned Master's degrees in physiotherapy, business, and tourism administration, respectively.

## iii. Shri Karni Nagar Vikas Samiti (Kota)

Shri Karni Nagar Vikas Samiti (SKNVS) is a premier NGO of Kota, widely known all over Rajasthan, for its social and humanitarian activities. The Institution is primarily devoted to the cause of deserted and relinquished infants, destitute children, distressed women, girls and the helpless aged persons. It has become a hub for social activities in all spheres.

Since its inception, it has become an icon of faith, love and compassion in the city of Kota. Over the history of more than 50 years, the institution has gradually evolved to present scale having served thousands of children, women and elderly people in need and distress.

SKNVS is committed to the welfare of orphans and destitute by providing them with quality shelter, food and education. Thousands of children, from infants to adolescents, have been benefitted.

**Baal Griha (Mamta):** Located in Kotri Goverdhanpura, Kota, this centre is the oldest establishment of the Samiti. It was intentionally established in an area of slums with prevailing evils of poverty, illiteracy etc. The centre became a hub of reform activities for the area. Presently, it is used for Shishugrah and Balgrah activities. The centre always buzzes with vibrant activities of children who find shelter here. Part of the building is used as a family counseling centre to resolve family disputes. In addition, the centre also accommodates a Government homeopathic dispensary for the cause of people living in nearby areas.

**Short Stay Home (Ashray):** This centre houses a short stay home for girls and women in distress. Due to its central location and ease of access, it is also the hub for a number of social activities. The central hall has a well-organised library open to all. Aged people across the city meet here for Diva Sangam every Saturday.

#### iv. SOS Children's Villages

The main purpose of this institution is to provide family-based care to vulnerable children and to cater to their needs and support them to become productive and contributing members of the society.

The SOS Children's Village, Jaipur has been engaged in the care and development of children since its inception in 1974. The village is operational with 14 fully equipped family houses. At present the village has 142 children on its roll. Two generations of children from SOS Children Village, Jaipur have been settled to the mainstream society through suitable jobs.

##### Aftercare Theory

The organisation has designed an innovative program to support the transition of children in their care towards an independent life, by the name of "Youth Home", which is an integral part of their 'Family Based Care' model. As SOS CV believes in early intervention care, the Youth Home Program is segregated into 3 distinct phases, namely 'Arunodaya' (for the age group of 13-18 years), 'Sopan' (for the age group of 18-22 years) and 'Gharonda' (for above 22 years).

##### Interventions and Impact

The SOS CV believes that to make children independent in life it is important to start early and to provide children quality services. Therefore, to prepare children for the mainstream, SOS CV provides quality education to them from reputed schools. All the children at SOS CV attend school. Along with this, for new entrants the SOS has a preparatory school of its own, which prepares the child for formal schooling. To equip children with necessary technical skills and prepare them to deal with demands of the society, SOS CV also provides computer classes, communication classes, personality development classes and sports for older children.

Further for the career development of children and to help them to choose career as per their potential and interest the SOS CV has ties with Career guidance institutions, which assess children professional or career interest through online career test.

To help children deal with the emotional trauma and support them in managing their emotions, the SOS CV provides trainings on Resilience. All children of SOS CV are given training as per the module round the year depending on their age and gender. These training are tailor made to suit the needs of children and help them to cope with trauma and also makes them resilient to deal with any future hardships.

Once the child attains majority i.e., 18 years of age, the SOS CV supports the child financially and helps them to get a job to settle down. They also equip the child with basic facilities till the child earns enough to sustain on his own. Thus, the support of SOS CV continues till the child is reintegrated into the society. The Aftercare model of SOS Children's Village in Jaipur is highly successful as a majority of youth reported higher satisfaction in terms of acquiring a decent standard of living.

## v. Udayan Care

Udayan is a Sanskrit word meaning 'Eternal Sunshine'. Udayan Care aims to bring sunshine into the lives of underserved sections of society that require intervention. Registered in 1994 as a Public Charitable Trust, Udayan Care works to empower vulnerable children, women and youth, in 23 cities across 13 states of India.

Starting with the establishment of just one small family home (Ghar) for orphaned and abandoned children in Sant Nagar, Delhi in 1996, Udayan Care has spread its work for disadvantaged groups during the last 25 years by establishing more family homes, helping girls' education, providing vocational training etc. To date, Udayan Care has nurtured over 24,000 young minds. This has been made possible only through the support of like-minded people, donors and partners who believed in Udayan Care's work and mission.

### Aftercare Theory

Udayan Care has developed a unique model of child and youth care intervention through its 17 child care small group homes called 'Sunshine Homes' or 'Udayan Ghars' and 2 Aftercare programme facilities for its young CLs. The child and youth care policy of the organisation follows a L.I.F.E. (Living in Family Environment) strategy that focuses on long term attachment, care and holistic development of all children and young persons through Continuum of Care and a TIC approach.

The objective behind founding the Aftercare programme was the understanding that young adults at the critical stage of transitioning to adulthood, are not fully equipped to handle life all by themselves. They require support and guidance, in the form of an on-going family-like relationship, in order for their educational, career, counselling, emotional, social and financial needs to be addressed.

The developmental goals for youth in Aftercare takes into account all spectrums of their personal, psychological, social, educational, vocational and financial growth, to ensure that youth attain education and vocation skills, gain independent living skills, become emotionally resilient, form healthy relationships and become able to take care of their own family/children, procure gainful employment, value diversity and respect people irrespective of caste, class, ethnic or cultural background, and become law abiding, socially responsible citizens.

In a nutshell, the developmental phases of a child at Udayan Ghars are; first, to identify the child in a critical situation and in dire need of care and protection, next, to support the child in care and protection of L.I.F.E, and further, to prepare the child in advance by guiding them as young children under the Aftercare support through a Continuum of Care that equips the young adult with adequate life skills to lead an independent life in the mainstream society.

### Impact

Since 1994, the organisation has fostered family like relationships with more than 700 children in need of care and protection.

Udayan Care's Aftercare programme takes pride in having 35 alumni with secure jobs, and 30 Aftercare leavers married and among them, 25 grandchildren. 30 of the Aftercare youth have gone on to pursue college and vocational studies.

#### 4.4 Objective 4

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

##### **Lack of data maintenance and follow-up mechanism**

The unavailability of data on Aftercare poses a big challenge in planning effective Aftercare programmes. There is no data available in the public domain on how many children exit or leave the CCIs and Aftercare programmes every year, nor any information on what happens to those who are restored back to their families on turning 18 years, nor is there any follow-up mechanism in place to know their outcomes. As a result, ascertaining the average number of children/youth who exit CCIs in Rajasthan every year upon completing 18 years of age remains a challenge. Efforts made by the field investigators included several trips to DCPUs and CWCs, however the manual records maintained were found to be faulty, mismatched or altogether missing in some cases. Currently, no digital record maintenance system is in place that could address these issues. Interviews with senior Government functionaries also failed in estimating this number and only a few could venture a guess without any evidence backing their suppositions.

#### 4.5 Objective 5

Recommend measures for interventions that will bring about qualitative improvement and robustness in Aftercare.

Based on the literature review, situational analysis, findings, its discussion and stakeholders' suggestions of Current Aftercare Practices in Rajasthan, concrete recommendations have been worked out and are elaborated in detail in Chapter 6 of the report. The documentation argues for more priority being given to Aftercare in Rajasthan with a strong social inclusion of CLs by listening to them, understanding and addressing their needs, priorities and aspirations, and promoting their voices in mainstreaming them.





## Chapter 5

# Case Studies

**“Youth who leave the CCI, without support, will start considering themselves as a failure. It is not easy to be accepted by this society and to reintegrate on one’s own. In my own case, for now things are going on, but I have had to compromise on many of my aspirations.”**

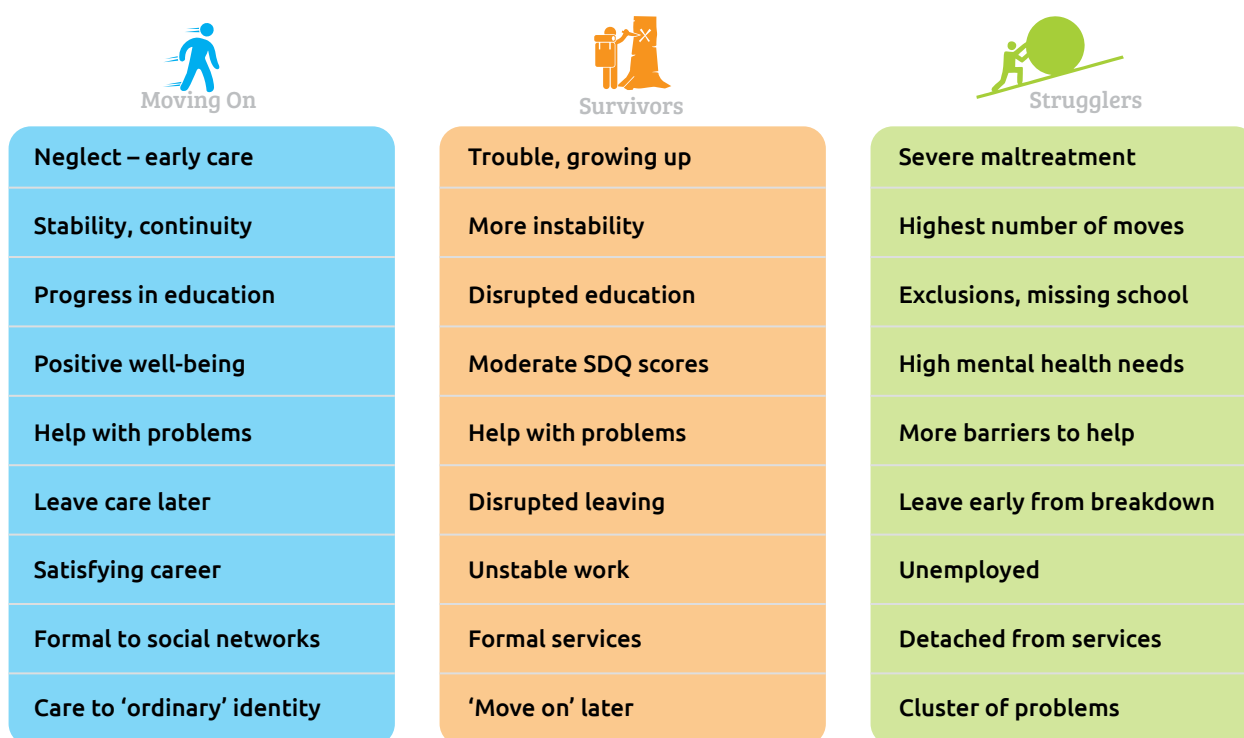
*Care Leaver, Rajasthan*

The present chapter explores five case studies of CLs in Rajasthan. Among the respondents, two are youth not receiving Aftercare support, while three are receivers. The case studies have been advanced with the help of interviews conducted with the youth, using an indigenously developed qualitative interview schedule by Udayan Care. The tool helped to capture youth's experiences and quality of life along the eight dimensions of the **'Sphere of Aftercare'** developed by Udayan Care. The eight dimensions are (i) Independent Living Skills, (ii) Interpersonal Skills and Social Relationships, (iii) Financial Independence and Career, (iv) Physical health, (v) Affordable and Adequate Housing, (vi) Education and Vocational Skills, (vii) Mental and Emotional Wellbeing, and (viii) Identity and Legal Awareness.

The case studies have been categorised on the basis of **Prof. Mike Stein's** analysis of research studies, following up young people from care, completed over 30 years, which identifies 3 main outcome groups (Stein, 2012), situated within a **Resilience Framework**: young people 'moving on' - who demonstrate greater resilience; 'surviving' - who have faced greater disruptions; or 'strugglers' (formerly termed 'victims')- who have the highest mental health needs and have faced the most barriers to help (Stein, 2005, 2012). The Resilience Framework developed by Prof. Stein is shown below in the Figure. However, it is important to bear in mind that the journey through Aftercare is a dynamic one and often the situation of CLs change and so does the categorisation.

## 'Movers' (Moving On), Survivors and Strugglers

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



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



## 5.1 Struggling

### 5.1.1 Deprived of One's Right to Make Life Decisions

*Bhakti\* is 21 years old. She has completed her education until 5th grade. Bhakti stayed in a Government-run working women's hostel.*

Bhakti stated that she does not know anything about her family. As early as she can recall, she has been with the CCI, who informed her that they were unable to trace her family. She was four years old when the CCI took her in. Here, the amenities and life in general was good. Her basic needs were met, she was surrounded by cooperative and kind staff, and made many friends with whom she could freely share her thoughts and feelings. She appreciated the safety and security she felt there. Her connections with her friends from the CCI surpassed the institute, and she presently resides with two of them who are her pillars of support.

After grade 5, Bhakti's lack of inclination towards education discouraged her from progressing any further in school. While the CCI initially insisted on her pursuing her education, her lack of interest eventually made them give up on her studies and instead, enrolled her for vocational training in a beautician course. She has received no other vocational skills training. Giving up on a child's education and future in this manner cannot be justified. As they grow, children may have several reasons for their interest in studies to wane. Rather than exploring what challenges Bhakti faced in her studies that created her lack of interest and working towards helping her overcome these challenges, the CCI assumed upon her an incapability that could possibly have been overcome with greater attention and care.

Bhakti is working in a textile factory as an unskilled labourer. Her work involves thread cutting from stitched dresses for finishing. She mentioned that the lack of career guidance and support forced her to take up an unskilled job. Having received training to work as a beautician, she prefers to work in this field and is presently looking for opportunities. She is facing some difficulty with this because she does not know how and whom to approach to secure a job in a good beauty salon. Much to her solace, her friend has suggested a potential opportunity which she is presently working towards.

Bhakti earns about INR 6000 per month, by which she takes care of her needs. She lives in a shared one-bedroom flat with two of her friends. As the amount is inadequate to manage expenses, her friend supports her as much as possible.

Bhakti feels concerned that she may be burdening her friend and she aspires to have a decent job so that she can be independent. She hopes to repay her friend for all her kindness in due time. At this juncture, she expressed that it would have been helpful if the Government supported her and other CLs financially until they are fully independent.

**It would have been helpful if the Government supported her and other CLs financially until they are fully independent.**

Bhakti's hostel supported youth, who evinced an interest in education with higher studies. For the girls that were not inclined, they arranged their marriages. Although Bhakti was not interested in marriage at that point, her hostel initiated a search for a groom for her. They found what was to them, a suitable match, and decided to arrange Bhakti's marriage, against her wish or consent. With no other form of support and no one to stand by her side, she was forced to marry. In the two months of her living with her husband and in-laws, she was abused daily. Unable to bear the torture any further, in desperation, she reached out to her friend for help. Her friend immediately came to her rescue along with the police and helped Bhakti file a complaint against her husband and his family. The police, rather than helping her, advised her to go back to the abusive

family. Upon refusing to do so, her friend took her in and took care of all her needs. The police took no action against the family despite Bhakti's statements. Disappointedly, she shared that even her hostel failed to provide her legal or emotional support when they came to know about the abuse. She expressed reluctance to meet with the staff from the facility after marriage, as she feared that they would blame her for leaving her husband. While the matter has been resolved to some extent at present, Bhakti continues to live in fear as she is still married to the man. She seeks a divorce but has no one to guide her on the processes. For now, her focus is on getting a better job and on building her finances, following which, she will end the marriage. The experience was traumatic and her trust in people has been shaken. She shares *"This marriage has really impacted my career, my physical and mental health, and also my social life."* Bhakti recently suffered from chicken pox and was very weak. She was visibly disturbed on account of her physical and psychological health. That her hostel continues to remain aloof even after knowing about her problems, puts to question its ethics and functioning.

Bhakti shared that Aftercare means nothing if an organisation makes catastrophic decisions regarding the lives of the youth, which are not in their best interest and as evident with her example, even against their consent. She asserted that Aftercare must provide youth the freedom to make their life choices and support them towards a better life. She feels that it is the Government's responsibility to provide accommodation, food, educational and career support to youth leaving CCIs. According to her, Aftercare must ensure that all youth in their care leave the facility only upon securing a job that can help them take care of themselves independently. She also expressed that financial support is vital so that youth can meet their needs.

Bhakti's experiences bring to the fore the lack of support that youth in Aftercare experience in multiple domains of their lives. Among the fundamental eight domains of the 'Sphere of Aftercare', her experiences indicate a significant lack of inputs across a worrying seven domains, namely higher education and vocational skills, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, physical health, and affordable and adequate housing. Her friends have been fundamental to extricate her from what could have otherwise been a complete collapse of her life. The onus of caring for the life of a youth must not be placed on peers who are themselves somehow managing to steer their independent lives; what then remains the role of stakeholders in child and youth care?

“Aftercare must ensure that all youth in their care leave the facility only upon securing a job that can help them take care of themselves independently.”



## SURVIVOR

### 5.2 Surviving

#### 5.2.1 Compromises to True Potential

*Rahim\* is 21 years old. He is presently completing his BA degree in a Government college, while simultaneously engaged in an online job in graphic designing. Rahim is not receiving Aftercare support.*

Rahim's father passed away due to HIV AIDS. His mother and his younger brother were also diagnosed with the condition. While receiving the Anti-Retroviral Therapy as part of a free initiative launched by Rajasthan State Aids Control Society, Rahim's mother learned about his CCI that supported HIV+ children and their families from the head caretaker of the CCI, who encouraged her to put Rahim in the CCI to build a better

future for him. Rahim has an elder sister who is married. His younger brother lives in an NGO in which his mother works as a caretaker. His mother's job is the family's only source of income.

Rahim came to this NGO-run CCI at the age of 14. He shares that his basic needs were taken care of at the CCI. He received annual mental and physical health check-ups. He expresses satisfaction with the facilities in the CCI, stating *"All the provisions there were of A1 quality. I never felt like I lacked anything there."*

In his CCI, he completed his 12th grade and a Certificate Course in Graphic Designing. As part of his technical training, Rahim has developed skills in computers, art (painting), guitar, French and graphic designing. He expanded his knowledge with the training he received at the CCI in nutrition and health, fitness, conflict resolution, effective communication, self-esteem, motivation, ego resiliency, and computer literacy. He was also encouraged to develop his skills in photography. His talents in art brought him some financial gain, as he was able to sell his paintings. However, he mentions that the reason he left his CCI was that when selling his paintings with the support of his CCI, the institute would keep a substantial amount of the money with them instead of giving it to Rahim. His CCI has never contacted him after he left and established firmly that they would not be able to provide any further care provisions for him. It is disturbing to see a CCI use the talents of the children under their care to their financial benefit, and even more so when they choose to shun a child when such 'benefits' are not being facilitated.

Rahim maintained close relationships with his peers in the CCI, continuing to be in touch with many of them. He also appreciates his relationships with his caregivers and mentors, especially thanking the head caregiver of the CCI. He is presently living in a shared rented accommodation along with two of his friends. Although Rahim mentions such positive social relations, he admits that often he finds it difficult to explain his life circumstances to others. Having studied in a school and college with children and youth from the general population, he always harboured the feeling that they, with their own secure homes and families, could never truly empathise with him. This led him to distance himself from others to some extent. It is quite possible that many children and youth in care experience this form of social disconnect, which can be difficult for them to express. The uncertainty about whom to reach out to for support may aggravate the concern.

**“His CCI has never contacted him after he left and established firmly that they would not be able to provide any further care provisions for him.”**

Rahim is presently pursuing his BA degree in a Government college, which charges nominal fees. His mother is his only source of financial support. The remuneration from his job is insufficient to take care of his needs. Financial difficulties led him to give up admission for a B.Arch. program in NIT that he was selected for, which was his first choice. Rahim hopes to start his own business venture to become financially independent and to be able to take care of his family. He is yet to determine what business he would like to do. He believes that he can achieve the goals and aspirations of his life because of his interest and potential to become a good businessman. At the same time, he is worried about his future due to the financial constraints of the family. The sudden lack of financial support towards his education has negatively impacted Rahim's transition, calling the need for a Continuum of Care as provided by Aftercare.

Rahim has been recently diagnosed with migraine. He feels low when he thinks about his physical and mental health, stating that *"not one day passes without stress."* His mother too has taken unwell with swine flu and is presently hospitalised. The interviewer could see his emotional distress due to the constraints of the family, which left him choked for a few minutes.



Rahim states that he has not got any opportunities that could help him transition into an independent adult. He asserted that youth must be supported with housing, education and employment opportunities, through Government or NGO Aftercare provisions. He reflected that without such support, youth may suffer physical and psychological health problems, with some resorting to engaging in illegal activities. The situation of youth transitioning from care without support is perfectly surmised in his own words *“Youth who leave the CCI, without support, will start considering themselves as a failure. It is not easy to be accepted by this society and to reintegrate on one’s own. In my own case, for now things are going on, but I have had to compromise on many of my aspirations.”*

Among the fundamental eight domains of the ‘Sphere of Aftercare’ that require appropriate support for development, Rahim’s experiences indicate a significant lack of the same across at least five domains, namely financial independence and career, interpersonal skills and social relationships, mental and emotional wellbeing, physical health, and independent living skills.

### 5.2.2 Care, but Only on the Surface

*Yamna\* is 20 years old. She is completing her BA degree and is presently residing in a working women’s hostel.*

Yamna’s father passed away when she was an infant. Her mother was his third wife and her step siblings refused to support them in any way following his death. Her mother, who was very young at that point, even resorted to begging on the streets to ensure that Yamna and her two elder sisters were fed. On learning about a CCI, her mother dropped Yamna and her sisters there, hoping that they would be cared for better. Her mother succumbed to an illness and passed away three years ago. Her two elder sisters are now married.

Living in an NGO-run CCI from the age of 3, Yamna shared that she was happy there and never had to worry about her basic needs. She lived a stress-free and secure life in her CCI. She completed her education until grade 6, following which, she had to leave due to conflicts between her mother and the CCI superintendent. When Yamna’s mother fell ill, she wanted to have her eldest daughter with her to be cared for. She visited the CCI to take her back home but was surprised when the superintendent resisted. Yamna shared that her elder sister was the ‘gem’ of the CCI and that they did not want to let her go. Scuffles between her mother and the CCI led to her removing all her children from the institute. She took up a job to take care of the girls and arranged the marriage of her eldest daughter. Her second sister, upon completion of her studies, started working to support the family’s finances, which was still not enough to meet their basic needs. Recently, her second sister too got married.

As part of developing her skills, she was provided training in football, cooking, singing, karate and kathak. The CCI ensured that girls received holistic training, growth and development, especially encouraging them to take up sports, martial arts and trainings that helped build their innate talents. She does however mention that she has not received many opportunities to express the skills she acquired.

Yamna maintained cordial relationships with everyone from the CCI. Introvert by nature, she remains content by herself and prefer to maintain friendly but not close relationships with everyone. She is currently not in touch with anyone from the CCI except for an individual whom she calls her mentor, who worked as an in-charge there, and continues to support and guide her. While her caregivers treated all children with care and affection, Yamna shared that she was rarely given an opportunity from her caregivers to open up and

“Youth who leave the CCI, without support, will start considering themselves as a failure.”

share her authentic feelings, which she was unable to initiate due to her introverted nature. It is unfortunately common to come across such instances of detached and impersonal care in CCIs and Aftercare, where children and youth do not feel like they belong enough to openly share their mind. The lack of secure attachment can have negative consequences on their ability to develop positive social relationships. This is confirmed by her statement *"I have got friends but I only interact with them on a surface level, and in general, I have no social life."*

Along with completing her BA degree, Yamna has taken up coaching in sales and marketing of consumer goods. She aspires to pursue a degree in Hotel Management upon completing her present degree. An avid reader who is also passionate about composing poems, Yamna hopes to refine her writing skills. She also appreciates the role of a Nutritionist and seeks to learn more on the subject to keep herself fit and also help others in benefiting the same way.

Yamna does not receive any financial support at present. Both her sisters are unable to support her financially as they themselves do not have a stable income. Her hostel provides her accommodation and food. She complains that the food provided is unhygienic, which makes her skip her meals often and leaves her feeling unhealthy. She is able to afford her fees being enrolled in a Government college that charges relatively less tuition fee. In her free time, she does part-time jobs to take care of her financial needs. Without even the basic need of clean and nutritious food provided, the plight of youth in such hostels is deeply saddening, beseeching the need for adequate Aftercare homes for youth. Specifically for youth leaving care, staying in housing that is not specific to CLs' needs can cause re-traumatisation and neglect.

Yamna shared that she struggles with worry and is constantly disturbed thinking about her future. The lack of financial and psychological support has left her with no sense of security, as she continues to flow in the direction that life takes her. She is concerned about having depressive symptoms, as she is unable to sleep and prefers to isolate herself from her friends. In her words *"Lack of guidance and financial support has greatly impacted my mental and physical health."* She shared that she will soon be contacting her mentor to know if he can help her see a therapist. She states that she has not got any opportunity to become stress-free and lead an independent life. Apart from the support of her mentor, who is himself busy and not always available, she has had to handle the transition into adulthood by herself.

Yamna feels that Aftercare must ensure support for youth with physical and mental health, social life, education and career, basic finances, and guidance and support. She also suggested that the Government and CCIs maintain a follow-up mechanism by which a record is kept of children and youth who leave care, lest they are lost to deleterious lifestyles without support. With her thoughtful statements, Yamna has captured to a significant extent, the mission of the present research.

Among the fundamental eight domains of the 'Sphere of Aftercare' that require appropriate support for development, Yamna's experiences indicate a significant lack of the same across at least five domains, namely, interpersonal skills and social relationships, financial independence and career, mental and emotional wellbeing, affordable and adequate housing, and independent living skill

**I have got friends but I only interact with them on a surface level, and in general, I have no social life.**

**Lack of guidance and financial support has greatly impacted my mental and physical health.**



## 5.3 Moving On

### 5.3.1 Ambitions Lead her Way

*\* Ridhima is 22 years old. She has completed her graduation and has recently secured a job. She received some forms of Aftercare provisions from a Government-run working women's hostel.*

When just a little child of 5, Ridhima's mother handed her and her sisters over to someone in Bhopal, without informing the children she was leaving them for good. The family to whom the girls were handed over was abusive and exploitative. The girls faced beatings and were forced to do household chores. Unable to bear the torture, Ridhima ran away in panic one day and ended up at a railway station, where she stayed for three days. A lady discovered that she was alone and handed her over to the police. The police placed her in a CCI in Jaipur, upon learning from her that it was her hometown. However, she is not in touch with anyone from her family. The police attempted to find them but did not succeed.

Ridhima recalls that she had a very good childhood in her CCI, where she felt it to be no different from her home. She appreciated the facilities and amenities provided to them, and the security they felt. She mentioned that they were not made to do any work apart from cooking, which she states has been a valuable skill in her independent life after care. Her CCI provided the children diverse vocational skills trainings, such as beautician training, soft toy making, stitching and embroidery, and computer. The school from which the children received their education was located within the CCI premises, and it was here that Ridhima completed her studies up to 10th grade.

On her relationship with her peers, she shared that she made many good friends who she continues to remain in touch with, but also made sure to distance herself from some girls who were not serious about their lives and those who were inclined to running away. She shared good bonds with her caregivers and staff, who continue to inquire about her wellbeing and share all information with her on schemes, policies and laws that could benefit her. The socio-legal awareness eased her transition into adult life to some extent.

In 2017, Ridhima contracted tuberculosis (TB) and ascites, and was disappointed by the annual health checkups conducted at her CCI that failed to recognise any signs of the TB that she suffered for 2.5 years according to the hospital report. She found out about the diseases only after she left her CCI. The quality of the physical health check-ups conducted by CCIs warrant serious scrutiny, which are essentially a mere drill if it cannot detect such serious diseases prevalent over long periods of time. Her medical expenses were taken care of by her then employer, to her great relief.

“The quality of the physical health check-ups conducted by CCIs warrant serious scrutiny, which are essentially a mere drill.”

Ridhima's empathy is exemplary. She is in touch with many girls presently in the CCI, who reach out to her in friendship and seeking her guidance. As part of her long-term life goal, she hopes to save and buy a flat of her own, and have girls from her CCI who are unable to afford rent after leaving care stay with her without any financial worry towards rent. “I will not be at peace until I buy my house and do something for the girls” she states, a personality that is defined by her spirit to give back.

By her positive attitude towards life, Ridhima takes small steps towards her many wonderful ambitions. Ridhima's short-term goal is to get a secure job and start earning. She worked in the hotel industry previously.



She was recently interviewed by a multinational company and was selected for a position in the back office, with a good salary package and incentives. Much to the surprise of her B.Tech and English-medium educated friends, Ridhima shares that her Hindi-medium education was not a determining factor in her success in the interview, rather she was told that her answering the questions honestly and confidently secured her the job. This was a tremendous validation for her, and made her feel content that her efforts and curiosity to keep learning were beginning to pay off. She has given Government exams as she aspires to become a Rajasthan Judicial Academy (RJA) officer, and is also looking to complete her LLB degree towards this goal.

Ridhima does not receive any financial support. Having become close to a person she refers to as her *Rakhi* brother, she explains that she has been living with her brother and his wife upon leaving the hostel, who have been her source of support emotionally, and sometimes, financially. Their support came at a crucial point of her life, where when seeking accommodation for herself, she faced practical issues with getting a place on rent as a single girl. Youth should not have to deal with such issues in the community by themselves and these are the kind of gaps that Aftercare must address.

Ridhima expressed that Aftercare provisions are most important to youth leaving CCIs. She shares her experience of being transferred to her hostel, which provided her education, accommodation, good food, and took care of her needs, by which she came out as a *“new human being.”* A limitation that she experienced in her CCI was the requirement for girls to leave once they turn 18, where although they were made provisions to move to hostels, they failed to consider the state of the girls who were in the middle of completing their education, at which point the transfer causes some disruption. Such actions deviate from keeping the best interest of children and youth in mind, delineating that following rules to the dot has negative consequences if not assessed and tailored to align with each youth’s needs. She also expressed that in her hostel, a timeline for completing education and securing a job was charted out for the youth, within which they were expected to be independent. Ridhima admits that this caused pressure on them. On her expectations from Aftercare, Ridhima hopes that support is provided to youth to pursue their education and to lead a moral life, rather than be advised on marriage as the first option. She shares, *“They should ask us about our interest and priority, whether it is to get married or to study, and plan accordingly.”*

Her go-getter attitude and timely social support has helped Ridhima move on quite well upon leaving Aftercare. However, her statements indicate a lack of support in at least two of the eight fundamental domains in the ‘Sphere of Aftercare’; namely, physical health and independent living skills.

“They should ask us about our interest and priority, whether it is to get married or to study, and plan accordingly.”

### 5.3.2 The Invaluable Success of a Child Care Institute

*Sunny\* is 20 years old. He is a graduate and is presently working in the IT sector. Sunny has not received Aftercare support.*

Sunny used to live with his family in his village in Rajasthan. His father’s demise and his mother’s diagnosis with HIV saw the family go through extreme adversities. With no other source of support, Sunny’s mother providentially learned about his CCI and decided to move the family to the city it was located in. He was 11 at the time. Sunny’s mother was given a job at the CCI as a caretaker, where Sunny’s two younger siblings continue to reside with her. Having left the CCI, Sunny is now residing with a relative and continues to meet his family regularly.

In his CCI, Sunny got the kind of love and support he never experienced in his village. The staff were supportive, and the food and accommodation facilities were homely. His friendships with his peers in the CCI were much stronger than those he made in school. He is in touch with many of them, whom he refers to as his brothers. Similarly, the staff were like his parents and guardians, taking care of every need of the children and always ensuring their good health.

Of the trainings provided by the CCI to help the children develop various skills, Sunny was most interested in painting. He took lessons and has created many paintings. The children were provided formal education as well as coaching and extra classes as required to facilitate the progress of their studies. It is reassuring to learn that some CCIs are taking the necessary measures to ensure the all-round development, growth and education of the children, as would be taken care of in a family setting.

Having recently graduated from Rajasthan University, Sunny is presently employed with a website developing company, a job that his CCI helped him secure. He was previously employed with a company but left because he was not satisfied with the work. He affirms that his CCI has helped him significantly in his educational and academic pursuits. He maintains good relations in his workplace and is appreciated for his professional competencies. However, not completely satisfied with his current job role, he is certain that he can achieve much more. He aspires to secure a better job in the IT field and to buy his own house, for which he has applied for a home loan. Towards this goal, he is actively looking for job opportunities and considering pursuing an MBA in the near future. He is confident in being able to execute his plans for his future and is at present, trying to manage his time between coaching for his post-graduation entrance and his job. The seeds of the zeal and self-confidence with which Sunny moves steadfast towards his aspirations, while admittedly from his inherent qualities, were evidently nurtured by the ever-present love and support he received from his CCI. It is most promising to think of the scale of positive transformation to the lives of youth and towards the betterment of society by raising children and youth in Alternative Care with equal rights and support.

Sunny receives no financial support at present and has been meeting his needs through his earnings. In any emergency, he is supported by his CCI superintendent. He also relies on his friends should he face any such difficulties. His moral support is his family and his mentor, with his friends and colleagues also always by his side to support him. He expresses that he is satisfied with his life. He feels that he is already reintegrated well in society and is grateful for all the support and opportunities that have led him to achieve this without many hurdles.

Sunny stated that Aftercare support is necessary for youth like himself, instilling in them hope and confidence that they can achieve their goals. In his view, Aftercare must support the higher education and coaching of youth, also taking care of their health and related medical expenditures. He wishes that all youth receive the kind of support he did from his CCI, to accomplish and flourish in life.

Interestingly, Sunny's CCI was successful in treading a fine line of not only making him feel that he could always rely on them but also empowering him to stand on his own feet, lest he becomes too dependent and limit his own potential. He surmises this in his own words, *"I do not feel the need to expect anything from them now. I want to achieve my goals on my own, and I know they have always got my back."* The statement essentially captures the priceless feat of the CCI through its efforts and guidance.

Sunny's is a rare example of smooth transition into society without receiving Aftercare support. The fact that he had his relative to count on for accommodation and that his CCI continues to support him emotionally and as necessary, financially, gave him the kind of assurance that a good Aftercare home would provide. His statements indicate that the circumstances, opportunities and people in his life enabled the fulfilment of the eight fundamental domains of the 'Sphere of Aftercare', according to his needs and expectations.

“Aftercare must support the higher education and coaching of youth, also taking care of their health and related medical expenditures.”



## Chapter 6

# Way Forward

“They should ask us about our interest and priority, whether it is to get married or to study, and plan accordingly.”

*Care Leaver, Rajasthan*

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

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

## 6.1 Recognition of Care Leavers as Vulnerable Youth

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

Recommendations for the DCR, GoR, in this regard, are:

- Operationalise the reservation already extended to orphan children in the State by including them under the OBC category.
- CLs should be considered as a vulnerable category of youth while formulating policy or schemes in the State for youth, such as State Youth Policy, Schemes on Housing, Education and Health, and scholarships and schemes offering subsidies or loans for education or entrepreneurship.
- With a vision of mainstreaming CLs, State Government should promulgate affirmative action for CLs. Giving priority enrolment, easy access to and providing reservations in educational institutes and Government jobs, will contribute in mainstreaming CLs in the State. There is already a precedent set by the States of Maharashtra and Tamil Nadu, which have promulgated reservation in jobs and higher education. It would also ensure that the agenda of CLs is brought to the political forefront, helping to raise awareness regarding the challenges they face. However, any affirmative action should be time-bound, fully operationalised and regularly evaluated. CLs should be provided necessary support in having awareness on these benefits and acquiring relevant documents to avail benefits of such affirmative actions.

## 6.2 Streamline Aftercare Systems and Processes in Rajasthan

- There seems to be multiple agencies operational in the State. Even though Rajasthan takes a lead in being the only State in the country to have an independent department for child rights, the DCR needs to ensure that the SCPS, becomes the nodal department responsible for effective implementation of the JJ Act, 2015 in the State, including Aftercare, as a prioritised child protection issue in its agenda.
- At least 1 Single Window Support Centre in every district of the State, under DCPO, may be set up to provide a range of development and settlement choices to CLs, access to information, referral services and support at the district level, based on the 'Sphere of Aftercare'. This Centre should be managed by a dedicated Aftercare Officer.

- This centre shall create IEC materials, to be prominently displayed in all CCIs detailing various rights of CLs to build awareness of Aftercare as a right. Ready reckoners on Aftercare Services and relevant legal provisions should be prepared in vernacular languages for CLs and disseminated widely at district level, as well as be shared with children residing in CCIs at least two years prior to their departure from the CCI.
- A district-wise service providers' listing pertaining to all the domains of the 'Sphere of Aftercare'.
- DCPUs should be strengthened by creating an Aftercare Advisory Committee at each district for assisting in assessing the needs and creating opportunities and linkages to empower CLs. CLs may also be included as part of this committee.
- Minimum standards of care in Government CCIs and NGO CCIs, specifically regarding transition planning and Aftercare services, must be maintained. This may be achieved by promoting cross-sharing platforms and associations and adapting/scaling promising practices.
- CWCs and DCPUs need to be mindful of unnecessary placements, but once placed in a CCI, multiple placements should be avoided as it leads to frequent change in caregivers, reduced attachment levels, and disrupted education, all of which adversely impacts outcomes in adult life.
- Youth, as they turn 18, must not be restored to families without stringent evaluation, otherwise they would end up with the same debilitating circumstances, which compelled family separation.
- The State Aftercare Guidelines must be (drafted, in the process of being notified) effectively implemented in a timely manner. The guidelines should specify the rights and responsibilities of CLs, provide operational definitions of key terms such as 'rehabilitation', 'mainstreaming' and 'reintegration' and make Aftercare service providers accountable through a robust monitoring and evaluation process.
- A system to recognise Aftercare homes managed by NGOs in the State should be developed.
- DCR may explore the possibility of extending Aftercare support to Palanhar beneficiaries in a holistic manner, after 18 years of age.

## 6.3 Effective Implementation of Existing Policy and Law on Aftercare

### a. Enforcement at CCI level

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

- Ensuring Support to all Care Leavers across the 8 domains of the 'Sphere of Aftercare'** to ensure CLs as an essential component of Aftercare re-integrate into the mainstream of society. Every CL should be involved in developing their Individual Aftercare Plan. Every CL should be offered local support options at the district level across different domains in the 'Sphere of Aftercare'.



- i. **Housing:** Non-institutional housing support such as community group homes, should be developed, made available and incentivised across all districts as it seems to offer better outcomes for CLs as per the study and hence scattered site housing must be promoted and strengthened at the district level. More Aftercare housing options for all CLs must be set up in the light of current inadequacy of such options.
- ii. **Physical health:** Access to health services, subsidised medical services and health insurance through the PM-JAY for all CLs.
- iii. **Mental health care:** support that is accessible to CLs through professional specialised counsellors and peer mentors as well as continuous support for individual and group counselling therapy. Resilience-building through counselling and Pre-marriage counselling may be provided since as children, most CLs may have not lived in a family and hence are unable to internalise the nuances of family life once mainstreamed.
- iv. **Education and Vocational Training:** There must be more focus on matching the educational qualifications and skills acquired by CLs with their needs and aspirations. There needs to be an increased focus on vocational training and skill development at the CCI and Aftercare level with dedicated funds for skill-based training. Collaborations and convergence are required with private Universities, corporate sector, volunteers and community members to design programmes geared towards developing academic aptitude, opportunities and vocational skills as well as financial aid and scholarships.
- v. **Window of opportunities:** All departments of the State Government and corporate sector to offer opportunities to CLs to intern with them and offer meaningful employment, wherever suitable. PPP models need to be explored such that corporates are engaged to support CLs through internships, training and employment. Corporate employees must be encouraged to become mentors for individual CLs through employee engagement programmes.
- vi. **Documentation, legal awareness and legal aid:** DLSA in every district to extend services to CLs for assisting them in legal documentation, legal awareness, legal aid, identity documents, domicile certificates and training on the use of Government systems and schemes such as “digital lockers”.
- vii. **Workshops on financial literacy and management** should be organised for CLs.
- c. **MIS and Data maintenance:** Mapping children exiting CCIs and in need of Aftercare support with or without Housing. Estimating the number of children exiting CCIs on an annual basis is critical to ensure adequate planning, budgeting and an overall understanding of the issue. The database must include information on Aftercare receivers as well as non-receivers.
  - i. Robust consent-based MIS and data maintenance system must be put in place for all Aftercare receivers as well as those who exit the Juvenile Justice system without receiving any support. This data must be maintained in real time, must be reliable and disaggregated to monitor their outcomes at both district and State level.
  - ii. Periodic assessment of all services offered under the domains of the ‘Sphere of Aftercare’ for CLs by Rajasthan State Child Protection Society. Such data may be used as evidence for any policy making of youth in the State.
  - iii. All CLs should be informed about the monitoring process so that they are aware and participate freely in the data collection process. In accordance with the best interest of CLs, all such data could be made accessible for the purpose of monitoring and research whilst ensuring confidentiality and anonymity through aggregation.

iv. Longitudinal data could be deployed to assess the changing situations of CLs.

**d. Training and Capacity Building**

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

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

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

## 6.4 Increased Investment in Aftercare

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

## 6.5 Linkages and Convergence

- Build effective linkages and convergence for Aftercare between various Government departments such as Social Justice and Empowerment, Housing, Youth Affairs, higher education (Human Resource Development), Industry, and Health in order to provide integrated services across the 'Sphere of Aftercare'. The **DCR** must be responsible for building this convergence model between DCR (ICPS), SJE (MMHVY and Palanhar), RSLDC (DDGKY, PMKVY, ELSTP, RSTP), DoUD, DoHealth, DoHome (Police and Justice), DoRD, PRIs, CSR, MoEA (passport), DoIT (PAN), DoE, mainly in budgets, implementation.
- Similarly, Aftercare service providers such as CCIs, NGOs, Aftercare Organisations, community-based agencies and corporates under their CSR, must come together to offer their range of services to CLs, in an integrated manner guided by the Rajasthan State Child Protection Society. Through convergence, efforts should be made to encourage CLs to benefit under all the domains of the 'Sphere of Aftercare', wherever possible.
- RSLDC and HMNVY which are not connected yet, needs to converge and the RSLDC courses must be made available to CLs on preferential treatment. Eligibility criteria should be laid down for CLs and Palanhar beneficiaries by issuing appropriate circular.
- A one central SMART card may be considered for all CCI till the age of 21.



## 6.6 Collectivising Care Leavers

- A common echo of all CLs interviewed in this study has been the development of physical spaces and platforms created with support and recognition from the State Government and district administrations where Aftercare youth can form peer networks and mentoring relationships.
- CLs can be resourceful and their experience and skill set can be utilised through meaningful engagement as Mentors to younger children living in CCIs. They could also act as a link between CCIs and other Government departments/functionaries to bring about change in the lives of other CLs. This will allow them to participate and engage as contributing members of the society.
- Technologies like MIS, social media and text applications have huge potential to organise CLs into a collective aimed at peer support and must be optimally used to benefit CLs.
- Models already existing such as the CLAN (Care Leavers Association and Network) in Delhi can be looked at for setting up similar chapters in the State.

## 6.7 Research on Aftercare

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

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

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# Annexure-I

## The Eight Domains of The Sphere of Aftercare

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

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

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

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

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

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

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

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

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



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

## Operational Definitions

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

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

# Annexure-II

## Indices of Sphere of Aftercare

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

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

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



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

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

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

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





## Supporting Youth Leaving Care

### A Study of Current Aftercare Practices

■ Delhi ■ Gujarat ■ Karnataka ■ Maharashtra ■ Rajasthan

## Collated as a Multi-State Report:

Beyond 18

Leaving Child Care Institutions

2019

