



Supporting youth Leaving Care

A Study of Current Aftercare Practices



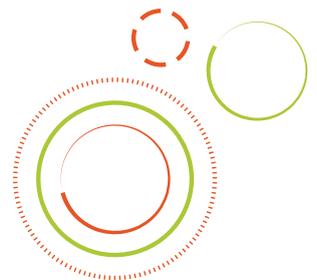


Supporting Youth Leaving Care

A Study of Current Aftercare Practices

in Karnataka

May 2019
Udayan Care



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Strategic Conceptualisation & Editorial Inputs: Aneesha Wadhwa, Dr. Kiran Modi, Leena Prasad, Rini Bhargava, Shivani Bhardwaj.

Technical Guidance: Aneesha Wadhwa, Arlene Manoharan, Dr. Kiran Modi, Dr. N. Janardhana, Rajesh Patnaik, Vandhana Kandhari, Sony Kutty George.

Field Research/State Implementing Partner: National Institute of Mental Health and Neurosciences (Rudraswamy M S, Usha Kiran K T, Vijay Ashok Naik).

Core Report Team: Lakshmi Madhavan, Leena Prasad, Rini Bhargava, Suman Kasana.

Raw Data Processing: Lakshmi Madhavan, Sudeshna Roy, Suman Kasana.

Data Analysis & Interpretation: Rini Bhargava.

Content Inputs: Arlene Manoharan, Nina Nayak.

Photograph credits: Udayan Care.

Contact:

United Nations Children's Fund (UNICEF)
India Country Office,
73 Lodi Estate, New Delhi, 110003
www.unicef.in | vkandhari@unicef.org

Udayan Care
A - 43, Chittaranjan Park,
New Delhi - 110019
www.udayancare.org | advocacy@udayancare.org

Table of Contents

List of Acronyms.....	vii
Preface	ix
UNICEF Message	xi
Tata Trusts Message	xiii
Executive Summary	xv
Chapter 1: Overview of Aftercare.....	1
1.1 Introduction.....	2
1.2 Transition from Childcare to Aftercare	3
1.3 Policy and Legal Framework for Aftercare	5
1.4 Situation of Aftercare in Karnataka	12
Chapter 2: Objectives & Methodology	14
2.1 Justification and Rationale of the Study	15
2.2 Objectives	15
2.3 Methodology	16
2.4 Scope.....	16
2.5 Literature Review	17
2.6 Thematic Framework	17
2.7 Data Collection.....	18
2.8 Sampling Methodology	19
2.9 Data Processing, Analysis & Interpretation	20
2.10 Ethical Considerations	21
2.11 Limitations	21
Chapter 3: Findings.....	22
3.1 Demographics	23
3.2 Life in a CCI and Transitioning into Aftercare	24
3.3 Housing.....	27
3.4 Independent Living Skills.....	29
3.5 Mental and Emotional Wellbeing.....	31

3.6	Social Relationships and Interpersonal Skills	33
3.7	Physical Health	35
3.8	Education and Vocational Skills	36
3.9	Financial Independence and Career	39
3.10	Identity and Legal Awareness.....	43
3.11	Aftercare towards Social Reintegration	44
Chapter 4: Discussion & Conclusions		48
4.1	Objective 1: Establishing a relationship between life in CCIs to the nature of challenges and opportunities faced by CLs as young adults.....	49
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.....	52
4.3	Objective 3: Understand and document the emerging and promising Aftercare interventions.	61
4.4	Objective 4: Ascertain the average number of children who exit child care institutions in the State every year on completing 18 years of age.	63
4.5	Objective 5: Recommend measures for interventions that will bring about qualitative improvement and robustness in Aftercare.	63
Chapter 5: Case Studies		64
5.1	Struggling.....	66
5.2	Surviving	67
5.3	Moving On.....	70
Chapter 6: Recommendations for Strengthening Aftercare		73
6.1	Recognition of Care Leavers as Vulnerable Youth	74
6.2	Streamline Aftercare Systems and Processes in Karnataka	74
6.3	Effective Implementation of Existing Laws and Schemes on Aftercare	75
6.4	Increased Investment in Aftercare	77
6.5	Linkages and Convergence	77
6.6	Collectivising Care Leavers.....	77
6.7	Research on Aftercare	78
References		79
Annexure-I: The Eight Domains of The Sphere of Aftercare		82
Operational Definitions.....		83
Annexure-II: Indices of Sphere of Aftercare		84

List of Figures

Figure 1:	Profile/Type of CCIs in Karnataka	12
Figure 2:	The Sphere of Aftercare	18
Figure 3:	Demographics	23
Figure 4:	CLs Adverse Experiences in CCI.....	24
Figure 5:	CCI Life Experience Index by Type of CCI.....	25
Figure 6:	Skill Development in CCI.....	26
Figure 7:	Types of Independent Housing availed by CLs	27
Figure 8:	Mental Health Assistance sought by CLs	32
Figure 9:	Social Relationships and Interpersonal Skill Index by Gender.....	34
Figure 10:	Highest Level of Formal Education Attained by CLs by Gender	37
Figure 11:	Education and Vocational Skills Index by Gender and Type of CCI.....	38
Figure 12:	CLs with various Financial Security Products	40
Figure 13:	Ability to Cover Cost of Living	41
Figure 14:	Nature of CL's Present Engagement by Gender	42
Figure 15:	Aftercare Towards Social Reintegration.....	45

List of Tables

Table 1:	Skill Index in CCI by Type of CCI.....	26
Table 2:	Housing Index by Aftercare Status	28
Table 3:	Independent Living Skill Index by Gender	29
Table 4:	Independent Living Skills Acquired by Aftercare Receivers and Non-Receivers.....	30
Table 5:	Frequency of Aftercare Receivers and Non-Receivers reporting Symptoms of Psychological Disorders	31
Table 6:	Symptoms of Psychological Disorders by Gender.....	32
Table 7:	Emotional Wellbeing Index by Gender.....	33
Table 8:	CLs unable to Maintain Childhood Relationships by Aftercare Status	33
Table 9:	CLs unable to Maintain Relationships with Biological Family and Romantic Partner by Gender....	34
Table 10:	Social Relationships and Interpersonal Skill Index by Aftercare Status.....	34
Table 11:	Physical Health Index by Gender and Aftercare Status.....	36
Table 12:	Vocational, Technical and Employability Skills Acquired in CCIs	37
Table 13:	Skills Acquired by Aftercare Receivers and Non-Receivers post 18 years	38
Table 14:	CLs with Independent Sources of Income by Gender	39
Table 15:	Independent Income by Aftercare Status	39
Table 16:	Guidance for Financial Management in CCI by Type of CCI.....	40
Table 17:	Financial Index by Gender and Type of CCI	41
Table 18:	Financial Index by Aftercare Provision and Type of Aftercare	41
Table 19:	Nature of Present Engagement by Provision of Aftercare and Type of Aftercare	43
Table 20:	Possession of Legal Documents by Gender and Type of CCI	44
Table 21:	Legal Index by Gender and Type of CCI	44
Table 22:	Aftercare Quality Index by Gender	46
Table 23:	Aftercare Quality Index by Type of CCI.....	46
Table 24:	Aftercare Quality Index of Receivers and Non-Receivers.....	46

List of Acronyms

ACO	Aftercare Organisation	KSICPS	Karnataka State Integrated Child Protection Society
AOP	Aftercare Outreach Programme	MoWCD	Ministry of Women and Child Development
BPBA	Bombay Presidency Borstal Association	NCS	National Career Service
CAP	Current Aftercare Practices	NIMHANS	National Institute of Mental Health and Neurosciences
CCI	Child Care Institution/s	NEET	Not in Education, Employment or Training
CCL	Children in Conflict with Law	NGO	Non-Governmental Organisation/ Non-Government Organisation
CL	Care Leaver	NULM	National Urban Livelihood Mission
CLAN	Care Leavers Association and Network	NYP	National Youth Policy
CNCP	Children in Need of Care and Protection	OHC	Out-of-Home Care
CSR	Corporate Social Responsibility	PAN	Permanent Account Number
CWC	Child Welfare Committee	PIL	Public Interest Litigation
DCPO	District Child Protection Officer	PM-JAY	Pradhan Mantri Jan Aarogya Yojna
DCPU	District Child Protection Unit	PMKVY	Pradhan Mantri Kaushal Vikas Yojna
DLSA	District Legal Services Authority	PPP	Public-Private Partnership
DWCD	Department of Women & Child Development	RWA	Residents Welfare Association
FGD	Focused Group Discussion	SCPS	State Child Protection Society
GoK	Government of Karnataka	SHG	Self-Help Group
HIV	Human Immunodeficiency Virus	SOP	Standard Operating Procedure
ICP	Individual Care Plan	SPSS	Statistical Package for Social Sciences
ICPS	Integrated Child Protection Scheme	TISS	Tata Institute of Social Sciences, Mumbai
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015	UNCRC	United Nations Convention on the Rights of the Child
JJ Rules	Juvenile Justice (Care and Protection of Children) Model Rules, 2016	UNGA	United Nations General Assembly
JJB	Juvenile Justice Board	UNGACC	United Nations Guidelines for the Alternative Care of Children
KII	Key Informant Interview	UNICEF	United Nations Children's Fund
KI	Key Informant		
MIS	Management Information System		
MoU	Memorandum of Understanding		

Preface



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

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

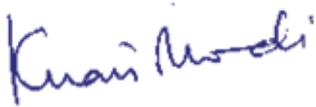
This study in Karnataka was conducted with the support from National Institute of Mental Health and Neurosciences (NIMHANS) and I would like to extend my gratitude to Dr. N. Janardhana, Additional Professor, Department of Psychiatric Social Work, and the field team for their efforts in ensuring robust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

At the national level, the National Youth Policy, in 2014, identified youth in institutional care, orphanages, correctional homes and prisons as a category that needs more support from the State, but not much of this has been formulated clearly or effectively implemented. The policy states that "*while the government*

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

Even though Aftercare has existed in Karnataka for many years (including NGO efforts since the 1930s), the team could not get any substantial documentation or research studies on Aftercare in the State.

I hope the evidence generated in this 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. In Karnataka, it was heartening to listen to the strong voices of the CLs at the State Consultation and Round Table conducted during the study. I am so humbled by the resilient CLs, who were a part of this study and who spoke their minds and hearts out and shared their hopes with us. We remain committed to listening to their voices, to making our best efforts in working with them, towards achieving the rehabilitative goals of the Juvenile Justice (Care and Protection of Children) Act, 2015, and in sustaining practice-informed, evidence-based advocacy on Aftercare, in their best interests.



Kiran Modi, PhD
Founder Managing Trustee
Udayan Care

Message

'Child Protection' is about protecting children from or against any perceived or real danger or risk to their life, their personhood and childhood. It is about reducing their vulnerability to any kind of harm and protecting them in harmful situations. It is about ensuring that no child falls out of the social security and safety net and, that those who do, receive the necessary care, protection and support so as to bring them back into the safety net. While protection is the right of every child, some children are more vulnerable than others and need special attention – such as those leaving care after long years in child care institutions. The services and support to these children leaving care can be considered all together as aftercare services.

UNICEF believes that failure to provide aftercare services for children/youth leaving care has grave consequences for the physical, mental, emotional and social integration of the child into the society, with consequences of a loss in productivity and quality of life for such children.

The study on aftercare was therefore conceived of to understand the ground realities in consultation with the relevant stakeholders particularly with those who leave care. The study was facilitated by UDAYAN Care in Delhi and looked at aftercare in four states of India including Karnataka.

I congratulate the team from UDAYAN Care and the National Institute for Mental Health and Neuro Sciences (NIMHANS), Department of Psychiatric Social Work which has taken care to interview key informants and those who leave care in Karnataka who provided detailed notes for UDAYAN Care to consolidate this research. I am sure that the Government of Karnataka, especially the Department of ICPS will ensure that the learning and recommendations from this study will inform its policies around aftercare and strengthen its aftercare programming.

I do hope that those who have left care and who participated in research and in focus group discussions others will be able to realize their dream of having a network with others in similar circumstances and become a pillar of support for others who will follow them in the coming years.

Yours sincerely,



Meital Rusdia
Chief of Field Office
UNICEF Field Office for Andhra Pradesh, Karnataka and Telangana

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

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

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

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

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



Shireen Vakil
Head – Policy and Advocacy
Tata Trusts.



Executive Summary

“CWCs are extremely overburdened and always dealing with one crisis after another. Hence, not much is being done by them to prepare youth for aftercare.”

*Former Chairperson
Karnataka State Commission for Protection of Child Rights*

“Current Aftercare Practices” (CAP) is a research study conducted in the State of Karnataka, and is part of a multi-state study, conducted in five States, including Maharashtra, Rajasthan, Gujarat, and Delhi. This study is an initiative of Udayan Care, supported and funded by UNICEF, Tata Trusts and other partners, and is based on the premise that every child, who leaves an Alternative Care setting on completing 18 years of age or becomes a ‘Care Leaver’(CL), needs extended support in the form of Aftercare. The CAP study gathers evidence through a scientific data collection process, consolidates knowledge and promising practices, and discusses gaps and challenges from a multi-stakeholder perspective. At various stages, the study has employed participatory methods to incorporate the voices of Care Leavers as well as the critical feedback from key stakeholders and experts.

Udayan Care has developed a conceptual and analytical framework, called, the ‘Sphere of Aftercare’, drawing from its experience in child protection, the extensive literature review undertaken, and the findings of the pilot study it conducted in Delhi (2017). The ‘Sphere of Aftercare’ comprehensively identifies 8 different domains of Aftercare, which are affordable and adequate housing, independent living skills, interpersonal skills and social relationships, mental and emotional wellbeing, physical health, financial independence and career, education and vocational skills, and identity and legal awareness. The CAP study 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 obtained on each of these 8 domains.

The report covers a total of 108 CLs from Karnataka, comprising of 47 males and 61 females, from both Government and NGO-run Child Care Institutions (CCIs). The key findings of the study show that there is tremendous scope for development of Aftercare in the State of Karnataka. 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 more detail in the body of the report are as follows:

- **Life Experiences in CCIs:** 52% of the CLs (n=56) reported placements into two or more CCIs.
- **Lack of Inclusion and Participation:** Majority of the children and youth are not being consulted or involved in the process of developing Individual Care Plans (ICP), or Aftercare and Rehabilitation Plans, as required under the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) and the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 (JJ Model Rules) applicable in the State of Karnataka.
- **Skill Development in CCIs:** Only half of the CLs had acquired a ‘satisfactory’ level of skills, including, independent living skills, interpersonal skills, job-readiness & vocational skills.
 - A higher proportion of CLs from NGO-run CCIs had ‘satisfactory’ skill development as compared to CLs from Government-run CCIs.
- **Housing:** 35% CLs were living in housing that were supported by their CCI/Aftercare programme. These were residential facilities, group-housing, paying guest accommodations, rented accommodation, etc. 65% of CLs lived without any housing support from any CCI/Aftercare programme, of which one female CL also reported living in a homeless shelter.
 - Stigma and insensitivity make it difficult for CLs to obtain rental housing.
 - Majority of CLs expected support to be provided in-person through a physical facility/office for all those who chose to live outside of residential Aftercare homes.
 - Often the overprotective nature of CCIs and lack of exposure to the outside community results in the CL’s failure to imbibe social and emotional life skills.
- **Mental and Emotional Wellbeing:** Most CLs (42%) faced recurring emotional distress and approximately

one in six CLs reported multiple symptoms of psychological disorders. Out of these, 40% sought assistance only from non-professionals; while 8% did not seek any assistance for mental health concerns, due to stigma, lack of funds, lack of reliable persons, inability to identify symptoms and lack of motivation.

- **Social Relationships and Interpersonal Skills:** One in every three CLs were unable to maintain meaningful or long-lasting relationships with care providers, CCI staff, teachers and mentors. 80% CLs reported difficulties in maintaining romantic relationships or considered such relationships “not applicable” to them.
 - 26% of CLs had acquired a ‘satisfactory’ level of interpersonal skills such as conflict resolution, communication, leadership and team-building, self-esteem and ego-resiliency.
 - A higher proportion of male CLs fell in this category (38%) as compared to female CLs (16%).
- **Physical Health:** 12% of CLs reported that they did not have someone who could care for them, 16% CLs did not have adequate funds during illness. 94% did not have any health insurance. The study found that those, who were left without care, adequate amenities or financial security, experienced heightened vulnerability during an illness and increased recuperation time.
- **Education and Vocational Skills:** The education level of CLs interviewed ranged from below Class V to above post-graduation. 31% CLs had not completed higher secondary (Class 12th).
 - 49% of the CLs reported that they thought their education and skill level to be inadequate to achieve their academic and career goals.
 - Over 54% of the CLs reported the need for career counselling, vocational skills, and job-readiness training.
 - Educational qualifications of CLs from both Government and NGO-run CCIs were comparable, with no significant differences between them. More importantly, no differences were seen between Aftercare receivers and non-receivers in their educational achievement, as formal education for all is being achieved within CCIs itself.
 - A significantly greater proportion of male CLs possessed better academic qualifications and career-related skills than their female counterparts.
- **Financial Independence and Careers:** 28% of CLs were Not in Education, Employment or Training (NEET), whereas 42% were pursuing higher education, and only 6% were enrolled in vocational/technical training, while the rest were in jobs.
 - 32% of CLs had secured independent sources of income. Out of the 15 females interviewed, 25% were earning on their own, while 40% of the 47 males interviewed had an independent income.
 - The mean income of independent earners (Rs. 8,709 pm) is lower than the State minimum wages for unskilled workers in most industries, which is at least Rs. 10,887 across various specified zones and industries.
 - 61% CLs reported that their income/allowance was unable to cover their cost of living, while 37% CLs were not actively saving and almost 31% CLs reported having no bank account.
- **Identity and Legal Awareness:** 42% of CLs had not received any information regarding their legal rights and responsibilities. Even as a majority of CLs (95%) had an Aadhar card (unique identification number), only 34% reported having a Voter’s ID card, leading to exclusion from the electoral process.

The study establishes the importance of quality care and individual attention during the child’s stay in the CCI, as the Aftercare outcomes is a direct reflection of the care received during such stay. The study highlights that a large

proportion of those CLs who did not receive any formal Aftercare support were untraceable due to inadequate follow-up mechanisms of CCIs and Government departments, thus becoming no one's responsibility after leaving Alternative 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 to building the roadmap for a robust Aftercare in Karnataka.

Key Recommendations

Some of the key recommendations emerging from the study are:

- Recognition of CLs as vulnerable youth
- Streamline Aftercare systems and processes
- Effective implementation of Aftercare
- Increased investment in Aftercare
- Linkages and Convergence
- Collectivising CLs
- Research on Aftercare

It is hoped that the findings of this study will bridge the gaps in policy, law and practice on Aftercare in Karnataka.



Chapter 1

Overview of Aftercare

“Aftercare is very important. Having grown up in an institution myself, I can vouch that it is very crucial. From my personal experiences, I have derived a 5L (Love, Life, Learning, Living and Leading) formula that best explains what should be included in Aftercare. Because, all these 5 L’s are invariably affected in the institutionalised children, one has to surely work on these aspects with children and youth. ”

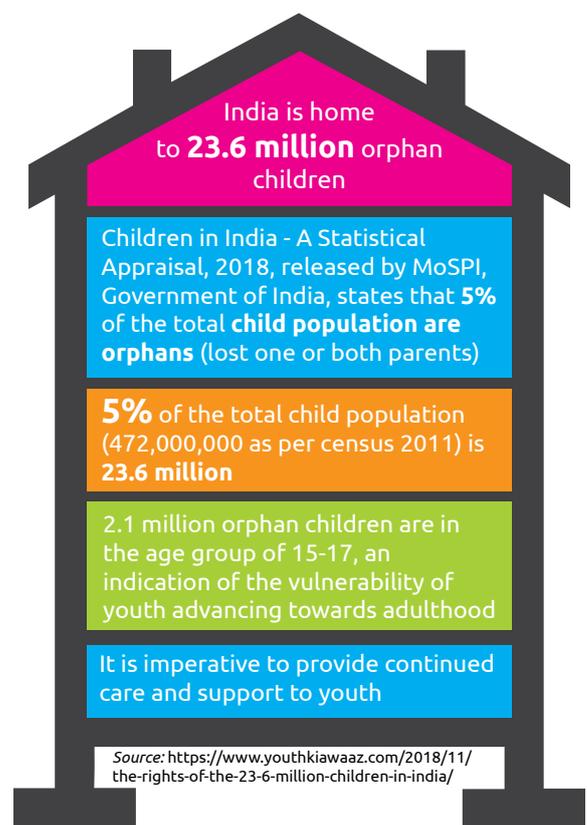
A Key Informant, Karnataka

1.1 Introduction

The United Nations Convention on the Rights of the Child (UNCRC) mandates the right to a family for every child and pronounces that “children have the best chance of developing their full potential in a family environment”. Aligning with this principle, India’s National Policy for Children (2013), commits to the right of all children to grow in a family environment, in an atmosphere of happiness, love and understanding. Myriad factors such as death of parents, abandonment, desertion, poverty, abuse at home, displacement, HIV/AIDS, family disputes and disasters or conflicts, lead to separation of children from their biological families, pushing them towards Alternative Care. Children continue to be separated, either temporarily or permanently, from their biological families in all parts of the world and need Alternative Care arrangements and support. The United Nations Guidelines for the Alternative Care of Children (UNGACC, 2010) lay down two very important principles for care of children, living in any kind of alternative setting; the principle of “necessity” and the principle of “suitability”. These principles clearly postulate that separation of children from their biological families must be prevented and that such a step should be taken as a measure of last resort, only if it is absolutely 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 children without parental care and for other vulnerable children, who are not under the custody of their biological parents. It includes adoption, foster care, guardianship, residential care and other community-based arrangements for the care for 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 to ensure their safety and development through child protection measures, dictated by national and state legislations and policy frameworks. In India, the key instruments governing this are the Juvenile Justice (Care and Protection of Children) Act, 2015, along with the Juvenile Justice (Care and Protection of Children) Model Rules 2016 (or the Rules notified by the State Government as provided for under Section 110(1) of the JJ Act, 2015), and the Child Protection Services (CPS), erstwhile 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. Different forms of non-institutional Alternative Care that are proposed in the JJ Act, 2015 and JJ Model Rules, 2016 such as foster care, group foster care, are still at very nascent stages in the country. India has a long way to go to bring care reforms for OHC children, the success of which depends on the four enabling conditions of change, identified by



an England-based organisation, 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 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 needs to be substantiated by mobilising resources and through enhanced civil society participation. Civil society organisations have been working with some youth in their own limited capacities. However, both the Government and the civil society organisations require a strong collaborative and coordinated effort to bring substantial change in the situation of 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), 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, at the care setting. Youth, transitioning from care, are, thus, at higher risk of facing personal, professional and social hardships. 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, conflict with law, abuse and violence, teenage pregnancy, social exclusion, incarceration, self-harm and suicide, all effectively slow down or often deny youth their full settlement in life (Kalinowski, 2015; Montgomery, Donkoh, & Underhill, 2006). On the other hand, the transition period can be an enabling one (Akister, Owens, & Goodyer, 2010), marked by distinct needs of the youth, which needs 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 their understanding of the difficulties faced by young people, the youth run a risk to lose opportunities available to them. They may face difficulties across multiple life domains, such as locating and accessing safe and stable housing, building strong and positive relationships with members of their social networks, being able to manage crisis and stress, and

pursuing higher education or acquiring meaningful vocational and life skills towards steady and lucrative employment (Fryar, Jordan, & DeVooght, 2017).

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

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

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

Mental health is another essential component of Aftercare support (Tusla, 2017). Given that many young adults raised in Alternative Care have experienced trauma (Sridharan, Bensley, Huh, & Nacharaju, 2017), and perhaps continue to do so, support in the forms of free counselling, guidance, interventional support, psychological assessment services and crisis management, from designated mental health professionals, must be made available through Aftercare. All mental health 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 empower them (Batista, Johnson, & Friedmann, 2018) to identify their individual priorities, develop their inherent strengths and build resilience. Each child/youth in and from care has had unique 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 youth and developing interventions along with their inputs, may have successful outcomes (Doucet, 2018). Mental health support must extend to counter the often unaddressed stigma and discrimination experienced by young people in care, psychologically and socially, in turn shifting focus to promote their contributions as citizens (Cantwell et al., 2012).

At this critical juncture of their life, Aftercare support is meant to address the challenges faced by adolescents while also enabling them to identify their latent talents and explore opportunities that may be available, according to their individual interests. The role of a well-designed Aftercare programme is to also ensure sustained delivery of key rehabilitative services required by youth, emerging out of care systems, as well as hand-holding them until they learn to cope on their own - termed as the 'continuum of care' approach for CLs. Under this approach, it is pertinent that before being left "all on their own", 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 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 and to systematically lead them towards self-reliance and life in the mainstream. Aftercare is an important 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 s/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 care for all children, including children with special needs, after they have reached the age of 18 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

UNGACC are intended to help everyone who is responsible for the care and wellbeing of children. The Guidelines explain why it is necessary to make arrangements for some children to live away from their parents and which alternatives might be right for children in different situations. The UNGACC provides illuminating and comprehensive guidance on minimum standards for Aftercare services, including a specific section dedicated to Support for Aftercare (paras 131 to 136), which is extracted here.

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 sex, 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 Programmes 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, nowhere does the policy make any commitment to ensuring Aftercare, except at one place where in the context of preventing HIV infections at birth and ensuring that infected children receive "Aftercare". The Aftercare for children leaving CCI or any other form of Alternative Care does not even find a mention in the Policy.

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, provide an umbrella framework to all skilling activities being carried out within the country, 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. This Policy has a number of enabling provisions that could benefit CLs in Aftercare.

Juvenile Justice (Care and Protection of Children) Act, 2015, and Juvenile Justice (Care and Protection of Children) Model 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 CNCP, after they leave Special Homes or Children's Homes, as the case may be, for the purpose of enabling them to lead an honest, industrious and useful life; for the preparation or submission of a report by the probation officer or any other officer appointed by that Government in respect of each 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 proviso 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 Aftercare organisation till he attains the age of 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 re-integration into the mainstream of the society' (JJ Act, 2015, Section 46). Aftercare is defined under Section 2(5), JJ Act, 2015, as "making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society". Section 46 states that any child leaving a CCI on completion of eighteen years may be provided with financial support in order to facilitate child's re-integration into the mainstream of the society in the manner as may be prescribed. All relevant fundamental principles, enshrined in Section 3, JJ Act, 2015, need to be adhered to, as appropriate, while dealing with the youth in Aftercare.

The JJ Rules for Karnataka have been drafted and await notification, at the time this report is being written. Similarly, Guidelines on Aftercare have been drafted and await notification. At present, Juvenile Justice Model Rules (JJR), 2016 apply to Karnataka. The JJ Model Rules, 2016, applicable in the State of Karnataka, 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 utilised for implementing programmes for the welfare and rehabilitation of children, providing entrepreneurial support, skill development training, vocational training, and specialised professional services.

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 databases of all children in institutional care and family based non-institutional care, of Child Care Institutions, Specialised 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 mobilisation. 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, recognised Non-Governmental Organisations (NGOs) and other funding agencies to mobilise resources for sponsoring training programme and support for self-employment;

- iv. facilitate and coordinate with agencies, individuals, corporates, recognised NGOs and other funding agencies to set up vocational training units or workshops in CCIs as per age, aptitude, interest and ability;
- v. mobilise 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. organise 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 JJA 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, discharging such other functions as may be prescribed.

1.3.3 Child Protection Services (erstwhile ICPS)

The Juvenile Justice Act provides for Aftercare support for youth aging out of CCIs. The Child Protection Services (CPS) provides for a framework for the implementation of various provisions of the JJ Act, including Aftercare. This was notified originally in 2009 as Integrated Child Protection Scheme (ICPS), for ensuring effective implementation of the JJ Act, 2015. The scheme aims to provide a security net through a well-defined service delivery structure and institutional care, amongst other things. 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.

Under the CPS, 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

Aftercare provisions under CPS

- Provide for a community group housing, a temporary residential arrangement for a group of 6-8 young persons, growing out of the 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 them and provide them guidance and counselling in their various needs; provide them opportunities for creative outlets for channelizing their energies and to help them tide over the crisis periods in their lives;
- Make provisions for stipends during the course of vocational training until the youth gets employment;
- Arranging loans for youths aspiring to set up entrepreneurial activities.

The Karnataka State Integrated Child Protection Society (KSICPS) was registered in 2011 and implements various programmes in the State through the DCPUs, which are functional in all 30 districts of the State. The KSICPS is headed by the Principal Secretary, DWCD, Government of Karnataka (GoK). The State Child Protection Unit (SCPU) was formed in 2008-09 to help the department in implementing the schemes for child protection.

1.3.4 Monitoring 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, the Chief Justices of every High Court have set up active Juvenile Justice Committees. These Committees conduct their work under the mandate of the JJ Act, 2015 and act as a policy making body with supervisory and monitoring functions for setting up of Juvenile Justice System in the State.

The statutory bodies such as the **National Commission for the Protection of Child Rights** and the **Karnataka State Commission for Protection of Child Rights**, established under the Commissions for Protection of Child Rights Act, 2015 are responsible for monitoring the implementation of the JJ Act, 2015 and hence all matters related to Aftercare as well. This role is reiterated in Section 109(1), of the JJ Act, 2015.

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 MoWCD, 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 meagre 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".

Thus, it is clear that policy and law in Karnataka strongly mandates financial and non-financial Aftercare support for CLs. However, despite this mandate, Aftercare remains an extremely neglected low priority

agenda in child protection in the State and is mired by negligible investment in terms of budgetary or human resource support. Several NGO-run and civil society interventions exist, some of which are very innovative and promising, but unfortunately such interventions have not been properly documented, reviewed or scaled up in the State. "A Series on Alternative Care," a booklet published by Udayan Care, in 2017, and the first of its kind, documented promising practices in India as well as abroad. It is crucial for all the stakeholders to document challenges and practices of Aftercare to keep practitioners informed on recent developments and best practices.

1.4 Situation of Aftercare in Karnataka

1.4.1 Statistics of Children in Need of Aftercare Services in Karnataka

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 30,246, out of which CNCP is 30,112, whereas the number of orphans is 2,964. These figures indicate that there is a large number of children being provided care and protection in over 900 CCIs, who would also require support beyond 18 years, as part of the continuum of care. As the study highlights in Chapter 3, children are not prepared for independent living during their stay in CCIs, which necessitates the need for improved transition training and provisioning of robust Aftercare Programme. The website of the Department of Women and Child Development (DWCD), GoK, puts the number of Aftercare beneficiaries at 60 for the year 2017-18, which is a minute number in comparison to the number of youth leaving care, showing lack of proper documentation on this cohort of vulnerable population.

The Childline India Foundation report of 2018 gives the following numbers for Karnataka:

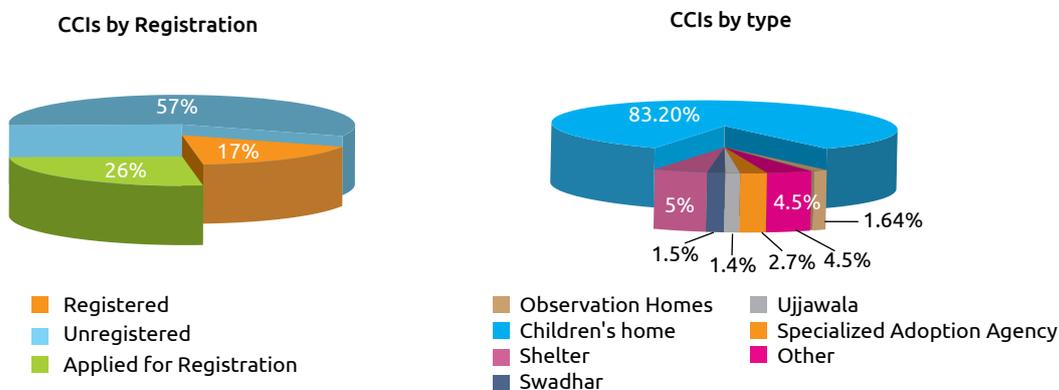


Figure 1: Profile/Type of CCIs in Karnataka

Field research in Karnataka suggests that a high number of children in CCIs stay only for a short while, using them as temporary shelters. The urban city of Bangalore poses a unique challenge with a large of children from different states in search of jobs and livelihood. The Children's Home for Boys in Bangalore reports that in the last 3 years, all of the children entering the home were either restored to their families or transferred back to their home States. As a result, there have been no young adults ageing out of Government CCIs in Bangalore. Inevitably, Aftercare remains low on the priority list.

1.4.2 History of Aftercare in Karnataka

Even though very little data, documentation or research is available on the current practices and situation of Aftercare in Karnataka, experts in the State have mentioned that there is a long history of Aftercare, but

it is mostly at the level of NGOs which have been providing support for years in the State to CLs. The history exists more at individual level and due to the lack of documentation, there is no institutional memory of the practices or approaches that have worked and the challenges faced. The number of CLs, the budget allocations and expenses incurred for Aftercare are also unknown in the absence of a robust Management Information System (MIS) and documentation system.

1.4.3 Existing Government Aftercare Services

There is one Government Aftercare Home functioning at present at Belgaum and two Aftercare units attached to Children's Home for boys and the Children's Home for mentally challenged boys at Bangalore, both managed by the Government. The exact number of NGO managed Aftercare Homes are not known as on date. There are a couple of NGOs that provide Aftercare support in non-institutional manner by encouragement to pursue education in high schools, ITI, Polytechnics and Colleges; helping them to secure a job, and helping bring them to the mainstream of society. Some promising approaches have been elaborated in Chapter 4 of this report.

Aftercare support for female CLs is often seen as marriage for them and/or providing them with vocational trainings courses covering nursing, beautician, tailoring, etc. With a focus on skills development, the DWCD has allocated a budget of Rs. 50 lakhs for skill training in Aftercare, but this has reportedly not been utilised as yet.

1.4.4 Existing Schemes in Karnataka that are Relevant to Aftercare

There is no specific scheme by the GoK to support CLs in the State. The other schemes for the general youth population that can also be availed by CLs are as follows:

Hostel for Girls: To encourage education of girls in rural areas and to reduce school drop outs, free hostel facility is provided for girls. At present, 20 pre-metric and 21 post-metric, a total of 41 girls hostels are functioning through NGOs which are funded by the department.

Jeevan Adhara, covers youth of 18 to 21 years of age: The GoK has set up the Skill Development, Entrepreneurship and Livelihood Department (SDEL) to help youth acquire necessary skills and expertise to increase their employability, but none of these initiatives have any special provision for CLs.

One Stop Centre (Sakhi): MoWCD issued guidelines to establish One Stop Centres (OSCs) to support women affected by violence. These centres provide support and assistance including legal, medical, psychological and counselling support under one roof. At present, there are seven functional OSCs in the State of Karnataka. The scope of these OSCs can be expanded to offer the same services to CLs as well.

The transition from a 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 Karnataka, and suggest a workable way forward.



Chapter 2

Objectives & Methodology

“Unless we are able to look at care and Aftercare as a continuum of care, we are doing a disservice to our care leaving youth.”

Child Rights Expert, Karnataka

Children exiting from a Child Care Institution (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 Karnataka. This chapter details out the justification, objectives, methodology, framework, data collection process, sampling, analysis, and ethical considerations that guide this study.

2.1 Justification and Rationale of the Study

The justification for this research lies in the 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 CLs 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 the CLs face, the objectives of the study 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. 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.
4. Identify and develop linkages with all such agencies that offer vocational and training services with job placement at the end of the course.
5. Network with DCPU, persons, corporates, recognised Non-Governmental Organisations (NGOs) and other funding agencies to mobilise resources for sponsoring training programme and support for self-employment.

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 Karnataka, this study has used focus group discussions with different stakeholders, structured interviews, and case studies with 'CLs', and unstructured interviews with Key Informants (KIs), as tools of data collection. The study has used triangulation of these methods, theories and data points for probing more in-depth into the lives of the CLs and validating the observations with the views of the stakeholders, who are engaged in the field of Aftercare. This study has attempted to understand the existing Aftercare ecosystem in Karnataka 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 Karnataka was conducted through extensive field work by Udayan Care in partnership with NIMHANS from April to December 2018.

Based on Udayan Care's experience since the year 1996 in service delivery, extensive secondary research, and learnings 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 Karnataka. Another interview guide was designed for the key stakeholders to gauge their understanding of existing Aftercare practices, challenges, and gaps to elicit pertinent solutions and recommendations for the same. KIs were conducted with relevant functionaries from different CCIs and concerned State Departments in Karnataka, 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 and NGOs working in the State on child and youth care.

2.4 Scope

The CAP study 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 Karnataka, and the nature of challenges faced by them as they grew up in CCIs and transitioned out of care.

It is pertinent to mention here that this study follows the key principles of Alternative Care in its scope as laid down by the UNGACC. Clause 30 of the Guidelines excludes the CCL from the scope of Alternative Care. Though the JJ Act, 2015 provides for Aftercare for CCL, the study did not cover this category of children. Similarly, issues of persons with a disability could not be included because of the entirely different approach needed to study this cohort. These are important areas that need to be included in further research studies on Aftercare.

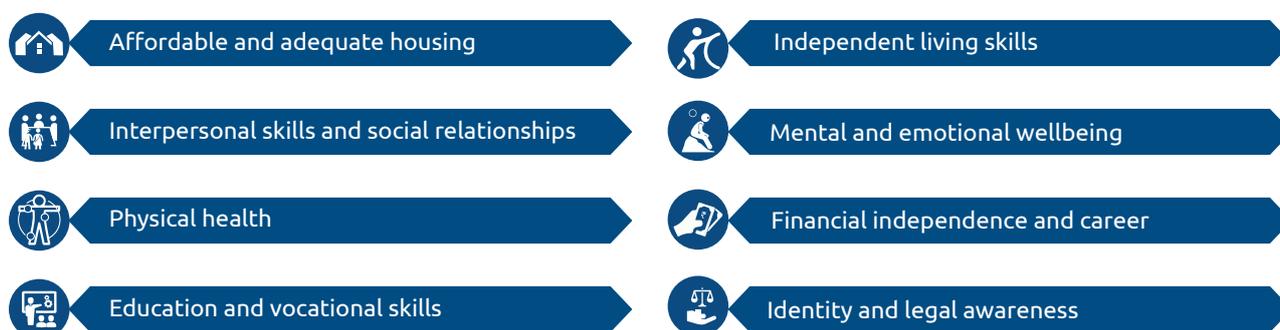
2.5 Literature Review

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

2.6 Thematic Framework

Though several works of literature have helped in conceptualising this study, Udayan Care's 'Sphere of Aftercare' with eight crucial domains (explained below), and Mark Stein's Resilience Framework, which identifies three main CL outcome groups (Stein, 2012), formed the principal frameworks of analysis. The 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. Udayan Care developed a thematic framework that governs this study. This research puts forth the 'Sphere of Aftercare' as a comprehensive ideology of rehabilitative support and services for CLs transitioning out of care. The data has been analysed in the backdrop of the 'Sphere of Aftercare' concept, developed by Udayan Care. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for CLs' mainstreaming as they transition out of care. These domains are:



The 'Sphere of Aftercare' consists of 8 essential domains, that impact a CL's 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 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, CLs to stand on their own feet. The puzzle-like shape for each domain signifies how one piece fits with the other to solve a complex picture. It highlights how one domain complements the other to complete the Sphere. Further, just as a circle has no beginning or an end, nor a base or a top, the domains of the Sphere are equally weighted in importance and impact on adult life, and lack of 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.



Figure 2: The Sphere of Aftercare

2.7 Data Collection

The study was conducted in Karnataka, keeping in mind the operational feasibility and the study population.

The data collection was conducted at multiple levels:

1. Interviews with 108 CLs.
2. Interviews with 14 key informants such as representatives of various CCIs (governmental and non-governmental), Aftercare providers/programme managers, activists and scholars and institutional duty-bearers like the Department of Women & Child Development (DWCD), District Child Protection Officers (DCPOs) and CWC members.
3. Discussions and inputs from the State Level Inception Consultation and the Round Table Consultation.

The following methods were used for data collection.

2.7.1 Focus Group Discussions

The team conducted three FGDs with Key Informants (KI), CLs, practitioners from CCIs, Aftercare organisations and government functionaries. The proceedings of these FGDs consolidated the research team's understanding of complex and interdependent challenges of Aftercare provision. Overarching

problems of inadequate rehabilitative services, lack of social support, and inaccessibility to resources as well as state-specific opportunities and challenges were discussed.

2.7.2 Structured Interviews of Care Leavers

Interviews with CLs formed an important component of data collection. This interview schedule was developed by Udayan Care's team of experienced practitioners and professionals, mental health experts, lawyers, and 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. A total of 108 CLs were interviewed.

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.

2.7.2 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 CLs 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.

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. A total of 14 KIIs were conducted in the State.

2.7.5 Inception Consultation and Round Table

An Inception Consultation was held in Bengaluru on April 6, 2018, to launch the study and gather opinions and secondary data, while a Round Table with stakeholders was organised on February 25, 2019 to share the draft findings of the study and seek inputs on the recommendations from stakeholders.

The State Level Inception Consultation and FGD was organised to launch the study and to ensure stakeholders' participation in the ensuing research with the support of UNICEF State chapter and the State research partner NIMHANS. It resulted in effective deliberations by bringing out challenges and gaps, as perceived by different stakeholders experiences, which were shared by the experts as well as other stakeholders, including 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 108 CLs 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 half

of CLs (69%) were in the age group of 18-21. Almost half of the CLs (44%) were those who did not receive Aftercare, 56% lived in government-run CCIs, and 56% 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 was excluded from the sampling.

- **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.

2.9 Data Processing, Analysis & Interpretation

- 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.
- 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. 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.
- 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.
- 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 CLs was categorised into having an either 'Unsatisfactory', 'Neutral', or 'Satisfactory' Scores for that domain. Further analysis and correlations were conducted on the Domain Index scores and their categorisation.

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

Additionally, two more indices were developed for the 'transition planning' which is seen as a phase that precedes Aftercare and is a preparatory period at CCI before transitioning. The two indices capture the

childhood experiences and skill development of CLs, while they were in the CCI before 18 years (See Annexure-II for further details).

2.10 Ethical Considerations

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

2.11 Limitations

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

Non-Inclusion of Children in Conflict with Law and Disabilities: The study, by design does not include children in conflict with law, because it operates within the UNGACC definition of Alternative Care. Similarly, issues of persons with disability could not be included because of the completely different approach needed to study this cohort.

Inability to sample CLs from rural locations: During field investigations, it was seen that not many CCIs and none of the Aftercare homes are located in rural locations. Also, with very limited information, accessing CLs in rural/remote villages was not possible within the timeline.

Lack of evidence and data estimating Care Leavers availing support and their outcomes: A major limitation of this research was the lack of data on how many children exit from a CCI every year on attaining the age of eighteen years and need Aftercare support and services. To this end, the state research team approached various government functionaries; to ascertain this number but could not meet with success.

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 for was not 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.



Chapter 3

Findings

“We need to be given choices in our CCIs to choose what we want to do with our lives. Sometimes CCIs don’t discover what we are good at.”

A Care Leaver from Karnataka

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

This chapter details the quantitative findings from interviews with 108 CLs, as well as qualitative information obtained through key-informant interviews (KIIs) with stakeholders in Karnataka. To understand the nature of challenges and opportunities faced by CLs in Karnataka, triangulation of various 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 prioritise the means to achieve satisfactory Aftercare in the State.



3.1 Demographics

Age: All the 108 CLs were between 18 years to 25 years of age. 69% of the CLs were in the age group of 18-21 years.

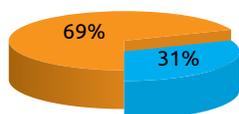
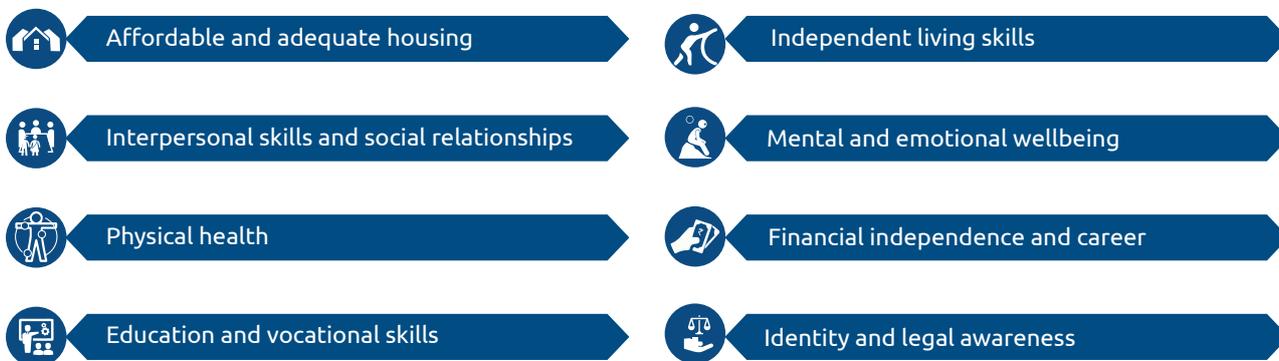
Sex: 44% (n= 47) of the CLs interviewed were males, while 56% (n=61) were females.

Marital Status: 13% (n= 14) of the CLs were currently married and 1 female CL reported being separated/divorced.

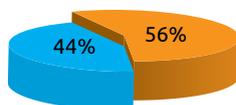
CCI Type: 56% (n=61) CLs had grown up in Government CCIs, while 44% (n= 47) had stayed in NGO run-CCIs.

Aftercare Status: 54% of CLs reported receiving Aftercare support/services under one or more of the 8 domains of the 'Sphere of Aftercare'.

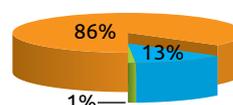
Type of Aftercare: Of the Aftercare receivers in the state of Karnataka, 50% received from Government Aftercare programmes, while the remaining 50% received services/support from NGOs.



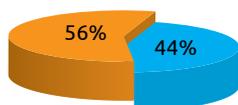
Age
 ■ 18-21 years ■ 22-25 years



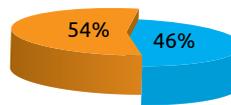
Gender
 ■ Male ■ Female



Marital Status Male and Female
 ■ Single ■ Married ■ Separated/Divorced



Type of CCI
 ■ Government ■ NGO



Aftercare Status
 ■ Receiver ■ Non-receiver

Figure 3: Demographics



3.2 Life in a CGI and Transitioning into Aftercare

Age at Admission to CCI: The average age of a child entering a CCI was found to be approximately 12 years of age. 33% of the sample reported entering a CCI even after the age of 15 years, suggesting that a large proportion of CLs spend less than 3 years in a CCI before leaving.

Age at Leaving CCI: The average age of leaving a CCI was found to be 18 years of age. However, 19% (n=21) CLs reported leaving before completing 18 years of age, of which 8 had left even before 15 years of age.

CCI Life Experience: Some CLs reported adverse experiences during their stay in the CCI, as noted below:

“Aftercare cannot be limited to services provided ‘after’ the child/youth leaves the JJ system – the preparation for life ‘after’ the JJ system has to begin while the child/youth is in the system itself.”

A Key Informant, Karnataka

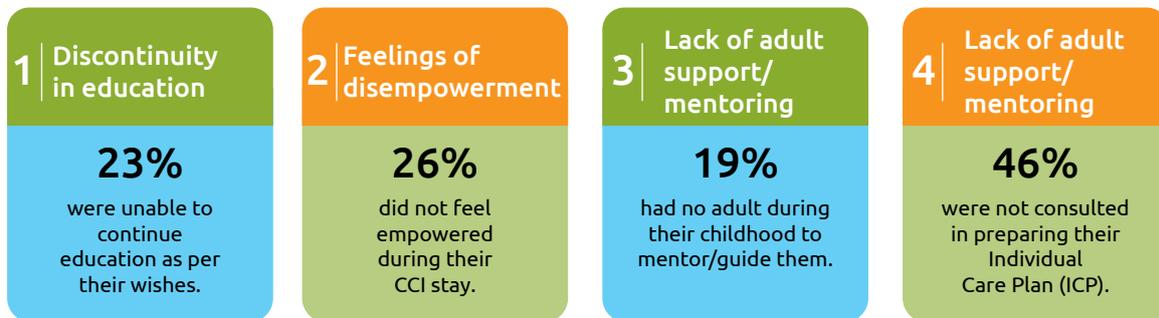


Figure 4: CLs Adverse Experiences in CCI

Stakeholder Views

- Care & Rehabilitation Planning:** Key-informants reported challenges amongst care providers and stated that ICP for each child were not being prepared and maintained properly. As a result, many aspects of their life and of their social reintegration process were being neglected. Functionaries from the DWCD, GoK report that most of the focus in the child and youth protection is restricted to only education. However, NGO practitioners inform that adequate planning is being carried out in consultation with the child/youth regarding their education, career and even restoration back to families. It remains unclear whether such practices are being adapted and scaled to other organisations as at least 5 stakeholders recommended capacity building of staff towards ICP preparation and ensuring the child/youth’s involvement during its preparation and all throughout its implementation.
- Collaboration for ICP Preparation:** Experts from UNICEF, Centre for Child and the Law, National Law School of India University (CCL NLSIU) and even CWC members believed that although the role of superintendents/house parents is important in the preparation of ICPs, it must be done in collaboration with the child, the child’s parents/family members, social workers, professional counsellors, mentors, and any other individual deemed important for the child’s social reintegration. One of CWC Chairperson stated that public-private partnerships (or corporate mentoring) could provide better results rather than relying on existing Government and NGO resources.

Stakeholders Suggestions:

- Regular assessment and follow-up of the ICP and pre-release plan must be undertaken through a centralised system.
- Data should be maintained regarding the number of children entering and exiting CCIs so that provisioning of Aftercare can be planned accordingly.

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

CCI Life Experience Index

A composite score of these childhood experiences in CCIs was computed to give the CCI Life Experience Index, as shown in Figure 5. (See Annexure-II for details)

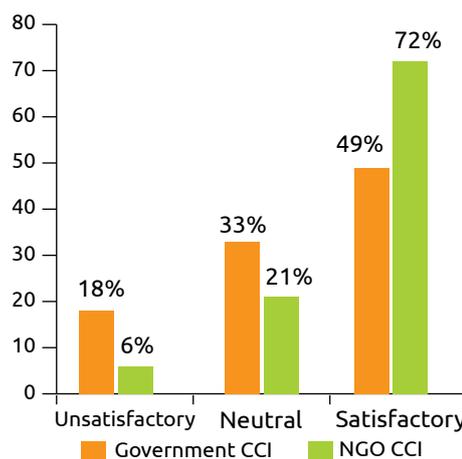


Figure 5: CCI Life Experience Index by Type of CCI

Overall, 59% CLs reported having 'satisfactory' experiences in their CCI. However, there were certain considerations that impacted these experiences, such as:

Multiple Placements: 52% of the CLs (n=56) reported placements into two or more CCIs. Multiple placements in different CCIs had a moderate negative correlation with childhood experiences. A greater proportion of those who had been placed in multiple CCIs reported the adverse experiences mentioned above. (Pearson correlation coefficient significant at alpha level = 0.01)

Government vs. NGO CCIs: A lesser proportion of CLs from Government CCIs reported 'satisfactory' CCI life experiences listed above as compared to CLs from NGO CCIs.

CCI Life Experiences as a Foundation for Adult Life: Upon conducting computational and statistical analysis on the indices, it was found that childhood experiences in CCIs had a moderate positive correlation with the following:

- financial literacy, security and crisis in adulthood (Financial Index).
- academic qualifications, acquisition of vocational skills (Education & Vocational Skills Index).
- acquisition of certain independent living skills, such as cooking, nutrition and health management, first aid and disaster management, household management, exercise and recreation. (Independent Living Skills Index).
- acquisition of interpersonal skills and maintenance of relationships (Social Relationships & Interpersonal Skill Index.)

Better childhood experiences resulted in reasonably better outcomes in the domains listed above. (Pearson correlation coefficients significant at alpha level = 0.01).

Skills Index in CCI: A set of skills that could empower CLs to achieve satisfactory outcomes in 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 & inclusion
d.	Conflict resolution		

A composite 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, as shown in Table 1. (Annexure-II)

47% CLs had not acquired some of these skills and fell in the ‘unsatisfactory’ or ‘neutral’ range of the index. Notable findings regarding skill development of children in CCI is as follows:

Differences in Government and NGO CCIs: It was found that a greater proportion of CLs from NGO CCIs had a ‘satisfactory’ level of skill development in CCI as compared to CLs from Government CCIs.

Skills Index in CCI	Frequency (%)		Total (%)
	Government CCI	NGO CCI	
Unsatisfactory	38%	2%	22%
Neutral	31%	17%	25%
Satisfactory	31%	81%	53%
Total	61	47	108

Managing kitchen should be taught to everyone. Managing groceries from 16 years is important – why can't such tasks be subcontracted to children in these age groups so that they get exposure and learn hands-on? This will help in know their strengths also. Sadly, we are not applying our minds in caring for children in CCIs.

A Key Informant, Karnataka

Table 1: Skill Index in CCI by Type of CCI

Impact of Skill Development in CCI on Adult Life: The extent of skills acquired during childhood in a CCI (Skill Index in CCI) was found to have moderate positive correlation with CLs’:



Figure 6: Skill Development in CCI

Better skill development in CCIs also implied moderately better outcomes for CLs in the domains mentioned above (Pearson correlation coefficient significant at alpha level = 0.01).

Stakeholders Views

- Child protection experts in Karnataka shared that the duty-bearers are always overburdened with various crises and so, are unable to focus on the preparation of youth to transition out of care.
- NGO practitioners report that the biggest challenge is ensuring the right kind of guidance for CLs, so they are not misinformed about the risks and opportunities of adult life.

Stakeholders Suggestions

- Transition Planning and Training: Experts, senior government functionaries and even practitioners from NGOs agreed that training and preparation for independent life should start within the CCI itself.

Such a programme is supported by the findings in this section. According to stakeholders, planning, preparation and training for transition should entail, but not be limited to –

- Financial literacy
- Civic responsibility
- Identifying, locating and procuring adequate housing
- Job-readiness
- Essential life skills –using internet to seek information, cooking, negotiation, etc.
- Procurement of identity documents – Aadhar, Voters’ ID, domicile, etc.

Together, these findings show that the experiences and skills accumulated during childhood in CCLs have a direct impact on experiences and outcomes of CLs’ adult life.



3.3 Housing

CLs are a particularly vulnerable portion of the youth population as they transition from living in the sheltered institution-based care and protection of CCLs 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: 35% CLs (n=38; 30 females, 8 males) were living in housing that were supported by their CCI/Aftercare programme. These were residential facilities, group-housing, paying guest accommodations, rented accommodation, etc. These CLs represent 66% of Aftercare receivers; while the remaining 34% of Aftercare receivers (n=20) did not get housing support but accessed services in other domains of the ‘Sphere of Aftercare’, such as support for higher education, vocational training and financial aid.

Independent Housing: 65% of all CLs (n=70) lived without any housing support from any CCI/Aftercare programme, of which 1 female CL also reported living in a homeless shelter. Only 29% of CLs who lived independently (n=20) received Aftercare support in domains other than housing, while the remaining 71% (n=50) did not receive any Aftercare support or services. The various types of independent housing availed by CLs is given below in Figure 7.

Unless the youth are helped in procuring a job or a shelter to stay, there is not much use talking about Aftercare. Without the basic provisions in life, the youth will be pushed to anti-social acts unnecessarily to sustain their livelihood.

There are 2 government units in Bengaluru for children in need of care and protection. Both are also considered as Aftercare homes as the boys in these homes are provided with hand-holding till 21 years. Out of the two, one unit is exclusively for boys with mental disabilities, while the other unit is for any male child falling under CNCP category. Additionally, one institutional Aftercare facility for boys is in Belgaum.

For female CLs, there are around 8 State Homes for Women. Not considered as it is primarily for rehabilitation of women in distress, however, female CLs are also relocated there.

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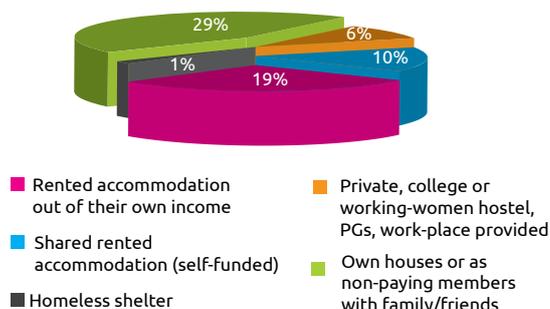


Figure 7: Types of Independent Housing availed by CLs

Stakeholders Suggestions

- Senior members of the DWCD inform that many Government CCIs are only filled at 20-30% capacity and yet have the staff and space to accommodate much more. We need to look innovatively at how these resources can be repurposed.
- Post-matric hostels (meant currently for minorities and SC/ST) can be made to accommodate Aftercare youth.
- Transition homes can be setup wherein initial deposit/6-month rent is paid by Aftercare programmes, after which the expenses are borne by CLs.

Housing Index

A composite score of each CL's access to housing amenities – such as habitability, sanitation, access to clean water, electricity, roads and transport, proximity to work place, health and educational institutions, protection against forced eviction, cultural adequacy (language and sociability), secure tenure and security against violence and theft – was computed to give the Housing Index, as shown in Table 2. (Annexure-II)

It was found that 92% of all CLs had access to most, if not all, of these housing amenities in their place of accommodation. However, a few notable differences were observed as follows:

Gender Differences: 12% of female CLs reported limited or no access to these housing amenities as compared to only 2% of males.

Impact of Aftercare: All CLs (n=9) who reported limited or no access to housing amenities in their current accommodation, were non-receivers.

Housing Index	Aftercare Status		Total (%)
	Receiver	Non-receiver	
Unsatisfactory	0%	16%	7%
Neutral	0%	2%	1%
Satisfactory	100%	82%	92%
Total	58%	50%	108%

Table 2: Housing Index by Aftercare Status

Impact of Adequate Housing on Other Domains of Adult Life: Analysis show that the adequacy of housing amenities for CLs had a moderate positive correlation with:

- access to physical healthcare (Physical Health Index)
- financial literacy, security and crisis in adulthood (Financial Index)
(Pearson correlation coefficient significant at alpha level = 0.01)
- acquisition of independent living skills, interpersonal skills and career-related skills
- monthly income
(Pearson correlation coefficient significant at alpha level = 0.05)

These findings show that a gender gap exists in adequate housing options, wherein a greater proportion of females CLs faced challenges with regards to their accommodation than male CLs. This gender disparity is also reflected in other domains as findings show that having adequate housing is indicative of CLs having a better financial status, satisfactory acquisition of skills and better access to healthcare facilities.



3.4 Independent Living Skills

For CLs transitioning into independent 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 and secure 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
- First Aid
- Household management (taking care of belongings, hygiene, financial management)
- Exercise & recreation
- Cooking
- Disaster management

“In our own homes we teach our children to clean toilets also. This cannot be done with children living in CCI; but then these are part of living and learning... how would you learn such things if you don't do them?”

A Key Informant, Karnataka

Independent Living Skill Index

The index was calculated by considering whether CLs had acquired these skills through training or hands-on experience, as shown in Table 3. (Refer to Annexure-II)

45% of all CLs had not acquired most or all of the above-mentioned skills, while 50% had acquired them 'satisfactorily'. Regardless, over 43% of all CLs voiced the need for training to develop these independent living skills.

Independent Living Skills Index	Sex		Total (%)
	Male (n=61)	Female (n=47)	
Unsatisfactory	53%	39%	45%
Neutral	2%	7%	5%
Satisfactory	45%	54%	50%

“Stereotypes prevail in our care approach too – girls are taught how to cook but boys are not – how will he make his own food in group housing after 18?”

A Key Informant, Karnataka

Table 3: Independent Living Skill Index by Gender

Upon further scrutiny, significant differences and correlations were observed in acquisition of independent living skills between the following:

Gender Disparity: Unlike the gender differences observed in other domains, a greater proportion of male CLs reported that they had not acquired independent living skills as compared to female CLs.

Differences in Government and NGO CCI: 75% of CLs from NGO CCIs (n=47) had 'satisfactorily' acquired most or all of the identified independent living skills as compared to 31% of CLs from Government CCIs (n=19).

Impact of Childhood Experiences: The acquisition of independent living skills was found to be mildly correlated with the experiences one had during the CCI stay before 18 years. This implies that healthy childhood experiences of adult guidance, involvement in their care planning, positive associations with

family members, continued formal education and feelings of empowerment in CCI is indicative of better independent living skills acquisition in adulthood.

Differences between Aftercare Receivers and Non-receivers: Only 26% of CLs who did not receive Aftercare support (n=13) had 'satisfactorily' acquired independent living skills at the time of interview as compared to 71% of Aftercare receivers (n=41). This disaggregated data for Aftercare receivers and non-receivers is as shown in Table 4.

Independent Living Skills Index	Aftercare Status		Total (n=108)
	Receiver (n=58)	Non-receiver (n=50)	
Nutrition and health management	64%	36%	51%
Cooking	69%	28%	50%
First Aid	67%	18%	44%
Disaster management	52%	16%	35%
Household management	64%	32%	49%
Recreation and exercise	76%	44%	61%

Table 4: Independent Living Skills Acquired by Aftercare Receivers and Non-Receivers

Stakeholders Views

- Child Protection Experts believe that currently, CCIs are merely fulfilling children's needs of food, shelter and education. There is no life beyond this. Life skills are missed out as children are not involved in day-to-day work and they never learn these things. Focus merely on safety and protection of children has led to an overprotective environment in CCIs, one that fails to develop the child's full potential and prepare them for life in the community.

Stakeholders Suggestions:

- There is a need to make CCIs work in more participatory ways for both boys and girls. 'Transformation teams' can be set up in Government CCIs. This involves 3-4 children along with 1 or 2 adults to be paired up with each other; then this group is tasked with the home's management for a short period. We need to think differently and brainstorm more – we need to bring visible change through innovation and thinking. They must be made to feel responsible for bringing about change in their own lives and the lives of others... awards for achievements must be given. "The naughtiest one becoming the 'monitor' actually works."

Importance of Independent Living Skills in Adult Life: Acquisition of these independent living skills had moderate positive correlation with multiple aspects of adult life, such as:

- financial literacy, security and crisis in adulthood (Financial Index)
 - educational qualifications and acquisition of vocational skills (Education and Vocational Skills Index)
 - acquisition of interpersonal skills and maintenance of relationships (Social Relationships and Interpersonal Skills Index)
- (Pearson correlation coefficient significant at alpha level = 0.01)



3.5 Mental and Emotional Wellbeing

Emotional Stability: 42% CLs reported facing recurring emotional distress that makes them sad or tense.

Reasons for Emotional Distress: Upon further probing, few of CLs shared the reasons for the stress as:

- Worry, confusion and lack of clarity about their future: examinations, admission into higher education, opportunities to find jobs, etc.
- No support for vulnerable situations with family members: alcoholic parent, siblings with disabilities, etc.
- Anxiety, frustration and uncontrollable crying due to no (or unspecified) reasons.

Most of the remaining CLs were unable to articulate the reasons for their distress, but findings in the next section show that many lacked caring persons in their lives who could console or support them in stressful situations.

Effects of Transitioning out of Care on Emotional Wellbeing: Interestingly, it was found that a significantly greater proportion of Aftercare receivers reported multiple symptoms of psychological disorders as compared to non-receivers. These findings pose a challenge as there can be several reasons for them; for example, non-receivers may be unable to recognise their symptoms, estimates of non-receivers may suffer self-report bias due to stigma while receivers may be more aware and forthcoming of emotional distress, or it may even be so that the current provision of Aftercare results in added stress for CLs. The lack of clear reasons indicate that further research is required to ascertain these underlying factors for these findings.

Symptoms	Frequency (%)		
	At the time of leaving CCI (n=108)	In the Last 4 weeks	
		Aftercare Receivers (n=58)	Non-receivers (n=50)
Mood Dysregulation	16%	29%	8%
Anger/Irritability	19%	31%	10%
Feeling worthless, helpless	19%	28%	6%
Anhedonia (loss of interest/pleasure)	21%	21%	10%
Harmful/Violent Thoughts	6%	10%	0%
Easily tired	15%	29%	6%
Sleep Disturbance	13%	12%	4%
Disturbance in Food Intake	13%	9%	6%
Affected Daily Functioning	11%	17%	6%
Need to push for everything	24%	35%	16%
Harmful/Violent behaviour	6%	10%	0%

Table 5: Frequency of Aftercare Receivers and Non-Receivers Reporting Symptoms of Psychological Disorders

Gender Differences in Symptoms: Almost 1 in every 6 CLs (~15%) reported multiple symptoms of psychological disorders listed below. However, a significant proportion of them were females, as shown in Table 6.

Symptoms in the last 4 weeks		Frequency (%)		Total (%)
		Male	Female	
Cognitive	Mood Dysregulation	2%	33%	19%
	Anger/Irritability	4%	34%	21%
	Feeling worthless, helpless	6%	26%	18%
	Anhedonia (loss of interest/pleasure)	17%	15%	16%
	Harmful/Violent Thoughts	0%	10%	6%
Functional	Easily tired	2%	31%	19%
	Sleep Disturbance	0%	15%	8%
	Disturbance in Food Intake	4%	10%	7%
	Affected Daily Functioning	4%	18%	12%
	Need to push for everything	23%	28%	26%
	Harmful/Violent behaviour	0%	10%	6%

Table 6: Symptoms of Psychological Disorders by Gender

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. A large proportion of CLs who reported emotional distress, i.e. 40%, sought assistance only from non-professionals such as friends, family members, mentors or acquaintances. Only 22% reported seeking professional help from licensed counsellors or doctors; while 8% did not seek any assistance, citing several reasons, such as lack of trustworthy persons in their life, lack of resources to get professional help, lack of will or motivation, or inability to recognise symptoms.

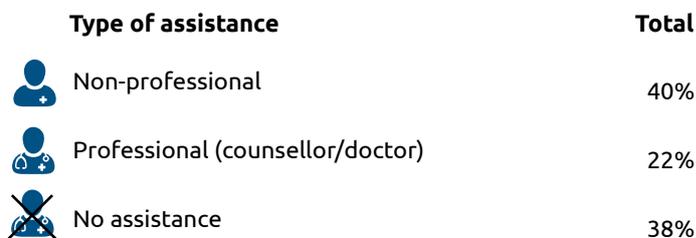


Figure 8: Mental Health Assistance sought by CLs

Emotional Wellbeing Index

A composite score of certain debilitating symptoms of psychological disorders, such as feelings of worthlessness, affected day-to-day functioning, and harmful and violent thoughts towards oneself or others, and whether CLs sought professional assistance for them, was calculated to give the Emotional Wellbeing Index. (See Annexure-II for details.)

Gender Differences: Significant differences exist between male and female CLs, wherein 26% of female CLs (n=16) reported suffering from the symptoms noted above, but got no professional assistance, as opposed to only 2% of male CLs (n=1). Further research into the stresses faced by CLs, their coping mechanism, and availability of appropriate care through a gender-sensitive approach is necessary to ascertain these differences.

Differences between Government and NGO CCI: Unlike the findings in other domains, a greater proportion of CLs from Government CCIs reported 'satisfactory' emotional health as compared to CLs from NGO CCIs, as shown in Table 7.

Emotional Wellbeing Index	CCI Type		Total (%)
	Government	NGO	
Unsatisfactory	7%	2%	5%
Neutral	3%	21%	11%
Satisfactory	90%	77%	84%
Total	56%	44%	108%

Table 7: Emotional Wellbeing Index by Gender



3.6 Social Relationships and Interpersonal Skills

Childhood Relationships: Almost one in every three CLs (~32%) reported that after transitioning out of care, they were unable to maintain meaningful or long-lasting relationships with CCI staff and caregivers, while almost 70% were unable to do so even with their mentors and other children from their CCI, as reported in Table 8.

Impact of Aftercare: A significantly greater proportion of non-receivers were unable to maintain these childhood relationships as compared to those who received Aftercare, as shown in Table 8. This underscores the role of continued transitional support through Aftercare to maintain childhood relationships, which are an important aspect of each CLs' social support network, as they spend much of their childhood under their care and company.

Relationship	Aftercare Receivers (n=58)	Aftercare Non-receivers (n=50)	Total (%)
CCI Staff & Caregivers	22%	44%	32%
Mentors	62%	82%	71%
Other children in CCI	52%	88%	69%

Table 8: CLs unable to Maintain Childhood Relationships by Aftercare Status

Relationships with Family, Friends and Romantic Partners: As shown in Figure 9, over 43% of male CLs were unable to maintain relationships with their biological family members, while over 64% female CLs reported so. However, the reasons for this remain unclear and further research is required to ascertain how many male and female CLs were true orphans, had single parents or had been abandoned by their families. These aspects, along with reasons for their dissociation from families, can shine light on the factors contributing to poor quality relationships with family members. Moreover, 88% of all CLs reported difficulties in maintaining romantic relationships.

As a solution, 62% of all CLs voiced the need for guidance or counselling to be able to improve the quality of their relationships.

Relationship	Unable to maintain relationships		Total (%)
	Male (n=47)	Female (n=61)	
Father	49%	79%	66%
Mother	43%	66%	56%
Siblings	49%	64%	57%
Friends	45%	48%	46%
Romantic Partner	92%	85%	88%

Table 9: CLs unable to Maintain Relationships with Biological Family and Romantic Partner by Gender

Social Relationships and Interpersonal Skill Index

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

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

Only 26% of CLs had ‘satisfactorily’ acquired social skills and were able to maintain relationships with others. However, certain factors impacted CLs’ experience of social support and related skills, such as:

Gender Differences: A greater proportion of female CLs had not acquired interpersonal skills and were unable to maintain relationships in comparison to their male counterparts as shown in Figure 9.

Impact of Aftercare Provision: A significantly greater proportion of Aftercare receivers reported the ‘satisfactory’ acquisition of interpersonal skills and the ability to maintain relationships as compared to non-receivers, suggesting that Aftercare plays an important role in helping in maintaining childhood relationships, forging new relationships in adulthood and acquiring the social skills listed above.

To improve their social skills, about 50% of all CLs (n=54) voiced the need for social skills training; however, the remaining 50% thought that they did not require any such training as their skills are adequate, even though 74% of all CLs (n=80) reported inability to maintain relationships and not having acquired certain social skills. This difference suggests that, in general, CLs in Karnataka are unable to recognise the impact of poor social skills on their relationships and remain complacent with the current situation.

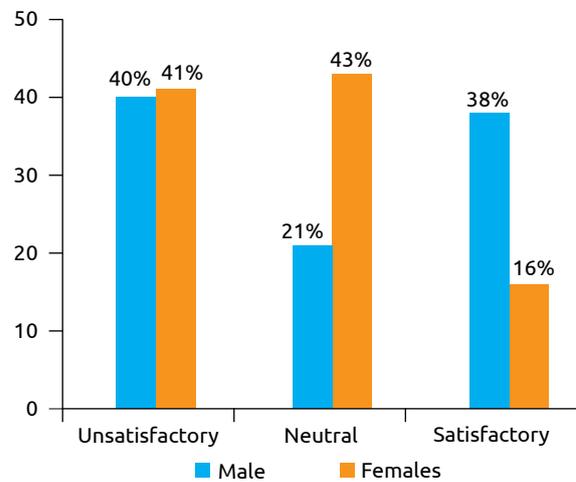


Figure 9: Social Relationships and Interpersonal Skill Index by Gender

Social Relationships & Interpersonal Skill Index	Aftercare Status		Total (%)
	Receiver (n=58)	Non-receiver (n=50)	
Unsatisfactory	29%	54%	41%
Neutral	31%	36%	33%
Satisfactory	40%	10%	26%

Table 10: Social Relationships and Interpersonal Skill Index by Aftercare Status

Stakeholder Suggestions

- Encouraging volunteerism and Mentorship programmes in CCI.
- Collaborate with other organisations, private professionals and corporates to provide mentorship and exposure to CLs. It requires effort, but this is much more sustainable in settling the youth. Programmes such as Big Brothers Big Sisters have been successful all over the world.
- Support youth associations for CLs that provide them with a safe space to discuss issues and to articulate their needs.
- Provide fellowships to CLs to initiate youth forums and encourage self-advocacy.
- Social workers, NGO staff, students, interns and mentors from the private sector can be attached to the CWCs to monitor the progress of CLs once they transition out of care. Such long-term caring persons in the lives of CLs can bridge the gap caused by the bureaucracy of departments under the JJ system as CLs are less likely to confide in authority figures.

Important Relationships in Care Leavers' Lives: Upon inquiring about the reliability of different persons in CLs' lives, it was found that for the relationships forged in CCIs –

- 66% reported that they could rely on their staff/house parent in times of need.
- 29% considered their mentors as reliable persons in their lives.
- 0% – None of the CLs thought that other children from the CCIs were reliable in times of need, indicating a serious lack of peer relationship development in the CCIs.

This shows that other than relationships with the house parent, not many CLs reported having reliable relationships with persons from their childhood. On the other hand, regarding relationships with biological family members –

- 7% considered their fathers as reliable.
- 14% considered their mothers as reliable.
- 12% considered their siblings as reliable.

This implies that even if CLs were able to maintain relationships with their family members, they were unable to rely on them in any meaningful way.

It is observed that most of the boys from these homes have alcoholic and abusive fathers, and most of the girls have poor social relations skills. Hence, mentors who can guide them positively from an early age, will go a long way.

A Key Informant, Karnataka



3.7 Physical Health

Regarding their physical health, a few CLs reported incidences of the illnesses in last 2 years, such as:

- 10% suffered from major illnesses like TB, typhoid, malaria, etc.
- 5% suffered lifestyle health issues like HIV and diabetes.
- 18% reported viral fevers, cold, cough and allergies.

Although only a small fraction of CLs reported significant health issues, a few concerning findings regarding their healthcare are given below:

Availability of Caregiver: 13 CLs reported that they did not have someone who could provide care during illnesses or other health-related emergencies. 10 out of these 13 were non-receivers of Aftercare.

Furthermore, 36% reported that although they had someone, they could not rely on them for more than a few days.

Availability of Funds: 16% CLs reported that they did not have funds available to them in case of illnesses.

Health Insurance: 94% CLs did not have any health insurance.

Physical Health Index

A composite index score was calculated by considering the availability of a caregiver, food, funds and health insurance during the illness and the availability of certain healthcare amenities listed below: (Annexure-II)

- Clinic to consult a doctor
- Space to rest and recuperate when ill
- Space for wellness, exercise, yoga, etc.
- Hygienic surrounding for stay, work and training
- Adequate quality food and water at right time
- Safe transport

Although 86% of all CLs reported 'satisfactory' healthcare, a larger proportion of female CLs reported that they did not have adequate care and access to these amenities as compared to males. Moreover, a greater proportion of Aftercare receivers reported availability of caregiving and healthcare amenities than those who did not receive any Aftercare, as given in Table 11.

Physical Health Index	Frequency (%)				
	Sex		Total (%)	Aftercare Status	
	Male	Females		Receiver	Non-receiver
Unsatisfactory	6%	13%	10%	2%	20%
Neutral	0%	7%	4%	2%	6%
Satisfactory	94%	80%	86%	96%	74%
Total	47%	61%	100%	58%	50%

Table 11: Physical Health Index by Gender and Aftercare Status

Of the few CLs who reported challenges in meeting their physical health needs – limited access to professionals, lack of dependable persons to take care, unhygienic or cluttered spaces, subpar quality/shortage of food and water, lack of space and time for exercise, and oblivion to healthy practices for preventive wellbeing – were cited as the most common reasons.

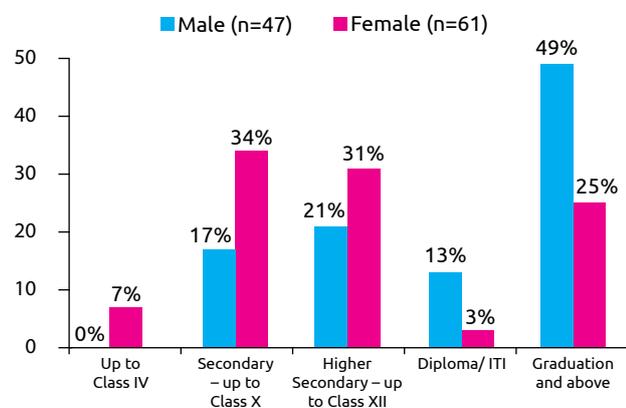


3.8 Education and Vocational Skills

Gender Differences in Formal Education: The education level of CLs interviewed ranged from below Class V to above post-graduation, as given in Figure 11.

- 4% CLs – all females – **were educated below Class X**
- 31% CLs (41% of females and 17% of males) **had not completed their higher secondary education (up to Class XII)**
- 8% CLs – of which only 2 were females – **had completed short-term diploma courses or vocational courses**

- 25% CLs (20% of all females and 32% of all males) **had obtained their graduation degree**
- 10% CLs (5% of all females and 17% of all males) **had obtained post-graduation or above level of education**



“A child who scores less in academics is provided more attention to improve in the areas of their weakness. If the child still finds it difficult, then he or she is guided to change the stream to fare well in a field where they are more talented. In fact, from Class 10th onwards children are groomed to focus on their areas of interest. Though the child’s interest is kept in mind, they are guided based on their abilities.”

A Key Informant, Karnataka

Figure 10: Highest Level of Formal Education Attained by CLs by Gender

Education as a Priority: As Figure 10 shows, all of the CLs had received formal education and only 4% were educated below Class 10th. 35% of CLs had completed their graduation or higher. Educational qualifications of CLs from both Government and NGO CCIs were comparable with no significant differences between them. More importantly, no differences were seen between Aftercare receivers and non-receivers in their educational achievement as formal education for all is being achieved within CCIs itself.

Vocational, Technical and Employability Skills in CCIs: A greater proportion of CLs from NGO CCIs 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 CLs from Government CCIs, as shown in Table 12. However, over 54% of all CLs voiced the need for training in these skills even at the time of interview.

Skills Acquired in CCI		Government CCI (n=61)	NGO CCI (n=47)	Total (n=108)
Vocational & Technical	Computer and IT	51%	81%	64%
	Basic Accounting	16%	75%	42%
	English Speaking	36%	88%	58%
Job Readiness	Resume Making	13%	75%	40%
	Interview Skills	13%	72%	39%

Table 12: Vocational, Technical and Employability Skills Acquired in CCIs

Education and Vocational Skills Index

A composite score factoring in the CLs’ education level, gaining of vocational and job readiness skills – whether in CCI or during the Aftercare phase, and self-perceived adequacy of skills. (Annexure-II)

49% of all CLs reported that they did not have 'satisfactory' educational qualifications, vocational skills and did not consider them adequate for achieving their academic or career goals, as shown in Figure 11. However, stark differences were observed between the following:

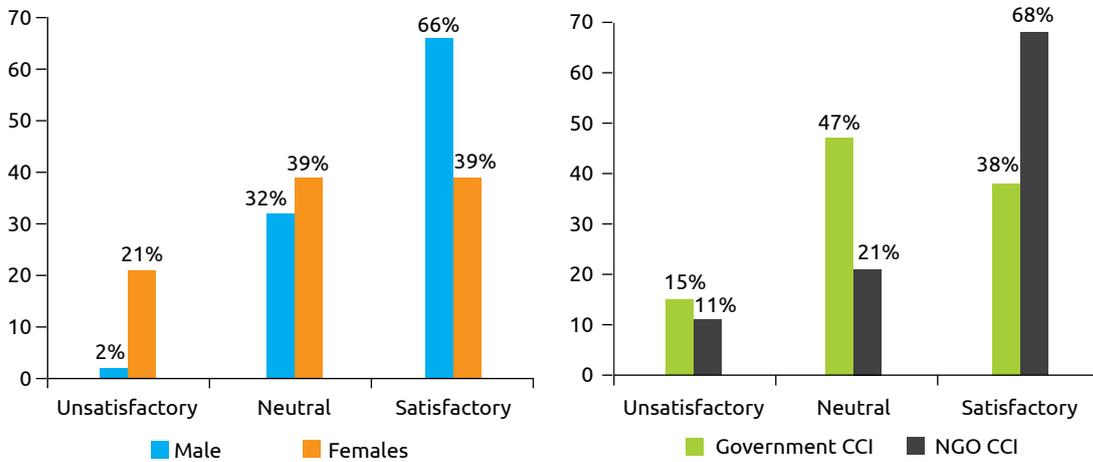


Figure 11: Education and Vocational Skills Index by Gender and Type of CCI

Gender Differences: A significantly greater proportion of male CLs possessed better academic qualifications and career-related skills than their female counterparts.

Differences between Government and NGO CCIs: 68% of CLs from NGO CCIs (n=32) had 'satisfactory' level of educational qualifications and career-related skills as compared to 38% of CLs from Government CCIs (n=23).

Impact of Education and Vocational Skills on Adult Life: CLs' educational qualifications and acquisition of vocational skills was found to be directly correlated with their:

- financial status (Financial Index)
- acquisition of social skills and ability to maintain relationships (Social Relationships and Interpersonal Skills Index)
- acquisition of independent living skills (Independent Living Skills Index)

Impact of Aftercare on Vocational Skills: Although the provision of Aftercare did not impact CLs' educational attainment as CCIs in Karnataka seem to focus on formal education as a priority, it significantly impacted the acquisition of vocational, technical and employability skills. A significantly greater proportion of Aftercare receivers reported the acquisition of these skills as compared to non-receivers, as show in Table 13.

“Fortunately, or unfortunately, more importance is given to education, but not much to vocational training to settle the youth in their career.”
A Key Informant, Karnataka

Skills Acquired post 18 years		Aftercare Receivers (n=58)	Non-receivers (n=50)	Total (n=108)
Vocational & Technical	Computer and IT	57%	32%	46%
	Basic Accounting	47%	20%	34%
	English Speaking	57%	28%	44%
Job Readiness	Resume Making	52%	18%	36%
	Interview Skills	50%	16%	34%

Table 13: Skills Acquired by Aftercare Receivers and Non-Receivers post 18 years

Stakeholder Suggestions

- Conduct aptitude tests for all children of 16 years in CCIs and encourage them to narrow down on options based on their strengths and interests.
- Vocational training provided should be focused on income generation to sustain livelihood.
- Provide scholarships to sponsor higher education through a merit-based selection process.
- Explore access to the National Skills Mission programmes and initiate skill-building workshops.



3.9 Financial Independence and Career

Financial Independence: 32% of all CLs (n=34) reported that they had their own independent sources of income, while 68% (n=74) were financially dependent on others. Notably, all of the 34 CLs held salaried jobs (full-time or part-time) as their primary source of income; none of them were self-employed. Regarding CLs' financial independence, some noteworthy considerations are as below:

- Gender Disparity:** A significantly greater proportion of males reported having their own sources of income than females.
- Impact of Aftercare:** The results also show that a lesser proportion of Aftercare receivers had secured independent sources of income as compared to non-receivers.

Average Monthly Income: For those who had independent sources of income (n=34), the mean income was found to be Rs. 8,709 per month and ranged from Rs. 2,000 to Rs. 15,000 per month. This is relevant as the mean income of CLs is lower than the minimum wages for unskilled workers in most industries in Karnataka. Of the 19 male CLs who had jobs –

- 3 were working as accountants
- 5 were working as technicians, mechanics or electricians
- 2 were working in hotels (hospitality)
- 3 were working in offices as HR consultants, managers, loan officers, respectively
- 1 was working as an office boy
- 1 was working as labourer
- 4 did not share their vocation

Of the 15 female CLs who had jobs –

- 5 were working as beauticians in parlours
- 6 were working as tailors or attendants in garment shops
- 3 were working as DTP operators or designers in printing press
- 1 was working as a cook in a hotel

Gender Disaggregation for Independent Sources of Income	Percentage
Male (n=47)	40%
Female (n=61)	25%
Total	32%

Table 14: CLs with Independent Sources of Income by Gender

Income Status	Aftercare Status	
	Receiver (n=58)	Non-receiver (n=50)
Independent Income	26%	38%
No Independent Income	74%	62%

Table 15: Independent Income by Aftercare Status

Additional Financial Support: 50% of all CLs (n=54) reported that they had no financial support whatsoever. They relied on others or their Aftercare programme to fulfil their needs. Few CLs reported earnings and financial support from other sources, such as:

- 10% CLs reported that their Aftercare organisation or CCI provided them with additional financial support or monthly allowance.
- 30% CLs indicated that they received additional financial allowance from well-wishers such as family members, friends and mentors.
- 5% CLs reported receiving some financial support from the Government of Karnataka.

Care Leavers' Opinion on Financial Support: 19% of all CLs (n=20) believed that the Government should provide financial support to their Aftercare organisation for each young adult supported by them. On the other hand, 77% (n=83) thought this monetary support should be given directly to CLs. The remaining 4% (n=5) 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:

- 77% believed an amount of up to Rs. 5,000 per youth per month would be sufficient.
- 18% suggested an amount between Rs. 5,000 and Rs. 10,000 per youth per month would be required.
- 5% stipulated an even higher amount, ranging from Rs. 10,000 to Rs. 20,000 would be required.

Financial Literacy: 53% of all CLs (n=53) reported getting no guidance regarding their monetary management during their childhood in the CCIs. Notably, 64% CLs from Government CCIs reported no guidance on household economics with regards to managing their income, savings and expenditure as opposed to 38% CLs from NGO CCIs, as shown in Table 16. 84% of all CLs (n=91, 43 males, 48 females) had never attended financial literacy workshops, or one-on-one consultation with a caregiver, staff, mentor or expert.

Guidance for Financial Management in CCI	Frequency (%)		Total (%)
	Government CCI (n=61)	NGO CCI (n=47)	
Yes	36%	62%	47%
No	64%	38%	53%

Table 16: Guidance for Financial Management in CCI by Type of CCI

Financial Security: 31% CLs reported they did not have a bank account yet, even though the JJ Act, 2015 mandates it. Moreover, as reported in the previous section, although 32% CLs had salaried jobs, only 8% of them had been signed up for a provident fund.

Saving Habits:

- 37% CLs reported that they were saving by building a balance of money in their bank accounts
- 17% reported saving cash at home or in their wallets
- 9% reported savings by giving money to their family, friends, etc.
- 1% reported investing in stocks, bonds, shares or their local SHGs
- 37% reported that they were not saving actively

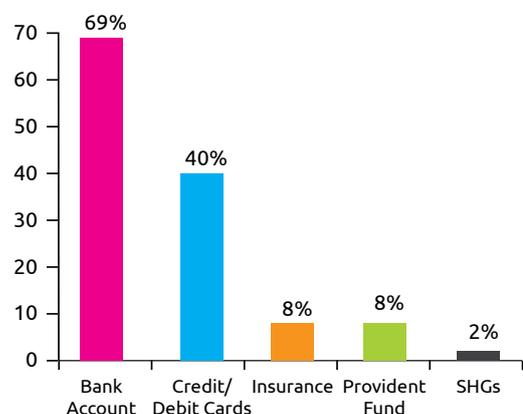


Figure 12: CLs with various Financial Security Products

Financial Crisis: 61% CLs reported that their income/allowance was unable to cover their cost of living.

Financial Index

A composite score was computed factoring in aspects of CLs' financial status –financial literacy, security and crisis. 50% of all CLs reported 'unsatisfactory' level of financial literacy, poor financial security and frequent monetary crises, as shown in Table 17.

Ability to Cover Cost of Living	Percentage
✓ Yes	37%
✗ No	61%
N/A Not Applicable	2%

Figure 13: Ability to Cover Cost of Living

A detailed analysis reveals the following:

Gender Differences: A slightly greater proportion of female CLs reported a 'satisfactory' financial status as compared to males, even though a significantly lesser proportion of them had independent income. This indicates that a greater proportion of female CLs were receiving financial support from others that made them more likely to have financial security and fewer financial crises as compared to male CLs.

Differences in Government and NGO CCIs: A greater proportion of CLs from NGO CCIs reported better financial literacy, greater financial security and faced fewer financial crises as compared to CLs from Government CCIs.

Financial Index	Frequency (%)				
	Sex		Total (%)	CCI Type	
	Male	Females		Government	NGO
Unsatisfactory	45%	54%	50%	67%	28%
Neutral	49%	34%	41%	30%	55%
Satisfactory	6%	12%	9%	3%	17%
Total	47%	61%	100%	61%	47%

Table 17: Financial Index by Gender and Type of CCI

NGO vs. Government Aftercare: In general, a larger proportion of Aftercare receivers reported a better financial status as compared to non-receivers, suggesting that Aftercare support allowed for greater financial literacy, increased financial security and fewer crises. However, further analysis shows that a significantly greater proportion of receivers who reported 'satisfactory' or 'neutral' financial status had received Aftercare through NGO programmes.

Financial Index	Frequency (%)					
	Aftercare Status (n=108)			Aftercare Type for Receivers (n=58)		
	Receiver	Non-receiver	Total (%)	Government	NGO	Total (%)
Unsatisfactory	45%	56%	50%	66%	24%	45%
Neutral	41%	40%	41%	31%	52%	41%
Satisfactory	14%	4%	9%	3%	24%	14%
Total	58%	50%	100%	29%	29%	58%

Table 18: Financial Index by Aftercare Provision and Type of Aftercare

Stakeholder Views

- NGO practitioners inform that budgetary provisions for CLs have not yet been set as Aftercare programmes are in their infancy stages. Estimates range from Rs. 1.25 lakhs to Rs. 3 lakhs per CL per annum.
- Experts inform that government duty-bearers are unable to do much for CLs' financial stability due to paucity of resources. Efforts to formulate budgets and identifying needs are underway. However, providing fixed sum of money directly to CLs "makes room for adventurism (misuse).
- Some NGOs provide one-time settlement aid to CLs, while DCPO (contingency) funds can also be utilised for CLs' needs. However, systems to identify CLs' need and monitor their progress are lacking.



Figure 14: Nature of CL's Present Engagement by Gender

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

1. **NEET:** 28% of all CLs (n=30) were neither in education, employment or training (NEET) at the time of interview.
2. **Low Priority afforded to Vocational Skills:** Only 6% were enrolled in vocational/technical training.
3. **Gender Differences:** More than half of all male CLs were pursuing higher education at the time of interview as opposed to a third of female CLs. Only 4% male CLs reported having no engagement as opposed to 25% of female CLs.
4. **Impact of Aftercare:** As shown in Table 19, a larger proportion of Aftercare receivers were pursuing higher education, as well as engaged in salaried jobs as compared to non-receivers. However, it was also found that a larger proportion of CLs from NGO Aftercare programmes were doing so as compared to CLs from Government Aftercare programmes.

Present Engagement	Government Aftercare (n=29)	NGO Aftercare (n=29)	Total Receivers (n=58)	Non-receivers (n=50)	Total (%)
Pursuing Higher Education	35%	59%	46%	36%	42%
Pursuing Vocational/ Technical Training	7%	3%	5%	6%	6%

Present Engagement	Government Aftercare (n=29)	NGO Aftercare (n=29)	Total Receivers (n=58)	Non-receivers (n=50)	Total (%)
Full-time and Part-time Jobs/Internships	17%	38%	28%	40%	33%
Self-Employed	0%	0%	0%	0%	0%
Looking for Employment	17%	3%	15%	14%	12%
No Engagement	35%	3%	18%	13%	16%

Table 19: Nature of Present Engagement by Provision of Aftercare and Type of Aftercare

Skill Adequacy: Upon inquiring about their career-related skills, 26% CLs thought their education and/or skill level were inadequate to achieve their academic and career goals. Related to this, it was also found that 70% CLs had never received one-on-one career guidance nor attended any career-development workshop.

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 law enforcement, national security or defence personnel, politicians, social workers, medics, technicians and even athletes, actors, musicians and entrepreneurs. However, it seems there is limited focus on CLs' career development as only 6% of all CLs were undergoing vocational training and 70% (n=76) had never attended any career-oriented workshops. Most commonly reported challenges in realising their career aspirations are as follows:

- 14% reported that their communication and English-speaking skills were poor.
- 18% reported that averting monetary crisis had taken precedence over pursuing their goals.



3.10 Identity and Legal Awareness

Knowledge of Legal Rights and Responsibilities: 42% of all CLs (n=45) had not received any information regarding their legal rights or their responsibilities towards others as an adult, prior to leaving their CCI.

Workshop on Legal Rights and Responsibilities: 32% (n=35) had not received any guidance regarding this either through a workshop or a one-on-one consultation even during the Aftercare transition phase.

- Right to Identity:** 11% CLs were unaware of their fundamental right to identity through documents such as Aadhar Card, Voters' ID Card, Birth Certificate, Passport, etc.
- Right to Aftercare:** 50% CLs 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 CLs did not possess certain legal documents that are essential to access academic and job opportunities, citizenship rights and benefits, as shown in Table 20. In general, lesser proportion of female CLs had documents such as domicile certificate/proof of residence, ration card, PAN card and passport as compared to male CLs. Most notably, 95% of all CLs (n=103) had obtained their Aadhar cards as they have been mandatory

“One of the most important things to keep in mind is that [CLs] definitely need help in establishing their identity (Aadhar card, Voters' ID, caste certificate, etc.) There has to be clarity about who is going to help them in procuring this and how will they do it.”

A Key Informant, Karnataka

for children in CCIs. Comparable number of CLs from Government and NGO CCIs possessed these documents and no significant difference was seen between them, except in the following:

- a greater proportion of CLs from Government CCIs possessed Voters' ID as compared to CLs from NGO-run CCIs.
- a greater proportion of CLs from NGO-run CCIs possessed PAN Card as compared to CLs from Government CCIs.

Document Type	Frequency (%)		Total (n=108)	Frequency (%)	
	Male (n=47)	Female (n=61)		Government CCI (n=61)	NGO CCI (n=47)
Aadhar Card	100%	92%	95%	95%	96%
Domicile/ Proof of Residence	92%	77%	83%	82%	85%
Education Certificate	96%	72%	82%	85%	79%
Voters' ID	49%	23%	34%	46%	19%
Ration Card	72%	44%	57%	61%	51%
PAN Card	62%	13%	34%	26%	45%
Passport	2%	2%	2%	0%	2%

Table 20: Possession of Legal Documents by Gender and Type of CCI

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.

It was found that a greater proportion of CLs from Government run CCIs had a better index score than those from NGO run CCIs, as shown in Table 21.

Legal Index	Frequency (%)				
	Sex		Total (%)	CCI Type	
	Male	Females		Government CCI	NGO CCI
Unsatisfactory	38%	57%	49%	31%	72%
Satisfactory	62%	43%	51%	69%	28%
Total	74%	33%	100%	61%	47%

Table 21: Legal Index by Gender and Type of CCI



3.11. Aftercare Towards Social Reintegration

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

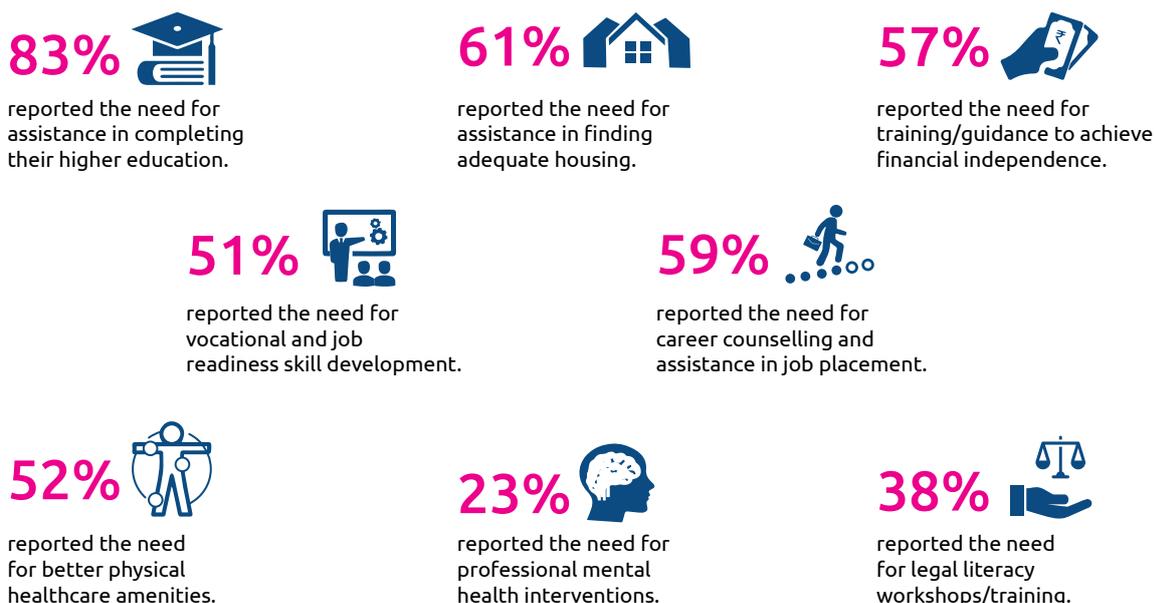


Figure 15: Aftercare Towards Social Reintegration

Stakeholder Views

- Experts believe that Aftercare in Karnataka remains a neglected domain and is in its nascent stages, and that very few CCIs have 'transitory programmes' for CLs where the focus is limited to a few domains like education or financial aid.
- Discourse is required to bring about improvement in existing practices, especially in the light of deinstitutionalisation. Understanding and defining Aftercare as a holistic programme is a difficult task as requirements of different CLs are unknown. Children in conflict with law, children from vulnerable family background and those who are true orphans (only 5% of children in CCIs, according to experts) have different needs, and an objective evaluation is required for these groups.
- Currently, Aftercare is understood only in the context of education and financial support of Rs. 2000 per youth per month as mandated by the ICPS. The existing policies on Aftercare are not clearly defined and the State Rules and Guidelines to the JJ Act, 2015 are yet to be notified.
- Formal Aftercare programmes by the government are limited to 2-3 districts, and dedicated budgets are not yet available to the State. Hence, the implementation, monitoring and evaluation is inadequate. Some CLs are provided with opportunities based entirely on the efforts of a few committed individuals.

Access to Aftercare Support/Services: Upon inquiring about how CLs would prefer to access Aftercare support and/or services, it was found that 54% CLs thought that services should be provided in-person through a physical facility/office. 3% CLs thought that such services could be provided over the phone through a non-emergency helpline, while 15% CLs preferred an online portal such as a website or app to avail these services.

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



Aftercare Quality Index (AQI)

A composite score, comprising of the following 8 indices, was computed to give the Aftercare Quality Index:

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

Aftercare and Gender: It was found that a greater proportion of male CLs had better Aftercare Quality Index than their female counterparts. This implies that the care and Aftercare received by males in our sample is more conducive to their social reintegration than the care and Aftercare received by females, as shown in Table 22.

Sex	Aftercare Quality Index (n=108)			Total
	Unsatisfactory	Neutral	Satisfactory	
Male	0%	47%	53%	47
Female	13%	39%	48%	61
Total	7%	43%	50%	108

Table 22: Aftercare Quality Index by Gender

Aftercare and Skill Development and Experiences in CCI: 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 Table 23. Moreover, the CCI Life Experience Index as well as the Skill Development in CCI Index was found to have a positive correlation with the Aftercare Quality Index. This data suggests that the nature of care provided in childhood and the skills cultivated therein strongly determines the efficacy of Aftercare support and services post 18 years of age. (Pearson correlation coefficient significant at alpha level = 0.01).

CCI Type	Aftercare Quality Index (n=108)			Total
	Unsatisfactory	Neutral	Satisfactory	
Government	8%	57%	34%	61
NGO	6%	23%	70%	47
Total	7%	43%	50%	108

Table 23: Aftercare Quality Index by Type of CCI

Aftercare Receivers and Non-receivers: It was also found that a greater proportion of Aftercare receivers had a better Aftercare Quality Index than non-receivers, as shown in Table 24. This suggests that the provision of Aftercare positively impacts CLs in all domains of independent life identified in the 'Sphere of Aftercare'.

Aftercare Status	Aftercare Quality Index (n=108)			Total
	Unsatisfactory	Neutral	Satisfactory	
Receiver	5%	29%	66%	58
Non-receiver	10%	58%	32%	50
Total	7%	43%	50%	108

Table 24: Aftercare Quality Index of Receivers and Non-Receivers

Stakeholders Suggestions

According to experts, some of the essential and critical elements/components of an Aftercare Programme are:

- Ensuring that every youth leaving care has all the required documents such as birth certificate, Aadhar card, proof of residence, and Voters' ID.
- Providing support to obtain other documents based on need, such as driving license, passport, ration card, etc.
- Ensuring higher education as per choice of the youth by ways of facilitating admission through KOS or NOS.
- Imparting life-skills to all children in care and to CLs, which is an integral part of the mandatory Individual Care Plan, provided for under law.
- Livelihood guidance and career counselling should start early when the child turns 14 years of age and continue through Aftercare.
- Ensuring provision of vocational training – ITIs, polytechnics, etc. – through PMKVY, private agencies like BOSCH, Unnati, Schneider Electricals, etc.
- Linkages to sponsorship through CSR.
- Facilitating job placement or through referrals, placement agencies or government schemes.
- Linking to nearby hostels, available PG accommodations, etc., to enable CLs to access affordable and adequate housing.
- Providing support in banking and obtaining financial aid, such as loans, scholarships, etc.
- Maintaining a 'Resource Directory' of all above-listed services and facilities at the State and District level for all CCI and CLs to access.
- Providing referrals to professionals for mental health support and relationship guidance.
- Establishing support forums and groups for peer support.

The findings presented in the chapter have highlighted the situation of CLs in Karnataka, establishing that they continue to face challenges in life and that they are not adequately supported. The present study has covered all aspects of life of CLs who have grown up in an alternative setting from their physical, social, emotional and mental well-being to their education, vocation and employment status. The study conducted in Karnataka has brought forth, in some cases, that non-receivers of Aftercare are performing better than the receivers. This may be due to the sense of independence and freedom that non-receivers have as they are not living in an institutionalised setting as compared to the receivers of Aftercare. The next chapter brings out the discussion and conclusions based on the findings.

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



Chapter 4

Discussion & Conclusions

“I did not have anyone to say ‘I am proud of you’ when I finished my Masters at NIMHANS, I did not have a crowd to clap for me, even though our aspirations are high, the support for us is low.”

Care Leaver in Karnataka

(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, insights offered by care providers and key-informants, and 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', this section discusses the importance not only of support that must be given, but also how the support is understood to impact by CLs – a perception sadly lacking in many areas of Aftercare intervention. This section also summarises the points that will form the recommendations emerging from the study, bearing in mind the objectives of the study, as follows:

4.1 Objective 1

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

4.1.1 Transition Planning

From the study findings, certain aspects of the care provided in CCI 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 goals of CCI is to bring stability and security in the lives of vulnerable children in need of care and protection. However, the results of this study in Karnataka show that 52% respondents did not find this stability easily, as they were transferred from one institution to another multiple times. Existing studies have found that multiple placements result in fractured relationships, gaps in schooling and unnecessary stress for children (Udayan Care, 2017). Breakdown of the continuum of care, residential instability, and inability to form long-term peer groups and frequent changes in environment – all contribute towards inability to acquire proper skills and poor academic performance, amongst other issues (Torrico, 2010). Many studies can be found that support this finding and show causality between residential instability, disrupted education and ruptured relationships with poor mental health of CLs (Barn, 2010; Fryar, Jordan, & DeVooght, 2017; Torrico, 2010). In accordance with the findings of these previous researches, this study also reports that frequent transfers are associated with poor experiences in CCI, which are indicative of poor educational achievement, poor skill development, poor financial status and the inability of CLs in forming strong social support networks (refer to Chapter 3). Therefore, added precaution must be taken by all CCI, CWCs, DCPOs and practitioners before initiating a child's transfer; and the child must be consulted and/or prepared for the transfer in advance.

4.1.3 Individual Care Plan

Children's early involvement in developing their ICP is essential for its implementation to be outcome based rather than merely 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. Although mandated by law, key-informants reported that currently, the preparation and implementation of the ICP is not being done properly. Findings in previous sections support these key-informant suppositions as 46% CLs were not consulted in their care and rehabilitation planning. Stakeholders strongly suggested that duty-bearers such as social workers, counsellors, caregivers, DCPOs and CWC members require training and capacity building to adequately prepare and implement these plans in consultation with the children/youth.

4.1.4 Skill Development in CCI

As the data suggests, the current care provided to children in CCIs between the ages of 6-18 years is ill-suited to develop skills required in independent adult life. Data shows a significant difference in the skills (vocational and career-related, interpersonal independent living skills) acquired during childhood between CLs from Government CCIs and NGO CCIs (refer to Table 1), suggesting that CCIs require an evaluation and refinement of their Alternative Care model, and need to bring parity between organisations. To complement these efforts, targeted activities towards skill building of children, either through workshops, training or hands-on experiences, should also be introduced in all CCIs as suggested by multiple stakeholders, including the CLs. Social and life skills, if acquired during childhood, decreases the risk of CLs encountering social problems of homelessness, substance abuse and violence, social exclusion, etc. (Kalinowska, 2015; Montgomery, Donkoh, & Underhill, 2006)

Preparation and Training for Transition: Key-informants, ranging from social workers and DCPOs to NGO practitioners and experts, suggested that a pre-Aftercare training programme be mandated for all children who would be transitioning out of care. According to them, preparation for transitioning out of care and into independent life should start as early as possible and should be needs-based and child-centric. It should include, but not be limited to:

- Independent Living Skills – cooking, cleaning, maintaining hygiene, managing nutrition & health, exercise, household economics, disaster management, etc. – through trainings or hands-on experience.
- Exposure to society through field trips, community immersion and by encouraging safe volunteerism.
- Continued quality education.
- Vocational training, internships and apprenticeships.
- Resilience-building through counselling.
- Outcome-based, collaborative planning for transition through information and knowledge sharing.

“ We provide financial support to meritorious children in the Aftercare phase and are currently tracking over 375 students across 3 cities. The programme is very new and recipients of the Aftercare scholarship have not been tracked but this is planned in the future.

We have a ‘light monitoring’ system wherein the interactions with potential CLs is achieved through the workshops conducted with them by young mentors, aged 18-26 years, who are primarily professionals or students.

We have also found that if we invest in the first year of the youths after-school education, their CCI/Aftercare programme sees their success as a risk mitigating factor and are open to supporting the youth for the rest of their education. ”

A Key Informant, Karnataka

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

4.1.5 Capacity-Building of Staff

Some of the major concerns of the key informants representing the government departments included; lack of professional training for caregivers and social workers, burden of extra responsibilities on social workers due to multiple portfolios handled by them, and inadequate compensation prevailing in the childcare sector. Stakeholders also suggested capacity-building of staff and caregivers towards ICP preparation and implementation and maintaining standards of care. Experts also suggest that proper documentation of each child/youth’s progress and future needs by staff would streamline the process as the CWC can then direct the CL to appropriate organisations for relevant interventions.

4.1.7 Follow-up/Monitoring Mechanism

To complement the investments made to ensure stability, care and skill development within CCIs, duty-bearers (staff in CCIs, DCPUs, CWCs, etc.) must maintain proper data on each child and youth as they transition out of care. This exercise would ensure the smooth implementation of each CL's Rehabilitation Plan, while creating evidence to assess the efficacy of existing care and skill development practices. Key-informants cited the lack of a systemised monitoring mechanism as a primary challenge in improving Aftercare services for youth. In the absence of this, no evaluation of CLs' situation after leaving care and Aftercare has ever taken place. They also suggested that follow-up mechanisms can be formalised through long-term mentors/counsellors and can be digitised through an MIS system for data maintenance, lasting for about 3-5 years after the youth has left care. Moreover, data regarding CLs' needs and situation at different points in time is required to be able to impact their lives in a meaningful manner.

 I am aware of certain cases where lack of planning, implementation and monitoring of the Individual Care Plan had disastrous consequences. For example, Youth being released in the community – basically at his doorstep in a slum, when his term at the Special Home ended. The youth was picked up by the police shortly thereafter and 'fitted' in a murder case – the youth was later acquitted of all charges in this case. 

A Key Informant, Karnataka

4.1.8 The Sphere of Aftercare

In this study, 54% CLs reported receiving one or more Aftercare support or services. However, it remains unclear whether the support received by each CL fell under only one, multiple, or all of the following 8 domains of the holistic 'Sphere of Aftercare':

1. Affordable and adequate housing
2. Independent living skills
3. Interpersonal skills and social relationships
4. Mental and emotional wellbeing
5. Physical health
6. Financial independence and career
7. Education and vocational skills
8. Identity and legal awareness

4.1.9 Convergence, Linkages and Synergy

Current provisions of Aftercare in Karnataka are limited to a few domains and many of them are wholly neglected. Objective evaluations of ongoing programmes are rarely conducted, and no data is maintained to determine which services are provided and to what extent. Field observations showed that there was hardly any coordination and cross-sharing between different CCIs, Aftercare programmes, DCPUs, CWCs, other government departments and other stakeholders. Frequent round-tables, collaborations with corporates and private professionals, and scaling promising practices in the State can help bridge the differences between organisations and improve the overall level of services in the State.

 There is little or no interaction and integration between various departments and ministries wherein these youth could avail of different government schemes from Social Justice and Empowerment or Ministry of Skill Development and Entrepreneurship. Some of these ministries have much higher budgets available to them than the WCD but not enough exchange of ideas and possibilities are being explored. 

A Key Informant, Karnataka

4.1.10 Conclusion

In general, findings from Section 3.2 (Life in a CCI and Transitioning into Aftercare) indicate that:

- CLs' skills at 18 years are underdeveloped and some may be unequipped to handle the pressures of independent life.

- There's a lack of equitable skill development practices across Government and NGO run CCIs. Further research is required to ascertain the reasons for these differences and to design pertinent solutions.
- From the findings, it can be deduced that investments to ensure 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 key domains of adult life.
- Based on findings and key-informant suggestions, Pre-release Planning, mandated by law (or 'Transition Planning') comprising of the above-mentioned elements could ensure better care and preparation of CLs in CCIs and may pre-emptively mitigate the challenges faced by them after transitioning out of care.
- Staff's capacity to ensure better care practices and adequate planning for each child/youth in light of these findings need to be built.
- Proper follow-up with each CL for a stipulated time or at least until they are adequately mainstreamed is required to ensure they don't fall through the cracks into obscurity.
- Various different organisations, such as CCIs, Aftercare organisations, government bodies and authorities such as CWCs, DCPUs, and concerned departments (WCD, SJE, Skill Development, etc.), civil society organisations and even corporates need to work in tandem to ensure better quality services for CLs.

4.2 Objective 2

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

4.2.1 The Sphere of Aftercare: Towards Social Reintegration

A holistic Aftercare programme needs to envision, plan and implement support and services for CLs under all 8 domains proposed as the 'Sphere of Aftercare'. This section discusses the findings and suggestions of stakeholders under each of those domains. Although different Aftercare programmes may choose to focus on only one or some of these domains, the State must make provisions in a way that all CLs have easy access to multiple service providers in order to 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. Key informants too considered this as the topmost priorities of Aftercare programmes and duty-bearers. Protection from forced eviction and having a secure tenure is especially important for CLs, who may be true orphans as they lack caring individuals or a strong social group to provide temporary housing, even in the face of homelessness. For the rest of them, vulnerable situations in their homes and families that caused them to enter a CCI still persist, and so, returning to such homes pose more risks than opportunities.

Physical Infrastructure for Aftercare Housing: In all, there are only 3 Aftercare Homes, of which 2 are attached to Children's Homes in Bengaluru and 1 is in the Belgaum district. None of these homes are for female CLs and they are instead placed in State Homes for Women. No Aftercare Home exists in any other areas and CLs from such locations have no option but to move to a different district or be denied Aftercare services 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. This transition takes a toll on CLs' education, their relationships with CCI caregivers and friends and their mental health. CLs who wish to

remain in their districts should also be entitled to benefits of an Aftercare programme. Options such as group homes or supported rental apartments could be made available within each district that suits the needs of different CLs.

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. In Karnataka, a large proportion of children in CCIs are not orphans but belong to vulnerable families. Therefore, it becomes imperative to enable access for them to Aftercare services even if they are restored back to families which may still be vulnerable. Currently, there is no formal provision of outreach-based Aftercare services to CLs who are restored to families.

Key-informants endorsed semi-regulated accommodation and group-housing that are regularly monitored. However, for these concepts to be successful and effective, some concrete steps may be undertaken:

- Develop SOPs and guidelines regarding Aftercare group housing and consider State recognition and support for them.
- Provide preferential housing to CLs under existing Government housing schemes such as the PM Awas Yojna.

Conclusions: Findings from Section 3.3 (Housing) show that:

- There is differential access to adequate housing between Aftercare receivers and non-receivers, suggesting that the provision of continued Aftercare support seems to trickle down to better outcomes in CLs' lives, including their access to adequate housing.
- Having an acceptable accommodation also results in access to better healthcare and signifies a better financial status for CLs.
- Policy documents and guidelines do not have adequate provisions for various housing options for CLs.
- Establishing Aftercare Outreach Centres would reflect the 'non-institutional' spirit of Aftercare and provide access to CLs who may be restored to families or have not received Aftercare as of yet.

Abandoned children, children with single parents, broken families and children who are very weak in studies are taken in for residential facilities along with children from very poor economic background, for emotional support and behavioural and attitude change. Apart from these, children with critical medical conditions are also supported. Only if the conditions for which they are admitted improves, they are sent back to the family. Otherwise up to Class 10th, they are provided care in the institution only. Following this, based on their performance and interest, they are helped in education. Those who are not very good in education but are talented in sports and cultural activities are also encouraged to excel in their area of interest where more focus is given to their skills than academics.

A Key Informant, Karnataka



ii. Independent Living Skills

Stakeholders, especially primary caregivers and superintendents have raised concerns regarding the socialisation of CLs into community settings. Their experiences in CCIs corroborates the data that suggests CLs at the age of 18 lack certain Independent Living Skills, like nutrition & health management, cooking, first aid, disaster management, household management (taking care of belongings, hygiene, financial management, etc.). These skills are acquired by children and young adults as they interact with other members in their family and community. However, such opportunities are extremely limited in CCIs.

Cross-sharing of Ideas towards Developing Independent Living Skills: As the data suggests, CLs from NGOs seem to be performing better in this domain as compared to CLs from Government CCIs. Unfortunately, government sponsored children's homes function under constraints of funds and skilled staff, and are sometimes over-regulated. This demonstrates that there is tremendous scope for improvement through

cross-sharing of ideas, learnings and promising practices in a cost-effective manner. As iterated by many key-informants, it is imperative that such skills and training be provided to CLs, before they transition into independent living at age of 18 years, but also continue throughout the Aftercare phase.

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: Together, from findings from Section 3.4 (Independent Living Skills) 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 observed between CLs from Government and NGO CCIs are considerable and provide an opportunity to bring parity between organisations.
- Independent living skills also have a transcendental impact on multiple domains of adult life and are thus, essential to ensure adequate mainstreaming of CLs.

“ Cohorts of these youth are collectivised and 4 workshops a year are conducted by mentor volunteers. Topics include: acceptance of their achievement, connecting each other across organisations to share challenges, career guidance, ID proof attainment, employability skills such as writing effective emails, resume writing, etc. Youth are provided with a mentor in a 1:5 mentor to student ratio in order to guide their career decisions, work towards emotional wellbeing, prepare for transition, etc. All these areas of intervention have been identified by mentors working closely with the youth. ”

A Key Informant, Karnataka



iii. Mental and Emotional Wellbeing

CLs, in general, 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 matter relating to their physical, mental and emotional wellbeing (Meade & Mendes, 2014; Barn, 2010). The findings of this research confirm this fact as almost 15% of the sample reported one or more symptoms of psychological disorders at the time of transitioning out of their CCI (refer to Table 5).

Impact of Transitioning on Emotional Wellbeing: Upon transitioning out of care, CL's 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 CLs reported 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).

Availability of Mental Health Services: Access to mental health services among CLs drastically declines during the transition from care to Aftercare. Firstly, there is stigma related to psychological concerns that discourages them from seeking assistance. Studies in the mental health of CLs have consistently shown that self-stigma and public stigma prevents them from receiving 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 quite 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.

Emotional Wellbeing as a Low Priority: Unfortunately, almost none of the duty-bearers – superintendents, caregivers, practitioners talked about the mental health of CLs, showing that the focus is more on domains like education, career and finance; while aspects such as mental health, resiliency, and emotional wellbeing are not yet considered as core domains of the ‘Sphere of Aftercare’.

Although none of the stakeholders highlighted this concern, mental health services should be made available for the care staff of CCIs and Aftercare homes. As primary caregivers on a full-time basis to multiple children in care and Aftercare, the stability and development of emotional resilience of this population is vital, perhaps as vital as the mental wellbeing of the children and youth in their care. Further research into the emotional and mental wellbeing of caregiver and care providers is required to develop an environment of preventive wellbeing.

Conclusions: From the findings in Section 3.5 (Mental Health and Emotional Wellbeing), it is apparent that:

- CLs, and particularly Aftercare receivers suffer from emotional distress, and some even struggle with psychological issues. A greater proportion of females are afflicted by this than males.
- Stigma around mental health, gender stereotypes and lack of awareness may have also impacted the findings of this study; however, many CLs may require mental health interventions and support during Aftercare to alleviate their distress and other symptoms.
- Lack of discourse around preventive mental wellbeing and lack of awareness amongst all stakeholders could bring out the nuances of CLs emotional health.



iv. Social Relationships and Interpersonal Skills

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

Effects of Poor Relationships and Social Skills: Poor psycho-social skills such as effective communication, conflict management, leadership, self-esteem, knowledge of legal rights and duties, gender neutrality, etc. also have a negative impact on the overall quality of life of CLs. In the absence of familial support, the inability to maintain social relationships in neighbourhood/community and workplace makes it harder for CLs to establish a social support group for themselves. The added stigma of being an orphan or belonging to an institution also makes their social reintegration a precarious journey, as voiced by CLs and caregivers, alike. On the other hand, young CLs also face problems in establishing romantic relationships as they are unaccustomed to interactions with the opposite sex. Deciphering their own feelings and behaving appropriately in the context of romantic relationships remains a daunting task for CLs.

Gender Roles: As per the law, all CCIs for 6 years and above are segregated by gender in India. They are governed by strict policies regarding movement of children and other non-staff persons in and out of the home, in the interest of children’s safety. As an unintended side-effect, children rarely get to interact with peers and adults of the opposite gender or integrate with the communities around the CCIs. 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.

Stakeholder Suggestions: Key-informants alluded to the problem of a diminishing social support system for young adults exiting child care institutions. Instituting a follow-up/tracking mechanism for youth exiting CCIs and encouraging them to maintain touch with the organisation, the staff and caregivers as well as their peers, through support groups, will be hugely beneficial for this population.

Youth Collective: CLs and key-informants, alike, expressed their willingness to develop youth collectives or alumni groups that serve as social support groups, forums for discourse and resource generations, advocacy groups and as a means to maintain touch with each other.

Conclusions: Findings from Section 3.6 (Social Relationships and Interpersonal Skills) show that:

- CLs in Karnataka lack positive relationships with various adults in their lives.
- Experiences of relationships with CCI staff, mentors, family members and even other children in the CCIs are poor and indicative of poor social support network.
- Gender stereotypes prevail and may hinder CLs' progress in various domains, such as their mental health, career and job-related experiences.
- Platforms for youth association and peer support are currently absent but have the potential to improve the social life of CLs.
- Importance of creating a "natural" atmosphere in CCIs where they can interact with the opposite sex in social situations so that they know what acceptable social behaviours are when independent.
- Importance of child participation in all aspects of their lives;
 - Recognise talents.
 - Facilitate aspirations.
 - Staff training towards developing sensitivity for child and youth care.
 - Continuity of relationships.
 - Cordial relationships with authority.

“I am an adoptive parent and one of the good practices that I found was followed by “Ashraya” – an NGO who facilitated my daughter’s adoption. My daughter is 14 years old today and is a member of a support group for the “Ashraya children” as they call themselves. This group meets once a year formally for a day out or a meal and spends time together. In addition, there is a WhatsApp group of the parents who have adopted from this NGO to share their experiences and challenges of raising children who have been in institutional care. Most importantly, the social worker who placed our child with us still checks in to see how our child is doing. My daughter has a direct link to her – her phone number and has built a relationship with her over the years, wherein she feels she can call her social worker to share or talk about her challenges of growing up in the absence of her birth parents. I have experienced first-hand the deep positive impact of these practices.

Another such practice is from ECHO – an NGO that manages the Special Home organises an annual event and invites children/youth who have left the system for a ‘re-union’. This event has a few cultural events performed by youth currently in the system as well as alumni.

A Key Informant, Karnataka



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, who are facing health problems, get 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. Notably, none of the key-informants interviewed raised CL's physical health as a concern. However, though one of the Aftercare homes in Bangalore is dedicated for CLs with disabilities and special needs; 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 Aftercare organisations 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 children as part of the Transition Planning.

Moreover, sensitisation to gender-specific health problems and mandatory training for caregivers, for 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: Together, these findings from Section 3.7 (Physical Health), conclusively show that:

- The lack of caring persons, inadequate funds to access healthcare needs and not having health insurance put CLs at an increased risk of poor health and may even aggravate pre-existing conditions.
- Challenges such as expensive healthcare, unhygienic or unclean space for recuperation, no hospitals or clinics in proximity and poor nutrition and exercise habits, are the most common reasons for poor physical health of CLs.
- Continued Aftercare support seems to reduce this risk for receivers as compared to non-receivers, however challenges remain in the current provisioning as noted above.



vi. Education and Vocational Skills

Gender Differences in Educational Qualifications and Vocational Skills: The proportion of male CLs currently pursuing higher education or vocational training was relatively higher than their female counterparts (refer to Figure 10). This indicates the presence of more educational support for male CLs in Karnataka, particularly in NGO organisations. It seems that societal structure and pressures push female CLs to abandon their education early. However, any investments made in the education and skilling of female CLs are not being utilised fully, as very few of them take up employment.

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. Key-informants 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 educational 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.

Conclusions: Findings from Section 3.8 (Educational and Vocational Skills) show that:

- Focus on education and vocational, technical and employability skills for male and female CLs is disproportional.
- Formal education is afforded high priority within CCLs itself and higher education is encouraged. However, there is a lack of focus on vocational training and job-readiness.
- There are no formal approaches that guide CLs in choosing viable career options or accessing job opportunities. The disparity between CLs from NGO and Government CCLs also highlights that the ideology, approaches and practices may be different in different organisations with scope to bridge the gap.
- Provision of Aftercare also seems to bridge this gap as many CLs receive vocational skills through their Aftercare programme. Access to formal education and vocational training also seems to improve the overall skills of CLs, which may be resulting or stemming from a better financial status.
- Better social support from family members, friends, mentors, and other community members is also related to better educational achievements and skill attainment.
- Solutions such as aptitude testing, relevant vocational training, and scholarships have been suggested by stakeholders to improve the current situation.

“We are committed to ensure the welfare of children especially beyond 18 years. It has been collaborating with independent institutions for educational and vocational training. Our primary attention is given in settling the youth with proper academic skills for those who are willing and capable of studying. And for those who are not interested in studies are encouraged in the vocational skills training and job settlement. “A rigorous recruitment programme for mentors ensures that only the most committed are selected to guide the children in care and the youth transitioning out of care. We believe that only volunteer mentors are not enough to create successful transitions for youth. We believe that the anchor of having a mentor allows for the youth to build enough confidence so that they are able to become more independent in the future.”

A Key Informant, Karnataka



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.

Additionally, financial status of male and female CLs is also disparate, and from these findings, it can also be concluded that opportunities for higher education and jobs are differently accessed by male and female CLs in Karnataka. Further research is required to ascertain the efficacy of existing approaches towards higher education, career prospects and financial independence in CCLs and Aftercare programmes through a gendered lens.

Gender Gap in Independent Income: It is concerning to find that only 25% of the females were earning for themselves, even though many were at par with males, with respect to their education qualifications. This poses a question as to why female CLs are not encouraged to join the workforce which puts a large proportion of females at risk of financial vulnerability as they remain financially dependent on the organisation or other persons. 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.

Financial Support for Care Leavers: 80% of the key-informants expressed that the sum of Rs. 2,000 per month per youth provided to the Aftercare programme under the ICPS is grossly insufficient, and a sum of at least Rs. 5,000 would be required per CL. In the absence of a clear break-up of CLs' needs and a yearly estimate of how many youths require Aftercare, budgeting criteria remains obscure and insufficient.

Instilling Financial Responsibility: Having no hands-on opportunities to learn household economics, lack of financial common sense is visible among CLs, which makes them vulnerable to poor economic conditions. Instilling value for money, and its judicious use is prudent at a young age. In support of this, CLs themselves believe that an allowance under the Aftercare grant should be given directly to the youth to learn budgeting, saving techniques, and other skills that instil financial responsibility.

Economic Vulnerability: Vulnerability of youth is high, as 61% reported that their income/allowance was unable to cover their cost of living (refer to Figure 13). 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, while 31% of the CLs did not even have a bank account (refer to Figure 12). Moreover, it is dismaying to note that no key-informant or stakeholder talked about financial inclusion schemes such as the Jan Dhan Yojana, which aims to expand and make affordable access to financial services such as bank accounts, remittances, credit, insurance and pensions. This shows that although there are avenues available for financial inclusion, CLs and their duty-bearers are unaware about these schemes.

Impact of Stigma, Education and Skilling on Career: Inadequate education and skills are the primary 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.

Convergence of Existing Schemes: In case of employment, 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, is emerging as a worthy option to explore. 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, policy-makers, frontline social workers, 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.

“There are some Corporates which are doing good work for children/youth to provide job training. This kind of activity should be encouraged more and more.”

A Key Informant, Karnataka

Conclusion: Together, findings from Section 3.9 (Financial Independence and Career Prospects) allude to the fact that:

- CLs from NGO CCIs and Aftercare programmes have differential outcomes of financial independence and stability as compared to the CLs from Government Aftercare programmes, resulting in the gap between them.
- In general, CLs financial literacy is poor, and they require support to improve their saving habits and ability to manage crisis.
- A significant proportion of CLs are either yet to find jobs or actively choose to not engage in education or career opportunities, as their skills are inadequate and they receive next to no support or guidance in these matters.
- 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. 42% 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 half of the CLs interviewed in this study 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 key-informants and raised concerns relating to CL's status of legal awareness and legal aid.

Legal Services: Right to free legal aid or free legal service is an essential fundamental right of all CLs under which the services of the District Legal Service Authorities (DLSA) should be availed by the CLs, with support from the functionaries of the juvenile justice system. In fact, the CWCs have a specific function to determine what the needs of the child are ensure that an Individual Care Plan is attached to every final order, and to access available legal services for children wherever necessary, as provided for under Section 30(xvii), JJ Act, 2015. 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. It has also been suggested that the process of documentation in availing services and access to schemes which are meant for CLs and youth need to be streamlined.

Conclusion: From the findings in Section 3.10 (Identity and Legal Awareness), it can be concluded that:

- Different organisations have varying practices related to documentation, as CLs from Government and NGO CCIs reported possessing differing identity documents. These differential practices result in gaps and may deprive CLs of their civic rights, as many CLs remain oblivious to their rights and responsibilities as productive and conscientious citizens.
- 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

i. Association for Promoting Social Action (APSA)

Primary Focus

APSA's Aftercare interventions cover the entire 'Sphere of Aftercare', from residential facilities to education and skill development, independent living skills, financial assistance, mental and physical health interventions, and legal and identity rights attainment.

Aftercare Theory

Holistic interventions for at-risk youth aged 18-24 years that firmly place them on the path to independence and empowerment.

Interventions and Impact

APSA runs multiple projects for the urban poor that also focusses on youth aging out of care. This is achieved through the development of a multi-pronged approach to fulfil all aspects of the Aftercare sphere. For the past 35 years, APSA has provided transitional residential care for children, which was extended to a Youth Home in 2001, which offers space to youth in transition for a maximum of 3 years. The Navajeevana Nilaya girls' hostel is a cost-effective, safe and enabling facility for girls from different disadvantaged backgrounds such as single parents, orphans, girls from alcoholic families or those facing physically exploitative situations. The hostel serves as a peer bonding and participative management space, which empowers the girls to manage on their own once they leave the home. YES, the Young Persons Empowerment and Success Programme is a comprehensive life skills training programme aimed at developing employability and independent living skills of the youth.

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

ii. ECHO

Primary Focus

ECHO's rehabilitation model is focussed on children in conflict with law and covers property rights, training, societal rehabilitation and identity rights. However, their innovative model of career-based pathways to independence also extends to children in need of care and protection.

Aftercare Theory

ECHO's programmes are rooted in the holistic reintegration of children in conflict with law into society. Founder of ECHO said that, "Aftercare should be given to even a child who has been convicted for petty offences and is released before the age of 18. Accordingly, Aftercare can start as soon as the child is identified to be in conflict with law". ECHO believes no child should be deprived of what they deserve from their family or the governance systems.

Interventions and Impact

ECHO runs a Hotel Management Learning Centre in Bangalore that provides industry need focussed training and placement. The Centre was started as a pilot programme in 2014 and has grown to offer training to youth from other states as well. They also run a Traffic Police Assistants programme in partnership with the Karnataka Police that has seen hundreds of youth contributing positively to traffic enforcement. Courses are also offered on vocational training and these courses have had 100% placement. Youth, who have graduated from ECHO training and mentoring, have settled well into successful careers. The organisation goes the extra mile to understand the background of the child, to make them avail benefits from the systems of reservations as applicable to them in education institutions and career placements as well as support their property and identity rights.

ECHO also offers assistance for upto Rs 10,000 a month to CLs who take on different trainings until they are financially and socially streamlined.

iii. Make a Difference (MAD)

Primary Focus

MAD's Transition Readiness and Aftercare programme aims to provide academic and career opportunities, as well as financial and logistical support to emerging Care Leavers (CLs), through a robust volunteer mentoring programme.

Aftercare Theory

MAD believes that every young adult exiting a CCI should have the socio-economic opportunity to live the life of an Indian middle-class family. To this end, their Aftercare programme 'Propel' is grounded in the belief that the future of the CLs they work with should be guided by their interests and not their socioeconomic situation. Underpinning all their interventions is a strong mentor or "wingman" for each CL who guides the youth towards all aspects of independence. There is no age limit for receiving support from MAD, however post 21 years, financial support is limited largely to crisis intervention. Pre-Aftercare training for children is also considered an important transition readiness aspect of MAD's support to children growing up in care. The creation of a robust network of CLs that act as a peer support group is behind the sustainability model of MAD's Aftercare interventions. MAD believes CLs must have the opportunity to thrive rather than merely survive.

Interventions and Impact

MAD piloted its Aftercare programme in 2012. It currently reaches out to over 300 CLs in 23 cities, providing need based financial support, housing assistance, further education support and guidance, logistical support, restoration assistance, etc. All these interventions are provided through a volunteer mentor programme wherein a CL is paired with a volunteer and a consultative individual needs assessment decides the intervention pathway for the youth. The programme spends approximately INR 1.7 crores per year on the programme with allocations per youth varying based on need.

The volunteer or "wingman" meets his CL once a month in a group setting of 10 CLs in a Self-Help Group format. They are encouraged to interact with CLs from other organisations and are working towards building a district wide network of CLs in each of the 23 cities they operate in. The wingman is available to the CL for guidance and direction 24 x 7. MAD follows the settlement of these youth through an "impact tracking" process where the youth themselves are incentivised to keep in touch with their mentor due to the extent of support they receive.

MAD considers their model an evolving one at a relatively nascent stage and have hence not engaged with government to share their model or directly with building CCI capacity for comprehensive Aftercare delivery but rather as an outreach service to CLs through their CCIs.

Others

Several organisations are fulfilling some of the needs of CLs. Guardians of Dreams focuses on Aftercare within CCIs through higher education scholarships for CLs. A relatively young organisation, they mentor youth towards self-reliance, job readiness and life skills. Dream A Dream focuses on a youth volunteer model to empower at risk youth through career guidance, sport, skill development, scholarships and job placements. ACTS offers many of the 'Sphere of Aftercare' services such as education, healthcare, psychosocial support and vocational training to CLs.

4.4 Objective 4

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

As already explained, this objective was not met due to the total lack of documentation on CLs in Karnataka. Even as the DWCD website shows the number as 60 for the year 2015-16, the numbers before and after that are not available and none of the stakeholders were able to produce any evidence of documentation in this regard. Various visits and efforts to understand the situation with CWC members and DCPU officers also did not yield much result.

4.5 Objective 5

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

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



Chapter 5

Case Studies

The present chapter explores five case studies of youth in Karnataka. 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 'Sphere of Aftercare' formed 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; 'survivors' - 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, Us 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 CL's situations along with the three empirically established categories.



5.1 Struggling

5.1.1 Tragedies that Could Have Been Averted

Mamta* is 19 years old and is presently in a government-run Aftercare home.

From an extra-marital relationship, Mamta's father contracted HIV. Her mother too contracted the disease eventually and became pregnant. Following delivery of Mamta's younger sister, both her mother and sister passed away due to complications related to AIDS, with her father also succumbing the same year. Mamta then grew up at her paternal uncle's home for some time. When her uncle's daughter got married, Mamta was sent along with her to her in-laws. Mamta developed a friendship with a boy in the neighbourhood, which was misunderstood by her cousin sister and others in the community. When rumours of an affair began to seethe, Mamta's cousin sister complained to the police, who through the CWC, transferred Mamta to the CCI. She was 12 years old when she was transferred.

Mamta had good relationships with others in the CCI, stating that she was happier there than she was with her family. Mamta mentions that she is not in touch with her uncle or cousin sister, because she does not have any fond memories while staying with them. Mamta was trained in jewellery making. She was also encouraged to develop her talents in singing. Her singing and entertainment skills were much appreciated by her peers in the CCI. Mamta completed her education until 8th grade. Although she is interested in academics, she states that she is still waiting for her TC from her previous school, so that she may be able to study further. It appears that there has been a complete lack of support in helping Mamta with her education. It is only normal for children to lose their focus and drive towards studies if they are not supported with the basic paperwork by which they can progress to the next grade or school. The danger of a lack of education is unfortunately evinced in Mamta's own life. She is presently not engaged in any pursuits and has no direction about what she wants to do. She mourns that she has no clue about what life has in store for her.

It is only normal for children to lose their focus and drive towards studies if they are not supported.

The CCI tried to trace her family, so that they could restore her to what they believed would be the best care for her. However, Mamta feared her uncle, and when she discovered that her CCI may ask her to go back, she ran away. After running away from the CCI, Mamta's life took a turn for the worse. She boarded a train and landed up in a village in Andhra Pradesh. At the railway station, she got deceived by a lady who with ulterior motives, approached her warmly and expressed concern for her. The lady took good care of Mamta for a few days, following which, she began to compel her to smoke, drink and have sex with multiple men, including her own husband and other "high profile" individuals such as policemen, lawyers and railway staff. Mamta was held captive for one year, before she found a way to escape. She was pregnant at this time. With the help of her CCI, she moved to Bangalore, where she gave birth to a child who was given away in adoption. Mamta was not willing to part from her baby but she expresses that she had no choice. She misses her child extremely and is depressed that she could not care for her child. Mamta feels ashamed, helpless and hopeless for the position she is in today. She is deeply disturbed. She feels depressed thinking about her past experiences and her regret exacerbates her feeling of hopelessness. She feels her life is doomed and that she has nothing to look forward to anymore. Having gone through extremely disturbing situations, it is deeply worrying that Mamta is not provided any mental health support to cope with her trauma.

Mamta expresses her regret in having run away. She wonders if it is her own fault or that of those around her. At this point, the decision of the CCI to restore the child to her uncle, against the child's will or even against

the best interest of the child, must be seriously reflected upon. Perhaps something as simple as speaking with the child about her fears and discussing the best ways to ensure proper care for her could have averted this terrible trauma. As with this instance, it is a matter of fact that many child care institutions do not function keeping in mind the best interest of the child, and are rather simply fulfilling an obligation that they have been invested with.

Mamta shares that she does not have any requirements than those provided by her Aftercare home. The facility has assured her that she can reside with them as long as she wants, which has given her some sense of relief about having a place to be. Regarding financial independence, Mamta states that her Aftercare home takes care of all her needs and that she has no need for any other finances. Understandably, Mamta is not in a mental state to think about a life of self-reliance, one where she could pursue a vocation that could bring her happiness and help her lead her life independently. When asked about her social life, she shares that she feels ashamed to speak with anyone, because of all that she has gone through, and feels that she does not deserve to be respected by anyone in society. She feels isolated from the larger community and has no hope of being reintegrated in society. Mamta is harrowed by her past experiences and without appropriate psychological therapy and socio-rehabilitative support, she will never be able to imagine a better life for herself. While Mamta appreciates the fact that she can stay on in her Aftercare home, she is so benumbed by her past experiences that the quality of life she deserves does not faze her. She deserves mental health care, she deserves justice with the wrongs that were inflicted upon her and with the child she had no choice but to give away, she deserves to lead a life of independence and self-reliance, and she deserves to look forward to a brighter future.

“Girls should definitely be empowered to take care of themselves independently.”

Mamta appreciates Aftercare support for youth like herself. She shares that youth must be nurtured with love, care and support. In her view, staff must have cordial relations with all youth and must empower youth to be able to eventually take care of and protect themselves. She reiterates “*Girls should definitely be empowered to take care of themselves independently.*” Mamta’s views on the matter reveals a strong personality that does not quit easily, and a keen intelligence that comprehends the needs of youth like herself. The lack of psychological therapy and support is causal in clouding her vision of her life and future at present, but with proper psychosocial support, her life could be transformed and empowered.

Mamta’s experiences bring to the fore the lack of support that youth in Aftercare experience in multiple domains of their lives. Among the fundamental eight domains of the ‘Sphere of Aftercare’, her experiences indicate a significant lack of inputs in at least six domains, namely higher education and vocational skills, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.



SURVIVOR

5.2 Surviving

5.2.1 Isolated in Care

Anna* is 21 years old. She joined her CCI at the age of 16 and is presently living in a government-run Aftercare home.

Anna’s father passed away due to asthma when she was 8 years old. Her mother was taking care of the family, which included Anna, her younger brother and sister, until she fell ill and passed away. Anna and her

siblings were put in three different CCIs. Her brother helped his CCI trace his paternal aunt, with the hope of living with her family. However, ill treatment from his aunt left him no choice but to return to the CCI. He has completed a course in Retail Management and is currently working in a supermarket. Anna's younger sister was diagnosed with HIV prior to being placed in the CCI. Anna was not provided any information about her whereabouts and presently, she has no idea how she is doing. The rights of children and youth to maintain relationships with the only biological family they have is shamefully breached by such conduct, isolating them further from important social relationships and emotional bonds; essentials of a meaningful life.

Anna shares that life in CCI gave her a new exposure, where she came face-to-face with real world challenges outside of family life, learning about the different kinds of people around and in her words, "*how people always only expect things from others without identifying the good in them.*" Anna's trouble with social relationships is brought out by several such remarks. She generally refrained from getting close to others, maintaining only a need-based communication. She responded when others initiated a conversation but did not take the initiative to reach out and talk to others. In this sense, she states that she maintained cordial relations with everyone, but never got too close to anyone. Anna's hesitancy in socializing and connecting with others could be the result of being separated from her family and being admitted to a CCI at a late age, where having been exposed to the intimate and caring nature of familial relationships, she may have felt lost in the formal care context in the CCI. There appears to also be a lack of support, amiability and guidance from both the caregivers and peers in the CCI, which could have helped Anna come out of her shell.

Anna has completed her 10th grade. She was supported to pursue a course in Electricals as part of her technical training. She goes on to mention that the CCI did not provide her much support with education or training on life skills, indicating that she expected much more guidance from them towards her educational and vocational pursuits. She states that she is bored of being unproductive and seeks to start working as soon as possible. She is presently looking for a job. Anna shares that she has not had any opportunities yet that could lead her to settle in life, but that she is trying to create options for herself. Anna wants to study further and complete a diploma if her younger brother would be able to manage her fees, but she is uncertain to what extent this may work out. She is not provided any financial support from the Aftercare home towards her education. Counselling and guidance to help her with her education are also altogether missing. Without such basic support, youth such as Anna are essentially fending for themselves, against innumerable odds, to simply be able to establish a life of their own.

“Aftercare must not solely be about providing accommodation, but must include support to help youth continue their education.”

Anna aspires to become a good human being, where she can earn and contribute to others in need. She hopes to be a role model for others and wishes to help CCIs like hers in whatever way she can. Her empathy, based on her own life experiences and that of her peers in care, signifies her moral fortitude and success in channelizing the learning from her experiences in a positive direction, rather than choosing to be aloof, as many of those around her have been.

For her financial needs, Anna is supported by her younger brother. In case of emergencies, the superintendent of the home has also helped with funds. She does not wish to stay in her Aftercare home for long and is stultified by the mundane life in care. It is evident that the environment in Aftercare failed to engage or intellectually stimulate Anna in a way to meet her potential. In her view, Aftercare must not solely be about providing accommodation, but must include support to help youth continue their education, financially,

with support with fees, socially, with academic counselling and guidance and infrastructural support, such as a separate room to avoid distractions and library facilities. The importance of support with education in Aftercare are clear in her suggestions, as one among the most fundamental needs that youth must be provided.

Among the fundamental eight domains of the 'Sphere of Aftercare' that require appropriate support for development, Anna's experiences indicate a significant lack of the same across at least four domains, namely interpersonal skills and social relationships, education and vocational skills, financial independence and career, and independent living skills.

5.2.2 An Intelligence Seeking Guidance

Nazreen* is 18 years old. She has been living in a CCI since she was 6. She is presently in a government-run Aftercare home.

Nazreen recalls a childhood scarred by domestic abuse between her parents. Her mother used to demand money from her father and when he did not pay heed, Nazreen's mother would take out the anger and frustration by beating her severely. She shares that her elder siblings, a brother and sister, knew how to better handle their mother's emotions. Her maternal aunt took sympathy on Nazreen, and when things got unbearable, her aunt decided to put her in a CCI, where she may have a better life. Her aunt ensured to cut-off Nazreen's relationship with her parents, fearing that they may force her to go back home. Nazreen's aunt and her siblings continue to remain in contact with her and visit her often.

Nazreen found her life in the CCI much better than in her home. Being away from the domestic violence relieved her. The impacts of violence and abuse on young minds is clearly reflected in her statements, where children would rather prefer to be away from their own family and home, living in an unfamiliar context as in a CCI, than be subject to the trauma of abuse. Nazreen enjoyed her life in the CCI. She got involved in many activities to develop her skills, which included drawing, clay molding, dancing, essay competitions, and story-telling. She has garnered many certificates in these skills and feels proud of her accomplishments. Encouraging children to develop skills in this manner is a vital part of their personality development. Nazreen shared good bonds with her peers in the CCI. The caregivers and staff too were caring and supportive towards her.

Nazreen has completed her education up to 10th grade. As part of her technical training, she studied computer. She wishes to continue her education, but she does not know how to seek help and from whom. She aspires to become a drawing teacher, as drawing is her passion, and is also interested in becoming a lawyer, because she is inspired by the power of lawyers in their ability to make or break the life of people. Nazreen detests sitting idle and hence is eager to start working immediately. She is feeling helpless about the fact that although she has the talent to work and earn money, she is not supported in any way in Aftercare to accomplish this.

The lack of personal support and individual care to help her develop and progress into adulthood is reinstated by Nazreen's statements "*I feel bad that I am not living with my family. Sometimes I feel, however difficult it was, I should have stayed with them only.*" It can be seen that as she has grown and matured, her mindset has now changed, and she comprehends that the personal connections that are part of one's familial relations are

“ I feel bad that I am not living with my family. Sometimes I feel, however difficult it was, I should have stayed with them only. ”

unlike any other bonds. Protecting Nazreen from abuse was the right measure taken to safeguard her during her childhood. But the lack of individual care, support and guidance, which has essentially left Nazreen in a place of ennui due to unproductivity and uncertainty about her future, implies a huge gap in the provision of Aftercare support. She feels sorry for not having any opportunity to get close to her goals. She confirms that she has big dreams, with her career, towards her financial independence, and in her hope to transform the life of as many people as possible. But she is unsure how her dreams will materialise with the lack of resources and guidance in her present state. Her brother will be taking a separate home in the city, and has told her she can stay with him once it is ready. She is waiting for the day to move out of her Aftercare home.

Nazreen affirms that Aftercare is important for youth and is of the opinion that homes must have clearly laid out rules and regulations that can assure the quality of life of all youth. She wants more opportunities to be created for youth by which they can pursue their education or employment, rather than being made to sit around lazy all day. From Aftercare, she also hopes that youth who face any troubles after leaving care have the opportunity to come back for support and guidance, as many may not have anyone else to turn to.

Among the fundamental eight domains of the 'Sphere of Aftercare' that require appropriate support for development, Nazreen's experiences indicate a significant lack of the same across at least three domains, namely education and vocational skills, financial independence and career, and independent living skills.



MOVING ON

5.3 Moving On

5.3.1 The Transformative Power of Nurturing Relationships

Nirmal* is 27 years old, employed and self-reliant. He lived in an NGO-run Aftercare institute, which he left at the age of 25.

Nirmal's father passed away due to AIDS when he was in 7th grade. Following his father's death, his mother, elder brother and he experienced ill-treatment and discrimination from their extended family, which in its extreme compelled his mother to attempt suicide. He shares that she survived and through some divine intervention, secured a job at a CCI. At the CCI, the Father running the institute inquired about the family's situation. When the Father learnt about Nirmal's passion for education, he encouraged his mother to put him in the CCI. He was 16 when he joined. Nirmal's mother continues to work in the CCI and is deeply connected to the institute. His elder brother had to discontinue his studies to support the family, and is now residing in their native place, visiting Nirmal and his mother frequently.

Nirmal was the eldest to join his CCI. The other children were like "tiny tots" for him. Initially, he despised the rigidity of the routine and discipline that was part of life in the CCI. Unable to adjust, he ran away on the second day of his stay. The Father from the CCI managed to trace him and bring him back. Nirmal states "*He poured all his love and affection on me. Because of his overwhelming love and care, I decided to stay in the CCI and got accustomed to the daily routine eventually.*" The power of genuine love and care for children, as harboured by the Father towards Nirmal, is matchless in its ability to bring about a good life and the best outcomes for children and youth in care. Nirmal now reflects about how the discipline and morals he learnt in the CCI are responsible for standing him in good stead today, keeping him grounded in all circumstances. Nirmal continues to keep in touch with his friends from the CCI. During his college days, they created a group called 'Best Volunteers' and would, as a team, plant trees in the neighbouring schools and public areas. They found this activity most fulfilling and the network they built

The moral values inculcated in children and youth are clearly an asset towards developing better citizens for our community.

with others in this engagement are still strong. The moral values inculcated in children and youth are clearly an asset towards developing better citizens for our community and have a life-long impact in guiding positive behaviours.

In the CCI, Nirmal used to look after the smaller children, helping with their chores and daily activities. He loved being with them and enjoyed the role of an elder brother. Nirmal appreciated the different trainings that were provided to the children, which he felt were conducted by *“human beings who were genuinely concerned about the welfare of the children.”* As part of their routine in the CCI, children were made to walk regularly in the morning, which Nirmal credits for his sound health. Based on his interest, his CCI supported him to complete a computer course. His good performance in the course led to his being enrolled for a diploma, and eventually the completion of his degree in B.E (EEE). The benefit of a sound education resonates in the case of Nirmal, where prior to coming to the CCI, he used to work in a bar throughout the night to earn just about 250 INR per month, and now, thanks to the timely support, guidance, and encouragement provided to him, along with his aptitude and perseverance, he is earning 30,000 INR per month.

Nirmal aspires to become an IES (Indian Engineering Services) officer. He often takes Public Service Exams and is passionate about learning and exploring opportunities for his future. He is presently working in the hospitality industry, managing the electrical requirements of a service apartment and supervising a team of 11 staff. He shares that he never imagined that he would be leading such a fulfilling life where he would be in a position to help and guide others. His present work engagements are conducive to focus on his IES exams simultaneously. He is confident that he will be able to achieve the goals and aspirations of his life.

Nirmal is financially independent, and is grateful to have his mother and his CCI for his non-financial needs. It is interesting to note Nirmal’s acknowledgment of non-financial support, and how significant the social relationships of his life have been in his development, clearly delineating its position in the continuum of care of youth. He is presently provided accommodation as part of his allowance at his workplace. He helps his brother with finances occasionally, since he is married and has a child but has limited financial resources to maintain the family.

Nirmal believes that Aftercare is crucial for youth, at a time in life where they are developing their individuality, stating that all of the support provided by the CCI until then is nullified if they do not help the youth in transitioning towards independent life. Genuine love, care, affection and proper guidance must be, according to Nirmal, hallmarks of all of Aftercare support. A rare example, Nirmal’s case reveals a holistic Aftercare provision that has, for the most part, successfully taken care of the fundamental eight domains of the ‘Sphere of Aftercare’ that require appropriate support for development.

5.3.2 Contentment in Being Reintegrated

Suma* is presently 24 years old, married and living with her family. She left her government-run Aftercare home at the age of 22 years.

Suma was 6 years old when she was admitted to a CCI. She recalls that her native place is a village in Andhra Pradesh but she is unable to remember any further details about her background. Her CCI placed advertisements in several sources to help find her family but there were no responses. Suma states that she was not aware that she was staying in a CCI until she reached a certain level of maturity, at age 11, and was able to grasp the context she was in. While she had a good relation with all others in the CCI, upon realizing that she was away from her family, she began to miss them and feel bad. She admits that her CCI tried their best to help her trace her family but as nobody came, she slowly began to accept the fact and proactively engage in her life in the CCI, through relationships and activities.

Suma had very good relations with her peers in the CCI, and felt that they were her siblings. She explains that they all had a good rapport, adjusting well with each other and never making an issue out of trivial matters.

She states that her caregivers at the CCI looked after them well and that they instilled in them morals such as discipline and time management. She considered her caregivers as her parents.

Suma states that she was never inclined towards academics and did not fare well in her studies.

She discontinued her education after 8th grade. From a young age, Suma used to experience some difficulties with her health, including bleeding in the nose and mouth, chest pain and giddiness. She states that she was treated by the age of 9, following which, with her newfound vigour, she chose to focus on developing her extracurricular skills. She was provided vocational training in skills including tailoring, hemming, beautician course, jewellery making, and paper cuttings, all of which she enjoyed doing. Suma is not interested in continuing her education any further. She states that she has neither the interest nor the talent. That Suma lacked the motivation and interest to pursue secondary education is a matter of concern and one that could come in the way of her realizing her fullest potential. While she was encouraged to pursue vocational skills of interest, given the universality of higher education, and the empowerment it brings to individuals - personally, professionally and socially, Suma could have been supported to identify the obstacles in her academics and helped with ways to overcome the same.

Suma is presently married and living with her family. Her ambition is to lead a happy married life. She also aspires to be able to teach her skills to as many as possible. She has been spending all of her time with her family, to understand them better and develop valuable relationships. If she chooses to work, she states that she will do so only with her family's permission. With her present engagements, Suma is optimistic about achieving her life's goals and aspirations.

Suma is financially supported by her husband's family. She shares that they take care of her very well. Suma feels grateful for the family that life has brought her, where many others may not be as fortunate. She expresses that her joy in this matter is "*beyond words*". Suma experienced an abortion 3 months ago and has now recovered. During this period, she was advised complete rest and her family was there for her support in entirety. The finances in the family are taken care of by Suma's sister-in-law, a practice that has been followed from the beginning. When Suma has any financial needs, she contacts her sister-in-law, who arranges the same for her. Suma is fortunate to have a family that is understanding and cooperative, but her absolute dependence on them may be limiting her own potential to grow and establish her aspirations.

Suma does not know many people from her neighbourhood. She has not been interacting with any others apart from her husband and his family, stating that she does not know how to interact with them. Suma's statements reveal her uncertainty and possible apprehension in developing social relationships. While her family has welcomed her, her social relationships, in childhood limited to within the CCI and after marriage limited to her immediate family, indicate that her social skills were not encouraged and developed appropriately.

On Aftercare, Suma asserts that it plays a crucial role in the lives of all youth in care, at a vital juncture in their lives. She explains that accommodation is requisite, until the youth are able to stand on their own feet, with other important provisions such as supporting the youth with their education, and taking her own example, engaging youth in vocational training should they lack interest in academics.

Suma's experiences signify that she is moving on quite well upon leaving Aftercare. However, her statements indicate a lack of support in at least two of the eight fundamental domains in the 'Sphere of Aftercare'; namely, interpersonal skills and social relationships, and independent living skills.

(*Pseudonyms used to protect the identity of respondents)

Her caregivers at the CCI looked after them well and that they instilled in them morals such as discipline and time management.



Chapter 6

Recommendations for Strengthening Aftercare

“Arriving at a definition of Aftercare is an uphill task in our system and a different ball game because of the dynamic nature – children live in CCI and regularly visit families, children truly orphan and no family connection, etc. – all sets have different needs. A good Aftercare means instilling coping mechanisms and continued support. For those who are truly orphans, life skills is a huge requirement.”

A Key Informant, Karnataka

This study enriched by analysis of literature, policies, current Aftercare practices in Karnataka, and views of multiple stakeholders, along with CLs at the centre, puts forward some concrete recommendations to mitigate challenges and move towards developing a holistic Aftercare programme in the State. The study recommends a strong social inclusion of CLs through a participatory approach, understanding and addressing their needs, priorities and aspirations, 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 key focus of these recommendations is that the CLs are empowered at their earliest to reduce dependency on external support. The following policy and practice recommendations will enable establishing a robust Aftercare programme in Karnataka.

6.1 Recognition of Care Leavers as Vulnerable Youth

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

Recommendations for the DWCD, GoK, in this regard, are:

- CLs should be recognised 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 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 operationalised and regularly evaluated. CLs should be provided necessary support in having awareness on these benefits and acquiring relevant documents to avail benefits of such affirmative actions.

6.2 Streamline Aftercare Systems and Processes in Karnataka

- The KSICPS, being the nodal department responsible for effective implementation of the JJ Act, 2015 in the State, should include Aftercare as an important 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, there should not be frequent multiple placements as it leads to frequent change in caregivers, reduced attachment levels, and disrupted education, all of which adversely impacts outcomes in adult life.
- Youth, as they turn 18, must not be restored to families without stringent evaluation, otherwise they would end up with the same debilitating circumstances, which compelled family separation.
- The State Aftercare Guidelines must be (drafted, in the process of being notified) effectively implemented in a timely manner. The guidelines should specify the rights and responsibilities of CLs, provide operational definitions of key terms such as 'rehabilitation', 'mainstreaming' and 'reintegration' and make Aftercare service providers accountable through a robust monitoring and evaluation process.
- A system to recognise Aftercare homes managed by NGOs in the State should be developed.

6.3 Effective Implementation of Existing Laws and Schemes 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 channelises their thinking towards 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:
 - 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. Ensuring Support to all Care Leavers across the 8 domains of the 'Sphere of Aftercare'

as an essential component of Aftercare. Every CL should have an Individual Aftercare Plan that is developed with their close participation. A basket of options for every CL should be created, with local options at the district level offering support across different domains in the 'Sphere of Aftercare'.

- i. **Housing:** Non-institutional housing support should be developed, made available and incentivised across all districts as it seems to offer better outcomes for CLs as per the study and hence scattered

site housing must be promoted and strengthened at the district level. More Aftercare homes for female CLs must be set up as the current number of one home is not adequate for the State. 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, subsidised medical services and health insurance through the PM-JAY for all CLs.
 - iii. **Mental health** care support that is accessible to CLs through professional specialised counsellors and peer mentors as well as continuous support for individual and group counselling therapy. Resilience-building through counselling and Pre-marriage counselling may be provided since as children, most CLs may have not lived in a family and hence are unable to 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 is required with the 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 is essential. 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 KSICPS. 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:** KSCPCR may act as the grievance redressal body for CLs and include Aftercare in their discourse as a Continuum of Care.

6.4 Increased Investment in Aftercare

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

6.5 Linkages and Convergence

- Build effective linkages and convergence for Aftercare between various government departments such as Social Justice and Empowerment, Housing, Youth Affairs, higher education (Human Resource Development), Industry, and Health in order to provide integrated services across the 'Sphere of Aftercare'. The **DWCD, GoK**, must be responsible for building this convergence model.
- Similarly, Aftercare service providers such as CCIs, NGOs, Aftercare Organisations, community-based agencies and corporates under their CSR, must come together to offer their range of services to CLs, in an integrated manner guided by the KSICPS. Through convergence, efforts should be made to encourage CLs to benefit under all the domains of the 'Sphere of Aftercare', wherever possible.
- KSICPS 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. KSICPS 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 ecosystem that helps to increase the knowledge and understanding of the needs and rights of CLs in Karnataka by documenting their voices, which can inform strategies, policies and services on all the domains in the 'Sphere of Aftercare'.

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Annexure-I

The Eight Domains of The Sphere of Aftercare

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

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



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

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

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

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

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

5. **Social Support and 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: <ul style="list-style-type: none"> 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 <ol style="list-style-type: none"> Providing children with pathways to acquiring education, life skills, independent living skills, social skills to equip them for independent living Empowering them to be mentally and emotionally stable and confident for the transition and enabling them to access a support system 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 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

Indices of Sphere of Aftercare

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

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

Transition Planning Indices		
Index	Selected Questions	Scoring and Categorisation
CCI Life Experience (8 Questions)	<ol style="list-style-type: none"> 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? 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>Score: Maximum = 8; Minimum = 0</p> <p>Index (Score ÷ 7): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>
CCI Skill Development (18 Questions)	<p>Did you receive/acquire any of following skills either through a workshop, training or hands-on experience in your CCI?</p> <p><u>Independent Living Skills:</u></p> <ol style="list-style-type: none"> 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 <p><u>Interpersonal Skills:</u></p> <ol style="list-style-type: none"> 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 <p><u>Vocational Skills and job-readiness</u></p> <ol style="list-style-type: none"> 14. Computer and IT 15. Basic accounting 16. English speaking 17. Resume making 18. Interview techniques 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>Score: Maximum = 18; Minimum = 0</p> <p>Index (Score ÷ 18): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>

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

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

Aftercare Sphere Indices		
Domain Index	Selected Questions	Scoring and Categorisation
8. Legal Index (3 Questions)	<ol style="list-style-type: none"> 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? 	<p>Scoring Criteria for each ques.: Yes = 1; No = 0</p> <p>Domain Score: Maximum = 3; Minimum = 0</p> <p>Domain Index (Domain Score ÷ 3): 'Unsatisfactory' = 0.000 – 0.333 'Neutral' = 0.334 – 0.666 'Satisfactory' = 0.667 – 1.000</p>

Aftercare Quality Index		
Domain Index	Selected Questions	Scoring and Categorisation
Aftercare Quality Index (AQI)	<ol style="list-style-type: none"> 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 	<p>Aftercare Quality Score (AQS): [Sum of all 8 Aftercare Sphere Domain Indices] Maximum = 8; Minimum = 0</p> <p>Aftercare Quality Index (AQS ÷ 8): 'Unsatisfactory' = 0.1475 – 0.3792 'Neutral' = 0.3793 – 0.6110 'Satisfactory' = 0.6111 – 0.8428</p>

Supporting Youth Leaving Care

A Study of Current Aftercare Practices

■ Delhi ■ Gujarat ■ Karnataka ■ Maharashtra ■ Rajasthan

Collated as a Multi-State Report:

Beyond 18

Leaving Child Care Institutions

2019

