THE SITUATION OF AFTERCARE YOUTH IN DELHI
A Research Report, October, 2018

Udayan Care with support from Delhi Commission for Protection of Child Rights and MakeMyTrip.com
sylc@udayancare.org
# CONTENTS

*Acknowledgments* vii  
*Acronyms and Abbreviations* ix  
*Executive Summary* x  
*Chapter 1 – Introduction to Aftercare* (1-12)  
  1.1. Background  
  1.2. Review of Existing Literature  
  1.3. Aftercare in the South Asian Context  
  1.4. Aftercare in India  
  1.5. Aftercare in Delhi  
  1.6. Understanding Current Aftercare Practices (CAP) in Delhi  
*Chapter 2 – Methodology of the CAP Research in Delhi* (13-20)  
  2.1. Justification and Relevance of Research  
  2.2. Objectives of the Study  
  2.3. Study Design  
  2.4. Methodology  
  2.5. Limitations of the CAP study in Delhi  
  2.6. Research Protocol and Ethical Clearance  
*Chapter 3 – Results, Findings & Discussion* (21-54)  
  3.1. Demographic Profile of Care Leavers  
  3.2. Description of Care Leavers' Situation, Hypothesis Testing & Case Studies  
  3.3. Discussion  
*Chapter 4 – Conclusions* (55-63)  
  4.1. Summary  
  4.2. Status of Aftercare in Delhi  
  4.3. Recommendations  
  4.4. The Way Forward  
*References* (64-66)  
*Annexure 1* (67-68)  
*Law and Policy on Aftercare in India*
# List of Tables and Figures

<table>
<thead>
<tr>
<th>Table</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1. Age at Admission into a CCI</td>
<td>22</td>
</tr>
<tr>
<td>Table 2. Prevalence of Mental or Emotional Stress</td>
<td>26</td>
</tr>
<tr>
<td>Table 3. External Support, if any, for addressing issues of Mental/Emotional Stress</td>
<td>26</td>
</tr>
<tr>
<td>Table 4. Challenges faced in addressing Mental/Emotional Stress</td>
<td>27</td>
</tr>
<tr>
<td>Table 5. Distribution of Care Leavers by different Types of Accommodation</td>
<td>29</td>
</tr>
<tr>
<td>Table 6. Intersection of Gender with the Provision of Aftercare</td>
<td>30</td>
</tr>
<tr>
<td>Table 7. Prevalence of Physical illness</td>
<td>30</td>
</tr>
<tr>
<td>Table 8. Challenges faced in addressing Physical Health concerns</td>
<td>31</td>
</tr>
<tr>
<td>Table 9. Nature of Employment or Self-Employment Opportunities</td>
<td>33</td>
</tr>
<tr>
<td>Table 10. Skills that Care Leavers possess</td>
<td>34</td>
</tr>
<tr>
<td>Table 11. Limitations in Pursuing Academic Needs and Aspirations</td>
<td>35</td>
</tr>
<tr>
<td>Table 12. Nature of Challenges faced in realising Career Path</td>
<td>36</td>
</tr>
<tr>
<td>Table 13. Distribution of Care Leavers having their Own Sources of Income</td>
<td>37</td>
</tr>
<tr>
<td>Table 14. Monthly Income Bracket of Care Leavers with their Own Sources of Income</td>
<td>38</td>
</tr>
<tr>
<td>Table 15. Percentage of Care Leavers possessing various Legal Documents</td>
<td>41</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Figure</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1. Challenges faced by Out-of-Home Care (OHC) children</td>
<td>1</td>
</tr>
<tr>
<td>Figure 2. Key components of Aftercare support &amp; services</td>
<td>2</td>
</tr>
<tr>
<td>Figure 3. Age Distributions of Respondents</td>
<td>22</td>
</tr>
<tr>
<td>Figure 4. Distribution of Care Leavers by Aftercare Provision</td>
<td>23</td>
</tr>
<tr>
<td>Figure 5. Gender Distribution of Respondents</td>
<td>24</td>
</tr>
<tr>
<td>Figure 6. Relationship between Aftercare Provision and Gender</td>
<td>25</td>
</tr>
<tr>
<td>Figure 7. Distribution of Care Leavers by Highest Education Level</td>
<td>36</td>
</tr>
<tr>
<td>Figure 8. WHO Quality of Life Psychology domain score of Care Leavers by Gender</td>
<td>27</td>
</tr>
<tr>
<td>Figure 9. Provision of Aftercare by Gender</td>
<td>29</td>
</tr>
<tr>
<td>Figure 10. Adequacy of Education and Skills Level to achieve Career Goals</td>
<td>34</td>
</tr>
<tr>
<td>Figure 11. Difference in Flourishing Scale Score by 12th Grade Education of Care Leavers</td>
<td>35</td>
</tr>
<tr>
<td>Figure 12. Boxplot of Monthly Income of Care Leavers</td>
<td>38</td>
</tr>
<tr>
<td>Figure 13. Financial Common Sense of Care Leavers</td>
<td>39</td>
</tr>
<tr>
<td>Figure 14. Difference in Satisfaction With Life Scale (SWLS) score by Aftercare Provision</td>
<td>43</td>
</tr>
<tr>
<td>Figure 15. WHO Quality of Life Social and Independence Domain Scores by Gender</td>
<td>44</td>
</tr>
<tr>
<td>Figure 16. Adequacy of Education and Skills Level by number of Different CCI Placements</td>
<td>49</td>
</tr>
<tr>
<td>Figure 17. Aftercare Status in Delhi</td>
<td>58</td>
</tr>
</tbody>
</table>
The Child Care Institutions provide conducive environment for nurturing and growth of children in tender year's next best to the family. On attaining the age of 18 years inmates have to leave Child Care Institutions and in almost cases without any assistance for rehabilitation and social integration. They face isolation and helplessness in the absence of institutional mechanism to provide them support services. The need for aftercare services through government and other stakeholders becomes therefore most imperative. It is with this objective that stakeholders have to come together and to provide a conducive environment to the youth to take care of themselves and to integrate into the society. This study attempts to highlight the issues and also makes recommendations which shall go a long way in formulating policies for the benefit of children on the issue of aftercare.

Ms. Rita Singh, Member, DCPCR deserves appreciation for her supervision and monitoring of the study. Udayan Care has shown tremendous commitment to the cause of child rights and they too deserve appreciation for their efforts.

The Commission is hopeful that the study would be found useful by different stakeholders in drawing roadmap in strengthening aftercare services in NCT of Delhi.

Ramesh Negi
Chairperson
Delhi Commission for Protection of Child Rights
October 2018
**Acknowledgments**

Udayan Care firmly believes that every child who leaves an alternative care setting, on completing 18 years of age, needs to be supported under aftercare. Under the purview of ‘continuum of care’, aftercare is the logical programmatic intervention towards the rehabilitation and social reintegration of young persons, after their upbringing in a child care institution, observation home, special home, or foster care. Keeping this in view, Udayan Care conceived an Aftercare Outreach Programme (AOP) with the vision that all youth leaving alternative care have access to quality aftercare support till they are mainstreamed in society and are capable of living independently, without external support. A baseline study to explore the status and quality of aftercare services in the city of Delhi was, therefore, considered logical so that the existing gaps and challenges in aftercare services can be understood. This study is the first in the series of CAP research (‘Current Aftercare Practices’), set in the capital city of New Delhi. This research aims to not only serve the above-mentioned purpose and help in designing the AOP, but also to identify components of further research in alternative care. Since the present research covers only the aftercare youth of Delhi, the potential for scaling up the research is huge. The methodology adopted and constraints faced in this research would help the organisation fine tune the Pan-India study that will highlight the status of aftercare and advocate for policy-level changes.

We are very thankful to the Delhi Commission for Protection of Child Rights (DCPCR) and MakeMyTrip.com for providing the financial support for the research. We would like to especially acknowledge the unconditional support and guidance received from Ms. Rita Singh, Member DCPCR, throughout the course of this research. We are thankful for your belief in this cause and for your encouragement.

The aftercare youth or ‘care leavers’ (interchangeably used in this report), who form the nucleus of the research, not only for their views but also for facilitating access to many of their peers, deserve our praise for their much-needed support. Our gratitude also goes to the stakeholders from child care institutions, and government functionaries, like members of the Department of Women and Child Development, Juvenile Justice Board, Child Welfare Committee and District Child Protection Unit for their insights.

We are grateful to our research guide, Dr. Anil Kumar Das for helping us develop the research process and the tools comprising of the care leavers’ questionnaire and the key-informant interview schedule, providing impetus for this report. The members of research advisory committee, namely, Ms. Aneesha Wadhwa, Ms. Deepika Nair, Ms. Mithulina Chatterjee, Ms. Leena Prasad and I, played an important role in developing the inception framework and we thank everyone for their support.

We are thankful to Dr. Shivani Bhardwaj for leading the research team, conceptualizing the
human rights framework for care leavers, steering the focus group discussions and collating the recommendations. Our sincere appreciation goes to Ms. Rini Bhargava for coordinating various research activities, including refining the research design, conducting data analysis, providing the work flow for the team and for writing this report. The data collection and field work were carried out by Ms. Riti Chandrashekhar and Ms. Shubhangi Kansal, who also worked on refining the tools, case studies and preparation of field notes. Lastly, we thank Dr. Kakul Hai for providing the editorial inputs to this report.

We hope that this report is a beginning in not only deepening the understanding on 'Current Aftercare Practices' (CAP) and issues faced by care leavers, but also in developing a forum for collaboration and coordination among all stakeholders involved in aftercare, in Delhi.

Dr. Kiran Modi
Founder Managing Trustee,
Udayan Care
<table>
<thead>
<tr>
<th>Acronyms and Abbreviations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AOP</strong></td>
</tr>
<tr>
<td><strong>BBC</strong></td>
</tr>
<tr>
<td><strong>CAP</strong></td>
</tr>
<tr>
<td><strong>CCI</strong></td>
</tr>
<tr>
<td><strong>CCL</strong></td>
</tr>
<tr>
<td><strong>CLAN</strong></td>
</tr>
<tr>
<td><strong>CNCP</strong></td>
</tr>
<tr>
<td><strong>CWC</strong></td>
</tr>
<tr>
<td><strong>DCPCR</strong></td>
</tr>
<tr>
<td><strong>DCPU</strong></td>
</tr>
<tr>
<td><strong>DWCD</strong></td>
</tr>
<tr>
<td><strong>ICPS</strong></td>
</tr>
<tr>
<td><strong>JJ Act</strong></td>
</tr>
<tr>
<td><strong>JJB</strong></td>
</tr>
<tr>
<td><strong>KII</strong></td>
</tr>
<tr>
<td><strong>MWCD</strong></td>
</tr>
<tr>
<td><strong>NGOs</strong></td>
</tr>
<tr>
<td><strong>NYP</strong></td>
</tr>
<tr>
<td><strong>OHC</strong></td>
</tr>
<tr>
<td><strong>SAARC</strong></td>
</tr>
<tr>
<td><strong>SBT</strong></td>
</tr>
<tr>
<td><strong>SOSCVI</strong></td>
</tr>
<tr>
<td><strong>SYLC</strong></td>
</tr>
<tr>
<td><strong>UNDP</strong></td>
</tr>
<tr>
<td><strong>UNGACC</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>: Aftercare Outreach Programme</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>: Bed, Breakfast and Care</strong></td>
</tr>
<tr>
<td><strong>: Current Aftercare Practices</strong></td>
</tr>
<tr>
<td><strong>: Child Care Institutions</strong></td>
</tr>
<tr>
<td><strong>: Children in Conflict with Law</strong></td>
</tr>
<tr>
<td><strong>: Care Leavers' Association and Network</strong></td>
</tr>
<tr>
<td><strong>: Children in Need of Care and Protection</strong></td>
</tr>
<tr>
<td><strong>: Child Welfare Committee</strong></td>
</tr>
<tr>
<td><strong>: Delhi Commission for the Protection of Child Rights</strong></td>
</tr>
<tr>
<td><strong>: District Child Protection Unit</strong></td>
</tr>
<tr>
<td><strong>: Department of Women and Child Development, NCT of Delhi</strong></td>
</tr>
<tr>
<td><strong>: Integrated Child Protection Scheme</strong></td>
</tr>
<tr>
<td><strong>: Juvenile Justice (Care and Protection of Children) Act, 2015</strong></td>
</tr>
<tr>
<td><strong>: Juvenile Justice Board</strong></td>
</tr>
<tr>
<td><strong>: Key-Informant Interviews</strong></td>
</tr>
<tr>
<td><strong>: Ministry of Women and Child Development, Government of India</strong></td>
</tr>
<tr>
<td><strong>: Non-Governmental Organisations</strong></td>
</tr>
<tr>
<td><strong>: National Youth Policy</strong></td>
</tr>
<tr>
<td><strong>: Out-of-Home Care</strong></td>
</tr>
<tr>
<td><strong>: South Asian Association for Regional Cooperation</strong></td>
</tr>
<tr>
<td><strong>: Salaam Baalak Trust</strong></td>
</tr>
<tr>
<td><strong>: SOS Children’s Villages of India</strong></td>
</tr>
<tr>
<td><strong>: Support For Youth Leaving Care</strong></td>
</tr>
<tr>
<td><strong>: United Nations Development Programme</strong></td>
</tr>
<tr>
<td><strong>: United Nation Guidelines on Alternative Care for Children</strong></td>
</tr>
</tbody>
</table>
Executive Summary

According to 2014 estimates by UNICEF, there are about 31 million orphaned and abandoned children living in India. Preventive and rehabilitative strategies in the country remain at a nascent stage; and unfortunately, this number is only expected to rise in the coming decades.

Udayan Care, an NGO based in Delhi, has been working in the field of child rights and protection for the last 25 years. First-hand experience of providing care and protection to orphaned and abandoned children and youth has sensitised Udayan Care to the myriads of life-long challenges faced by them. Udayan Care's philosophy of L.I.F.E. – 'Living in a Family Environment' – has resulted in long-term care for many children, which continues as they transition into adulthood. Udayan Care’s unique model of mentorship has assured a parent-like figure for all its children, who continue to guide them through adulthood, much like a traditional family.

In 2014, the Trustees of Udayan Care envisaged long-term holistic care for all young adults who age out of the various alternative care setups like children’s homes, foster care, child care institutions, observation homes, special homes, fit facilities, etc., in Delhi. Since then, Udayan Care has been conducting workshops, consultations, research and advocacy centred on aftercare for all young adults or care leavers. In 2017, with the support of the Delhi Commission for Protection of Child Rights (DCPCR) and MakeMyTrip.com, Udayan Care initiated an exploratory and baseline research with the aim of developing evidence-based programmes and practices for aftercare in Delhi. As the first in the series that documents empirical findings of CAP, this research report, titled “The Situation of Aftercare Youth in Delhi, 2018,” covers the following:

(a) Introduction to the nature of challenges and opportunities faced by young adults (or 'care leavers') who age out of child care institutions (CCIs) in Delhi.

(b) Brief documentation of the kinds of interventions existing for care leavers in Delhi.

(c) Research methodology employed in this pioneering exploratory study.

(d) Baseline data for 47 care leavers in the various domains that affect their mainstreaming in society, such as mental health, physical health, housing conditions, education, vocational skills and employment, social and interpersonal relationships, financial status and legal literacy, quality of life, satisfaction with life and flourishing trajectory of their future.

(e) Discussion of the comprehensive impact of the availability, or lack thereof, of resources and
support in these domains as shown by the baseline data.

(f) Recommendations to develop robust aftercare programmes in Delhi, and a way forward.

**Introduction to the Challenges of Care Leavers and Current Aftercare Practices (CAP)**

This report introduces the issues faced by youth who have grown up in alternative care settings, like child care institutions, foster care, etc. The discussion is based on the literature and resources available in the public domain that focus on the transitional period of young adults’ life when they move out of alternative care to independent living. Udayan Care’s own experiences, from its 24 years of service delivery, informs this chapter's ideological underpinnings. Factors affecting care leavers upon exiting the safety of their CCIs are discussed in detail. These are:

- Emotional and mental health
- Housing conditions
- Physical health
- Vocational skills and employment
- Financial status and legal literacy
- Social and interpersonal relationships

Chapter 1 concludes by briefly presenting a socio-cultural context of aftercare in South Asia, in general, and India, in particular; and documenting the different aftercare interventions of various organisations, in Delhi, like Don Bosco Ashalayam, Make a Difference Foundation, Manav Jain Ashram, Minda Bal Gram, Prayas, Rainbow Homes, Sai Kripa, Salaam Baalak Trust, SOS Children’s Village of India and Udayan Care. Through this research, it was found that minimum standards of care for children are maintained in CCIs; however, aftercare is not considered a right of care leavers, but a moral obligation fulfilled by some service providers.

**CAP Research Methodology**

Given the context discussed in the previous chapter, Chapter 2 begins with the justification and relevance of this research. Justification for the present research lies in its focus on generating empirical data on the conditions of aftercare youth and on bridging the knowledge gap that exists at present. As this study is the first of its kind in Delhi, it was designed as an exploratory research. The study was conducted with care leavers as the primary stakeholders, and government functionaries, private service providers, professionals and institutional duty-bearers as key-informants. The tools used for data collection are:

(i) An indigenously developed questionnaire for care leavers and key-informants
(ii) WHO Quality of Life Scale

(iii) Satisfaction with Life Scale

(iv) Flourishing Scale

Snowball and convenience sampling methodology was used to identify and interview care leavers; and key-informants were selected based on their prominence and experience in the field of child protection. Each participant was informed of the study objective and methodology, and informed consent was obtained from each participant prior to conducting interviews.

Limitations

However, these conclusions must be interpreted in light of the research's limitations. 

Obtaining a representative sample remained a challenge, as those who did not receive any support after turning 18, were lost to follow-up. It is probable that this underrepresented portion of the population also represents those who require the most support in their lives. Thus, the findings of this research should be interpreted in the light of this limitation. Ascertain the number of care leavers in Delhi also remained a challenge since there is no formal mechanism of record-maintenance or tracking of care leavers.

Findings, Inferences and Discussion

This study was conducted with 47 care leavers in Delhi. Descriptive statistics, baseline frequencies, cross-tabulations and other statistical tests provide empirical, quantitative analysis of care leavers responses on the tools, and case studies of 5 care leavers form the qualitative backdrop. The results, inter-related challenges and issues of care leavers and a comprehensive discussion of the same is surmised below:

Demographic Profile of Care Leavers

The sample was made up of 24 female and 23 male care leavers, between 17 and 29 years of age. The care leavers belonged to various government and non-government child care institutions in Delhi. Out of the 47 care leavers, 29 care leavers (62%) had received aftercare in some form or the other, 13 had not received any aftercare support, and 5 remained unsure of their status as they had been enrolled in aftercare programmes but were yet to receive any services or support. 11out of 47 (20%) care leavers had completed their college graduation, while 15 out of 47 (32%) had completed 12th grade schooling. However, 21 out of 47 (44%) care leavers interviewed had not even completed

1. Division of Mental Health and Prevention of Substance Abuse, World Health Organization, 1995
2. Pavot & Diener, 2009
3. Diener et al., 2010
their 12th grade studies, out of which 12 had obtained primary-level of education only.

**Emotional and Mental Health**

20 of 47 care leavers (43%) reported suffering from emotional or mental stress in the past one month due to various factors like unemployment, family instability, domestic abuse, etc. However, it was found that the prevalence of mental or emotional stress remained the same despite the provision of aftercare, suggesting that the current aftercare services were unable to address this issue. Significantly, it was also found that **females score lower than males in the Psychology domain of the Quality of Life scale, suggesting poorer mental health**. Further research into their attachment styles, resiliency, self-esteem and coping mechanism may reveal the underlying causes; and assist in developing a gender-focused mental wellness approach.

**Housing Status**

28 out of 29 (97%) care leavers who received aftercare support lived either in accommodation provided by their aftercare organisations or rental apartments with the organisation's support. Upon further investigation, it was found that **females were more likely to receive residential aftercare services than males**, but these facilities lacked cleanliness and hygiene, resulting in poorer physical health for women. Residential aftercare facilities are also found to be restrictive in nature and fail to develop the agency and independence of care leavers.

**Physical Health**

15 of 47 care leavers (32%) reported that they had suffered from physical illness in the past one year. Surprisingly, it was also revealed that **11 of 15 care leavers facing physical health problems were females**; and many of them had contracted sexually transmitted diseases due to unhealthy sexual habits and living in close proximity to each other. Lack of time off from work and personal life, lack of funds and lack of knowledge of symptoms were primary reasons that hindered care leavers from getting professional medical assistance.

It is important to note that mental and physical health, psychological development, feelings of independence and empowerment go hand-in-hand with one's financial security, housing conditions and available social support. **These inter-related and inter-dependent factors have transcending effects on each other. Hence, separating their effects is neither informative nor comprehensive.**

**Vocational Skills and Employment**

22 out of 47 care leavers (47%) had not come across viable employment opportunities after leaving their CCIs. Although many care leavers were either employed or pursuing higher education, 29 out of 47 of them (62%) did not consider their skills and education level to be adequate in achieving their academic or career goals. As a result, **care leavers who had at least completed their**
12th grade education had a better chance of flourishing than those who hadn't completed secondary education.

Vocational skills for those who are not academically inclined were limited to carpentry, plumbing, electrician and IT skills for men; and nursing, hospitality, and secretarial work for women. Alternative career options in the fields of entrepreneurship, sports, arts, etc., were not encouraged by ways of corporate engagement, professional mentorship and convergence of various government schemes of skilling, youth development, employment and livelihood.

Financial and Legal Literacy

Out of the 47 care leavers, 26 of them (55%) had their own sources of income; the rest were dependent on their CCI or aftercare organisation, friends and family for financial allowance or donations. Noticeably, the median income for the earning care leavers was found to be 12,000 INR per month. This is lower than the current minimum wage of 13,896 INR for an unskilled worker in Delhi. 27 out of 47 (57%) care leavers reported that they were unable to make ends meet and often faced financial crisis. The amount stipulated for each care leaver under the Integrated Child Protection Scheme (ICPS) of 2,000 INR per month is clearly inadequate to meet care leavers' needs. Key-informants running their own CCIs or aftercare organisations provided an estimate of at least 10,000 INR per month for each care leavers' aftercare requirements. Thus, expectations of them leading a financially stable independent life without external assistance are unrealistic.

Legal consciousness was also low among care leavers. 26 out of 47 (55%) of them were unaware of the fact that they were entitled to a 'rehabilitation release plan' and may be eligible for aftercare support and services. Moreover, obtaining legal identity documents also posed challenges for care leavers. Without proof of birth and permanent address, many care leavers faced problems in obtaining a passport, voters' ID, PAN card, ration card, etc.; resulting in hurdles during independent life. Lost opportunities of employment, education, travel, subsidies, etc. due to the absence of these documents remain unquantifiable.

Social Support and Interpersonal Relationships

36 out of 47 care leavers (77%) informed that the most reliable people in their lives were their peers and friends. However, 20 out of the 29 (69%) who had received aftercare considered their caregiver/mentor as reliable persons in their life, suggesting that they had adult support and supervision during this transition phase. Maintaining a continuum of care through aftercare provision also has an impact on care leavers’ self-perceived feelings of empowerment and satisfaction with life. However, it is worth to note that males tended to score significantly higher than females on the Social and Independence domain of the Quality of Life Scale. Restrictive and prohibitive atmosphere for girls, throughout their CCI stay, which also continued in aftercare
residential facility, may contribute to this difference.

Conclusions and Recommendations

The report's conclusive findings clearly establish the need to make aftercare programming in Delhi more robust and effective for the youth. Developing a clear gendered approach, along with documenting and scaling up good practices that exist, are required. Aftercare interventions in almost all domains of mental and physical health, housing, education, skilling and employment, financial and legal literacy, social and interpersonal relationships, etc. require comprehensive restructuring in light of the findings. The study through its interaction with the aftercare youth also throws evidence for the need for initiation of support groups of care leavers such as CLAN (Care Leavers' Association and Network) and SYLC (Supporting Youth Leaving Care). The study finds a need to reform and amend the existing JJ laws and ICPS with respect to aftercare and widen its vision for comprehensive support to mainstream care leavers. Clear model guidelines from the central government and thereafter state-level guidelines for stakeholders on aftercare has been recommended.

Based on the conclusions, the chapter provides recommendations for developing an effective aftercare mechanism for care leavers in Delhi.

Recommendations for Law & Policy

- Recognition of care leavers as a vulnerable population category
- Inclusion of care leavers in the National Youth Policy and Census of India
- Need to adopt a flexible approach to age limit for aftercare under the JJ laws and ICPS
- Need to revise aftercare financial support under ICPS
- Need for affirmative action
- Need to develop Aftercare Guidelines

Recommendations for Implementation and Practice

- Gather support for and facilitate Care Leavers' Association and Network (CLAN)
- Bed, Breakfast and Care Scheme (BBC) for housing and social support of care leavers
- Convergence programme of existing schemes under various Ministries of the Government at the Central and State-level
- Piloting a registration/tracking portal for care leavers at the Central and State-level
- Setting up a grievance cell
- Preparing a 'Ready Reckoner on Rights and Responsibilities' for care leavers
- Developing a district-wise directory of service providers of aftercare
Recommendations for aftercare service providers

- Rigorous training and emphasis on Individual Child Care Plan and Individual Aftercare/Rehabilitation Plan at the CCI-level starting at the age of 14 or earlier
- Training on concept, need and gender-sensitive aftercare programming
- Professional mentoring of youth on life skills with focus on independent living
- Provide appropriate psychosocial, emotional and mental health support and interventions when the young adult is transitioning from alternative care to aftercare
- Training on legal literacy to make the care leavers aware of relevant laws on rights and entitlements
- Developing a holistic mental wellness approach including regular counselling
- Facilitation of marriage and relationship counselling
- Facilitation for essential documents for identity and services like passport, ration card, metro travel card, voter ID, etc.
- Financial literacy and access to banks, insurance and other financial services
- Creating SOPs and checklist for each child exiting the CCI
Chapter 1 - Introduction to Aftercare

1.1 Background

'It is not possible for civilization to flow backward while there is youth in the world. Youth may be headstrong, but it will advance its allotted length.'

- Helen Keller (1880-1968), American author, political activist and lecturer, and the first deaf and blind person to earn a Bachelor of Arts degree

The above thought of Helen Keller is an apt one for the demographic trend of the world, which presently houses about 1.8 billion young people in the age group of 10 to 24 years (UNFPA, 2014), thereby 'creating an unprecedented potential for economic and social progress' (Youth Envoy, 2015). According to the UNDP (United Nations Development Programme) Youth Strategy 2014-2017, 87% of the young women and men of developing countries face various development challenges and over '600 million youth live in fragile and conflict-affected countries and territories' (UNDP, 2014). Situational vulnerabilities may arise in childhood due to factors like parental abuse, exploitation, abandonment, child labour, child marriage, trafficking, addiction to drugs, death of parents, unforeseen situations like natural or man-made disasters, internal conflicts and war, disability, poverty, lack of livelihood options, and absence or inability of families or natural caregivers to look after children. A few of these children are adopted by families, while some get placed in alternative care settings, like foster care or child care institutions (CCIs), and many survive, unattended, on the streets and grow up in Out-of-Home Care (OHC).

Figure 1: Challenges faced by Out-of-Home Care (OHC) children
Those, who grow up in the relative comforts and discomforts of a child care institution (CCIs), face unique encumbrances during adulthood. Still in their adolescence, they go through a situational and emotional transition as they leave their care setting, and become 'care leavers'. Challenges arise due to the absence of a pivotal family-like ecosystem, minimal community integration and limited accessibility to essential resources; while opportunities are manifestations of new circumstances that allow the young adults to explore life independently. During transition from adolescence to adulthood critical brain development occurs (Fryar, Jordan, & DeVooght, 2017). This development can be supported by strong and stable connections with family, friends and community. However, in most alternative care organisations, children miss out on some of the key resources needed during this time. Thus, they tend to experience a range of different deprivations around their psychosocial health, standard of living and opportunities to flourish.

Without support, many young adults become rudderless once they leave the CCIs. This reduces opportunity for youth to locate and access safe and stable housing, find steady and meaningful employment, and build strong and positive relationships with members of their social networks (Fryar, Jordan, & DeVooght, 2017). They are more likely to experience a lack of life skills, poorer education and health outcomes, unemployment and economic hardship, homelessness, substance abuse and addictions, criminal justice involvement and incarceration, violence and abuse, teenage pregnancy, social exclusion, mental health problems and even suicide, compared to their peers. (Kuligowska, 2015) During this transition, these young adults/care leavers need support in matters like developing social networks and relationships, employment, education, accommodation, stress management, financial management, etc., as the absence of support system has the potential for derailing their settlement in life. **This is the basis of aftercare programmes and services, which form the preparatory stage for care leavers leading to their rehabilitation and social reintegration; and follows the continuum of care approach.**

**Figure 2 : Key components of Aftercare support & services**
1.2. Review of Existing Literature

In recent years, some studies, over the world, have been conducted to understand the unique problems faced by youth leaving alternative care environments (‘care leavers’). Review of existing literature shines light on the most debilitating issues.

1.2.1. Mental health

According to attachment theory, absence of an invested, long-term caregiver during childhood results in unhealthy attachment styles (Ainsworth, Blehar, Waters, & Wall, 1978). Children growing up in alternative care settings have not only lost their primary caregivers, but also do not get the opportunity to establish secure attachment patterns in a CCI, due to multiple placements, and frequently changing and inadequately trained staff. Moreover, most children who grow up in alternative care have experienced some form of trauma in their past (Udayan Care, 2017). Hence, they are exceedingly vulnerable to psychological distress and disorders. Although, most children receive mental health counselling during their stay in CCIs, the regularity, frequency and quality of the service varies. However, **during the transitional phase of leaving care, the usage of mental health services drastically declines**. In a study of foster care youth exiting care, Vacca (2008) found that the youth participants had higher rates of depression than their general population peers; and 25% of them were suffering from post-traumatic stress disorder (PTSD). These data indicate the mental health challenges that may inform other challenges related to transitioning to adulthood for care leavers (Udayan Care, 2017).

Additionally, studies in the mental health of care leavers have consistently shown that self-stigma and public stigma are significant in the receipt of mental health service. **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).

1.2.2. Physical health and living conditions

Housing instability is another factor that hinders care leavers’ transition into adulthood. A study conducted by University of Maryland, Baltimore, revealed that **many care leavers are usually reduced to homelessness or live in poor, unhygienic environments** upon departure from their CCI or foster home. Securing adequate accommodation within a limited budget, and its upkeep adds stresses to the lives of care leavers. As a result, chances of **experiences of physical health related problems are quite high**. 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, care leavers are systemically left out of the health care network.

Due to poor living conditions, hygiene, nutrition, exercise and recreation also becomes a grave concern, and more so for women. Scores of studies over the world, have reported a high

1.2.3. Education, skills and employment

According to a study titled, ‘Youth aging out of foster care: Supporting their transition into adulthood’, access to education and employment opportunities are critical to meeting life’s basic needs (Torrico, 2010). It appears that [care leavers] demonstrate poorer academic outcomes compared to their peers (NAPCWA, 2010). For children and youth, it is common to change school multiple times while in alternative care. However, these multiple changes result in frequently ruptured education, and have an impact on students’ educational progress. In fact, students can lose four to six months of academic programs with every school change. The vicious cycle begins with constant change in schools that can lead to poor academic performance. Due to poor performance and improper guidance, children easily become disinterested in school, start finding studies a burden and often forego secondary education also. Those who show academic inclination are also limited by paucity of financial support for higher education and skill development. Poor academic performance tends to negative long-term outcomes such as unemployment or low wages, making it difficult for young people to earn a suitable livelihood (Torrico, 2010).

1.2.4. Economic hardships

The intergovernmental Organisation for Economic Co-operation and Development (OECD) defines financial literacy as ‘a combination of awareness, knowledge, skill, attitude and behaviour necessary to make sound financial decisions and ultimately achieve individual financial wellbeing.’ However, for children who grow up in alternative care, ‘there is no opportunity at hand from where they could learn about financial literacy. Even though financial literacy appears to be quite straightforward, most individuals are not trained to work their finances in OHC environments’ (O’Neale, 2013).

Udayan Care’s experience of housing vulnerable children, association with similar organisations, news reports and scattered anecdotal evidences from all over India show that upon transitioning into independent living, many care leavers’ have no familial wealth, minimum avenues to earn, and lack financial literacy and financial management skills. As a result, many care leavers lead a hand-to-mouth sustenance and face acute economic hardships in this initial phase of independent living.

1.2.5. Interpersonal skills and life skills

Life in a CCI or other alternative care setting has an encompassing impact on the personality of care leavers. ‘A 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,
The lack of such skills, result in frequent hurdles while traversing adult life. For example, the inability to maintain social relationships in neighbourhood and workplace makes it hard for care leavers 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. Unable to retain jobs, their career tends to remain stagnant for long periods of time.

1.3. Aftercare in the South Asian Context

The South Asian region poses some challenges that are unique to the area. There is an acute lack of available literature and empirical data on the conditions of OHC children and youth. Documentation and follow-up of care leavers’ situation lacks the priority attention it deserves due to lack of resources and proper mechanisms; and cross-country cooperation and collaboration remains low.

However, a literature review of aftercare in SAARC (South Asian Association for Regional Cooperation) countries by Tyler Gray (2014), presents the positive aftercare practices in South Asian countries, narrating the nature of aftercare interventions in countries like Bangladesh, Bhutan and India. The review highlights the need for nation-wide programmes that can offer resources to aftercare youth to enable them to connect to their families and communities. According to a report published by SOS Children’s Villages International and the European Commission in 2016, children growing out of residential care in Bangladesh are poorly prepared to live independently. Whereas, some young adults in Sri Lanka never leave their child care institutions as they have no other family member, acquaintance or a place to live. Literature review of Nepal’s child protection system also paints a similar, grim picture of care leavers’ situation (Flagothier, 2016).

1.4. Aftercare in India

As is the case with other South Asian countries, a review of literature could ascertain that the extent of research for assessing the impact of transition to adulthood on OHC population is limited in the Indian context (Ahuja, et al., 2017). The study by Ahuja et al. focuses on providing a baseline information on a set of key mental health constructs in care leavers transitioning into independent living in the National Capital Region (NCR) of India. The transitional difficulties that the study found were inability to cook, financial issues and absence of emotional support. A separate study conducted in Karnataka, focuses on assessing the viability of implementation of aftercare services in the Indian scenario. The study examined the theoretical models underlying aftercare programmes in Karnataka to understand the link between theory and implementation practices (Heath, Das, & Khoury, 2016). Prerna, an NGO based out of Mumbai, has documented the experiences of young female care leavers living in independent group homes. ‘Aftercare Intervention in a Neglected Post-Institutional Domain’ (Patkar, Bahuguna, & Patkar, 2013) records experiences of different aftercare practices in the State of Maharashtra; and offers robust schemes for aftercare.
Unfortunately, no study available in public domain examines the nature of challenges and opportunities faced by care leavers in Delhi. Burdened by a large population, abject poverty, caste-ism, and acute gender and socio-cultural inequality, India is a harsh place for OHC children who face further stigmatisation due to their care status.

1.4.1. Law and Policy on Aftercare in India

In India, apart from the ratification of the United Nations Convention on the Rights of the Child (UNCRC), national laws and policies have been formulated with special provisions for OHC children and aftercare. For detailed understanding of the Juvenile Justice Act, 2015, the Juvenile Justice Rules 2016 and Integrated Child Protection Scheme (ICPS), please refer to Annexure 1.

Some states, like Rajasthan, have taken the initiative to prepare state-wide guidelines and have attempted to integrate existing government schemes of affordable housing, skill building, fellowships for higher education, employment, etc. into the state-sanctioned aftercare services. A few states, like Rajasthan and Telangana have declared orphans and destitute children as socially and educationally backward classes, and included them in quotas for OBCs. The State of Maharashtra has gone beyond the JJ Act (2015), and has introduced 1% reservation, from the general class, in education and jobs for orphans.

In the State of Odisha, the standard operating procedures developed for the Child Welfare Committee define aftercare ‘as re-integrative services that prepare children for re-entry into the community by establishing the necessary collaborative arrangements with the community to ensure the delivery of set services and supervision. Children in need of care and protection (CNCP) and children in conflict with law (CCL) above the age of seventeen can be referred to an After care organisation managed either by the State Government or voluntary organisation and can stay there till he/she attains the age of twenty.’ (Odisha State Child Protection Society (OSCPS), Women and Child Development Department, Government of Odisha, 2014). Recently, the Government of Odisha had passed a resolution that allows for preferential house and land allotment to care leavers under the Indira Awas Yojna.

1.5. Aftercare in Delhi

While approximately 3500 youth needed aftercare support in Delhi in 2014, interaction with the Department of Women and Child Development (DWCD), Government of NCT of Delhi revealed that only two government-run aftercare facilities are functional in the city. Although non-governmental organisations (NGOs) are working in the domain, the available services leave many young adults without any assistance for rehabilitation and social reintegration. The current scenario clearly indicates inadequate priority being accorded to aftercare support in general and the

---

5. This figure was calculated by Ms. Mamta Sahai, Former Member, Delhi Commission for Protection of Child Rights based on inputs received from an order of Delhi High Court and a Public Interest Litigation.
6. The number of government-run aftercare facilities was obtained by the research team of Udayan Care from the officials of DWCD.
involvement of the government in the initiative, in particular.

It is important to critically understand that India is bound to adhere and implement the United Nations Guidelines for the Alternative Care of Children, and strengthen aftercare programmes to ensure that all children become self-reliant and are fully integrated into the community. The Juvenile Justice (Care and Protection of Children) Act 2015, the Juvenile Justice (Care and Protection of Children) Rules 2016, and the Integrated Child Protection Scheme (ICPS) as revised in 2014, ensures aftercare as an integral right of care leavers as a continuum of care; but their implementation remains weak and federally fragmented. To develop a holistic understanding of the dynamics of aftercare support in Delhi, it is necessary to delineate the nature of existing aftercare interventions in the city. The inadequacy of aftercare infrastructure in the city is coupled with lack of understanding of the essence of continuum of care that children are entitled to as a right under the CRC and national laws to survival, protection, participation and development in the country. If these rights are not met, the state and the civil society have a responsibility to realise these rights.

1.6. Understanding Current Aftercare Practices (CAP) in Delhi

1.6.1. Governmental Aftercare Facilities

According to data available, as of 2017, from the Department of Women and Child Development (DWCD), Government of NCT of Delhi, 40 females and 25 males in the age group of 18 to under 21 are accommodated in the two aftercare facilities located at Alipore, Jail Road (Nirmal Chhaya) and if 3,500 youth were entitled to aftercare, it is a matter of analysis why only 65 youth avail aftercare service provided by the government. According to a Child Welfare Committee (CWC) member, 'aftercare is a neglected domain of intervention, as there is inadequate concrete action on the ground for children who leave child care institutions on attaining 18 years of age'.

The facilities offered to the youth under government aftercare programme are accommodation, food, clothing, higher education and other essentials. However, there is lack of clarity on the continuum of care and how to deliver these services for the youth to become fully integrated in the community. As shared by the Deputy Director, Child Protection Unit, DWCD, Government of NCT of Delhi, young adults may leave the aftercare facility in case they express their plan to pursue life independently or due to non-availability of space in aftercare homes. Moreover, there is a lack of clarity of roles and coordination between various government departments. A CWC member informed that their priority is to restore children to their families, and aftercare of young adults does not lie under their jurisdiction. However, she also added that aftercare of

"Pre-aftercare intervention should begin within the CCIs at 14 years of age, so that planning and preparation for future can begin with the involvement of children themselves."

- Ms. Rita Singh
  Member DCPCR, Government of NCT of Delhi
18+ care leavers 'should be done at the level of the CCI or aftercare organisation'. The Deputy Director further added that preparation for independent life should begin at a much earlier age - a sentiment universally echoed by all stakeholders. Each child entering the JJ system must have an 'Individual Care Plan' developed by the CCI in conjunction with the CWC and with the child's participation. Similarly, many stakeholders have advised to develop a 'Rehabilitation Aftercare Plan' at a younger age of 14 years that has an individualised blueprint for each youth's journey to independence. Based on this release plan, focused preparation and training for independence can begin as a 'pre-aftercare' intervention. However, it is evident from the current nature of intervention that aftercare support provided by government-run facilities of Delhi is not comprehensive or need-based in nature, as observed by many professionals in the field. Mr. Anubhav Nath, Trustee, Salaam Baalak Trust, believes that any aftercare program devised to cater to the masses is doomed to fail, as it doesn't consider the unique skill-set and aspirations of the young care leavers.

**Gender Gap in Aftercare:** The government-run women's aftercare facility is situated within the compounds of Delhi’s Tihar Jail. The young women in government aftercare are allowed outside the facility for only four hours a week, besides their time out for work; and very few of them are capable of earning their own salary in a job that can support them for longer periods. Self-reliance of young women is not facilitated by ways of developing their confidence, social and economic network, and no effort is made to develop their capacity to protect themselves against discrimination and violence. Without these inputs, women in care cannot hope to equally participate in the governance of public resources or compete for private resources. Their sense of self remains underdeveloped as they do not yet understand their gender roles, reproductive rights, or how to negotiate their rightful place in the community due to lack of opportunity for and exposure to being productive. **Violation of women's right to development is more acute due to the restriction on their mobility that is coupled with the restricted options offered for rehabilitation where marriage is the most favoured option for them.** This narrow view of rehabilitation and 'settlement' violates the human rights of these young adults. A more participatory approach is required to uphold their rights, and go beyond mere settlement of care leavers to transform them into productive, responsible and conscientious citizens of India.

### 1.6.2. Non-governmental Aftercare Facilities

Apart from aftercare facilities of the government, some of the non-governmental CCIs of the city also implement aftercare programmes for care leavers. These interventions are unique to the concerned organisations which implement them, as the nature of support is dependent on the nature of support is dependent on the circumstances. The concept of aftercare has even more critical relevance.

'Aftercare is a pivotal part of the continuum of care that is far too often forgotten or at least given disproportionate value. Almost all young adults are not ready to be out on their own at 18, 21 or even 23 years of age; and need mentorship, guidance and a safety net. In India, where the joint-family values are strong and robust, the concept of aftercare has even more critical relevance.'

- Ian Anand Forber Pratt
  Director of Advocacy,
  Children's Emergency Relief International
programmatic priorities, thought process of the organisations and resources available with them.

For example, Don Bosco Ashalayam provides support only to those children who have no one to help them after they leave the CCI. According to Father Swanoop, Director, Don Bosco Ashalayam, the aftercare programme is implemented 'as a moral obligation' of the organisation towards the children of Ashalayam. Presently, the programme covers 22 youth, who are pursuing higher education. They are also taught various life-skills which equip them for independent living. The organisation prepares an action plan for each youth that focuses on rehabilitation and independent living. The youth are given pocket money of 1,000 INR on a weekly basis for their daily expenses, but fees for their higher education are directly paid to the concerned educational institutions.

Another CCI, Minda Bal Gram, based in rural NCR, does not have any aftercare facility, but it trains the children from class VIth onwards on various vocational skills that result in their employment at an appropriate age. Presently, 20 youth are working in manufacturing units, hospitals etc. and living independently.

The aftercare programme of Sai Kripa, an NGO based in NOIDA, on the other hand, is a more organised intervention as girls over 18 years of age are housed in a separate building near the CCI. They are provided with food, clothing and other essentials, and are supported for higher education and vocational training. Presently, girls are enrolled for BBA, MCA and other degrees and diploma-level courses. Sai Kripa spends an average of 10,000 INR on the upkeep of each youth besides the expense on medical aid, vocational and life-skills training and education fee.

The 'YUVA Connect' programme launched in Delhi in 2011 by Prayas targets youth in conflict with law, with a focus on vocational training as one of the key programme components. While restoration of youth to their families is integral to the process of rehabilitation, it also links vocational training to job placement, thereby making the youth financially independent. The programme includes vocational training, education through NIOS, placement and counselling. The programme reaches out to 400 juveniles per year. Adoption of the programme by Delhi Police and the number of youth covered so far under it indicate its effectiveness as an aftercare intervention.

The aftercare programme of SOS Children's Villages of India (SOSCVI), Bawana is based on a graded approach to aftercare that starts at the age of 14-18 years and ends at the age of 25. Through this Youth Programme, the young minds are counselled, trained and exposed to various aspects of rehabilitation and reintegration in three phases namely Arunodaya, Sopan and Gharonda, which include quality education, career planning, vocational training, and opportunities for acquiring attitudes and confidence for independent living. The support provided under the Youth Programme includes, inter alia, employment, medical insurance, marriage and higher education. Additionally, SOSCVI has a facility called Money Gift Balance under which money deposited in the name of the child, by a donor, is given to the youth on becoming 25 years old or within five years from serving of the departure notice, whichever is earlier. This money helps the youth in starting their own enterprise or is utilised as seed capital for acquiring productive assets.

The aftercare model of Udayan Care is a demonstration of needs-based approach to
rehabilitation and reintegration of the youth. Udayan Care focuses on a continuum of care until each care leaver is adequately settled. Contrary to the prescription of the JJ Act, the programme has no upper age limit for coverage, as the youth are supported till their final rehabilitation and reintegration. The principal focus of the model is planning a comprehensive individual care plan for each child who is a member of its 'Udayan Ghars' (Sunshine Homes). The key components of the organisation's aftercare programme are noted below.

- The Mentor parents, under the overall organisational support of Udayan Care, guide and supervise the care leavers in matters concerning career and settlement through their lifetime.
- Accommodation arranged in separate spaces within the CCIs, and some stay in scattered independent flats or in hostels of their educational institutions, as per their need.
- Other aftercare services available for the youth include support for higher education, professional training and career development. They are encouraged to take up part time jobs and manage an independent kitchen as part of the process of equipping them for future independent life.

Salaam Baalak Trust (SBT), another leading CCI working in Delhi, provides need-based support to the youth on a case-by-case basis. Mr. Anubhav Nath, Trustee, informed that 'the organisation has not put in place any structured aftercare programme; and instead provide need-based support'. The nature of various aftercare support provided to SBT's alumni is elaborated below.

- Financial support for higher education and skills training, ranging from beautician courses to pursuing a Masters' programme in Aeronautical Engineering
- Long term collaboration for 16 children to attend a one-year community college course in the USA every year
- Jobs are offered within Teamwork Productions, Ishara Theatre Trust, and City Walk, along with other avenues
- Wedding expenses are paid for by SBT, if requested by the care leavers
- Material set up like furniture, utensils etc. and need-based financial support for a period of three to six months

The Udaan programme of Rainbow Homes is a structured aftercare programme that is designed to offer long-term stability to youth who are transitioning into adulthood. 'We never ask our children to leave us' is the motto that guides the homes. The Udaan programme components include activities for preparatory phase, capacity building, education and skill building while providing accommodation and group living, a youth forum and social security. These activities provide education and skill development, accommodation and life skills, while ensuring the movement towards a dignified source of livelihood. These coordinated activities are designed to improve basic education to facilitate post-secondary education, vocational training, integrated employment and
social integration.

Manav Jain Ashram teaches its young adults to lead a life based on principles of their religion that includes doing no harm to any living being and creating conditions of peace for all. Those who can follow the principles become life time members of the ashram. Upon turning 18 years old, some young adults get a job appropriate to their skill set, at the ashram itself. They can continue their education and development as per the plan agreed with their elders in the ashram. However, those who cannot maintain discipline of the ashram’s philosophy are requested to leave the safety and security offered.

Make A Difference - a youth led organisation has a transition readiness and aftercare programme called 'Propel' which assists youth to build their career paths that are in sync with their interest. Propel links youth to a mentor called 'Wingman' and provides the youth a subsistence allowance. The Wingman becomes a trusted advisor, friend and a guide for their youth by providing targeted career counselling, help with legal documentation and training for functional skills. Thus, aftercare is dealt with at the pace of the youth while getting guidance for college admissions, jobs and vocational training along with financial support.

1.6.3. Analysis of Current Aftercare Practices (CAP) in Delhi

The available aftercare facilities in Delhi are inadequate in terms of their coverage of care leavers. It is important to note that aftercare support is not a priority area of intervention for most of the CCIs managed by the government as well as non-governmental organisations, as their focus remains overwhelmingly on care and protection of children rather than on rehabilitation and social reintegration of care leavers. Sahil (name changed), a care leaver shared that "uprooting a plant from a pot and leaving it unattended and unattached to a system of care and protection results in the withering away of that life. As an adult I will work to provide relevant aftercare to future care leavers as I do not wish any other care leaver to go through the difficulties I have faced after turning 18 years old."

The activities implemented by aftercare programmes give functional placement in terms of employment or marriage. The youth also receive certain levels of education or skills, access to government healthcare, accommodation, etc. to make them independent, emotionally stable and free from vulnerabilities. Yet, these functional strategies do not meet the goal that is intended to rehabilitate and socially reintegrate the youth. However, interactions with representatives of CCIs reveal that their aftercare interventions have achieved varying degrees of success in fulfilling the objectives of providing the youth the intended facilities and access to opportunities. For example, due to skill development and vocational training and support provided by organisations like Minda Bal Gram, Udayan Care, Prayas and others, some youth have become successful in getting employment. Efforts of SBT, Udayan Care, SOSCVI and Sai Kripa have helped the youth pursue higher education like MBA, MCA and other disciplines. Aftercare programmes have also helped the youth in meeting their other needs like accommodation, food etc., as noted earlier. While it cannot be denied that the on-going aftercare activities are producing tangible results and helping the youth successfully
navigate the period of transition, which is indicative of the effectiveness of interventions, these
measures are less comprehensive in terms of their coverage of youth and programmatic intent, which have a bearing on their effectiveness.
Chapter 2 - Methodology of the CAP Research in Delhi

'Research is to see what everybody else has seen, and to think what nobody else has thought'  
- Albert Szent-Gyorgyi (1893-1986)

Hungarian Biochemist, and Nobel Laureate in Physiology or Medicine (1937)

This is an exploratory research that seeks to capture the nature of aftercare intervention as it presently exists in Delhi in its entirety. It primarily focuses on analysis of the needs, life experiences, views and suggestions of young adults on the nature of aftercare services in Delhi. Therefore, interviews of care leavers formed an important component of the data collection exercise. Direct communication with concerned institutional stakeholders was helpful in gathering data which are generally not available in the public domain, like the number of children who exit child care institutions (CCIs) every year and number of organisations providing aftercare services in the city. Some key-informant interviews were also conducted to capture the views of practitioners and professionals in CCIs and institutions providing aftercare services, government functionaries, activists and scholars. Guided by a participatory approach, the research team ensured participation of stakeholders of different categories in the process of data collection. The justification and relevance of this study, the study design, sampling methodology, methods used for data collection and data analysis, limitations of the research, and the need for further research are noted below in this chapter.

2.1. Justification and Relevance of Research

The present study has been conceived keeping in view three inter-related dynamics, namely, the critically important nature of aftercare services for rehabilitation of care leavers (CL), awfully inadequate availability of aftercare infrastructure and support in the country in general and Delhi, and the near total absence of empirical data regarding the nature of challenges and opportunities faced by young adults in need of aftercare support. As one delves deep into these issues, it is impossible to find answers to many questions with regards to the nature and dynamics of aftercare support and the status of care leavers in the city. What happens when a child leaves a child care institution on attaining 18 years of age without any support? What should be the policies, mechanisms, and guidelines to implement a robust aftercare programme and make care leavers independent and self-reliant? There is also paucity of data on the number of children exiting institutional care every year and their status
afterwards. What is the nature of tracking mechanism for such youth? How do they meet their needs and manage their affairs? What are the challenges and risks they face? How many aftercare homes do we have that provide continuous support and mentoring? Are the young adults resilient enough to counter critical situations of life? What are monetary costs and budgetary allocations necessary to achieve these positive outcomes?

In other words, justification for the present research lies in its focus on generating empirical data on the conditions of aftercare youth in Delhi and on bridging the knowledge gap that exists at present. It is hoped, this will result in robustness of aftercare services in the city, as the policies and programmes will consequently be based on an in-depth understanding of the conditions of young adults as they presently exist and other empirically derived data. Significantly, the study aims to provide impetus for further research on the topic covering other geographic contexts - states and cities across the country, which would strengthen aftercare policy and intervention in the country in general.

2.2. Objectives of the Study

Keeping in mind the issues and challenges care leavers face, the objectives of the study are to:

- Understand the nature of challenges faced by care leavers 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
- Establish the relationship between life in child care institutions and nature of challenges and opportunities faced by care leavers as young adults
- Understand and document the emerging and promising aftercare interventions in Delhi
- Ascertain the average number of children who exit child care institutions in the targeted area of Delhi every year on completing 18 years of age
- Recommend measures for interventions that will bring about qualitative improvement and robustness in aftercare activities

2.3. Study Design

The study was primarily designed as an action research survey for care leavers. It comprised of focus group discussions (FGDs) with care leavers, government functionaries and professionals involved in providing aftercare; interviews of care leavers using an indigenously developed questionnaire and standardised tools to assess their quality of life, perceived satisfaction with life and flourishing in various domains of life and key-informant interviews (KII). This was supported by state-level stakeholders’ consultations to bring the agenda of aftercare to the forefront and initiating informed discourse. Multiple FGDs were conducted with various stakeholders to inform the questionnaire construction and form the backdrop of the key-informant interviews. Interviews with care leavers were conducted to record their experiences in various domains of life such as education and skill training, physical and mental health, career development and aspirations, financial and legal
literacy, and their views on the nature of aftercare services that they may or may not have received. KIIs were conducted with relevant functionaries from different CCIs and state-welfare departments present in the region with a focus on obtaining pragmatic and solution-driven research outcomes.

2.4. Methodology

2.4.1. Sampling Methodology

The study adopted a purposive, snowball sampling method for selecting care leavers for the interview. The process of selection of respondents and administration of interview schedules involved the following steps:

- **Step 1:** The research team approached the government and non-governmental organisations engaged in aftercare and child care services for obtaining names and contact details of young adults who fulfil the criteria noted in the next section.

- **Step 2:** The particulars so obtained were then used to meet care leavers at their convenience for interviewing them. Efforts were first made to check their availability and willingness to share experiences and views, before starting the process of administration of interview schedules.

- **Step 3:** The available and willing young adults were then interviewed by the research team after obtaining informed consent as per Udayan Care’s research protocol.

- **Step 4:** The interviewed care leavers were then requested to provide contact details of their friends and peers who fit the criteria, and the step 2 to step 4 were repeated for them.

For conducting KIIs, key-informants were selected based on their prominence in the field of child care and protection. Current and retired members of CWC, DCPU and JJB were approached, and interviewed based on their willingness and availability. Representatives from large and small NGOs and government-run CCIs were identified and purposively interviewed to maintain a representative sample, and capture as varied views as possible.

2.4.1.1. Eligibility Criteria for Care Leavers

The study adopted a flexible approach for identifying eligible respondents. Any youth, who has aged out of a child care institution and was willing to share experiences and views, was interviewed during the field work. Keeping in view the geographic coverage of the study, only those youths who have resided in CCIs of Delhi were interviewed.

2.4.1.2. Sample Size and Characteristics of Care Leavers

This study covered 47 youth who are presently living in the city of Delhi and had spent their childhood in CCIs of the city. These respondents ranged from 17 - 29 years of age. Concerted efforts were made to interview an equal number of males and females, and to obtain a sample representative of youth belonging to both government-run CCIs and NGOs providing alternative residential care to vulnerable adolescents.
2.4.2. Methods for Data Collection

The following methods were used for data collection:

- Focus Group Discussions (FGDs)
- Structured interviews of care leavers
- Key-informant interviews (KIIIs) covering representatives of CCIs, aftercare service providers/managers, activists and scholars

2.4.2.1. Focus Group Discussions (FGDs)

Four FGDs were conducted during the research. One prior to the study’s commencement, and three during the process of data collection.

The first FGD was conducted with 4 care leavers, all between the ages of 18-25 years, with the aim of ascertaining the most commonly and frequently faced challenges during their transition to independent living. The discourse during the FGD corroborated the issues highlighted in available literature and studies from other countries. The key domains that required focused intervention were identified as mental health, physical health and accommodation, higher education, vocational skill training, employment and career development, financial and legal literacy, and social and interpersonal relationships. This FGD informed the process of formulating survey questions in the colloquial language; and established face validity of the interview schedule designed for care leavers.

The next three FGDs were aimed at discussing possibilities of:

1. Legal and policy reform for rehabilitative aftercare services through advocacy efforts
2. Innovations and collaborations at the implementation-level by aftercare organisations, relevant government functionaries, corporates and the civil society
3. Participation of care leavers as primary stakeholders by ways of forming support groups and youth associations that advocate for quality aftercare services and provide safe spaces that promote social bonding.

These discussions were conducted with stakeholders from all three levels - care leavers, practitioners from CCIs and aftercare organisations, and government functionaries. Prior to the discussions, the participants were informed of the study objectives and provided background reading material for the topic of discussion. 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 were discussed; and the findings form the entire subtext upon which this report is written.

2.4.2.2. Structured interviews of care leavers

As primary stakeholders, interviews with care leaver was the integral component of the data collection exercise. A qualitative interview schedule was developed by a team of experienced
practitioners and professionals, mental health experts, lawyers, research scholars, as well as care leavers to gather information specific to the population of care leavers in India. The tool was pilot tested on a small sample and was revised accordingly, establishing content validity. Questions for the interview were carefully crafted, keeping in mind the sensitive nature of care leavers' situation. Any questions with the potential of triggering any negative emotions were reworded or removed. This questionnaire consisted of 7 domains which were deemed relevant after examining prior studies, carefully selecting the domains that have an impact on care leavers during this transition phase and overall wellbeing. This indigenous questionnaire included questions in the following domains:

1. General Particulars
2. Childhood CCI Experience
3. Mental/Emotional Wellbeing
4. Physical Health and Housing
5. Social Relationships
6. Financial and Legal Literacy
7. Suggestions for Aftercare

The research teams conducted individual in-person interviews by meeting care leavers in different locations such as coffee shops, their place of accommodation, public parks, etc. The research team obtained informed consent from each care leaver after informing them of the study's scope. The respondents were offered snacks and small meals during breaks in the interview process, and reimbursed for any travel expenses incurred for the interview.

Along with the care leavers' interview schedule, the following standardised tools were also administered to the care leavers to establish concurrent validity of the indigenous questionnaire; and gather standardised baseline data upon which comparisons may be made in the future CAP studies.

1. **WHOQOL-100**: Tests the quality of life using 100 Likert-scale questions on 6 distinct domains of life - Psychology, Physical, Environment, Social, Independence and Spirituality (Division of Mental Health and Prevention of Substance Abuse, World Health Organization, 1995)
2. **Satisfaction with Life Scale**: A measure of self-perceived satisfaction with life using 7 Likert-scale questions (Pgvot & Diener, 2009)
3. **Flourishing Scale**: A measure of positive psychology traits and the expected flourishing in life using 5 Likert-scale questions (Diener et al., 2010)

2.4.2.3. Semi-structured and open-ended KII

KIIIs covered 13 senior functionaries such as District Child Protection Officers (DCPOs) and Child Welfare Committee (CWC) and Juvenile Justice Board (JJB) members, representatives of various CCIs (governmental and non-governmental), aftercare providers/programme managers, activists and
scholars who have substantial experience in the domain of child care and protection. A semi-structured interview schedule was used to conduct these interviews, with the aim of capturing new ideas and qualitative data on the emerging and promising aftercare practices, and documenting hurdles faced by them in delivery of aftercare services. They were also questioned regarding their opinion of the existing aftercare framework, and an ideal budgetary allowance given the reality of their current expenditure, or lack thereof.

2.4.3. Methods for Data Analysis

Analysis of data involved the following methods:

2.4.3.1. Data cleaning and entry

Each completed interview schedule and other research tools went through the process of data cleaning during which inaccuracies, inconsistencies and omissions were identified by the research team and rectified to make the research tool fit for analysis. Clarifications and additional information were sought, if found necessary, from the concerned respondents. All the interview schedules were suitably coded and codes were entered in MS Excel.

2.4.3.2. Analysis of quantitative data

Quantitative data was analysed with the help of Statistical Package for Social Sciences (SPSS). Descriptive statistics, frequencies, cross-tabulations, t-tests and chi-sq. tests were used for analysing the data. Thereafter, tables, charts and graphs were prepared with the help of MS Excel.

2.4.3.3. Analysis of qualitative data

Interpretation and analysis of qualitative data, like the responses of key informants, were conducted in collaboration with all team members, keeping in view the objectives and context of the study.

2.4.3.4. Validity and Reliability of Care Leavers Questionnaire

The questionnaire was face and content validated during the FGD and pilot-testing phase by a team of researchers, analysts and statisticians, and experts from the field.

2.5. Research Protocol and Ethical Clearance

2.5.1. Limitation of Research Design and Methodology

It is universally acknowledged that tracking youth after they have aged out of the CCIs is a difficult task. This experience was relived in the current research as well. The research team tried to reach care leavers through their peers, aftercare organisations, the CCIs, as well as through their alumni associations. Yet, those who had lost touch with their peers and caregivers were inadvertently underrepresented in the study sample. We assume that those who did not avail aftercare were more acutely deprived of resources like accommodation, digital devices, higher education and skill development options and they fell through the cracks to become invisible. Moreover, we assume that
care leavers in extreme situations such as chronic drug or alcohol addiction, criminal involvement or incarceration, homelessness, severe emotional, mental and physical health-related problems, etc. were also left out of the study as they were hard to track and locate.

Thus, it seems logical to conclude that these untracked care leavers represent a population that is most in need of aftercare but remains unreachable.

2.5.2. Limitation in ascertaining numbers of Care Leavers

Another major limitation of this research was the lack of data on how many care leavers graduate from CCIs and need aftercare support and services each year. To this end, our field researchers, approached various government functionaries; to review the official CWC records to ascertain this number. CWC record maintenance was found to be inconsistent between years and between the different districts. Collation of this data was not done at any level, and even seemed impossible given its current scattered nature. Through interactions with DCPCR it was found that there are 90 CCIs registered in Delhi. However, in documented response to a nation-wide Right To Information filed with the aid of a Human Rights Lawyer, the Department of Women & Child Development, Delhi states that there are only 30 registered CCI. Unfortunately, the breakdown of data regarding number of children/youth, gender, disability status, etc. was not available with the government departments, and these statistics for the numerous unregistered CCIs have not been mapped or recorded anywhere for our perusal.

During this research, Udayan Care's research team was able to gather data from 8 different CCIs in Delhi. An average of 20 young adults exited each CCI on turning 18 years of age, every year. An extrapolation of this estimate suggests that there may be about 2000-3000 young adults who require aftercare every year in Delhi. Ms. Mamta Sahai, ex-member CWC, stated that there were approximately 3,500 care leavers in a conference in 2014, supporting our estimate. However, all these findings point to one thing earnestly - there is a dire need for proper record-keeping, maintenance, mapping and tracking of care leavers to estimate the quantum of the provision(s) of aftercare services.

2.6. Research Protocol and Ethical Clearance

Udayan Care's Research Protocol guides all its standard research practice and its implementation including, dissemination of findings. This protocol sets clear ethical standards to maintain the dignity and confidentiality of information as prescribed in its guidelines, to seek written informed consent of respondents to participate in the research project. Additionally, it contains the processes on how to identify associated risks that are detailed in Udayan Care's Child Protection Policy for the perusal of the researchers. Towards the above, Udayan Care ensures signed pledge agreements from individuals undertaking the research, to adhere to the research protocol and ethical standards.

7. Application No. MOWCD/R/2017/50332, dated 25/06/2017
This 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; and all the protocols laid down were adhered to during the course of this research study.
Chapter 3 - Results, Findings & Discussion

‘After all, the goal of all research is not objectivity, but truth’
- Helene Deutsch (1884-1982), Polish-American psychoanalyst, founder of Vienna Psychoanalytic Institute, and first psychoanalyst to specialise in women.

Descriptive, exploratory and inferential analyses were conducted on the dataset of the care leavers’ questionnaire for the following reasons;

- Given the snowball sampling method, descriptive analyses serve to describe the various characteristics of the 47 care leavers who were interviewed for this study. In this chapter, frequencies, percentages, bar graphs and box plots help to sort care leavers based on characteristics such as age, gender, education level, aftercare status, source of income, prevalence of emotional stress or physical illness, etc.; baseline trends can be identified and basic comparisons can be made using such results.

- Informed by the literature review and Udayan Care’s experience, the research team expected certain characteristics to be associated with others. For example, it was posited (or rather, hoped) that provision of aftercare would be associated with fewer care leavers reporting emotional stress. Exploratory analyses, such as cross-tabulations and ‘Chi-Square Test of Independence’ were conducted to determine if there was a significant relationship between such two characteristics. Statistically significant, as well as non-significant results are reported in this chapter.

- Differences based on certain other characteristics are plainly observed between all care leavers in Delhi, and not just between the sampled 47; and one can easily hypothesize the direction and magnitude of these differences. For example, the research team theorized that women, in general, fared poorly on Quality of Life domains than men; or that care leavers with higher education-level had better Flourishing outcomes. Inferential analyses, such as ‘Two-Sample t-Test’, were conducted to test such hypothesis, and the results have been reported along with simple bar charts to visualize the differences, if any.

A comprehensive discussion of the inferences resulting from care leavers’ data, KII, and FGDs concludes this chapter.
3.1. Demographic Profile of Care Leavers

As the primary stakeholder of aftercare intervention, understanding the profile of care leavers holds the key to understanding various aspects of their life. Profile of youth covers important personal and social aspects of life like age, gender, level of education, whether they received aftercare, type of accommodation, etc.

3.1.1. Age

All but 2 of the 47 respondents were over 18 years of age, with the oldest being 30 years of age. The remaining two respondents were selected for the study as they had left their CCI prior to turning 18 years old and were eligible for aftercare. The rather large age-band was considered appropriate to capture the delayed effects of differential care and support on the life trajectory of care leavers.

31 of 47, or 66% of the respondents, fell in the age group of 18 to under 21 years - the age group defined under the JJ Act, 2015, for coverage under aftercare programme.

The study also found that 47% of care leavers had been admitted into the CCIs between the ages of 6-10 years, and 32% after the age of 11 years as shown in Table 1.

Out of the total sample, 13 care leavers (28%) had exited their CCI before turning 18 years old. CWC officials informed that most children who exit the system prior to gaining adulthood are restored to their families. Data regarding their family status was
not maintained, and monitoring of their situation after restoration was not done in most cases. Restoration of children to their families without proper evaluation of the family’s ability to care and protect for them is an extremely concerning fact. Vulnerabilities of these children are not addressed, and some are even exacerbated if they are reintroduced into the negative situations. Although a family-environment is most conducive to child development, proper checks and balances, by ways of home visits and regular monitoring, were not followed to assure a caring and protective environment.

3.1.2. Aftercare Status

From the sample, 29 of 47 (62%) care leavers reported some form of aftercare support and services. However, 13 of the respondents (28%) had not received any financial, emotional or material support since leaving their respective CCIs. 5 of the respondents (~10%) reported ambiguity regarding provision of aftercare. They had been enrolled in aftercare programmes, but were yet to receive any support in any form. It should be reiterated here that obtaining a representative sample of care leavers remained a limitation. Identifying and reaching out to those who did not receive aftercare was a big challenge faced by our research team. Multiple efforts were made to locate care leavers who were emancipated from their CCI without any aftercare provisions. However, most of them were lost to follow-up due to change in residence and phone numbers, and no remaining common-link due to a loose social network. A CWC member said "we usually don’t see care leavers again, until they are either caught by law enforcement and need their identity verified or in dire need of money or other resources." He recounted the story of Amir (name changed) a lonely, depressed and hungry 18-year-old who was brought back to the CWC after he was beaten for stealing a watermelon.

![Aftercare Received?](image)

*Figure 4: Distribution of Care Leavers by Aftercare Provision*
3.1.3. Gender

The sample has almost equal representation of females (24) and males (23).

![Gender Distribution of Respondents](image)

*Figure 5: Gender Distribution of Respondents*

**Intersection of Gender and Aftercare Provision:** It may be noted here that young men upon leaving child care institution were relatively easy to locate and connect with, as compared to young women. This is probably due to the relative ease of social mobility for men in the socio-cultural context of Delhi. Therefore, identifying girls who had left care but not received continued aftercare support was a tedious task. As a result, the sample consisted of a higher percentage of females who continued to receive aftercare, than those who didn’t.

Moreover, given the social constraints of violence and maltreatment against women, they were also afforded priority for residential aftercare over men. Thus, the sample consisted of almost equal numbers of young men who did and did not receive aftercare; however, this ratio was highly skewed for young women, as noted in Fig 6.
3.1.4. Education Level

15 of the 47 care leavers (32%) had completed their 12th grade education and 10 of them (20%) were pursuing college degrees. However, the fact that 21 of the 47 respondents (44%) had not even completed their higher secondary education is a troubling factor in that it indicates hurdles in settlement and independence attainment.
3.2. Description of Care Leavers' Situation, Hypothesis Testing & Case Studies

'Out of suffering have emerged the strongest souls; the most massive characters are seared with scars'

3.2.1. Emotional and Mental Health

20 out of 47 care leavers (43%) reported that they are suffering from or have suffered mental or emotional stress during the past one month. The reasons for mental stress, according to these youth, are family issues (40%), unemployment (40%) and domestic abuse (15%).

<table>
<thead>
<tr>
<th>Mental or Emotional Stress</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20</td>
<td>43%</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td>57%</td>
</tr>
</tbody>
</table>

Table 2: Prevalence of Mental or Emotional Stress

H₀: Self-reported experience of emotional or mental stress is associated with the provision of aftercare support and services.

Result: Insignificant

The Chi-Sq. Test of Association revealed that there is no significant association between experiencing mental stress and the provision of aftercare.

(Chi-Sq. = 0.006, p-value > 0.05).

Those who reported mental stress, also shared the types of assistance they seek for addressing the problem. Of all the external sources of support noted in the table below, non-professionals like friends, acquaintances and family members occupy first position (35%), while 30% reported consulting experts from their CCIs. 10% youth consulted doctors of government hospitals, and only one youth (5%) received help from a mentor.

<table>
<thead>
<tr>
<th>External assistance</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCI Experts</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Government hospital doctors</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Non-professionals (friends, family, acquaintance)</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>Mentor</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Did nothing due to lack of resource</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Did nothing due to lack of will</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>5%</td>
</tr>
</tbody>
</table>

Table 3: External Support, if any, for addressing issues of Mental/Emotional Stress
There are many challenges faced by care leavers in addressing their mental health concerns. Those who were retrospectively able to identify these challenges, overwhelmingly reported that they had learned to mask their emotions, and remained wary of requesting help.

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not show emotions/ follow guarded approach</td>
<td>11</td>
<td>92%</td>
</tr>
<tr>
<td>Lack of knowledge of symptoms</td>
<td>1</td>
<td>8%</td>
</tr>
</tbody>
</table>

*Table 4. Challenges faced in addressing Mental/Emotional Stress*

H$_2$: Girls score lower in the Psychology domain of the WHO Quality of Life survey than boys.

**Result:** Significant

The t-test analysis of scores on Psychology domain of care leavers (n = 37), shows a significant difference in the mean scores of girls (n = 20) and boys (n = 17). The 95% confidence interval suggests, that on average, girls tend to score anywhere between 2.4 to 20.3 points lower, on a 100-point scale, than their male counterparts in the Psychology domain of the WHOQOL-100.

(t-statistic = 2.585, p-value = 0.014)

*Figure 8: WHO Quality of Life Psychology domain score of Care Leavers by Gender*
Care leavers' suggestions to improve mental health conditions of aftercare youth:
- Free and regular counseling services
- Availability of a mentor pool that is approachable by care leavers
- CCI staff should be trained to recognize and address the mental health needs of care leavers
- Encouragement to seek professional help for stress or other mental health issues

3.2.2. Case Study 1

Oscillation between hope and despair - Neha's courageous journey

Name: Neha
Age: 24 years
Gender: Female
Education: Primary Education (5th grade)
Occupation: Working as a shelter caretaker at a homeless shelter
Monthly Income: 10,000 INR
Marital Status: Married and separated
Aftercare status: Did not get aftercare
Aftercare Type: Non-Governmental
Dependents: 3-year-old son

Neha is a 24-year-old mother of a three-year-old son. She was born into a poor family and was sent to a children's home at the age of seven, as her parents wanted her to receive better education and enjoy stability in life. The hope of a better life was short-lived, as she was united with her family at the age of 14 under a project called Muskaan. While the ostensible reason for her return to her family was to reunite the family, the initiative disrupted her studies and her educational attainment remained only primary.

Marriage was another turning point in her life. Although she hoped for happiness, an abusive husband and helpless in-laws could never give her the life that hapless Neha so desperately wanted. As the situation worsened, she was forced to choose between life of perpetual torture and one of probable happiness. She opted for the latter, separated from her husband, and left her husband's home with her son Rohan in the hope of a better future.

Her present job as a caretaker of a homeless shelter, for which she earns 10,000 INR a month, has ignited Neha's hope again. But odds are stacked high against her. With no savings and a small child to look after, for whom she will have to spend more once his schooling starts, Neha's life is now full of
struggles. But she remains hopeful and has shown signs of resilience, as she expresses her desire to study and complete a Master’s degree in Social Work.

While Neha’s life oscillated between hope and despair, she has not received any aftercare support, despite spending seven years of her life under institutional child care. The fact that she is now 24-years-old, even this help would no more be possible, as she has crossed the prescribed age limit for aftercare. Had this not been the case, Neha’s life could have been somewhat better.

3.2.3. Accommodation/Housing Status

Regarding care leavers’ accommodation, the study found that 28 out of 47 (60%) youth have been provided accommodation by the CCIs, which managed the aftercare programme. 17 care leavers (36%) are living in rented accommodation, and 1 (2%) is living as a paying guest.

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rented</td>
<td>17</td>
<td>36%</td>
</tr>
<tr>
<td>Paying guest</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Accommodation provided by CCI/ aftercare programme</td>
<td>28</td>
<td>60%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

Table 5. Distribution of Care Leavers by different Types of Accommodation

H₃: Girls are more likely to receive residential aftercare than boys.

Result: Significant

The provision of aftercare was significantly associated with gender - more women had been covered under a residential aftercare programme. Within those who received aftercare services and
support, 65.5% of them were females, and only 34.5% were males. Moreover, 83% of all females interviewed had received aftercare services or were currently being supported by aftercare programmes.

(Chi-sq. = 4.375, p-value = 0.036)

19 of the 23 (83%) girls interviewed were still residing in accommodation provided by the CCI or aftercare organisation; whereas 65% of the boys had found independent rented accommodation and only 35% relied on their CCI or aftercare programmes for housing.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Aftercare</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Aftercare</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Male</td>
<td>Count</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>% within Gender</td>
<td>52.63158</td>
<td>47.36842</td>
</tr>
<tr>
<td></td>
<td>% within Aftercare</td>
<td>34.48276</td>
<td>69.23077</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>23.80952</td>
<td>21.42857</td>
</tr>
<tr>
<td>Female</td>
<td>Count</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>% within Gender</td>
<td>82.6087</td>
<td>17.3913</td>
</tr>
<tr>
<td></td>
<td>% within Aftercare</td>
<td>65.51724</td>
<td>30.76923</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>45.2381</td>
<td>9.52381</td>
</tr>
<tr>
<td>Total</td>
<td>Count</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>% within Gender</td>
<td>69.04762</td>
<td>30.95238</td>
</tr>
<tr>
<td></td>
<td>% within Aftercare</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td></td>
<td>% of Total</td>
<td>69.04762</td>
<td>30.95238</td>
</tr>
</tbody>
</table>

Table 6. Intersection of Gender with the Provision of Aftercare

3.2.4 Physical Health

'Physical health is not a commodity to be bargained for. Nor can it be swallowed in the form of drugs and pills. ...It is something that we must build up'

-B K S Iyengar (1918-2014), a very renowned Indian yoga teacher, author and a Padma Vibhushan awardee

15 out of 47 care leavers (32%) reported having suffered from serious and debilitating physical illnesses in the past one year.

<table>
<thead>
<tr>
<th>Prevalence of serious physical illness</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>15</td>
<td>32%</td>
</tr>
<tr>
<td>No</td>
<td>32</td>
<td>68%</td>
</tr>
</tbody>
</table>

Table 7. Prevalence of Physical illness
They faced three challenges in addressing concerns of physical health, viz. lack of knowledge of symptoms (36%) that has the highest share, followed by lack of money (29%) and lack of social support (21%).

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of money</td>
<td>4</td>
<td>29%</td>
</tr>
<tr>
<td>Lack of social support</td>
<td>3</td>
<td>21%</td>
</tr>
<tr>
<td>Lack of knowledge of symptoms</td>
<td>5</td>
<td>36%</td>
</tr>
<tr>
<td>Not sure</td>
<td>2</td>
<td>14%</td>
</tr>
</tbody>
</table>

*Table 8. Challenges faced in addressing Physical Health concerns*

8 out of 15 care leavers who reported suffering physical illnesses, coincidently lived in accommodation provided by aftercare organisations that are institutional in nature. Although, the association was insignificant, there may be other inter-dependent factors that affect the health of young adults in residential care. Further research may focus on scrutinising this in more detail. (p-value > 0.1)

**H₂:** Girls tend to face more physical health-related problems than boys

**Result:** Significant

Occurrence of physical illness was significantly associated with gender. 11 of 15 respondents who reported suffering from physical illness in the past year were females. Moreover, 4 of these females suffered from high incidence of STDs. (Chi-sq. value = 4.372, p-value = 0.037)

**H₃:** Girls score lower than boys in Physical domain of the WHOQOL-100.

**Result:** Significant

The average score of females on the Physical domain of the WHOQOL-100 was 11.9 points lower than the average score for males, a statistically significant difference. (t-statistic = 2.305, p-value = 0.027)
3.2.5. Case Study 2

Uneducated, uninformed, unskilled and burdened with HIV + -

The onerous life of Mallika

Name: Mallika
Age: 20 years
Gender: Female
Education: Below Primary Education (Below 5th grade)
Occupation: Unemployed
Monthly Income: Nil
Marital Status: Single
Aftercare status: Is receiving aftercare service
Aftercare Type: Governmental
Dependents: Separated from her baby girl (age of the child is unknown)

I have been given utensils which nobody touches. I am not allowed in the kitchen, and the young children run away from me. I think that they are scared of me, more likely of my disease..." said 20-year-old Mallika, as she tried to explain her environment to the interviewers. "They don’t want to be near me because they think that they will get AIDS too," she added, as a 10-year-old child stared at the interviewer, speaking to Mallika. She has a young daughter who was taken away from her shortly after her birth. The child is now living with Mallika's biological brother who is unaware of her whereabouts. She hopes to meet her soon and wants to get out of her aftercare service. Her routine begins with waking up from the medication-induced sleep, since she cannot sleep on her own anymore. She doesn’t feel rested but when one shares a place of dwelling with 129 other girls, one realises that it is best to stick to a routine. ‘I have only one friend here’ she claims, as she looks in the direction of her acquaintance. What Mallika might be unaware of is the fact that her friend's wedding has been arranged and it is likely that her only friend will leave her soon, which would make killing time a whole lot tougher.

According to Mallika, she is HIV positive and can be cured through regular medication. While her HIV positive status cannot be verified during the interview, she is undoubtedly in very bad health which could be noticed from her frail physique. Besides, she is barely educated (below primary) and unskilled. Since no one feels comfortable in her presence, she cannot even participate in stitching workshops that are conducted in the hostel. There is a palpable fear amongst others that the infection of Mallika would spread to them.

On turning 21 years of age, Mallika will have to leave the aftercare facility. This will be quite disadvantageous for her, as she does not appear to be in a position to earn a livelihood and to attend to her health issues at the same time. An ideal situation would be that she receives a proper training so
that she can earn. She also needs counselling for mental health. She appears to be in a position of denial, and primarily looks for ways to kill time, which in the long run would take her nowhere. Had there been a support system in place like extended aftercare, Mallika’s condition could have been different.

3.2.6. Vocational Skills and Employment

‘Education is not the learning of facts, but the training of the mind to think’
- Albert Einstein, (1879-1955), German-born theoretical physicist, and Nobel Laureate in Physics (1921)

Possession of employable skills and plan for career development contribute to the process of rehabilitation of care leavers, as they help the youth achieve financial stability and wellbeing.

22 out of 47 care leavers (47%) reported that they had not come across a viable opportunity for employment in their chosen career field.

While 26 of the care leavers (57%) were either salaried employees or self-employed, 14 of them (30%) were neither pursuing higher education nor engaged in any training or job.

Out of the employment or self-employment opportunities that youth came across after leaving CCI, the share of administrative and managerial jobs is the highest (44%). This is followed by support staff in restaurants and other organisations (24%), internship opportunities (20%), and teaching and tutoring jobs (8%) in descending order. While two youth, out of 25 who came across employment opportunities, could not avail the opportunities due to non-availability of identity document, others could do so. It is significant to note that youth often fail to opt for careers of their choices due to financial constraint, as revealed during FGDs. Inadequate exposure to right information and financial incapability act as roadblocks, and force them to settle for less rewarding and satisfying career options.

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching and tutoring</td>
<td>2</td>
<td>8%</td>
</tr>
<tr>
<td>Internship</td>
<td>5</td>
<td>20%</td>
</tr>
<tr>
<td>Administrative/Managerial job</td>
<td>11</td>
<td>44%</td>
</tr>
<tr>
<td>Support staff (Restaurants, shelters, etc.)</td>
<td>6</td>
<td>24%</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 9. Nature of Employment or Self-Employment Opportunities

36 out of 47 care leavers (77%) reported possessing at least one vocational skill. However, vocational skills were largely limited to carpentry, plumbing and electrician for boys; and beautician, nursing and secretarial management for girls.
29 out of 47 care leavers (62%) considered their current level of education and skills inadequate to achieve their academic goals and career aspirations.

17 of 47 care leavers (28%) had received no career guidance either through career development workshops or one-on-one consultations with mentors/caregivers. Furthermore, 20 of them (43%) had yet to choose a defined career path with concrete plan of action.

15 of 47 (32%) care leavers reported that they had not received continued education or any academic or career guidance during their stay in the CCI or prior to exiting from there. As a result, 13 care leavers were unable to choose a viable career path (28%); and 20 of them did not have any concrete career plans (42.6%).

While elaborating their academic needs and aspirations, the youth shared several limitations that they face in pursuing their academic goals and aspirations of life. Some of them face multiple limitations like inadequate money (31%), complacency and lack of motivation (21%), lack of social support (14%) and lack of time due to other responsibilities (14%).

<table>
<thead>
<tr>
<th>Skills</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer/IT skills</td>
<td>17</td>
<td>47%</td>
</tr>
<tr>
<td>Secretarial management/ administration</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>13</td>
<td>36%</td>
</tr>
<tr>
<td>Carpentry/plumbing/electrician/book binding</td>
<td>11</td>
<td>23%</td>
</tr>
<tr>
<td>English communication</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

Table 10. Skills that Care Leavers possess

Figure 10: Adequacy of Education and Skills Level to achieve Career Goals
H₀: Care leavers with at least higher secondary level of education (12th grade) score higher on the Flourishing Scale than those with lower levels of education

Result: Significant

On average, care leavers who had at least completed their 12th grade (n = 21) scored 7 points higher than those with lower levels of education (n = 16), on the Flourishing Scale of 8-56 points. This represents a direct effect of education level on expected flourishing in the life of care leavers. Obtaining higher education results in better flourishing outcomes in the future.

(t-statistic = 2.598, p-value = 0.014)

23 of the care leavers (49%) reported that they either face or anticipate challenges in realising their chosen career path. For those who face challenges, discouraging and intimidating situations either due to their low self-esteem or discrimination faced in society is the most important of all challenges (39%). This is followed by inadequate education (30%), lack of guidance (26%), insufficient funds for obtaining further education and professional skills, and incomplete identity.

<table>
<thead>
<tr>
<th>Limitations</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate education</td>
<td>19</td>
<td>65%</td>
</tr>
<tr>
<td>Financial limitation</td>
<td>9</td>
<td>31%</td>
</tr>
<tr>
<td>Lack of social support</td>
<td>4</td>
<td>14%</td>
</tr>
<tr>
<td>Lack of time due to other responsibilities</td>
<td>4</td>
<td>14%</td>
</tr>
<tr>
<td>Lack of proper identity documents</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>Lack of motivation and complacency</td>
<td>6</td>
<td>21%</td>
</tr>
<tr>
<td>Not sure</td>
<td>2</td>
<td>7%</td>
</tr>
</tbody>
</table>

Table 11: Limitations in Pursuing Academic Needs and Aspirations

Figure 11: Difference in Flourishing Scale Score by 12th Grade Education of Care Leavers
documents (9% each for last two challenges) in descending order of value. These challenges reflect the quality of services like education, mentoring etc. that the youth have availed during their stay in CCI, and the extent of social disapproval that they face because of their critical past.

<table>
<thead>
<tr>
<th>Nature of challenges</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate education</td>
<td>7</td>
<td>30%</td>
</tr>
<tr>
<td>Insufficient funds</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Incomplete identity documents</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>No direction or guidance</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Discouraging/intimidating situation</td>
<td>9</td>
<td>39%</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
<td>4%</td>
</tr>
</tbody>
</table>

Table 12. Nature of Challenges faced in realizing Career Path

Care leavers’ suggestions to help them realize their career path:
- Organization of career development events and counselling sessions
- Access to job opportunities and training should be ensured
- Provision for personal guidance of youth for career planning

3.2.7. Case Study 3

Education and will power- Two touchstones of success in the life of Radhika

Name: Radhika
Age: 29 years
Gender: Female
Education: Graduate
Occupation: Bank Advisor
Monthly Income: 38,000 INR
Marital Status: Married
Aftercare status: Aftercare support received even at 23 years of age during her marriage
Aftercare Type: Non-Governmental
Dependents: Baby girl (approximately 18 months old)

A new chapter in the life of 29-year-old Radhika started when the responsibility of a baby girl fell jointly upon her and her husband. 'I wish that I could spend more time with her on a regular basis', said Radhika. One of the main challenges that she faces is that with a job as a bank advisor, she is tired by the time she reaches home, only to find her young daughter in high spirits and energy. Although she loves the energy of her daughter, she is not always able to keep up with the child. 'My child might exhaust me but she keeps me motivated. When things go haywire, all I can focus is on the ways I can make my child’s life better', said Radhika.
Radhika is a graduate and plans to enroll herself in a post graduate course, once her daughter starts going to school. This will help her learn more and move up in her career ladder. According to her, one of the main challenges she faces now is the scarcity of income, although she earns 38,000 INR a month, which is felt more with the increase in expenditure. With a baby in the family and additional burden of healthcare, there is an increase in cash outflow and consequent cut in family savings.

In the past few years, Radhika and her husband have grown apart. As a result, she now focuses more on the grooming of her child. Notwithstanding her stable job in a renowned company, she now regrets getting married early and not attending enough workshops while in aftercare.

Although Radhika has health issues to address, her daughter keeps her in good spirit. It is great to see that she is quite involved in her daughter’s life. However, it might become a problem in the long run as the daughter is the only motivator for her. As the child grows up and becomes more independent, coping with her unresolved issues may become difficult. Despite challenges, she believes that she has only started to build a path which will ultimately lead her to success. She is happy that the CCI still has its doors open for her and will extend all support to her in times of need. With a positive approach to life, she is realistic when it comes to setting goals and planning for the future. Her case demonstrates not just the power of education but the will power to excel in life despite odds.

3.2.8. Financial and legal literacy

'Beware of little expenses. A small leak will sink a great ship'
- Benjamin Franklin (1706-1790), American writer, philosopher, scientist, politician and inventor

Efficient and effective management of resources, including money, is a key component of financial management. This includes planning, managing and monitoring of income and expenditure in order to achieve economy, efficiency and effectiveness. Acquiring skills of financial management is, therefore, an important indicator of a person’s level of settlement in life.

26 of 47 care leavers (55%) reported having their own sources of income. The study further found that, out of those with own sources of income, 11care leavers also had additional sources of income like support from aftercare organisations, CCIs, and friends and donations. However, the additional financial support is conditional in nature as it is available only for certain specified periods or fulfilment of specified objectives such as till they secure their own sources of income, till they turn 21 years of age, or till the completion of their studies.

<table>
<thead>
<tr>
<th>Status</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>26</td>
<td>55%</td>
</tr>
<tr>
<td>No</td>
<td>21</td>
<td>45%</td>
</tr>
</tbody>
</table>

Table 13. Distribution of Care Leavers having their Own Sources of Income
It is important to note that the median monthly income for earning care leavers was 12,000 INR, which is less than the minimum wage (13,896 INR) for an unskilled worker in Delhi. (Labour Department, Government of NCT of Delhi, 2017) Monthly income ranged from 300 INR to 40,000 INR with 3 outliers who earned up to 65,000 INR to 1,00,000 INR per month.

<table>
<thead>
<tr>
<th>Monthly income</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 8000</td>
<td>10</td>
<td>39%</td>
</tr>
<tr>
<td>Between 8000 and 15000</td>
<td>4</td>
<td>15%</td>
</tr>
<tr>
<td>Between 15001 and 25000</td>
<td>5</td>
<td>19%</td>
</tr>
<tr>
<td>More than 25000</td>
<td>7</td>
<td>27%</td>
</tr>
</tbody>
</table>

Table 14. Monthly Income Bracket of Care Leavers with their Own Sources of Income

Figure 12. Boxplot of Monthly Income of Care Leavers
Unlike holding a savings accounts (36 of 47, or 77%), debit and credit cards are owned by less number of youth - only 7 of them (15%) possess a credit card and 23 of them (49%) possess a debit card. In other words, majority of the youth do not opt for cashless digital transaction. This is indicative of a lack of access to and knowledge of digital payment options. Additionally, only 10 of 47 care leavers (23%) had insurance and 12 of 47 (25.5%) had provident funds. This is indicative of their potential vulnerability to unforeseen events like health crisis, natural disaster and death.

19 out of 47 care leavers (41%) reported that they were unable to make ends meet at least once in last 12 months. Financial challenges faced by youth mostly stem from lack of saving (53%), with increase in expenditure (37%) and loss of income (16%) being the other leading causes of financial distress.

It was found that 20 out of 47 care leavers (43%) did not save actively and their distress can partially be attributed to this. The remaining young adults informed that their savings were in the form of bank accounts (36%), cash in wallet or in home (34%), or friends or family members (6%).

Those who faced financial crises, adopted various methods to ward off the critical situation. Majority of them (58%) used their existing resources such as savings, cut down expenditure and sold assets to face the crisis. While 26% youth could mobilise new resources by joining a second job or engaging in overtime, 21% managed the situation by accessing credit from family or friends, self-help groups and credit card account. Only one youth managed the situation with the help of a loan. The fact that the youth could manage to ward off financial crisis indicates their resilient attitude.

However, the study also found only 8 out of 47 care leavers (19%) reported ever attending a financial literacy workshop or seminar; and there was an acute lack of financial common sense. For example, when presented with the following statements about finance and economics, majority of the care leavers could not correctly identify them as true. The figure shows the percentage of care leavers by their responses for each true statement.

![Financial Common Sense](image)

*Figure 13: Financial Common Sense of Care Leavers*
Questions to ascertain the financial attitude of care leavers were selected and reworded from OECD’s Financial Literacy Questionnaire. The findings of care leavers’ financial attitude are listed below.

- Focus on affordability of cost of things to be purchased: Majority of youth (47%) display this attitude. If share of 'moderately agree' is added to the above, 66% youth show some degree of agreement with this attitude.
- Focus on living in present rather than future: Little over half of the youth (51%) either completely or moderately disagree with this attitude, thereby implying their focus on future.
- More focus on spending money rather than on saving: The trend here is same as the previous attitude, as 56% young people either completely or moderately disagrees with this attitude. This shows the focus of the majority on saving money.
- On time payment of bills: Majority of the youth show varying degrees of agreement (40% completely agree and 21% agree moderately) with this attitude.
- Willingness to risk money while saving or investing: Majority of youth (28% completely disagree and 25% moderately disagree) disagree with this financial attitude, thereby displaying their averseness towards risk.
- Paying keen attention to financial affairs: With 49% completely agreeing with this attitude and 19% doing so moderately, majority of youth demonstrate the importance of financial affairs on their lives.
- Focus on setting and achieving long term financial goals: With 26% completely agreeing with this attitude and 19% agreeing moderately, the preference of majority of youth for setting and achieving long term financial goals is established.
- Focus on spending money: As 36% completely disagree with this attitude and 28% disagreeing moderately, spending money is not given primacy by the majority.

It is evident from the above findings that majority of youth focus on affordability of cost, saving for the future, averseness to taking risks, and achieving long term financial goals. Instead of immediate gratification, majority of youth show their preference for deferred gratification with regards to spending and saving money. However, the position of youth belonging to contrarian disposition, even if less in number, shows their inadequate focus on long term financial planning, economy of expenditure, prudent saving and other positive financial attitudes.

On a separate note, legal consciousness of their rights and responsibilities as children and adults also remained low for care leavers. 21 out of 47 care leavers (45%) were unaware of the fact that they are entitled to a 'rehabilitation release plan' and eligible for aftercare on turning 18 years of age or upon exiting their CCI.
Obtaining legal documents of identification and special status as State’s ward is especially problematic. The following table shows the percentage of care leavers who had the listed documents with them.

<table>
<thead>
<tr>
<th>Documents</th>
<th>Yes %</th>
<th>No%</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWC release number</td>
<td>30</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>Aadhar card</td>
<td>87</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>Domicile certificate or proof of residence</td>
<td>68</td>
<td>26</td>
<td>6</td>
</tr>
<tr>
<td>Voter ID card</td>
<td>51</td>
<td>47</td>
<td>2</td>
</tr>
<tr>
<td>PAN card</td>
<td>51</td>
<td>49</td>
<td>0</td>
</tr>
<tr>
<td>Passport</td>
<td>25</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>Ration card</td>
<td>2</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Education certificates</td>
<td>87</td>
<td>13</td>
<td>0</td>
</tr>
</tbody>
</table>

*Table 15: Percentage of Care Leavers possessing various Legal Documents*

It is prudent to point out that only 11 out of 47 (25%) care leavers had a passport - an important document to establish identity and citizenship. However, with the digital roll-out of Aadhar Cards, all CCIs are now required to issue them for all children in their care. As a result, most care leavers had Aadhar Cards as proof of identity.

3.2.9. Case Study 4

**The journey of Aalok- Looking for purpose of life in the midst of challenges**

Name: Aalok  
Age: 27 years  
Gender: Male  
Education: Graduate  
Occupation: Salesman  
Monthly Income: 20,000 INR per month  
Marital Status: Single  
Aftercare status: Received aftercare  
Aftercare Type: Governmental  

Aalok is a 27-year-old salesman with a monthly income of 20,000 INR. He is a Graduate. Left at a Child Care Institution (CCI) at the age of ten years, Aalok spent his childhood in two different CCI’s. It has always been his dream since childhood to become an artist to paint and to teach others
the joy of expressing oneself through fine arts. 'There is no future in fine arts…' Aalok was told on multiple occasions. He was advised to focus on academics. With his present profession and income, he hopes that one day he would have enough money to open his own café. Whenever he gets a chance to work as a volunteer in a CCI, he teaches the children the joy of expressing oneself through fine arts. Although his own dream to pursue fine arts may be subdued now, by motivating children to paint, he wishes to take his interest forward.

One of the main issues that Aalok faces on a daily basis is that he is continuously reminded about his lack of command over the English language. As a salesman, he feels that a constant reminder makes him 'feel ashamed'. Another major issue that he came across is the problem with identity. Most of the documents that were required for identification purposes were misplaced due to his shift to another CCI. Out of desperation, he falsified his background details while applying for his first job. 'They did not want an employee who was an orphan', said Aalok. 'I had to create family details that never existed along with work experience that I did not have. I felt like a cheat but that was the only way by which I could get a job', he explained. Over the years, Aalok has managed to earn and make ends meet but there are unfulfilled, subdued dreams that make him wonder about his purpose in life. 'I am lucky that I don’t have any major health issues. Even with a fever, I need to think twice before taking a leave. One leave means that my minimal savings will suffer', he said.

Having suppressed his dream, Aalok is still motivated to start a cafeteria of his own. He looks for a purpose in his life in midst of challenges.

3.2.10. Social support and interpersonal relationships

"If a free society cannot help the many who are poor, it cannot save the few who are rich"
- John F, Kennedy, (1917-1963) 35th President of the United States of America

The study found that 8 out of 47 (17%) of the youth do not have anyone reliable in their social circle who can be of help in times of need. Those who have reliable people in their circle counted on the support of friends (41%), CCI staff/caregivers (36%), mentors (13%) and biological families (8%).

However, 20 out of 29 respondents who received continued aftercare considered their caregiver or mentor in the three most reliable persons in their lives.

Although a majority 36 of 47 care leavers (77%) reported that they were able to maintain long-term relationships, the quality, extent and impact of these relationships needs to be studied in further detail.

H2: Receiving aftercare support and services is associated with feelings of empowerment.

Result: Significant

Pearson’s Chi-Square Test of Association reveals a significant relationship between aftercare and sense of empowerment. Those who received or are currently receiving aftercare reported feeling more empowered during the transition phase than those who didn’t receive such support.
(Chi-sq. = 8.541, p-value = 0.074) (However, the condition of minimum cell count = 5 was not met. Fisher's Exact test would be a more appropriate measure of association.)

$H_0$: Care leavers who receive aftercare support and services experience a wider social safety net, and thus, score higher on the Satisfaction with Life Scale.

**Result:** Significant

On average, care leavers who are supported by aftercare programmes ($n=25$) score approximately 5 points higher on the Satisfaction with Life Scale than those who do not receive aftercare support and services ($n=12$).

(t-statistic = 2.303, p-value = 0.027)

$H_0$: Boys score higher on the Social and Independence domain of the WHOQOL-100 than girls

**Result:** On average, boys score 11.5 points higher than girls in the Social domain; however, this difference was statistically significant at alpha level of 0.1 (t-statistic = 1.973, p-value = 0.056)

Similarly, on average, boys scored 9.4 points higher than girls on the Independence domain of the WHOQOL-100. (t-statistic = 2.560, p-value = 0.015)
3.2.11. Case Study 5

Life of Arjun- A journey with success and the need of emotional support

Name: Arjun  
Age: 29 years  
Gender: Male  
Education: Secondary Education  
Occupation: Professional Photographer  
Monthly Income: 70,000 INR per month  
Marital Status: Single  
Aftercare status: Received aftercare  
Aftercare Type: Non-Governmental

A professional photographer with 70,000 INR as monthly income, life of 29-year-old Arjun is a captivating journey so far. He had lived in a child care institution since the age of 11 years and had received aftercare support. But he could complete only 10th Grade in school due to lack of interest in academics. His mentor realised that Arjun would require a skill that would help him earn a livelihood. He was given training to become a photographer and today he signs various contracts and travels across the globe. He was listed by a highly ranked magazine as one of the most sought after young photographers in Asia, and has received a fellowship to study in the United States of America.

‘I got lucky…’, claimed Arjun. He believes that his CCI not only encouraged him to attend workshops and training programs that enabled him to develop and execute his interest in photography but also procured funds for him when he wanted to buy his first professional camera.
Though the training to earn a livelihood worked in his favour, he believes that he could have got more emotional support from his CCI.

Despite his financial stability, the issue of fitting into the society takes a toll on his morale from time to time. For instance, he was engaged to be married when the girl’s parents called off the plan on knowing about his stay in a CCI. Although it was sad, Arjun believes that had he been married, his marriage would have suffered because of his background. ‘For most people, the family background is very important. It is a problem that most individuals do not look at the individual for what he has achieved on his own’, shared Arjun. He believes that the society in which he lives needs to acknowledge the fact that not everyone is fortunate enough to have a family. Despite all odds there are individuals who are able to ‘pave their own way to success’ and should be encouraged for having fought their battles well.

Though Arjun enjoys his work thoroughly and earns well, it appears that he might need emotional support to boost his self-esteem, confidence, and address any other issue that he might come across to achieve acceptance in society.

3.3. Discussion

3.3.1 Mental Wellness & Stability

It is plainly evident that challenges that arise during the shift to adulthood are a function of childhood experiences in a CCI. Many care leavers, such as Aalok (name changed), go through multiple placements in different children homes, and as a result, grow up in unstable care environments. 21 of the 47 care leavers (45%) interviewed in Delhi had been displaced to different CCIs at least once or more. In such circumstances, children are unable to internalise feelings of care and belongingness towards their caregivers and/or peers. Some of them may even become isolated, with multiple negative affects such as aggression, guilt, self-stigma, hostility, introversion, etc. These tendencies have a marked impact on their functioning as young adults. They face difficulties in traversing the social world in ways that others take for granted.

Upon leaving the safety and security of a CCI, some care leavers experience ‘re-traumatisation,’ as they are unwittingly pushed into adult life without adequate preparation and limited resources. During this phase, many care leavers 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, 2008).

'We need professional backers to create guidance for first generation learners in form of a youth counselling service'

- Mr. Harsh Mander
  Social Activist,
  Director, Centre for Equity Studies
2017). Interventions addressing specific mental health concerns were largely missing from CCIs and aftercare organisations. Collaboration and partnerships with professional mental health service providers may be explored to develop trauma-informed care models that may be adopted within the policy-framework.

‘Mental wellness’ may be adopted as the structural framework upon which peripheral aftercare support and services can be provided. Mental wellness is a preventive approach. It requires the creation of an ecosystem that mitigates circumstances of emotional distress before the youth enters a novel situation.

### 3.3.2. Community Integration & Living-Skills

Unfortunately, government sponsored children’s homes in Delhi function under constraints of funds and skilled workforce. Various key-informants from government departments complained of lack of professional training for caregivers and social workers, overburdening of social workers by assigning multiple portfolios to them, and inadequate compensation for their work during their KIIs. As a result, retention of skilled staff is low. Frequently changing, unskilled caregivers are unable to provide stable conditions for children growing up in government-run CCIs; and experiential evidence shows that care leavers from government institutions of Delhi have relatively poorer social and interpersonal skills such as basic communication, decision making, conflict resolution and teamwork. Furthermore, Mr. Sanjoy Roy, Trustee, Salaam Baalak Trust feels that ‘ensuring all children travel on a holiday once a year is an innovative practice in ensuring the children’s horizons are constantly widened, making their aspirations much loftier and more ambitious’. Thus, creating a child-friendly, stable atmosphere in CCIs and providing constant exposure from an early age will go a long way in making their community integration a smooth process during adulthood.

Additionally, poor living-skills such as cooking, ability to use public transport systems, household budgeting and financial management, etc. also have an impact on the overall quality of life of care leavers. 20 out of 47 care leavers (43%) did not actively save money, and sometimes found themselves in financial crisis. Basic life-skills training and frequent exposure to otherwise mundane situations can alleviate some of these challenges.

### 3.3.3. Gender Inclusion

On a related note, given our social context, all CCIs are segregated by gender. 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. Innate understanding of gender roles and gender inclusion that happens in a traditional family, is lacking in a CCI. This causes problems during the transitional phase of care leavers. For example, Ashish (name changed) shared his experience of his first interview for a job at the age of 18, and within a month of his departure from his CCI. He recalled that he had practised his answers thoroughly the night before and felt confident prior to the interview.
However, when Ashish was called upon for his turn, he found himself sitting opposite a female interviewer. Never having interacted with an older female, he froze with nervousness and missed out on a lucrative job opportunity. There is, however, an upside to this story. The very same care leaver, stirred into action by his experience, now offers other care leavers opportunities for mock-interviews with his female colleagues. Such challenges usually remain subliminal, but can have profound impacts on the future life outcomes of young adults. Alternately, such challenges also offer opportunities for creative, low-cost solutions such as the one adopted by Ashish.

3.3.4. Housing & Accommodation Services

Children in conflict with law (CCL) should also be treated as children in need of care and protection (CNCP). All children entering the Juvenile Justice system require reformation, rehabilitation and assistance to get reintegrated back into the society. We need dedicated staff – ‘Mainstreaming Officer’ - to ensure that care leavers receive appropriate skill training, and are adequately mainstreamed.

-Member, Juvenile Justice Board (JJB)

It is apparent that there is a need for smooth transition for care leavers towards an independent life. Instead, residential aftercare services counter the trend towards de-institutionalisation, and fail to empower and develop the agency of care leavers. Although the Indian policy framework recommends options of independent small-group housing of 6-8 care leavers, none of the government-run aftercare facilities offer that option. There are only 2 government aftercare facilities, and all follow a residential, hostel-like model for accommodation of young adults. Voluntary
organisations like Make A Difference Foundation (MAD) fill in the service gap by providing support to care leavers in finding rented group accommodation, becoming their lease guarantors, and assisting with financial support until the young adults are fully able to support themselves. MAD supports care leavers across the country and their model has potential for replication.

Subsidised housing under existing schemes such as the Pradhan Mantri Awas Yojna should be explored as options for care leavers. An innovative and low-cost solution was suggested by one of the FGD participants. A 'Bed, Breakfast and Care' (BBC) scheme can be adopted where elderly members of the society provide long-term accommodation to care leavers in lieu of their assistance to manage the household. We envision, that such an arrangement will also provide a family-like ecosystem where care leavers, such as Neha who lives alone, will have adult guidance, support and supervision, and learn to fulfil responsibilities as a household member. Eventually, emotional bonding can provide relief to all individuals, making the quality of life better for both care leavers and senior citizens in Delhi.

3.3.5. Physical Wellbeing

Overall physical wellbeing of a person implies physical soundness, absence of diseases and efficient functioning of human body. A physically healthy person is better positioned for daily chores, work, and emotional wellbeing, than a physically unhealthy person. However, physical wellbeing needs are grossly neglected by CCIs and aftercare organisations in Delhi. Nutrition and exercise were found to be rarely discussed topics with children in CCIs; and most aftercare organisations do not consider them as priorities for care leavers receiving aftercare support. Although most CCIs and aftercare organisations support the food, clothing, medical and other requirements of care leavers, value of nutrition, hygiene and exercise are neither communicated effectively nor ingrained as habits.

Gender Bias in Housing Options and Related Health Concerns: Although institutional housing is not advisable for supporting care leavers, it is the most commonly used option for girls given the safety concerns and threats posed in Delhi. Scattered housing options for a group of 6-12 care leavers are being explored but mostly for boys. Such options, including supervised rented apartments, are now being recommended for care leavers all over the world to mitigate concerns relating to privacy, safety, and sense of control and agency. Overcrowded and cluttered living situations are also causes for health concerns (Johnson, et al., 2010). Upon visiting a women’s residential aftercare facility, our researchers learned that an infectious STD had been contracted by many of the girls living there.

Moreover, sensitisation to gender-specific health problems and mandatory training for caregivers and children to deal with such issues is overlooked in most CCIs and aftercare programmes. Awareness regarding sexuality and intimate relationships must be promoted by ways of open-communication and professional talks. Subsidised protection (condoms, morning-after pills, contraceptives, etc.), medications and doctor consultations should be made available to care leavers by either collaborating with private professionals, clinics and hospitals or by inclusion of care leavers in existing government schemes, or both.
3.3.6. Education, Skills and Employment

Disrupted and inadequate education is a common phenomenon amongst care leavers, and the effects of this were clear to the young adults themselves as revealed in Neha’s case study. Although government-sanctioned and private grants for education are currently being offered by many organisations, their accessibility for care leavers remain low as they lack awareness of such programs and/or do not possess the necessary documents to avail them. In his KII, Mr. Amod Kanth informed that Prayas’ programme Yuva Connect has reached out to more than 400 children which includes children in conflict with law. Through this programme, Prayas provides educational support via NIOS (National Institute of Open Schooling), vocational training, and employment opportunities.

Effects of instability and multiple placements: Apart from the functional limitations, other aspects of childhood experience effect the care leavers’ capacity at the age of 18. Although not statistically significant, those who had experienced multiple placements in different CCIs, increasingly felt that their education and skill level was inadequate. The graph below shows this relationship. Out of the 13 care leavers who had spent time in only one CCI, 50% thought that they had achieved adequate education and skills, while 50% did not - an even split. However, out of those who had lived in 2 different CCIs, 75% of them felt their education and skills were inadequate. This statistic rose to 80% for those had lived in 3 or more places.

Breakdown of the continuum of care, residential instability, 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). As a result, many young adults choose to not pursue higher education and are forced to join the workforce at unskilled or semi-skilled positions. However, 'there is also evidence that young people who have had several placements can achieve educational success if they remain in the same school - and this also meant that they were able to maintain friendships and contacts with helpful teachers' (Stein, 2005).

**Limitations in Vocational Skills Training:** As discussed previously, vocational skills for boys were limited to labour-intensive skills like plumbing and carpentry. These skills do not pose viable career options in this technology-driven global trend. Clearly, the potential of these youth seems under-developed and under-used. In case of employment, convergence with existing schemes such as the Pradhan Mantri Kaushal Vikas Yojna (PMKVK), National Urban Livelihood Mission (NULM), and National Career Service (NCS, India), 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 care leavers. Entrepreneurship and setting-up small workplaces where care leavers can be self-employed should be encouraged as options, alongside the provision of traditional vocational skills. For example, during his key-informant interview, Mr. Sanjoy Roy, Trustee of Salaam Baalak Trust, informed that ‘City Walk is a programme run by SBT’s care leavers that takes people on a walk through the lives of street children in Delhi; with an annual income of about 36 lakhs INR. After working with City Walk, many young adults have chosen careers in hospitality, entrepreneurship, etc.’. Engaging care leavers in part-time positions or internships within relevant government departments can be introduced in the policy.

**Affirmative Action in Education and Employment:** The State of Maharashtra, has recently passed a law that secures 1% reservation for orphans in education and job. The nuances of this law need to be further studied, and the efficacy of providing reservations in the form of affirmative action should be time bound and hence, periodically evaluated for scalability.

‘City Walk programme is seen as a training ground for multiple care leavers as this is their first exposure to an office environment, gaining entrepreneurial skills through running a business, and honing their interpersonal skills while interacting with guests’

- Mr. Sanjoy Roy
  Trustee, Salaam Baalak Trust

‘This planning of making a child a productive and contributing citizen has to be done with a lot of coordinated government support. We need support from educational institutions so that young adults do not run helter-skelter for admissions. Private education is very expensive. It is possible to introduce a small quota for admission, or may be a relaxation in fees such that the youth feel that the system also looks after them’

- Sadhavi Samta,
  Representative Senior Management, Manav Jain Ashram, Delhi
**Corporate Engagement:** In 2013, India became the first country to make 'Corporate Social Responsibility' (CSR) mandatory. This resource has high potential to be utilised for improving the quality of life of care leavers. Local corporates can be engaged to provide on-the-job training to young adults and develop programmes that utilise youth potential while rendering social-welfare in the immediate community. Innovative Public-Private Partnership (PPP) models can be prepared for sustained employment and green ventures for care leavers as a part of the mainstream society. This will serve as exposure to office environment for young adults, while developing corporates' moral conscience by engaging youth in public service.

**Gender-sensitive Approach to 'Mainstreaming':** Acquiring higher education and vocational skills for girls is considered secondary to their mainstreaming. Mallika's situation is a case-in-point as she has acquired no skills or education that would enable her to earn a livelihood. Superintendents and caretakers, especially of government children's homes, believed that marriage is the ultimate indicator of 'mainstreaming' for girls; but cited the problem of dowry in their inability to get all girls living in their aftercare unit married off. For Mallika, marriage is no longer a viable option due to her HIV+ diagnosis. Young adults like Mallika who require maximum support, are systematically left out of the prevailing approaches to mainstreaming. A rights-based approach that upholds women's right to development, dignified living, adequate housing, safety and security, amongst others must be formulated within Delhi's aftercare programming philosophy.

**Effects of Stigmatisation in Education and Skilling:** Inadequate education and skills are the primary reasons for high rates of unemployment for care leavers. However, this is compounded by the stigmatisation faced by them. Mr. Basu Roy, rescued as child labourer, and now working as program coordinator for Bachpan Bachao Andolan, said that 'I saw no one offers jobs to those who have a vulnerable background'. Even CCIs and other Child Rights organisations, who understand and work to eradicate these vulnerabilities, are reluctant to employ care leavers and question their professionalism.

A major ideological shift within the duty-bearers of aftercare institutions, policy-makers, and frontline social workers is required to address these multi-pronged socio-cultural issues that limit the academic and career achievements of care leavers. So, while providing better quality services to care leavers, sensitisation training to CCI staff and aftercare providers also requires focused attention.

**3.3.7. Financial and Legal Literacy**

Upon exiting the CCI, care leavers face a tremendous pressure to start earning; 29 of 47 care leavers (62%) reported that they lacked the necessary skills to carve out a plan to achieve financial independence. 38 of 47 (81%) had not attended any financial literacy workshop and lacked a mentor to guide them through this transition to become financially self-reliant.

**Integrated Child Protection Scheme (ICPS) Aftercare Grant:** Under the ICPS, the Government of India provides 2000 INR per month for each care leaver to the aftercare organisation.
However, this sum is grossly insufficient. According to key-informants deputed in the field, this amount of money is unable to cover their monthly expense of food, clothing, transportation and allowance. The cost of education and skill training is not even factored in within this amount. Moreover, practitioners running private NGOs estimate that an average monthly amount of at least 10,000 INR per young adult is required to assure an acceptable level of quality of life for care leavers. During interviews with care leavers and key-informants, it was also found that this stipulated amount of 2,000 INR is not disbursed properly. None of care leavers (0%) reported receiving this amount from their organisation. In turn, none of the non-governmental CCIs covered under this study had received this money from the concerned government department. The reasons for this may be multi-fold. Firstly, majority of the NGOs providing aftercare had not obtained government recognition for their facility yet. A few key-informants pointed towards the difficulty of dealing with government officials and complying with their norms as reasons for opting out of government recognition, and hence, the 2,000 INR they were entitled to on account of providing aftercare to young adults. Secondly, the various state departments involved in dispensing this money are usually understaffed and overburdened by multiple responsibilities. There is also no proper mechanism for the disbursement of this fund yet; and there is a lack of clarity among the government officials of different departments as to who is responsible for expending this amount.

Developing Financial Management Skills: Given the current scenario, it may be prudent to increase this monthly allowance with clarity upon its usage. It may also be good practice to provide this money (or a part of it) directly to the care leavers for the sake of transparency. This will serve the agenda of instilling financial responsibility among the youth while developing their own agency in matters relating to their lifestyle choices. Moreover, care leavers like Neha and Aalok will be assisted by this money and would not have to wait for a "better time" to pursue higher education or their professional aspirations.

Legal Status: Legal literacy is a linchpin of democracy. People's awareness of laws of the land is a great enabler, as it helps them enjoy their constitutionally and legally mandated rights and entitlements. While enactment of laws, is an important function of the State, effectiveness of laws depends on people's level of awareness of laws and application of that knowledge for redressing their grievances and for seeking justice. By making the people literate about laws, especially the deprived and those who do not have easy access to benefits of laws, legal literacy ensures that the voices of people are heard. It is shocking to note that 21 of 47 (45%) care leavers interviewed did not know that they are entitled to aftercare services and support if deemed necessary by the CWC in their 'release plan'. As the results showed in the previous section, a large percentage of care leavers did not possess
key identification documents, or those that facilitate transactions at concessional rates, such Aadhar Card (13%), domicile certificate or proof of residence (26%), Voters' ID (47%), PAN card (49%), passport (75%) and Ration Card (98%).

Asif (name changed), a 21-year-old care leaver, during his interview narrated his harrowing experience wherein he lost an opportunity to travel to a foreign country in an exchange programme, all expenses paid. Asif did not possess a permanent address of residence, nor did he have proper identification document that proved he lived in a CCI. Sadly, even after days of running around to different agencies and coaxing many officials, he was unable to obtain a passport in time and was forced to forego the opportunity that he had worked so hard for.

Although such issues may seem like trivial matters to some, their impact on the care leavers' daily-functioning and their psyche is tremendous. Many incidences such as the one noted above, weigh-in to result in poor outcomes. Without assistance, these young adults face struggles at every step to build their lives, causing strain and low quality of life.

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.

3.3.8. Social Support and Interpersonal Relationships

Feelings of Attachment, Belongingness and Resiliency: Due to unstable care environments, a lot of the care leavers reported that they did not have any sense of belongingness to their CCI or with any caregivers. Broken attachments and impersonal care make it harder for care leavers to develop feelings of trust, safety and security. They carry this burden into adulthood where they find it difficult to maintain even casual relationships due to their own fears. Negative social experiences with adults during their childhood informs their world-view. However, many studies have noted that these hardships instil a high-level of resiliency among some youth, wherein they believe that they must take on the world alone. There is anecdotal evidence to support both the benefits and risks of such an attitude (Modi, Nayar-Akhtar, Ariely, & Gupta, 2016). Others tend to form strong bonds with their peers and foster siblings, and mentors, who act as surrogate parents to the younger generations.

Social Support Forums: Almost all aftercare service providers in Delhi have their own system of alumni associations, but none of them have converged with each other so far. Given this background, associations like CLAN - Care Leavers' Association and Network - and SYLC - Supporting Youth Leaving Care - become relevant. Promoting social bonding is the idea behind CLAN in Delhi. One of the objectives of CLAN is to inform the delivery of aftercare services by articulating their needs and raising pertinent resources for themselves. Involved stakeholders must come together as SYLC to provide resources and guidance such as safe spaces for young adults to develop their identity, professional mentors and trainers, and employment and networking opportunities. The aim of SYLC members is to support and facilitate CLAN as an independent youth-led forum that represents,
supports and advocates on behalf of all care leavers in Delhi. CLAN also lays the foundation for providing social support to all care leavers where knowledge and experiential cross-over can take place. Associating and networking with other care leavers and volunteers involved in the process can bridge the existing supply-demand gap of necessary services. For example, through CLAN meetings, young adults can scout for likely roommates for small-group accommodations, offer spaces to those in need, collaborate in joint-ventures - professionally or otherwise, etc. It can also be a forum to associate with peers in a recreational manner, enhancing quality of interpersonal relationships experienced by care leavers during the transitional period. Moreover, CLAN emphasises the need to take on responsibilities as active community members, rather than demanding hand-outs as a vulnerable group. Thus, community service in existing CCIs forms an important aspect expected out of each member.

According to the care leavers in Delhi, CLAN should have the following objectives, in descending order of importance:

- Foster togetherness and sense of belongingness, and reduce fear of abandonment
- Assist youth in higher education and employment
- Ensure exposure to various opportunities that would result in their rehabilitation
- Assist the youth financially
- Mentor the youth ably so that the years of transition become less burdensome

Different forums such as CLAN are urgently needed where care leavers can express themselves adequately. This is truer for girls who are transitioning into independent living. Girls tend to face restrictive atmospheres in CCIs, and on average, have low confidence, self-esteem and amicable personality traits. A personality development programme that focuses on the unique needs to males and females exiting out of alternative care needs to be researched and instituted as part of the aftercare services.

‘Youth who have aged out of Alternative Care settings should be given organized opportunities to associate and unite in a planned manner through multiple mediums and forums.’

-Ms. Aneesha Wadhwa, Trustee, Udayan Care
Chapter 4 - Conclusions

'To succeed, jump as quickly at opportunities as you do at conclusions'
- Benjamin Franklin, (1706-1790), a leading author, printer, politician, and Founding Father of the United States.

4.1. Summary

The study has arrived at the following conclusions, considering the views and experiences of care leavers, inputs received from the key informants, and results of desk research and analyses contained herein.

4.1.1. Demographic Profile of Aftercare Youth

Youth in need of aftercare support do not just belong to the age group 18 to under 21 years. There are many who need handholding even after the age of 25 years, which is indicative of the fact that need for aftercare transcends the legally prescribed age limit for the purpose. While coverage of females and males is almost equal, youth have mostly low educational attainment i.e. higher secondary or below. Indicating their position as youth in transition, the study found them mostly without stable accommodation. The process of settlement of most of the youth is incomplete for the time being.

4.1.2. Childhood Experiences

While facilities like routine physical and mental health check-ups, access to education, etc. have been availed by most children; this is not the case for aftercare services like affordable and adequate housing, medical care, mental health counselling, lessons on management of household finances, and comprehending and availing their legal rights. As a result, many care leavers face trepidations and do not feel empowered upon leaving their CCIs. although Individual Care Plans are maintained for most children, they do not have an aftercare or rehabilitation component to assist them after turning 18 years of age. Professional mentoring and adult guidance are completely lacking as only functional

‘The solution is not to get stuck into a 'one-size fits all' approach to aftercare. We need to understand the intent of the law. This should be facilitating, rather than constraining.’
- Dr. Kiran Modi, Managing Trustee, Udayan Care
services are focused upon for the reintegration of care leavers, leaving many of them confused and unsure of their futures.

Many care leavers who are either restored to their families or do not get aftercare are not tracked and are quickly lost to follow-up. This is particularly troubling as many are transported back to vulnerable situations of poverty, homelessness, drug addiction, or even crime.

4.1.3. Mental Health

Prevalence of mental and emotional stressors is high among care leavers; and care leavers are unable to deal with these challenges as majority of them are unable to recognise symptoms of mental distress. In most cases, they only seek the help of non-professionals, and the stigma attached with mental disorders plays a role in discouraging care leavers to seek professional health. The overall environment and situation of most care leavers does not foster mental wellness, and gender-focused trauma-informed interventions are largely missing from CCIs and aftercare programmes.

4.1.4. Physical Health

Incidence of serious physical illness is high among the care leavers, especially females. They also face challenges in addressing their physical health needs; while nutrition, exercise and healthy living fall low on their priority scale. Sexual health and hygiene is low among females, and awareness of positive and safe sexual habits must be instilled given its sensitive nature. There is an overwhelming preference for cost-effective healthcare services of government hospitals. However, access to these services are largely impeded due to a lack of awareness of government processes and long waiting times.

4.1.5. Housing Status

Most female care leavers continue to live in institutional-type aftercare facilities; and face restrictions on their mobility and opportunities to explore life outside of their care environment. Due to this, feelings of independence and empowerment remain low amongst all care leavers. Improper upkeep and sanitation of large residential facilities also result in poor physical and mental health of the young adults living there; and they are ill-prepared for independent life.

4.1.6. Education, Skills and Career Development

Among the academically qualified youth, the share of females is less than males. However, their present level of education and skills does not always match care leavers’ academic needs and aspirations. Challenges in determining and realising a fulfilling career path are not uncommon. Care leavers experience a discouraging and intimidating atmosphere at workplaces and neighbourhood communities due to societal stigma, have inadequate and truncated education, and feel a gaping lack of guidance. It can also be concluded that better education, social networks and training in not just vocational, but democratic and interpersonal skills positively influences the prospect of getting opportunities for employment or self-employment.
4.1.7. Financial Status

Financial independence is a challenge for the youth, as the share of those without own sources of income is quite high at 45% (21 of 47 care leavers). Median monthly income of earning care leavers is below the minimum wage of unskilled labour in Delhi. Preference for cashless digital transaction is low, as few own debit or credit cards although they have bank accounts. Vulnerability of youth due to unforeseen events and disasters is high, as only about one-fourth of them have access to insurance and provident fund; and most are not in the habit of saving or investing. Having no hands-on opportunities to learn household economics, lack of financial common sense is visible among care leavers, making them vulnerable to poor economic conditions.

4.1.8. Legal Status

Although most care leavers possess one identity document or the other, lack of any of the essential documents results in lack of access to the associated entitlements and opportunities. While Aadhar card and education certificates are widely possessed document, possession of domicile certificate, voter identity card, PAN card, passport, and ration card is not so widespread. Despite its relevance for care leavers, right to aftercare support is the least known right.

4.1.9. Social Relationships

Majority of care leavers do not have access to trustworthy adults or mentors in their social circles who can help and mentor them in times of need. They mostly rely on friends and peers for direction. A lot of care leavers also struggle with deciphering and emulating appropriate social interactions in workplaces, institutions and communities. Many care leavers also experience broken relationships due to insecure attachment patterns, and some run the risk of getting into unhealthy and/or abusive relationships.

4.2. Status of Aftercare in Delhi

Access to aftercare support is not evenly spread across different age groups. Care leavers, even in the age group of 18 to under 21 years, are deprived of aftercare support despite the prescription in the JJ Act. While aftercare services have positively influenced many care leavers, gaps in achievements exist even for those who have enjoyed aftercare support. Effectiveness of aftercare support is uneven in nature as individual needs are rarely factored in while providing functional services of vocational training, accommodation, etc. Although care leavers belonging to non-governmental CCIs have shown better results in key aspects of life in comparison to care leavers from governmental CCIs, challenges are faced by all care leavers, thereby indicating various gaps in aftercare mechanisms in Delhi.

Keeping in view the needs and priorities of care leavers and the gap that exists between availability and need of aftercare infrastructure, services and support, existing aftercare interventions are not holistic in nature. Lack of pre-aftercare interventions that prepare care leavers for independent living, and adequate transitioning services at the time of leaving care, cause fear, anxiety, stress and
other negative affects, placing care leavers in a vulnerable population once again. While on-going aftercare activities are helping some care leavers to successfully navigate the period of transition, these measures are less comprehensive in terms of their coverage of eligible and deserving youth, and the programmatic intent is mostly based on functionality, rather than on holistic youth development. Tracking and monitoring of care leavers is completely missing in all but few organisations. Unless appropriate mechanisms are set in place, evidence-based evaluation and refining of aftercare programmes cannot be done adequately. Inclusion of care leavers under various government schemes and entitlements has not been efficiently planned and/or implemented, and challenges in securing legal documents makes access all the more difficult for them, systemically leaving them out of education, skilling and employment opportunities. While the money spent by non-governmental CCI on aftercare looks cost efficient in view of prevailing market prices; allocation of grants up to 2,000 INR per youth per month under ICPS looks inadequate in a place like Delhi. Given the nature of challenges discussed in this report, results obtained, and the discussion of research findings, it can be concluded that existing aftercare interventions are hugely inadequate in their current state. The following diagram gives a visual representation of the status of different aftercare components in Delhi as found through this research (with solid green representing the component with most effective interventions and solid red representing the component with most neglected or ineffective interventions.)

![Figure 17: Gaps in Current Aftercare Practices in Delhi](image-url)
Whilst many challenges exist, emerging practices of graded approach and programmatic innovation by SOS Children’s Villages India, comprehensive and need-based coverage by Udayan Care, and focus on vocational training and placement, and its adoption by Delhi Police, as in the case of Prayas Juvenile Aid Centre, can be consolidated and emulated.

4.3. Recommendations

The recommendations of the study have been presented below under three categories. These measures are expected to make aftercare services comprehensive in terms of coverage, effectiveness and efficiency.

4.3.1. For Law & Policy

- **Recognition of Care Leavers as a Vulnerable Population Category**
  Keeping in view the social, economic and familial contexts that brings the children under the care of CCIs and the challenges they face following departure from institutional care on completion of 18 years of age, care leavers should be recognised as a distinct and vulnerable population category - worthy of independent policy-level and programmatic intervention at the national-level. The recognition of care leavers under the JJ Act is more of an offshoot pronouncement, as the focus of the Act remains primarily on CNCP and CCL.

- **Inclusion of Care Leavers in the National Youth Policy and Census of India**
  Inclusion of care leavers in the National Youth Policy (NYP) and Census of India naturally flows from the need to recognise care leavers as an independent population category. While inclusion in the NYP would ensure care leavers-specific policy pronouncements, inclusion in the Census of India would address the problem of the huge data gap that currently exists regarding the number of care leavers in the country. It would be easier to generate country-wide and state-specific data set, and disaggregated components of data for gender, accommodation, occupation etc. with the help of decadal census than to collect data from various sources to better inform current aftercare practices.

- **Need to Adopt a Flexible Approach to Age Limit**
  Instead of having an upper age limit for aftercare, as is prescribed under the JJ Act, a flexible age limit should be adopted for the purpose. The current three-year timeline is too rigid for rehabilitation and reintegration of youth. Therefore, the timeline of support should be linked to financial independence of youth. It is, however, important to ensure that the youth are not unreasonably dependent on aftercare services. The CCI/aftercare organisation should encourage them to maximise self-effort, just as a parent does to a child in a traditional family situation.

- **Need to Revise Aftercare Financial Support**
  Aftercare grant of up to 2,000 INR per youth per month provisioned under the ICPS is a paltry sum for the intended purpose, especially in a place like Delhi. There is a need to revise the size of grant upward keeping in view the prevailing market prices for education, career training, accommodation
and other essentials that are necessary for rehabilitation. It is recommended that the aftercare grant should be up to 10,000 INR per youth per month, while the exact amount should be decided to keep in view the needs of youth as specified by the CCI/aftercare organisation, as well as state-specific per capita income and costs.

- **Need for Affirmative Action**

Giving priority enrolment to care leavers, or providing reservations in educational institutes and employment, based on the precedent set by the State of Maharashtra, will be a step towards ensuring equity. It would also ensure that the agenda of care leavers is brought to the political forefront and raise awareness regarding the challenges they face. However, any affirmative action should be time bound and regularly evaluated.

- **Need to Develop Aftercare Guidelines**

There is an urgent need to understand aftercare with all its comprehensive support and services components as discussed within this report. Based on an in-depth understanding, guidelines for implementation of aftercare should be prepared on which SOPs and programmes can be developed by different organisations; and minimum standards of care can be maintained across the city.

4.3.2. For Implementation and Practice

- **Care Leavers’ Association and Network**

All stakeholders should support and facilitate CLAN as a platform for togetherness with the purpose of linking the youth with each other and linking them with different aftercare service providers. It will help the youth set a common, self-purposed agenda for their rehabilitation and reintegration.

- **Bed, Breakfast and Care Scheme**

A Bed, Breakfast and Care (BBC) scheme was suggested during a consultation on aftercare organised by Udayan Care in December 2017. According to the plan of the scheme, willing families can provide bed, breakfast and care to care leavers on offer of payment from the government. While the concerned family will get an opportunity to maximise its resources, the care leavers will receive care and support services in a hassle-free manner. It is, however, important to ensure through proper monitoring that the care leavers are not used as unpaid domestic help or are subjected to any other forms of violation of their rights and safety.

- **Convergence Programme**

The Government of NCT of Delhi should explore the possibility of setting up a convergence programme under which Departments of Social Welfare, Industry, Women and Child Development, Education and Health, and others could offer their respective services to care leavers, on a priority basis, in an integrated manner.

- **Piloting of Registration of Care Leavers**

A programme for registration of care leavers should be considered on a pilot basis in one or two
districts. Care leavers can register their contact and other details on a website, leading to assessment of their needs. This registration should be used to facilitate access of care leavers to various services according to needs.

- **Grievance Cell**

  The Government of NCT of Delhi, with the support of DCPCR, should consider setting up of a grievance cell in the Social Welfare Department or any other Department, which the Government may consider appropriate, for the benefits of care leavers.

- **Ready Reckoner on Rights and Responsibilities**

  A 'ready reckoner' containing rights and responsibilities of care leavers should be prepared and disseminated. Besides care leavers, the ready reckoner should also be shared with children in CCI at least two years before their departure from CCI.

- **Directory of Service Providers**

  A district-wise list of various service providers of the different services that are relevant to aftercare, should be prepared. For example, such a list should have details pertaining to various hostels or available accommodations, local hospitals, doctors and counsellors, organisations offering financial aids or scholarships for higher education, short-term courses and vocational trainings, subsidised legal and medical aid, etc. Such a list would serve the purpose of bringing the care leavers in need to the service providers even if aftercare remains elusive.

**4.3.3. For Aftercare Service Providers**

All organisations and stakeholders engaged in providing aftercare services to the care leavers in Delhi should include and strengthen, if already covered, the following activities:

- Rigorous training and emphasis on Individual Child Care Plan and Individual Aftercare/Rehabilitation Plan at the CCI-level starting at the age of 14 or earlier
- Training on concept, need and gender-sensitive aftercare programming
- Professional mentoring of youth on life skills with focus on independent living
- Provide appropriate psychosocial, emotional support and mental health interventions when the young adult is transitioning from alternative care to aftercare
- Training on legal literacy to make the care leavers aware of relevant laws on rights and entitlements
- Developing a holistic mental wellness approach including regular counselling
- Facilitation of marriage and relationship counselling
- Facilitation for essential documents for identity and services like passport, ration card, metro travel card, voter ID, etc.
• Financial literacy and access to banks, insurance and other financial services
• Creating SOPs and checklist for each child exiting the CCI

4.4. The Way Forward

1. First and foremost, a multi-stakeholder round-table should be initiated to facilitate the discourse on alternative care of children in the National Capital Territory of New Delhi. Different government agencies, private-sector service providers, institutional duty-bearers, children and youth should be convened to discuss issues pertaining to their care and aftercare. This Multi-Stakeholders’ Initiative on alternative care in Delhi would provide inputs to refine implementation of the JJ Act, and ICPS, and develop Guidelines for Aftercare. For example, one of the key informants suggested that a district-level structure could be instituted that functions as a one-stop 'Suvidha Kendra' for all care leavers. Through this initiative, other such implementable plans of actions may be developed in partnership with all stakeholders.

2. Along with promoting collaboration, all relevant government departments and NGOs in the field of child protection should endorse and support CLAN and SYLC so that all CCIs may pledge to support its functioning; and care leavers across Delhi have a chance to become contributing members of CLAN. With the buy-in from different stakeholders, CLAN has the potential for becoming a powerful youth-led organisation which advocates for and gathers its own resources for the betterment of care leavers.

3. The Delhi Government should also initiate a convergence programme that specifically incorporates care leavers’ needs of scholarships, health insurance, adequate housing, etc., into existing government schemes as well as developing schemes and providing grievance redressals keeping in mind their specific needs. This requires conducting further needs-assessment of care leavers and then making opportunities of skilling, employment and education available and accessible to them.

4. There is also an urgent requirement to research the modalities involved in instituting a non-invasive tracking mechanism such that no care leaver is left unattended in the transitional phase. This will result in a more representative sample for future researches.

5. More importantly, there is a need to scale-up this research to other parts of the country, so the issues faced by care leavers can be understood in the different geographical and cultural contexts. Udayan Care has already begun its research in the states of Maharashtra, Karnataka, Gujarat and Rajasthan. Pertinent facets and domains of the standardised tools - WHO Quality of Life, Satisfaction With Life Scale and Flourishing Scale - have been adapted and incorporated within the care leavers’ questionnaire to make it more relevant, robust and comprehensive. This revised tool is currently being administered on care leavers belonging to varying cultural and socio-economic backgrounds, and in different geographical locations; and is deemed fit to gather comprehensive, national-level baseline data of care leavers.
6. Lastly, there is a further need to research, monitor and evaluate the existing models of aftercare, to understand the typology of an ideal aftercare programme. Studies of similar nature must be encouraged and supported by the government and corporates alike. Through scientific inquiry, pertinent and informed interventions may be developed to reintegrate care leavers into the mainstream society.
References


Annexure 1

Law and Policy on Aftercare in India

In India, apart from the ratification of United Nations Convention the Rights of the Child (UNCRC), national laws and policies have been formulated with special provisions for OHC children and aftercare. The Juvenile Justice Act, 2015 and Rules, 2016 and Integrated Child Development Scheme (ICPS) are briefly described below:


Section 2(5) and Section 46 of the Juvenile Justice (care and Protection of Children) Act, 2015 prescribes for financial and non-financial aftercare support for young adults in the age group of 18 to under 21 years, who have left institutional child care to join the mainstream of society. Section 2(5) defines aftercare 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."

As noted in the JJ Rules, 2016, the services provided under aftercare programme to mainstream the child into society prescribes for the following:

- Funds by the State Government, which are transferred directly to the bank accounts of beneficiaries, for meeting their essential expenses.
- Temporary community group housing for 6 to 8 persons, among other options of accommodation
- Stipend during vocational training, scholarship for higher education and support till employment
- Skills training and placement in commercial establishments through coordination with National Skill Development Programme, Indian Institute of Skill Training and other central or state government programmes and corporates
- Provision of a counsellor to stay in regular contact with the beneficiaries to discuss their rehabilitation plans
- Creative outlets for channelizing their energy and to make them face crisis situations effectively
- Loans and subsidies for entrepreneurial activities
- Encouragement to sustain themselves without external support from State or other institutions

So far, there are no guidelines developed specifically for aftercare. Even the indicators of 'mainstreaming' are not clearly stipulated.

Integrated Child Protection Scheme (ICPS)

The Integrated Child Protection Scheme (ICPS), 2014 ordains a monthly grant of 2,000 INR per person to the organisation managing the aftercare programme. This monthly grant is spent for meeting individual needs of young adults like food, clothing, health care and shelter, age-appropriate and
need-based education and vocational training, and stipend. The voluntary organisations providing aftercare support prepare plan for a period of three years for each young adult. ICPS prescribes a list of key services and activities, as noted below, that an aftercare plan should contain:

- Community group housing on a temporary basis for groups of 6-8 young persons
- Encouragement to learn a vocation or gain employment and contribute towards the rent as well as the running of the home
- Encouragement 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
- Provision for a peer counsellor to stay in regular contact with these groups to discuss their rehabilitation plans and provide creative outlets for channelizing their energy and to tide over the crisis periods in their lives
- Providing stipend during the course of vocational training until the youth gets employment
- Arranging loans for youth aspiring to set up entrepreneurial activities

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

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

(UNICEF; Udayan Care, 2017)
HOW & WHY CONTACT US?

1. You can contact us if you have a complaint regarding violation of child rights. Your anonymity will be ensured if you so want.

2. If you have an idea or suggestion that might help us be more efficient in our work.

3. We want to hear from you! Share with us your stories as to how you are contributing to the cause of child rights.

011 - 23662685 / 86  
dcpcr@hotmail.com  
Follow us on twitter @DCPCR

Visit us during public visiting time (10 AM - 11 AM) at DCPCR office, 5th Floor, ISBT Building, Kashmiri Gate, Delhi - 110006