Supporting Youth Leaving Care

A Study of Current Aftercare Practices
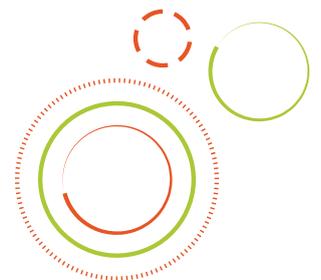
Gujarat

Supporting Youth Leaving Care

A Study of Current Aftercare Practices

in Gujarat

May 2019
Udayan Care

This documentation has been carried out by Udayan Care in partnership with Gujarat State Child Protection Society, an autonomous body under Social Justice and Empowerment Department, and UNICEF.

Special Mention: Shri Manoj Aggarwal, Principal Secretary, Department of Social Justice and Empowerment and Shri G.N. Nachiya, CEO, GSCPS.

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Cite as: Udayan Care (2019). Supporting Youth Leaving Care: A Study of Current Aftercare Practices in Gujarat.

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List of Acronyms

ACO	Aftercare Organisation		MIS	Management Information System
AIDS	Acquired Immune Deficiency Syndrome		MoU	Memorandum of Understanding
AOP	Aftercare Outreach Programme		MoWCD	Ministry of Women and Child Development
CAP	Current Aftercare Practices		NCS	National Career Service
CCI	Child Care Institution		NEET	Not in Education, Employment or Training
CCL	Children in Conflict with Law		NGO	Non-Governmental Organisation
CL	Care Leaver		NULM	National Urban Livelihood Mission
CNCP	Children in Need of Care and Protection		NYP	National Youth Policy
CSR	Corporate Social Responsibility		OHC	Out-of-Home Care
CTS	Child Tracking System		PAN	Permanent Account Number
CWC	Child Welfare Committee		PIL	Public Interest Litigation
DCPO	District Child Protection Officer		PMJAY	Pradhan Mantri Jan Aarogya Yojna
DCPU	District Child Protection Unit		PMKVY	Pradhan Mantri Kaushal Vikas Yojna
DSJE	Department of Social Justice and Empowerment, Government of Gujarat		PMPY	Palak Mata Pita Yojna
DLSA	District Legal Services Authorities		PPP	Public-Private Partnership
FGD	Focus Group Discussion		RWA	Residents' Welfare Association
GoG	Government of Gujarat		SCPS	State Child Protection Society
GSCPS	Gujarat State Child Protection Society		SDD	Social Defence Directorate, Govt of Gujarat
GSIDS	Gujarat Social Infrastructure Development Society		SDO	Social Development Officer
HIV	Human Immunodeficiency Virus		SHG	Self-Help Group
ICP	Individual Care Plan		SJED	Social Justice and Empowerment Department
ICPS	Integrated Child Protection Scheme		SOP	Standard Operating Procedure
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015		UC	Udayan Care
JJ Rules	Juvenile Justice (Care and Protection of Children) Model Rules, 2016		UNCRC	United Nations Convention on the Rights of the Child
JJB	Juvenile Justice Board		UNGA	United Nations General Assembly
KI	Key Informant		UNGACC	United Nations Guidelines for the Alternative Care of Children
KII	Key Informant Interview		UNICEF	United Nations Children's Fund

Preface

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

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 their special circumstances deserve. This desire emanates from our years of practitioners' experience in ensuring quality care for children living in our small group homes and continuing this support even after they turn 18 years through our Aftercare model. The CAP research has evolved in partnership with UNICEF, Tata Trusts, Delhi Commission for Protection of Child Rights (DCPCR) and Mr. Deep Kalra, as a multi-state research carried out in five states of India: Maharashtra, Karnataka, Rajasthan, Gujarat and Delhi. Throughout the process of this documentation, we have always kept the voice of our CLs at the centre. At this point, I would like to specially acknowledge the role of UNICEF Delhi as well as all the State UNICEF chapters in sharing their technical knowledge at every stage, thus, supporting us in achieving a comprehensive overview of CAP in these states.

Despite the best efforts of the field team, lack of data and access to non-receivers of Aftercare has been a huge challenge to this documentation. 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 RatnaAnjan 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 organizations 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.

This documentation for Gujarat was completed in four months and builds the evidence to develop a robust Aftercare programme in the State. The CAP research documentation in Gujarat has had the advantage of the stakeholders' full attention and support, without which our efforts would have been in vain. We owe our deepest gratitude to them. A vibrant and independent Gujarat State Child Protection Society (GSCPS), an autonomous body under Social Justice & Empowerment Department (SJED), Government of Gujarat has played a big role in taking ownership of child protection in the State. The close partnership between Udayan Care and GSCPS for undertaking this documentation itself shows the importance being accorded to Aftercare and we hope that with this report, Aftercare gets ingrained as a priority in the GSCPS agenda.

At the national level, the National Youth Policy, in 2014, identified youth in institutional care, orphanages, correctional homes and prisons as a category who need more support from the State but not much of this has been formulated clearly as well as 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 Gujarat soon. The Youth Policy is due for review this year and we hope to push the CLs' agenda to be included therein so that reintegrating CLs becomes everyone's collective responsibility and rather than no one's responsibility as it appears to be now. Small steps go a big way in bringing change on the ground.

We hope the evidence generated in this report, as well as individual reports from the other four states, which are also compiled in a multi-state synthesised report, becomes instrumental in bringing Aftercare to the forefront of discourse in the Alternative Care ecosystem by plugging the gaps in implementation and having more robust policies. I am so humbled by the resilient CLs that were a part of this documentation, who spoke their minds and hearts out and shared their hopes with us. We remain committed to listening to their voices always and sustain practice informed evidence-based advocacy on Aftercare.
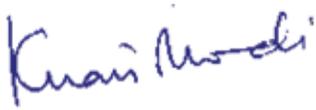
Kiran Modi, PhD
Founder Managing Trustee
Udayan Care

Message

Millions of children around the world are vulnerable and are without, or at risk of losing, parental care and face significant challenges in their daily lives. This often have long term implications well into adulthood. In the absence of support from their birth families, the vulnerability of children under alternative care persists after they enter this new phase of life.

According to Section 2(5) of the Juvenile Justice (Care and Protection of Children) Act 2015, After care support in India is provided to persons in the age group of 18 to under 21 years who 'have left any institutional care to join the mainstream of the society'. The purpose of aftercare is to provide young people with a range of services to assist them with their needs as they transition into independent adult life. It is really important that assessment and care planning in consultation with a young person takes place prior to them leaving care.

Research demonstrates that young people leaving care are at high risk of social exclusion and there are differences between groups of care leavers- some young people are very resilient. What kind of services, care and support these care leavers expect from care givers is unexplored in many ways in traditional institutional set up. Yet to date, there have been very few studies conducted exploring the different dimensions affecting the care for the care leavers.

UNICEF partnered with Gujarat State Child Protection Society (GSCPS) and Udayan Care to initiate a documentation on the status and quality of After Care services in the State of Gujarat. This study seeks to identify the gap and recommend way forward for State to support the transition of young adults leaving care towards independent and self-reliant living.

This documentation collates for the first time evidence from four districts of Gujarat, detailing the ways in which young people with and without After Care backgrounds cope with the challenges of becoming self-reliant and are supported by the state and other actors on their path towards decent work and social inclusion. The documentation developed new evidence regarding the acceptability, feasibility, and cost-effectiveness of After Care services in Gujarat. This documentation is clearly, an important tool to provide the best possible rights-based solutions to strengthen After Care services for the youth leaving care of the State.

I would like to specially congratulate the Gujarat State Child Protection Society, Department of Social Justice & Empowerment, Government of Gujarat for taking initiative to conduct this study in partnership with Udayan Care, New Delhi. I would also compliment Deepak Foundation, Vadodara for its role in collecting and facilitating the data from the care leavers and all stakeholders in the field in Gujarat.

I am sure this documentation of after care practices in Gujarat will help all key duty bearers in the state to ensure the fundamental rights of children to have an enabling passage to adulthood.

Laxmi Bhavani
Chief, UNICEF Gujarat Office

Manoj Aggarwal, I.A.S.
Principal Secretary
Chairman
Gujarat State Child Protection Society

Message

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

Gujarat State Child Protection Society (GSCPS) is the nodal agency for protection and welfare of Children and implementation of various Laws and policies on child protection. GSCPS has noble purpose to see all children in State bloom to their full potential in caring family, community and society.

I am happy that we have taken this first step and we have undertaken this documentation exercise of current aftercare practices in partnership with Udayan Care and UNICEF Gujarat. We see ourselves not just as a partner on this study but aim to ensure that the learning from programming and research are adopted appropriately.

I would urge all concerned to focus, not on the numbers but instead on the message that these numbers are telling us. We look forward to see concrete steps being taken to address the issues that have emerged so that a stronger, more sensitive and responsive child care and aftercare system is created.
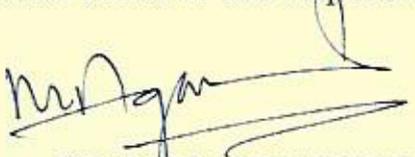
(MANOJ AGGARWAL)

Chief Executive Officer
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Message

The care and protection of children has always been considered as the primary responsibility of the family, However, when families are not in a position to take care of their children, substitute of alternative forms of care become necessary, The Juvenile Justice (Care and Protection of Children) Act-2015 provides for institutional care for vulnerable children up to the age of 18 years, However, most of the children in care have nowhere to go once they reach the age of 18 and are discharged from their institutions.

In addition, institutional life does not prepare children well for a life outside an institution. They are unable to sustain themselves and are easily affected by negative influences; hence, there is a need to prepare these children to sustain themselves during this transition, which is not possible in the absence of credible data on the situation of Aftercare youth in the state.

The supporting Youth Leaving Care documentation exercise has been undertaken by Gujarat State Child Protection Society in partnership with Udayan care and UNICEF Gujarat. The objective is to generate data on the situation of Care Leavers in Gujarat and for bridging the knowledge gap that exists at present. The study aimed to explore the live and struggles of the Care Leavers and Palak Mata Pita beneficiaries in four districts of Gujarat to understand the relevant and contextual frame-work for Aftercare services. Interviews with key informants such as functionaries/officers from various Child Care Institutions and social justice & Empowerment dept. helped to understand the practical Challenges faced in implementing Aftercare service. This project which is part of a national study by Udayan Care is also focused at raising further awareness and promoting 'Aftercare' support for all Care Leavers in India.

Aftercare is the final stage in the continuum of care, as it ensures smooth rehabilitation and reintegration of a child in need of care and protection/conflict with law as she/he steps into adulthood. A child, who has gone through a long period of institutionalization resulting in the lack of social adjustment, needs support beyond 18 years of age. The key is effective implementation of existing provisions of policy and law on Aftercare.

It is hoped that this document will offer insights into the challenges faced by Care Leavers and the interventions required to bring about qualitative improvement and robustness in Aftercare activates. The actual success of this report will materialize when findings and recommendations presented here, are carefully utilized by all the stakeholders, going a long way in ameliorating the conditions for the Care Leavers in Gujarat.
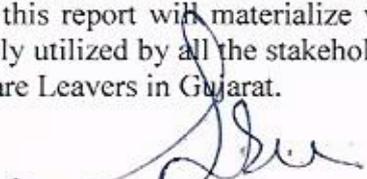
G.N.Nachiya
CEO, GSCPS

Executive Summary

66 The training and education provided in aftercare should be able to make the child self-reliant. That is enough. 99

Superintendent, Government run CCI, Surat

"Current Aftercare Practices" (CAP) is a documentation exercise conducted in the State of Gujarat and is part of a multi-state documentation conducted in Karnataka, Rajasthan, Gujarat, and Delhi. Udayan Care has undertaken the CAP documentation in partnership with Gujarat State Child Protection Society and is supported and funded by UNICEF Gujarat. Implemented by Deepak Foundation, it 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 CLs and critical feedback from key stakeholders and experts.

Based on Udayan Care's experience in child protection, extensive literature review and from the findings of the pilot study conducted in Delhi in 2017, the Sphere of Aftercare has been developed as a conceptual and analytical framework for this report. This '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 104 CLs from Gujarat, comprising of 63 males and 41 females, from both Government and NGO-run Child Care Institutions (CCIs). The present documentation also includes children who avail the benefits under the Palak Mata Pita Yojna (PMPY) scheme of the Gujarat Government. Out of 104 CLs, 20 children are PMPY beneficiaries who do not come under the purview of the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act). Currently, Aftercare provision is meant only for CLs exiting from CCIs and is not applicable for PMPY beneficiaries in the state. Although much is happening on Aftercare in the State, there are many areas where we as duty-bearers need to rise to the call to meet the aspirations of the CLs. The key highlights discussed in the report are as follows:

Care Status: 33% CLs had grown up in Government CCIs (n=34), while 48% had lived in NGO-run CCIs (n=50). The remaining 19% of the respondents lived with extended family members as beneficiaries of PMPY (n=20)

Age at the time of entering and leaving CCI: Average age for entering a CCI was 10 years, and average age for being placed under PMPY was 9 years.

- 7% CLs (n=6) continued to live in their CCI post 18 years, and 30% CLs (n=25) 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 Gujarat's CCIs. All but one of the PMPY beneficiaries (n=19) were still staying with their families at the time of interview.

Multiple Placements: 34% young adults were placed in more than one home during their childhood. All 20 PMPY beneficiaries remained with the same family throughout their childhood.

Lack of Inclusion and Participation: 58% of all CLs from CCIs (n=49) were not consulted in preparing their Individual Care Plan (ICP).

Continuity in Education: 19% of the sampled youth were unable to continue their education as per their wishes even during their childhood. This increased to 39% of the youth (almost doubled) during transition from childhood to adulthood.

Differences in Residential Care and Foster/Kinship Care: Education was discontinued for 46% of CLs from NGO CCIs (n=23) and 47% of CLs from Government-run CCIs (n=16) against their wishes in adulthood. On the other hand,only 10% of PMPY beneficiaries (n=2) reported so, suggesting that a greater proportion of those who grow up in family-based care were able to pursue higher education as per their wishes as opposed to those who grow up in CCIs.

Skills Development in Childhood: Larger proportion of CLs from Government-run CCIs had 'unsatisfactory' Skill Development Index score than those from NGO CCIs. A quarter of PMPY beneficiaries also had 'unsatisfactory' Skill Development Index.

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

Housing: 36% of sampled CLs (n=30) were living in housing that were supported by their CCI/ Aftercare programme or the Gujarat Government (residential facilities, group-housing, paying guest accommodations etc.)

- 64% of sampled CLs (n=54) lived without any housing support from any CCI/Aftercare programme, of which 1 male CL also reported living in a homeless shelter (Rain Basera)

Independent Living Skills: 69% of all young adults (n=72) fell in the 'unsatisfactory' range of the Independent Living Skill Index.

- A gender disparity in the Independent Living Skill Index was observed, wherein 78% males fell in the 'unsatisfactory' range as opposed to 56% females.

- Significantly lesser proportion of male CLs had acquired Independent Living Skills as compared to females.

- A significant disparity between Aftercare receivers and non-receivers existed, wherein 31% Aftercare receivers fell in the 'satisfactory' range as opposed to only 14% non-receivers.

Mental and Emotional Wellbeing: 54% of sampled youth (n=56) reported facing recurring emotional distress that makes them sad or tense. Almost 1 in every 5 respondents (~20%) reported multiple symptoms of psychological disorders.

- No significant differences were observed between CLs from Government-run or NGO-run CCIs or PMPY beneficiaries regarding the incidence of symptoms of psychological disorders. Similarly, no major differences were observed between those who received Aftercare and those who did not.

- 68% sought assistance only from non-professionals such as friends, family members, mentors, acquaintances, and only 14% of them visited their therapist/doctor more than 4 times.

Social Relationships and Interpersonal Skills: 1 in every 5 CLs 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.

- Large proportion of both males and females were unable to maintain relationships with their parents, wherever applicable.
- 90% of all young adults reported difficulties in maintaining romantic relationships or considered such relationships to be "not applicable" to them.
- 45% (n=47) CLs voiced the need for guidance or counselling to be able to improve the quality of their relationships.

Physical Health: 16% of all young adults (n=16) reported that they did not have someone who could provide care.

- 13% of all young adults (n=13) reported that they did not have funds available to them in case of illnesses.
- It was found that a larger proportion of both Aftercare receivers and non-receivers had 'unsatisfactory' Physical Health Index.

Education and Vocational Skills: Higher proportion of young women in the state of Gujarat have been able to complete formal education up till Class 12th, as well as higher education, in comparison to young men. 45% 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-run CCIs.

- Larger proportion of non-receivers had a 'satisfactory' index score than Aftercare receivers.
- 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: 41% of all young adults (n=43) reported that they had their own independent sources of income.

- 9% of them (n=34) had either held or currently hold salaried jobs as their primary source of income, whilst the remaining 21%(n=9) were self-employed professionals while engaged in higher education or other salaried professionals.
- Significantly greater proportion of males reported having their own sources of income than females. Among the 41 females, barely 17% (n=7) of them were earning for themselves, compared to 57% (n=36).
- 42% CLs from Government CCIs (n=23) reported no guidance on household economics with regards to managing their income, savings and expenditure as opposed to 34% CLs from NGO CCIs (n=10).
- Mean income was found to be approximately Rs. 8,600 per month. 38% of all young adults (n=39) reported that their income/allowance was unable to cover their cost of living. Higher proportion of CLs from Government-run CCIs (59%) reported such crisis.
- 12% of all young adults (n=12) were neither in education, employment or training (NEET).
- 35% reported that averting monetary crisis had taken precedence over pursuing their goals. 52% of all young adults (n=54) thought their education and/or skill level were inadequate to achieve their academic and career goals.

Identity and Legal Awareness: 45% of all young adults (n=47) had not received any information regarding their legal rights and responsibilities. 67% of all young adults (n=70) had not received any guidance regarding.

- 14% 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.

- 80% of CLs (n=67) were unaware of the fact that they were entitled to Aftercare support and services under the law.

- Across all categories, over 84% 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 are 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 CCIs 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 Gujarat. 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 adulthood life. Some of the key recommendations emerging from the documentation are:

- **Recognition of Care Leavers as vulnerable youth:** The State must accord special recognition to all CLs as a distinct and vulnerable youth population for their social inclusion and mainstreaming.

- **Effective implementation of existing provisions of policy and law on Aftercare:** The GSCPS, SJED, Government of Gujrat, (GoG), should continue to provide care and protection to all CLs as a nodal agency, be responsible for effective implementation of Aftercare in the state, and ensure that every CL is provided with sustained support across the Sphere of Aftercare in a dignified manner that respects the freedom and choices of the youth.

- The State Aftercare Guidelines must be drafted, notified and immediately implemented in a timely manner. The guidelines should be drafted by a committee where CLs are essential members and can voice their concerns.

- GSCPS must appoint an Aftercare officer under its NIC programme component to coordinate with the district work on Aftercare.

- Mandate **Transition Planning** in all CCIs.

- **GSCPS** should be strengthened to provide Aftercare services beyond merely housing provisions, and include all domains of the Sphere of Aftercare to all CLs.

- Set up dedicated **Aftercare Funds** in each district.

- **Aftercare outreach service that offers a range of services to CLs at district level may be envisaged.**

- GSCPS/SARA may promulgate affirmative action for CLs in all the domains of the Sphere of Aftercare, bringing out special Guidelines on Aftercare, announcing affirmative reservations in jobs and higher education for CLs in the State, on lines of State of Maharashtra.

- Set up a robust **MIS and data maintenance** system for Aftercare to maintain real time reliable data on CLs and their outcomes.

- Undertake **training** of stakeholders on Transition Planning, Aftercare and follow-up modules.
- GSCPS may promote **linkages and convergence** through various Government departments, corporates, and civil society organisations, to offer a range of services and support to CLs through Public-Private Partnership (PPP) model, especially exploring access to housing, employability and mentoring services by the corporate and private sector for CLs.
- Make access to health services possible for all CLs and offer affordable medical services under schemes such as PMJAY, with more focus on mental health care.
- Ensure **post Aftercare follow-up** and support by making the district Aftercare outreach service centres for all CLs.
- Commission **further research** on areas identified in the documentation.
- **Collectivise CLs** to provide them spaces to form their own association and network.

Given the active involvement of the State of Gujarat in Aftercare, it is hoped that the findings of this documentation will bridge the gap on policy and practice on Aftercare services in Gujarat. The strengthening of the State and District Aftercare Associations is an opportunity that can go a long way in providing better outcomes to the CLs in the State.

Overview of Aftercare

> **The Youth of a Nation are the trustees of posterity.**

Benjamin Disraeli
Prime Minister of the United Kingdom, author and poet (1804-1881)

1.1 Introduction

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) (NPC), commits to the right of all children to grow in a family environment, in an atmosphere of happiness, love and understanding. Yet, there are several factors such as the death of parents, abandonment, desertion, poverty, abuse at home, displacement, HIV/AIDS, family disputes, disasters or conflicts, that lead to separation of children from their biological families, pushing them towards Alternative Care. Children continue to be separated, either temporarily or permanently, from their biological families in all parts of the world and need Alternative Care arrangements and support. The United Nations Guidelines on Alternative Care of Children (UNGACC, 2010) lay down two 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 at every cost 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, organised 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 (JJ Act), along with the Juvenile Justice (Care and Protection of Children) Model Rules 2016 (JJ Rules), and the Integrated Child Protection Scheme (ICPS).

Recent estimates put the number of children in need of Alternative Care in India at approximately 23.6 million (refer to the adjacent 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). As provided under Section 110 of the

India is home to **23.6 million** orphan children

Children in India - A Statistical Appraisal, 2018, released by MoSPI, Government of India, states that **5%** of the total **child population are orphans** (lost one or both parents)

5% of the total child population (472,000,000 as per census 2011) is **23.6 million**

2.1 million orphan children are in the age group of 15-17, an indication of the vulnerability of youth advancing towards adulthood

It is imperative to provide continued care and support to youth

Source: https://www.youthkiawaaz.com/2018/11/the-rights-of-the-23-6-million-children-in-india/

JJ Act, 2015, the State Governments "shall by notification in the official Gazette, make Rules to carry out the purpose of this Act." In pursuance of the Act, the Central Government has notified the Model JJ Rules of 2016 and most States are in the process of drafting and notifying the State JJ Rules. Studies, such as the present one, to create an evidence base, have started getting support. However, this political will as reflected in the above efforts also need to be substantiated by mobilising resources, and enhanced civil society participation. Civil society organisations have been working with some youth in their own limited capacities. However, both the Government and the civil society organisations require a strong collaborative and coordinated effort to bring substantial change in the situation of Care Leavers (CLs). This calls for scientific assessment of the situation to develop a workable plan for stakeholders to engage with CLs by continuing their support as Aftercare practice.

1.2 Transition from Childcare to Aftercare

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

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

Gradual and supported transition out of Alternative Care settings is the key to ensure that young adults "aging out" of the system prosper in their lives as they move forward (Modi et al., 2018). This transition from living in a protective care facility to independent living often brings a host of difficulties, due to the absence of a pivotal family-like ecosystem, minimal community integration, and limited ownership of essential resources. 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, 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 personal development, through self-care and pro-social behaviour (Human Service Community Service, 2010).

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

According to a study titled, 'Youth Aging out of Foster Care: Supporting their Transition into Adulthood,' access to education and employment opportunities are critical to meeting life's basic needs (Torrico, 2010). It appears that CLs demonstrate poorer academic outcomes compared to their peers from regular family settings (Jones & Gragg, 2012). Another important factor is the 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, also resulting in disrupted relationships with teachers and peers. 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 progress 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 the lack of financial support for higher education and skill development. In the long run, poor academic performance often leads to adverse long-term outcomes such as unemployment or low wages, making it difficult for young people to earn a decent livelihood (Torrico, 2010).

Mental health is another essential component of Aftercare support (Tusla, 2017). Given that many young adults raised in Alternative Care have experienced trauma (Sridharan, Bensley, Huh, & Nacharaju, 2017), and perhaps continue to do so, support in the forms of free counselling, guidance, interventional support, psychological assessment services and crisis management, from designated mental health professionals, must be made available through Aftercare. 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 make them resilient to identify their 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). Dutta (2017), in her research brings forth that a strong social network is the foundation stone for

ensuring a well-planned, smooth and steady transition out of care for girls living in an institutionalised setting in India. One needs specialised, comprehensive and transparent policies and legislations at the national level, delineating the procedure for an obstacle-free transition out of care. Preparing girls for independent living includes life skill training, education, employment and accommodation. These provisions should be mandatory and database of Aftercare Services at the State level is a must.

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 interests. The role of a well-designed Aftercare program is also to ensure sustained delivery of essential 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 a crucial 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 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. The provision of Aftercare attempts to 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 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. However, the policy undervalues Aftercare to be provided, except at one place in the context of preventing HIV infections at birth and ensuring that infected children receive "Aftercare." The Aftercare for children leaving CCIs does not even find a mention in the policy document.

The National Policy for Youth, 2014 caters to the needs of all youth in the age-group of 15-29 years, which constitutes 27.5% of the population according to Census-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 individual, 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. 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 juveniles in conflict with law or children in need of care and protection (CNCP), after they leave Special Homes or Children's Homes, as the case may be, for enabling them to lead an honest, industrious and useful life; for the preparation or submission of a report by the probation officer or any other officer appointed by that

Government in respect of each juvenile/child prior to his discharge from a Special Home/Children's Home, regarding the necessity and nature of Aftercare of such juvenile/child, the period of supervision and for the submission of report by the probation officer or any other officer appointed for the purpose, on the progress of each juvenile/child; for the standards and the nature of services to be maintained by such ACOs; and for such other matters as may be necessary for the purpose of carrying out the scheme of Aftercare programme. The provisions to Section 44 however restricted Aftercare services to a period of three years and that required a juvenile/child over seventeen years of age, but less than eighteen years of age would stay in the ACO till they are twenty years.

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

Even though no State JJ Rules have been notified yet, the Government of Gujarat (GoG) has set up the drafting committee and it has been a long drawn process. The committee has submitted the final draft of the State JJ Rules, which now awaits notification by the State Government. Till then, the model JJ Rules are applicable in the State. The JJ Model Rules, 2016, applicable in the State of Gujarat, provide for the following in relation to Aftercare (only provisions regulating CNCP are explained here as that is the subject matter of this study):

- **Rule 17(vii)(j):** The CWC must maintain records in a register for all children placed in Aftercare.
- **Rule 25(3):** The CWC should maintain a record of lists of organisations, institutions and individuals, interested in providing Aftercare as per their area of interest. (List is to be prepared by District Child Protection Units).
- **Rule 25(5):** The CWC, while monitoring the post release plan of each individual, will also examine the effectiveness of the Aftercare programme.
- **Rule 25(6):** Children, who are placed in the Aftercare programme, shall be provided funds by the State Government for their essential expenses; such funds shall be transferred directly to their bank accounts.
- **Rule 79(5):** The CWC must ensure consent of child before placing them in Aftercare and approve all Aftercare programme.
- **Rule 83(4)(vi):** JJ Funds for Aftercare facilities and entrepreneurship fund for providing capital and infrastructure, for starting up small businesses to support reintegration into mainstream life.
- **Rule 84(1)(v):** The State Child Protection Society (SCPS) to develop programmes for Aftercare.
- **Rule 84(1)(x):** SCPS to maintain database of Aftercare organisations.
- **Rule 85(1)(xviii), (xix), (xx):** DCPU to make Aftercare-related database at the district level and forward it to SCPS, CWC, Boards and Children's Courts, as the case may be.
- **Rule 85(1)(x):** DCPU to implement Aftercare programme as per CWC order and SCPS plan.
- **Form 37 under Rule 25(2):** Order of Aftercare Placement: Provide all possible opportunities for her/his rehabilitation and reintegration in its truest sense. CWC has to direct SCPS/DCPU to release INR 2000 per month towards Aftercare support to the said person to carry out necessary follow up and for the said purpose shall open a bank account in the name of the person.

Rule 25, the JJ Model Rules, 2016 elaborate the provisions for Aftercare of children leaving institutional care, as under:

1. The State Government shall prepare an Aftercare programme for children, who have to leave CCIs on attaining eighteen years of age, by providing for their education, giving them employable skills and placement as well as providing them places for stay to facilitate their re-integration into the mainstream of society.

2. Any child who leaves a CCI may be provided Aftercare till the age of twenty-one years on the order of the Committee or the Board or the Children's Court, as the case may be, as per Form 37 and in exceptional circumstances, for two or more years on completing twenty-one years of age.

3. The DCPU shall prepare and maintain a list of organisations, institutions and individuals, interested in providing Aftercare as per their area of interest such as education, medical support, nutrition, vocational training,etc. and the same shall be forwarded to the Board or the Committee and all CCIs for their record.

4. The Probation Officer or the Child Welfare Officer or Case Worker or social worker, shall prepare a post release plan and submit the same to the Board or the Committee, two months before the child is due to leave the CCI, recommending Aftercare for such child, as per the needs of the child.

5. The Board or the Committee or the Children's Court, while monitoring the post discharge plan will also examine the effectiveness of the Aftercare programme, particularly whether it is being utilised for the purpose for which it has been granted and the progress made by the child as a result of such Aftercare programme.

6. Children, who are placed in Aftercare programme, shall be provided funds by the State Government for their essential expenses; such funds shall be transferred directly to their bank accounts, if they are placed in Aftercare group homes.

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

The Management Committee, that is to be constituted in every CCI under the JJ Act, 2015 is vested with the responsibility of meeting at least once every quarter or sooner as per need to consider and review planning post-release or post-restoration rehabilitation programme and follow up for a period of two years in collaboration with Aftercare services, and inter-district and in co-ordination with inter-state networking agencies as the case may be; pre-release or pre-restoration preparation; release or restoration or repatriation; post release or post-restoration or repatriation follow-up; and minimum standards of care, including infrastructure and services available (JJ Model Rules, 2016, Rule 39(4)(xii-xvi)).

For the welfare and rehabilitation of the children dealt with under the JJ Act, 2015 and the JJ Model Rules 2016, there is a provision for the establishment of a Juvenile Justice Fund. This Rule states that the State

Government has to make adequate budgetary allocations towards this Fund, and may receive donations, voluntary contributions, subscriptions or funds under Corporate Social Responsibility whether given for any specific purpose or not. This Fund has to be utilized for implementing programmes for the welfare and rehabilitation of children, supporting with entrepreneurial support, skill development training or vocational training, specialized professional services, counsellors, etc. and can also be used for Aftercare support.

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

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

i. identify the skills and aptitude of the children placed in CCIs through appropriate mechanism and in consultation with the Child Welfare Officer, Case Worker, Counsellor and Vocational instructor;

ii. identify and develop linkages with all such agencies that offer vocational and training services with job placement at the end of the course;

iii. network with DCPU, persons, corporates, recognized Non-Governmental Organizations (NGOs) and other funding agencies to mobilize resources for sponsoring training programme and support for self-employment;

iv. facilitate and coordinate with agencies, individuals, corporates, recognized NGOs and other funding agencies to set up vocational training units or workshops in CCIs as per age, aptitude, interest and ability;

v. mobilize voluntary vocational instructors who render services to carry out the training sessions in the CCIs;

vi. inculcate entrepreneurial skills and facilitate financial and marketing support for self-employment;

vii. prepare rehabilitation plans keeping in mind the nature of the offence and the personality traits of the child;

viii. maintain the Rehabilitation Card in Form 14 and monitor the progress made by the child on regular basis and submit such progress reports to the Management Committee;

ix. engage with the child's family, guardian, other significant adults, as appropriate, and ensure their participation in the child's rehabilitation process;

x. facilitate the child to get certificates on completion of the education or vocational training courses;

xi. make efforts for ensuring effective placement of each eligible and trained child;

xii. organise workshops on Rehabilitation programmes and services available under Central and State Government Schemes, job readiness, spread awareness and facilitate access to such schemes and services;

xiii. organize workshops on personality development, life skill development, coping skills and stress management and other soft skills to encourage the child to become a productive and responsible citizen; and

xiv. conduct regular visits to the agencies where the children are placed, to monitor their progress and provide any other assistance, as may be required.

State Child Protection Society (SCPS) and District Child Protection Units (DCPUs): Section 106, of the JJ Act, states that every State Government shall constitute a Child Protection Society for the State and Child Protection Unit for every District, consisting of such officers and other employees as may be appointed by that Government, to take up matters relating to children with a view to ensure the implementation of this Act, including the establishment and maintenance of institutions under this Act, notification of competent authorities in relation to the children and their rehabilitation and co-ordination with various official and non-official agencies concerned and to discharge such other functions as may be prescribed.

1.3.3 Child Protection Services (CPS)

The Juvenile Justice Act provides Aftercare support for youth aging out of CCIs. The Child Protection Services (CPS) provides for a framework for the implementation of various provisions of the JJ Act, including Aftercare. This was notified originally in 2009 as Integrated Child Protection Scheme (ICPS), for ensuring effective implementation of the JJ Act, 2015.

The scheme aims to provide a security net through a well-defined service delivery structure and institutional care, amongst other things. CPS provides preventive, statutory care and rehabilitation services to children, who are in need of care and protection and those in conflict with law, as defined under the JJ Act, 2015, and any other vulnerable child.

Aftercare provisions under ICPS

- Provide for a community group housing, a temporary residential arrangement for a group of 6-8 young persons, growing out of the CCIs;
- Encourage young adults to learn a vocation or gain employment so as to contribute towards the rent as well as the running of the home;
- Encourage young adults to gradually sustain themselves without state support and move out of the group home to stay in a place of their own, after saving sufficient amount through their earnings;
- Provide for a peer counsellor to stay in regular contact with these groups to discuss their rehabilitation plans with

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Under ICPS (clause 6.3), the SCPS has been entrusted with the task of providing financial support to the young Aftercare adults under the support of an Aftercare organisation. The SCPS has the power to release per child grant of up to a maximum of Rs. 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 ICPS, States can seek budgetary support for Aftercare programmes according to the scale noted below:

i. States with less than 15 districts: Rs.15 lakhs

ii. States with more than 15 districts: Rs.30 lakhs

iii. States with more than 30 districts: Rs. 45 lakhs

Thus, it is clear that policy and law in India strongly mandates financial and non-financial Aftercare support for CLs. However, despite this strong mandate, Aftercare remains an extremely neglected low priority agenda in child and youth care and protection. It is mired by negligible investment in terms of budgetary or human resource support. Several NGO-run and civil society interventions exist, some of which are very innovative and promising, but unfortunately such interventions have not been 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 Monitoring the Implementation of the Aftercare Programme

Even though the issue of Aftercare has not been directly taken up by the Judiciary yet, after the matter of Sampurna Behura versus Union of India & Ors. [W.P. (C) No.473 of 2005], decided by the Supreme Court of India on 6th February 2018, the Chief Justice of every High Court has set up active Juvenile Justice Committees. The Juvenile Justice Committees ensure the overall effective implementation of the JJ Act and in that sense are also responsible for ensuring the Aftercare programme in the State. The statutory bodies such as National Commission for the Protection of Child Rights and the State Commission for Protection of Child Rights are also responsible for monitoring the implementation of the JJ Act and hence the Aftercare components as well. In Delhi, the DCPCR is an active body playing this role.

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

1.5 Aftercare Situation in Gujarat

Statistics of Children in Need of Aftercare Services

The total number of vulnerable children in the State according to the Childline India Foundation (CIF) report of 2018 (also known as the Jena Committee Report) is 4,914, out of which CNCP children are 4,746 (2,017 girls and 2,724 boys), and the number of orphaned children is only 1,194.

The Childline India Foundation report of 2018 gives the following numbers for Gujarat:
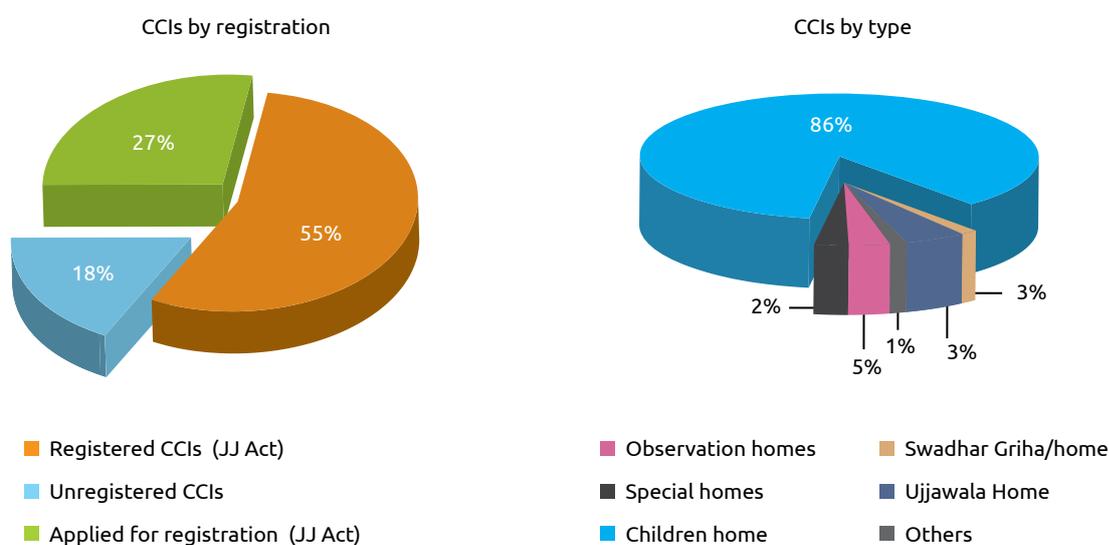
Figure 1: Profile/Type of CCIs in Gujarat

There are only two districts in Gujarat – Rajkot and Vadodara – that have a Government Aftercare residential facility for male CLs. CLs from other districts face difficulties after 18 years if they relocate to another district. Adjusting to a new place and new people causes strain in CLs as they leave their CCI, caregivers, and friends behind. CLs from other districts are referred to State Homes for Men and Women (Nari Gruh, Lohana Vikas Gruh, etc.). Female CLs are generally referred to institutions such as Nari Gruh and Lohana Vikas Samaj that provide accommodation and skilling services to all vulnerable women, without meeting the specific needs of Aftercare. Effectively, Aftercare facilities for girls are unavailable and superintendents of State Homes, Nari Gruh, etc. are not sensitive towards the needs of CLs. In matters of skilling, employment and even marriage, the institute does not get involved, although the young women are free to pursue what they wish. Although these residential facilities fulfil basic necessities of food, shelter and education, they are not proactive in ensuring reintegration of CLs with the mainstream society.

In some special cases, the CWCs allow CLs to stay in CCIs even beyond 18 years of age. The freedom accorded to them at this stage increases as they can now opt to look for jobs, and come and go as they please. The rules, regulations and restrictions imposed on children in CCIs are relaxed for CLs. Recently, the Government of Gujarat notified DCPUs and Social Development officer (SDO) that they may continue to provide Aftercare support/services to CLs within the CCI itself, so that they may remain in the same district and the continuum of care may be maintained.

Although there are a few non-governmental organisations (NGOs) working in the domain, the available services leave many CLs without any assistance for rehabilitation and social reintegration. According to data available, as of 2017, from the Social Justice and Empowerment Department (SJED), Government of Gujarat, 29 CLs in the age group of 18 to under 21 are accommodated in the two Aftercare facilities located at Vadodara and Rajkot, and across the State home for Women. Their gender-wise bifurcation is not yet available. Not much could be elicited from district-specific secondary data availed from four of the districts namely Vadodara, Surat, Banaskantha and Rajkot. The current scenario clearly indicates low priority being accorded to Aftercare support in general and the involvement of the government in the initiative, in particular.

1.6 Child Protection Bodies in the State

The **Gujarat State Technical School Board (GSTSB)** provides free education to all children living in CCIs. The board also provides facilities for training and vocational courses. The services contained in these institutes are offered free of cost.

In Gujarat, the Social Justice & Empowerment Department (SJED) functions as the nodal agency under which the Directorate of Social Defence (DSD) is responsible for the implementation of the juvenile justice laws.

The Gujarat State Child Protection Society (GSCPS)

To implement the ICPS in Gujarat, GSCPS has signed a Memorandum of Understanding (MoU) with the Government of India in March 2010. Before that, the Government of Gujarat gave 'in principle' approval for the implementation of the scheme in February 2010. GSCPS is registered under Public Trust Act since 2011, and the State Project Support Unit and State Adoption Resource Agency were formed to support GSCPS for the effective implementation of the scheme in the State. Under its Bye-Laws, GSCPS functions as an independent and autonomous body facilitating child welfare and child protection through planning, information dissemination, and capacity building of different stakeholders, and monitoring and evaluation work. It functions in the entire State through the District Child Protection Unit (DCPU) at the district level. One of the key functions of GSCPS is to examine the problems, formulate plans, take effective steps and

provide assistance for implementation of various schemes and programs for the care and rehabilitation of children, and to maintain a State level database of all children in institutional and family-based non-institutional care and update it on a quarterly basis.

The Principal Secretary, SJED is the Chairman of GSCPS and it has a Chief Executive Officer who is also a Director of Social Defense, along with Program Manager (Child Protection), Program Manager (Training & IEC), Program Manager (State Adoption Resource Agency) and several Program Officers under ICPS. GSCPS plays the role of coordinating with different departments to facilitate the implementation of ICPS in the State. The key stakeholders with whom GSCPS coordinates recurrently are the Education Department, Health Department, ICDS, police, judiciary, JJB, CWC, Transport Commissioner, railway superintendent, radio and TV media, Labour and Employment Department, Childline Telephone Department, district information office, Zila panchayat, etc. The integrated approach adopted by GSCPS garners the necessary skills, cooperation, and determination.

Similarly, at the district level, DCPUs interact and work together to bring in the relevant concerned departments to protect and secure the child's safety as below:

- **Health Department:** When any CNCP is found, mostly the child is in need of medical care and treatment. So the DCPUs have close rapport with the Health Department to ensure better health of the child when found and even after the child is registered in institutional care.

- **Railway Department:** DCPUs have to continually keep in touch with the Railway Department and Railway Police in particular. Further, with proper orientation of the railway staff, it has been DCPU's experience that they act as a vital link when a child from different states are to be rehabilitated.

- **Labour Department:** This department plays a major role to prohibit child labour. Also when the industry/factory owners do not reconcile, then their role becomes crucial. The DCPU team members with this department organise task forces and rescue child labourers.

- **Education Department:** The DCPU's counselling with parents about the importance of education has led to the re-admission of many children. DCPU coordinates with the Education Department and works together to reduce drop out ratio, to initiate new avenues for the required situation, to arrange for STP, special classes and to motivate children for education. So the Education Department is a significant stakeholder, and its continuous coordination is ascertained.

A resolution was passed on 29.09.2016 (GR No. 102013/250964) to set up Block level Child Protection Committees and Village level Child Protection Committees (VCPCs), which aim at spreading information and awareness on child protection measures and for effective coordination between various departments. The VCPCs are linked to the Block Child Protection Committees and they in turn to the DCPS. DCPUs under the chairmanship of the district collectors are meant to respond to the needs of VCPCs. The Child Protection Committee (CPC) is a group of individuals from the local community who are responsible for ensuring child protection in the community and have been set up under ICPS in all villages in Gujarat. CPCs consist of two children in the age group of 10 to 14 years, the gram panchayat head, DCPU members, and members from Aaganwadi workers, health workers, school teachers and local NGOs in the village.

It is significant to note that the mandate on Aftercare is missing from the aims and objectives of GSCPS. It is pertinent to note here that most organisations that have a mandate to ensure child protection and implement the juvenile justice system, fail to factor in Aftercare as one of their clear objectives and the concept of sustaining the continuum of care from childcare to Aftercare needs a lot more work, even though it strongly finds a mandate in the JJ laws as well as ICPS.

Capacity building is the core strategy and mandate of GSCPS. From its inception in 2011 to 2016, it has delivered various inputs to its stakeholders to ensure that the components of the ICPS are implemented successfully. The key form of capacity building has been to conduct subject/theme based training as well as need-based workshops as and when required.

Enabling a Protective Environment for Children – A Handbook for Child Protection Committee, 2017 published in April 2013 and revised in November 2017, by the DSJE, GoG, with support from UNICEF Gujarat, provides significant information about the coordination with stakeholders to put in place the CPCs in the State. The handbook provides detailed procedures of how to deal with various child protection issues but misses out on Aftercare. To generate awareness on Aftercare amongst children and CLs, it is important that the handbook be revised to include a section on Aftercare as well. The handbook on page 56 does acknowledge the importance of Aftercare by stating that "for the purpose of taking care of children after they leave special home and children home, and for the purpose of enabling them to be reintegrated into the society Aftercare Homes are established in each district or group of districts." **Again, it is pertinent to note here that the handbook misses out on a holistic understanding of Aftercare.**

District Aftercare Committee in Gujarat

GSCPS Approved Circular Sr. No./GSCPS / SARA / 54 / 2017-18 passed on 09.05.2017

In Gujarat, this circular sets up the district Aftercare committees and allows them to decide a list of voluntary and governmental organisations which will implement various methods for Aftercare programs. This circular also states that "at present, there is no any organisation which provides Aftercare services in our district, so the CWC /JJB will do the mandate for these adult youth in the Aftercare program for Aftercare Home for Girls Baroda and Aftercare Home for Boys Rajkot."

These committees have been constituted in every district and there are a set of documents needed through which these committees grant Aftercare support of 2000 to CLs under ICPS. These are 4-5 members' committees with the power to accept or reject applications and consisting of DCPU, as Chairman, Program Officer-Non-Institutional Care, Program Officer-Institutional Care and 1 CWC member.

Several documents including report of Individual Child Care Plan, birth certificate, school leaving certificate, follow up reports, Order of CWC/JJB, CTC number, recent photograph etc. are required. Given the elaborate documentation required, most of these district committees have not been able to service CLs.

1.7 Existing Schemes, Programmes and Funds in Gujarat on Child and Youth Development

Palak Mata Pita Yojana (PMPY): Started in 1978, this scheme supports orphan children and children whose father has passed away and mother has remarried. Guardians of these children get a monthly support of Rs. 3,000 per month with a condition that the family annual income is more than Rs. 27,000 in rural areas and Rs. 36,000 in urban areas. To avail the scheme, it is necessary to produce the certificate from the Aaganwadi worker or School Principal. Assistance is given from the date the application is approved. If the child drops out of school or Aaganwadi, the benefit under the scheme is stopped. The assistance is also stopped if the child's mother remarries and the child stays with the mother. Children who are benefiting from any other state scheme or any different scheme at the central level do not get covered under his scheme.

The scheme is implemented through an online application form that can be downloaded free of cost from the website (https://sje.gujarat.gov.in/dsd) or at the office of the nearest Children's / District Social Security Officer's Office / District Child Safety Officer. PMPY is implemented at the district level by the DCPU after

the recommendations of the sponsorship and approval committee (SFCAC) is taken to pay assistance to the eligible foster parents.

Year	Beneficiaries
2015-16	1784
2016-17	3534
2017-18	8630
2018-19	9588

Over the years, the number of the children in the scheme have increased almost by ten folds as shown in the Table and it has also put a hold on school dropouts which has decreased due to its criteria. An expenditure of Rs. 1,84,07,000 in the year 2015-16 saw an increase to Rs. 19,92,46,000 in 2017-18. From 1784 beneficiaries in 15-16, it has increased to 8630 in 2017-18

The financial criteria under PMPY has been revised several times through resolution No.: - JJA/102013/741600/N BA.2/Chh, **Dt. 31/07/14**, JJA/102015/841505/NB 07/6, **Dt. 29/04/2016** and resolution No.: -JJA/102016/703421/NBA/6, **Dt. 03/05/2017**)

There are various challenges in implementing the PMPY: The scheme excludes families that do not have death certificates or have not opened joint bank accounts of the guardian and beneficiaries. Families with lower income then that specified as essential criteria also get excluded. With a scheme focusing more on retention of children in school, often the family strengthening components get ignored. Even though the scheme operates on kinship care model, it is referred to as foster care or sponsorship scheme because the JJ Act of 2015 does not recognise kinship model as an alternative model.

Sadhan Sahaya: Under this scheme, self-employment to youth is offered by providing them financial assistance up to Rs. 10,000/. The scheme covers CLs who wish to pursue higher education by offering scholarships after the Social Defence Directorate (SDD) verifies and approves the applications.

The Gujarat Industrial Development Corporation, Gujarat, (GIDC) has partnered with and runs more than fifty Skill Up-gradation centres to organise short-term training programme in more than seventeen trades and encourage youth to create self-employment opportunities.

Training under Shaheri Garib Samruddhi Yojana: Vocational training facilities are available for economically backward class youth in 348 ITI/ITCs with total 118289 seats, out of which 100276 seats are in 149 Government ITIs, 6324 seats are in 52 Grant-In-Aid ITCs and 11689 seats are in 147 self-finance ITCs in urban area. There are about 25 government women ITIs and 44 government ITIs having women wings that provide vocational training to women.

Kaushalya Vardhan Kendra Scheme: Imparts training on various skills to youth in rural areas through 500 centres that trained more than one lakh youth in 2017-18.

Mukhya Mantri Kanya Kelavani Nidhi: This scheme is being implemented by the Office of Higher Education, Gandhinagar, and supports students who secure 80% or more in their 12th standard science stream and those whose parent's annual income is less than Rs. 6 lakhs.

Besides this, various Mission Mode Programmes like Kanya Kelavani, Gunotsav, Krishi Mahotsav, Nirmal Gujarat, Skill Development, Nirogi Bal, Bal Sakha Yojana, Balbhog Yojana, Mamata Abhiyan, e-Mamta, MA, Mukhya mantra Amrutum Vatsalya Yojana, e-MPOWER, Chiranjeevi Yojana, Kaushalya Vardhan Kendra, Mukhyamantri Yuva Swavalamban Yojana etc., are also being implemented to improve the Human Development Index. (pg 121)

1.8 Positive Developments in the State Pertaining to Aftercare

Gujarat has a number of autonomous bodies that are active and functional in the State. Besides the GSCPS, the Gujarat Social Infrastructure Development Society (GSIDS) aims to improve the living standard of the people at large. GSIDS has prepared the district human development reports (DHDRs) for all 33 districts in the State. On the basis of gap analysis from the DHDRs, focus areas are being identified and District Human Development Plans (DHDP) are being prepared for all the districts.

A Public Private Partnership (PPP) model, Samaj Suraksha Sankul, has been instituted in partnership with Deepak Foundation in Vadodara that provides Aftercare in the same facility as the CCI. Such options existing in the State that can benefit the CLs must be explored, evaluated and strengthened.

The existing District Aftercare Committees in all districts of Gujarat is also a positive step in the State.

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 Gujarat, and suggest a workable way forward.

Chapter 2

Objectives & Methodology

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

Albert Szent-Gyorgyi
(1893-1986) Hungarian Biochemist, and Nobel Laureate in Physiology or Medicine (1937)

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

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

As the first step for this CAP study, Udayan Care conducted pilot research in Delhi through 47 CLs' interviews and 13 Key Informant Interviews (KIIs), to explore the status and quality of Aftercare services in Delhi. The report, titled "The Situation of Aftercare Youth in Delhi, 2018", has been concluded with the support of Delhi Commission for the Protection of Child Rights (DCPCR). After reviewing and strengthening the tools, with the support of UNICEF, Tata Trusts and Shri Deep Kalra, this research was conducted in Maharashtra, Karnataka, Gujarat, Rajasthan and the second phase in Delhi, by five separate teams. Throughout the project, the UNICEF State Chapters in all the four 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 CCI and nature of challenges and opportunities faced by CLs as young adults.

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

3. Understand and document emerging and promising Aftercare interventions.

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

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

2.3 Methodology

The present study on Aftercare practices, follows a mixed method approach with a descriptive research design, which uses both the quantitative and 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 Gujarat, this study has used focus group discussions with different stakeholders, structured interviews, case studies with 'CLs' and unstructured interviews with KIs as tools of data collection. The study has used triangulation of these methods, theories and data points for probing more in-depth into the lives of the CLs and validating the observations with the views of the stakeholders, who are engaged in the field of Aftercare. This study has attempted to understand the existing Aftercare ecosystem in Gujarat from the point of view of CLs as primary stakeholders, and functionaries, duty-bearers and child rights experts as key informants. This empirical research in Gujarat was conducted through extensive field work by Udayan Care in partnership with Deepak Foundation at Vadodara from November 2018 to February 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 Gujarat. 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. KIIs were conducted with relevant functionaries from different CCIs and concerned State Welfare Departments in Gujarat with a focus on obtaining pragmatic and solution-driven outcomes. Secondary data were collected through desk research, exhaustive literature review, and understanding the ground reality in the State through direct communication with officials in concerned government departments.

2.4 Scope

The CAP documentation focussed on understanding the status of Aftercare services provided only to CNCP, who had attained the age of 18 years and exited a Children's Home in Gujarat, and the nature of challenges faced by them as they grew up in CCIs and transitioned out of care. Given the fact that Gujarat has a strong PMPY scheme operational in the State, the study included PMPY 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 PMPY 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 United Nations Guidelines for the Alternative Care of Children (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 disability could not be included because of the entirely different approach needed to study this cohort. These are important areas that need to be included in further research studies on Aftercare.

2.5 Literature Review

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

2.6 Thematic Framework

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

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

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

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

Figure 2: The Sphere of Aftercare

The 'Sphere of Aftercare' consists of 8 essential domains, as enumerated above, that impact a CL's adult life. These domains, although distinct from one another, are intricately interdependent, (as substantiated by existing literature in Chapter 1). It is posited that to achieve independence and social reintegration, none of these domains can be ignored. As CLs transition into an independent life, they may require support/services under one or more of these domains depending on their unique needs and aspirations. As duty-bearers, it is our collective responsibility to ensure that a spectrum of support/services 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 intersects and 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 CL's settlement in society. The different domains in the 'Sphere of Aftercare' are explained in Annexure-I. Operational definitions of certain terms used in this study are also explained in the same Annexure.

2.7 Data Collection

The study was conducted in four districts of Gujarat, namely, Vadodara, Surat, Banaskantha and Rajkot; keeping in mind the operational feasibility and the study population (Figure 3).
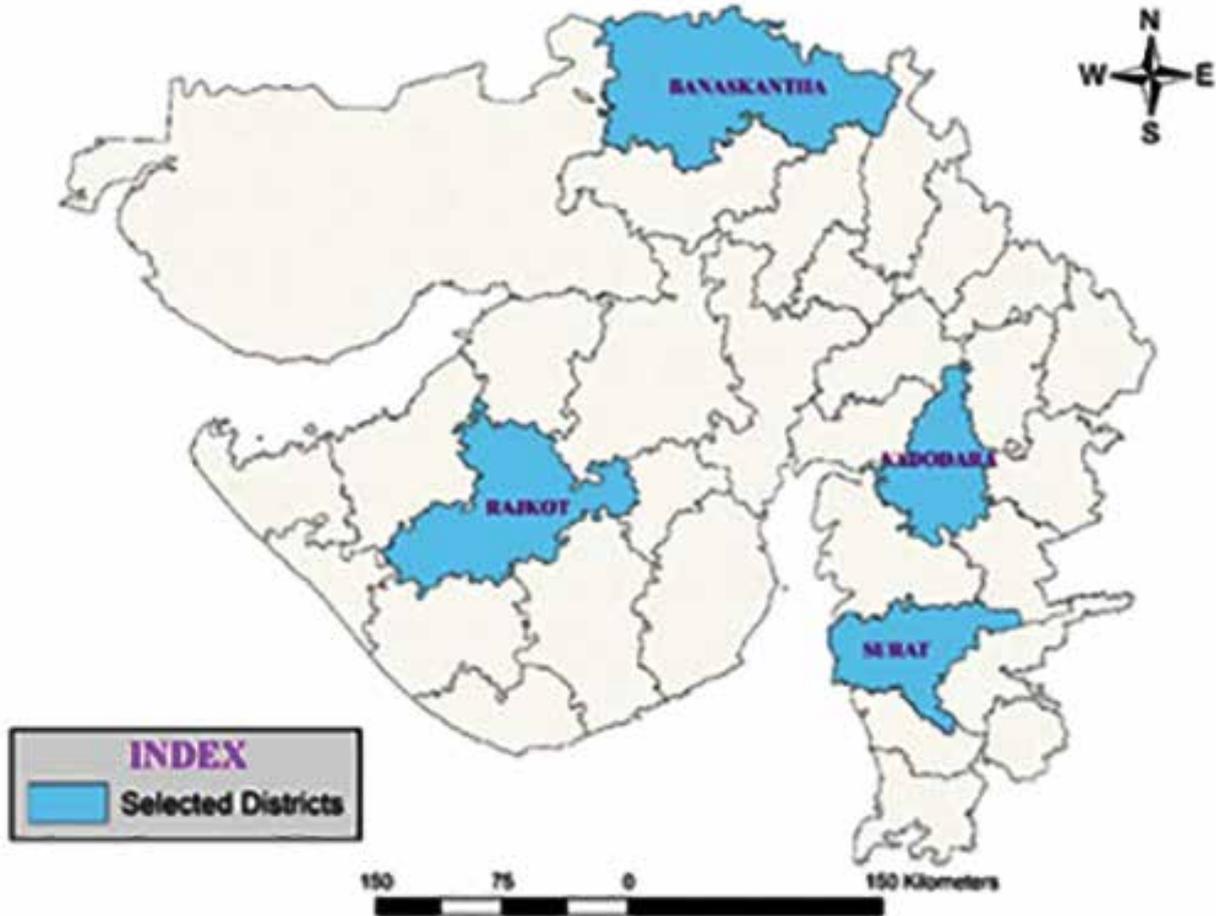
Figure 3: Study Site

The following methods were used for data collection:

2.7.1 Focus Group Discussions

The team conducted three Focus Group Discussions (FGDs) with KIs, CLs, practitioners from CCIs, Aftercare organisations and government functionaries. The proceedings of these FGDs consolidated the research team's understanding

Figure 4: Sample Size

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.
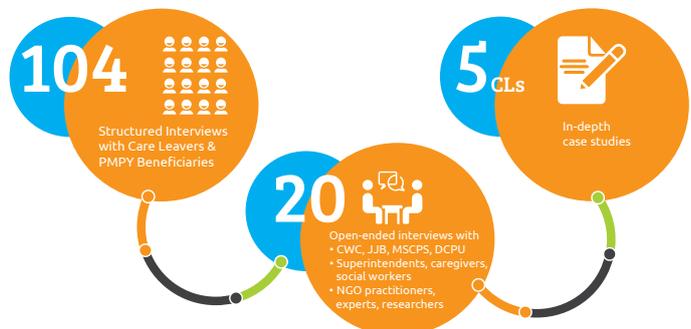
2.7.2 Structured Interviews of Care Leavers

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, 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 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, 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 Vadodara on December 4 & 5, 2018 to launch the study and gather opinion and secondary data, while a Round Table with stakeholders was organised on March 29, 2019 to share the draft findings of the study and seek inputs on the recommendations from stakeholders.

The State Level Inception Consultation and FGDs were organised to launch the study and to ensure stakeholders participation in the ensuing research with the support of UNICEF State chapter, the State Research Partner, Deepak Foundation and Gujarat State Child Protection Society, without whose full support it would have been difficult to hold these meetings. It resulted in effective deliberations by bringing out challenges and gaps as perceived by different stakeholders, as well as the experiences, which were shared by the experts and the CLs. 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 that helped to enrich the study and suggest a way forward.

2.8 Sampling Methodology

A total of 84 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. Over three-fourth of CLs (78%) were in the age group of 18-21. A large number of the CLs (35%) were those who did not receive Aftercare, 33% lived in government-run CCIs, and 39% 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.

Selection of respondents and the interviews conducted with them involved the following steps:

- **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 20 beneficiaries of PMPY. Convenient sampling was employed to conduct interviews with male and female youth from the list of PMPY 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 key informants, 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 categorized into having 'Unsatisfactory', 'Neutral', 'Satisfactory' scores for that domain. Further analysis and correlations were conducted on the Domain Index scores and their categorization.

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 the 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 PMPY beneficiaries. The present research, therefore, does not aim at generalizations based on this sample size.

Lack of evidence and data estimating Care Leavers availing support and their outcomes: Another major limitation of this research was the lack of data on how many CLs exit from CCIs every year on attaining the age of eighteen years and need Aftercare support and services.

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 Gujarat.

Chapter 3

Findings

"I experience different challenges and opportunities on a daily basis and have no one to fall back on."

A 20 year old Care Leaver

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

This chapter details the quantitative findings from interviews with 84 CLs and 20 PMPY beneficiaries, as well as qualitative information obtained through KIIs with stakeholders in Gujarat. To understand the nature of challenges and opportunities faced by CLs in Gujarat, wide ranging data is provided in this Chapter in the form of frequency tables, cross-tabulations, correlations and qualitative findings that are put in boxes. As the findings in this chapter will show, this study aims to create an evidence base that will prioritize the means to achieve satisfactory Aftercare in the State.

3.1 Demographics

Age: The sample comprised of young adults between the ages of 17 years to 29 years. 78% of the young adults fell in the age group of 18-21 years (n=81).

Sex: 61% of the youth (CLs + PMPY beneficiaries) interviewed were males (n=63), while 39% were females (n=41).

Care Status: 33% CLs had grown up in Government CCIs (n=34), while 48% had lived in NGO-run CCIs (n=50). The remaining 19% of the respondents lived with extended family members as beneficiaries of PMPY (n=20).

Aftercare Status: Currently, Aftercare provision is meant only for CLs exiting from CCIs and is not applicable for PMPY beneficiaries in the state. Therefore, of the 84 respondents who had grown up in CCIs and were eligible for Aftercare, 65% of them (n=55) reported receiving Aftercare support/services. The remaining 35% (n=29) did not receive any support or services under any of the following 8 domains of the Sphere of Aftercare:

- Affordable and adequate housing
- Interpersonal skills and social relationships
- Physical health
- Education and vocational skills

- Independent living skills
- Mental and emotional wellbeing
- Financial independence and career
- Identity and legal awareness
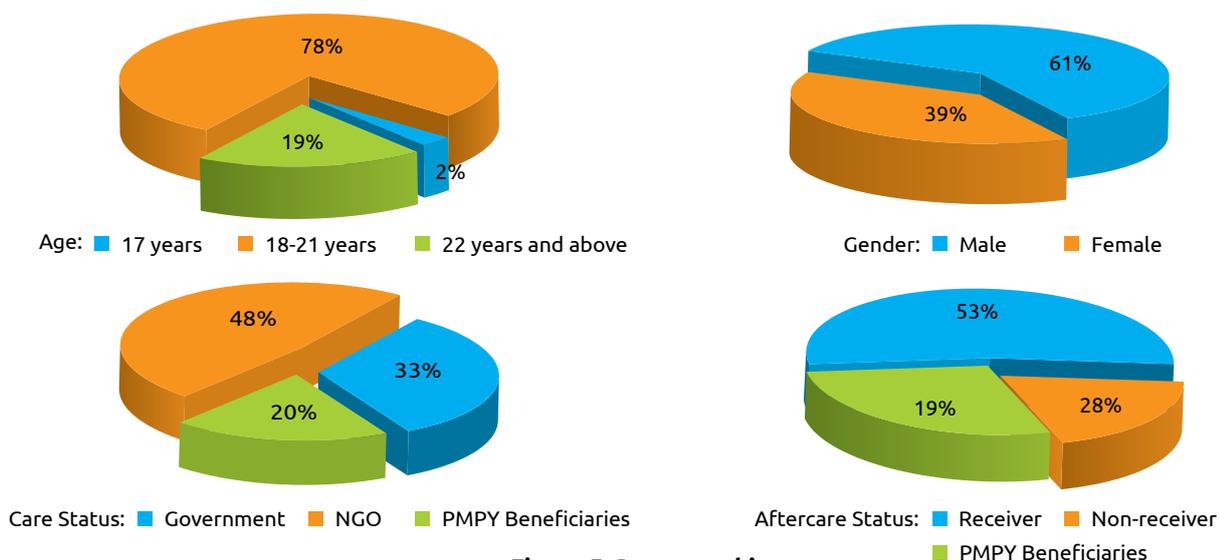
Figure 5: Demographics

3.2 Life in a CCI and Transitioning into Aftercare

Age at the time of entering Alternative Care: The average age for entering a CCI was found to be approximately 10 years, while the average age for being placed under PMPY was 9 years. 20% (n=21) of the CLs were admitted to a CCI only after attaining 15 years of age.

Age at leaving CCI: 8% of CLs (n=7) reported leaving their CCI before turning 18 years, while 55% CLs (n=46) left their CCI upon attaining 18 years of age. 7% CLs (n=6) reported that they continued to live in their CCI post 18 years, and 30% CLs (n=25) 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 Gujarat's CCIs. All but one of the PMPY beneficiaries (n=19) were still staying with their families at the time of interview.

Multiple Placements: It was found that placement of children from one CCI to another was quite frequent. 34% young adults reported being placed in more than one home during their childhood, as show in Figure 6. All of the 20 PMPY beneficiaries remained with the same family throughout their childhood.

3.2.1 Involvement of Children in their Care & Rehabilitation Planning

58% of all CLs from CCIs (n=49) reported that they were not consulted in preparing their ICP, which included Aftercare or rehabilitation planning. Similarly, only 40% of PMPY beneficiaries were consulted by their caregivers/guardians regarding their future plans.

Care Status	Frequency (%) who were not consulted in Care & Rehabilitation Plan
Government (n=34)	56%
NGO (n=50)	60%
PMPY (n=20)	60%

Table 1: Frequency of Young Adults who were not Consulted in Care & Rehabilitation Planning
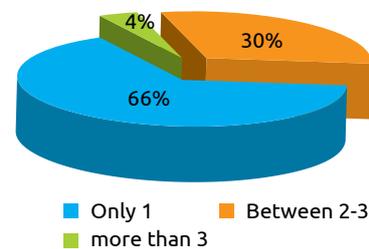
Figure 6: Number of Placements in Different Homes During Childhood

3.2.2 Continuity in Education

19% of the sampled youth reported that they were unable to continue their education as per their wishes even during their childhood. This increased to 39% of the youth who shared that their education was discontinued against their wishes, after turning 18 years. The proportion of youth reporting inability to continue their education almost doubled during the transition from childhood to adulthood, as shown in Table 2.

Sex	Frequency (%) reporting inability to continue Education	
	Before 18 years	After 18 years
Male (n=63)	24%	46%
Female (n=41)	12%	29%

Table 2: Continued Education in CCI vs. Aftercare

> Focused preparation regarding education and vocation should begin by the age of 13-14 years. It may start later for children in families, but since there is no such support for children in institutions, they are clueless at the age of 18 years about their future.
>
> *Director, Bal Anand (Umang), Karjat*

Differences in Residential Care and Foster/Kinship Care: Notably, only 10% of PMPY beneficiaries (n=2) reported that their education was discontinued against their wishes in adulthood. On the other hand, 46% of CLs from NGO CCIs (n=23) and 47% of CLs from Government-run CCIs (n=16) reported so, suggesting that a greater proportion of those who grow up in family-based care were able to pursue higher education as per their wishes, as opposed to those who grow up in CCIs.

3.2.3 Skills Development in Childhood

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

1	Job-readiness & Vocational Skills		2	Independent Living Skills
	a. Resume making			a. Health & nutrition management
	b. Interview techniques			b. Cooking
	c. English speaking			c. First aid
	d. Computer/IT			d. Disaster management
	e. Basic accounting			e. Household management
3	Interpersonal Skills			
	a. Leadership, team-building, trust			e. Communication
	b. Self-esteem, motivation, resiliency			f. Rights, responsibilities, morals & obligations
	c. Anti-bullying			g. Gender neutrality and inclusion
	d. Conflict resolution			

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 larger proportion of CLs from Government-run CCIs had 'unsatisfactory' Skill Development Index score than those from NGO CCIs, as shown in Figure 7. It was also found that a quarter of PMPY beneficiaries also had 'unsatisfactory' Skill Development Index. As the data further shows, a majority of young adults had a 'neutral' Index score, and the proportion who had 'satisfactory' Index score was comparable across the 3 categories of young adults. Caution must be employed in interpreting these findings as questions regarding skilling may suffer from response bias, wherein young adults sometimes give responses to match the expectations of the researchers or may not have the self-awareness to know whether they possess

Figure 7: Skill Index in Childhood by Type of Care Status

certain skills or not. Additionally, based on the interactions with PMPY beneficiaries, field investigators also posited that the beneficiaries and their families are less concerned with explicit skill development – like in any traditional families where such skills may be acquired intrinsically and subconsciously. Further research on how and when children acquire and then make use of these skills in their adult life is required to determine the factors that affect skill development of young adults who grow up in Alternative Care.

Impact of Skill Development in CCI on Adult Life: The extent of skills acquired during childhood (Skill Development in Childhood Index) was found to have a significantly moderate correlation with life in the present, such as:

- acquiring skills to be able to live independently (Independent Living Skill Index)
- acquiring social skills and maintaining relationships (Social Relationships & Interpersonal Skill Index)
- adult outcomes in the Sphere of Aftercare (Aftercare Quality Index)
  (Pearson correlation coefficient significant at alpha level = 0.01)

CCI Life Experience Index

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

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

Opportunities		Risk
1 Feeling responsible for their own life, increased decision-making capacity	**5** Increased confidence, self-esteem	**1** Struggle for finances, food and emotional security
2 Experiencing less restriction and more freedom	**6** Learned etiquette and improved social manners	**2** Loss of social group (friends and caregivers)
3 Opportunities to study and work, learning how to multi-task	**7** Opportunities to socialise	**3** Feelings of loneliness, depression
4 Exposure to new activities, career choices		

Figure 8: Opportunities   **Figure 9: Risk**

Stakeholder Report 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 only a few had grasped the underlying necessity of Aftercare for young adults exiting CCIs.

Existing Practices (in Care)

- DCPOs, Probation Officers and State Home superintendents, particularly from the district of Rajkot and Vadodara, stated that release plans are not being prepared for those who are placed in State Homes post 18 years.

- CWC Chairperson, Rajkot was of the view that planning for CLs' future and monitoring their outcomes is unnecessary after CWC has passed a released order.

- One of the DCPOs expressed lack of understanding regarding the function and implementation of the ICP and release plan, and was unclear on whether the plan is implemented pre-release or post-release of the child.

- On the other hand, superintendents and CWC members from Surat and Banaskantha stated that they prepare the ICPs and regularly update them for children admitted into CCIs in the district.

- They also confirmed the presence of counsellors for children above the age of 16 years who consult and include the child in the decision-making process. According to the care providers in Banaskantha, 90% of the decisions taken about the post-18 release plan are in line with the child's preferences. Superintendents from NGOs such as Don Bosco also reported similar practices regarding ICP preparation and Aftercare planning.

Gap: These differences in practices reported by key-informants in Rajkot & Vadodara and Surat & Banaskantha does not support the findings from the CLs' questionnaire. On the contrary, further analysis revealed that 48% of the CLs from Rajkot and Vadodara (n=25) had been consulted in their ICP preparation in comparison to 25% of CLs from Banaskantha and Surat districts (n=8).

Existing Practice (Transition phase)

- Based on the ICP and Release Plan, the Aftercare Committee, comprising of the DCPO Chairman, PO-NIC, PO-IC, and one CWC member, consults with the counsellor, home superintendents as well as the child a few months prior to the child's 18th birthday, and has the power to accept or reject a CLs' application for Aftercare.

- According to Government officials, there are 2 Aftercare facilities – one in Rajkot for boys, and one in Vadodara for girls. There are 11 other housing facilities such as State Home for Men and Women, Nari Gruh, Vikas Gruh, etc. run by the Government of Gujarat where CLs are also referred to for short/long-term stay.

- Apart from these, some of the NGO-run Children's Homes that were functional may also have formal or informal Aftercare programs (Total Children's Home in Gujarat = 131; No. of NGO-run Homes unavailable). However, no data or record is maintained anywhere regarding Aftercare programmes or services. (Jena Committee, CIF Report, 2018).

Contradiction: Field investigators reported that they were unable to get permission from relevant authorities in Vadodara and could not verify the functionality of the Government Aftercare Home for Girls in Vadodara. Other sources reported that the Aftercare Home in Vadodara is in fact for boys – this could not be verified either. Regardless, it seems there remains a gaping lack of documentation, monitoring and accountability for the current Aftercare practices in Gujarat.

Suggestions: Government functionaries and care providers suggested that.

- ICP preparation and its planning can be done by forming a committee composed of healthcare providers, educationists, counsellors, career guides and government functionaries from the district. These various members, if involved, can prepare a comprehensive plan for each child's unique needs and its implementation can be monitored effectively.

- Exposure visits to Aftercare homes and preparation for transitioning out of care should begin by 15-16 years of age so that children are aware of the situation and make informed decisions.

- The CCI itself should maintain the records of each child leaving its care; and the responsibility of the follow-up thereafter should also be the institution's, regardless of Aftercare provision.

- Informal Whatsapp groups and other social media forums could also be used to keep in touch with the young adults.

- A formal process of 3-monthly or 6-monthly in-person follow-ups should be instituted. An annual event for all CLs can be organised wherein benefits and procedure of the follow-up mechanism can be discussed.

3.3 Housing

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

Supported Housing: 36% of sampled CLs (n=30) were living in housing that were supported by their CCI/ Aftercare programme or the Gujarat Government. These were residential facilities, group-housing, paying guest accommodations, rented accommodation, police headquarters, Basic Services for Urban Poor (BSUP) and Integrated Housing and Development Programme (IHSDP), and Aftercare facilities. During the time of the documentation, only 2 districts in Gujarat – Rajkot and Vadodara – had Government Aftercare facilities to house CLs, both for boys. Apart from these Aftercare homes, CLs are referred to State Homes for Men and Women (Nari Gruh, Lohana Vikas Gruh, etc.) or stay in NGO Aftercare facilities. Of these 30 who received Aftercare Housing support, 12 were females and 18 were males. The remaining 45% of Aftercare receivers (n=25) 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.

> In Rajkot's State Home for Boys, we provide all facilities to those who are good in behaviour, follow the rules and so, we try to give them even better services. But those who don't adhere to the rules and give a bad image of the organisation in the society we relieve them early.
>
> *Superintendent, Government run CCI, Rajkot*

> In Surat, those CLs who do not have a place to stay after 18 years are allowed to live in the organisation till the age of 22 years. So as of now, the question of lodging under Aftercare doesn't arise. But when CLs want to pursue some special course or wish to get married, only then we worry about their accommodation. So, there is a need to increase housing options or government schemes for them.
>
> *—Social Defense Officer, Surat*

Independent Housing: 64% of sampled CLs (n=54) lived without any housing support from any CCI/Aftercare programme, of which 1 male CL also reported living in a homeless shelter (Rain Basera). 50% of CLs who lived independently (n=27) received Aftercare in domains other than housing (Aftercare Receivers), while the remaining 50% did not receive any Aftercare support or services (Non-receivers). The various types of independent housing availed by CLs is given below in Figure 10.

On the other hand, all of the PMPY beneficiaries continued to live with their extended kins or foster families, even beyond the age of 18 years.

- Rented accommodation out of their own income
- Shared rented accommodation (self-funded)
- Private, college or working-women hostel, PGs, work-place provided
- Own houses or as non-paying members with family/friends
- Homeless shelter
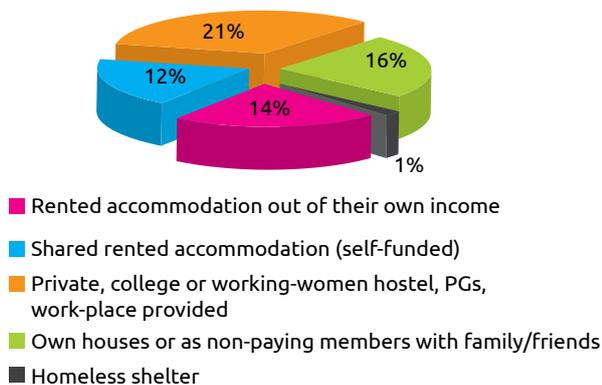
Figure 10: Types of Unsupported Housing for CLs

> In the end, everyone has to get rehabilitated in the society, stay with the society and have to adjust in the community. As much as possible CLs should not be kept in hostels, but in any society within a community setting. This will help them to get connected with the community, and within 3 years they could stand on their own feet within the society.
>
> *—DCPO, Vadodara*

Stakeholder Views on Aftercare Housing

18 out of 20 key-informants expressed their views regarding housing for CLs. Their practices, opinions and suggestions varied considerably as discussed below.

Existing Practices:

- Only those who cannot be restored to families and do not have a place to stay after completing 18 years are sent to the Aftercare facilities in Rajkot or Vadodara.
- Young girls are generally referred to institutions such as Nari Gruh or Lohana Vikas Samaj that provide accommodation and skilling services.
- In some cases, CLs are allowed to stay in CCIs even beyond 18 years of age. The freedom afforded to CLs in these cases increases as they can now opt to look for jobs, and come and go as they please. The rules, regulations and restrictions imposed on children in CCIs are pulled back for CLs. Recently, the Government of Gujarat notified DCPUs and SDOs that they may continue to provide Aftercare support/ services to CLs within the CCI itself so that they may remain in same district and the continuum of care may be maintained.
- NGOs such as Balgokulam, Vadodara and Kathiyawad Nirashrit Balashram, Rajkot informed that due to shortage of staff, especially in rural areas, they house children only till 18 years (or 16 years in case of some NGOs) and then transfer the children to different organisations depending on their housing, education or other needs.
- A PPP model, Samaj Suraksha Sankul, has been instituted in partnership with Deepak Foundation in Vadodara that provides Aftercare in the same facility as the CCI. Such options must be explored, evaluated and scaled. However, shortage of staff and lack of procedural clarity are major limitations in providing quality Aftercare.

Challenges

- Since Aftercare facilities exist in only 2 districts, CLs from other districts face difficulties after 18 years if they relocate to another district. Adjusting to a new place and new people causes strain in CLs as they leave their CCI, caregivers and friends behind.
- Aftercare facilities for girls are unavailable and superintendents of State Homes, Nari Gruh, etc. are not sensitive towards the needs of CLs. In matters of skilling, employment and even marriage, the institute does not get involved, although the young women are free to pursue what they wish. Although these residential facilities fulfil basic necessities of food, shelter and education, they are not proactive in ensuring reintegration of CLs with the mainstream society.
- It seems that duty-bearers from NGOs and Government alike consider Aftercare Housing to be limited to providing basic services of shelter, food and clothing. The existing provisions of housing seem to be a continuation of the CCIs with minor changes that allow CLs' increased freedom of movement for education or job. However, the ideology behind Aftercare housing has not evolved to be non-institutional in nature, with the aim of rehabilitation into mainstream society.

Suggestions

- 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 be prepared to stand on their own feet after 21 years.
- Gujarat Government should consider providing benefits of the Awas Yojana to CLs as part of Aftercare. Financial support for CLs to secure own housing on EMI basis may also be considered.
- Options of semi-regulated group-housing for those who are still pursuing education or are not self-reliant yet should also be available in all districts.

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)

69% of all young adults (n=72) fell in the 'unsatisfactory' range of the Independent Living Skill Index.

Independent Living Skills and Gender: A gender disparity in the Independent Living Skill Index was observed, wherein 78% males fell in the 'unsatisfactory' range as opposed to 56% females.

Independent Living Skills Index	Sex		Total (n=104)
	Male (n=63)	**Female (n=41)**	
Unsatisfactory	78%	56%	**69%**
Neutral	5%	17%	**10%**
Satisfactory	17%	27%	**21%**

Table 3: Independent Living Skill Index by Gender

> In our Aftercare programme, we try to give the CLs more responsibility as their freedom in CCIs is a little restricted – there are rules to be followed, a timetable to follow. For example, if the young adult asks for a mobile, then we provide it to them and make them responsible in how to use it. An innovative practice we have implemented here is to create a family atmosphere, giving the child freedom as they change and become more responsible.
>
> *Superintendent, CCI, Vadodara*

Independent Living Skills and Aftercare: A significant disparity in the Independent Living Skill Index was observed between Aftercare receivers and non-receivers, wherein 31% Aftercare receivers fell in the 'satisfactory' range as opposed to only 14% non-receivers.

Surprisingly, 95% of PMPY beneficiaries also fell in 'unsatisfactory' range, however, their situation in kinship care, which usually extends beyond 18 years, is incomparable to those who grow up in CCIs without family-care and must learn to live independently upon exiting their CCIs. Field investigators report that because PMPY beneficiaries grow up in a

Independent Living Skills Index	Aftercare Status (n=104)			Total
	Aftercare Receivers (n=55)	**Non-Receivers (n=29)**	**PMPY Beneficiaries (n=20)**	
Unsatisfactory	61%	66%	95%	**69%**
Neutral	7%	20%	0%	**10%**
Satisfactory	31%	14%	5%	**21%**

Table 4: Independent Living Skill Index by status of Aftercare

family environment which usually extends beyond 18 years, acquisition of such skills is neither a priority nor a necessity for them. Further research is required to ascertain when and how PMPY beneficiaries acquire independent living skills and how it impacts their adult life; and whether the presence of social support in

the form of family members impacts the importance of such skills. Findings from such a documentation may shine light on how these skills could be taught to children in OHC while creating a conducive family-like environment; and whether the scope of PMPY should be expanded to include skill development before 18 years as monetary support is withdrawn upon attaining adulthood.

Upon further scrutiny, it was found that significantly lesser proportion of male CLs had acquired Independent Living Skills as compared to females. Gender disparity in the way that children are exposed to their external environments by CCIs, and the skills they acquire, needs to be probed further in the light of this finding.

Independent Living Skills	Frequency (%)		Total (%)
	Male (n=63)	Female (n=41)	
Nutrition & Health	22%	49%	**33%**
Cooking	25%	49%	**35%**
First Aid	18%	32%	**23%**
Disaster Management	18%	20%	**18%**
Household Management	25%	34%	**29%**
Recreation & Exercise	24%	29%	**26%**

Table 5: Independent Living Skills by Gender

3.5 Mental and Emotional Wellbeing

Emotional Stability: 54% of sampled youth (n=56) reported facing recurring emotional distress that makes them sad or tense.

Reasons for Emotional Distress in Adulthood

- Worrying about their future (finances, housing, academics and career)
- 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

Tendency towards Psychological Disorders: Almost 1 in every 5 respondents (~20%) reported multiple symptoms of psychological disorders listed below. In general, a marginally larger proportion of females reported symptoms of mental disorders as compared to males, as shown in Table 6.

Symptoms in the last 4 weeks		Frequency (%)		Total (n=104)
		Male (n=63)	Female (n=41)	
Cognitive	Mood Dysregulation	29%	37%	**32%**
	Anger/Irritability	32%	37%	**34%**
	Feeling worthless, helpless	21%	32%	**25%**
	Anhedonia (loss of interest/pleasure)	16%	27%	**20%**
	Harmful/Violent Thoughts	13%	5%	**10%**

Functional	Easily tired	16%	32%	**22%**
	Sleep Disturbance	18%	32%	**23%**
	Disturbance in Food Intake	10%	27%	**16%**
	Affected Daily Functioning	16%	29%	**21%**
	Need to push for everything	14%	22%	**17%**
	Harmful/Violent behaviour	10%	2%	**7%**

Table 6: Symptoms of Psychological Disorders by Gender

Mental Health and Care Status: No significant differences were observed between CLs from Government-run CCIs or NGO CCIs or PMPY beneficiaries regarding the incidence of symptoms of psychological disorders, as shown in Table 7. Similarly, no major differences were observed between those who received Aftercare and those who did not.

Symptoms in last 4 weeks	Frequency (%)		
	CLs from Government CCIs (n=34)	CLs from NGO (n=50)	PMPY Beneficiaries (n=20)
Mood Dysregulation	24%	34%	40%
Anger/Irritability	32%	38%	25%
Feeling worthless, helpless	24%	28%	20%
Anhedonia (loss of interest/ pleasure)	18%	26%	10%
Harmful/Violent Thoughts	9%	12%	5%
Easily tired	15%	26%	25%
Sleep Disturbance	18%	30%	15%
Disturbance in Food Intake	12%	20%	15%
Affected Daily Functioning	24%	20%	30%
Need to push for everything	21%	14%	20%
Harmful/Violent behaviour	15%	2%	5%

Table 7: Frequency of Young Adults with Symptoms of Psychological Disorders

Mental Health Assistance: Although counsellors and professional social workers are available in CCIs during childhood, as mandated by the JJ Act, 2015, this is not the case when they transition into adulthood. Most CLs, i.e. 68% sought assistance only from non-professionals such as friends, family members, mentors, acquaintances, etc. 25% reported seeking professional help from licensed counsellors or doctors; and only 14% of them visited their therapist/doctor more than 4 times. Those who did not seek any assistance (7%), cited several reasons for this, such as:

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

Frequency (%)

Type of assistance	Govt. CCI (n=34)	NGO CCI (n=50)	PMPY (n=20)	Total
Non-professional	41%	36%	30%	68%
Professional (counsellor/doctor)	12%	20%	0%	25%
No assistance	3%	4%	5%	7%
Total	**56%**	**60%**	**35%**	**100%**

Figure 11: Type of Mental Health Assistance Sought by CLs who Reported Facing Recurring Emotional Distress

3.6 Social Relationships and Interpersonal Skills

Childhood Relationships in CCI: Over 20% or at least 1 in every 5 CLs 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, as reported in Table 8. On the other hand, very few PMPY beneficiaries reported being unable to do so.

Relationship	Government CCI (n=34)	NGO CCI (n=50)	PMPY Beneficiaries (n=20)
CCI Staff/Caregivers (family members in case of PMPY)	21%	20%	0%
Teachers	21%	22%	0%
Mentors	29%	20%	4%
Other children in CCI	24%	36%	-

Table 8: Young Adults Unable to Maintain Relationships in Childhood

> CLs still come back here to the CCI every Sunday, they keep in touch with us. They play cricket here and we provide them food, it is like their own home here. All children and alumni gather here and celebrate the festivals like Republic Day and Navratri.
>
> *Superintendent, CCI, Rajkot*

Relationships with Family, Friends and Romantic Relationships in Adulthood: As shown in Table 9, a large proportion of both males and females were unable to maintain relationships with their parents, wherever applicable. Moreover, almost 90% of all young adults reported difficulties in maintaining romantic relationships or considered such relationships to be "not applicable" to them.

> If a child has left our home then we need not do anything for them. Our responsibility is till they live here only.
>
> *CWC Chairperson, Banaskantha*

Relationship	Male (n=63)		Female (n=41)	
	Unable to maintain relationships	Not Applicable	Unable to maintain relationships	Not Applicable
Father	44%	40%	42%	34%
Mother	44%	37%	34%	37%

Relationship	Male (n=63)		Female (n=41)	
	Unable to maintain relationships	Not Applicable	Unable to maintain relationships	Not Applicable
Siblings	43%	16%	20%	15%
Friends	6%	3%	10%	2%
Romantic Partner	43%	41%	76%	22%

Table 9: Young Adults unable to maintain social relationship

Guidance/Counselling for Relationship Management:

As a solution, 45% (n=47) CLs voiced the need for guidance or counselling to be able to improve the quality of their relationships.

Social Support and Interpersonal Skill Index

The index was calculated by factoring in the various relationships that CLs were able to maintain and whether they had acquired certain interpersonal and intrapersonal skills such as: (See Annexure-II)

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

Surprisingly, a greater proportion of Aftercare receivers reported unsatisfactory relationships and social skills in comparison to non-receivers. The proportion scoring 'satisfactorily' was comparable for both Aftercare receivers and non-receivers, suggesting that the existing provision of Aftercare did not impact CLs relationships and social skills significantly.

> The main challenge to overcome is the indifference, and even fear, of the society towards CLs, as they don't come from normal family structure. So, to get accepted without being confronted by society and stigmatised should be an important component of Aftercare. The main objective of aftercare should be moving from the institution into the society.
>
> *SDO, Vadodara*
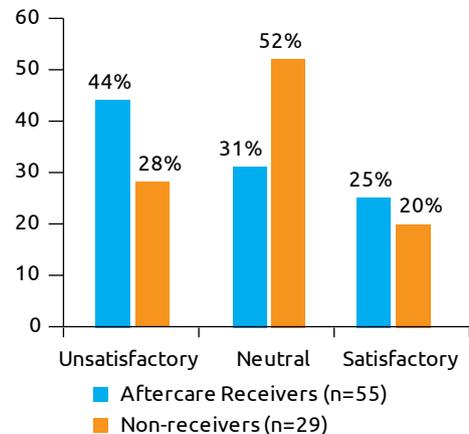
Figure 12: Social Support and Interpersonal Skill Index by Aftercare Status

Aftercare Receivers (n=55): Unsatisfactory 44%, Neutral 31%, Satisfactory 25%
Non-receivers (n=29): Unsatisfactory 28%, Neutral 52%, Satisfactory 20%

Stakeholder Views on CL's Relationships

16 out of 20 key-informants shared their views on CLs' social support network.

Existing Practices

- Many key-informants from Government and NGO CCIs alike reported that they organise farewell programmes, celebrate festivals and maintain social media groups to keep in touch with alumni.

- However, a CWC Chairperson along with a few duty-bearers believed that there is no need to talk about maintaining relationships with CLs even after 18 years. Reasons cited for their belief were that CLs are adults after exiting the CCIs and it is unethical to monitor them (Trustee of Vatsalyadham, Rajkot said that if the children had good relationships with the organisation's staff, then they would

automatically maintain touch with them); since, CLs are now adults, they must figure out their lives themselves and CCI staff/Government functionaries may provide help only if the CL asks for it; and since duty-bearers work under the Juvenile Justice framework, their primary concern should only be those below 18 years.

- There are no formal groups or associations for CLs to interact and socialise with each other after 18 years. As CLs take different paths in life, only a few of them maintain touch with each other. However, Probations Officers and members of the DCPUs stated that many if not all of the CLs have single parents or extended family members like grandparents, aunts and uncles, etc. and these CLs are usually rehabilitated back to them. The belief is that CLs have positive relationships with family members who form their social support network.

- **Contradiction:** However, findings from the questionnaire have revealed that a large proportion of young adults, including PMPY beneficiaries, have reported inabilities to maintain meaningful and long-term relationships with their family members.

- Superintendents of State Homes and Nari Gruh reported frequent situations of young women getting caught up in irresponsible romantic relationships. It seems that one of the steps taken during such situations is to transfer the girls to different organisations like Special Forum Girls who may have adequate resources to tackle the situation. Prima facie, it seems that rather than developing solutions for such issues, the responsibility of taking care and guiding young adults is transferred to a different organisation.

- The norm of the society dictates that girls should be "married off" after 18 years of age, and then her husband must provide for her. However, this ideology is challenged when some females wish to study or work instead. Government functionaries reported that in those cases, superintendents of the State Homes, DCPOs and SDOs try to facilitate support for them to pursue their desires. On the other hand, some institutions also take up the responsibility of arranging marriages for female CLs.

- However, support provided for marriage is disproportionately more for females, while males are generally encouraged to work and become financially independent before starting a family.

Suggestions

- A formal mentorship programme for each child can be instituted that provides exposure to children in CCI in a controlled, supervised manner. These mentors and exposure activities would teach children below 18 about life beyond the CCI and make their transition into independent living smoother.

- Acceptance into the mainstream society is the overall objective of Aftercare. Thus, adjusting in the community is essential and an Aftercare programme must work towards this goal. To fulfil this objective, key-informants have suggested that a non-institutional model of Aftercare should be embedded within the society, that fosters relationship building with community members. This will reduce stigmatisation from the community and instil social skills in CLs within the 3 years of Aftercare.

- An association can be set up to provide peer support, access to information, 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.

3.7 Physical Health

Availability of Caregivers: 16% of all young adults (n=16) reported that they did not have someone who could provide care, or if they did, they could not rely on them for more than a few days. 9 out of these 16 were CLs from NGO-run CCIs, 6 were from Government-run CCIs, while only 1 was a PMPY beneficiary.

Availability of Funds: 13% of all young adults (n=13) reported that they did not have funds available to them in case of illnesses. 12 out of 13 were CLs from NGO CCIs, 1 was from Government-run CCIs, while none of the PMPY beneficiaries reported lack of funds during illness.

Health Insurance: Only 4% of all young adults (n=4) reported having health insurance. 44% reported that they did not know whether they had health insurance or not.

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. (See Annexure-II)

It was found that a larger proportion of both Aftercare receivers and non-receivers had 'unsatisfactory' Physical Health Index, as given in Table 10. Conversely, a large proportion of PMPY beneficiaries had 'satisfactory' healthcare amenities. The major identifiable difference between CLs and PMPY beneficiaries seems to be the availability

Physical Health Index	Aftercare Status		PMPY Beneficiaries (n=20)
	Aftercare Receivers (n=55)	Non-receivers (n=29)	
Unsatisfactory	25%	34%	10%
Neutral	15%	10%	5%
Satisfactory	60%	55%	85%

Table 10: Physical Health Index by Aftercare Status

of reliable persons and hence, financial support, during illness, which results in the difference in their Index scores. No major differences were seen between Aftercare receivers and non-receivers.

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 below primary to above post-graduation, as given in Figure 13.
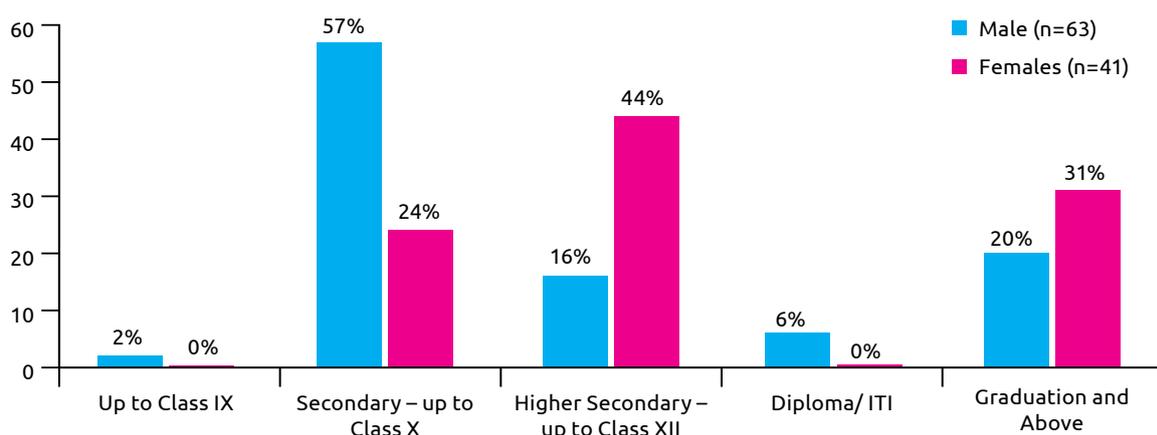
Figure 13: Highest Level of Formal Education Attained by Young Adults by Gender

Highest Education Level	Government CCI (n=34)	NGO CCI (n=50)	PMPY Beneficiaries (n=20)
Illiterate	0%	0%	0%
Below Primary (Class V)	0%	2%	0%
Secondary – up to Class X	47%	48%	30%
Higher Secondary – up to Class XII	30%	16%	50%
Diploma/ ITI	3%	4%	5%
College Graduation	18%	22%	15%
Post-Graduation	3%	6%	0%
Above Post-Graduation	0%	2%	0%

Table 11: Highest Level of Formal Education Attained by Young Adults by Care Status

Data in Figure 13 and Table 11 suggests that a higher proportion of young women in the state of Gujarat have been able to complete formal education up till Class 12th, as well as higher education, in comparison to young men. Notably, 45% of young adults had not completed their higher secondary education (up to Class XII). Of the 47 young adults who did not complete Class XII, only 10 were females (21%), while the rest 37 were males (79%) (41 CLs, 6 PMPY beneficiaries). Of the 57 who had completed their higher secondary, 25 young adults (12 males, 13 females; 22 CLs, 3 PMPY beneficiaries) had also completed their graduation and post-graduation, and 1 female CL also went on to complete higher degrees. Only 4 young adults (3 CLs, 1 PMPY beneficiary), all males, had completed short-term diploma courses or vocational courses.

> There should be some provision for further studies. Although, CLs can complete graduation by the age of 21, it is not necessary that all of them will be self-reliant by then. Sometimes they need more time to complete their study or be self-reliant.
>
> *SDO, Vadodara*

This data suggests that a higher proportion of CLs from NGOs were able to complete higher education as compared to CLs from Government-run CCIs. Although many PMPY beneficiaries had not completed higher education, most of them were enrolled in school or colleges at the time of interview, as will be shown in the next section.

Vocational, Technical and Employability Skills in CCI: As shown in Table 12, 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. Similarly, a marginally larger proportion of PMPY beneficiaries had acquired these skills during childhood as compared to the CLs, except English speaking, as a larger proportion of CLs from NGO reported its acquisition in comparison. Within CLs, a marginally greater proportion of CLs from NGO CCIs had acquired vocational and technical skills as compared to CLs from Government-run CCIs.

Skills Acquired in Childhood		Frequency (%)				
		Male (n=63)	Female (n=41)	Government CCI (n=34)	NGO CCI (n=50)	PMPY (n=20)
Vocational & Technical	Computer and IT	68%	54%	53%	68%	65%
	Basic Accounting	41%	32%	29%	38%	50%
	English Speaking	51%	24%	32%	48%	35%
Job Readiness	Resume Making	37%	15%	12%	34%	40%
	Interview Skills	41%	12%	24%	34%	30%

Table 12: Career-Related Skills by Gender and Care Status

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 larger proportion of non-receivers had a 'satisfactory' index score than Aftercare receivers. On the other hand, none of the PMPY beneficiaries scored in 'satisfactory' range. The differences between these categories needs to be probed further. For instance, education is the only focus area under PMPY, while vocational skill training is not. Plus, Aftercare receivers in Gujarat seem to receive support for higher education, while PMPY support stops at 18 years and ex-beneficiaries need to garner their own resources for higher education. Further study would shine light on the validity of these hypotheses. Regardless, it seems that the provision of Aftercare is not leading to better educational or skill attainment for CLs.
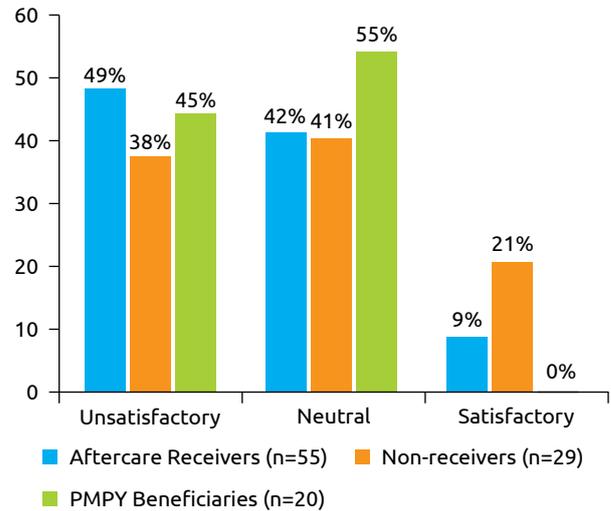
Figure 14: Education and Vocational Skills Index by Care Status

Vocational Training: In light of the above findings, it is interesting to note that a significantly larger proportion of non-receivers voiced the need for vocational/technical and job-readiness training than Aftercare receivers. Again, the reasons for this remain unclear, but it may be so that non-receivers feel the need for such skills as they face diminishing support for education and feel increased pressure to achieve financial independence.

Training Required for Skills		Care Status		
		Aftercare Receivers (n=55)	**Non-Receivers (n=29)**	**PMPY Beneficiaries (n=20)**
Vocational & Technical	Computer and IT	56%	83%	65%
	Basic Accounting	35%	72%	25%
	English Speaking	60%	86%	70%
Job Readiness	Resume Making	44%	69%	40%
	Interview Skills	44%	67%	45%

Table 13: Career-Related Skills Training Required by Young Adults by Care Status

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)

● Acquisition of independent living skills (Independent Living Skills Index)
 (Pearson correlation coefficient significant at alpha level = 0.05)

Stakeholder Views on Education and Vocational Skills Development

13 out of 20 key-informants shared their views regarding education and skilling of young adults exiting CCIs.

Existing Practices

● Most CCIs, Government and NGO, lay emphasis on education. Practitioners reported that financial support was generally provided to CLs to complete higher studies or ITI/Diploma courses.

Contradiction: However, findings from the young adults' questionnaire shows that only 4% of the young adults had completed an ITI/Diploma course and only 19% were currently pursuing vocational/technical training.

● Probation Officer, Surat, shared that they have informal associations with nursing schools, hotels, GNM courses, military training, and even the diamond industry. As a result, they have been able to send interested CLs to get skilled and find employment.

● Career advice and counselling of children below 18 years is undertaken by the superintendent, Probation Officers and Social Defense Officers themselves.

● Trustee, Shri Virbaima Vatsalyadham, Rakjot shared that they have rented a bus for the transportation of girls to and from the educational institute. They have also retained teachers for music, arts, computers and sports, and encourage the young girls to pick up various skills along with completing formal education.

Challenges

● Young men are comparatively more likely to pursue courses of their interest. However, young women are "not so bold" in the face of stigma, patriarchy, issues of safety and security, and an overarching lack of guidance throughout their childhood. As a result, there is a gender gap in education and job-related skilling of CLs.

- Moreover, each child is unique and has different talents, learning styles and aspirations. Therefore, need-based Aftercare provision becomes necessary as not all CLs would require financial help for education or job-readiness courses for employment.

- There are no dedicated/earmarked funds for education under Aftercare. So, up until now, financial support for CLs' education was garnered through donors, outreach and individual donors. However, it is difficult to find donors for those who are not academically inclined or perform only averagely in educational institutes. On the other hand, it is also difficult to fund expensive courses such as aeronautical engineers, medicine, etc. and so many CLs are pushed towards cheaper courses or vocational trainings.

Suggestions

- Duty-bearers believe that achieving independence while CLs still pursue their higher education is unrealistic. Therefore, the age of 21 years as the end point of Aftercare provision is not sufficient for those who continue education. The way we view Aftercare services and support need to evolve in light of this as different CLs may require different type of education and skilling support at different stages during the 3-year period.

- There should be mandatory career counselling/workshops/seminars for children between the ages of 15-18 years before they transition out, and the various options available must be relayed to the CLs.

- Options of relevant vocational training, exam preparations, etc. should also be made available keeping in mind future job prospects for CLs.

- Funds should be earmarked for CLs' higher education in a way that CLs are not discouraged from pursuing expensive courses. Subsidies and scholarships should be made available for CLs.

3.9 Financial Independence and Career

Financial Independence: 41% of all young adults (n=43) reported that they had their own independent sources of income with them, 79% of them (n=34) had either held or currently hold salaried jobs as their primary source of income, whilst the remaining 21%(n=9) either had internships, part-time jobs, worked as daily-wagers or as self-employed professionals while engaged in higher education or other salaried professionals.

Independent Income and Gender: A significantly greater proportion of males reported having their own sources of income than females. Among the 41 females interviewed, barely 17% (n=7) of them were earning for themselves, while 57% (n=36) of males were doing so. This is a significant finding as 76% of the females had finished Class 12th or higher, only 17% of them had independent sources of income at the time of interview. On the other hand, 42% males had completed Class 12th but 57% of them were earning.

Average Monthly Income: For those who had independent sources of income, the mean income was found to be approximately Rs. 8,600 per month and ranged from Rs. 3,000 to Rs. 25,000 per month.

Gender Disaggregation for Independent Sources of Income	Percentage within Gender
Male (n=63)	57%
Female (n=41)	17%
Total	**100%**

Table 14: Young Adults with Independent Sources of Income by Gender

Financial Support: 65% of CLs (n=55) reported having no additional financial support available to them, while a lesser proportion had financial support from the following:

- 6 out of 84 (7%) CLs reported that their ACO or CCI provided them with additional financial support.
- 24 out of 84 (29%) CLs indicated that they received additional financial allowance from well-wishers such as family members, friends and mentors.
- 3 out of 84 (4%) CLs reported receiving financial support under a government scheme.

Care Leavers' Opinion on Financial Support: 19% of all CLs (n=16) believed that the Government should provide financial support to their ACO for each young adult supported by them. On the other hand, 51% (n=43) thought this monetary support should be given directly to CLs. 6% (n=5) thought that the financial allowance per youth should be split between the ACO and the CL. The remaining 24% did not have an opinion on who should receive this money keeping in mind its efficient and efficacious usage. Upon inquiring about the amount of money that should be provided, CLs responses were as follows:

- 21% believed an amount of Rs. 5,000 per youth per month would be sufficient .
- 45% suggested an amount between Rs. 5,000 and Rs. 15,000 per youth per month would be required.
- 14% stipulated an even higher amount, ranging from Rs. 15,000 to above Rs. 25,000 would be required.

Financial Literacy: 42% CLs from Government CCIs (n=23) reported no guidance on household economics with regards to managing their income, savings and expenditure as opposed to 34% CLs from NGO CCIs (n=10) and 20% of PMPY beneficiaries (n=4). Regardless, 83% of all young adults (n=86) had never attended a financial literacy workshop, or one-on-one consultation with a caregiver, staff, mentor or expert.

Financial Security: 93% of all young adults reported they had bank accounts, however, only half of them reported using credit or debit cards; and 10% had bought insurance products. Moreover, as reported in the previous section, although 34 young adults had salaried jobs, only 15 of them had opted for a provident fund. Similarly, only 4 of the CLs were part of a Self-Help Group (SHG).

Financial Product	Frequency (%)		
	Government CCI (n=51)	NGO CCI (n=55)	PMPY Beneficiaries (n=20)
Bank Account	91%	92%	100%
Credit/Debit Cards	47%	54%	10%
Insurance	9%	12%	10%
Provident Fund	9%	22%	5%
SHGs	3%	6%	0%

Table 15: Young Adults with various Financial Security Products

Saving Habits

- 69% CLs reported that they were saving by building a balance of money in their bank accounts.
- 29% reported saving cash at home or in their wallets.
- 7% reported savings by giving money to their family, friends, etc.
- 2% reported investing in stocks, bonds, shares or their local SHGs.
- 18% reported that they were not saving actively.

Financial Crisis: 38% of all young adults (n=39) reported that their income/allowance was unable to cover their cost of living. The proportion of those reporting inabilities to cover their cost of living were comparable for receivers and non-receivers. However, a higher proportion of CLs from Government-run CCIs (59%) reported such crisis as compared to CLs from NGO CCIs (34%) or PMPY Beneficiaries (10%). A marginally higher proportion of males (41%) also reported financial crisis in the last 12 months as opposed to females (32%).

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

It was found that 27% of the 84 CLs (n=23) fell in the "unsatisfactory" range as compared to only 10% of the PMPY beneficiaries (n=2). No significant differences were seen between Aftercare receivers and non-receivers with regards to their Financial Index.

Financial Index	Aftercare Status		
	Aftercare Receivers (n=55)	Non-receivers (n=29)	PMPY Beneficiaries (n=20)
Unsatisfactory	25%	31%	10%
Neutral	60%	52%	85%
Satisfactory	15%	17%	5%

Table 16: Financial Index by Aftercare Status

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

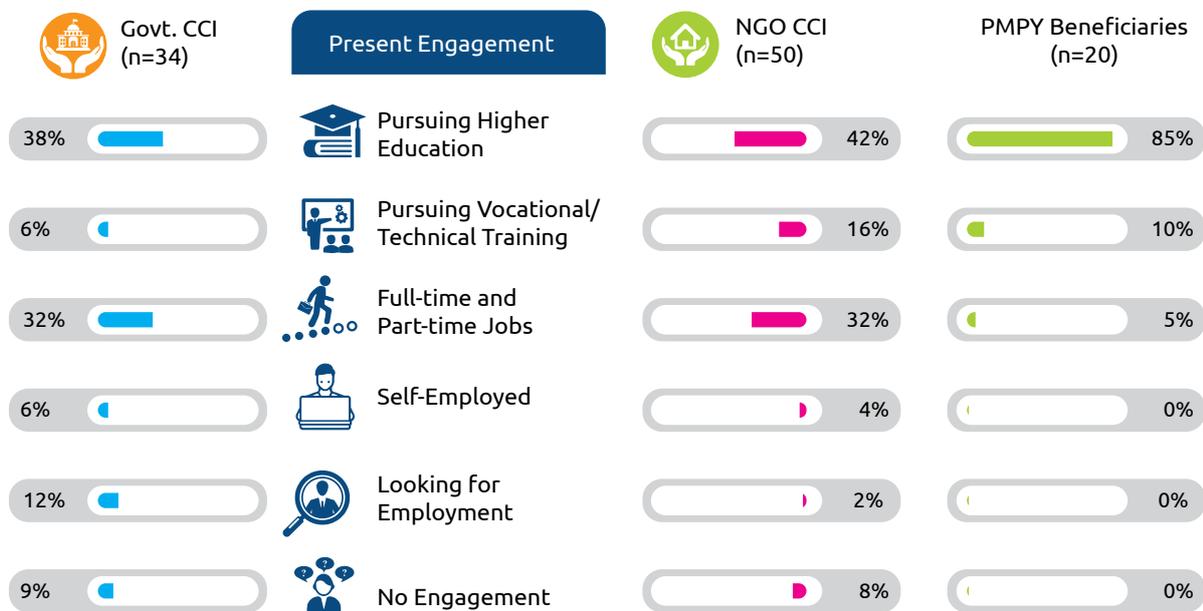| Govt. CCI (n=34)	Present Engagement	NGO CCI (n=50)	PMPY Beneficiaries (n=20)
38%	Pursuing Higher Education	42%	85%
6%	Pursuing Vocational/Technical Training	16%	10%
32%	Full-time and Part-time Jobs	32%	5%
6%	Self-Employed	4%	0%
12%	Looking for Employment	2%	0%
9%	No Engagement	8%	0%

Figure 15: Financial Index by Aftercare Status

As Figure 15 shows, 12% of all young adults (n=12) were not in education, employment or training (NEET) at the time of interview. Notably, a significantly greater proportion of PMPY beneficiaries (95%) were pursuing higher education or vocational/technical training in comparison to CLs (52%).

Gender Disaggregation: As reported in the previous section, 76% of the females (n=31) had completed their education till Class 12th or higher. At the time of interview, 73% (n=30) were pursuing further studies, none of them were enrolled in vocational/technical training; only 17% (n=7) were in salaried jobs (along with higher education). On the other hand, 42% of the males (n=26) had completed Class 12 or higher. At the time of interview, 32% (n=20) were pursuing higher education, 19% (n=12) were enrolled in vocational/technical training and 57% (n=36) were earning for themselves through salaried jobs, self-employment, daily-wagers or freelance work.

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. However, most commonly reported challenges in realising their aspirations are as follows:

- 35% reported that averting monetary crisis had taken precedence over pursuing their goals.

- 25% reported that they were unable to manage their time between education, job and household duties to pursue their career aspirations.

- 23% reported that their communication and English-speaking skills were poor.

- 14% reported that the condition, proximity and atmosphere of their accommodation was unconducive to pursuing their career goals.

- 7% reported factors such as ill health, lack of support from family, inability to maintain cordial relationships at work, household responsibilities as few of the reasons that deter them from following their professional dreams.

> There may be 50 children who are ready to enter into Aftercare as they have turned 18 years. Out of those, 2 might want to become cricketers, 2 might want to play table tennis, 4 may want to do jobs, some want to work in theatre, some wish to work in diamond factory, someone has interest in car repairing, and so on. So everyone's plan is different.
>
> *SDO, Surat*

Skill Adequacy: Upon inquiring about their career-related skills, 52% of all young adults (n=54) thought their education and/or skill level were inadequate to achieve their academic and career goals. The proportion of CLs (55%) and PMPY beneficiaries (40%) reporting this was high for both categories. Related to this, it was also found that 70% of all young adults (n=73) 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.

Stakeholder Views on CL's Financial Status and Career Employment

9 out of 20 key-informants shared their view on the job opportunities availed by CLs and the corresponding finances required to make them self-sufficient.

Existing Practices

- Probation Officer, DCPU Vadodara, shared that till date only 2 CLs have been able to avail the Aftercare financial provisions laid down in ICPS. He further shared that the problem lies in the lack of role clarity amongst duty-bearers, and that many of the CLs do not possess sufficient identity documents required to avail the benefits.

- Superintendent of Rajkot's Children's Home for Boys shared that they had secured 40 houses with the help of the Revenue Department and provided CLs with jobs in various places such as malls, petrol pumps, Home for Mentally Deficient Children (HMDC), D-Mart, etc. Other government officials from Rajkot also stated that they have tie-ups with other institutes and have explored PPP-models for CL's career development.

Suggestions

- There should be some kind of reservation or priority afforded to CLs in terms of education and job, so that they are able to progress in life.

- Job-readiness workshops and placement fair should be organised under the purview of Aftercare.

- 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.

3.10 Identity and Legal Awareness

Knowledge of Legal Rights and Responsibilities: It was found that 45% of all young adults (n=47) had not received any information regarding their legal rights and responsibilities. 67% of all young adults (n=70) 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.

a. **Right to Identity:** 14% 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.

b. **Right to Aftercare:** 80% of CLs (n=67) 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 17. A lesser proportion of Aftercare receivers had documents such as domicile certificate/proof of residence and passport as compared to non-receivers. This is probably so as Aftercare receivers continue to live in residential facilities offered by their CCIs/Aftercare programmes and are presumably not in immediate need of these documents for any purpose as compared to the non-receivers who may be living independently. A significantly greater proportion of PMPY beneficiaries (>80%) reported having Domicile and Caste Certificates in comparison to CLs (<45%).

Document Type	Frequency (%)		
	Aftercare Receivers (n=55)	**Non-receivers (n=29)**	**PMPY Beneficiaries (n=20)**
Aadhar Card	98%	90%	100%
Domicile/ Proof of Residence	35%	55%	80%
Education Certificate	85%	94%	90%
Caste Certificate	41%	46%	85%
Voters' ID	35%	20%	10%
Ration Card	29%	28%	80%
PAN Card	41%	50%	15%
Passport	3%	12%	5%

Table 17: Possession of Legal Documents by Aftercare 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 84% 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 28% held Voters' ID.

Legal Index	Aftercare Status		
	Aftercare Receivers (n=55)	Non-receivers (n=29)	PMPY Beneficiaries (n=20)
Unsatisfactory	84%	90%	95%
Satisfactory	16%	10%	5%

Table 18: Legal Index by Gender and Type of CCI

3.11 Aftercare towards Social Reintegration

Most CLs reported the need for services/support or interventions in almost all domains of independent life identified above.

90% reported the need for assistance in completing their higher education

63% reported the need for assistance in finding adequate housing

62% reported the need for training/guidance to achieve financial independence

57% reported the need for vocational and job readiness skill development

64% reported the need for career counselling and assistance in job placement

50% reported the need for better physical healthcare amenities

27% reported the need for professional mental health interventions

23% reported the need for legal literacy workshops/training

Figure 16: Aftercare Towards Social Reintegration

Access to Aftercare Support/Services: Upon inquiring about how CLs would prefer to access Aftercare support and/or services, 49% of all CLs (n=41) thought that services should be provided in-person through a physical facility/office. 6% (n=5) CLs thought that such services could be provided over the phone through a non-emergency helpline, while 8% CLs (n=7) preferred an online portal such as a website or app to avail these services. 36% of CLs (n=30) also suggested that all of these mediums may be utilised for Aftercare service delivery.

Youth Collective: 55% of all CLs (n=46) informed that they did not have any formal or informal group or an alumni association of CLs for peer support. Moreover, 70% (n=59) reported that they would like to contribute and benefit from such a youth collective, if formulated.

> We also teach the older CLs and alumni how to orient the younger children for this transition. This whole process of orientation takes almost 1 week, and after that we sit and talk with that child to answer their question and assuage any fears.
>
> *Superintendent, CCI, Vadodara*

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 males had 'unsatisfactory' Aftercare Quality Index than their female counterparts. However, only 8% of the young adults fell in the 'satisfactory' range, suggesting that not many of them had favourable adult outcomes.
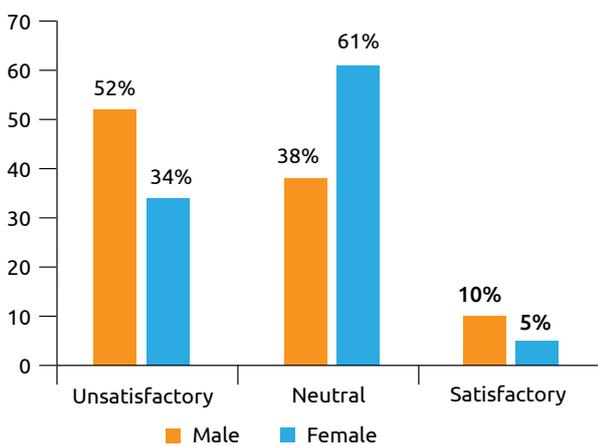
Figure 17: Aftercare Quality Index by Gender

> Many CLs, even at 18-19 years, are not ready, they are not mature. Every child has a different growth process, psychological and physical. So care giving is an on-going process and there should be no age limit. Sometimes what happens is that the child is taken care of till 18 years, and then suddenly there is nothing, so it becomes a void and the child feels lost. He has no work to do… where to go becomes a question for him, so I feel that till the child needs support it should be provided. It may not be an institutional setting like a CCI, it can be different, because their need is different…
>
> *Superintendent, CCI, Vadodara*

Aftercare and Childhood Experiences: It was also found that a greater proportion of CLs from NGO CCIs had a better Aftercare Quality Index than CLs from Government CCIs, as shown in Figure 18, but 39% of all CLs had 'unsatisfactory' adult outcomes across the Sphere of Aftercare, regardless of their Care Status in childhood.

70% of the PMPY 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. Moreover, the data may also be interpreted to suggest PMPY beneficiaries also require on-going support as their adult outcomes (AQI) index scores are 'unsatisfactory' or 'neutral', but the nature of the Aftercare services need to be non-institutional, comprehensive and need-based in nature to be accessed by them. In the presence of family-support, assessing PMPY beneficiaries in the same manner as CLs may not be feasible or justified.
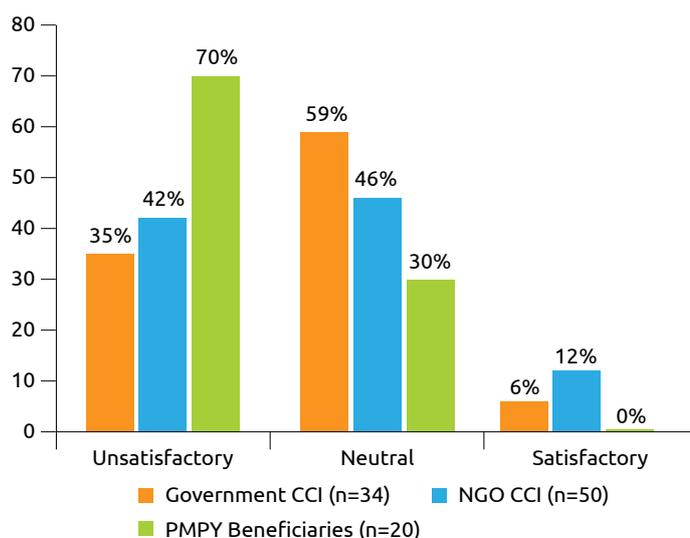
Figure 18: Aftercare Quality Index by Care Status

Aftercare Impact on Adult Outcomes: It was also found that a larger proportion of CLs who received Aftercare support/services scored 'satisfactorily' on Aftercare Quality Index than those who did not, as shown in Figure 19. It seems that the provision of Aftercare support and services results in better outcomes for some but not all, as 85% 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 makes the process of their social reintegration smoother.
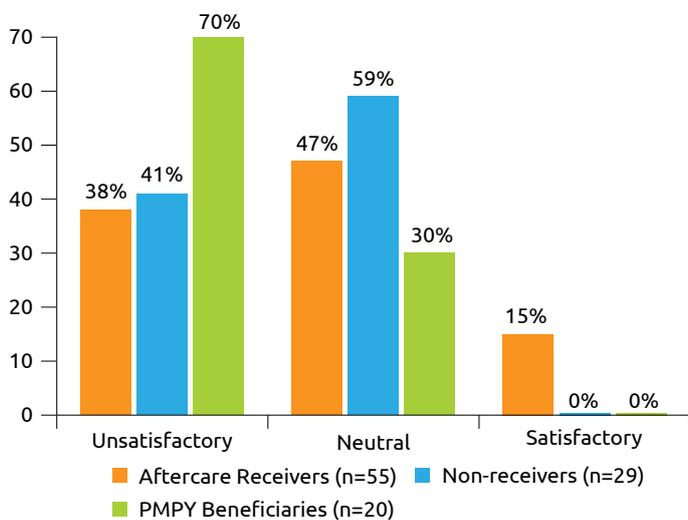
Figure 19: Aftercare Quality Index by Aftercare Status

💬 Priority must be given to securing an identity for the youth. Many times issues come up as there are no identity documents. CLs must have their identity and subsequent rights, and basic documents like Aadhar card, Driving Licence, etc. should be made and given top priority. 💬

Superintendent, CCI, Vadodara

Chapter 4

Discussion & Conclusion

> **At the age of 18 or 19 years, most of us do not have clear ideas about what to do and what not to do. After leaving the children's home, we are always confused. I know what it feels like and once I am settled, I want to become a mentor to young boys and support them in their life.**

A 21 year old Care Leaver
(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 its objectives.

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 Pre-Aftercare: Preparation to Transition 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 CNCP. However, the results of this documentation in Gujarat shows that **34% CLs did not find this stability easily** due to multiple placements in different CCIs as children (refer to Figure 6). The reasons for these could not be ascertained within the scope of this documentation. 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, 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 1of this report.

4.1.3 Child Participation in Individual Care Planning

Children's early involvement in developing their ICP is essential for its implementation to be outcome-based rather than service-focussed. This becomes even more important as children reach adolescence and develop their individuality. Children's involvement in the decision-making process increases their sense of agency and empowerment. To become caring, capable and responsible individuals, their strengths, weaknesses, interests and aspirations need to be considered as fundamental to their development. Key-informants 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 key-informant suppositions as 58% CLs were not consulted in their care and rehabilitation planning (refer to Table 1). As suggested by the superintendent of Children's Home for Girls, Surat, 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. The Superintendent of an NGO in Rajkot puts forth a contradicting view when he says, *"there is no need of training the staff. Child care is a humanitarian service, and the staff just has to do it."*

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 Figure 10), suggesting that there is scope to learn from different CCIs within the state and maintain equal standards of care. Although the data suggests that some children

from CCIs have comparable or better skills acquisition than PMPY beneficiaries, children from CCIs usually lack on-going support as they transition out of care and are under pressure to sustain themselves in terms of housing, education, skilling, and health, amongst others. On the other hand, PMPY beneficiaries continue to live in the same family environment for a number of years after turning 18 and have social support in pursuing further education and other opportunities.

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.

4.1.5 Capacity-Building of Staff

One of the major limitation evident in the provision 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 within the state. It seems that many duty-bearers still view child and youth care as only a moral obligation and not a professional service. However, the benefits and risks of professionalising the child and youth development must be assessed before implementing irreversible changes.

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. However, key-informants differed in their opinions regarding this as many thought that follow-ups do not play a crucial part in care or Aftercare, or that it is unethical to monitor CLs after they turn into adults.

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 Gujarat. Social Defense Officer, Rajkot complained that "there is no proper definition of Aftercare" and Probation Officer-Institutional Care, Rajkot, clarifies that the current understanding of Aftercare is "not wide/broad." Other key-informants reported a lack in budget clarity, and SDO, Vadodara expressed confusion as to whether Aftercare funds come from State Government or the Central Government, and how they 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 Gujarat has seen some recent developments in child and youth care, and have established PPP models to improve the quality, there still seems to be almost no synergy between various stakeholders. Field observations showed that there was hardly any coordination and cross-sharing between different Aftercare programmes, DCPUs, CWCs, and 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. Anodal 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 Section 3.2 indicate that:

- CLs' skills at 18 years are underdeveloped and some may be unequipped to handle the pressures of independent life.
- There is a lack of equitable skill development practice across Government-run CCIs and NGO CCIs, which are incomparable to skill development of PMPY beneficiaries. 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 eight 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 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. Field observations revealed that CCIs in Gujarat continue to house CLs even beyond 18 years, either under a formal or informal Aftercare programme. This prevailing practice needs to be assessed, evaluated and scaled-up accordingly.

Physical Infrastructure for Aftercare: Since only 2 districts in Gujarat – Rajkot and Vadodara – have dedicated Aftercare facilities, CLs from other locations have no option but to move to a different district or be denied Aftercare provision altogether. As a result, individuals who up until the age of 18 had been socialised within a sheltered CCI life are now relocated into a new community. Often, transitioning youth are uninformed of what to expect in this far off Aftercare home and require orientation to adjust.

Gender Imbalance in Provision of Aftercare Housing: This issue is more acute for females as no Aftercare homes for females are currently functional in the state and female CLs who require housing are placed in Nari Gruh, Lohana Vikas Gruh, etc. Although these options utilise the existing Government infrastructure, its facilities and culture may not always be conducive for CLs as they house destitute women with varying backgrounds.

Non-residential Aftercare Centres: In the spirit of the JJ Act, 2015, 'Aftercare' is designed to be a non-institutional intervention that promotes interdependent community living. Findings from Section 3.3 show that half of the CLs who did not stay in Aftercare homes did not avail Aftercare services or support in any other domain either. There is no provision of outreach-based Aftercare services to CLs who are either restored to families or chose to live in housing options other than the residential 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:

- There is differential access to adequate Aftercare housing for male and female CLs in the state of Gujarat. Viable housing options like group-housing and scattered rental options are extremely limited.
- 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.

> 💬 Some time ago, efforts were made in Rajkot and quarters under RMC scheme were allotted to CLs. But many criteria had to be fulfilled which resulted in very few CLs availing the benefits, although there might have been many in need. 💬
>
> *Probation Officer, Institutional Care, Rajkot*

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 PMPY beneficiaries who grow up in families and communities also reported lack of training for such skills. It may be so that families are less concerned with explicit skill development of children as they continue to care for them in their youth. Having a community set up also allows PMPY beneficiaries to function smoothly without these skills.

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.

Impact of Continued Aftercare on Independent Living Skills: Although more than a third of the young adults had not acquired independent living skills, the data shows that the provision of Aftercare receivers is associated with acquisition of such skills. It seems that continued support during the transition into Aftercare allows young adults the freedom, agency and confidence to become independent.

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 Aftercare receivers and non-receivers indicate the importance of continued support for young adults and builds a case for creating a conducive environment for teaching life skills.

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 (Meade & Mendes, 2014; Barn, 2010). The findings of this research confirm this fact as almost **20% of the CLs showed one or more symptoms of psychological disorders at the time of transitioning out of their CCI** (refer to Section 3.5).

Impact of Transitioning on Emotional Wellbeing: The data suggests that emotional distress is quite frequent amongst all young adults and equally prevalent in CLs and PMPY beneficiaries. For CLs transitioning out of care, familiar spaces, habits, relationships, and 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 with 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 PMPY beneficiaries is comparable to CLs 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. Therefore, it is also necessary to provide on-going professional mental health services to both CLs and PMPY 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 psychological disorders that discourages them from seeking assistance. International studies in the mental health of CLs have consistently shown that self-stigma and public stigma is significant in the receipt of 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 and PMPY 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

Impact of Social Support: Difficulties in maintaining relationships amount to having a diminished support network in times of need for those CLs, who do not have families. Inability to maintain relationships at the level of staff and children of CCI, place of education 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. A considerable proportion of PMPY beneficiaries also reported inabilities to maintain relationships, and so, family-strengthening services may be provided as part of Aftercare to young adults.

In the absence of caring adults for CLs and PMPY beneficiaries, peer support becomes increasingly important. Although social media has increased young adults' capacity to socialise, no formal groups or association of CLs or PMPY beneficiaries exist in Gujarat. Such groups have potential in empowering young adults through ways of peer mentoring, collectivizing support for themselves and advocating for change as the primary stakeholders. As the findings in Section 3.10 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 the 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. However, PMPY beneficiaries also reported difficulties in maintaining relationships. The reasons for this remain unclear and require further research on their expectations and experiences of relationships.

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 sex. Thus, innate understanding of gender roles and gender inclusion that may happen in a traditional family is lacking amongst CLs. The findings support this notion as very few CLs reported being able to maintain romantic relationships. This is troublesome as the existing trend is to get young women leaving care married, as a definitive way to rehabilitate them.

Conclusions: Findings from Section 3.6, along with the discussion above shows 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 and PMPY beneficiaries 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.

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). In comparison, PMPY beneficiaries reported better access to healthcare than CLs, while Aftercare non-receivers had the poorest healthcare accessibility.

Notably, and rather unfortunately, none of the KIs interviewed raised CLs' physical health as a concern, but a few CCIs in Gujarat are dedicated to providing care and protection to children with disabilities and special needs only. 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 entitled to it under the Juvenile Justice System.

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 'Pre-Aftercare' training 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 health needs and not having health insurance put CLs at an increased risk of poor health and may even aggravate pre-existing conditions. In contrast, PMPY beneficiaries report having carers and better healthcare amenities.

- 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

Gender Differences in Educational Qualifications and Vocational Skills: The proportion of young women in the documentation sample who had not completed formal education till Class 12 was double the proportion of young men; and the proportion of females who had successfully obtained higher education was 1.5 times the proportion of men (refer to Section 3.8). This indicates the presence of more educational support for female CLs in Gujarat, as compared to males. It seems that societal structure and pressures push male CLs to abandon their education early in lieu of joining the workforce. However, investments made in the education and skilling of female CLs are disproportional to their outcomes as very few of them take up paid employment. This was also corroborated by the findings that show a larger proportion of males had acquired vocational and job-readiness skills as compared to females.

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. 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.

Impact of Aftercare on Vocational Skills and Job-Readiness: Contrary to expectations, the findings revealed that a greater proportion of Aftercare non-receivers had acquired vocational and job-related skills and had better educational qualifications than receivers and PMPY beneficiaries. Further study is required to determine the reasons for this; however, it seems that the lack of family or institutional support for non-receivers leaves them with no choice but to acquire these skills through experience or by seeking opportunities on their own. Perhaps, this leaves Aftercare receivers with fewer opportunities to learn these skills due to lack of formal training in CCI/ACOs. In the case of Aftercare receivers and PMPY beneficiaries, the need for vocational training seems low as compared to non-receivers as they may have higher aspirations bolstered by the support received. Moreover, 85% of PMPY beneficiaries were pursuing education at the time of interview suggesting that they had the means to pursue the traditional route of higher education, which CLs lacked.

Conclusions: Findings from Section 3.8 show that:

- Focus on education, vocation, technical and employability skills for male and female CLs is disproportional.
- There are no formal approaches available which guide CLs in choosing viable career options or accessing job opportunities.
- Aftercare provision in the state is not focused on providing vocational skills. However, whether young adults in Aftercare who do not receive vocational training are opting for better options of higher education or meaningful employment remains ambiguous and requires a comprehensive assessment.

vii. Economic Independence and Financial Literacy

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

Gender Gap in Independent Income: It is concerning to find that only 17% 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 (mean = Rs. 8,600) for some, non-monetary support for Aftercare receivers, and Rs. 3,000 per month for PMPY beneficiaries, 65% 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 the sum of Rs. 3,000 under PMPY 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 youth 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 CLs from Government CCIs had poor financial literacy as compared to CLs from NGO CCIs and PMPY beneficiaries. This suggests that there are differences in the care within organisations as well as between organisation and PMPY 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.

Economic Vulnerability: Vulnerability of youth is common, as 38% 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 KI 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.

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 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. As a result, PMPY beneficiaries had slightly better outcomes in the financial domain, even though many of them were yet to join the workforce.

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), and 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 formerly 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 these 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. 45% 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 80% 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 their Aadhar Card and Education Certificate, this was not the case of Domicile Certificate, Caste Certificate, Voters' ID or PAN Card, which is 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 (to be prepared by 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 Gujarat are working towards provision of Aftercare services. Following are some examples of these organisations and their Aftercare practices.

i. Don Bosco Snehalaya, Vadodara

Primary Focus

Don Bosco Snehalaya's mission is holistic development and empowerment of the vulnerable children/youth and hand them tools to deal effectively with the demands and challenges of everyday life so as to carve out a dignified future for themselves.

Aftercare Theory

The basic objective of the Aftercare Home run by Don Bosco is as follows:

1. To facilitate the smooth transition into society of a child in need of care and protection.

2. To ensure that the youth develops skills and abilities so as to be able to better their employment chances and sustain an independent lifestyle that is responsible, safe, stable and secure.

3. To provide the youth with education/vocational training/apprenticeship/life skills education so that he/she is able to obtain a job/initiate a livelihood option and/or is able to integrate into the community as self-reliant and independent individuals.

4. To assist the youth to obtain citizen documents Ration Card, PAN Card, Bank Account, etc. that would be necessary for his/her future life.

5. To provide the youth with linkages to governmental and non-governmental agencies/schemes that could provide support on the completion of the Aftercare programme.

Interventions and Impact

Don Bosco provides food, clothing, shelter, capacity building and life coping skills to youngsters from 18 to 21 years of age living on the railway platforms or on the streets, and who have no family support. They provide extensive career counseling to the children and young adults along with focusing on their education, vocational and technical training. There are regular health care camps run where the mental health of young adults is also assessed. They came up with the idea of group homes where they place the young adults in rented rooms or provide home placement, where they help the young adults stay on rental basis so that they can stay independently in society. They also help the young adults with job placements. In the past few years, at least 2-3 young adults have got the opportunity of working in Dubai. Along with few lucky ones who have also started working in various sectors and are now settled in life.

ii. Kathiawar Nirashrit Balashram, Rajkot

Primary Focus

Shree Kathiyawar Nirashrit Balashram was established in 1907 in Rajkot with the vision of rehabilitating orphans in the society till they are settled in life. The trust also runs an English and Gujarati medium school along with an orphanage in Morbi district.

Aftercare Theory

As per the Nirashrit Balashram, they believe in the concept of care, where the child is reared till he/she is completely rehabilitated in the society. They believe education is the major component through which the children can sustain themselves in future, hence invest in the same.

Interventions and Impact

Currently there are 190 children staying here from the age group of Day 1 to 22 years. The CCI imparts education from nursery till college and primarily runs on the funding of various donors. The children are enrolled in various advanced degrees such as MSc, medicine and engineering and also work in various parts of the country in reputed companies like L&T, TCS, etc. Apart from education, this institution has various facilities like sewing, knitting, musical class and cultural activities under the guidance of expert teachers. The institute also supports with the marriage of girls post their education in a traditional way. The girls are told to treat the institute as their maiden homes and are allowed to come back to visit whenever they want. The children from balashram who are now married and settled in life also bring their children to the ashram. The other major activity that the Balashram is involved is in that of adoption and in the last 25 years, about 350 children were given up for adoption in India and other parts of the world as part of deinstitutionalisation.

iii. SOS Village, Bhuj

Primary Focus

SOS Children's Village in Bhuj came into existence after one of the worst natural calamities of the world i.e. earthquake on 26th January 2001. Many children had lost their families, either both or single parents in this calamity; and thus the SOS village was born. It is one of the 32 locations across 22 states where the SOS Children's Village is set up. It focuses on long-term family care to CNCP.

Aftercare Theory

SOS children develop emotional ties with their families. They work on the concept of continuum of care through their Family Based Care (FBC) model which also includes SOS Youth program. As SOS CVI 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 the age group of 22-25 years).

Interventions and Impact

While the girls under 18 years continue to stay in the SOS Children's Villages, the boys between the ages of 12 -14 years are shifted into a youth facility. The program promotes youth development through positive youth development activities and assists in career building by honing their vocational skills. Arunodaya, Sopan and Gharonda stand for care, exposure and integration respectively. Throughout the journey from Arunodaya to Sopan to Gharonda, a child's growth and development is fully taken into account (SOS Messenger, 2016). In 'Arunodaya' the primary focus is on imparting social, emotional and educational skills whereas 'Sopan' is dedicated towards ensuring professional/vocational education of these youth. In this phase, they choose their career path, and a range of supports in terms of career guidance, interpersonal skills, and personality development are given to them. In the last phase of 'Gharonda', the youth start living independently in the community and begin to earn themselves. Currently, there are 115 youth in SOS youth, Bhuj which includes all the three stages. Few also have well paid jobs, have gotten married and are well settled in life. But the relationship does not end here, as SOS Children's Village believes in forging a lifetime bond with their children and hence the youth are always encouraged to get in touch in any need or emergency.

iv. Mahipatram Rupram Ashram, Ahmedabad

Primary Focus

Mahipatram Ruparam Ashram has been serving the children and women from past 126 years. It primarily hosts new born children, young and adolescent girls, and destitute women in need, by providing them education, vocational training and shelter.

Aftercare Theory

The institute predominantly works for girls. It focuses on education of children and also provides various types of vocational trainings necessary. Its final form of rehabilitation is marriage of girls.

Interventions and Impact

As part of the ashram activities, the girls are provided with basic education. Apart from that, they are also provided with various vocational training and activities such as stitching, knitting, sculpture, pottery, etc. They are also taught Yoga, Karate and given a chance to participate in various athletic sports and activities with a goal of providing them with a healthy lifestyle. In the year 1973, looking into the need of higher education for these girls, M.P. Arts College and M.C Commerce College was started with an intention of providing higher education. Apart from this, the girls are also married off as per their cultural rituals after conducting a thorough background check of the groom. They are married with a promise that in case they face any issues in their married life, they can come back to the Ashram and the ashram will take care of them.

There are a few other practices in Gujarat such as Miracle Foundation that provides scholarships to students for higher education, to those NGOs and GO institutes which are empaneled with it.

4.4 Objective 4

Ascertain the average number of children who exit CCIs 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 an effective Aftercare programme. 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 Gujarat every year upon completing 18 years of age remains a challenge. 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.

Basis the key findings of this documentation, detailed recomendations have been made in Chapter 6 of this report.

Case Studies

> **There they used to provide us education in one general hall, we had to sit there. That was not like a school. They used to teach us very basic things and we learnt nothing new to advance with our studies.**

A 19-year-old Care Leaver, Gujarat

The present chapter explores five case studies of youth in Gujarat. Among the respondents, four are youth not receiving Aftercare support, while one is a receiver. 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 framed 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. However, it is important to bear in mind that the journey through Aftercare is a dynamic one and often the situation of CLs change and so does the categorisation.

Movers' (Moving On), Survivors and Strugglers

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

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

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

5.1 Struggling

5.1.1 Nursing a Dream, Alone and Uncertain

Shruthi is presently 18 years old. She is attempting her 10th grade exams the second time. She is not receiving Aftercare support and is residing with her grandparents.

Shruthi used to live with her father, mother and two younger brothers. Her parents expired while they were receiving treatment for an illness. Since her grandparents were unable to take care of the children due to their old age, she and her brothers were brought to an NGO-run CCI when she was 8. She shares that she was not given further details about her parents and the circumstances of their death. She remained in the CCI for ten years. Upon turning 18, she had to leave the CCI and live with her grandparents. Her cousin brother is also staying with them, who is the sole breadwinner for the family, earning a salary of INR 20,000 per month. Her younger brothers continue to reside in the CCI.

She shares that the facilities at her grandparents' place are very basic and that she enjoyed her life more in the CCI. There, she maintained a productive routine, waking up early, going to school, participating in games and extracurricular activities, and maintaining good relationships with her peers and caregivers. She could speak with her caregivers whenever she had any concerns. She states that the children were given various life skills training sessions by their CCI. She appreciated how the CCI ensured that the fundamental needs of the children were taken care of in a timely and efficient manner.

The children attended a school that was maintained by the CCI within its premises, which Shruthi states provided quality education. Shruthi confesses that her lack of interest in education at the time led to her failure in grade 10. She regrets not having concentrated in her studies better. Shruthi aspires to become a Nurse and hopes to complete a Nursing course after schooling. She is intrinsically motivated to help others in distress and shares that although she used to feel nervous around blood initially, she has learnt to overcome her fear out of her respect for the nobility of the profession in saving lives. She credits her school for nurturing her passion, where she was invested with the responsibility of running the health center with supervision for five years. She was also educated on the basics of how patients can be examined, and how treatment and injections are administered. Identifying and nurturing the talents and interests of children in this way instils in them the confidence that they can accomplish their dreams, without which, they would lack a sense of purpose.

Shruthi is anxious about her studies and she has had nobody to support or guide her ever since she left the CCI. Her days are spent in taking care of her grandparents and completing household chores, leaving too little time for her studies. She explains that in the CCI, she could focus on her studies completely and could reach out to her caregivers for support. She admits that she will not be able to achieve the goals and aspirations of her life with her present commitments, due to lack of guidance and information on how she can pursue her career goals. She shares that she feels hopeless at the thought of her further studies, with lack of financial support also being a serious concern. She is struggling with some subjects, for which her family is unable to finance her tuitions.

> **She feels hopeless at the thought of her further studies, with lack of financial support also being a serious concern.**

She is concerned about her future and wonders where she will go after her grandparents' time, counting on her cousin brother

to support her when such a situation may arise. She expresses that she is keen to become financially independent but is not sure how she can accomplish this, given her numerous difficulties. Shruthi wants to stand on her own feet but the circumstances in her life are not in favour. Her challenges alone advocate that Aftercare support is cardinal in the lives of all children and youth in care.

Shruthi shares that she has no social life at present. She does not have friends she can speak with nor any informed adults who can support and guide her to make important decisions in her life. She states that she feels lonely often and that she has barely left home since returning from her CCI, eventually becoming habituated with this lifestyle. It can be gauged that Shruthi's anxious mind is bound to experience further distress given the lack of emotional and social support.

Shruthi has received no opportunities as a young adult, which will lead to her settlement in life and social reintegration. She shares that her will power is her only source of strength and she is determined to do her best and complete her schooling. In her view, Aftercare is a crucial form of support without which youth are lost in their path towards adulthood. She asserts that Aftercare must include quality education, accommodation, support with employment and job placements, proper guidance and social support, and as required, support with enabling social relationships such as with marriage.

> **Aftercare is a crucial form of support without which youth are lost in their path towards adulthood.**

Shruthi's experiences exemplify the complete lack of support for youth in care, who upon leaving their CCI at the age of 18, do not receive Aftercare support and are faced with adversities across multiple domains of their lives. Among the fundamental eight domains of the Sphere of Aftercare, her experiences indicate a significant lack of inputs in a worrying seven domains, namely higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

5.1.2 The Meaning of Life reduced to being Forlorn

Amit is 18 years of age. He has not received Aftercare support and is presently working to take care of his basic needs.

Amit is able to recall his childhood only up to when he was around 5 years old, when he was living at a railway station, selling chocolates in trains with a friend. He shares that he used to live with his stepparents, but his often leaving home and wandering about by himself was disapproved by them, because of which, he left their home for good. For two years he was homeless, living with other children on railway stations across Gujarat and Maharashtra. At around 7 years of age, he was brought to a CCI by the police. He is not in touch with his stepparents and knows nothing about their whereabouts at present.

He attempted to run away from his CCI at the age of 16. He states that most of his friends were restored to their families and he did not like to stay in the CCI alone, which is why he wanted to leave. When inquired about whether he faced any difficulties in his CCI because of which he felt the urge to run away, Amit shared that his CCI provided him with all the facilities he needed, such as food, clothing and education. He mentioned that his relationship with the caregivers was fine and that they only reprimanded him when he was up to some mischief and did not follow the rules and regulations of the CCI. He had no complaints about the services provided at the CCI. He shares that he ran away because he did not feel happy being there and that

he finds happiness in travelling and doing mischief. There is however more to this tendency of Amit running away. Over the years, Amit has lived in three CCIs, admitting that because he kept running away from the institutes, he was constantly transferred with the objective that he may eventually stay in a CCI that he found conducive. Whenever he ran away, he preferred to go back to railway stations as during his early childhood, sustaining himself by selling things, loading cargo cartons or supplying water in trains. He continues to do such jobs. It appears that Amit was never able to develop meaningful social relationships and emotional bonds with any of his caregivers at the CCI, which gave him the feeling that he did not belong, hence his desire to always scarper. If he had received sincere care and support provided from a CCI, he may have been leading a life with better opportunities. Most saddening is the fact that when children and youth are not empowered to realise and develop their own competencies, and when they are not appreciated for who they are, they lack motivation and cease to aspire for a fulfilling life for themselves. This is evident with Amit; when asked about what his thoughts are on how he can improve his life, he was unable to think beyond securing a blue-collar job by which he can survive. The dangers of lack of care in enriching the lives of children is evidenced in Amit's life.

His lack of interest in education led to his completing his studies only up to grade 8. When asked about whether he would be interested to continue his education if provided an opportunity now, he shares that he has no such inclination, because he was never good with studies. Amit shares that he never had any dreams and aspirations for his life. He recollects that while growing up, his only interest was in cricket, which also waned in time. When asked about whether he expressed his interest so that his caregivers could help him develop it, he felt that there was no use in doing so, because a friend from his CCI did share his interest but no measures were taken by the CCI to help fulfil his dream.

> **A friend from his CCI did share his interest but no measures were taken by the CCI to help fulfil his dream.**

His only aspiration at present is to get his driver's license so that he can take up a driving job. He and a group of others he is working with have been assigned a work opportunity as drivers. He learnt to drive a tempo by himself. He hopes to get a driver's license but is faced with a difficulty. To apply for a license, he must first provide residence agreement, which he is unable to because he is presently living inside a factory that is owned by the employer who allots him his work. He has been living here for two years, ever since he ran away from his last CCI. He is provided food and water at this facility for a monthly fee. For his work, he receives INR 7,200 per month, out of which he must spend for his daily expenses. He works from 7 am to 1 pm, after which, since he has nothing to do, he roams about with his friends. Most of his money is squandered in his wanderings with friends. He is left with no savings and he does not have a bank account. He does not know how to secure the necessary documents to apply for a driver's license and is seeking his employer's help with the same. When asked about his future aspirations, Amit shares that he hopes to someday start a business of his own but is unsure about how to make this come true.

His social relationships are composed of only his friends. He shares that he does not like talking to people he does not know and feels nervous in such situations. He admits that when he saw other children with their parents, he would sometimes feel bad about why he was alone in life but refrained from thinking about it too much. He confesses that he does not share any such feelings and thoughts with his friends and finds it ideal to keep such matters to himself. This emotional toll of loneliness and repressed feelings concretises to form obstacles to realizing one's potential and often, can lead to psychological problems.

When asked about what kind of help he would require the most given his present circumstances, he shares that his dire need is for a more stable accommodation. He however shares that he has no interest in staying in a hostel like facility, as would be the case in a CCI or Aftercare institute. When asked about his views on Aftercare, Amit, understandably, had no idea about what it meant. When explained, he agreed that such services must be provided to youth, especially regarding support with vocational training and in securing a job. He also felt that orphan youth must be provided homes until they are able to live on their own.

Amit not only failed to receive Aftercare support but the inadequate care he experienced in his CCIs left him with too little resources that can help him improve his life. Among the fundamental eight domains of the Sphere of Aftercare, his experiences indicate a significant lack of inputs in seven domains, namely higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

5.2 Surviving

5.2.1 Determined against Odds

Reema is presently 19 years old. She lives with her family and is not receiving Aftercare support.

Reema was admitted to a CCI at around the age of 8. Reema used to live with her mother, father and two younger brothers. Her father's death by suicide brought the family to penury. The only solution that her mother could think of was to put the children in a CCI. Her mother took on employment in domestic services and continues to work to support the family. One of Reema's younger brothers presently works in a clothes store, whose finances have also helped the family make ends meet.

Reema appreciated the facilities in her CCI and liked the school that she was enrolled in. She maintained cordial relations with her peers in the CCI. She acknowledged the role of her CCI in training the children to develop many life skills. She shared that she faced no difficulties until grade 9, after which, the CCI enforced rigorous rules and regulations for the children regarding their studies. Children were not permitted to leave the CCI premises. In grade 10, they were enrolled for tuition classes, for which the children used to go walking as they had no vehicle facility. At this point, the warden of the CCI accused Reema of having an affair with a boy in the neighbourhood, tainting her character as immoral. Reema shared that while the management of the CCI were good, there were 3 caretakers who behaved very rudely with the children. Reema goes on to explain that they used extremely bad language and would always shout at the children, sometimes for no reason or for some silly mistakes. She talked about how some girls would retort when they were scolded at by the caretakers for no reason, for which they would get harsh treatment. The children were also physically abused and all this terrified Reema. Yet, she had to continue living in the CCI since she had no other choice.

> **They used extremely bad language and would always shout at the children, sometimes for no reason or for some silly mistakes.**

When things became unbearable, she talked to her mother about her difficulties, following which, her mother filed a complaint with Bal Adalat. Other parents who got to know about the abuse also joined to complain.

This led to the suspension of the caretakers against whom the complaints were made. Such incidences of abuse in CCIs are distressingly common. The courage of Reema's mother to lodge a complaint and the justice that was delivered to them is a rare example of victory against the present systems, one that must be encouraged more. The support of Reema's family through the adversities she faced while living in the CCI was incomparable in its power to build her resilience and take a stand for herself. A point to reflect here is the situation of all the other children and youth in care, who do not have any family members to stand by them through such difficult life circumstances. How many such children may be suffering in silence because they have nobody to support them?

A consequence of filing the complaint was that Reema was also asked to leave the CCI. She went back to live with her family. Since her original documents were with the CCI, she went to her CCI to obtain them, but the staff there were uncooperative, always asking her to come back another time. The delays resulted in her late admission to grade 11. With much hassle, she was able to get back her documents and resume her studies. Reema is presently pursuing her bachelor's degree in English. She aspires to complete her postgraduate degree in English and become a teacher by profession. Her education is being supported by her family and she expressed deep respect and gratitude to her mother and brother for financing her education. She shares good relations with her family members. Her mother has been the most important part of her life, working hard so that she and her brothers can have a good life. She shares that her mother is very supportive and kind by nature, and that all of her accomplishments are the result of her mother's love for them. She is certain that she will be able to accomplish the goals of her life with her present engagements, firmly believing in the motto *"we get according to the hard work we put in"*.

Reema is worried about the financial costs that her further studies may have on her family. The family presently resides in a flat provided to them by her grandfather, for which they pay only utility bills. The basic expenses of the family are met with her mother's and brother's salaries, but the additional expenses of her higher education may be something that they cannot manage. Her example reiterates the important role of financial support through Aftercare towards the education and eventually successful transition of youth to adulthood. Reema agrees that Aftercare is vital for youth leaving care but does not favour how in her district, Aftercare provision is only provided for boys at present. Further, in her view, the monthly amount of INR 2000 for youth allotted by the government would not suffice to meet even their basic needs, asserting that they should increase it so that youth can pursue their studies with the amount.

While Reema did not receive any Aftercare provisions, the support of her family has enabled her to move forward with her life's goals. Yet, among the fundamental eight domains of the Sphere of Aftercare, her experiences indicate a significant lack of inputs in at least four domains, namely higher education and vocational skills, affordable and adequate housing, financial independence and career, and independent living skills.

5.2.2 In Search of Guidance

Surya is 28 years old. He is working as a chef and has received Aftercare support from an NGO-run Aftercare institute.

Surya came to the CCI at the age of 7. He shares that he knows nothing of his birth place or family, with just a vague memory of living with his father and his siblings on the streets somewhere in Madhya Pradesh prior to being put in a CCI. Over the years, owing to his tendency to run away, Surya has lived in CCIs in Madhya Pradesh, Maharashtra and Gujarat.

Surya is disappointed by the lack of support from his CCIs in his educational pursuits. He was only able to complete up to grade 4, and with the constant shifts in CCIs, was unable to obtain the LC certificate from his

last school, because of which he was denied admission to other schools to continue his education. As years passed, Surya continued to express his interest to study to his CCIs but was given the response that he was too old to resume from the grade that he had left off. When he became older, he was enrolled in a welding and plumbing course, a vocation that was not of his interest.

Surya had at one point aspired to pursue a job in government services, but the lack of educational support has put an end to this dream. The lack of education makes him feel like he has only half the chance of being able to accomplish the goals of his life. When asked about whether he would like to go back to pursuing his education, he states that he does not feel confident that he would be able to do it. Education is a powerful tool capable of transforming the lives of individuals by helping them realise their potential. That such a basic right is being neglected in some CCIs must be addressed and rectified.

> **Education is a powerful tool capable of transforming the lives of individuals by helping them realise their potential.**

Surya maintained good relationships with his peers in the CCIs and continues to share good bonds with some of them. He goes on to share that his relationships with his caregivers at most of his CCIs, except his last one, was not good, because he did not receive much support from them. He mentions that the children were only provided food, clothes and shelter but were not guided on how they can develop their lives. It was evident from his statements that no emotional bonds, by which the children felt nurtured and cared for, were developed with the caregivers in the CCIs. Surya realised the importance of social relationships when he once met with an accident and was under treatment in a government hospital for 1.5 months, where his only source of support and solace were his friends who visited him regularly. He appreciated his social relationships and shared that he does hope to get married but first seeks to be more financially secure.

He was provided Aftercare support in the form of financial support towards his accommodation and food. He was also supported to find jobs so that he can become independent. Surya has over 10 years of work experience in the field of hotels and hospitality. He started with a salary of INR 2000 per month and is now earning INR 10,500, which he states is too less to fulfil his career goals. Surya's hard work and perseverance must be acknowledged here, where even without much guidance, he managed to create a livelihood for himself, modestly progressing in his efforts, with his most recent accomplishment being a two-wheeler he purchased in his name. He aspires to start his own laundry business but is unable to put together the funds to start his enterprise. In the past, his interest found him setting up a pest control business, for which he received financial support from his Aftercare institute. However, since he received no guidance on the legal processes involved in establishing a business, he had to eventually shut down and had significant financial losses. Surya's situation highlights that financial support, when not backed by appropriate financial and legal literacy, may not be of help to youth in the long run in establishing themselves as independent adults.

In Surya's view, CCIs and Aftercare must help youth secure important documents required to establish themselves in society, the lack of which in his own case led to his being deprived of an education. He believes that apart from providing basic support such as food, accommodation, and education, Aftercare must also provide youth with counselling and guidance so that they can take more informed decisions with respect to their career as well as interpersonal lives.

While Aftercare did help Surya to some extent, limitations in provisions may have impeded his growth and development in a few areas of his life. Among the fundamental eight domains of the Sphere of Aftercare, his experiences indicate a significant lack of inputs in at least five domains, namely higher education and

vocational skills, financial independence and career, mental and emotional well-being, identity and legal awareness, and interpersonal skills and social relationships.

MOVING ON

5.3 Moving On

5.3.1 A Samaritan's Helping Hand

Sameer is 19 years old, pursuing his 12th grade. He is presently not in Aftercare and is living independently with the support of a guardian.

Sameer was around 6 years old when he was found wandering alone at Ahmedabad railway station by a team from Childline. He was put in a CCI by the team, and was reassured that the CCI will be providing him with food, shelter, clothing and education. He has no recollection of his family or of life before coming to the CCI. His CCI tried to locate his family by advertising his photograph and contact details twice in the newspaper, but no responses were received.

In a span of 12 years, Sameer was shifted between 5 CCIs. Sameer's interest in education was the reason behind his being constantly transferred, as most of the CCIs failed to offer appropriate educational support. On his experience about one such CCI, he shares "*There they used to provide us education in one general hall, we had to sit there. That was not like a school. They used to teach us very basic things and we learnt nothing new to advance with our studies.*" In another CCI, Sameer shares that the situation was so bad that children were given no education or learning whatsoever, rather only provided food, water and made to play for the rest of their time. The children knew nothing about the outside world and about what day or month it was. It is evident here that educational support is upsettingly inadequate in many CCIs, with Sameer's own example indicating that only one among the 5 CCIs he was placed in provided adequate support with education. Sameer stood up for his desire for better learning opportunities, which many other children may not have been able to voice and as a result be deprived of a fundamental right.

> **There they used to provide us education in one general hall, we had to sit there. That was not like a school.**

Sameer was transferred to his last CCI at the age of 11, where he was able to continue his education. He was happy with this CCI primarily due to this reason. The children were also taught life skills through workshops, on topics such as developing relationships, importance of friendship, handling emotions, understanding the intent of others, and staying safe. He enjoyed sports and games too, which was supported by the CCI. They encouraged him to participate in sports fests in the district. He shares that this was the only CCI where he felt like he was in a family, where he could approach the staff and speak with them about his feelings and thoughts openly. He appreciated the cooperation of the staff and children there and expressed that all his needs were fulfilled. In comparison, the staff of his previous CCIs were uncooperative and there was no feeling of belongingness there. Sameer also found the lack of engagement in education and extracurricular activities discomforting. He shared good relationships with his peers in his last CCI and many among them continue to be part of his friends' circle. He shares that a total of 10 children lived in the CCI when he

> **The staff of his previous CCIs were uncooperative and there was no feeling of belongingness there.**

was residing there, because of which, all children received adequate attention and support, compared to the previous CCIs he stayed in, where there were many children and too few staff to care for them.

Sameer's ambition is to become a police officer. He is inspired by how police officers dedicate their lives for the good of the nation. He envisions himself as a Superintendent of Police in the future and is persevering towards fulfilling this dream. He practices regularly to develop his fitness and is determined to complete his graduation to qualify for the Civil Services Examination. Sameer is presently being supported by a guardian who is instrumental in bringing to reality his dream. During his stay at his CCI, every Diwali, the driver of the Deputy Superintendent of Police (DSP) of the district would visit the CCI to distribute crackers and sweets to the children. In conversation with him one day, Sameer shared his ambition to become a police officer. His enthusiasm and interest was conveyed by the driver to the DSP, who taking an interest, invited Sameer to discuss his dream with him. On gleaning Sameer's passion, the DSP decided to take responsibility for him. He informed the CCI about his interest to become Sameer's guardian, following which, Sameer moved out of the CCI and has been living in a one-room facility arranged by his guardian, who also takes care of his other fundamental needs such as food, clothing, education, and emotional support and guidance. He is also provided pocket money for any other expenses he may have. His guardian is determined to see Sameer fulfil his dream.

Sameer is confident is his ability to achieve his goals and aspirations in life. He shares that he receives guidance and support from his guardian, who ensures to meet him at least once a week. Sameer feels that his responsibility now is to work hard and get a good education, so that he can achieve his life's goal. He plans to pursue his undergraduate education in the Arts stream and also aspires to do the NCC course. Sameer's physical and mental health are in good shape, for which he credits his healthy routine and consistent support from his guardian. He wakes up at 6 every morning to exercise and maintains a disciplined schedule to balance his studies and extracurricular engagements throughout the day.

Regarding his social life, Sameer expressed that he has some good friends. He counts on his guardian and his wife for support and guidance and also maintains good relations with the manager of the mess from where his food is arranged. Notably, one stricture by his guardian is that he should not divert his attention from his goal by getting into relationships with girls at present. While Sameer understands that this is for his benefit, he goes on to share that he does eventually want to marry and settle down. While focus on studies is undoubtedly important, an absolute stricture of this nature may negatively impact the ability of youth to develop healthy social relationships, an integral part of smooth transition into independent life.

Sameer asserts that Aftercare is very important for youth like himself, who do not have a family to go back to once they leave their CCI. He believes that Aftercare must include good education and support with job placements, until youth are able to manage independently. He shares that in his own example, he was fortunate to have been acquainted with his guardian, who listened to his needs and aspirations and encouraged him to pursue his goals with full support. He admits that had he not received this support, he would have had no option but to pursue some basic course like many of his peers with his actual interest remaining unfulfilled. Sameer's is a rare story of hope, where human kindness has helped him traverse the adversities of his life to move closer to his life's aspirations. Why shouldn't all youth deserve such care and support, who nurture similar wonderful life goals but are uncertain how to bring them to fruition? Aftercare must make this possible for youth.

Sameer's experiences signify that he is moving on quite well upon leaving his CCI. However, his statements indicate a lack of support in at least one of the eight fundamental domains in the Sphere of Aftercare; namely, interpersonal skills and social relationships.

Chapter 6

Recommendations for Strengthening Aftercare

> 66 In our Aftercare programme, we try to give the CLs more responsibility, as their freedom in CCIs is a little restricted. An innovative practice we have implemented here is to create a family atmosphere in the children's home, giving children more freedom as they prepare to transit and making them more responsible. 99

Superintendent, Aftercare Service Provider, Gujarat

This study enriched by analysis of literature, policies, current Aftercare practices in Gujarat, 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 documentation recommends a strong social inclusion of CLs through a participatory approach, understanding and addressing their needs, priorities and aspirations, and promoting their voices in mainstreaming them, and allowing for a full 'Sphere of Aftercare' to be provided to CLs based on their individual needs. The findings also strongly recommend that Aftercare services and support, through the relevant domains of the Sphere of Aftercare, may be extended to the PMPY beneficiaries, to sustain the investments of the scheme from childcare to adulthood, thereby upholding the continuum of care approach.

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 are being made in the hope that they will enable the establishing of a robust Aftercare programme in Gujarat, such that no CL is left behind Social inclusion of CLs through a participatory approach, understanding and addressing their needs, priorities and aspirations and promoting their voices in their own mainstreaming will bring the "Sphere of Aftercare" to life in Gujarat.

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 recognized 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.

Some specific recommendations for the Directorate of Social Defence, Social Justice and Empowerment Department, (DSD, SJED, GoG) in this regard, are as follows:

- CLs should be recognized as a disadvantaged section under the Economically Weaker Sections (EWS) category.

- CLs should be considered as a vulnerable category of youth while formulating policy or schemes in the State for youth, such as State Youth Policy, Schemes on Housing, Education and Health, and scholarships and schemes offering subsidies or loans for education or entrepreneurship.

- With a vision of mainstreaming CLs, State Government should promulgate affirmative action for CLs. Giving priority enrolment, easy access to and providing reservations in educational institutes and government jobs, will contribute in mainstreaming CLs in the State. There are already precedents set by the States of Maharashtra and Rajasthan, which have promulgated reservation in jobs and higher education. It would also ensure that the agenda of CLs is brought to the political forefront, helping to raise awareness regarding the challenges they face. However, any affirmative action should be time-bound, fully operationalized 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 Gujarat

- The GSCPS, being the nodal department responsible for effective implementation of the JJ Act, 2015 in the State, should include Aftercare as a prioritized 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.

- DCPU 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.

- 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'.

- 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, notified and immediately 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.

6.3 Effective Implementation of Existing Policy and Law on Aftercare

a. **Enforcement at CCI level**

i. 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 channelizes their thinking toward safe transitions and independent living should be conducted by those with practical experience in child and youth care.

ii. 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, and disaster management, through hands-on experience.

- Exposure to society through field trips, community immersion and by encouraging safe volunteerism.
- Outcome-based collaborative planning for transition through information and knowledge sharing.

b. **Ensure all CLs are re-integrated into the mainstream of the society through Support provided across the 8 domains of the 'Sphere of Aftercare'** Every CL should be involved in developing their rehabilitation plan. Every CL should be offered local support options at the district level across different domains in the 'Sphere of Aftercare'.

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

   ii. **Physical health:** Access to health services, subsidized medical services and health insurance through the PM-JAY for all CLs.

   iii. **Mental health care** support that is accessible to CLs through professional specialized 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 internalize 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 levels.

ii. Periodic assessment of all services offered under the domains of the 'Sphere of Aftercare' for CLs by GSCPS. 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:** GSCPCR 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

GSCPS must set up a dedicated Aftercare Fund at district level that can cater to a holistic programme. Once funds are allocated, it is also important to utilise them in the best interest of CLs.

- Increase in the current allocation of Rs. 2,000 per month per youth under ICPS to an amount of at least Rs. 8,000 per month per youth under ICPS.

- Lack of access to financial resources during care further led CL respondents and KIs to suggest a need-based, one-time financial support towards CL independence and mainstreaming, particularly in the domain of housing, upon their entry into independent living.

- GSCPS may provide additional financial support to young persons in addition to ICPS support through convergence of various schemes for youth such as departments pertaining to housing, higher education, skills development, sports, youth affairs, social justice etc.

- Investments to commission further research on areas identified in the documentation, such as a study to examine the gender gap in the existing Aftercare programme, should be supported by the DSD.

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 GSCPS, GoG, must be responsible for building this convergence model.

- Similarly, Aftercare service providers such as CCIs, NGOs, ACOs community-based agencies and corporates under their CSR, must come together to offer their range of services to CLs, in an integrated

manner guided by the GSCPS. Through convergence, efforts should be made to encourage CLs to benefit under all the domains of the 'Sphere of Aftercare', wherever possible.

- GSCPS may undertake a time-bound evaluation of ongoing government schemes that are relevant for CLs in the State and the extent to which CLs have benefitted from them.

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. GSCPS should encourage need-based research and documentation on Aftercare at the State level. Additionally, other research issues such as the gender gap in the existing Aftercare programme, outcomes of female CLs and absence of an ability to build social relationships by CLs, could also be studied.

It is hoped that this report has widened the information eco-system that helps to increase the knowledge and understanding of the needs and rights of CLs in Gujarat under the aegis of GSCPS by documenting voices of CLs, which can reform 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:
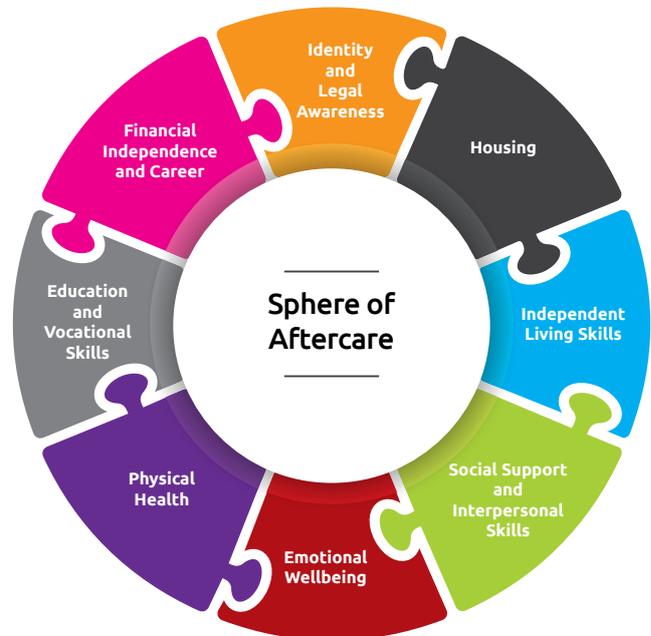
1. **Emotional Well-being (Psycho-social Needs):**
   This domain meets Positive Mental Health and Psychosocial Needs of the youth, that require supportive and therapeutic intervention, and includes emotional preparation to leave care, trust, (complex) trauma, anxiety, aggression, attachment issues and 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. **Social Support & Interpersonal Skills:** These skills, also referred to as social skills or relationship skills: 'soft' skills that enable Care Leavers to engage fruitfully with their birth family, relationships built whilst in care, mentors and others, with the same and opposite gender. Teamwork, negotiation and assertiveness and being part of networks are vital relationship management skills. Guiding CLs through several aspects of life like pre-marital counselling, reflections at different pathways in order to arrive at one's own decisions is also important. It also addresses one's political awareness and need for active citizenship.

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

7. **Financial independence & Career:** This domain refers to all aspects of preparing a young person for employment or entrepreneurship after leaving care. Financial literacy, crisis management, security and job readiness skills including internships are tools towards sustainable economic independence. Workplace etiquette, ethics and integrity are workplace skills that sustain careers.

8. **Housing:** This domain addresses the issues of safe, adequate and affordable housing to mitigate homelessness that the young person may face when leaving care., A non-institutional approach ensures reintegration and rehabilitation into society.

Operational Definitions

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

Care Leaver	Care Leaver refers to the youth who has lived in a state or NGO-run Child Care Institution at any point of their life and have transitioned out of care, on attaining 18 years of age.
Aftercare Receivers	Aftercare receivers refers to those CLs who have received at least one or more Aftercare service or support from the State Government or NGO-run Aftercare Programme
Key Informants	The Key Informants, who were interviewed for this study include: • Representatives of various CCIs (governmental and non-governmental), Aftercare providers/ program managers, social workers. • Practitioners, Experts, Policy-makers, activists and scholars in Child Protection. State Officials: Representatives of Department of Social Justice & Empowerment (SJE) and Department of Women and Child Development (DWCD), Juvenile Justice (JJ) functionaries including CWCs and JJBs, ICPS functionaries including DCPOs and State Child Protection Officers (SCPOs), District Women and Child Development Officers (DWCDO), Child Welfare Officers, Probation Officers, Social Workers, Case Worker.
Transition Planning	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 1. Providing children with pathways to acquiring education, life skills, independent living skills, social skills to equip them for independent living 2. Empowering them to be mentally and emotionally stable and confident for the transition and enabling them to access a support system 3. 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 4. The transition plan is actually a set of short-term actions towards independent living and community integration of CLs in the long term. It is always carried out with children's participation so that their interest, talents and life choices are included and children have ownership of their planning pathway to life.
Supported Housing	Supported Housing refers to housing facility provided to the CL as an Aftercare service by an NGO or the Government.
Unsupported Housing	Unsupported housing refers to a housing facility accessed by the CL on his own (includes living with family, friends, self-owned house or in paid/ rented accommodation wherein the financial cost is borne by the CL) without any support under the Aftercare programme.
Mainstreaming	The seamless process by which CLs are ready for independent living and socially reintegrated such that they can manage their accommodation, transportation, finances, household responsibilities, access to services such as education, vocational training, health care, legal aid services, employment, and financial services on their own without external support by taking responsibility for themselves and contributing to society. (The concept of family and caring for a Person does not end on a specific date or age)
Mentor	An individual, who is willing to commit and take voluntary responsibility of providing support, assistance and guidance to a Young Person to achieve their goal of mainstreaming and independence.

Annexure-II

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)	1. Have you been placed in more than one CCI? 2. Have you been in touch with your family? 3. Was your family counselled, provided with help or trained to alter situation that made you to come to the CCI? 4. Were you able to continue your education as you wanted? 5. Did you receive any one-on-one guidance/mentoring by an adult regarding your interests, hobbies, and academic aspirations? 6. Were you consulted to prepare your ICP and Release Plan? 7. Did you feel empowered during your childhood? 8. Are you satisfied with your CCI Life experience?	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **Score:** Maximum = 8; Minimum = 0 **Index (Score ÷ 7):** 'Unsatisfactory' = 0.000 − 0.333 'Neutral' = 0.334 − 0.666 'Satisfactory' = 0.667 − 1.000
CCI Skill Development (18 Questions)	Did you receive/acquire any of following skills either through a workshop, training or hands-on experience **in your CCI?** Independent Living Skills: 1. Nutrition and health management 2. Cooking 3. First aid 4. Disaster management (fire, flood, earthquake, etc.) 5. Household management (taking care of your belongings, budget management/saving, etc.) 6. Recreation and exercise Interpersonal Skills: 7. Conflict resolution 8. Communication 9. Anti-bullying 10. Self-esteem, motivation, etc. 11. Leadership, team-building, etc. 12. Rights and responsibilities 13. Gender roles, neutrality and inclusion Vocational Skills and job-readiness 14. Computer and IT 15. Basic accounting 16. English speaking 17. Resume making 18. Interview techniques	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **Score:** Maximum = 18; Minimum = 0 **Index (Score ÷ 18):** 'Unsatisfactory' = 0.000 − 0.333 'Neutral' = 0.334 − 0.666 'Satisfactory' = 0.667 − 1.000

Aftercare Sphere Indices		
Domain Index	**Selected Questions**	**Scoring and Categorisation**
1. Housing Index (8 Questions)	Does your current housing meet the following criteria? 1. Habitability i.e. Protection from weather, private space to, cook, rest and freshen up? 2. Access to basic services like water, electricity, health, education, road and sanitation? 3. Proximity to education and work? 4. Access to safe transport? 5. Protection against forced eviction? 6. Culturally adequate to connect with the community – Language and sociability? 7. Secure tenure? 8. Security against violence and theft?	**Scoring Criteria for each ques.:** Yes=1; No=0 **Domain Score:** Maximum = 8; Minimum = 0 **Domain Index (Domain Score ÷ 8):** 'Unsatisfactory'= 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000
2. Independent Living Skills Index (6 Questions)	Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare? **Independent Living Skills:** 1. Nutrition and health management 2. Cooking 3. First aid 4. Disaster management (fire, flood, earthquake, etc.) 5. Household management (taking care of your belongings, budget management/saving, etc.) 6. Recreation and exercise	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **Domain Score:** Maximum = 6; Minimum = 0 **Domain Index (Domain Score ÷ 6):** 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000
3. Social Support and Interpersonal Skills Index (13 Questions + 7 Questions = 20 Questions)	**Social Relationships** Are you able to forge and maintain meaningful and long-lasting relationships with the following persons? 1. Caregivers, staff, house-parent 2. Mentors 3. Teachers 4. Other children in CCI 5. Colleagues 6. Officials like boss, superintendents, Government duty-bearers etc. 7. Neighbours 8. Friends 9. Romantic partners 10. Father 11. Mother 12. Biological Siblings 13. Acquaintances, strangers, others, etc. **Interpersonal Skills** Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare? 1. Conflict resolution 2. Communication 3. Anti-bullying 4. Self-esteem, motivation, etc. 5. Leadership, team-building, etc. 6. Rights and responsibilities 7. Gender roles, neutrality and inclusion	**Scoring Criteria for each ques.:** Yes = 1; No = 0 (1) Social Relationships Score Personal =2+7+8+9+13 Family = 10+11+12 Official=1+3+4+5+6 [Avg. (Personal) +Avg. (family) + Avg. (Official)] Maximum = 3; Minimum = 0 (2) Interpersonal Skills Score: Maximum = 7; Minimum = 0 Domain Score [Avg. (1) + Avg. (2)]: Maximum = 2; Minimum = 0 Domain Index (Domain Score ÷ 2): 'Unsatisfactory' = 0.000 – 0.286 'Neutral' = 0.287 – 0.573 'Satisfactory' = 0.574 – 1.000

Aftercare Sphere Indices		
Domain Index	**Selected Questions**	**Scoring and Categorisation**
4. Emotional Wellbeing Index (5 Questions)	Have you faced the following symptoms in the last 4 weeks? 1. Affected day-to-day functioning 2. Feeling worthless, helpless or hopeless 3. Violent thoughts of harming self or another 4. Did you seek assistance for your stress/symptoms? 5. Are you satisfied with your current emotional/mental status?	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **Domain Score:** Maximum = 5; Minimum = 0 **Domain Index (Domain Score ÷ 5):** 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000
5. Physical Health Index (9 Questions)	Do you have the following amenities during physical illnesses? 1. Clinic to consult a doctor 2. Space to rest and recuperate 3. Space for wellness, exercise, yoga, run, etc. 4. Hygienic surrounding for stay, work, etc. 5. Adequate quality food and water 6. Safe transport 7. Is a caregiver available when you fall ill? 8. Do you have health insurance? 9. Are you satisfied with the current state of your physical health?	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **Domain Score:** Maximum = 9; Minimum = 0 **Domain Index (Domain Score ÷ 9):** 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000
6. Financial Index (5 Questions)	1. Have you attended any financial literacy workshop, seminar or one-on-one consultation/mentoring? 2. Do you have a bank account? 3. Do you have any financial insurance? 4. Was your income/allowance able to cover your cost of living in the last 12 months? 5. Are you satisfied with your current financial status?	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **Domain Score:** Maximum = 5; Minimum = 0 **Domain Index (Domain Score ÷ 5):** 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000
7. Education and Vocational Skill Index (8 Questions)	**Education** 1. Have you completed your higher secondary education (Class 12th)? **Vocational Skills** Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare? 2. Computer and IT 3. Basic accounting 4. English speaking 5. Resume making 6. Interview techniques **Current Skill Adequacy** 7. Do you think your current education and skill-level are adequate to achieve your academic and career aspirations? 8. Are you satisfied with your current skill level?	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **(1) Education Score** Maximum = 1; Minimum = 0 **(2) Vocational Skills Score** Maximum = 6; Minimum = 0 **(3) Current Skill Adequacy Score** Maximum = 2; Minimum = 0 **Domain Score [Avg. (1) + Avg. (2) + Avg. (3)]:** Maximum = 3; Minimum = 0 **Domain Index (Domain Score ÷ 3):** **'Unsatisfactory' = 0.000 – 0.333** 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000

Aftercare Sphere Indices		
Domain Index	**Selected Questions**	**Scoring and Categorisation**
8. Legal Index (3 Questions)	1. Have you ever been informed about your legal rights and responsibilities either through a workshop, seminar or one-on-one consultation? 2. Were you aware that under the JJ Act, 2015, you can be provided 'Aftercare' from the age of 18-21 years? 3. Do you have a Voters' ID?	**Scoring Criteria for each ques.:** Yes = 1; No = 0 **Domain Score:** Maximum = 3; Minimum = 0 **Domain Index (Domain Score ÷ 3):** 'Unsatisfactory' = 0.000 − 0.333 'Neutral' = 0.334 − 0.666 'Satisfactory' = 0.667 − 1.000

Aftercare Quality Index		
Domain Index	**Selected Questions**	**Scoring and Categorisation**
Aftercare Quality Index (AQI)	1. Housing Index 2. Independent Living Skills Index 3. Social Support and Interpersonal Skills Index 4. Emotional Wellbeing Index 5. Physical Health Index 6. Financial Index 7. Education and Vocational Skills Index 8. Legal Index	**Aftercare Quality Score (AQS):** [Sum of all 8 Aftercare Sphere Domain Indices] Maximum = 8; Minimum = 0 **Aftercare Quality Index (AQS÷ 8):** 'Unsatisfactory' = 0.1475 − 0.3792 'Neutral' = 0.3793 − 0.6110 'Satisfactory' = 0.6111 − 0.8428

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A Study of Current Aftercare Practices

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