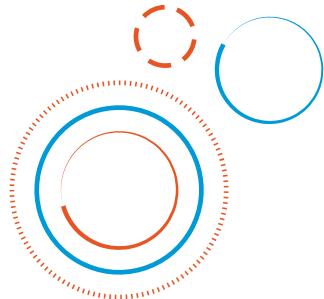# Beyond 18
Leaving Child Care Institutions

Supporting Youth Leaving Care

A Study of Aftercare Practices

- Delhi
- Gujarat
- Karnataka
- Maharashtra
- Rajasthan

TATA TRUSTS

UDAYAN care | Where young lives shine
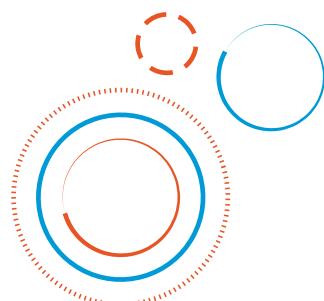
unicef for every child

Beyond 18
Leaving Child Care Institutions

Supporting Youth Leaving Care

A Study of Aftercare Practices

■ Delhi   ■ Gujarat   ■ Karnataka   ■ Maharashtra   ■ Rajasthan

August 2019
Udayan Care

TATA TRUSTS

UDAYAN care | Where young lives shine

unicef for every child

Contacts:

UNICEF
India Country Office,
73 Lodi Estate, New Delhi, 110003
www.unicef.in | vkandhari@unicef.org

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

Table of Contents

List of Figures

List of Tables

List of Acronyms

ACO	Aftercare Organisation
AOP	Aftercare Outreach Programme
AQI	Aftercare Quality Index
CAP	Current Aftercare Practices
CCI	Child Care Institution/s
CCL	Children in Conflict with Law
CL	Care Leaver/s
CLAN	Care Leavers Association and Network
CNCP	Children in Need of Care and Protection
CPS	Child Protection Scheme (previously Integrated Child Protection Scheme – ICPS)
CSR	Corporate Social Responsibility
CWC	Child Welfare Committee
DCPO	District Child Protection Officer
DCPU	District Child Protection Unit
DLSA	District Legal Services Authority
DWCD	Department of Women & Child Development
FGD	Focussed Group Discussion
HIV	Human Immunodeficiency Virus
IAP	Individual Aftercare Plan
ICP	Individual Care Plan
ICPS	Integrated Child Protection Scheme
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015
JJ Rules	Juvenile Justice (Care and Protection of Children) Model Rules, 2016
JJB	Juvenile Justice Board
KII	Key Informant Interview
KI	Key Informant
MIS	Management Information System
MoU	Memorandum of Understanding
MoWCD	Ministry of Women and Child Development
MMHVY	Mukhya Mantri Hunar Vikas Yojana

NLASA	National Legal Services Authority
NCS	National Career Service
NCPCR	National Commission for Protection of Chile Right
NEET	Not in Education, Employment or Training
NGO	Non-Governmental Organisation/ Non-Government Organisation
NPA	National Plan of Action
NPC	National Policy for Children, 2013
NSQF	National Skills Qualification Framework
NULM	National Urban Livelihood Mission
NYP	National Youth Policy
OHC	Out-of-Home Care
PAN	Permanent Account Number
PIL	Public Interest Litigation
PM-JAY	Pradhan Mantri Jan Aarogya Yojna
PMKVY	Pradhan Mantri Kaushal Vikas Yojna
PPP	Public-Private Partnership
RWA	Residents Welfare Association
SCPS	State Child Protection Society
SHG	Self-Help Group
SOP	Standard Operating Procedure
SPSS	Statistical Package for Social Sciences
UNCRC	United Nations Convention on the Rights of the Child
UNGA	United Nations General Assembly
UNGACC	United Nations Guidelines for the Alternative Care of Children
UNICEF	United Nations Children's Fund

Preface

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

We initiated the study on "Current Aftercare Practices" (CAP) in 2017. This has been a result of Udayan Care's long-term desire to see all CLs getting the care and support that their special circumstances deserve and what their rights entail under law. This desire emanates from our long years of being practitioners in ensuring quality care for children, who are provided care and protection in our small group homes, called Udayan *Ghars*. Since the beginning, we have continued to support them even after they turn 18, through sustained engagement as part of our Aftercare model till they get reintegrated into mainstream society. Our experiences have proven that CLs need special attention and strategic importance both locally and at the state level, if we want them to gain success in getting rehabilitated meaningfully, which most of the time is not forthcoming, despite clear policies and laws in place. This led to a desire for creation of evidence. The CAP research evolved after a pilot study was conducted in Delhi with 47 CLs in partnership with the Delhi Commission for Protection of Child Rights (DCPCR) in 2017. It led to a much bigger multi-state research project that has been carried out in five states of India: Gujarat, Maharashtra, Karnataka, Rajasthan and Delhi again, using uniform research design and tools. This multi-state study was made possible in partnership with Shri Deep Kalra, UNICEF and Tata Trusts. We must acknowledge and appreciate the role of UNICEF Delhi as well as the support of the State Leads in the four state chapters (as mentioned on the imprint page) for their technical guidance and support. The CAP state study also included specific child care schemes such as Palanhar in Rajasthan and Palak Mata Pita in Gujarat and have been analysed in detail in the respective state reports.

This study in five states would not have been possible but for the support of the state governments in each of the five states. It also received support of various individuals and institutions such as the Department of Psychiatric Social Work, National Institute of Mental Health and Neurosciences (NIMHANS) in Karnataka, and Deepak Foundation in Gujarat, and we would like to extend our gratitude to all the field team members for their efforts in ensuring robust data collection. Despite the best efforts of the team, lack of adequate data undoubtedly, had been a huge challenge to this study. NITI Aayog, in its 3 years Action Agenda (2017-2020) acknowledges the non-availability of credible data as the major obstacle to design effective policy interventions. But things are changing. The Ministry of Women and Child Development (MoWCD), Government of India, for the first time, instituted a Committee under the Chairpersonship of Ratna Anjan Jena, Statistical Advisor, which mapped all Child Care Institutions (CCIs) in India (except 34 Homes in Uttar Pradesh). The Jena Committee report, published in September 2018, was based on data collection that was completed in March, 2017, and on the review of 9,589 CCIs in India. The report found that 91% CCIs were run by NGOs, and only 9% were Government run. For the first time, we have Government data saying there are 3,70,227 Children in Need of Care and Protection (CNCP) (199,760 boys; 170,375 girls) and 7,422 Children in Conflict with Law (CCL) in the country. Unfortunately, the report does not talk of Aftercare, except that it mentions that "CCIs and Aftercare homes need to be actively involved in networking, coordinating and linking with various professionals, institutions and community-based organizations that have expertise in

the concerned areas to provide a wide range of services to children" (Jena Committee Report, 2018). It thus misses an opportunity to include the 'Continuum of Care' approach for children living in CCIs and further shows that Aftercare remains a low priority within the child protection system in India.

The Juvenile Justice (Care and Protection of Children) Act, 2015 and the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 contain legal provisions that make Aftercare of children, who have attained the age of eighteen years and are leaving a Child Care Institution, the responsibility of the state, for three years, and in exceptional circumstances, for two additional years.

The National Youth Policy, in 2014, identified youth in institutional care, orphanages, correctional homes and prisons as a category that needs more support from the state, but not much of this has been formulated clearly or effectively implemented. The policy states that *"while the government is working to create support and rehabilitation systems for youth at risk, it is essential to simultaneously build systems to ensure that youth are not forced to put themselves into situations that constitute physical or mental risk. A targeted awareness and outreach programme for youth that are likely to be at risk must be developed and undertaken as a matter of priority."* This, translated into action for CLs, is something we hope to see in India soon. The Youth Policy is due for review in 2019 and we hope to push the CLs' agenda to be included therein so that reintegrating CLs becomes everyone's collective responsibility. Small steps go a big way in bringing change on the ground.

The data for the five states clearly shows that CLs achieve consistently poor outcomes in education, housing, life skills and other domains of their life. The data also shows state level variances in CLs' experiences and outcomes, thus establishing the need for more targeted local approaches as a pathway to the specific challenges faced by them in different parts of the country. Meeting the CLs' needs and aspirations is not possible unless we can build effective partnerships at different levels between those government functionaries holding responsibility for such children, stakeholders, corporates, communities and individual mentors.

Across the states, the study shows that the quality of support received by CLs is not comprehensive and that their journey through the first decade of adult life is often disrupted, unstable and full of challenges. They struggle to cope and are often socially excluded, go through mental illness that is not addressed adequately and have phases of uncertainty and unemployment, not being independent and yet not knowing who to depend on. CLs have told us that they often find it difficult to navigate services and work out what financial support they are entitled to. The report clearly establishes the need for the Central and State Governments to renew their commitment and remove the practical barriers faced by CLs as they progress into adulthood and learn to live independently.
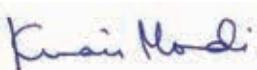
The study has put forward the concept of a 'Sphere of Aftercare' that can help reintegrate CLs to mainstream society. None of the eight domains of the Sphere can be ignored for any CL. As CLs transition into independent life, they may require support/services under one or more of these domains depending on their unique needs and aspirations.

We hope the evidence generated in this report becomes instrumental in bringing Aftercare to the forefront of discourse in the Alternative Care ecosystem, by plugging the gaps in implementation and having more robust policies. In all the five states, it was heartening to listen to the strong voices of the CLs at the State Consultations and Round Tables conducted during the study. We are so humbled by the resilient CLs, who were a part of this study, who spoke their minds and hearts out and shared their hopes with us. Detailed state reports on Aftercare in each of the five states are available for those interested.

This report is an effort to prevent re-traumatisation of CLs by mainstreaming them so that the principle of 'leave no-one behind', as mandated by the Sustainable Development Goals (SDGs) is fulfilled. These vulnerable youth are part of the child protection system and therefore the responsibility of the State under the law.

The state, therefore, has the duty to ensure individualized individual care plans, (including pre-release plans) that helps prepare each of them to re-integrate into the community with dignity, prior to their release and to continue to support them as part of follow up. The evidence from the study that clearly highlights the current situation of CLs being 'nobody's responsibility' in the child protection agenda needs to change in India immediately.

Udayan Care remains committed to listening to the voices of young children and youth, to making our best efforts in working with them and with all other actors and stakeholders, towards achieving the rehabilitative goals of the Juvenile Justice (Care and Protection of Children) Act, 2015, and in sustaining practice-informed, evidence-based advocacy on Aftercare, in their best interests. We welcome any support that helps to take forward this crucial child rights agenda and translate it into action, so as to concretely impact the lives of these youth in a meaningful, empowering way.

Kiran Modi, PhD
Founder Managing Trustee
Udayan Care

Aneesha Wadhwa
Executive Director
Udayan Care

Message

Every child and young person has the right to live in a supportive, protective and caring environment that promotes their full potential. This right is enshrined in the Convention on the Rights of the Child (CRC) which clearly delineates the role of the family in a child's life. It outlines family as the fundamental unit of the society and critical for the growth, wellbeing, and protection of children. Over time, however, institutional care has increasingly become the solution adopted towards care for children without parental support, rather than the measure of last resort. Child Care institutions (CCI) now serve as a first point of referral for children deprived of parental care and protection by concerned individuals, child rights organizations, statutory bodies such as the Child Welfare Committees and Juvenile Justice Boards, police and others.

In the absence of a family, at CCIs, these children tend to develop a sense of belonging with other children and caregivers, as they explore their full potential. Understanding the nature of this relationship remains critical to help building effective aftercare systems. UNICEF is committed to providing support to children through the whole continuum of care, including identifying, strengthening and reforming care services for children. It, however, also recognizes that the element of support for aftercare continues to remain low on the list of priorities in the child care system in India

Aftercare is an imperative part of the caregiving process as it helps in building resilience in children who spend years in Child Care Institutions (CCIs). It provides children with the needed support and guidance to successfully transition to the next phase of their life as informed and confident adults. Aftercare services also serve as a preparatory stage into adulthood for children, as they remain vulnerable to challenges of psychological stress, unemployment, financial independence, homelessness and physical as well as mental illness. Among other interventions, UNICEF also advocates for access to services and guides the formation of Care Leavers network where they can continue to reach out and connect with each other, acting as companions to enter the real world as adults.

This report highlights the findings of a study conducted in five states - a joint effort of Udayan Care, State Governments, UNICEF and Tata Trusts - bringing to the forefront various facets and role of aftercare in shaping the lives of children from CCIs, current aftercare practices and subsequent possible interventions. The nascent nature of the aftercare system, however, also highlights certain challenges. The findings from this report aim to contribute substantial evidence to establish a system for smooth transitioning of children from childcare to aftercare, post which children step into adulthood with adequate guidance and support.

This study has provided all the stakeholders involved in the study with a unique opportunity to present evidence-based arguments and solutions with a holistic perspective for children in institutions. The aim is to facilitate and ensure social reintegration of children from CCIs, where aftercare is an essential contributor towards their development and smooth transitioning into adulthood.

UNICEF would like to express gratitude to the State Governments of Gujarat, Maharashtra, Delhi, Rajasthan and Karnataka and Tata Trusts for their contribution and support rendered throughout the study. We would also like to acknowledge the hard work, enthusiasm and efforts of Udayan Care in conducting this important study and in bringing out a comprehensive analysis of the aftercare system in the five states in India.

Foroogh Foyouzat
Deputy Representative, Programmes
UNICEF India

Message   TATA TRUSTS

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

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

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

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

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

Shireen Vakil
Head – Policy and Advocacy
Tata Trusts.

Executive
Summary

Alternative Care is defined as care for children without parental care and for other vulnerable children, who are not under the custody of their biological parents. It includes adoption, foster care, guardianship, residential care and other community-based arrangements for the care for children in need, particularly for children without primary caregivers (UNICEF, 2006). For children without parental care, living in formal or informal settings of Alternative Care (also referred to as children in Out-of-Home Care (OHC), the State is mandated to act as their guardian and to ensure their safety and development through child protection measures, dictated by national and state legislations and policy frameworks. Aftercare is one component of Alternative Care.

In India, the state has committed to protect youth from exploitation and from moral and material abandonment. The Constitution of India, in Article 39 (f), requires the state to direct its policy towards securing that children are given opportunities and facilities to develop in a healthy manner, in conditions of freedom and dignity, such that children and youth are protected against exploitation and against moral and material abandonment.

The Juvenile Justice (Care and Protection of Children) Act, 2015, (JJ Act, 2015), along with the Juvenile Justice (Care and Protection of Children) Model Rules 2016 (or the Rules notified by the State Government as provided for under Section 110(1) of the JJ Act, 2015), along with the Central Government's Child Protection Scheme (CPS, and erstwhile ICPS), also make provisions for services for youth leaving state care, referred to as 'Aftercare'.

Aftercare is defined as "making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society" (Section 2(5), JJ Act, 2015). Section 46, JJ Act, 2015 states that any child leaving a CCI on completion of eighteen years of age may be provided with financial support in order

Children without parental care include those living in child-headed households, foster care, residential care, detention, on the street, as well as those who are trafficked, associated with armed groups, unaccompanied children seeking asylum, or separated from their families as a result of poverty, parental death, disease, disability, discrimination, substance abuse, violence, neglect, abuse, conflict, disaster, or migration.

to facilitate the child's re-integration into the mainstream of society in the manner as may be prescribed. Child Welfare Committees are vested with the function of passing orders for Aftercare of children in need of care and protection (Section 37(2)(ii), JJ Act, 2015. All relevant fundamental principles enshrined in Section 3, JJ Act, 2015 also need to be adhered to, as appropriate, while dealing with the youth in Aftercare.

This report on Aftercare, is based on research on "Current Aftercare Practices" (CAP), with regard to Children in Need of Care and Protection (CNCP), under the JJ Act, 2015, conducted in five states of India, Delhi, Gujarat, Karnataka, Rajasthan and Maharashtra. It is about the status of Aftercare youth, or Care Leavers (CLs), who as wards of the state in the child protection system, while they were below the age of eighteen, were entitled to care, protection, treatment, development, rehabilitation and re-integration by the state – as explicitly stated in the Preamble of the JJ Act, 2015. On attaining the age of majority – i.e. eighteen years, they are now compelled to transition from state care in a Child Care Institution (CCI) to adulthood in the wider community. It is hoped that this study on the nature of this transition from 'care' to 'Aftercare', again as youth who are still wards of the state, will have some relevance for contemporary care leaving policy, law and practice in India.

Launched in 2019, this research, was designed and implemented using uniform research design and tools. The study is based on a sample of 435 CLs and

over 100 key informants, including functionaries working on the ground on child protection in the five states. The study also looks at the promising practices that have been developed over time through Non-Governmental Organisations (NGOs) interventions. Out of the total CLs, 55% were male and 45% female. The age of the CLs was between 17 years to 30 years, with 72% in the age group of 17–21 years. 48% of the CLs were from government institutions and 52% were from NGO run institutions.

The study uses a framework called the **"Sphere of Aftercare"**, prescribing eight essential and interdependent domains that can be used as pathways to support Care Leavers, depending on

their needs and individual situation. The report emphasises the fact that even though Aftercare has been provisioned for within the JJ Act, JJ Rules as well as the ICPS, it has so far not been put to uniform practise, leaving children exiting after 18, almost as no ones' responsibility. The study also looks at the promising practices that have been developed overtime through NGO interventions.

Chapter one of the report gives a comprehensive overview on the subject in hand based on intensive literature review, examining the policy and laws, the budgetary allocations and the different schemes already in place, particularly with respect to youth in the five states as well as some national schemes that can and must be linked with the juvenile justice

system to allow convergence and linkages. Chapter two of the report explains the research objectives, methodology and limitations while chapter three puts together data in the form of the voices of the Care Leavers as well as key informants. Chapter four of the report discusses and concludes the inferences, as is evident from the findings of the previous chapter. Chapter Five attempts to provide a pathway for mainstreaming CLs by suggesting key recommendations to make Aftercare a priority in the country, ensuring care, protection, treatment, development, rehabilitation and re-integration of CLs as provided for under the JJ Act, 2015, if the goal of 'leave no one behind' is to be met.

The key findings and conclusions emerging from the report are as follows:

The report emphasises the fact that even though Aftercare has been provisioned for within the JJ Act, 2015 and the JJ Model Rules, 2016 as well as the ICPS, it has so far not been put to uniform practise, leaving children exiting CCIs, on attaining the age of 18 years, as vulnerable youth who are no-ones' responsibility. Findings from the report clearly show that CLs are placed at a unique disadvantaged situation, due to lack of any preparation for transition from Childrens' Homes as well as the absence of a supportive ecosystem around them once they leave care. Through the picture emerging from data collected in the five states, this report establishes that Aftercare support is much needed and those who did get some form of support, are better placed in terms of adult outcomes; they have better educational attainments, independent living skills and mental health status. The report also brings back the focus on care for children in need of care and protection in CCIs, where planning early for transition and making children prepared for independent life are currently largely missing from the child protection ecosystem.

a. Status of Aftercare

- More than a quarter (27%) of the CLs did not receive any form of Aftercare support.

- 67% CLs were not aware of Aftercare services and other welfare schemes that can be accessed by them.

- Aftercare support even in limited domains translated to better adult outcomes in CLs. The States need to demonstrate their commitment to provide 'care', 'protection', treatment', 'development', 'rehabilitation' and 're-integration' of children being released from CCIs through Aftercare services, and prevent 'moral and material abandonment' of youth, as envisaged in the Constitution of India.

b. Life Experience in CCIs

- Two out of every five children went through multiple placements in CCIs, which adversely affect their education and attachment patterns. 42% CLs were placed in two or more homes during their stay in the CCI.

- 44% CLs were never consulted in their care and rehabilitation planning.

- 30% CLs did not have adult mentors/guidance in their CCIs.

- Only half of all CLs had a satisfactory CCI Life Experience Index score.

- Children who had positive experiences in the CCIs are likely to fare better in most domains of Aftercare, including having better social and interpersonal relations, better career prospects, better skills to sustain independently and are likely to have better Aftercare experience.

- About 37% of CLs had an "unsatisfactory" CCI Skill Index score.

- The CCI Skill Index was strongly correlated to CCI life experience index as well as Aftercare Quality Index, Academic Career Skill Index, Independent Living Index, Social Support and Interpersonal Skills and Financial Index, as they translated into better academic and financial prospects in adult life as well as social adjustment and quality of Aftercare.

c. Housing support during Aftercare

- Less than half of all CLs across states received housing support under Aftercare. Only 61% of all Aftercare receivers received housing support.

- Gender disparity in Aftercare Housing for girls: There are no Aftercare homes for girls, except one each in Delhi and Maharashtra. Further given the concerns of safety and security for girls, the provisioning of group homes is not as common as for boys.

- Aftercare support for non-institutional housing prepared CLs better for independent living.

d. Emotional Wellbeing

- Over 61% CLs faced recurring emotional distress.

- 78% CLs did not seek professional help for emotional distress.

- Transitioning out of care had a negative impact on the Emotional Wellbeing of CLs.

> There is a greater negative impact on the Emotional Wellbeing of female CLs than male CLs. Access to mental health services declines during transition. The number of youth seeking professional help for mental health is extremely low in CLs.

e. Physical Health

- 78% CLs did not have health insurance.

- 23% CLs did not have any caregiving support available during illnesses.

- 13% CLs did not have adequate funds for health care.

- Dealing with prolonged illness and health emergencies is likely to be a challenge for CLs.

f. Education and Vocational Skills

- Across states, half or less of all CLs had not received training in one or more employability related skills in CCIs.

- 40% of all CLs could not complete their schooling. 24 CLs across the five states had not studied beyond primary education.

- One out of five CLs could not continue education as per their wishes in CCI.

- 40% of all CLs could not complete their schooling even at 18 years and 34% dropped out during transitioning.

- The transition of CLs out of care impacted their education in multiple ways, including discontinuation, delays and poor academic performance.

> The present level of educational qualifications and skills acquired by CLs did not match their academic needs and aspirations.

g. Independent Living Skills

- One third of all CLs did not feel empowered since their sense of individual agency had not been developed.

- 49% and 44% CLs did not receive skill training in cooking and household management respectively while in the CCIs.

- Two out of every five CLs required skill training in cooking, household management and disaster management, while for every social skill, more than 40% CLs requested training.

- Acquisition of Independent living skills by CLs in CCI and in Aftercare is low and were impacted by gender and nature of care provided at CCI.

> Receipt of Aftercare services positively impacts acquisition of Independent Living Skills.

h. Social Support and Interpersonal Skills

- Half of the CLs faced inability in maintaining relations with their families and parents.

- Two third of the male CLs reported inability in maintaining romantic relationships and another 23% felt it was not applicable to them. Almost 88% of the female CLs reported inability in maintaining romantic relationships or felt it was not applicable to them.

- Institutionalisation and inadequate training in transitioning out of care have a considerable impact on CLs' Social relationships and their ability to have a support system for themselves.

> Institutionalisation impacts social relationships with the other gender.
>
> The acquisition of social skills is low in institutional life and also during Aftercare.

i. Financial Independence and Career

- 48% of CLs did not have an independent source of earning.

- More females (63%) than males (36%) did not have an independent source of income despite considerable percentage of girls completing class 12th. The trend is similar across states, indicating limited access of young women to work opportunity.

- 93% of the earning CLs were in salaried jobs and 7% are self-employed. About 37% of CLs had an "unsatisfactory" CCI Skill Index score, indicating that CLs gained very minimal skill training during their stay in CCIs.

- The average monthly salary was between Rs. 7,500 and Rs. 8,500.

- One in every five CLs did not have a bank account.

- 58% of CLs had not received any kind of career advice through trainings, one to one counselling. More than 70% CLs, who received Aftercare, had no exposure to career advice.

- 42% of CLs perceived that their career skills were inadequate to achieve their career goals.

- About 37% of CLs had an "unsatisfactory" CCI Skill Index score, indicating that CLs gained very minimal skill training during their stay in CCIs.

> CLs face tremendous pressure to start earning early and becoming financially independent.
>
> There is a significant gender differential in financial independence with young women being much more vulnerable as they find it very challenging to become independent.
>
> CLs had low financial literacy, access to financial services, as well as ability to manage financial crises.
>
> The human and financial investment for Aftercare is inadequate to provide comprehensive Aftercare services to children who exit CCIs. Also states need to review financial planning, allocation and utilization for Aftercare.

j. Identity and Legal Awareness

- 55% of all CLs did not receive any information regarding their legal rights and responsibilities during their stay in the CCIs.

- 33% CLs were not aware of Aftercare provisions.

- 96% CLs had an Aadhar card.

- 40% CLs did not have proof of residence, 64% did not have voter cards and 54% did not have a PAN card.

- 69% of CLs had an unsatisfactory score for the Legal Rights Index.

> The information on legal entitlements and responsibilities as well as the on legal provisions to Aftercare is low among CLs.
>
> Institutionalisation as well as Aftercare did not facilitate CLs to have requisite documents, for domicile, residence proof, and accessing financial services (PAN), except Aadhar and Educational certificate.

k. Aftercare Quality Index

- Only 30% CLs had a satisfactory Aftercare Quality Index Score, indicating that the overall quality of Aftercare is compromised for a huge proportion of CLs.

- Greater proportion of CLs from NGO CCIs (34% CLs) had a satisfactory Aftercare Quality Index than those from Government run CCIs (19% CLs), indicating the childhood experiences impact adult outcomes.

> The receipt of Aftercare support has a positive impact on all the domains of the 'Sphere of Aftercare', namely housing, independent living skills, social skills and interpersonal relationships, financial independence, financial security and access to financial services and physical health.
>
> Gender Disparity exists in domains of Independent living skills, housing, physical health, emotional wellbeing and financial independence, financial security and access to financial services.

> The human resources in CCIs and CPS are inadequate or untrained to take complete responsibility of transition planning, preparation of CLs for transition and implementation of plans, post exiting the CCIs.

The key recommendations from the study have been categorised as follows:

1. **Formulation of a National Policy on Alternative Care in consonance with the continuum of care approach.**

2. **Recognize Care Leavers as a distinct vulnerable category.**

3. **Changes in the Policy and Legislative Framework for Aftercare** such as Youth Policy, Policy on Skill Development and Entrepreneurship, and other national policies pertaining to youth. Revision of the existing JJ Act, 2015 JJ Model Rules, 2016 and CPS, to make Aftercare more comprehensive, is required. The MWCD should introduce a separate format for **Individual Aftercare Plan** (IAP) for every CL.

   a. The JJR should provision for at least one **Single Window Support Centre** for CLs in every district of every state, to function under the existing DCPU. The centre shall be responsible to provide a range of development, settlement and advancement choices to CLs, access to information, referral services and support at the district level, based on the 'Sphere of Aftercare'.

   b. The JJR should also provision for at least one state Aftercare Officer in SCPS and a District Aftercare Officer in every district of every State to head the Single Window Support Centre, as part of the DCPU.

4. **Effective implementation of existing Policy and Law on Aftercare**

   a. Notify State Guidelines on Aftercare.

   b. Increase investment on Aftercare and revise budgetary norms under CPS. The Juvenile Justice Fund should have a dedicated Aftercare Fund at the state level and disbursed to the district to cater to the Aftercare Programme.

   c. Ensuring Support to Care Leavers across all the domains of the 'Sphere of Aftercare' as an essential component of Aftercare to re-integrate CLs into the mainstream of the society.

   d. MIS, Data Collection and Management on Aftercare: The District Child Protection Units and the State Child Protection Society are required by law to maintain databases on Aftercare organizations, as per Rules 85(1)(x) and 84(1)(xviii), JJ Model Rules, 2016. In addition, an obligation should be placed on these bodies to maintain real time consent based database of CLs in their respective districts/states, so that requisite services for these youth may be identified and provided to enable their effective re-integration into the community.

   e. Capacity Building on Transition Planning and Aftercare: Monitoring authorities such as the Inspection Committees, the Child Welfare Committees and the State Commissions for Children need to be sensitized to monitor the implementation of Aftercare services. All child protection functionaries must be trained in transition planning.

   f. Enabling realization of legal rights of CLs: Duty bearers need to be made accountable for performance of their duty under the law given the negative impact that lack of identity documents have on the lives of CLs, as they transition into life within the community. The CLs must be given Aftercare support under the 'Sphere of Aftercare' as per their needs.

5. **Linkages and Convergence** for Aftercare between various Ministries at Union level and Departments at state level, including MWCD, Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, Ministry of Urban Affairs, Ministry of Youth Affairs, Ministry of HRD, Ministry of Skill Development and Entrepreneurship, etc., as well as respective departments at state level

in order to provide integrated services across the 'Sphere of Aftercare'.

6. **Strengthening the Voices of Care Leavers by** developing spaces and platforms, where they can form peer networks and mentoring relationships and become resources to the juvenile justice system.

7. **Evidence Generation and Research on Aftercare:** Investment must be made to generate evidence based research by commissioning periodic research on the effective implementation of the existing policy and law on Aftercare in all states around the country, by the MWCD, NCPCR and the National Institute of Public Cooperation and Child Development (NIPCCD) at the national level as well as by the SCPS and SCPCRs at the state level.

Conclusion: This consolidated report on the seminal research undertaken in the five states across India is the first of its kind, with empirical evidence on Aftercare in India. It is hoped that this endeavour helps to further build on the agenda of making Aftercare - the last leg of Alternative Care for children separated from their families - a priority for the state as well as well as for civil society. India is committed to Aftercare after having ratified the United Nations Convention on the Rights of the Child, 1989 (UNCRC) and also committed to the Sustainable Development Goals of 2030 (SDGs), along with the obligation to implement the JJ Act, 2015. Most importantly, the hopes and dreams shared by CLs are etched against the backdrop of the Constitutional guarantee, to ensure them a life of dignity as well as protection from moral and material abandonment.

Overview of Aftercare

"I experienced different challenges and opportunities on a daily basis and I feel, when someone is under so much pressure, the person will not be able to do it alone and needs support at multiple levels."

19 year old Care Leaver, Maharashtra

1.1 Introduction

Children develop best when they grow in a family, in an atmosphere of happiness, love and understanding. A safe and functional family is the cornerstone for realizing children's rights and ensuring their optimum development. The United Nations Convention on the Rights of Children, (UNCRC) ratified by the Government of India, prescribes for best efforts towards non-separation of children from their parents, unless such separation is necessary and in the best interest of the child (Article 9). Governments are, thus, duty-bound to provide the necessary services, support and facilities to families to enable them to adequately care for children (Article 27). At the same time, it is a reality that families often face external pressures that challenge their ability to appropriately care for children, and sometimes, these can be extreme circumstances such as parental death, disasters (natural/man-made), armed/ internal conflicts and wars, where children are separated from their birth families. Children, deprived of care by birth parents or are at-risk of being separated, are often pushed to growing up in Out-of-Home-Care (OHC) settings, and are referred to as 'looked after' children because their care and protection becomes the responsibility of the state. In all such situations, Alternative Care for children is an umbrella of care and protection present across the world to look after all such children living in OHC settings, which ensures that they are not further exposed to risk and vulnerability of abuse, abandonment, neglect or exploitation. Alternative Care for children is in a way critical to reduce any further risk or vulnerability of the child. Under the Continuum of Care approach, the United Nations Guidelines for the Alternative Care of Children (UNGACC, 2009) lays down two very important principles for care of children, living in any kind of alternative setting; the principle of "necessity" and the principle of "suitability". Even as India has ratified the UNCRC, the absence of gate-keeping, family strengthening programmes and family-like care options have made long-term residential care in Child Care Institutions (CCIs) the only option for OHC children.

For children who grow up in CCIs and continue to stay there till 18 years without being rehabilitated or restored to their families there is a complete absence of an ecosystem to support them post 18 years of age, when they, by law, need to leave the CCI. Aftercare is that phase in the life of a young person who is now a Care Leaver (CL) and has transitioned out of care to start the journey towards independent living. Aftercare is a must to ensure that the young adult has adequate support to be able to become independent and resilient, and not fall back to the same cycle of vulnerability.

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

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

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

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

Aftercare is an important final stage in the Continuum of Care, as it ensures smooth rehabilitation and reintegration of a child in need of care and protection as they step into adulthood. Preparing the youth for rehabilitation and social reintegration after they leave the care is an important area to work in India. However, due to inadequate planning and non-implementation of the Aftercare programme, these children are usually among the **most socially excluded and vulnerable people** in society.

Given the structural framework of the child protection system, children in Alternative Care are required to move out of the care settings to live independently as they attain majority. Most of these

"Orphan" means a child —
  i. who is without biological or adoptive parents or legal guardian; or
  ii. whose legal guardian is not willing to take, or capable of taking care of the child.
(Section 2 (42) of the Juvenile Justice Act, 2015)

children are not ready for independent living. Since they have grown up in an environment of protection and control in the CCIs, they tend to get dependent on the system. In the absence of adequate efforts to prepare them for transition, they need the Continuum of Care in the form of Aftercare services for an extended period, to enable community integration and independent living.

Aftercare is a process of supporting and preparing youth who are transitioning out of Alternative Care on attaining majority, towards independent living and social integration, through provision of a comprehensive set of services across different domains of life. In India, the key instruments governing this are the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act), its Rules of 2016 (JJ Rules) and the Child Protection Scheme, (earlier known as the ICPS), all of which together provide an overarching legal framework for childcare and Aftercare. The policy and laws in India prescribe Aftercare support for 'Children in Need of Care and Protection' (CNCP) in Alternative Care settings as well as for 'Children in Conflict with Law' (CCL). Robust Aftercare programmes are necessary for CNCP, who require further assistance for completion of the process of rehabilitation from institutional care or attainment of self-sufficiency on their release from the CCIs. India has a long way to go to bring care reforms for OHC children, the success of which depends on the

four enabling conditions of change identified by an England-based organisation, Hope and Homes for Children (HHC). Their theory of change highlights four crucial components: Political will; Evidence & Know-how; Civil Society Participation and the last and the most important, Resources (funding).

1.2 The Transition: From Childcare to Aftercare

Gradual and supported transition out of Alternative Care settings is the key to ensure that young adults "aging out" of the system prosper in their lives as they move forward (Modi, Anbalagan, Shroff, & Singhal, 2018). This transition from living in a protective care facility of a CCI to independent living often brings a host of difficulties, due to the absence of a pivotal family-like ecosystem, minimal community integration, and limited ownership of essential resources at the care setting.

The transition to Aftercare demands youth to have emotional stability, functional skills and financial independence but for most youth, who have spent considerable time in the CCIs, all of these remain a challenge. Growing up in a CCI adversely impacts the developmental growth of children, as a result of which, at the age of 18, these CLs begin adulthood with multiple disadvantages. A lack of positive adult interaction, from consistent carers, limits their ability to develop personal confidence and key social skills (Modi, Nayar-Akhtar, Ariely, & Gupta, 2016). Children from CCIs often suffer from "structural neglect", which may include minimum physical resources, unfavourable and unstable staffing patterns, and social and emotional inadequacies in caregiver-child interactions (Naumova et al., 2019).

There is also definitive research that shows that the basic tenets of education are compromised in the CCIs. Children in Alternative Care face frequent changes in placements in schools, resulting also in disrupted relationships with teachers and peers. The ruptured education and relationships have an impact on students' educational progress and related developmental outcomes (Legal Center for Foster Care and Education, 2008). Further research also reiterates that in the long run, poor academic performance often leads to negative long-term outcomes, such as unemployment or low wages, making it difficult for young people to earn a decent livelihood (Torrico, 2010).

Inadequate social and life skills, low educational achievements, higher risk of physical and mental health concerns, and the increased risk of social issues including homelessness, substance abuse, conflicts with law, abuse and violence, teenage pregnancy, social exclusion, incarceration, and self-harm and suicide, all effectively slow down or often deny youth their full settlement in life (Kalinowski, 2015; Montgomery, Donkoh, & Underhill, 2006).

The inadequacy of skills coupled with absence of family and limited social integration often adds to a host of difficulties in the transition from living in a protective care facility to independent living. Some of these life skills include locating and accessing safe and stable housing, building strong and positive relationships with members of their social networks, being able to manage crisis and stress, and pursuing higher education or acquiring meaningful vocational skills towards steady and lucrative employment (Fryar, Jordan, & DeVooght, 2017).

While the studies referenced above have stressed on housing, physical health, and education as, being challenging areas for CLs, another area of significance reiterated in literature includes mental health. Given that many young adults raised in Alternative Care have experienced trauma during their childhood, (Sridharan, Bensley, Huh, & Nacharaju, 2017), and continue to do so in adulthood, support in the forms of free counselling, guidance, interventional support, psychological assessment services and crisis management support from designated mental health professionals have been recognised as vital to successful transitions. Mental health projects like Berry Street's 'Stand By Me' suggest that trauma must be addressed by improving access to mental health support systems and by providing CLs with opportunities to maintain links with OHC support, in order to reduce the possibility of further stress and disrupted attachments (Meade & Mendes, 2014).

Youth need constant guidance in developing life skills, knowledge about their legal rights and

responsibilities, and training on how they can nurture their own personal development, through self-care and pro-social behaviour (Human Service Community Service, 2010). The transition period can be an enabling one (Akister, Owens, & Goodyer, 2010), marked by distinct needs of the youth, which needs to be supported, guided and counselled, so that they are able to realise their full potential. In the absence of these inputs by care providers and a lack of understanding of the difficulties faced by young people, they run a risk of losing opportunities available to them. Each child/youth in and from care has had unique life experiences. Hence, treatments and interventions must be tailor-made rather than adopting the 'one approach fits all' principle. Listening to the needs of the youth and developing interventions along with their inputs may have successful outcomes (Doucet, 2018).

Aftercare support is thus meant to address the challenges faced by youth CLs while also enabling them to identify their latent talents and explore opportunities available to them. The role of a well-designed Aftercare programme is to also ensure sustained delivery of key rehabilitative services required by youth emerging out of care systems, as well as hand-holding them until they learn to cope on their own. The level of investment made for young people leaving care in terms of housing, finance and personal support, which are all very important in promoting resilience, along with the quality of resource relationships, are markers in making transitions successful (Stein, 2006). Aftercare is, thus, an important final stage in the Continuum of Care, as it ensures smooth rehabilitation and reintegration of CNCP and CCL as they step into adulthood.

1.3 Policy and Legal Framework for Aftercare

1.3.1 International Framework
The UNGACC provides comprehensive guidance on minimum standards for Aftercare services, including a specific section dedicated to 'Support for Aftercare' (paras 131 to 136).

1.3.2 National Policy Framework
The Constitution of India and various laws and policies laid down over the years have reiterated the Government's commitment to safeguard the rights of children. The National Policy for Children, 2013 (NPC) reiterates its commitment to safeguard, inform, include, support and empower all children within its territory and jurisdiction, both as an individual as well as a national asset.

The NPC refers to "Child Protection" as one of its priorities and recognizes vulnerable categories of children who need intervention. However, the national policy does not explicitly recognize the vulnerabilities of children leaving CCIs and the need for Aftercare. The only reference to Aftercare is in the context of preventing HIV infections at birth and ensuring that infected children receive "Aftercare". To link the policy objectives to actionable programmes, the National Plan of Action (NPA) was formulated in 2016. In the context of children in institutions, the NPA prioritizes "providing adequate and appropriate infrastructure and ensure safety and security of children in all residential care facilities established under domestic laws". However, the NPA also did not make any specific reference to children leaving institutions on attaining majority.

While the right to protection of children is cross-cutting across all domains of life and codified rights, its recognition is not evident in overall policies. Policies across sectors do not explicitly recognize vulnerabilities of children in institutional care and the need for Aftercare, with lack of provisions specifically for them. Aftercare is provisioned for only under the child protection system, which includes the JJ Act, the JJ Rules and the ICPS. Having said that, the broader policy framework does provide for multiple resources and services that these children/youth, transitioning out of care, can access and utilize for better settlement as adults.

The National Policy for Youth 2014 is specifically designed to refer to the priorities for youth in the age-group of 15-29 years. The policy recognises that "there are a number of youth at-risk and marginalised youth, who require special attention in order to ensure that they can access and benefit from the Government programmes". It also

> **UN Guidelines on Alternative Care, 2009 (paragraphs 131 to 136).**
> - Agencies and facilities should have a clear policy and should carry out agreed procedures relating to the planned and unplanned conclusion of their work with children to ensure appropriate Aftercare and/or follow-up. Throughout the period of care, they should systematically aim at preparing children to assume self-reliance and to integrate fully in the community, notably through the acquisition of social and life skills, which are fostered by participation in the life of the local community.
> - The process of transition from care to Aftercare should take into consideration children's gender, age, maturity and particular circumstances and include counselling and support, notably to avoid exploitation. Children leaving care should be encouraged to take part in the planning of aftercare life. Children with special needs, such as disabilities, should benefit from an appropriate support system, ensuring, inter alia, avoidance of unnecessary institutionalization. Both the public and the private sectors should be encouraged, including through incentives, to employ children from different care services, particularly children with special needs.
> - Special efforts should be made to allocate to each child, whenever possible, a specialized person who can facilitate their independence when leaving care.
> - Aftercare should be prepared as early as possible in the placement and, in any case, well before the child leaves the care setting.
> - Ongoing educational and vocational training opportunities should be imparted as part of life skills education to young people leaving care in order to help them to become financially independent and generate their own income.
> - Access to social, legal and health services, together with appropriate financial support, should also be provided to young people leaving care and during Aftercare.

recognizes "Youth in institutional care, orphanages, correctional homes and prisons" as a vulnerable group but does not address the needs of the CLs particularly.

The National Policy for Skill Development and Entrepreneurship 2015 aims to meet the challenge of skilling at scale with speed, standard (quality) and sustainability, and provide an umbrella framework to skill development. The core objective of the policy is to empower individuals by enabling them to realize their full potential through a process of lifelong learning. The skill development policy is critical to vulnerable youth including CLs, as it provides them with an option of using the skill pathway for employability and yet continue their formal education. The policy provides for opportunities to integrate skills and education in the career.

Further, the canvas of the policy in India has a set of well-designed schemes for social protection. There are schemes that provide subsidies and scholarships for higher education, insurance *(PM Jeevan Jyoti Yojana)*, and accident insurance *(PM Suraksha Bima Yojana)*, all of which can be accessed by the CLs. There are policy changes required in schemes like National Health protection scheme ***Pradhan Mantri Jan Arogya Yojana*** (PM-JAY) or *Ayushman Bharat* for

access to health care, as the eligibility criteria of the scheme is based on the income level of the family and thereby excludes the CLs from its benefits.

1.3.3 Child Protection Framework and Aftercare

Juvenile Justice (Care and Protection of Children) Act, 2015: The erstwhile JJ Act did not define the term 'Aftercare' though it empowered State Governments to establish or recognize "Aftercare Organisations" (ACOs) and develop a scheme of Aftercare programme that provides services for a restricted period of three years.

The JJ Act, 2015 is more explicit in defining and provisioning for Aftercare. According to Section 2(5), "Aftercare" means 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 society. Further, section 46 mandates the state to provide financial support to children leaving a CCI on completion of eighteen years of age in order to facilitate child's re-integration into the mainstream of society.

The procedures and processes are further defined in the JJ Rules which are more operational in nature. This section gives a brief overview of the JJ Rules as well as JJ Rules of Maharashtra notified in January 2018. The States of Rajasthan, Karnataka, Delhi and Gujarat have yet to notify the State Rules and hence the JJ Rules apply in these states.

JJ Model Rules further details provisions for Aftercare of Children Leaving Institutional Care: Rule 25 mandates the State Governments to prepare an Aftercare programme for provisioning of education, employable skills, placement and housing for children, who have to leave CCIs on attaining eighteen years of age.

Child Protection Machinery and Roles: The Child Welfare Committees (CWC), Juvenile Justice Boards (JJB), or the Children's Courts can order Aftercare till the age of twenty-one years or if required, till twenty-three years of age. They are also mandated to review effectiveness of the Aftercare and monitor the progress of every child and youth. The CWC is also responsible for maintenance of records. The State Child Protection Society (SCPS) is responsible to develop programmes for Aftercare and maintain database of ACOs. The District Child Protection Unit (DCPU) develops Aftercare-related database at the district level to share with SCPS, and CWC implements the Aftercare programme by identifying organizations for providing the Aftercare services and maintains a database of organizations willing to provide the same.

The Probation Officer, the Child Welfare Officer, Case Worker or Social Worker are supposed to prepare a post-release plan and submit the same to the Board or the Committee, two months before the release of the child.

Planning for Transition and Rehabilitation: The Section 39(1) of the JJ Act, 2015 refers to the "Individual Care Plan" (ICP) as the basis of the rehabilitation and social integration of any child who is being released from an institution, irrespective of their age. The Rule 19(4) of the JJ Rules empowers the CWC to give directions to develop the ICP, which includes suitable rehabilitation plans.

The ICP is defined in the JJ Rules and includes components of release and restoration, follow-up and social mainstreaming. The ICP has a component on pre-release planning (15 days before release) that includes the rehabilitation and restoration plan of the child. It also has a post-release plan but focussed on restoration to families. The ICP refers to the "plan" but does not define the process followed to achieve the plans so made. All provisions for release and rehabilitation are applicable for all age groups and there is no specific reference for transition planning and rehabilitation for youth leaving the CCI on attaining majority. The only reference to release of children at the age of 18 years from the CCI is in Rule 39 that defines the role of the Management Committee in planning, pre-release preparation, release, post-release and follow up for a period of two years in collaboration with Aftercare services.

The JJ Rules also refer to the Rehabilitation and Placement Officer (RPO) who is responsible to develop a Rehabilitation Card (Rule 17(vi)) that shall be used to monitor the ICP.

Funds: Youth, who are placed in the Aftercare programme, are provided funds for their essential needs by the State Government through direct bank transfer to their accounts.

Services: The services provided under the Aftercare programme (as provided by ICPS and Model JJ Rules) may include:

i. community group housing on a temporary basis for groups of six to eight persons;

ii. provision of stipend during vocational training or scholarships for higher education and support till the person gets employment;

iii. arrangements for skill training and placement through National Skill Development Programme, Indian Institute for Skill Training and other programmes;

iv. provision of a counsellor to stay in contact to discuss their rehabilitation plans;

v. provision of creative outlets for channelizing their energy and to tide over the crisis periods in their lives;

vi. encourage young adults to learn a vocation/gain employment to contribute towards the rent as well as the running of the home;

vii. arrangement of loans and subsidies for those aspiring to set up entrepreneurial activities;

viii. provide for a peer counsellor for regular interaction with these groups to discuss their plans and offer them opportunities for creative outlets for channelizing their energies;

ix. encouragement to sustain themselves without state or institutional support and move out of the group home to stay in a place of their own, after saving a sufficient amount.

Rule 83(4) allows the Juvenile Justice Fund to be used for providing lump-sum subsistence support to CLs. It can also be used for providing Aftercare facilities and entrepreneurship funds to CLs for starting up small businesses to support reintegration into mainstream life.

The Maharashtra JJ Rules, 2018 expand on the Model JJ Rules of 2016, and categorizes Aftercare support into housing support and other support. The services provided under the Aftercare program through a group approach may include:

- Aftercare home;

- Community group housing or group home on a temporary basis for groups of six to eight persons;

Erstwhile Integrated Child Protection Scheme (ICPS), now CPS

The Integrated Child Protection Scheme (ICPS) that was notified in 2009 and revised in 2014 is the vehicle for financing and implementation of the JJ Act. The scheme outlines the criteria for selection of ACOs and delivery of Aftercare services. Aftercare is rudimentarily funded under the scheme, provisioning a meagre Rs.2000 per person per month to the youth leaving institutions, through the ACO.

While providing for the Minimum Standards of Care in Annexure XIV, the CPS illustrates the need for rehabilitation and social reintegration of a child/ juvenile to be carried at the earliest, based on individual social history.

Under the ICPS, the budgetary support that states can seek for Aftercare programmes is:

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

The CPS allocation of budget to a state, based on the number of districts, is not a very robust estimate. Similarly, population may not be a sound parameter to ascertain vulnerability of children or the number of children in CCIs. Each state should evolve a system where there is strong record-keeping of children in CCIs and those who exit CCIs, which can become a strong tool of estimation of budgetary requirements.

Whilst policy and law clearly recognize the need for Aftercare through a range of services, the lack of systematic preparation for Aftercare, the paucity of resources and very few ACOs across districts result in a situation where very few of these services actually reach CLs. Different functionaries within the JJ system lack a nuanced understanding of Aftercare, leading to inadequate implementation.

1.3.4 The Situation of Aftercare in the Five States of India
Status of Childcare Services

This section explains the situation of children and Aftercare youth in the five states where the Current Aftercare Practice (CAP) study was conducted. The CAP study aims to build empirical evidence in India that can influence the practice of Aftercare and improve outcomes of CLs. The five states analysed are the National Capital Territory of Delhi, and the states of Gujarat, Karnataka, Maharashtra and Rajasthan.

The pace and nature of roll out of ICPS after 2009 has been different across these five geographies in India. At the time of the CAP research, all these five states had functional SCPS, CWCs and DCPUs across most districts. Rajasthan has been a little unique in terms of evolving a governance structure in child rights and child protection, which directly has an impact on Aftercare. It is the only state covered in the study that has a separate Department of Child Rights since 2013 and has set up the "Rajasthan State Child Resource Centre" (CRC) in collaboration with Harish Chandra Mathur, Rajasthan State Institute of Public Administration (HCM – RIPA) in 2016. Gujarat also shows greater emphasis on child protection with the Gujarat State Child Protection

Society (GSCPS) being set up as an independent autonomous body, spearheading implementation of child protection work in the state. Karnataka, Delhi and Maharashtra have their SCPS bodies, located within the Department of Women and Child Development (DWCD).

In the context of the data of vulnerable children and institutional services available, this study refers to the findings of the Jena Committee Report (Government of India, 2018). The Honourable Supreme Court of India, vide order dated, February 7, 2013 in Writ Petition (CRL) No. 102 of 2007 in the matter of EXPLOI. OF CHILN. INJ ORPH IN ST. OF TN V/s Union of India & Others, directed that all CCIs be registered under various provisions of the Juvenile Justice (Care and Protection of children) Act, 2000, and directed that the Government of India to undertake a mapping exercise of all CCIs in

the country. This was to ensure that CCIs/Homes thereby fall under the mandate of the legislation and ensure the standards of care detailed therein.

The Government of India undertook the task of Mapping and Review of CCIs under the JJ Act & other homes in all the districts of the country. The National Mapping Exercise involved visits to all the CCIs/Homes in every district across the country during 2016 and collected information on their legal status as well as standards of care, and also ascertained whether children residing in Swadhar and Ujjawala Homes were being connected with the JJ system for care and protection. The overall objective was to create a detailed fact sheet and database of CCIs/Homes in the country providing a long-term or residential care for vulnerable children. The data of vulnerable children in the five research states is reflected in the table below.

CNCP Children and CCIs in the Five States	Maharashtra	Karnataka	Rajasthan	Gujarat	Delhi
Total Number of CNCP in CCIs	57,022	30,112	5,248	4,746	3,816
Total Number of CCIs	1,284	911	277	169	125
Total CCIs where children leaving at 18 are entitled to Aftercare (Registered CCIs and those who have applied under JJ Act)	919	374	146	131	92
CCIs that fall out of the JJ Act and hence children not entitled to Aftercare support	365	537	131	38	33

(Data from Jena Committee Report)

While it is mandatory for all CCIs to be registered under the JJ Act, the mapping by the Government (table above) shows that there are large numbers of CCIs across the five states, which are not falling under the ambit of the JJ Act and Rules and hence children coming out of these CCIs are not even entitled to Aftercare as mandated in the law. It is imperative that CCIs, that are not registered or are registered under any other law of the land, must get themselves registered under the JJ Act, so that children exiting from them can be included in the ambit of Aftercare.

The Jena Committee report has also found that a large number of children of single parents were residing in the CCIs/Homes; more than double the

number of orphan, abandoned and surrendered children, the latter of whom included children who were orphans, abandoned, surrendered, sexually abused, victims of child pornography and child marriage, trafficked, homeless, mentally challenged etc. This clearly indicates the need for family strengthening and gatekeeping measures to prevent unnecessary entry of children into institutions.

While the Jena Committee report has been instrumental in bringing forth data points that were never explored and that need to be built upon, it does not provide relevant information on the Continuum of Care in the context of Aftercare.

Existing Aftercare Services across the study area

While the above sections refer to the overall Aftercare Policy framework and existing institutional services, the section below briefly describes the state wise Aftercare facilities:

Aftercare Facilities in the Study Area				
Research States	Districts	Number of Aftercare Homes	Sex wise distribution of Aftercare Homes	Aftercare Services
Delhi	11	Two	One for boys and one for girls.	
Gujarat	33	Two	One for girls in Baroda and one for boys in Rajkot.	Gujarat has a District Aftercare Committee formulated by the GSCPS. The committee decides on the voluntary and Governmental organizations providing Aftercare services. The committee has 4-5 members including the District Child Protection Officer (DCPO) as Chairman, Program Officer-Non-Institutional Care and Program Officer-Institutional Care and one CWC member. A Public Private Partnership (PPP) model, *Semaj Suraksha Sankul,* has been instituted, in partnership with Deepak Foundation in Vadodara that provides Aftercare in the same facility.
Karnataka	30	Three	One Aftercare home in Belgaum, two Aftercare units attached to Government Children's Homes for boys and a Children's Home for mentally challenged boys at Bengaluru.	Financial support allocated by DWCD to pursue sports. Also, Rs. 50 lakhs for skill training in Aftercare, but this has reportedly not been utilized as yet.
Maharashtra	36	Seven Amravati, Aurangabad, Kolhapur, Mumbai, Nagpur, Nashik and Pune	Six for boys and one for girls.	With a rich history on Aftercare, there are Aftercare Associations at state and district levels, but of late are not functioning actively.
Rajasthan	33	None	The state does not support institutional housing though there are hostels where CLs can be given temporary accommodation. Female CLs are sent to "Nari Niketan", shelter home for women in distress.	The Mukhya Mantri Hunar Vikas Yojana (MMHVY) has been extended to youth coming out of CCIs to cover them under the state's skills development scheme. The Chief Minister's budget for 2018-2019 had a provision for support of Rs. 1 lakh for CLs.

The concept of Aftercare exists in many states since long but little has been documented to show the evolution of the practices across states, except in Maharashtra that clearly has a well-documented historical perspective.

Enabling Policies for Aftercare across the five states

The provision of Aftercare in the present policy and law has many limitations. In most aspects of Aftercare, there are schemes provisioned for youth if not for CLs specifically. This section provides an overview of both specific schemes for vulnerable children as well as schemes for skill development, employment generation, entrepreneurship, scholarships, housing and health that can be accessed by the CLs.

Existing Schemes for Vulnerable Children including Sponsorship/Kinship Care, Foster Care and Aftercare

Bal Sangopan Yojana in Maharashtra	It provides for a substitute family care arrangement for a temporary period to children up to 18 years, whose parents are not able to take care of them due to several reasons, including illness, death, separation or desertion of one parent or any other such crisis. A grant of Rs. 425 per child per month is given by the Government to the family/ foster parent(s) apart from Rs. 75 to the implementing NGO to meet administrative expenses.
Palanhaar Yojana in Rajasthan	The scheme is a conditional cash transfer scheme for vulnerable children to remain in family/kinship care. The scheme supports orphans, children of widows/legally remarried widows, children of parents with HIV/AIDS or leprosy, children whose mothers are in a nata (custom in Rajasthan, wherein a widow can live with another man without a legal marriage). There are income criteria as well as conditions, wherein children should receive education and care through school or anganwadi respectively.
Palak Mata Pita Yojana (PMPY) in Gujarat	It is a scheme for orphan children and for children whose father has passed away and mother has remarried. Guardians get a monthly support of Rs 3,000 per annum for essential services. There is income eligibility and conditions that children should receive education and care through school or anganwadi respectively.
Other Schemes	Several schemes exist such as the Pahal Yojna, which is an award scheme for dissuading violation of child rights. The Protsahan Yojana promotes corporates to work with CCIs in the state and strengthen Government run CCIs.

Education and Skill Development

The introduction of the National Skill Development Policy in India does provide vulnerable youth access and opportunity to become financially self-reliant. Though skills are not an alternative to education and may have limitations in long-term career growth, the skill development policy in India provides avenues of lateral and vertical movement between skill development and education, which definitely provides CLs with more flexible choices.

Reservation in higher education and jobs: Maharashtra and Rajasthan both have the provision of reservation for youth, who as children have lived in CCIs and are orphans. The State of Maharashtra has set a precedence in this context by providing Horizontal/Parallel Reservation to Orphan Children to the tune of one percent from Open Category Quota through the Government Resolution No. OCC-2011/C. No. 212/D-3 Women and Child Development Department, dated April 2, 2018, in educational institutions and Government jobs for orphan candidates. It is applicable to those who have an orphan certificate issued by the WCDD. The Rajasthan Legal Aid Services Authorities, on the other hand, has issued a notification that orphans living in CCIs will be considered as Other Backward Class and can claim related reservation. The Rajasthan Skill and Livelihood Development Corporation considers children exiting from CCIs as special category.

The ***Pradhan Mantri Kaushal Vikas Yojana*** **(PMKVY)** of the Ministry of Skill Development & Entrepreneurship (MSDE) provides Skill Certification through industry-relevant skill training. Apart from providing training, according to the National Skills Qualification Framework (NSQF), it also provides recognition of prior learning with the aim to align the competencies of the unregulated workforce of the country to the NSQF.

Maharashtra has ***Pramod Mahajan Kaushlyava Udyojkta Vikas Abhiyan*** **(PMKUVA)** to achieve the goal of 'Skilled Maharashtra, Employable Maharashtra' for youth in the age group of 15-45 years.

Rajasthan has provisioned specifically for skill development of children leaving CCIs through the MMHVY. It intends to streamline Aftercare services in the state and facilitates social re-integration of children (above 17 years of age) by making them self-reliant. The scheme provides vocational, technical, higher education and skill development facilities to children, who are in need of care and protection and

also to the beneficiaries of the *Palanhar* Scheme. There are also schemes that provide for financial support/ scholarship or subsidy for education across states that can be used by the CLs. Since many of these refer to income criteria of family, CLs should be included as a separate group in each of these.

Employment and Entrepreneur Support Schemes

Employment is another significant aspect of Aftercare. In this context, there are schemes at the national and state levels that can be accessed by CLs. The **Prime Minister Employment Generation Programme (PMEGP),** implemented by the Khadi and Village Industries Commission (KVIC), provides assistance to individuals above 18 years, with minimum education till VIII standard for projects, costing above Rs.10 lakhs in the manufacturing sector and above Rs. 5 lakhs in the business/service sector. Delhi has a similar scheme named *Rajiv Gandhi Swavlamban Rojgar Yojna* (RGSRY). *Jeevan Adhara* in Karnataka and **Seed Money Scheme** in Maharashtra are other important schemes.

Housing Schemes

There are schemes that support housing including Government women's hostels, women shelter homes, protective homes, state homes, and *Swadhar* homes. There are also hostels primarily meant for working women (single, widowed, divorced, separated, married but with family not in vicinity). *Pradhan Mantri Awas Yojana* and urban initiatives on housing could also be integrated with Aftercare services.

Health and Insurance Schemes

National Health Protection Scheme: Launched in 2018, the *Pradhan Mantri Jan Arogya Yojana* **(PMJAY)** will provide a **cover of up to Rs. 5 lakhs per family per year, for secondary and tertiary care hospitalization.** The scheme intends to reduce out-of-pocket hospitalisation expenses, fulfil unmet needs and improve access to quality in-patient care and day care surgeries. However, since it considers family as a unit, it does not recognize CLs as a group and this is a measure of advocacy that needs to be undertaken. There are similar state schemes that can be used effectively.

Conclusion: There is a clear need of widening the scope of Aftercare in India through more robust provisions for Aftercare and through increased budgetary allocations. The schemes as referred above should be seen as an opportunity and integrated with Aftercare delivery. The first prerequisite for such integration is ensuring the increased awareness and exposure to CLs about such opportunities that can be availed by them, and prepare them with documents and enough procedural understanding for accessing such services. Secondly, from a policy perspective, children living in CCIs and youth leaving CCIs should be recognized separately for their unique circumstances. **Most schemes consider family as a unit and the eligibility norms refer to family income as a criterion that cannot be applied to CLs.** Hence recognition of their vulnerability as a

separate group with requisite norms could go a long way in benefitting the CLs.

The transition from protected living as a child in a CCI to independent living as an adult requires substantial support in the form of Aftercare to enable self-reliance. Aftercare as a vital component of the Continuum of Care is crucial for the CLs to realise their true potential and become contributing members of society. There is a need for collaborative and coordinated efforts between different stakeholders to ensure no CL is left behind. This study is an attempt to capture the situation of CLs and Aftercare approaches, as they exist, to highlight the gaps in policy, law and practice on Aftercare, and suggest a workable pathway forward.

Research Methodology

"I did not have anyone to say 'I am proud of you' when I finished my Masters, I did not have anyone in the crowd to clap for me. Even though our aspirations are high, the support for us is very low."

18 year old Care Leaver, Karnataka

Children exiting from CCIs, on attaining adulthood, need extended support in the form of Aftercare. The present ecosystem of Aftercare practices, thus, becomes crucial to develop an understanding of their situation, and to develop strategies to support youth leaving care. To this end, the research has been conceptualized to study the CAP in the States of Delhi, Gujarat, Karnataka, Maharashtra and Rajasthan. This chapter describes the objectives of the research and explains the research methodology in detail with requisite details of the research design, the sample and modes of qualitative and quantitative analysis. The chapter also provides a brief insight into the limitations faced by the research team.

2.1 Rationale of the Research

Child protection has existed as a concept in policy but it was neither implemented in its true spirit nor did it have the requisite investment till 2009, when the ICPS was introduced. In the last one decade, there has been a visible movement in amending legislations, investing resources and strengthening of the implementation of laws and policies. It can be acknowledged that child protection is still a nascent concept in the country and Aftercare is still emerging to be recognized.

Aftercare is provisioned for within the JJ Act, JJ Rules as well as the ICPS, but it has been interpreted and practised differently across states and has remained limited to a very small proportion of children leaving institutions. Given this background, the evolution of the concept needs greater knowledge and understanding of the needs of the CLs across the canvas. There is also a body of practice that has been developed overtime through NGO interventions and from learnings, emerging from the Government's Aftercare initiatives. The research is an attempt to go deeper to systematically present the challenges of the young CLs as well as solutions and suggestions that can improve their chances of a fulfilling and rewarding future.

There is a plethora of studies across the globe referred to in the first chapter to show the challenges of children in institutions, the struggles of

transition to independent life and its impact on CLs. However, one cannot find empirical evidence in the country that can be generalized to the population of children transitioning from institutions. There are only a few stand-alone studies from districts, states and facilities, and most of them qualitative in nature. Also, most studies do not probe Aftercare in all its perspectives. This research brings a much bigger universe of CLs and stakeholders together, and generates both qualitative and quantitative evidence on different aspects of Aftercare, which is a prerequisite for further planning of programmes, interventions as well as policies in the states.

The present study, therefore, has been conceived keeping in view three inter-related dynamics, namely, the critically important nature of Aftercare services for rehabilitation of CLs, the inadequate availability of Aftercare infrastructure and support in the states, and the near total absence of empirical data regarding the nature of challenges and opportunities, faced by young adults in need of Aftercare support. As one delves deep into these issues, it is a daunting task to answer many questions with regards to the nature of Aftercare support and the status of CLs in the state. What happens when a child leaves a CCI on attaining 18 years of age without any support? How do they meet their needs? How does the system find out whether they are settled or not? What are the challenges and risks they face? Are young adults resilient enough to counter critical situations of life? What kind of services are needed for them to reintegrate adequately in the society? What are the budgetary allocations necessary to achieve positive outcomes for this population?

Initiation of the Research

Udayan Care initiated its Aftercare programme way back in 1998 and set up two Aftercare facilities, along with supporting accommodation, mentorship, counselling, educational and career guidance, internships and employment for children, who exit Udayan Care homes (Udayan *Ghars*). Recognizing the need of both, better provisions of Aftercare as well as expediting state investment in this regard, Udayan Care convened the first consultation on the subject in 2009, and continues the discourse over the years through conferences, seminars and publications.

As the first step for this CAP study, Udayan Care conducted a pilot research in Delhi through 47 CLs interviews and 13 Key Informant Interviews (KIIs), to explore the status and quality of Aftercare services in Delhi. The report titled **"The Situation of Aftercare Youth in Delhi, 2018"** has been concluded with the support of Delhi Commission for the Protection of Child Rights (DCPCR). After reviewing and strengthening the tools with the support of UNICEF, Tata Trusts and Shri Deep Kalra, this research was conducted in Maharashtra, Karnataka, Gujarat, Rajasthan and the second phase in Delhi, by five separate teams. It is emphasized that with respect to Delhi, the pilot study data has not been included in the five state study report. A second round of data collection and analysis was done in Delhi, this time with 53 respondents, using the revised tools that were applied in the other four states. Throughout the project, the UNICEF State Chapters in all the four states have remained closely involved as partners, supporting the field research teams to gain access to the Government systems, providing technical guidance on the research methodology as well as helping to improve the draft reports for the state-specific contexts.

2.2 Objectives of the Research

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

1. Establish the relationship between life in CCIs and nature of challenges and opportunities faced by CLs.

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

3. Understand and document emerging and promising Aftercare interventions.

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

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

2.3 Research Methodology

The present study follows a mixed method approach with descriptive research design which uses both the quantitative and qualitative methods of inquiry in tandem. The study uses a diverse set of tools for data collation with an interwoven mechanism of triangulation for better understanding of the lives of the CLs and the views of the stakeholders engaged in Aftercare.

2.3.1 Universe and Sample of the Study

The universe of the CAP study includes CNCP who had attained the age of 18 years and had exited a Children's Home in the States of Delhi, Gujarat, Karnataka, Maharashtra and Rajasthan. The study also includes a small proportion of CLs who had initiated exit a little before 18 years.

The study by design does not include CCL nor children with disabilities, because it operates within the UNGACC definition of Alternative Care. Similarly, issues of persons with disability could not be included because of the completely different approach needed to study this cohort.
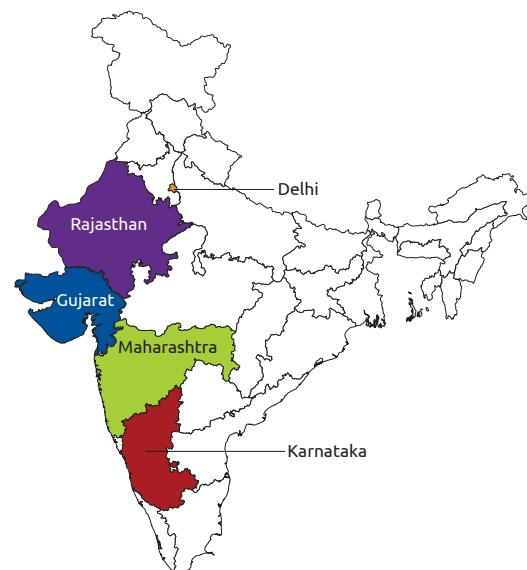
Sample

A total of 435 CL respondents were reached out to by adopting a stratified convenience sampling method for conducting the interviews, based on their age, sex and CCI type (Government or NGO). Selection of respondents was done based on their availability and convenience whereby those who were available were approached to be interviewed first. The necessary criteria for the selection of respondents were that each respondent must have grown up in a CCI and must be older than 18 years of age.

Even though an effort was made to include an equal number of CLs who did and did not receive Aftercare, to allow for quantitative comparisons between the two, this was not possible. Those who did not receive Aftercare were just not traceable and only a handful could be approached. Despite the state teams' best efforts, it was found impossible to track and reach out to the youth who did not receive Aftercare, reinforcing the belief that if unsupported, they are most likely to have not made a success of their lives and have become "lost and forgotten".

The process of selection of respondents involved the following steps:

- **Step 1:** The research team approached Government and non-governmental organisations engaged in Aftercare and childcare services, as well as the local DCPU and CWC members, for obtaining names and contact details of young adults who fulfil the criteria noted above.

- **Step 2:** The details so obtained were used for selecting the respondents using a stratified convenience sampling method. Respondents were stratified based on their age (18-21 years,

22-25 years, and 26 years and above), their sex/gender and the type of CCI they had lived in (Government or NGO CCI). Proportionate representation was sought wherever possible; however, interviews were conducted depending on the respondents' availability and convenience.

2.3.2 Operational Definitions and Thematic Framework of the Research

Operational Definitions

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

Care Leaver	Care Leaver refers to the youth, who have transitioned out of care, on attaining 18 years of age after having lived in a state or NGO-run CCI.
Aftercare Receivers	Aftercare receivers refers to those CLs who have received at least one or more Aftercare service or support from the State Government or NGO-run Aftercare Programme.
Key Informants	The Key Informants, who were interviewed for this study include: ◆ Representatives of various CCIs (Governmental and non-governmental), Aftercare providers/program managers, and social workers. ◆ Practitioners, experts, policy-makers, activists and scholars in Child Protection. ◆ State Officials: Representatives of Department of Social Justice & Empowerment (SJE) and Department of Women and Child Development (DWCD), Juvenile Justice (JJ) functionaries including CWCs and JJBs, ICPS functionaries including DCPOs and State Child Protection Officers (SCPOs), District Women and Child Development Officers (DWCDO), Child Welfare Officers, Probation Officers, Social Workers, and Case Workers.
Transition Planning	Transition planning for children living in CCIs refers to the process of planning to equip children for future independent living after leaving CCIs at the age of 18 years and entails: 1. Providing children with pathways to acquiring education, life skills, independent living skills, and social skills to equip them for independent living. 2. Empowering them to be mentally and emotionally stable and confident for the transition and enabling them to access a support system. 3. Enabling them to acquire all legal, identity, domicile, caste, etc. related documentation, along with information of their rights and entitlements, so that they can access available schemes and facilities including Aftercare support. 4. The transition plan is a set of short-term actions towards independent living and community integration of CLs in the long term. It is always carried out with children's participation so that their interest, talents and life choices are included, and children have ownership of their planning pathway to life.
Supported Housing	Supported housing refers to the housing facility provided to the CL as an Aftercare service by an NGO or the Government.
Unsupported Housing	Unsupported housing refers to a housing facility accessed by the CL on his own (includes living with family, friends, self-owned house or in paid/ rented accommodation wherein the financial cost is borne by the CL) without any support under the Aftercare programme.
Mainstreaming	The seamless process by which CLs are ready for independent living and socially reintegrated such that they can manage their accommodation, transportation, finances, household responsibilities, access to services such as education, vocational training, health care, legal aid services, employment, and financial services on their own without external support, by taking responsibility for themselves and contributing to society.
Mentor	An individual who is willing to commit and take voluntary responsibility of providing support, assistance and guidance to a young person to achieve their goal of mainstreaming and independence.

The 'Sphere of Aftercare' as the Thematic Framework

The research team undertook a secondary review of various frameworks and life domains of Aftercare used across countries. Using these existing frameworks, practice-based understanding from Udayan Care's experience in service delivery and the pilot study in Delhi, the team evolved a framework for approaching Aftercare comprehensively. It puts forth the 'Sphere of Aftercare' as a comprehensive ideology of rehabilitative support and services for CLs, transitioning out of care. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct but interdependent domains that are essential for CLs' mainstreaming as they transition out of care. These domains are:

Housing

Physical Health

Independent Living Skills

Education and Vocational Skills

Social Support and Interpersonal Skills

Financial Independence and Career

Emotional Wellbeing

Identity and Legal Awareness
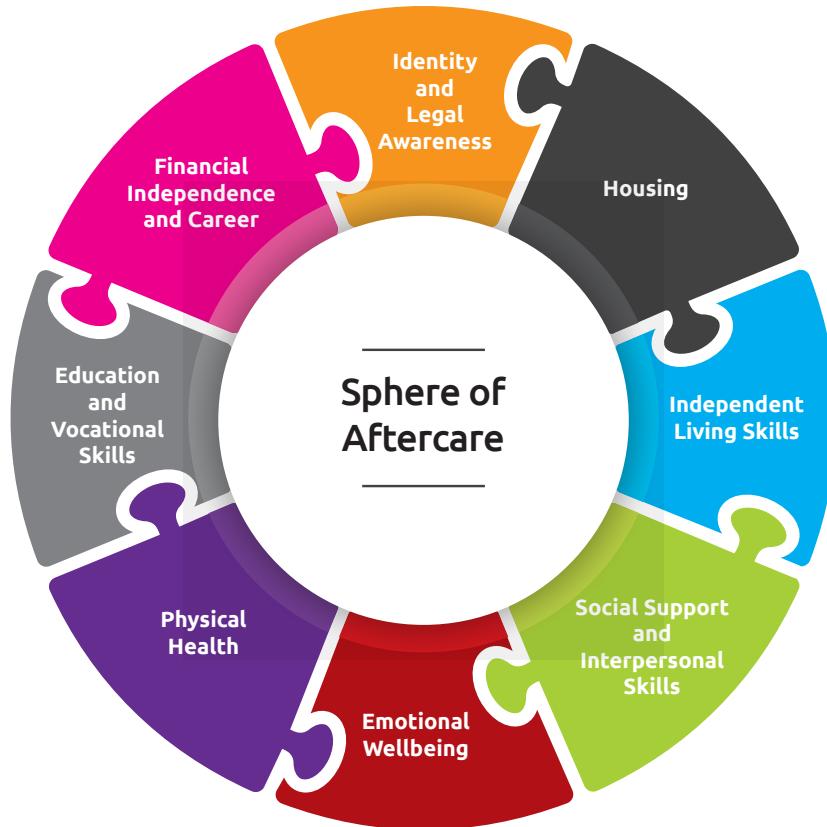
Figure 1: The Sphere of Aftercare

It is posited that to achieve independence and social reintegration, none of these domains can be ignored. As CLs transition out of care, they may require support/services under one or more of these domains depending on their unique needs and aspirations. The Sphere should be the guiding principle for assessing CLs' needs, developing Aftercare programmes, and also informing the ecosystem, from which policy is developed. The puzzle pieces in the shape of an interconnected circle have been thoughtfully used to signify the provision of holistic support, based on individual needs that is aimed at decreasing dependency and instead, empowering CLs to stand on their own feet. Further, just as a circle has no beginning or an

end, nor a base or a top, the domains of the Sphere are equally weighted in importance and impact on a CL's life, and lack of any one has the potential of derailing a CL's settlement in society. The domains are explained briefly in **Annexure-I.**

Mike Stein's Resilience Framework

The case studies have been categorized on the basis of Professor Mike Stein's analysis of research studies following up young people from care. Conducted over 30 years, it identifies 3 main outcome groups (Stein, 2012) situated within a Resilience Framework: young people 'moving on' - who demonstrate greater resilience; 'surviving' - who have faced greater disruptions; or 'strugglers' (formerly termed

'victims')- who have the highest mental health needs and have faced the most barriers to help (Stein, 2005; 2012). However, it is important to bear in mind that the journey through Aftercare is a dynamic one, and often as the situation of CLs change, so could their categorization.

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

The framework illustrates the distribution pattern of CLs, where lower numbers of young people fall into the 'moving on' and 'strugglers' groups, while those 'surviving' generally have a larger representation (Dima & Bucuta, 2015). The framework has guided the classification of case studies in this study, enabling the understanding of CLs' situations along the three empirically established categories.

Literature Review

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

Tools of Data Collection

Consultative Process with Stakeholders' Inception Consultation and Round Table

The research in each state brought together stakeholders, including CLs, both in designing the research as well as in dissemination of findings, for a shared understanding on Aftercare in the state.

An inception consultation was held at the initial stage of the research in each state to develop an understanding on the situation and collate secondary data. Such workshops in each state provided information that was critical in adapting the research to the said state. This was also used as an opportunity to conduct three FGDs in each state. **The round table with stakeholders** was organised again in each state to share the draft findings of the study and seek inputs on the recommendations.

The stakeholder-wise tools used to collect data are listed below with requisite description:

Tools Employed for Data Collection		
Tool	**Stakeholder**	**Description**
Structured interviews of CLs	CLs	This interview schedule was developed by Udayan Care's multidisciplinary team of experienced practitioners with inputs from UNICEF state teams and state implementation partners, and international and Indian research scholars specializing in Aftercare research. The probes were crafted keeping in mind the sensitivities of the CLs. Questions with the potential of triggering any negative emotions were reworded or removed.
In-depth interviews for case studies	CLs	In-depth interviews covering various aspects like separation, trauma, neglect, life in CCIs, opportunities and challenges in their present life, and perceived success or failure of a young adult were designed.
		CLs for case studies were developed, which included young adults in different life situations including who are successful, moderately successful or are still struggling. A semi-structured interview schedule was used for conducting these interviews. To analyse the case studies, Mike Stein's categories of "moving on", "survivors" and "strugglers" has been used (Stein, 2012).
Semi-structured and open-ended KIIs	Key Informants (KIs)	A semi-structured interview schedule was used to conduct these interviews to elicit a candid response from these professionals regarding their opinion of the existing Aftercare framework. All the KIIs were administered in-person, over email or by phone.
Focus Group Discussions		The FGD guide was developed for CLs and with KIs. The proceedings of these FGDs consolidated the research team's understanding of complex and interdependent challenges of Aftercare provision.

The tools were finalized and content validated during the pilot-testing phase by a team of researchers, analysts, statisticians, and experts from the field. Data collection was completed by the state documentation teams through individual in-person interviews in different locations such as coffee shops, their places of accommodation, public parks, etc. The table below gives a brief of state wise structured and in-depth interviews with CLs, KIIs and FGDs with stakeholders, as well as the duration of the study in each state.

Study Duration and Interviews Conducted						
Sl. No	**States**	**Total CLs**	**Period of Research**	**KIIs**	**FGDs**	**Case Studies**
1	Delhi	55	February-April 2019	10	-	3
2	Gujarat	84	November 2018-May 2019	20	3	5
3	Karnataka	108	April-December 2018	14	3	5
4	Maharashtra	107	April-October 2018	20	3	5
5	Rajasthan	81	September 2018-April 2019	20	3	5

(FGDs in Delhi took place at the pilot level and were hence not conducted again)

Data Analysis and Interpretation

The data was cleaned by a central team for inaccuracies, inconsistencies and omissions. Clarifications and additional information were sought, if found necessary, from the concerned teams or even CLs. For analysis of qualitative data, the 'Sphere of Aftercare' framework was used. Additional themes were identified based on conventional methods of qualitative analysis. Quantitative data was processed with the help of Statistical Package for Social Sciences (SPSS). Descriptive statistics, frequencies, cross-tabulations and indexing were used for analysing the data. Thereafter, tables, charts and graphs were prepared.

Indexing: A composite score for each of the eight domains was computed to develop a domain index.

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

The scores for each of the eight domains were added and averaged out to give the overall **Aftercare Quality Index (AQI)** for each CL. Additionally, two more indices were developed for the transition planning, which is seen as a phase that precedes Aftercare and is the preparatory period at CCI before transitioning. The two indices capture the childhood experiences and skill development of CLs, while they were in the CCI before 18 years (Annexure-II).

The multi-state study brings together common areas of probe from all the five states for which a uniform tool was used during the research. Since each state is unique in its policy approach and the present state of Aftercare, the study does not attempt to consolidate data. Instead the focus is to bring out common trends across states which indicate a learning or a gap to be fulfilled. It also brings forth the outliers or the deviations in specific states that call for a more concerted intervention.

Ethical Considerations

Given that Udayan Care has been working with vulnerable populations, all efforts were made to follow high standards of ethics along with possible objectivity and rigour. The study followed Udayan Care's research protocol that sets clear ethical standards for maintaining confidentiality, privacy and dignity of respondents. Data was collected after due informed consent, clear explanation of objectives and use of the information provided by them. The study followed guidelines on identifying and mitigating likely risks that could emerge for the respondents. The research protocol, along with the current study's design, methodology and tools, were approved by

Suraksha Independent Ethics Committee, Committee for Scientific Review & Evaluation of Biomedical Research. Apart from ensuring scientific credibility, it is hoped that the protocol followed for this research will set a trend for others, as research and evidence gathering become central to programmatic interventions and policy-making.

Limitations of the Research

Inability to access CLs who did not receive any Aftercare support: The study could not reach out to a large section of CLs, especially those who did not receive any Aftercare services. The information about CLs was obtained from CCIs, CWCs, ACOs, and CLs themselves. Many CLs, who had aged out of the CCIs, could not be reached as there was no information about their whereabouts and no follow-up system presently exists in the child protection system. Hence, the non-receivers are under-represented in the study sample. We posit that those who did not avail Aftercare were more acutely deprived of resources. Also, CLs in extreme situations such as chronic drug or alcohol addiction, involvement in delinquency, homelessness, severe emotional, mental and physical health-related problems, etc. may have been left out of the study as they were hard to track and locate. Thus, it seems logical to conclude that these **CLs who are out of the map represent a population that is most in need of Aftercare but remain unreachable.**

Gender skew: In many states, the male : female sample ratio is skewed in favour of males due to the absence of Aftercare homes for female CLs. The females reached out are far lesser due to the absence of Aftercare homes for women. Also, on attaining 18 years of age, most girls are either restored, married off or sent to other hostels like Swadhar Grihas, with no follow-up protocol.

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

Lack of evidence and data estimating CLs availing support and their outcomes: Another major limitation of this research was the lack of data

on how many CLs exit from CCIs every year on attaining the age of eighteen years and need or avail Aftercare support and services. To this end, the state research teams approached various Government functionaries to review the official CWC records to ascertain this number. The record maintenance formats at the CWCs were found to be inconsistent in different years and various discrepancies existed between the different districts that did not allow any systematic collation of data.

Budgets allocated and needed for Aftercare could not be estimated adequately: The overall allocation in ICPS is reflected in budgets but drawing component-wise allocation on Aftercare for each state has not been possible. Given the provisions, one can broadly deduce that there is a huge gap in allocation and the actual requirement. Also, enumeration of a budget that shall adequately provide for services for all domains of Aftercare has not been possible.
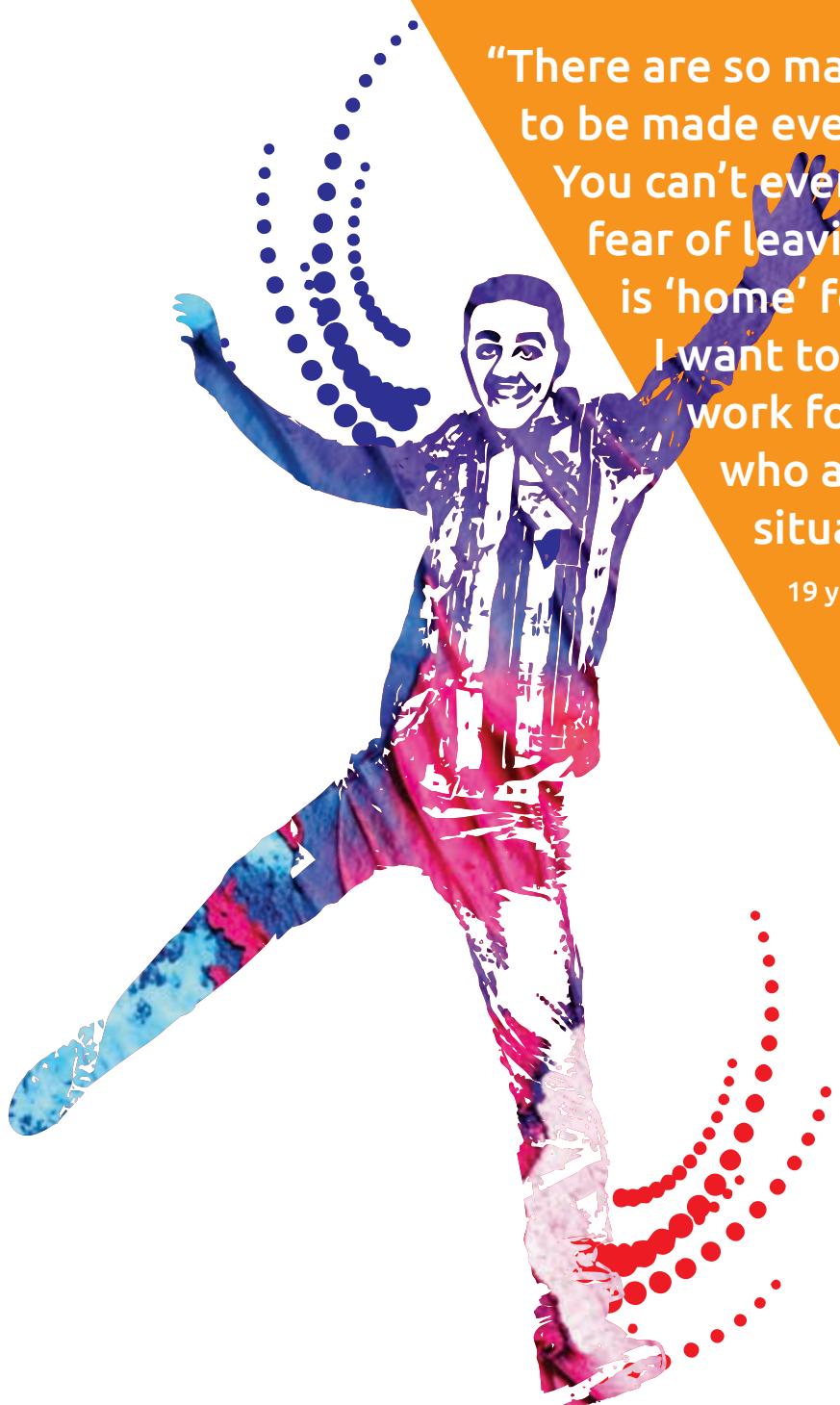
Lack of available documentation: Another challenge was that almost no documentation of reports or research studies on Aftercare were readily available in the public domain.

The limitations referred to above are largely due to the existing gaps in data, information, lack of follow-up of CLs, and absence of a monitoring mechanism for Aftercare.

Given that this is the first research of its kind on Aftercare in India, the finalization of the research methodology was an evolving process based on experiences from other international researches and more significantly, on expert and stakeholder engagement. It, therefore, provides a template to other researchers and State Governments who intend to study Aftercare in India in the context of methodology and conclusions drawn on the state of Aftercare practices.

Findings

"There are so many decisions to be made every single day. You can't even imagine. The fear of leaving a place which is 'home' for us haunts me. I want to grow up and work for other children who are in the same situation".

19 year old Care Leaver, Delhi

With the objective of understanding the status of Aftercare in the country, the study was conducted across five states, namely Delhi, Gujarat, Karnataka, Maharashtra and Rajasthan. Each of these states is unique both from the perspective of their overall policy framework as well as with respect to the status of implementation of the JJ Act, institutional care, the history of Aftercare and the initiatives to design and deliver Aftercare services to CLs. The attempt of this report is to bring forward the status of Aftercare in each state to capture what works best for CLs, and learn from one another, rather than focus on comparisons between them.

This chapter details the quantitative findings from interviews with 435 CLs from all the five states as well as qualitative information obtained through 100 KIIs with stakeholders, 12 FGDs and 23 in-depth case studies across the five states. A combination of qualitative and quantitative data and the composite indices derived from quantitative data have been analysed to reflect on the ground situation, the services and support available, and the nature of challenges and opportunities faced by CLs in these five states. The various components of this chapter include the profile of the CLs, the major opportunities and challenges faced during the stay of CLs in CCIs as well as preparedness for transition, and a detailed status with respect to each domain of Aftercare as discussed in Chapter 2. The chapter highlights findings from states where there is a significant deviation or indicative trends against the five state average.

3.1 Profile of CLs

The study sample constitutes of 55% male CLs and 45% female CLs. There is a state wise variation in the gender composition, with Maharashtra having a significantly higher representation of males. All the CLs within the ambit of this study were between the ages of 17 years to 30 years, with 72% in the age group of 17 – 21 years, corresponding with the core age demographic of the study. Of the CLs covered under this study, a little less than half had resided in Government run CCIs.
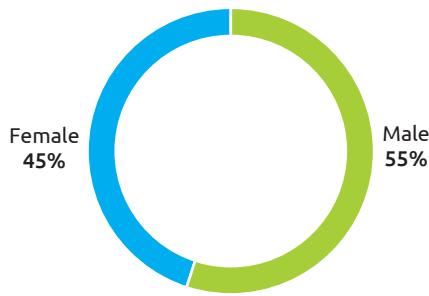
Figure 2: Distribution of CLs by Sex
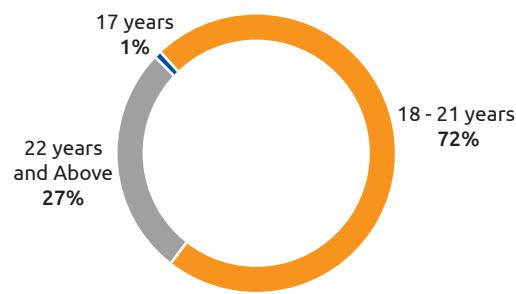
Figure 3: Distribution of CLs by Age
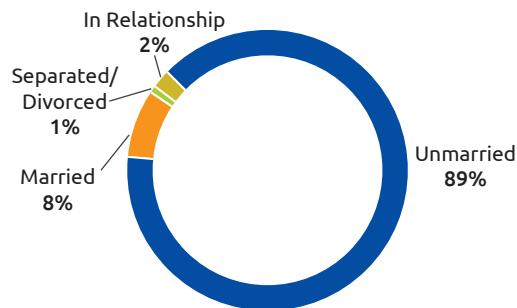
Figure 4: Marital Status of CLs
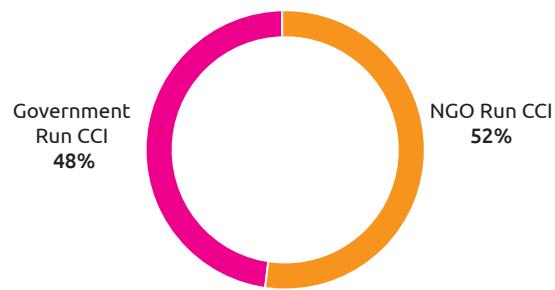
Figure 5: Distribution of CLs by type of CCI

3.2 Life in a Child Care Institution

Aftercare is integral to the Continuum of Care of children who have lived in CCIs. Evidence across the world has shown the relationship between quality of life in the CCIs and life outcomes in adulthood (discussed in Chapter 1). The study explores the life of CLs in CCIs through two indices, namely, CCIs Life Experience Index and the Skill Development Index, which have been explained further in this section.

The average age of entering the CCIs range between 8 years to 12 years across states.
Rajasthan and Delhi reported the average age of 8 years, while Maharashtra and Karnataka reported 9 years and 12 years respectively. More than half of the children entered CCIs before the age of 10 years and 15% entered after the age of 15 years.

More than three fourth of the CLs left the CCIs before the age of 20 years, while 17.5% lived beyond the age of 20 years. The CLs living in the CCI post the age of 18 years includes 28% (n= 98) and 30% (n=84) of the respondents respectively from Rajasthan and Gujarat. In Delhi, 51% of the exits took place at 19 years. This extended stay in the CCI is through orders of the CWC and in most cases, the reason is that the child, even though more than 18 years, was still pursuing school education and a change in residence was not in the best interest.

In the context of the life experiences of the CLs, while they were in the CCIs, the findings show that they faced adverse experiences related to stability in placement, continuity of education, participation in individual care and rehabilitation planning, training in life skills, as well as guidance from adults. Some of the highlights of the findings are:

42% CLs were placed in 2 or more homes	52% and 67% CLs in Karnataka and Delhi respectively stayed in more than one institution. One out of every five CLs were placed in more than 3 CCIs. At least 1 child was placed in 7 different CCIs. 68 children were placed in more than 3 and 26 were placed in more than 4 CCIs.
1 out of 5 CLs could not continue education as per their wishes in CCI	Karnataka and Delhi had 23% and 27% CLs respectively, whose education was compromised due to their stay in the CCIs.
44% CLs were never consulted in their care and rehabilitation planning.	In Gujarat, more than half of the CLs and in Rajasthan and Karnataka, more than 45% CLs were not consulted in their care and rehabilitation planning. 70% of CLs who transitioned out of care in Delhi were consulted in the development of their ICP and release plan.
30% CLs did not have adult guidance	32% male CLs and 26% female CLs felt that they did not receive adequate adult guidance in CCIs. The deficit in guidance in CCIs was experienced by 60% and 46% CLs respectively in Delhi and Rajasthan.
One third of all CLs did not feel empowered	36% male CLs felt that they were not empowered in the CCIs as compared to 30% female CLs.
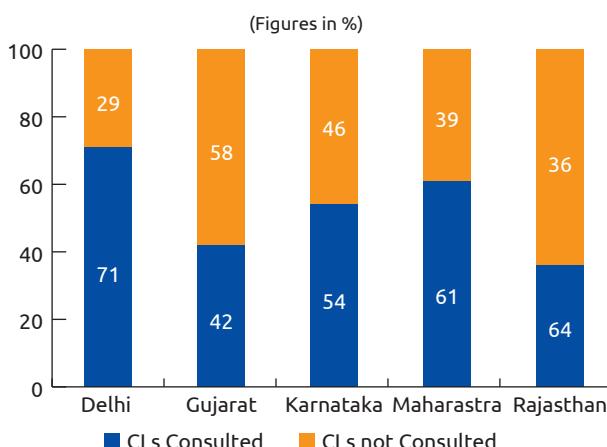
Figure 6: Consulted in Care and Rehabilitation Planning in CCI
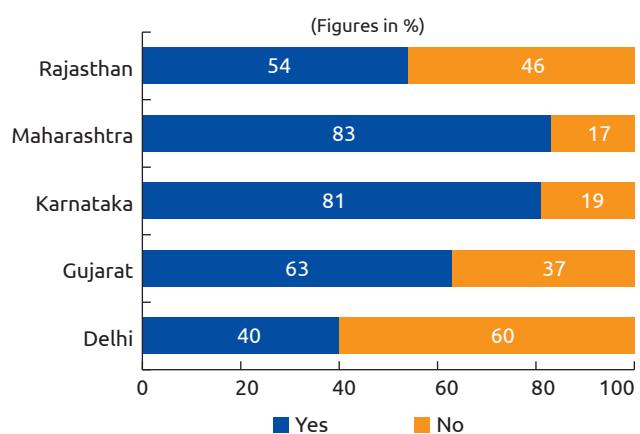
Figure 7: Guidance received by CLs at CCI

Stakeholders' views on development of Individual Care Plans/ Rehabilitation Plans: The stakeholders across the five states shared that the CWC, DCPO and CCI staff do not have the requisite skills to make ICPs, and therefore ICPs remain a mere formality and are not executed in their true spirit. There is lack of synergy and collaboration between duty bearers in developing the ICP. Based on the mandate of the law, the pre-release plans which are a part of the ICP are made only two months before the child turns 18 years. ICPs are neither implemented properly nor are they monitored. According to the stakeholders, shortage of manpower, lack of training and absence of one accountable authority for implementation

> ❝ The goal for which the Individual Care Plan was made for is either not properly understood by the Juvenile Justice functionaries or they just don't want to work like that. Right now, it is only a fill in the blanks questionnaire because that is how they treat it in the institutions. ❞
>
> *Child Protection Expert and Consultant, Rajasthan*

of ICPs and rehabilitation plans are some of the reasons that have led to the poor state of ICPs and release plans.

CCI Life Experience Index

CCI Life Experience Index is a composite score that factors continuity of education, association with family, stability or instability through multiple placements, feelings of empowerment as well as involvement in the planning of their future life.

Table 1: Satisfaction on CCI Life Experience Index

CCI Life Experience Index	No. of CLs	Figures in %
Unsatisfactory	61	14
Neutral	150	34
Satisfactory	224	52

Only half of all CLs had a satisfactory CCI Life Experience Index score. 58% CLs from NGO run CCI had a satisfactory CCI experience Index in comparison to 45% CLs from Government run CCIs.

CCI Life Experience Index is positively correlated to practically all domains of the 'Sphere of Aftercare'. Data indicates strong positive correlation of CCI Life Experience Index (Pearson correlation coefficient significant at alpha level = 0.01) to Aftercare Quality Index, Academic Career Skill
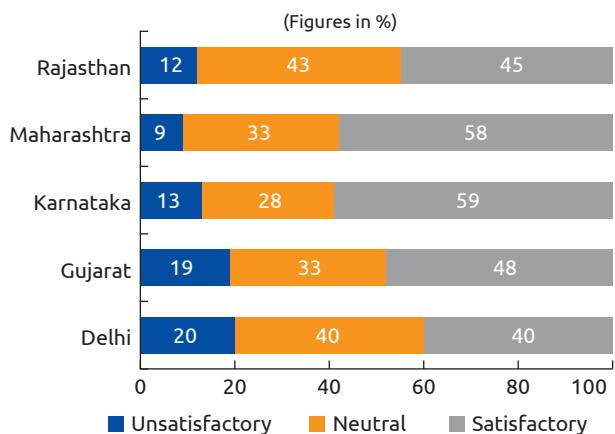
(Figures in %)

Figure 8: CCI Experience Index by States

Index, Independent Living Index, Social Support and Interpersonal Skill Index, and moderately positive correlation (Pearson correlation coefficient significant at alpha level =0.05) to Legal Rights Index, Financial Index and Emotional Wellbeing Index. Therefore, children who have positive experiences in the CCIs are likely to fare better in most domains of Aftercare and are likely to have better social and interpersonal relations, better career prospects, better skills to sustain independently and are likely to have a better Aftercare experience.

Struggling

The Meaning of Life reduced to being Forlorn

Amit, now 18 years, lived for two years at the railway station before coming to a CCI, at the age of nine. He lives on a small income without any Aftercare support and is neither in touch with his parents nor does he know their whereabouts.

He lived across three different CCIs during his institutional stay. As a child, he did not like the constraints of the CCI and ran away to travel to new places, living on platforms as he went. He earned a living by selling things, loading cargo cartons or supplying water in trains. He still continues to do such jobs. He has no grudges with the CCIs as they offered him all basic facilities.

Amit did not develop meaningful social relations and emotional bonds with caregivers in the CCI as he never felt the sense of belongingness. The only relations that he missed was with his friends who were restored to their families. Even today, he does not like talking to strangers and feels nervous in such situations. As a child, seeing other children with parents always made him feel lonely, though he never shared these feelings with anyone.

In fact, nobody engaged enough with him to impact a change in his attitude towards life and empower him about his own competencies. Amit has passed grade 8 and has no inclination to study further. His only interest was to play cricket, which he could never communicate to his caregivers.

Amit does not aspire much in life. All he can think in the context of a career is securing a blue-collar job, though he feels he has the potential of starting a business. He intends to get a driving licence so that he can take up a driving job which his present employer has offered. However, for the driving license he needs a proof of residential address which he does not have. He has been living in a factory owned by the employer for the last two years. He receives a salary of Rs. 7,200 per month for working from 7 am to 1 pm. Post that, he has nothing meaningful to do and usually roams around with his friends. He neither has a bank account, nor does he have any savings.

His immediate need is a stable accommodation but he does not want to stay in a hostel like facility including a CCI or Aftercare home. Amit had no idea about what Aftercare meant. When explained, he agreed that such services must be provided to youth, especially support for vocational training and employment. He also felt that orphan youth must be provided homes until they are able to find them on their own.

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

The CCI Skill Index

A composite CCI Skill Index Score for three groups of skills, namely Job Readiness and Vocational Skills, Independent Living Skills, and Interpersonal Skills was computed, based on whether children in CCIs received any training – either hands-on or through workshops to develop these skills:

1 Job-readiness & Vocational Skills	2 Independent Living Skills
a. Resume making	a. Health & nutrition management
b. Interview techniques	b. Cooking
c. English speaking	c. First aid
d. Computer/IT	d. Disaster management
e. Basic accounting	e. Household management

3 Interpersonal Skills	
a. Leadership, team-building, trust	e. Communication
b. Self-esteem, motivation, resiliency	f. Rights, responsibilities, morals & obligations
c. Anti-bullying	g. Gender neutrality and inclusion
d. Conflict resolution	
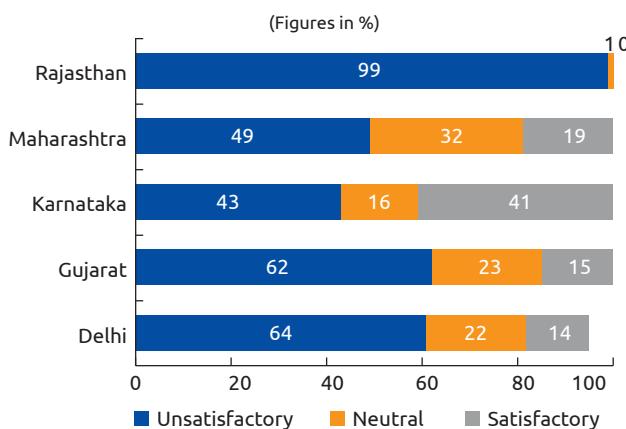
Figure 9: CCI Skill Index by States

Figure 10: CCI Skill Index by Type of CCI

Table 2: CCI Skill Index

Satisfaction level in CCI	Figures in %
Unsatisfactory	37
Neutral	27
Satisfactory	36
Total	**100**

- About 37% of CLs had an "unsatisfactory" CCI Skill Index score, indicating that CLs gained very minimal skill training during their stay in the CCI. The inadequacy of skill trainings is perceived highest in Rajasthan, with 95% CLs having reported the same.

- 41% female CLs have a satisfactory Skill Index Score, as against 32% Male CLs.

- Also, more than 50% CLs from NGO run CCIs had a satisfactory CCI Skill Index score against a quarter of CLs from Government CCIs, indicating a higher focus on skill training for children in NGO run CCIs.

Table 3: CCI Skill Index by Sex   (Figures in %)

CCI Skill Index by Sex			
	Unsatisfactory	**Neutral**	**Satisfactory**
Male	39	29	32
Female	34	25	41
Total	**37**	**27**	**36**

Adult Life: The CCI Skill Index was found to be strongly correlated to CCI life experience index as well as Aftercare Quality Index, Academic Career Skill Index, Independent Living Index, Social Support and Interpersonal Skills, and Financial Index (Correlation is significant at the 0.01 level). The acquisition of Job Readiness and Vocational Skills, Independent Living Skills and Interpersonal Skills translates into better academic and financial prospects in adult life, as well as social adjustment and quality of Aftercare.

3.3 Transition into Aftercare

The 'Sphere of Aftercare' gives the domains in which support should be given to CLs. The study however reveals that the CLs lack support across the domains.

The research team could not locate CLs who had transitioned out of care and were not receiving Aftercare, as there is no systematic record of these CLs within the child protection system.
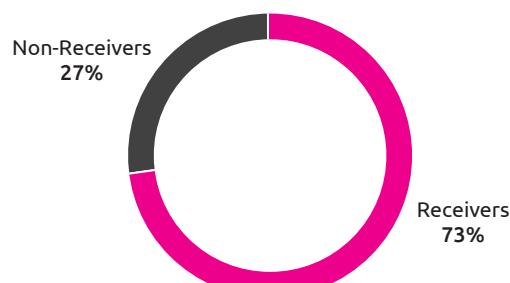
Figure 11: Number of Receivers and Non-Receivers

3.3.1 Access to Aftercare and Welfare Services

The data on Aftercare received is, therefore, not a very robust indicator of availability and accessibility of Aftercare services in the five states, as it excludes those vulnerable and most in need, such as Amit (case study given above).

Around **73% of all CLs received Aftercare services at least in one of the domains of the 'Sphere of Aftercare'.** 46% CLs received Aftercare from Government Aftercare programmes and others received support from an NGO supported programme. In Karnataka and Gujarat, an equal proportion of CLs received Aftercare from the Government and NGO programmes. However, in

Rajasthan 42 out of 58 receivers were supported by NGOs, thereby showing the near absence of Government intervention in Aftercare.
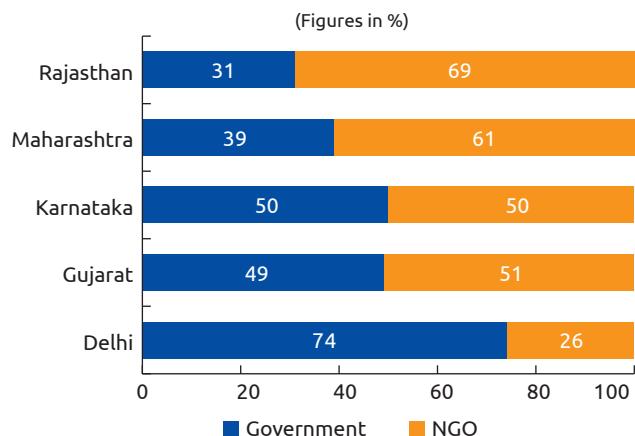
(Figures in %)

Figure 12: Aftercare Receivers by States

Table 4: Status of Aftercare by States

(Figures in %)

State wise Aftercare Receivers		
States	**Aftercare Receivers**	**Non-Receivers**
Delhi	76	24
Gujarat	65	35
Karnataka	54	46
Maharashtra	96	4
Rajasthan	72	8
Total	**73**	**27**

More than a quarter (27%) of the CLs did not receive any form of Aftercare support.

The study findings later in the chapter also indicate that 59% CLs were not aware about Aftercare services and other welfare schemes that can be accessed by them.

3.3.2 Preparedness of the System

The preparedness of the system to support transition of CLs from CCIs to independent living is quite low. The law provides ICP as an instrument for rehabilitation planning, including pre-release, release and post-release plans for children across age groups leaving CCIs, but the ICP does not cater specifically to the transition and Aftercare planning for CLs transitioning to independent living. The fact that a large number of children were never involved in the development of the ICPs and rehabilitation planning in the CCIs makes it evident that the functionaries and processes in the CCIs are not adequately equipped to prepare the CLs for the transition.

Another major barrier to the preparedness is in the conceptual understanding of Aftercare. KIIs show that the understanding of the duty bearers about the Continuum of Care is not nuanced enough. Many questioned the meaning/definition of Aftercare and blamed the lack of guidelines and SOPs for their confusion.

> Until now, I thought the focus of my work was only children from 0 to 18 years. For the first time, I am learning that there is a need to follow up post 18 years in the form of Aftercare, when children leave the Child Care Institutions.
>
> *District Women and Child Development Officer, Maharashtra.*

Stakeholder Views

As per the stakeholders, the preparedness of the system is also low because it is not an area that is accorded priority within the role of CCI caregivers, who are already overburdened by other

responsibilities. They in fact suggested that while CCI caregivers should maintain a lifelong relation with the CLs, there should be a specific position/role entirely responsible for transitioning out of institutions, implementation of the ICP and its follow-up. The need for an independent accountable authority at district level for Aftercare who manages the Aftercare program and brings convergence and collaboration between different departments at the district was also suggested. The CWC is responsible for tracking the progress of the individual care and rehabilitation plans and also assessing the efficacy of such plans, but they lack the capacity of doing so. Stakeholders across states emphasized the need for training and capacity building of the functionaries.

3.4 Sphere of Aftercare

As defined in Chapter 2, the 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but **interdependent domains** that are essential for CLs' mainstreaming as they transition out of care. These domains inform the framework of the data analysis in chapter 3.
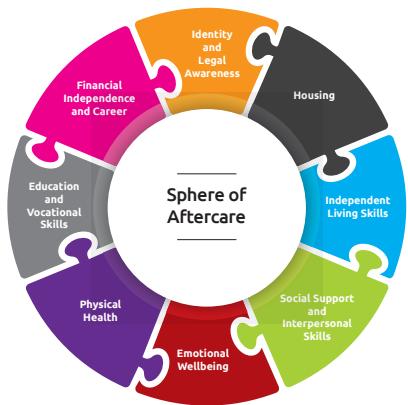
Figure 13: The Sphere of Aftercare

3.4.1 Type of Housing

Stable and secured housing is a basic life requirement which can become a major challenge for the CLs, transitioning from protected institutions to independent life and can increase their vulnerability multi-fold. It is the most basic need but has to be addressed first as they move out of the CCIs.

The report classifies housing accessed by CLs as 'Supported Housing', meaning provisioned under Aftercare, and 'Independent housing' or Unsupported Housing.

(Figures in %)

State	Supported	Unsupported
Rajasthan	40	60
Maharashtra	60	40
Karnataka	35	65
Gujarat	36	64
Delhi	63	37
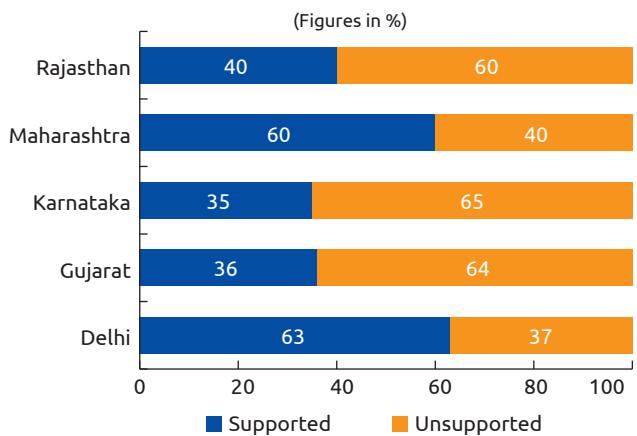
Figure 14: Supported and Unsupported Housing

Supported Housing includes Government and NGO run Aftercare Homes and hostels as well as existing homes like *Swadhar Grihas*. Additionally, all five states also had supported paying guest and rented accommodation which were either managed or funded by NGOs. Gujarat has expanded the canvas of supported housing through Basic Services for Urban Poor (BSUP) and Integrated Housing and Development Programme (IHSDP), which is a good example of integration between services.

Less than half of all the respondents across states received housing support under Aftercare. From the perspective of overall Aftercare services received, only 61% of all Aftercare receivers received housing support.

Independent Housing: Refers to housing through their own or family support and includes rented accommodation, private college hostels, working women hostels and paying guest accommodation, as well as those residing as non-paying members in their own house or that of a friend.

> 💬 Aftercare as per JJ Act is a programme but it has been implemented as an institution and that is opposed to the concept of Aftercare programme. Living together in groups, doing everything on their own, managing daily chores and to have a mentor just for guidance will make them independent. Living in a structure or in organizations which are closed door, a child cannot learn. How do you expect a bird to learn to fly in a cage? 💬
>
> *Former Member, CWC, Delhi*

Infrastructure for Aftercare Housing: All states except Rajasthan have Aftercare Homes. These homes are located in few districts leading to the challenge of inter-district transfers of CLs, which is not always in their best interest, as it leads to ruptured relations with peers and staff in existing settings and compels them to change their educational institution/job, etc.

Gender Disparity in Aftercare Housing for Girls: There are no Aftercare homes for girls, except one each in Delhi and Maharashtra. Further, given the concerns of safety and security for girls, the provisioning of group homes is not as common as for boys. There are group homes for girls in Maharashtra but they are only managed by NGOs. Female CLs with some earning capacity are sent to working women hostels and for those who are dependent, there is a tendency to send them to Swadhar Grihas and destitute homes.

> 🗨 Rather than having an Aftercare Home, we need to focus on developing an Aftercare programme. It is not practical to mainstream them into society while keeping them in an institutional setting. 🗨
>
> *Officer, Maharashtra SCPS*

Non-Institutional Housing to prepare CLs for Integration in Society: Experiences of practitioners in Aftercare suggest that non-institutional housing options are key to integration of the CLs in society and for development of their Independent Living Skills.

Study findings also showed that 9% (42 CLs) were dissatisfied with their housing status due to dependency on others and lack of alternatives. The helplessness for three CLs was such that they had to live in temporary shelters built for the homeless. The gravity of the situation calls for provisioning of temporary housing support options for the CLs struggling with housing.

Stakeholder Views

KIs across states had mixed views about the nature of housing facilities that should be offered for Aftercare, though there was an agreement that institutional Aftercare facilities can serve only as a midpoint for the CLs to transition to independent life. Therefore, the states should provide for both aftercare homes as well as group homes as options to be made available to CLs on need basis.

NGO stakeholders shared that establishing group-homes is a challenge due to stigma and insensitivity among citizens, making it difficult to obtain rental housing. Also, there are no guidelines for semi-regulated accommodation and group-housing. Independent group-homes that have shown promise and formalising similar practices into policy is supported by most stakeholders. The current JJ Act and Rules do not provide for any mechanisms for according recognition to NGO managed Aftercare homes.

Housing Index

(Figures in %)
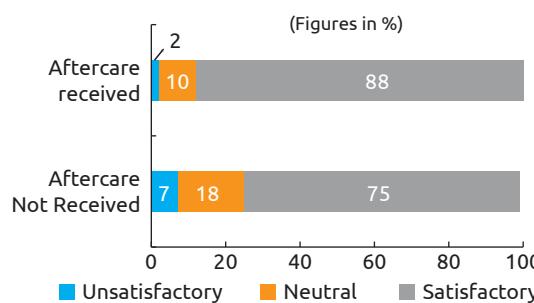
Figure 15: Housing Index by Status of Aftercare

The proportion of Aftercare receivers (88%) with 'Satisfactory Housing Index' was higher than the non-receivers (75%), reinforcing that Aftercare services extensively support in the transition and adjustment of the CLs to adult life.

Within the Aftercare receivers, those receiving Aftercare from NGOs have a better Housing Index as compared to those receiving Aftercare from the Government.

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

- Access to physical health amenities (Physical Healthcare Index)
- Financial literacy, security and crisis in adulthood (Financial Index)

(Pearson correlation coefficient significant at alpha level = 0.01)

3.4.2 Independent Living Skills

Starting to live independently is a challenge for any young person and a considerably bigger challenge for the CLs who have had a constrained life in a CCI and have little or no family support. Managing life independently needs some basic core skills, without which, the struggles of adjustments can be manifold. Such skills can be many, but a few deemed important for the CLs are as follows:

- Nutrition & health
- Cooking
- First Aid
- Disaster management
- Household management (taking care of belongings, hygiene, financial management)
- Exercise & recreation
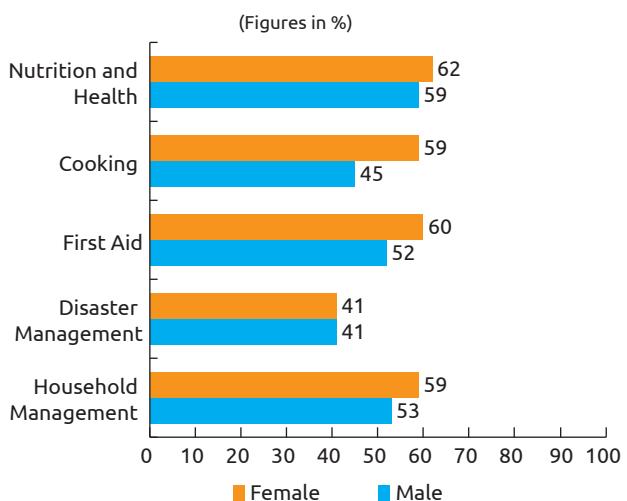
Figure 16: Independent Living Skills acquired in CCI
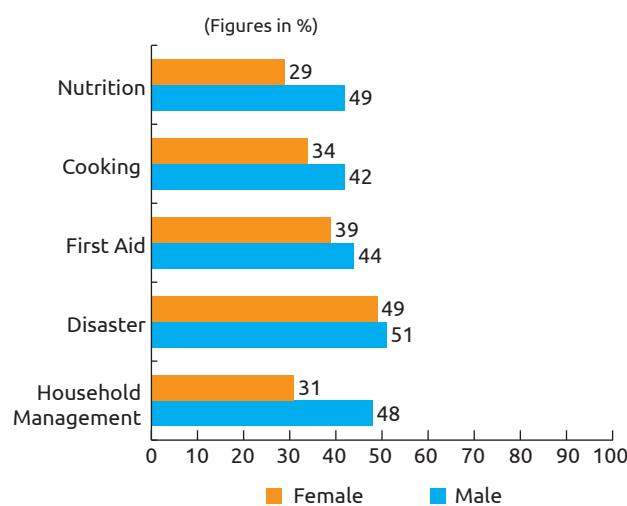
Figure 17: Training Required for Independent Living Skills by Sex
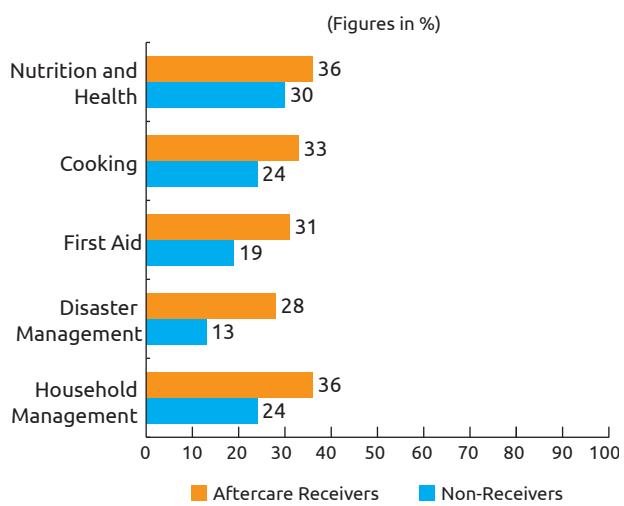
Figure 18: Skills Acquired after Leaving CCI Skills by Sex

Some of the critical findings regarding Independent Living Skills include:

48.5% and 44.1% CLs did not receive skill training in cooking and household management respectively while in the CCIs.	There is a deficit in trainings for Independent Living Skills as part of the preparation for transition.
	45% and 59% CLs did not receive any skill inputs on first aid and disaster management respectively in their CCIs.
	Three out of five CLs did not acquire cooking and household management skills.
Gender and Aftercare services impact extent of Independent Living Skills received.	About 14% more female CLs received all Independent Living Skills than male CLs (except disaster management) while in CCIs as well as post leaving CCIs.
Two out of every five CLs require skill training in cooking, household management and disaster management.	

The index was calculated by considering whether CLs had acquired these skills through training or hands-on experience.

Table 5: Independent Living Skills

Independent Living Skills	Number of respondents	Figures in %
Unsatisfactory	73	66
Neutral	93	8
Satisfactory	43	26
Total	**435**	**100**

(Figures in %)
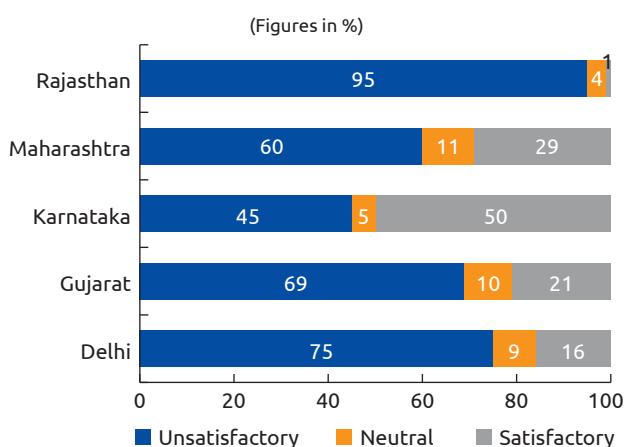
Figure 19: Independent Living Skills Index by States

- Two out of every three CLs are unprepared with respect to Independent Living Skills as they had an unsatisfactory Independent Living score.

- 94.5% CLs in Rajasthan and 74.5% CLs in Delhi also had an unsatisfactory Independent Living Index score.

CLs in Karnataka fared better, with more than 50% with a satisfactory Independent Living Skills Index. This could be because a substantial number of children living in CCIs in Karnataka had families and were placed in the CCI for better educational prospects. The regular access of these children to family environments could be one of the reasons of better Independent Living Skills on the CLs.

Gender has a direct impact on the Independent Living Skills Index: The female CLs are better equipped on Independent Living Skills than males as the proportion of male CLs (75%) with unsatisfactory

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

Child Rights Expert, Karnataka

Independent Living Index score is higher than female CLs (54.9%). The fact that less male CLs are equipped on these skills also indicates the stereotypes related to gender roles, wherein cooking and household management are assumed to be a female's role.

- The dissatisfaction with the Independent skills was higher in CLs who were not receiving Aftercare services than those receiving Aftercare services, thereby indicating that considerable skills are received through Aftercare Services.

(Figures in %)
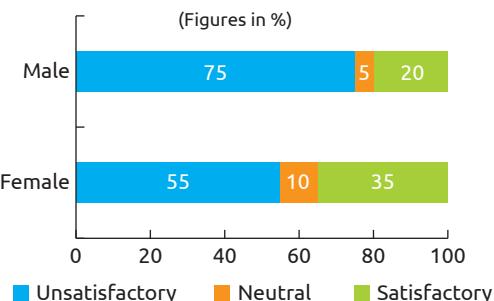
Figure 20: Independent Living Skills by Sex

(Figures in %)
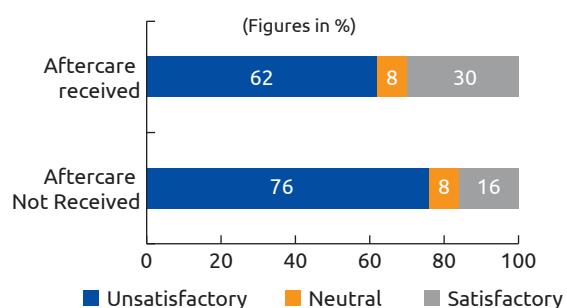
Figure 21: Independent Living Skills by Status of Aftercare

- The type of CCI where the CL lived also determined the Independent Living Skills Index. The CLs from NGO run CCIs were found to be better equipped with skills rather than Government run CCIs. 73% CLs from Government run CCIs had a dissatisfactory Independent Living Index of CLs as compared to 60% CLs from NGO run CCIs.

💬We should start by the age of 12-13 years to train children in basic activities of daily living. Maintaining their own hygiene, cleaning their rooms, managing expenditure on grocery and using public transport, etc. Early learning and socialisation will make them confident to manage life outside CCIs. 💬

Ex-CWC Member, Delhi

The Independent Living Skills Index is positively co-related to Academic and Career Index, CCI Life Experience Index, Social Support and Interpersonal Skill Index, Financial Index and Aftercare Quality Index (Pearson correlation coefficient significant at alpha level = 01).

3.4.3 Social Relationships and Interpersonal Skills

Separation of children from family and long periods of stay in CCIs limits the exposure of children to a larger community and creates challenges of learning of various social and interpersonal skills. The findings of the study show that CLs struggle to maintain relationships with family, peers as well with caregivers and teachers.

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

Superintendent,
Children's Home for Boys, Gujarat

Some of the significant findings of the study with respect to Social Relationships and Interpersonal Skills are:

Irrespective of sex, CLs expressed inability to maintain romantic relations.	Two third of the male CLs reported inability in maintaining romantic relationships and another 23% felt it was not applicable to them. Almost 88% of the female CLs reported inability in maintaining romantic relationships or felt it was not applicable to them.
Almost half of the CLs faced inability in maintaining relations with parents.	About 45% of male CLs and 43.50% female CLs struggled in maintaining relationship with their family members. Average across the gender is almost the same. More than a quarter of CLs (30 % male & 26% female) struggled with the relationship with mentors and teachers.
For every social skill, more than 40% CLs requested training.	CLs requested for more trainings on leadership, communication and conflict resolution skills while in CCI.

Table 6: Social Skill Training Required by CLs   (Figures in %)

Social Skill Training Required	
	Number of CLs require Skill Training
Conflict Resolution	43
Communication	47
Anti-Bullying	43
Leadership	47
Gender Neutrality	44

(Figures in %)

Children in CCI: Female 28, Male 37
Friends: Female 18, Male 13
Mentors: Female 28, Male 38
Teacher: Female 27, Male 23
Staff: Female 14, Male 18

Female ■ Male ■

Figure 22: Inability of CLs to Maintain Relationships

(Figures in %)

Conflict Resolution: In CCI 50, After CCI 42
Communication: In CCI 63, After CCI 42
Anti-Bullying: In CCI 45, After CCI 29
Leadership: In CCI 58, After CCI 38
Gender Neutrality: In CCI 45, After CCI 29

In CCI ■ After CCI ■

Figure 23: Social Skills Training received in CCI and after CCI
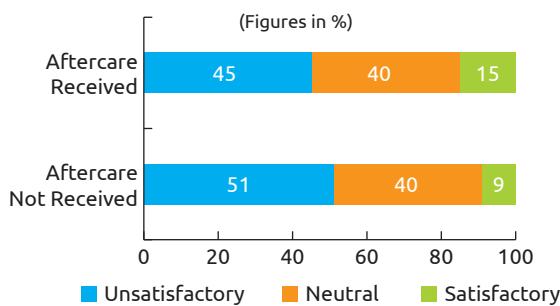
Figure 24: Social Support & Interpersonal Skills Index by Status of Aftercare
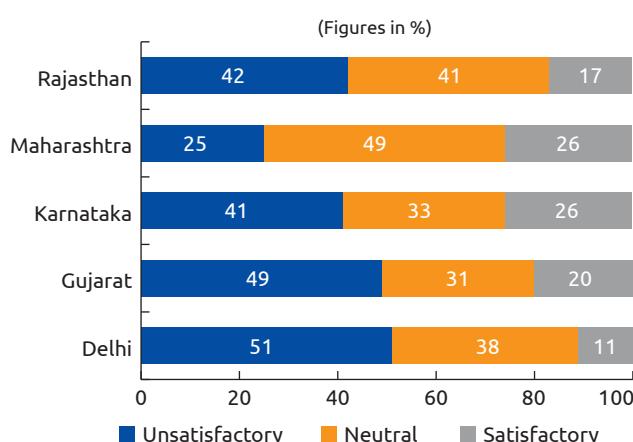
Figure 25: Social Support & Interpersonal Skill Index by States

Social Support and Interpersonal Skill Index: The Index was calculated by factoring in the various relationships that CLs were able to maintain and whether they had acquired certain interpersonal skills such as:

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

46.7% of all CLs had an unsatisfactory Social Support and Interpersonal Skill Index score. Half of the CLs from Gujarat and Delhi reported the same. The type of CCI where the CLs lived impacted their Social Support and Interpersonal Skill Index. 16% of CLs from NGO run CCI had a satisfactory Social Support and Interpersonal Skill Index score as against 10% CLs from the Government run CCIs. Aftercare services also had an impact on the Social Support and Interpersonal Skill Index, with more proportion of CLs who receive Aftercare service faring better on the Social Support and Interpersonal Skill Index.

Stakeholder Views

The stakeholders shared that children in CCIs are oblivious to family relationships and, therefore, the relationship with the caregivers should be long-term, hinting at caution against multiple placements by CWCs. The planning for Aftercare should be an integral part of care planning in CCI and the CCIs have a significant responsibility towards Aftercare even if they do not have an Aftercare programme of their own.

Also, the CLs experience/perceive stigma from the larger society and this prevents them from engaging with people in college, neighbourhood, and the workplace. CCI's integration with the community should help children get access to communities and engender mutual acceptance.

Stakeholders stressed on peer social support networks, access to information and services, and for opportunities to socialise and celebrate together. Such groups are safe spaces for the CLs to discuss their issues and can act as self-advocacy groups. Mentorship through individuals and collaboration with professionals and corporates could help the CLs in gaining social exposure and better integration with the community.

3.4.4 Emotional Wellbeing

The emotional wellbeing section encapsulates cognitive and functional distress among CLs and its reasons:

Over 61% CLs face recurring emotional distress.	86% CLs in Delhi, 63% in Rajasthan and 54% in Gujarat face emotional distress that makes them sad or tense. Also, one in every five respondents reported multiple symptoms of distress in Delhi and Gujarat. Across states, more females reported distress than males. Mental health status did not differ among receivers and non-receivers of Aftercare services.
78% CLs did not seek professional help for emotional distress.	A quarter of all CLs receiving Aftercare services sought professional mental health assistance in comparison to 10% non-receivers. In Gujarat, a shocking 86% CLs did not seek any professional help. In Maharashtra, more than a quarter of CLs facing mental health issues did not seek any professional or non-professional support.

Stakeholders shared that any challenges faced by CLs like unwillingness to continue education, failure to continue on a job, inability to forge and maintain relationships, etc. are partially rooted in their poor emotional health and resiliency.

Table 7: Emotional Wellbeing Index

Score	Number of respondents	Figures in %
Unsatisfactory	11	3
Neutral	71	16
Satisfactory	353	81
	435	**100**

- Gujarat had only 45% CLs with a satisfactory Emotional Well Being Index score, indicating a compelling need of intervention.

- While the overall Index for a maximum proportion of CLs is satisfactory, the study indicates consistent stress and worry in CLs across the board, primarily owing to anxiety of future settlement.

(Figures in %)
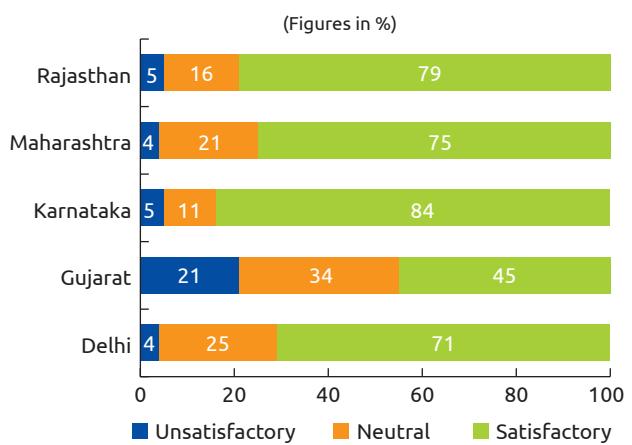
Figure 26: State Wise Emotional Wellbeing Index

- 84% male CLs had a satisfactory Emotional Wellbeing Index as compared to 78% female CLs. Aftercare services did not impact their Emotional Wellbeing significantly.

Emotional Wellbeing Index is positively correlated (Pearson correlation coefficient significant at alpha level = 01) to Aftercare Quality Index and Academic Career Index.

Struggling
Tragedies that could have been averted
Mamta, 19 years old, now lives in a Government run Aftercare home. Her parents and sister died of AIDS and she ended up being at her paternal uncle's house. When her cousin got married, she was sent along with her cousin sister to her in-laws place. Owing to some misunderstanding related to her friendship with a boy, Mamta's cousin complained to the police, who through the CWC, transferred Mamta to a CCI, when she was 12 years old.

Mamta was happy in the CCI, where she was trained in jewellery making, encouraged to sing and complete her education until 8th grade. When the CCI tried to trace her family to restore her without her consent, Mamta ran away from the CCI as she dreaded going back to her uncle. On the pretext of support, a woman took her home and forced her into sex with multiple men, including her own husband. Mamta could escape from captivity only after one year while she was pregnant. Her child was given up for adoption.

Mamta feels ashamed, helpless and hopeless. She is deeply disturbed and depressed due to her past experiences. She does not see any positivity and hope going forward and has no access to any mental health support. Mamta is not in a mental state to think about self-reliance.

Mamta is interested in academics but has not received the transfer certificate from her previous school and this is delaying her enrolment. Mamta regrets having run away. She wonders if it is her own fault or that of those around her.

She appreciates the Aftercare support for youth like herself. She shares that youth must be nurtured with love, care and support. She reiterates *"Girls should definitely be empowered to take care of themselves independently."* She brings to the fore the lack of support that youth in Aftercare experience in multiple domains of their lives, especially the six domains of higher education and vocational skills, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills and social relationships and interpersonal skills.

3.4.5 Physical Health

Physical health and emotional wellbeing are significant domains of Aftercare in the ambit of the study. The components of physical health include access to health care, availability of caregivers, access to funds for treatment and coverage under health insurance schemes.

Some of the major findings with respect to Physical Health of CLs are highlighted below:

23% CLs did not have long-term caregiving available during illnesses.	36% and 22% CLs in Karnataka and Delhi did not have someone to provide care during illnesses.
	32% CLs who did not receive Aftercare support did not have anyone to provide them with care on a long-term basis as compared to 18% Aftercare receivers.
78% CLs did not have health insurance.	Health insurance was not accessed adequately by CLs across all the five states. 96% and 94% CLs in Gujarat and Rajasthan respectively did not have health insurance.
	Only 7% of the non-receivers have access to health insurance, and the knowledge about health protection, security and insurance.
Funds for Health services.	13% CLs did not have adequate funds for health care.

Access to Health Protection for Affordable Health Care

There is partial access of the CLs to health services. However, there is an evident inability to handle emergencies, given the limitation of financial resources, absence of prolonged caregiving support and lack of access to services like insurance or health protection.

Physical Health Index

- The Physical Health Index did not show an encouraging score in the state of Gujarat. More than a quarter of CLs in Gujarat had an "unsatisfactory" Health Index score. Also, 39% Aftercare receivers had a satisfactory Physical Health Index as against 19% non-receivers (N=84).

- A greater proportion of male CLs (12% more than female CLs) had an unsatisfactory Health Index score than females.

- A greater proportion of CLs who received Aftercare services (82%) had a satisfactory

Health Index score than non-receivers (77%), showing the positive impact of Aftercare services on health. In Rajasthan, 83% Aftercare receivers had a satisfactory Health Index score as against 49% non-receivers.

(Figures in %)
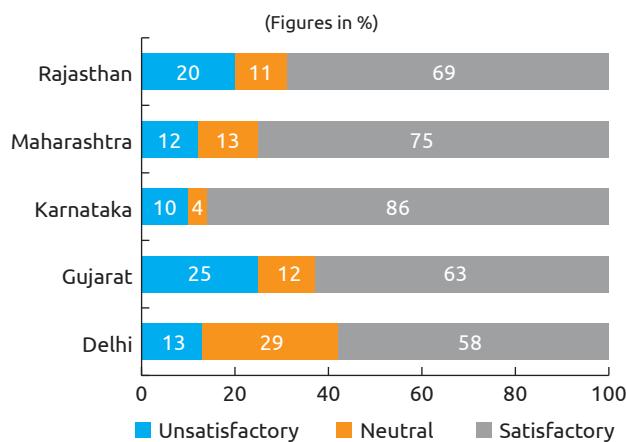
Figure 27: Physical Health Index by States

(Figures in %)
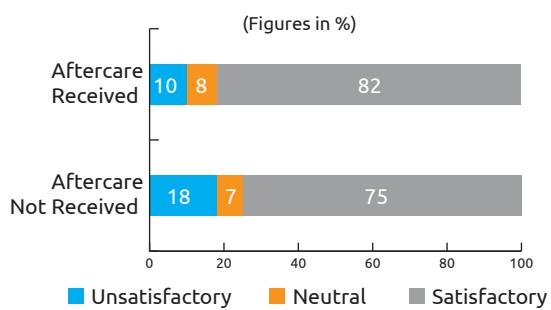
Figure 28: Physical Health Index by Status of Aftercare

3.4.6 Education and Vocational Skills

Education of CLs

The present educational status of the CLs is a cumulative outcome of the education they received at CCI and during Aftercare, and has a considerable impact on different domains of their life.

- Children are sent to institutional settings as a last resort to mitigate their vulnerability and to ensure that they receive their basic rights. However, **40% of all CLs could not complete their schooling. What is even more worrisome is that 24 CLs across the five states had not studied beyond primary education.**

- In Rajasthan and Delhi, only 14% (n=98) and 13% (n=55) CLs respectively studied beyond school. More male CLs could complete class 12th than female CLs, indicating gender disparity in both the states.

- In Karnataka, 35% (N=108) CLs have done graduation and above.

- In Maharashtra, more female CLs (39%) completed graduation and beyond than male CLs (15%).

(Figures in %)
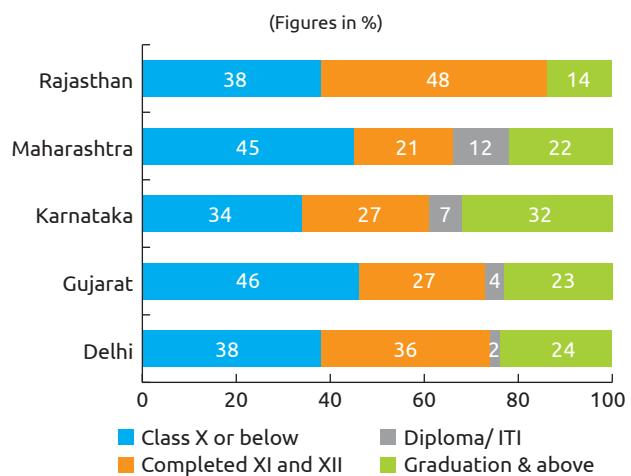
Figure 29: Highest Education of CLs by States

(Figures in %)
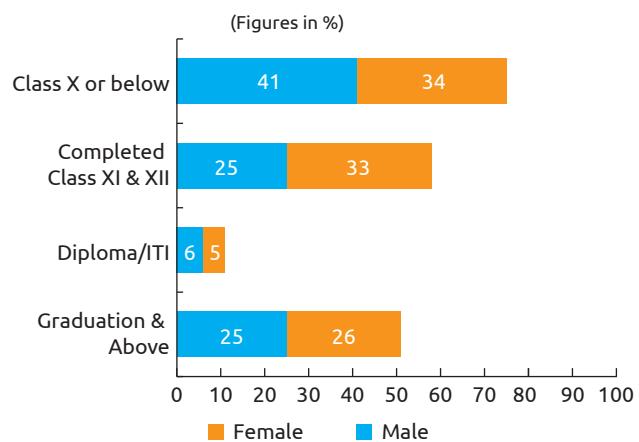
Figure 30: Education Level by Gender

Impact of Stay in CCIs and Transition to Aftercare on Education

The children and youth in care face both issues of accessibility as well as the quality of education accessible to them. 21% of all CLs across states did not receive education as per their wishes in the CCIs. This was the first barrier for them to be able to achieve their full potential and explore life options accordingly.

Table 8: Stay in CCI and Impact on Education   (Figures in %)

	CLs Discontinued Education in CCI	CLs Discontinued Education in Transition
Delhi	27	40
Gujarat	24	48
Karnataka	23	31
Maharashtra	16	31
Rajasthan	16	22
Total	**21**	**34**

The education of CLs was further impacted during the transition to Aftercare. 34% CLs had to discontinue education during Aftercare. Similar trends were reported from across states;

- In Delhi, 27% CLs could not continue their education as per their wishes in the CCI and it increased to a total of 40% of the CLs who had to discontinue as they transitioned into adulthood and Aftercare.

- In Gujarat, as many as 47.6% CLs had to discontinue education in transition whereas

> Children coming from vulnerable backgrounds do not know the importance of education and therefore they should be prepared at an early age say 12-13 years onwards. They get admission in schools but they are not able to adjust as the admission are not age appropriate. They often have to be in a class with small children. Example, there is a girl who is 19 and is in class 11 and the other one is 19 studying in class 10 and another has completed class 12th at 21 years of age. The remedial education is a neglected aspect. The vocational training courses should be according to the children's interests.
>
> *Superintendent, Govt. CCI, Delhi*

31% each in Karnataka and Maharashtra dropped out during transition.

- In Rajasthan, a greater proportion of non-receivers (39%) reported inability to continue their education after 18 years of age as compared to Aftercare receivers.

Vocational Skills

Vocational skills are an integral part of preparing CLs for employment along with education. This section analyses the trends in nature of skills acquired and perception of its adequacy among CLs across states. Some of the major findings include:

Across states, half or less of all CLs had received training in one or more employability related skills in CCIs.

65% CLs from NGO CCIs had acquired employability skills as against 35% CLs from Government CCIs.

(Figures in %)
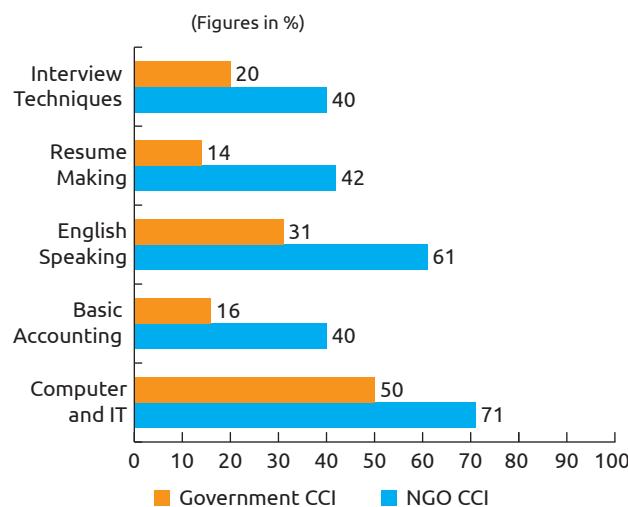
Figure 31: Job Readiness Skills received by CCI type

(Figures in %)
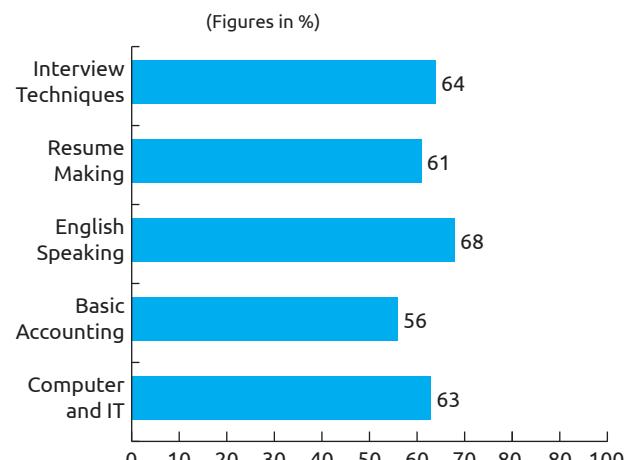
Figure 32: Types of Training received by CLs

Stakeholder Views

Partnerships for Skill Development: CLs who are not able to pursue higher education lose the possibility of career growth in life. For those who opt for vocational skills, the range of skill options available are few, leaving little space for CLs to explore skills in accordance to their interest and aptitude. The stakeholders stressed the need for exploring formal partnerships with the skill development initiatives of the Government and the private sector.

(Figures in %)

	Unsatisfactory	Neutral	Satisfactory
Rajasthan	64	31	5
Maharashtra	32	45	23
Karnataka	13	36	51
Gujarat	45	44	11
Delhi	33	49	18

■ Unsatisfactory ■ Neutral ■ Satisfactory
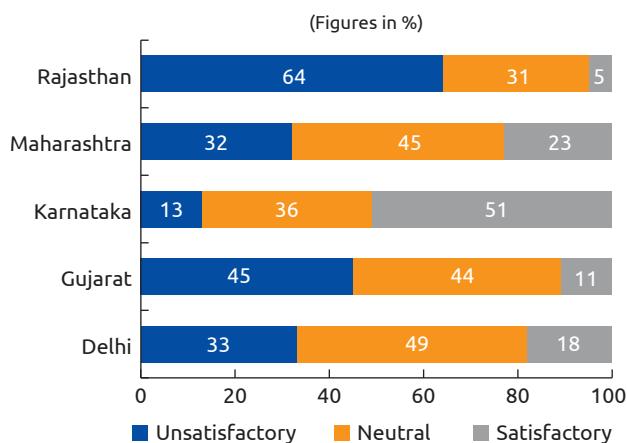
Figure 33: Academic and Employability Skill Index

Finances for Education: Two other issues highlighted by stakeholders were lack of specific funds under Aftercare for education. It is also difficult to find funders for academically average students as well as to fund expensive courses such as aeronautical engineering, medicine etc., thus pushing CLs towards cheaper alternatives. Education of girl CLs is impacted because of stigma, patriarchy, issues of safety and security, and an overarching lack of guidance throughout their childhood. Also, the age of 21 years for Aftercare was perceived to be restrictive, as children who opt for higher education need to be supported far longer.

(Figures in %)

	Value
Unsatisfactory	32
Neutral	42
Satisfactory	26

■ Unsatisfactory ■ Neutral ■ Satisfactory
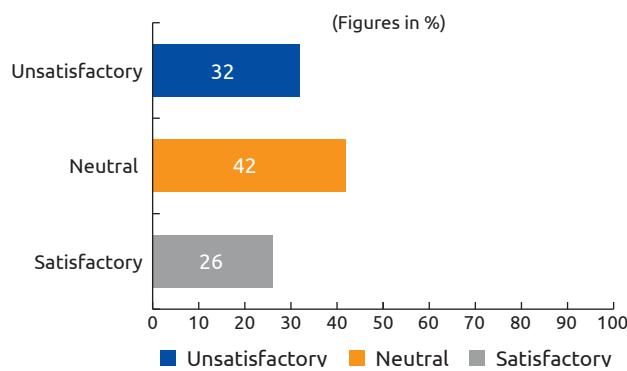
Figure 34: Academic and Vocational Skill Index Score

- Only a quarter of CLs (27%) had a satisfactory Academic and Vocational Skill Index.

- In Rajasthan, three out of every five CLs had an unsatisfactory score for the Academic and Vocational Skill Index indicating the need for intervention.

- Half of the CLs in Karnataka had a satisfactory Academic and Vocational Skill Index Score.

- 32% CLs who stayed in NGO run CCIs had a satisfactory Academic and Vocational Skills Index score, whereas only 21% CLs from Government run CCIs had a satisfactory score for the said Index.

- Gender and Aftercare services did not have any significant impact on the Academic and Vocational Skill Index

(Figures in %)

	Unsatisfactory	Neutral	Satisfactory
Male	32	43	25
Female	32	40	28

■ Unsatisfactory ■ Neutral ■ Satisfactory
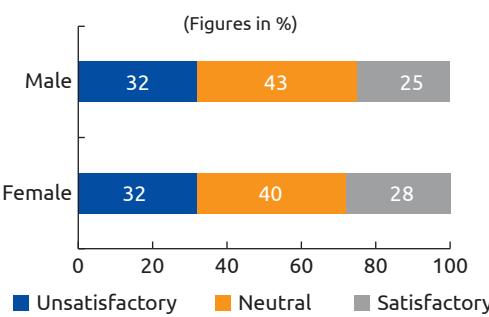
Figure 35: Academic and Vocational Skill Index by Sex

(Figures in %)

	Unsatisfactory	Neutral	Satisfactory
CLs from Government run CCIs	35	44	21
CLs from NGO run CCIs	29	39	32

■ Unsatisfactory ■ Neutral ■ Satisfactory
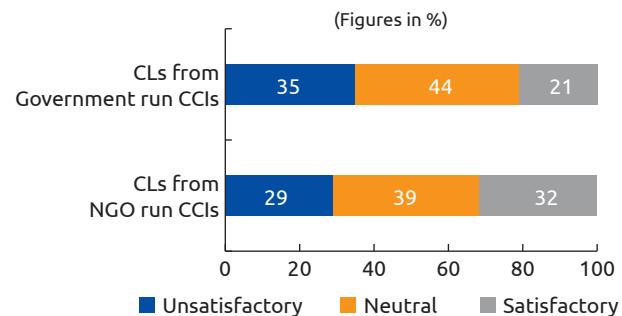
Figure 36: Academic and Vocational Skill Index by Type of CCI

3.4.7 Financial Independence and Career

The financial status of a young adult is critical in determining independent living and quality of life. Financial independence is not only dependent on their earning status but also on their ability to manage their finances, access to financial services, saving and spending habits as well as contingency planning for financial crises.

Financial Independence: 48% of CLs do not have an independent source of earning. More females (63%) than males (36%) do not have an independent source of income despite considerable percentage of girls completing class 12. The trend is similar across states, indicating limited access of women to work opportunity. **93% of the earning CLs are in salaried jobs and 7% are self-employed.** The average monthly salary was between Rs. 7,500 and Rs. 8,500. This is as low as minimum wages paid to unskilled labour in Karnataka (Rs.8586 as per http://labour.kar.nic.in/labour/2018--19%20Rates.pdf), Maharashtra (Rs.9559 under shops and commercial establishment Act as per https://labourlawreporter.com/minimum-wages-maharashtra/) and Delhi (Rs.14000 as per http://labour.delhi.gov.in/content/current-minimum-wage-rate). Over 38% CLs did not have any source of additional financial support from allowances or family support.

Financial Literacy and Guidance: 70% CLs had no formal exposure to financial literacy and 53.3% CLs had no financial guidance. 43% Aftercare receivers had access to financial guidance in comparison to only 28% non-receivers.

Table 9: Nature of Financial Services received (Figures in %)

Nature of Service	Sex		Total
	Male	Female	
Bank Account	84	73	**79**
Debit Card	52	36	**45**
SHG Linkage	1	4	**2**
Insurance	16	9	**13**

Security: One in every five CLs did not have a bank account. More female CLs (26%) than male CLs (16%) did not have a bank account, reinforcing the finding that the female access to financial

> 💬 Whatever is being spent right now is way too less. It should at least be Rs. 10,000 per month for every child which would include accommodation. An amount of Rs. 5,000-6,000 per month should be provided to children and a small consolidated fund when they leave CCI. 💬
>
> *Child Rights Expert, Delhi*

products and services is far more constrained than male thus impacting their financial empowerment. Also 87% of CLs did not have Insurance. 16% male CLs as comparison to 9% female CLs had access to insurance. Also 15% Aftercare receivers had insurance as compared to 9% non-receivers.

Financial Crisis: 38% CL were not able to cover their living expenses with their present income. More than a quarter of CLs (28%) were dissatisfied with their financial status.

From the perspective of financial empowerment, the stakeholders felt that access to services like bank accounts, debit cards, etc. and skill development for financial management should be an essential part of transition planning. They also shared that absence of documents is a major hurdle in receipt of financial services.

Financial Skill Index

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

Table 10: Financial Index Score

Financial Index	Frequency	Figures in %
Unsatisfactory	167	38
Neutral	205	47
Satisfactory	63	15
Total	**435**	**100**

(Figures in %)
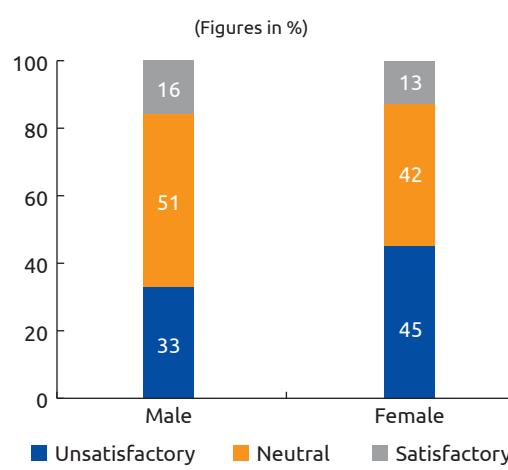
Figure 37: Financial Index by Sex

(Figures in %)
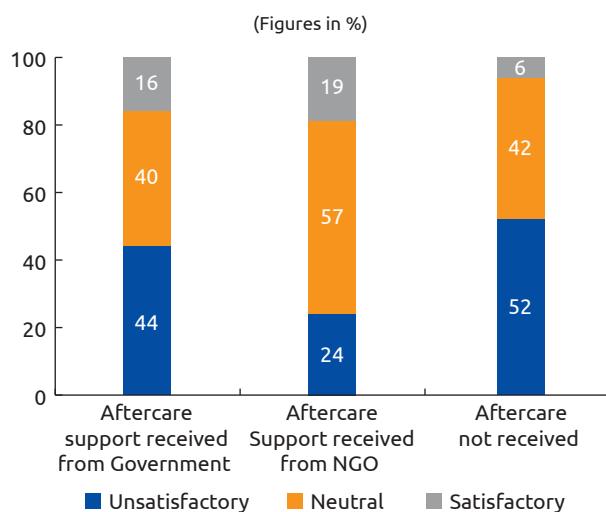
Figure 38: State-Wise Financial Skill by Source

(Figures in %)
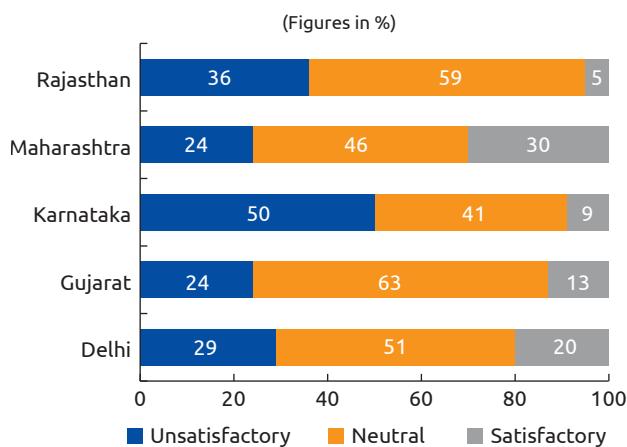
Figure 39: Financial Index by Source of Aftercare by States

- The study reiterates the financial struggles of the CLs. More than one third (38.4%) of the CLs are placed towards the unsatisfactory end of the continuum of the Financial Index score. Around half the CLs in Karnataka and a quarter of CLs in both Maharashtra and Gujarat respectively reported unsatisfactory score in the Financial Index. Only 10% CLs in the States of Rajasthan and Karnataka scored satisfactory Financial Index score.

- Gender disparity in the Financial Index is evident as 45% female CLs had an unsatisfactory Financial Index score as compared to 33% male CLs, which corroborates the fact that their Financial Independence and security is far lower in female CLs than male CLs.

- The Aftercare support and source of Aftercare support also have an impact on the Financial Index. 54% CLs non-receivers had a dissatisfactory Financial Index Score as compared to 33% Aftercare receivers. Also, 44% CLs, who received Aftercare from Government sources, had a dissatisfactory Financial Index score against 24% CLs, who received Aftercare from NGOs.

- 47% CLs from Government CCIs had an unsatisfactory score for Financial Index as compared to just 31% CLs from NGO run CCIs.

Impact of Financial Index on Other Domains of Life: Financial Index is positively correlated to Social Support and Interpersonal Index, Academic and Career Index, Physical Health Index, Housing Index, Legal rights Index as well as Aftercare Quality Index, indicating that financial independence, financial security and access to financial services provide the CLs with the space and resources to invest in the other domains of the 'Sphere of Aftercare'.

Present Engagement of CLs

A significant 43% and 31.5% CLs were primarily engaged in higher education and salaried jobs respectively. While an equal proportion of male and female CLs are pursuing higher education, 40% of male CLs have salaried jobs as against 21% female CLs.

Surviving
Compromises to True Potential

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

Rahim's father passed away due to HIV AIDS while his mother and his younger brother were also diagnosed with the condition. Her mother being the only earning member was advised to send Rahim to a CCI at the age of 14 years. He expresses satisfaction with the CCI, stating *"All the provisions there were of A1 quality. I never felt like I lacked anything there."*

In his CCI, he completed his 12th grade and a Certificate Course in Graphic Designing. He was also encouraged to develop his skills in photography. His talents in art brought him some financial gain, as he was able to sell his paintings. Unfortunately, the CCI would keep a substantial amount from the proceeds of his paintings. The CCI asked him to leave when he objected against this.

Rahim continues to be in touch with his peers from the CCI and shares a close relationship with them. He also appreciates his caregivers and mentors. He lives in a shared rented accommodation along with two of his friends. For Rahim, explaining his life circumstances to others has often been difficult. Having studied in a school and college with children and youth from the general population, he always harboured the feeling that they, with their own secure homes and families, could never truly empathize with him. This led him to distance himself from others to some extent. He had to give up his admission for a B.Arch. program due to financial constraints. Rahim intends to start his own business. The lack of financial support towards his education has negatively impacted Rahim's transition.

Rahim has been recently diagnosed with migraine. He feels low about his physical and mental health, stating that *"not one day passes without stress."* The interviewer could see his emotional distress, which left him choked for a few minutes. The financial situation has worsened due to his own poor health as well as his mother going through severe health issues.

The situation of youth transitioning from care without support is perfectly summarised in his own words: *"Youth who leave the CCI, without support, will start considering themselves as a failure. It is not easy to be accepted by this society and to reintegrate on one's own. In my own case, I have had to compromise on many of my aspirations."*

Rahim's experiences indicate a significant lack of support across at least five domains, which include financial independence and career, interpersonal skills and social relationships, mental and emotional wellbeing, physical health, and independent living skills.
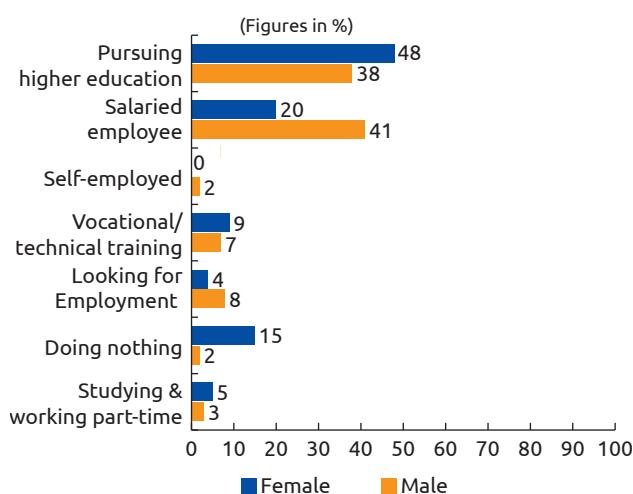
Figure 40: Present Engagement of CLs

Limitation of Employment and Entrepreneurship options: The whole focus for youth transitioning Aftercare is to start earning, and therefore a large proportion of them take up unskilled and semi-skilled jobs post basic skill training. This is indicative from the low salary structure as well as the experiences of CLs, as Aftercare does not seem to prepare or provide option for being entrepreneurs.

Gender Disparity in Present engagements: There is a clear gender disparity in females accessing salaried jobs and self-employment. This can either be attributed to the fact that they have little Aftercare support to acquire market relevant employability skills or they do not have enough guidance and mobility to find jobs. The gender difference is also visible in the rehabilitative approach in some institutions where they give marriage priority over financial independence for girls.

Challenges in Achieving Career Goals: 20% CLs (n=435) faced financial issues, such as lack of adequate income and financial security as well as inability to invest money to initiate any business. Another 13% CLs faced constraints in English speaking, soft skills, academic performance and accessing guidance. Time was also a constraint faced by 7% CLs. Surprisingly, 40% CLs did not articulate any specific challenge.

58% of CLs had not received any kind of career advice through trainings, one to one counselling.

More than 70% CLs who do receive Aftercare had no exposure to career advice.

Inadequacy of Career Skills: 42% of CLs perceived that their career skills were inadequate to achieve their career goals.

3.4.8 Legal Awareness and Identity

Identity and citizenship are basic survival rights of an individual. They are a proof of their being in a state/country and are mandatory for access to various services and entitlements as a citizen. Additionally, the absence of legal documents of identity and citizenship can lead to increased vulnerability.

Figure 42: Possession of Legal Documents

Figure 41: Information received by CLs about their Rights

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

The major findings on the domain are:

55% of all CLs did not receive any information regarding their legal rights and responsibility during their stay in the CCI.	Three fourth of the CLs in Rajasthan and two third of the CLs in Gujarat, Delhi and Maharashtra were never provided any formal guidance with respect to legal rights and legal documents required and were not aware of the same. More female CLs than male CLs had formal workshop on legal rights and right to identity. Four out of five CLs knew about right to identity, except Maharashtra where 43% CLs were not aware of this fundamental right.
96% CLs had an Aadhar card.	64% CLs did not have voter card, 40% did not have proof of residence and 62% did not have ration card. A higher proportion of male CLs possessed each of these documents against female CLs.
70% female CLs did not have a PAN card.	54% of all CLs and 41% male CLs did not have a PAN card. PAN card being unique identifier for availing all financial services reinforces the finding of lesser financial empowerment of female CLs.
Only 33% CLs were aware about Aftercare under JJ Act.	39% CLs from Government CCIs knew about Aftercare as compared to 27% CLs from NGO run CCIs. There was no significant difference in information on Aftercare between those receiving Aftercare Services and those not receiving.

It is significant to note that neither did those receiving Aftercare services have more information on legal rights, identity or Aftercare nor did they possess the necessary documents.

The stakeholders opined that CCIs and CWCs should have a strong record-keeping as it is instrumental for the legal rights of the child. It should be a part of the protocol to ensure that all CLs have a complete set of documents including caste certificate and domicile certificate by the time they turn 18 years.

Table 11: Legal Rights Index

Legal Rights Index	Frequency	Figures in %
Unsatisfactory	301	69
Satisfactory	134	31
Total	435	100

Figure 43: Legal Rights Index by States

A significant 69% of CLs had an unsatisfactory score for the Legal Rights Index. The scoring on the Legal Rights Index is skewed across states, with Rajasthan, Gujarat and Maharashtra having 86%, 88% and 76% CLs with an unsatisfactory score for the Index. The Legal Rights Index was low irrespective of gender, type of CCI where the CL lived and the status of Aftercare services received.

3.4.9 Aftercare towards Social Integration

Domains of Aftercare Assistance

All the data referred to in the study indicates the struggles of CLs across the different domains of Aftercare. Higher education and housing are major challenges faced by CLs due to lack of financial support, compulsion to earn and most importantly, lack of career guidance. Housing, especially non

Figure 44: Domain Wise Aftercare assistance required

institutional group home options are scarce, particularly for females.

Mode of Access to Aftercare Services: The preferred mode of access to Aftercare support/ services for 44% CLs was in person at a physical facility that is accessible. The other preferences included phone for 30% CLs and web access for 11.2% CLs.

> 💬I have come out of care and am availing Aftercare now. My aim is to make all the children coming out of CCI responsible enough to be on our own. Some of us had to deal with pain after transitioning and I take it as my responsibility to make that difference for the future generations, especially in Kolhapur💬
>
> *Care Leaver, Maharashtra*
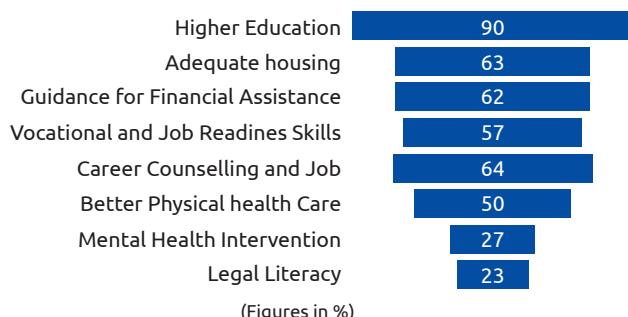
CLs Collectives/Youth Groups: In context of access and membership of formal and informal support groups, approximately 44% of all CLs who responded had access to such groups. 55% CLs from NGO run CCIs had access to support groups as compared to 40% CLs from Government run CCIs. Three fourth of all CLs are keen to be part of such collectives and networks wherein there is mutual support.

Stakeholder Views

Stakeholders across states expressed the need for making Aftercare services more comprehensive (including all required services) and flexible, so that it can be provisioned based on the need of the CLs. They shared that partial provisioning of rehabilitative Aftercare fails to achieve the goal of social integration, especially for girls.

Aftercare services should be designed for all children in the JJ system including CNCP, CCL, children with disabilities, single-parent children, true orphans and any other children in the Juvenile Justice system, which means an increased coverage of the services. Furthermore, provisioning of Aftercare only till the age of 23 years is a restrictive provision as not all CLs can be expected to be independent by the said age.

Struggling

Deprived of One's Right to Make Life Decisions

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

Bhakti has been in a CCI since she was four years old. Her experience in the CCI was pleasant, with amicable staff and good friends. Her connections with her friends from the CCI continued even after she left the institution and she presently lives with two friends who are her pillars of support. Bhakti lost interest in education very early and dropped out after Grade 5. Though the CCI staff insisted on the importance of education, no efforts were made to understand and resolve her challenge. The CCI enrolled her into a beautician course.

Bhakti shifted to a Government run Aftercare facility. Since she was not inclined to study, they arranged for her marriage against her wishes. With no one to stand by her side she succumbed to the pressure but soon the marriage turned out to be very abusive and within two months, she reached out to a friend for help. She was rescued by the police but her hostel refused to provide any emotional or legal support. Bhakti is still legally married and has a constant fear of her husband. She intends to get a divorce but has no one to guide her. Her experience in marriage was traumatic and her trust in people has been shaken. She shares: *"This marriage has really impacted my career, my physical and mental health, and also my social life."* Bhakti recently suffered from chicken pox and was very weak. Her hostel has continued to remain aloof even after knowing about her problems.

Bhakti now works in a textile factory as an unskilled labourer and earns Rs. 6,000 per month. She is keen to use her training to work as a beautician and become independent. However, she does not know how to find a job in a good beauty salon.

Bhakti shared that Aftercare is immaterial if the organizations can make catastrophic decisions regarding the lives of the youth, which are not in their best interest. She asserted that Aftercare must provide youth the freedom to make their life choices and support them towards a better life. Bhakti's experiences bring forth the lack of support that youth experience in Aftercare. Her experiences indicate a significant lack of support across the seven domains of higher education and vocational skills, financial independence and career, mental and emotional wellbeing, identity and legal awareness, independent living skills, physical health, and affordable and adequate housing.

Aftercare Quality Index (AQI)

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

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

(Figures in %)
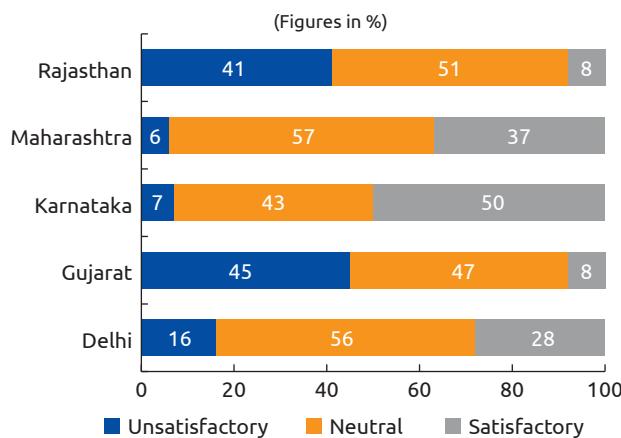
Figure 45: State Wise Aftercare Quality Index

(Figures in %)

Figure 46: Aftercare Quality Index by Status of Aftercare

Only 30% CLs had a satisfactory Aftercare Quality Index Score, indicating that the overall quality of Aftercare is compromised for a huge proportion of CLs. In Gujarat and Rajasthan, 40% and 45% CLs respectively had an unsatisfactory Aftercare Quality Index score, pointing to a compelling need for holistic Aftercare services for CLs.

Greater proportion of CLs from NGO CCIs (34% CLs) had a satisfactory Aftercare Quality Index than those from Government run CCIs (19% CLs), indicative of how childhood experiences impact the status of Aftercare. This is validated by a strong positive correlation between Aftercare Quality Index and CCI Experience Index (Pearson correlation coefficient significant at alpha level = .01).

The study also indicates that the Aftercare services definitely improve the overall Aftercare Quality Index. **Greater proportion of CLs receiving Aftercare support (35%) had a satisfactory Aftercare Quality Index score than CLs who are not receiving any Aftercare support (24%).**

> 💬 Non-institutional services expenses like education, food, housing, transport, communication, health and settlement expenses that include job search expenses, work expenses, and marriage expenses can be provided through a monthly allowance. 💬
>
> *Social activist, and a Care Leaver, Maharashtra*

(Figures in %)

Figure 47: Aftercare Quality Index by type of CCI

Regression analysis indicates that monthly income of youth, their present engagement, their linkage with CL networks, amount of time spent in CCIs, skills acquired in CCIs as well as positive experiences in the CCIs led to a better Aftercare Quality Index. Compared to those CLs who could not take up employment, the ones who are pursuing higher studies and training are having a higher likelihood of having received better career prospects.

The findings of the chapter categorically show that that CLs face greater challenges across a few domains especially because of their limited capacity and lack of support. While this chapter provides an objective representation of data and stakeholder voices, the next chapter details an analytic perspective to these findings thereby concluding on the specific areas of recommendations.

Discussion & Conclusion

"Actually in CCI and Aftercare, we do not have clear ideas about what to do after leaving care. We are always confused and yearn for someone to guide us. I want to become that guiding element in the lives of other Care Leavers".

21 year old Care Leaver, Gujarat

C hapter 3 presented the findings as represented by data trends and the qualitative studies across five states. Chapter 4 brings together the conclusions that can be derived from a singular finding or set of findings and discusses it in the light of reasons and subjective details, provided by the CLs and stakeholders. The chapter also highlights overriding trends which can be capitalized to bring change, and overarching areas that need intervention on priority.

The conclusions and discussions are presented against the objectives of the study.

4.1 Objective 1

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

4.1.1 Life in CCI and Transition Out of Care

As stated before, the research explores the nature of life experiences of CLs during their stay in CCIs as well as the extent of their development. It uses statistical measures to draw a relationship of the CCI experience with adult life. The major conclusions that can be drawn in this context are discussed below:

a. **The Child Protection System (CCIs, CWCs and DCPUs) is not prepared to handle transition and the readiness of CLs for transitioning out of care at 18 years is low.**

The JJ Act, 2015, JJ model Rules 2016, and the CPS, provide for a framework of reintegration of all children of different ages leaving CCIs but does not address the specific needs of transition planning, rehabilitation and social integration for independent living for CLs at the age of 18 years. The ICP, the pre-release and post-release formats in its present state are not appropriate for extensive transition planning and does not cater to Aftercare Planning.

There is very limited conceptual understanding of the duty bearers about the concept of Continuum of Care through Aftercare and a deficit in

capacity to plan and implement Aftercare. Further, the ICPs are either not made or are weak; children are not involved in development of their ICPs and the ICPs do not address unique needs of the CLs.

The CLs also need to be confident, empowered and supported for independent living, which was a deficit reported by 30% CLs. The lack of Independent Living and Social Skills as discussed before is indicative of the lack of readiness of CLs for transitioning out of care. The fact that 59% CLs did not even understand the concept of Aftercare further reinforces the lack of preparedness.

b. Institutionalization has an impact on education and skills of CLs. Two out of every five children go through multiple placements in CCIs.

As established by research (Torrico, 2010), multiple changes in childcare result in frequently ruptured education and have an impact on students' educational progress. One out of five CLs had to discontinue education against their wishes while they were in the CCI. The various reasons for discontinuation as per the qualitative study include shifting of children from one CCI to another (multiple placements), issues of adjustment with other children, absence of age-appropriate education and lack of support to cope up with the academics.

Stakeholders also opined that the CWCs need to take a very considered decision in institutionalizing children and priority should be to explore other long-term Alternative Care options that provide permanency, which is not being done adequately. Strong gatekeeping at the CCI by all stakeholders is required. Many stakeholders stressed on the need for an Alternative Care Policy, like Sri Lanka, to guide them to decide the best course of action for children and youth.

The study findings show a strong correlation between the experience in the CCI and extent of education and skills acquired. The NGO run CCIs have been seen to provide more skill trainings

> "Even if we want or have the talent to study, it is never entertained. Sometimes it was discouraged as it will take a longer time or due to scarcity of funds."

than Government run CCIs in various skill areas, indicating the possibility of better planning for skills as part of Alternative Care. Findings show that vocational skills are prioritized over higher education due to the pressure of giving an early start by earning to the CL. In one of the in-depth interviews, the CL expressed that they are "pushed" to consider vocational training in order to get settled in life within their limited tenure. **Setting higher aspirations and dreams for CLs is often compromised, restricting their opportunities of growth.**

Findings suggest that children, who are placed in multiple CCIs, are likely to drop out from formal education.

Lack of credible data due to an absence of a systematic database of children transitioning out of care, as well as no mechanisms to follow up their progress and monitor the implementation of the ICPs, often leads to inadequate budgeting for Aftercare programming and planning, which the previous chapter clearly brings forth.

c. Institutionalization has a strong impact on the social life of the CL in Aftercare as an adult.

The study findings provide conclusive evidence that the experiences in CCI have a strong bearing on the social skills and interpersonal relationships of CLs. The findings indicate that the acquisition of social skills by CLs is low across all states. The deficit in social skills in CLs can also be attributed to extreme care, protection and control exercised in the institutional setup. Children are deprived of opportunities to develop stable and continuous attachment relationships due to the limited number of social relationships and poor quality of contact with their caregivers (Gunnar, Bruce, & Grotevant, 2000; Palacios & Sánchez-Sandoval, 2005).

The findings show that the experiences, values, knowledge and skills accumulated during childhood in CCIs have a direct and profound impact on experiences and outcomes of CLs' adult life. Therefore, adequate investments to ensure better quality care, individual Aftercare care planning, education, and targeted skilling during childhood are needed, that allow for a smoother transition into independent living, resulting in better outcomes

in key domains of adult life. Social and Life Skills, if acquired during childhood, decrease the risk of CLs encountering social problems of homelessness, substance abuse, violence, social exclusion, etc.

(Kuligowska, 2015; Montgomery, Donkoh, & Underhill, 2006). Adequate awareness, sensitization building and training is required at all levels, such that the transition planning receives priority.

Highlight ▌▌

The poor state of ICPs as well as rehabilitation planning emerges as a common deficit across states. Capacity building of child protection stakeholders on development of ICPs and "Individual Aftercare Plans" (IAPs), involvement of children in their preparation, and having robust measures to follow-up on the progress of the plans can be a singular intervention leading to smooth transition and reintegration to mainstream society.

4.2 Objective 2

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

4.2.1 The 'Sphere of Aftercare'

A holistic Aftercare programme should provision for availability of support and services to CLs in all domains proposed in the 'Sphere of Aftercare'. This section highlights the results of the study in the context of overall systemic issues in provisioning of Aftercare services, as well as domain wise challenges and opportunities to CLs.

a. Aftercare services are accessed by a small percentage of CLs, transitioning out of care, not all of which provide Aftercare support across all domains of the 'Sphere of Aftercare'.

As discussed in the last section, there is no standardised database of CLs who have transitioned out of care in any of the five states. Those receiving Aftercare can be traced through records of the Aftercare programmes providing Aftercare services but there is no means to access or know the situation of those who were just left to go on their own at the age of 18 years and were non-receivers. These non-receivers have fallen off the child protection map. While there is no definitive figure that can be assigned to the number of children transitioning out of care in any state, those receiving Aftercare is a small percentage of them.

Findings reveal that Aftercare support provided is mostly limited to 2-3 domains consisting of housing, educational support and/or financial aid. The most commonly available Aftercare support across states was in the domains of housing and education. For any needs in the other 4-6 domains, they usually have little to no support to address them. The lack of comprehensive Aftercare services across domains and its limited reach can be attributed to the limited resources allocated to Aftercare under the CPS, scattered initiatives of direct service delivery by the Government, and the small number of NGOs across the five geographies providing Aftercare.

The CLs who received Aftercare fared better with respect to physical health, financial independence, independent living skills, social skills and interpersonal relationships, and housing, establishing the importance of Aftercare. **The coordination and convergence within the child protection system with other systems like that of health, education, and urban affairs, is low.**

The stakeholders shared that there are multiple duty bearers involved in transition of CLs out of care, including the CCI staff that identify the needs of children/youth and create ICPs and rehabilitation plans, the CWCs who have to order for Aftercare support, examine its efficacy and monitor it, the DCPU that identifies and provides details of organizations for Aftercare services, and then the Aftercare providers; challenges present in coordination between these stakeholders. This is substantiated by several in-depth interviews. One of the CLs shared that she was shifted from a CCI to an Aftercare hostel but she has

been waiting for her educational documents from the CCI for over six months because of poor coordination between the CCI and the Aftercare hostel. Moreover, the CLs can be benefitted by various existing schemes of skill development, health protection, and housing during Aftercare, but there is no convergence and inter-departmental collaboration. Few positive examples of such convergence are evident in the case of skill development in Rajasthan, and reservation in jobs for orphans in Maharashtra. In Rajasthan, orphan children living in CCIs are included in the Other Backward Classes list and can avail benefits of reservation in educational institutions and jobs as applicable to them.

Highlight ▌▌

None of the state child protection systems covered in the study have a database of CLs exiting CCIs and therefore finding CLs who are not receiving Aftercare (therefore possibly more vulnerable) is not possible. This discontinuity in the Continuum of Care is detrimental to the wellbeing of the CLs and a profound systemic failure.

Domain wise opportunities and challenges faced by CLs across the five states are detailed below:

4.2.2 Housing

Upon transitioning out of care, one of the primary needs of all CLs is to find affordable and appropriate housing. Protection from forced eviction and having a secure tenure is especially important for CLs as majority of them lack caring individuals or a strong social group to provide temporary housing. For the rest of them, vulnerable situations in their homes and families that caused them to enter a CCI still persist, and so, returning to such homes pose more risks than opportunities. The major conclusions that can be derived from the study findings as mentioned in Chapter 3 are discussed below:

a. **Availability of Aftercare support for housing is low and available state provisions are focussed on institutional housing.**

The study provides conclusive evidence on inadequacy of Aftercare support for housing. Only 50% of all CLs received housing support. In-depth interviews reveal anxiety in CLs who are dependent on friends, extended family or employers for housing and do not have enough money to transition to independent living. CLs living in Aftercare homes and hostels were also anxious about their preparedness to shift to independent living, as Aftercare housing support is also temporary and unfortunately does not prepare them for independent living. One of the CLs in an Aftercare housing facility, who is pursuing his training as a nursing assistant and is about to turn 21 shared.

In Delhi and Gujarat, the Government provisions of Aftercare are focussed on extended stay in CCI, while in Maharashtra, Aftercare homes or hostels have been provided for but only for male CLs. Rajasthan does not have any institutional set up for housing support due to its focus on kinship-based care. The states are also promoting private partnerships evolving innovative models of Aftercare; in Gujarat, the Government along with Deepak Foundation provides Aftercare in the same facility as the CCI.

b. **There is gender disparity in availability of housing options to female CLs.**

There are no Aftercare homes for girls except in Delhi and Maharashtra. The research team had more difficulty in locating female CLs than male CLs, as fewer were available through Aftercare homes or institutional setups. Non-availability of housing for female CLs leads to placement of CLs in housing meant for women in distress, which in turn impacts their development. The approach to the rehabilitation of girls is strongly influenced by gender stereotypes. The focus was either to marry them or send them to destitute homes for women rather than making them independent individuals

> 💬 With my tenure ending soon, the staff have asked me repeatedly to vacate. I am negotiating for more time since I have no external support and no place to live. 💬

who could make life choices for themselves. There are a few examples of non-institutional housing, such as group homes, which are largely driven by NGOs in Maharashtra and Rajasthan. Since both working women hostels and *Swadhar Grihas* do not have an objective of Aftercare, they lack sensitivity to the needs of the CLs and do not prepare these girls for future independent living. The system which invests in children in CCIs and provides them with care, education, and guidance for helping them build a bright future, ends up leaving them alone at the crucial time of transition, where without any other options for support, they are clubbed with destitute women. The female CLs transitioning out of care are not considered as a unique group, since in CCI they grow up with care, control and investment that needs to be supported in this transition.

c. CLs receiving Aftercare support have satisfactory scores with their housing status.

Accessing Aftercare services provides a sense of support to the CLs in transition. Those accessing housing support have a shelter for short-term which gives them space and time to transition gradually. One of the CLs said that despite the fact that the Aftercare services he is receiving are very basic, they are still a huge support as it at least allows him to focus on other facets of life.

d. Aftercare support for non-institutional housing prepares CLs better for independent living.

The spirit of the JJ Act, Rules and CPS clearly guides towards non-institutional Aftercare approaches that facilitate independent living without any external support. The evidence from Maharashtra supports this belief but also shows that those in independent housing have greater stress. Stakeholders shared that CLs can transition to independent housing only after they have acquired skills for independent living and have some sustained source of earning, both of which are apparently very low at the time of transition and therefore institutional services may serve as an interim solution. However, stakeholders also shared that finally, all CLs have to transition to independent living and it is important to reiterate that independent living needs initial handholding. A stakeholder shared:

> Aftercare facilities serve as a midpoint for CLs to transition to independent life. Not all 18-year olds are ready to live independently or in small-groups, and so both options should be made available on need basis.

4.2.3 Independent Living Skills

a. Acquisition of independent living skills by CLs in CCI and in Aftercare is low and are impacted by gender and nature of care provided at CCI.

The study provides conclusive evidence that the acquisition of independent living skills in children is low in institutions. In the absence of family as well as the sharing of roles and responsibilities as in a family setting, the CLs do not have many opportunities to learn independent living and social skills. During a KII interview, one of the experts on child protection succinctly sums up children's experience of this transition:

> A child who has not received any kind of exposure to the outside world and who has been kept in a closed institution is completely overwhelmed with the sudden freedom they receive in Aftercare. Young adults do not know how to adjust to this nor do they know how to make use of this independence. Often, they end up misusing it.

Data revealed that 35% female CLs had satisfactorily acquired independent living skills as opposed to 20% male CLs. Gender stereotypes are evident in the care approach as well as in skill development priorities, as they tend to reinforce ascribed gender roles. Skills such as cooking and household management are expected of a female rather than a male and is also the trend in skill acquisition. Further, the CLs from NGO run CCIs have received better skill sets than Government run CCIs. This can be attributed to the flexibility and innovation in planning in NGO run CCIs and greater training of staff.

b. Receipt of Aftercare services positively impacts acquisition of independent living skills.

The study finds that Aftercare support positively impacts the acquisition of independent living skills.

However, it is also seen that Aftercare services, while stressing on housing and vocational skills, gives lesser attention to developing life skills or support in other domains of the 'Sphere of Aftercare'. One of the CLs shared *"As an idea it (Aftercare) is very good as it provides the boys who do not have any support a place to stay, and also an opportunity to work towards their own settlement. But there is very little guidance. At present, the staff are the sole decision makers and the inputs of the boys are not considered. I don't have any large expectations. They must consider us as important and they must have faith in us, that we can do anything and everything as per the decisions pertaining to our life."*

There are many positive examples to learn how living in CCIs can build up the independent living skills of the CLs. An effort needs to be made to make CLs a part of CCI management with age appropriate responsibilities that do not hinder their education and other development priorities.

4.2.4 Emotional Wellbeing

As already noted in chapter 1, CLs represent a vulnerable population and have most likely been exposed to several instances of trauma and stress since childhood, and the transition exposes them, yet again to another trauma. The study findings on the state of emotional wellbeing during transition across five states lead us to the following conclusions:

a. **Transitioning out of care has a negative impact on the emotional wellbeing of CLs. There is greater negative impact on the emotional wellbeing of female CLs than male CLs.**

The study findings show that 61% CLs have recurring emotional distress. This reinforces the findings of previous research. Abrupt transition out of care is also a stressful situation as CLs need help not only finding accommodation and securing finances but also in matters relating to their physical, mental and emotional wellbeing (Barn, 2010; Meade & Mendes, 2014). During this phase, many reported experiencing symptoms of clinical depression, anxiety, stress, and even suicidal tendencies (Vacca, 2008). The in-depth interviews substantiated the findings. The pressure to become financially independent, acquire and manage independent housing, and integrate with the larger community leads to stress and anxiety.

> 💬 At our Aftercare hostels, all young boys must do their own shopping, including groceries, and negotiations with the shopkeepers. Elsewhere, Care Leavers in Aftercare hostels end up not interacting with other people, so we've made it mandatory. We also encourage them to save and manage their allowance. Once they start earning, it is mandatory to put a part of their salary as savings. They may not like it, but we insist on it to impart responsibility and value for money. 💬
>
> *Key Informant, Maharashtra*

A female CL shared that she is concerned about having depressive symptoms as she is unable to sleep and prefers to isolate herself from her friends. In her words *"Lack of guidance and financial support has greatly impacted my mental and physical health."* She shared that she will soon be contacting her mentor to know if he can help her see a therapist. She states that she has not got any opportunity to become stress-free and lead an independent life.

There is quantitative evidence to partially substantiate that the state of emotional wellbeing of CLs has an impact on other domains. Emotional wellbeing is strongly correlated to the Academic and Career Index, indicating an impact on education and work life. State studies and qualitative evidence also indicate that emotional distress results in poor social relationships, which further increases vulnerability as they fail to establish a social support structure for themselves. The recurring emotional distress was more evident in female CLs than male CLs. As reported by a member of the Maharashtra Aftercare Association, Pune, *"Poor mental health affects other aspects of adult life. Some CLs pick up jobs but leave them the next day,"* as they are unable to cope with new pressures of work life.

b. **Access to mental health services declines during transition. Number of CLs seeking professional help for mental health is extremely low (only 22% CLs sought professional help).**

Access to mental health services among CLs drastically declines during the transition from care to Aftercare. Children in CCIs usually have easy access to trained counsellors, which is completely absent after transition. The inquiry into

the professional help seeking behaviour of CLs showed that 78% did not seek professional help. Either the CLs are not aware enough to recognize the symptoms of distress and realize its adverse impact or they are discouraged to seek professional help due to the stigma attached to psychological disorders. International studies in the mental health of CLs have consistently shown that self-stigma and public stigma impacts their ability to access mental health services. It has also been found that self-stigma affects an adolescent's self-identity, self-efficacy, and interpersonal relationships. This influences self-sufficiency once youth leave care (Guillen, Macedo, & Lee, 2017). CLs may also not reach out for help after transitioning as they do not have reliable support networks (Mann-Feder & White, 2003).

4.2.5 Social Relationships and Interpersonal Skills

a. **Institutionalization and transition out of care have a considerable impact on CLs' social relationships and their ability to have a support system for themselves.**

The study shows that CLs find it difficult to maintain close personal relationships with caregivers, mentors, other children in the CCI, as well as their family. As discussed before, CLs as children were uprooted from their place of belonging and have witnessed the loss of relationships, which has a profound impact on their personal confidence in developing relationships and trust in others. The added stigma of being an orphan or belonging to an institution also makes their social reintegration a precarious journey, as voiced by CLs and caregivers alike. Basic skills of appropriate interaction, maintaining relationships, conflict resolution, empathy, humour and communication are often missing in institutionalised children (Modi, 2016). Referring to social relations, a CL said that for boys like him, personal and social life remains limited to people in CCI and Aftercare. According to him *"people outside don't really understand us and we too don't trust the people outside."*

b. **Institutionalization impacts social relationships with the other gender.**

All CCIs are segregated by gender post 12 years and are governed by strict policies regarding movement of children and other non-staff persons in and out of the home, in the interest of children's safety. As an unintended side-effect, children rarely get to interact with peers and adults of the opposite gender. Thus, innate understanding of gender roles and gender inclusion that may happen in a traditional family is lacking amongst CLs. All CCIs have to be gender specific as per law and in their childhood, there is little interaction with the opposite sex. In the absence of relationship counselling, positive orientation towards romantic relationships and lack of access to marriage counselling, upon exit from CCI, CLs are vulnerable to exploitative and abusive relationships. While stakeholders referred to girls being caught in vulnerable situations, this also has adverse effects for young men. This coincides with the findings of the study wherein many male CLs find it difficult to adjust to romantic relationships. Deputy Commissioner, MoWCD, Maharashtra, explains the significance of this aptly: *"Since the child has not lived in a family, how would they understand the concept of familial or romantic relationships? For a happy married life, they require proper pre-marriage counselling."*

The stakeholders also shared the vulnerabilities of CLs who have been raised in an environment with little exposure to the opposite sex. CLs tend to enter into relationships which are many times abusive, especially for girls. The inability of both boys and girls to maintain romantic relations could also be attributed to this lack of exposure.

> There is a youth group in an organisation at Pune who have started a group called "So Hot". In case a child without parental care becomes ill, or there's an emergent need to take them to the hospital, then this group of adolescents take it upon themselves to care for the child and/or get him/her admitted to the hospital. From there on, matters relating to the child's education, marriage and job… everything is looked after by this group. If these kinds of initiatives are taken or such groups are created, supported and commended, then the current system can be far improved.
>
> *Former JJB Member and Expert on Child Care and Family Counselling*

c. The acquisition of social skills is low in institutional life and Aftercare.

The study findings indicate that the CLs, especially male CLs, face a deficit in social skills i.e. effective communication, leadership, conflict management, self-esteem, knowledge of legal rights and duties, gender neutrality, etc. This has an impact on the overall quality of life of CLs.

The study also shows that those receiving Aftercare support fare better on social skills and relationships. 77% of CLs stated they would benefit from a peer support group or membership in a youth collective. The CLs shared that youth collectives would provide them an opportunity for greater interaction and extend support to each other.

4.2.6 Physical Health

The CCIs usually have a proper system of regular health examination and access to health facilities, which gets discontinued for CLs transitioning out of care. This may lead to CLs getting systemically deprived of health care amenities. The study findings conclude the following:

a. CLs are relatively satisfied with their physical health and access to health services.

The study findings suggest that four out of five CLs have a satisfactory Physical Health Index, indicating a positive perception about their physical health as well as their access to caregiving and health services during illness. About 91% of them reported to have had yearly medical check-ups till they were in CCI, as this is mandated by the JJ Act, which discontinues post transition. The generally accepted perception of good health is absence of disease and it is this perception that is echoed by the CLs. The existence of low haemoglobin, deficiencies, weak eye sight, dental issues etc. are not considered diseases or as signifying poor physical health, till they are serious enough to manifest as illness. In-depth interviews did highlight physical ailments and their consequences. One of the CLs reported that in 2017, she came to know that she had tuberculosis (TB) and ascites. She was disappointed because the annual health check-ups in her CCI had failed to diagnose it. According to medical reports, she had been inflicted with TB for 2.5 years. She found out about the diseases only after she left her CCI.

Amidst major challenges of housing, financial independence, and managing social relations, health does not emerge as a priority, as it is overlooked until there is manifestation of disease or illness. However, the CLs did share challenges such as expensive healthcare, unhygienic or unclean space for recuperation, no hospitals or clinics in proximity, poor nutrition and lack of exercise habits, etc.

b. Dealing with prolonged illness and health emergencies is likely to be a challenge for CLs.

Management of prolonged illness and health emergencies requires caregiving support for an extended period of time, and availability of funds for treatment or access to health insurance. However, the study findings show that 23% CLs did not have someone to provide caregiving during prolonged illness and 78% CLs did not have health insurance. Moreover, given that the average monthly income of CLs is reported to be between Rs. 7,500 and 8,500, affordability of health care may be an issue.

Notably, health needs did not reflect enough in the qualitative study too, as barely 5% of the KIs emphasized on it. However, any efforts to improve Aftercare support and services must have an inclusive approach towards health issues of all youth entitled to it under the juvenile justice system, while ensuring that CLs have access to healthcare services available to other disadvantaged youth.

4.2.7 Education and Vocational Skills

a. The transition of CLs out of care impacts their education in multiple ways including discontinuation, delays and poor academic performance.

Over 40% CLs could not complete secondary school, which is far higher than the national average of 19.8%. Over 56% CLs reported discontinuation of education either in the CCI or during the transition out of care. The reasons for CLs to drop out of education during transitioning out of care include lack of financial support, frequent placements, not receiving age-appropriate admissions, pressures of earning to sustain themselves, lack of time or merely absence of guidance. In-depth interviews indicate that many CLs had to wait for considerable time in resuming education as they transitioned to a new place, and the transfer of education documents took time.

Stakeholders shared that the cost of higher education is substantially high as compared to Aftercare allowance and therefore, private sponsorships and CSR funds need to be raised. Funds for expensive courses also are a challenge and there are times CLs have to miss life transforming opportunities.

The study finding is not conclusive in reporting the impact of gender on educational attainment of CLs in CCIs or during transition out of care, but it does show that despite a comparable proportion of female CLs (26%) receiving higher education to males (25%), much fewer females (31%) join the workforce as compared to males (61%) and therefore struggle for financial independence.

b. **Across states, half or less of all CLs have received training in one or more employability related skills in CCIs.**

Vocational skills were reportedly received both within CCIs and Aftercare. The study conclusively shows that receipt of Aftercare increased the access to these skills. Overall, the focus on vocational skills was lacking in all states.

c. **The present level of educational qualifications and skills acquired by CLs does not match their academic needs and aspirations.**

42% CLs felt that their educational qualification and skills are inadequate to meet their career goals. One of the reasons is that the education of a considerable proportion of CLs was discontinued in CCI or during the transition. Also, there is an evident deficit of skills.

In the context of vocational skills, in-depth interviews with CLs and KIIs indicate that CLs may need to opt for vocational skills as a compulsion, as earning becomes non-negotiable for them. At times, CLs may not have access to a range of choices that relate to their interest and are not aware of the market value and future opportunities related to those skills. A CL pursuing vocational training asserts that:

> ❝ I have no other choice but to do this training to secure a job ❞

Skills find priority over higher education as they create quick employability with lesser investment in Aftercare, without realizing that they may be restrictive to the future growth of the CL in accordance to their potential. The National Skill Policy in India has crafted ways of integrating education and vocation for a growth path in life and career, however neither stakeholders nor CLs are aware enough to plan long-term growth trajectories for CLs.

In case of employment, convergence with existing schemes such as the PMKVY, NULM, and NCS, as part of the Aftercare policy framework and guidelines, is emerging as a worthy option to explore. Inter-ministerial cooperation and collaboration could effectively render an integrated, holistic scheme for employment of CLs. Entrepreneurship, along with mentoring and suitable loan opportunities, should be encouraged as options, alongside the provision of traditional vocational skills.

4.2.8 Economic Independence and Financial Literacy

Apart from securing adequate housing, acquiring life skills, forging and maintaining relationships, and taking care of their mental and physical health, CLs face tremendous pressure to start earning and becoming financially independent at the tender age of 18 years.

a. **There is a significant gender differential in financial independence.**

The research findings show that 48% CLs do not have an independent source of income, which means that they are either in the CCI or Aftercare facility where they do not have to bear the expenses for living, or they are dependent on family or friends. 63% female CLs as compared to 36% male CLs do not have an independent source of income, though they are at par with or in some cases even better positioned than males with respect to education, skill development, mental and emotional health.

This puts a large number of females at-risk of financial vulnerability as they remain financially dependent on the CCI/Institution, where they reside or on other sources. The stakeholders shared that gender stereotypes act as a barrier in the care and rehabilitation approach for female CLs. The rehabilitation for female CLs largely aims to protect them through placement in institution/extended family or through marriage. While the findings also indicate that the female CLs acquire better education

than male CLs, the in-depth interviews show that the vocational skills acquired by female CLs include conventional training in stitching and beautician courses, which are again influenced by gender roles rather than market needs, often resulting in them not being able to become economically independent. A female CL who has completed her 10th grade and a short diploma while in CCI, is presently unemployed and lives in an Aftercare home. The vocational training she pursued through her CCI is not sufficient to provide a job and therefore she wants to do a diploma. She shared *"I can pursue my education only if my younger brother is able to manage the fees."* Her Aftercare home does not support her education.

The fact that more male CLs have an independent source of income is also indicative of the compulsions the males face and signifies their missed opportunities in higher education. A CL who has received vocational training in tourism, works in a job that has long working hours and lives in an Aftercare home shares *"See...the (Aftercare) routine life needs to accommodate the individual life of the boys."* He explains:

> I mean if I want to be a footballer then I have to join some club, but I don't have any contacts. Likewise, I will also need a professional coach but there is no such option available here. In Aftercare, job is compulsory, so I don't get time for football or further studies. Also, anything other than a job is considered as unimportant and as something which does not have any value.

Such differential also exists in access to financial services, as far less female CLs have bank accounts, access to debit card and insurance, further limiting the scope of financial independence.

b. CLs had low financial literacy, access to financial services, as well as ability to manage financial crises.

Living in an institutional setting does not provide CLs with hands-on opportunities to learn household economics. Nor are they (as reported by 70% CLs) given any formal exposure to financial literacy. Though financial independence is an important

component of independent life, the stress of CCIs and Aftercare services is largely on enabling them to earn. Shockingly, 20% CLs did not even have a bank account; 55% and 87% CLs did not have debit cards and insurance respectively. 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).

A significant 37% reported that their income is not enough to cover their cost of **living, while 1 in every 4 CLs (26%) reported being unable to or not in the habit of saving money, indicating the economic vulnerability of CLs.** Moreover, it is dismaying to note that no KI or stakeholder talked about financial inclusion schemes such as the *Jan Dhan Yojana*, which aims to expand and make affordable access to financial services such as bank accounts, remittances, credit, insurance and pensions.

The stakeholders also shared that the present allocation per youth per month (Rs. 2000) within the Aftercare programme under ICPS is grossly insufficient. These KIs shared that this amount of money is unable to cover the monthly expenses of food, clothing, transportation and allowance. The cost of education and skill training is not even factored in within this amount. While many stakeholders believed that the grant should go directly to the ACOs, CLs felt it should be transferred to youth directly. The demand to increase the amount to at least Rs. 10,000 per month was expressed by more than half of the CLs in all the states.

Aftercare support had a positive impact on financial independence, financial security and access to financial services. Also, those receiving Aftercare from NGOs fared better on the Financial Index than those receiving Aftercare from the Government Aftercare programme. Stakeholders opined that there must be opportunities of internships and trainings with

various Government departments to encourage and expose CLs to a positive work environment.

A female CL who is in the Aftercare home reiterates that *"girls should definitely be empowered to take care of themselves independently."*

4.2.9 Identity and Legal Awareness

a. The information on legal entitlements and responsibilities, as well as on legal provisions to Aftercare is low among CLs.

The children in CCI are the responsibility of the state and yet they do not have access to information on basic legal entitlements. The objective of legal literacy is to ensure that citizens, particularly marginalized or underprivileged groups, can obtain the benefits that law seeks to offer them, which stands defeated in case of CLs. This is yet another indicator to show that transition planning is either absent or a low priority across the five states. It is surprising that more than 60% of the CLs are not aware of Aftercare provisions under law, which means that they do not even know what they can expect from the Government as support.

b. Institutionalization as well as Aftercare did not facilitate CLs to have requisite documents for domicile, residence proof, and accessing financial services (PAN), except Aadhar and educational certificate.

96% CLs have an Aadhar card, a primary document for identity that shall enable them to access a majority of services. However, more than half the CLs did not have essential documents like PAN card, passport and voter card, which means that CCIs neither plan for transition support acquisition of these documents nor do they empower, CLs to acquire them. Stakeholders opined that every CCI should ensure that by the age of 18 years, all CLs have necessary legal and identity documents. Lack of documents led to impediments in availing reservations in Maharashtra, or accessing other schemes under caste benefits at the state level.

The challenges faced by CLs in accessing legal aid were also voiced by various KIs. A former JJB Member and expert on child care and family counselling narrated an upsetting story of a girl who lost her parents to an accident. She added that:

> She was entitled to her parent's share in the family property. However, she lost that property in the absence of proper legal aid and poor follow-up by duty-bearers.

Conclusions across Domains

a. The receipt of Aftercare support has a positive impact on all domains of the 'Sphere of Aftercare' namely housing, independent living skills, social skills and interpersonal relationships, financial independence, financial security and access to financial services, and physical health.

It is extremely encouraging to find that Aftercare support has a positive correlation with various domains of life, despite the fact that CLs received Aftercare support in only one or two domains, and the existing Aftercare services are not comprehensive enough to address all domains. The Aftercare receivers also fared better in acquisition of employability skills. The study therefore indicates that a comprehensive Aftercare programme can have a transformative impact on the lives of CLs, by reducing the struggles faced in transitioning out of care. A CL aptly summarises the value of Aftercare:

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

b. Gender disparity exists in domains of independent living skills, housing, physical health, emotional wellbeing, and financial independence, financial security and access to financial services.

There is conclusive quantitative evidence to indicate that the female CLs have acquired better independent living skills and have a better Physical Health Index. Gender disparity impacts female CLs negatively in domains of emotional wellbeing, housing, financial security and access to financial services, leading to increased vulnerability. The research consistently also points towards a

significant gender bias in the care and rehabilitation approach. These findings indicate a much needed change in approach to care and rehabilitation planning in the CCIs as well as in the approach to the Aftercare programme.

c. **The financial allocation for Aftercare is inadequate to provide comprehensive Aftercare services to children who exit CCIs. Further, states need to review financial planning, allocation and utilization for Aftercare.**

The present budgetary provision for Aftercare under CPS is miniscule, given the nature of Aftercare services required across the domains of the 'Sphere Aftercare'. The present per CL per month allowance is extremely low as reflected by the findings of this study. In the pursuit to plan and implement Aftercare in its true spirit, investment is required in capacity building of the child protection cadre, comprehensive rehabilitation planning, and rethinking the design of the Aftercare services with flexibility to provide services as per the assessed needs, along with investment in Aftercare housing infrastructure.

The state Governments should adapt Aftercare to their specific requirements and budget accordingly. There are states where the existing budgets are under-utilized, which also needs attention.

d. **The human resources in CCIs and CPS are inadequate to take complete responsibility of transition planning, preparation of CLs for transition and implementation of plans, post exiting the CCIs.**

The stakeholders shared that the development of the CPs, transition planning and preparation of CLs for transition is not a priority for the caregivers and staff at the CCIs because they are overburdened with multiple other responsibilities. There are vacant positions leading to a shortage of staff in CCIs and ICPS. Transition planning and implementation requires skilled staff as well as dedicated time, and therefore fulfilling existing vacancies and creating a cadre of district-level Aftercare officers should be prioritized.

4.3 Objective 3

Understand and document the emerging and promising Aftercare interventions.

There are a large number of organizations/ initiatives across the five states providing Aftercare in different domains. In fact, most organizations that run institutions offer some form of support beyond the age of 18 as well. This section brings forth only those practices/organizations that have a specific Aftercare focus and an evolved approach. Also, given the focus of the study, it only includes organizations focussed on Aftercare of children leaving institutions, and excludes initiatives wherein children from vulnerable families and those on the street are rehabilitated. The organizations/ Aftercare practices are classified based on the following approaches:

1. **Integrated Approach to Aftercare:** This includes models wherein Aftercare services are provided across all domains of the 'Sphere of Aftercare'. All of these models provide some form of housing support along with other interventions.

2. **Non-Institutional support in other domains:** These are organizations that do not run a home or hostel but provide support to CLs aging out of any CCI.

APSA

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

Focus: APSA provides transitional residential care for children for a period of 3 years including life skills, employability and independent living skills.

Intervention: The Navajeevana Nilaya girls' hostel is cost-effective, safe and enabling for girls from different disadvantaged backgrounds. The hostel serves as a peer bonding and participative management space to empower the girls to manage on their own. They have a comprehensive life skills training programme aimed at developing employability and independent living skills of the youth.

APSA also runs a Kaushalya Skill Training Centre that provides vocational training options such as computers and graphic designing. The Aftercare programme has health, training and education, with specific modules for de-addiction.

ECHO

ECHO has programmes rooted in the holistic reintegration of CCL into society.

Focus: ECHOs rehabilitation model is focussed on holistic reintegration of CCL. Their innovative model of career-based pathways to independence also extends to CNCP.

Intervention: Its partnership with the Karnataka Police has seen hundreds of youth contributing positively to traffic enforcement. The organization goes the extra mile to understand the background of the child, to make them avail benefits from the systems of reservations as applicable to them in education institutions and with career placements, as well as supporting their property and identity rights. ECHO also offers assistance for up to Rs. 10,000 a month to CLs who take on different trainings until they are financially and socially streamlined.

Make a Difference (MAD)

MAD's Transition Readiness and Aftercare Programme aims to provide academic and career opportunities, and financial and logistical support to emerging CLs through a volunteer mentoring programme.

Focus: The Aftercare programme 'Propel' is grounded in the belief that the future of the CLs should be guided by their interests. Underpinning all their interventions is a strong mentor or "wingman" for each CL who guides the youth towards all aspects of independence.

Intervention: The volunteer or "wingman" meets his CL once a month in a group setting of 10 CLs in a Self-Help Group format. They are encouraged to interact with CLs from other organisations and are working towards building a district wide network of CLs in each of the 23 cities.

MAD follows the settlement of these youth through an "impact tracking" process, where the youth themselves are incentivized to keep in touch with their mentor. Pre-Aftercare training is also a component of transition readiness. The creation of a robust network of CLs that act as a peer support group is behind the sustainability model of MAD's Aftercare interventions.

PRAYAS

The 'YUVA Connect' programme of Prayas launched in Delhi in 2011 targets youth in conflict with law.

Focus: The ultimate goal of the Aftercare program is to ensure a safe and independent life free from crime.

Intervention: For every child, a plan is developed for a three-year period including services as defined in the JJ Act and Rules. Skill enhancement and mainstreaming in society are primary interventions that eventually lead to self-dependence through income generation. The programme reaches out to 400 juveniles per year.

PRERNA

Works towards ending second generation prostitution and human trafficking of children and women.

Focus: Provides Aftercare only in extreme cases of vulnerabilities, or to those who come into the juvenile justice system very late in life.

Intervention: Provides Aftercare support to vulnerable girls through 2 group homes in Mumbai. An Aftercare plan is developed for each youth in consultation with them at the age of 14, with the goal of complete independence by 21 years of age.

Prerna also supports vulnerable adult women in finding a place to stay and in paying rent. Interestingly, these women who have stayed in CCIs go on to hire flats and sublet them to other female CLs who have just turned 18, creating a circle of care.

Salaam Baalak Trust (SBT)

Providing long-term and short-term stay facilities to CNCP in Delhi, it works towards holistic development and empowerment of these children.

Focus: Aftercare support is need-based and the nature of support varies on a case-by-case basis.

The nature of various Aftercare services provided to SBT's alumni include 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 offered within Teamwork Productions, Ishara Theatre Trust, and City Walk, along with other avenues, wedding expenses paid for by SBT if requested by the CL and material support like furniture, utensils etc. and need-based financial support for a period of three to six months.

SOS Children's Villages India

SOS Children's Villages India works in 32 locations since 1964 to fulfil the needs of long-term family care to children in need of such care.

Focus: SOS has a unique program to support the transition of children in their care towards an independent life, by the name of "Youth Home/Youth Facility program", which is an integral part of their 'Family Based Care' model.

Intervention: Boys within the age range of 12 -14 years are shifted to youth facilities. Each youth home has 10-15 youth living together under the care and guidance of a youth care worker. The program promotes career development. Three stages include:

Arunodaya (13 – 18 years): Imparts social, emotional and educational skills.

Sopan (18-22 years): Professional/vocational education support in choosing career, developing interpersonal skills, and personality development.

Gharonda (22 – 25 years): The youth start living independently in the community and begin to earn themselves. Youth are always encouraged to get in touch in any need or emergency.

Udaan

A structured Aftercare programme of Rainbow Homes is designed to offer long-term stability to youth transitioning into adulthood.

Focus: Udaan provides education, skill development, accommodation and life skills, while ensuring the movement towards a dignified source of livelihood.

Intervention: The Udaan programme components include capacity building, education and skill building, provisioning of accommodation and group living, a youth forum and social security, along with ensuring the movement towards a dignified source of livelihood. For smooth transition from home care to outside independent living, 5-day long workshops are arranged for youth in the age group of 16-18.

Udayan Care

Udayan Care works towards "making young lives shine" by providing sustainable and holistic development for children and youth living in Alternative Care, through its practice as well as advocacy, research and training efforts.

Focus: The Aftercare model is a demonstration of a needs-based approach to long-term care through attachment and mentor parenting to reintegrate youth in mainstream society. It focuses on a Continuum of Care until each young person is independent and settled and therefore, there is no age limit.

Intervention: The principal focus of the model is planning a comprehensive individual care plan for each child. The key components of the organisation's Aftercare programme are mentor parents, as the constant adult figure from childcare to adulthood who guides and supervises the CLs in career and settlement; dedicated Aftercare accommodation and some stay in scattered independent flats; support for higher education, professional training and career development. Youth are encouraged to take up part time jobs and manage an independent kitchen to equip them for independent life. Internships and employment opportunities are ensured. A one-time settlement on exiting Aftercare is given besides marriage and settlement support.

Vinimay Trust

Provides support to underprivileged children and youth from CCIs.

Focus: Aftercare services are designed based on their belief in social participation and mutual exchange. They are managed by volunteers and beneficiaries together.

Intervention: Tarun Sadan, the Aftercare hostel in Mumbai, caters to homeless boys who transition out of CCIs at the age of 18 years. Since 1999, the hostel provides free or subsidized living accommodation for a period of 3 to 4 years, along with care, guidance and essential needs of food, clothing and medical aid.

The volunteers work with small groups of CLs to develop independent-living skills, help them obtain legal documents, operate bank accounts, and develop interpersonal skills. 70% youth are exposed to mentorship. It also provides assistance for family reintegration, medical care, higher education support, job placements, housing loans and crisis intervention. Tarun Sadan has a strong alumni network. Around 350 youth have transitioned and the hostel presently accommodates 50 boys.

4.4 Objective 4

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

The said objective was not met as there was no database of children exiting institutions maintained in any state under the study. There is a total lack of documentation on CLs in all the five states, despite the fact that the JJ Act and Rules clearly mandates the CWCs to have a register on Aftercare. None of the state SCPC seem to be maintaining numbers of CLs, those who received support and those who did not, nor are there any mechanisms to follow up on those who exit the juvenile justice system. Various visits and efforts to understand the situation with CWC members and DCPU officers across the five states also did not yield any result on this count.

4.5 Objective 5

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

Basis the key findings of this study, detailed recommendations have been made in Chapter 5 of this report.

Conclusion: This chapter brought forth conclusive trends on Aftercare practices across the five states along with a glimpse of the existing diversity between Aftercare Practices in the states. As discussed above, the overall problems and challenges faced by CLs are quite similar across states, indicating that the overall policy provisions for Aftercare need strengthening along with provisioning of a robust machinery and human resources for delivery of Aftercare services. Additionally, in the short term, the transformation in the state of affairs of Aftercare can start with the effective implementation of the existing provisions. The next chapter puts forth recommendations for policy as well as implementation of Aftercare.

Recommendations for Strengthening Aftercare in India

"Until or unless every CL is made to feel empowered or stand on their own feet, till then there is a need to provide a protective environment to them. There are many success stories but we also need to focus on unsuccessful stories, which will be helpful to plan our work better. Your and my child did not get rehabilitated at the age of 18 years then how will these children?"

Senior Government Officer and Key Informant, Maharashtra

The findings of this research study reinforce that Aftercare support positively impacts outcomes of adult life across the eight domains of the 'Sphere of Aftercare'. It reinforces the interconnectedness of the different domains in the 'Sphere of Aftercare', and hence the need to establish a far more comprehensive Aftercare programme than what exists today. The recommendations are based on the findings of the research as well as the voices of the CLs and stakeholders captured as part of the research study.

> The key recommendation is to recognise CLs as the most vulnerable youth-at-risk and include their voices in planning for them to mainstream and socially reintegrate them into society, empowering them to live independently.

Recognize Care Leavers as a Distinct Vulnerable Category

Children who grow up in CCIs face separation from families due to their socio-economic and familial context, making them far more vulnerable than other children. The findings clearly show that life in care at the CCI and life after departure from CCIs, on completing the age of 18 years, are marked by unique challenges. They experience heightened care and control in the CCIs, which increases their dependence on the system, followed by complete release and freedom at the age of 18 years, for which they are not prepared. As their guardian, the relationship of the state with the CLs is deemed one of parent and ward. **Given this relationship and the unique vulnerabilities the CLs face, the Government should recognize them as a distinctly vulnerable population within the legal and policy framework of the country.**

The Ministry of Women and Child Development (MoWCD) and the Ministry of Social Justice and Empowerment (MSJE) should take steps to ensure

affirmative action for CLs in India. **One of the primary affirmative interventions is to provide the appropriate reservation to CLs in educational institutions for higher education and in jobs.** The Government of Maharashtra has set a precedent in this context by providing 1% reservation to CLs (This Government Resolution is available on the Maharashtra Government Website www.maharashtra.gov.in and its reference number is 201804021309138030).

Such affirmative action can also be initiated independently by individual states.

5.1 Changes in the Policy and Legislative Framework for Aftercare

5.1.1 The National Youth Policy 2014

The National Youth Policy, which is due for revision, having completed 5 years in 2019, the National Policy on Skill Development and Entrepreneurship, 2015, and other national policies pertaining to youth should include CLs as a vulnerable category. This would mandate their inclusion in provisions of schemes and programmes formulated to implement these policies.

The national and state schemes and programmes for housing, health, education, skill development, support and training for entrepreneurship as well as employment must recognize CLs as a vulnerable category of youth. This will ensure they are included in the applicability/eligibility criteria to access such schemes. This would need MoWCD and MSJE to take special initiatives to work with other Ministries to bring forth this inclusion and the much-required convergence at the national level.

5.1.2 Revision of the existing JJ Act, 2015 JJ Model Rules, 2016 and CPS to make Aftercare more comprehensive.

i.   The MoWCD should announce a comprehensive policy on Alternative Care in India. This policy should clearly lay down the commitment of the Government of India with respect to all children without parental care and hence living in Alternative Care. The policy should clarify the approach towards gatekeeping, family strengthening, family-based care, community child care, de-institutionalisation and non-institutional care forms such as foster care, group foster care, small residential long-term care and Aftercare.

ii. The MoWCD should amend the JJ Act to expand the definition of Aftercare so that children who turn 18 and leave foster care, group foster care and other Alternative Care options are also entitled to Aftercare support, based on their individual needs. It is recommended that Section 2(5) of the JJ Act be reviewed in this light. Aftercare means "making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society" applicable for children leaving institutional care.

iii. The MoWCD should also redefine the ambit of the Aftercare programme to include support across all domains of the 'Sphere of Aftercare'. It is recommended to amend Section 2(5) of the JJ Act and Rule 25(7) of the JJ Rules.

iv. Mandatory transition planning for all children living in CCIs from 14+ years must be instituted to conform to the spirit of UNGACC, the JJ Act and the CPS. The mandatory transition planning should be an integral component of the ICP and therefore included in the ICP format.

v.   The provision of Aftercare should be based on a mandatory assessment of Aftercare needs of all CLs. Such assessment should be conducted keeping in view the ICP and through direct interface with the CLs. There must be an Individual Aftercare Plan (IAP) developed for every CL, which is based on the ICP and the assessment of children before they exit the CCI, to ascertain their unique needs and determine the nature of Aftercare services that shall be required and be developed keeping in mind the voices of the CLs. A suggestive format and checklist for IAP has been provided as Annexure-III.

vi. The JJ Rules should provision for at least one Single Window Support Centre for CLs in every district of every state, to function under the existing DCPU. The centre shall be responsible to provide a range of development, settlement and advancement choices to CLs, access to information, referral services and support at the district level, based on the 'Sphere of Aftercare'.

vii. The JJ Rules should also provision for at least one State Aftercare Officer in SCPS and a District Aftercare Officer in every district of every state to head the Single Window Support Centre, as part of the DCPU. Creating this one position per state at the SCPS office for dedicated work on Aftercare will smoothen the whole mechanism of Aftercare. This officer will closely work with the CWC, DCPU and CCIs, and be responsible for awareness and implementation of Aftercare through linkages and convergence with other schemes that CLs can benefit from. The decision-making process could happen in consultation with the existing Sponsorship and Foster Care Approval Committee (SFCAC) that already exists in every district of the country.

5.2 Effective Implementation of existing Policy and Law on Aftercare

5.2.1 State Aftercare Programme

Implementation of the JJ Rule 25 is requisite, which mandates State Governments to develop an Aftercare Programme. It is strongly recommended that every state should formulate its Aftercare guidelines/programme with clarity on provisions of Aftercare, manner of provisioning support services and fund disbursal, access points for CLs and measures to make Aftercare service providers accountable through a robust monitoring and evaluation process. Such guidelines should also provide for grievance redressal mechanisms for CLs. There should be a time-bound process of developing and implementing them. It is recommended that the MoWCD should notify Model Guidelines on Aftercare (draft guidelines have been submitted by a committee constituted for this purpose) based

on which the State Governments can develop their guidelines/programme.

5.2.2 Strengthening Individual Care Plans

JJ Rule 2(ix) defines ICP as an instrument for rehabilitation of children in CCIs and provides for roles and responsibilities of different functionaries in development, implementation and monitoring of ICPs. The research strongly recommends that ICPs should be strengthened as a tool for planning for the overall development of the child, keeping his future in mind, right from his/ her entry into the CCI. As mandated in JJR, active involvement of children should be ensured in developing ICPs. It is also recommended that the CCI staff are trained to elicit close participation of children in such processes. Child protection functionaries must also be trained to develop strong ICPs that become the basis of transition planning. However, the ICPs are not enough for transition planning as they stop at 18 years and hence IAPs should be developed as a pathway planning post 18 years for independent life, and should again be evolved with the close and active participation of the CLs. The Continuum of Care approach should be strongly promoted in all CCIs, that allow children to move away from dependence at CCI to interdependence through individual mentoring, exposure and engagements with community, and transition planning towards eventual independence.

5.2.3 Preparation for Transition

JJ Rule 39(4) mandates preparation of a pre-release plan, with the objective of planning and preparing the CLs for transition. The preparation for transition refers to a series of efforts to be made by the CCIs and child protection system to develop the vision, skills, community integration and readiness for future independent living, enabling them to recognize their path to independent living. The process of preparation should equip CLs with information on individual rights and entitlements, basic life skills, community exposure, etc. Annexure 3 provides a brief overview on transition planning.

Information, educational and communication materials should be prominently displayed in all CCIs to build awareness on Aftercare as a right. Ready reckoners on Aftercare services should be prepared

in vernacular languages for CLs and disseminated widely at district level as well as be shared with children residing in CCIs at least two years prior to their departure from the CCI.

5.2.4 Maintaining a MIS of CLs and Strengthening Monitoring of Aftercare

A consent based database of all CLs exiting CCIs in a district/state should be maintained in real-time, which would form the basis of planning and budgeting for Aftercare. Defining solutions without knowing the magnitude of the number of youth leaving care is a challenge and hence such a database is also important to ensure follow-up and monitoring of implementation of their ICP/ IAP. Maintaining MIS and strengthening monitoring include:

i. Robust consent-based MIS must be put in place for all children exiting the CCIs. Such data must be reliable and disaggregated to monitor their outcomes at both district and state levels. The District Aftercare Officer must have the data at district level and the SCPS should maintain it at the state level.

ii. Periodic assessment of all services offered under the domains of the 'Sphere of Aftercare' for CLs should be undertaken by the DCPU/ Single Window Support Centre for Aftercare. Such data may be used as evidence for policy making for youth in the state.

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

iv. All CLs should be informed about the monitoring process so that they are aware and participate freely in the data collection process. In accordance with the best interest of CLs, all such data could be made accessible for the purpose of monitoring and research whilst ensuring confidentiality and anonymity through aggregation.

5.2.5 Post-Aftercare follow up and support

The Single Window Support Centres must be accessible to CLs in the post Aftercare phase for crisis support for at least two years after exiting from the Aftercare Programme, respecting the choice of the CLs. States should have real-time database of this cohort.

5.2.6 Establishing a Grievance Redressal System

The National Commission for Protection of Child Rights (NCPCR) and respective State Commissions for Protection of Child Rights (SCPCRs) being the monitoring authorities under JJ Rule 91, should act as the grievance redressal body for CLs.

5.2.7 Increase investment on Aftercare and revise budgetary norms under CPS

The Juvenile Justice Fund should have a dedicated Aftercare fund at the state level and disbursed to the district to cater to the Aftercare programme.

- The CPS should provide for budgets to setup the operational machinery to implement Aftercare. This includes setting up of Single Window Support Centre for Aftercare in every district, recruitment of Aftercare personnel at State Child Protection Society and a District Aftercare Officer, along with the cost of provision of Aftercare services to all children exiting CCIs, who need Aftercare.

- The current allocation of Rs. 2,000 per month per child under CPS is inadequate and needs to be increased to a budget of up to Rs. 8,000 to Rs. 10,000 per youth per month as per the needs of the youth and cover a range of services across domains of Aftercare.

- There is also a need to provide one-time lump sum subsistence support for reintegration to all CLs for their initial stability upon their leaving the CCI (Reference 83 (4) (v)).

- The budgets should flow to the DCPU and be utilized through the one Window Support Centre on Aftercare.

5.2.8 Ensuring Support to Care Leavers across all the domains of the 'Sphere of Aftercare'

This Sphere of Aftercare should be used comprehensively to re-integrate CLs into the mainstream of the society.

i. **Housing:** States should promote availability of a balanced mix of institutional and non-institutional housing support for Aftercare across districts in the state. The study results

indicate that non-institutional housing offers better outcomes for CLs. However, in the absence of preparation for transition, not all CLs can adapt to non-institutional housing right away and need a transition time which can be provided by interim stay in institutional Aftercare. As the transition planning becomes robust in CCIs, non-institutional housing should be prioritized and hence scattered site housing must be promoted and strengthened at the district level. States should specifically focus on a strategy for provision of housing for female CLs in pursuit of making them independent rather than sending them to state homes for women (*Nari Niketan*). The convergence with existing housing schemes at national and state levels should be explored to increase access to independent housing to CLs.

ii. **Physical Health:** Access of CLs to health services, subsidized medical services and health insurance should be promoted. The eligibility criteria of PM-JAY (National Health Protection Scheme) should be amended by the Ministry of Health and Family Welfare to include CLs as an eligible category, thus promoting access to secondary and tertiary health care. Similarly, state schemes offering health services should also include CLs as eligible beneficiaries.

iii. **Emotional Wellbeing and Mental Health Care** support should be accessible to all CLs through professional, specialized counsellors and peer mentors as well as continuous support for individual and group counselling therapy. Resilience-building through counselling and pre-marriage counselling may be provided since as children, most CLs may have not lived in a family and hence are unable to internalize the nuances of family life once mainstreamed. The provision of mental health services should be the Single Window Support Centre for Aftercare established at district level.

iv. **Education and Vocational Skills:** CLs should be provided with requisite support, guidance and counselling to make academic and skill development choices, based on their needs and aspirations. Vocational training and skill development should be a focus at the CCI and during Aftercare, with dedicated funds for skill-based training. However, short-term vocational training that does not provide for sustainable employment should not be imposed as a solution as it leaves the CLs struggling for a secure future.

To address the issues of financial support for education as well as provision of quality education and skill development across diverse areas, there should be focus on collaborations and convergence with the state universities, private universities, the corporate sector, volunteers and community members. Also, convergence with the Ministry of Skill Development and schemes of skill development at state and national levels for inclusion of CLs is recommended. Education sponsorships, scholarships, subsidies for loans, etc. should be explored from state as well as private sources.

v. **Identity and Legal awareness:** The National Legal Aid Services Authority (NLASA) should ensure that the state and district legal services authorities have a mandate of extending assistance to CLs in legal documentation, legal awareness and provision of legal aid for CLs, along with support in developing identity documents, domicile certificates and training on the use of Government systems and schemes such as "digital lockers". Legal Awareness and documentation should be integral to transition planning in every CCI and Aftercare programme.

vi. **Financial Independence Skills and Career Counselling:** Workshops should be organised for CLs where windows of opportunities for CLs must be explored at all levels, especially with state departments and corporates. Paid apprenticeships, internships, and trainings with such entities will ensure that CLs are encouraged to develop their career paths. Loans and preferential treatment for encouraging self-employment and entrepreneurship must be ensured for CLs.

vii. **Independent Living Skills:** Transition planning at CCI and Aftercare support should

be of a nature that promotes acquisition of independent living skills in CLs and encourages them to start living without external support.

viii. **Social Support and Interpersonal skills:** The study strongly recommends the need for every CL to have individual mentors in their lives. Mentorship through individuals and collaboration with professionals and corporates can help CLs in gaining social exposure and better integration with the community. Mentors must be attached to CLs to assist them in learning skills on conflict resolution, effective communication, leadership, trust, team-building, knowing their legal rights, responsibilities as well as social duties, developing ego-resiliency, self-esteem and concepts around gender and inclusion. Peer social support networks should be formed to allow access to information and services for CLs and for opportunities for them to socialise and celebrate together. Such groups should be safe, encouraging and act as self-advocacy groups.

5.3 Capacity Building on Transition Planning and Aftercare

The research shows gaps in the conceptual understanding of Aftercare as a Continuum of Care among stakeholders across the child protection cadre. A systematic attempt should be made to ensure that Aftercare is integral to induction and job-related capacity building measures of all child protection cadres. Apart from clarity in concept and provisioning on Aftercare, capacity building needs to be organized in the following specific areas:

i. All staff in CCIs should be trained on implementing an effective transitioning programme, with effective modules in vernacular languages and with trainers who have practical experience in child and youth care. This module should focus on developing and implementing robust ICPs, including rehabilitation plans and pre-release plans for every child, while ensuring child participation.

ii. The DCPU staff must be trained to develop, implement and document progress on the rehabilitation plan for every CL in the state.

iii. CWCs should be trained on gatekeeping so that as far as possible children remain in family settings and institutionalization is the last resort. This would also mean prioritizing other forms of Alternative Care where children have access to a family-like setting.

iv. Training of CWC members, DCPU staff, Inspection Committees, CCI caregivers and all other functionaries on what constitutes Continuum of Care, transition planning and preparing children for life, to ensure smooth transitions to independent living.

v. Training of Aftercare officers and staff is required at the Single Window Support Centre around what constitutes effective Aftercare support, and developing and implementing the IAPs. NCPCR and SCPCRs should create modules for trainings on Aftercare as per JJ Rule 91 in partnership with NLASA.

The study also clearly indicates the need of capacity building initiatives to equip CWCs to ensure that children placed in a CCI should not face multiple placements, as it leads to frequent change in caregivers, reduced attachment levels, and disrupted education, all of which adversely impacts outcomes in adult life.

5.4 Linkages and Convergence

- Build effective linkages and convergence for Aftercare between various Ministries at Union level and Departments at state level including MoWCD, Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, Ministry of Urban Affairs, Ministry of Youth Affairs, Ministry of Human Resource Development, Ministry of Skill Development and Entrepreneurship, etc. as well as respective departments at state levels, in order to provide integrated services, across the 'Sphere of Aftercare'.

- The Ministry of Skill Development and Ministry of Youth Affairs need to converge with the Aftercare system under the JJ Act,

to rehabilitate CLs and offer them a basket of employment and livelihood choices.

- Similarly, Aftercare service providers such as CCIs, NGOs, ACOs, community-based agencies and corporates under their CSR must come together to offer their range of services to CLs, in an integrated manner guided by the CPS and 'Sphere of Aftercare', through convergence. State Governments must encourage and recognise solutions that already exist in the country that are actionable, scalable, and relevant to the Indian context and are based on experience and evidence of success.

- Time-bound evaluation of ongoing Government schemes that are relevant for CLs in the state must be undertaken to assess the extent to which CLs have benefitted from them.

5.5 Strengthening the Voices of Care Leavers in India

- A common echo of all CLs interviewed in this study has been to develop physical spaces and platforms where they can form peer networks and mentoring relationships. Such spaces must be created with support and recognition from the State Government and district administrations.

- The collectivising of CLs as support groups and networks will enable adding a layer of support, where the CLs can become contributors and mentors for younger CLs.

- Such networks can be instrumental in enabling CLs to collectively cope up with emerging issues, organize joint trainings, and have a space for socializing and celebrating festivals, as well as bringing forth the unique issues faced by CLs for sensitization of communities and Governments.

- Technologies like MIS, social media and text applications have huge potential to organise CLs into a collective aimed at peer support and must be optimally used to benefit CLs.

- Models already existing such as the CLAN (Care Leavers Association and Network) in Delhi and YLCA (Youth Leaving Care Association) in Maharashtra are at nascent stages and can be supported and strengthened by the

State Governments, and such models can be replicated in other states.

5.6 Evidence Generation and Research on Aftercare

Investments must also be made to commission further research on areas identified in the study, such as a study to examine the effective implementation of the JJ Act, 2015 and the applicable Rules in the State vis-à-vis Aftercare. The MoWCD, NCPCR and the National Institute of Public Cooperation and Child Development (NIPCCD) at the national level, as well as SCPS and SCPCRs at the state level, should encourage need-based research and documentation on Aftercare. Additionally, other research issues such as the gender gap in the existing Aftercare programme, outcomes of female CLs and struggles in building social relationships by CLs, could also be studied. The MoWCD must undertake a national level Aftercare research on priority and regularize this as a practice for data collection and evidence-based programming.

The above recommendations include both short-term and long-term measures that should be undertaken by the Union and State Governments in provisioning of Aftercare. Strategically, certain recommendations specially related to amendments in JJ Act and Rules and allocation of resources may require more administrative and legal procedures than streamlining implementation of existing provisions, like creating a database of CLs or strengthening ICPs. The MoWCD as well as the nodal department at the state level, including the state CPS, should develop a trajectory of change in a time-bound manner, ensuring that all children exiting CCIs receive Aftercare. Given that these recommendations are a reflection of an elaborate study, the implementation of these recommendations will go a long way in transforming adult life outcomes of CLs. It is hoped that the recommendations will lead to a day when the CLs become true wards of the state and the current situation where they are "nobody's responsibility" ends at the earliest.

References

Akister, J., Owens, M., &Goodyer, I. M. (2010). Leaving care and mental health: outcomes for children in out-of-home care during the transition to adulthood. *Health Research Policy and Systems*, *8*(1), 10.

Barn, R. (2010). Care leavers and social capital: Understanding and negotiating racial and ethnic identity. *Ethnic and Racial Studies*, 33(5), 832-850.

Dima, G., & Bucuta, M. D. (2015). The Process of Transition from Public Care to Independent Living: A Resilience-Based Approach. Revista de CercetaresiInterventieSociala, 50.

Doucet, M. (2018). *Relationships Matter for Youth 'Aging Out' of Care*. Retrieved from Better Care Network website:

Fryar, G., Jordan, E., & Devooght, K. (2017). *Supporting young people transiting from foster care: Findings from a national survey*. Retrieved from: https://www.childtrends.org/wp-content/uploads/2017/11/SYPTFC-Findings-from-a-National-Survey-11.29.17.pdf

Gunnar, M. R., Bruce, J., & Grotevant, H. D. (2000). International adoption of institutionally reared children: Research and policy. *Development and Psychopathology*, *12*(4), 677-693. https://doi.org/10.1017/S0954579400004077

Guillen, C., Macedo, V., & Lee, S. Y. (2017). Perceived self-stigma in the utilization of mental health services in foster care and post foster care among foster care alumni. *Children and Youth Services Review*, 26-34.

Human Service Community Service. (2010*). Leading the way Preparing young people for leaving care A Guide for Carers* (1st ed). Department of Human Services NSW, Community Services. Retrieved from http://www.community.nsw.gov.au

Kalinowski, (2015). *Independent Living. Manchester, Retrak*. Retrieved from: https://www.retrak.org/wpcontent/uploads/2015/12/Nov_Independent_Living_Publication_Screen.pdf

Legal Center for Foster Care and Education. (2008). *Questions and Answers: Credit Transfer and School Completion. American Bar Association and Casey Family Programs*. Retrieved from: https://www.americanbar.org/content/dam/aba/migrated/child/education/QA_2_Credits_FINAL.authcheckdam.pdf

Mann-Feder, V. R., & White, T. (2003). Facilitating the transition from placement to independent living: Reflections from a program of research. *International Journal of Child and Family Welfare*, *6*(4), 198-204.

Meade, S., & Mendes, P. (2014). Interim Evaluation Report for the Berry Street Pilot Program-Stand By Me. *EVALUATION*, *10*, 5.

Modi, K., Anbalagan, E., Shroff, R., & Singhal, N. (2018). Improving child care in India through the development of the Questionnaire to Assess Needs of Children in Care (QANCC). *Scottish Journal of Residential Child Care*, *17*(2).

Modi, K., Nayar-Akhtar, M., Ariely, S., & Gupta, D. (2016). Addressing Challenges of Transition from Children's Home to Independence: Udayan Care's Udayan Ghars (Sunshine Children's Homes) & Aftercare Programme. *Scottish Journal of Residential Child Care*, *15*(2).

Montgomery, P., Donkoh, C., & Underhill, K. (2006). Independent living programs for young people leaving the care system: The state of the evidence. *Children and youth services review*, *28*(12), 1435-1448.

Naumova, O. Y., Rychkov, S. Y., Kornilov, S. A., Odintsova, V. V., Anikina, V. O., Solodunova, M. Y., ... Grigorenko, E. L. (2019). Effects of early social deprivation on epigenetic statuses and adaptive behavior of young children: A study based on a cohort of institutionalized infants and toddlers. *PloS one,* 14(3), e0214285.

O'Neale, S. (2013, February). Foster Focus. Foster Focus Magazine.

Palacios, J., & Sánchez-Sandoval, Y. (2005). Beyond adopted/nonadopted comparisons. In D. M. Brodzinsky & J. Palacios (Eds.), *Advances in applied developmental psychology. Psychological issues in adoption: Research and practice* (pp. 117-144). Westport, CT, US: Praeger Publishers/Greenwood Publishing Group.

Sridharan, S., Bensley, A., Huh, J., & Nacharaju, D. (2017) A longitudinal study examining mental health outcomes by gender for orphaned and separated children in Delhi, India. *Duke Student Global Health Review.* Retrieved from http://dsghreview.com/longitudinal-study-examining-mental-health-outcomes-gender-orphaned-separated-children-delhi-india/

Stein, M. (2006). Research review: Young people leaving care. *Child & family social work, 11*(3), 273-279.

Stein, M. (2012). Young People Leaving Care: Supporting Pathways to Adulthood. London: Jessica Kingsley Publishers.

Torrico, R. (2010). *Youth aging out of foster care: Supporting their transition into adulthood.*National Association of Social Workers. Retrieved from: https://www.socialworkers.org/assets/secured/documents/practice/children/children_families_practice_update7-2010.pdf

Udayan Care (2018). *The Situation of Aftercare Youth in Delhi: Current Aftercare Practices.* New Delhi: Delhi Commission for Protection of Child Rights.

UNGA Advocacy WG. (2019). Children without Parental care: Advocacy Guide for the 2019 United Nations General Assembly Rights of the Child Resolution. Retrieved from https://mail.google.com/mail/u/0/?tab=rm&ogbl#inbox/FMfcgxwDqTfZfDvhgpzjvXcZNBPXVzlh?projector=1&messagePartId=0.1

UNICEF(2006). Alternative Care for Children without Primary Caregivers in Tsunami-Affected Countries. *Indonesia, Malaysia, Myanmar and Thailand.*

UN General Assembly. (2010). *Guidelines for the alternative care of children.* New York: UNGA.

Vacca, J. S. (2008). Foster children need more help after they reach the age of eighteen. *Children and Youth Services Review, 30*(5), 485-492.

The Government of India (2018). *The Report of the Committee for Analysing Data of Mapping and Review Exercise of Child Care Institutions under the Juvenile Justice (Care and protection of Children) Act, 2015 and Other Homes.* New Delhi: Ministry of Women and Child Development.

Annexure-I

The Eight Domains of the Sphere of Aftercare

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

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

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

2. **Education and Vocational Skills:** This domain refers to all aspects of a young person's education or skills training, as per one's aspirations, aptitude and interest, which can lead to employment and self-sustenance. It also includes factors that may impede or determine a youth's educational/skills attainment pathways, such as financial access or cognitive impairment.
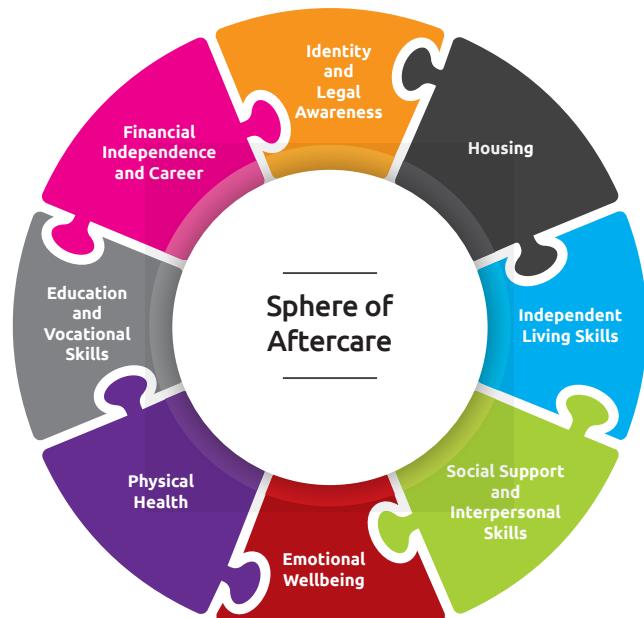
3. **Physical Health:** Refers to a youth's health, including access to health care services and insurance, and covers a wide range of areas including healthy diet, adequate weight, dental health, personal hygiene and sleep. Physical health is vital for overall well-being.

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

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

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

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

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

Annexure-II

Indices of Sphere of Aftercare

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

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

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

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

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

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

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

Annexure-III

Format for Individual Aftercare Plan

Name of Aftercare officer: . . . .

Date of preparing the IAP: . . . .

Case/Profile No. (CWC/ JJB/ Foster Care Case File Number): . . . .

FIR No (if any . . . . U/Sections (Type of offence), applicable in case of Children in Conflict with Law . . . .

Police Station . . . .

Address of the Board or the Committee: . . . .

Date of Admission (if CL was in a CCI/ foster care): . . . .

Name of the CCI/OH/FC: . . . .

Stay of the CL there (Fill as applicable):

(i) Date of Entry . . . . (ii) Duration of stay . . . . (iii) Date of exit . . . .

Reason(s) for institutionalization:

(i) Demise of parent(s) . . . .

(ii) Incapacitation of parents . . . .

(iii) Criminal behavior of parents . . . .

(iv) Separation of Parents . . . .

(v) Abandonment by parents due to disability/HIV/AIDS . . . .

(vi) Poverty . . . .

(vii) Abuse by parent(s)/guardian(s)/step parents(s) . . . .

(viii) Lack of Educational support . . . .

(ix)   Trafficked/Child Labour/Begging/Drug peddling . . . .

(x) Others (please specify) . . . .

Date of admission in Aftercare: . . . .

Details of Aftercare: . . . .

. . . .

. . . .

. . . .

. . . .

PART A

A. PERSONAL DETAILS (to be provided by CL on admission; also to be verified from the file from the previous placement):

1. Name of the CL/Youth: . . . .

2. Contact details of the CL (Mobile & E-mail ID): . . . .

3. Age/Date of Birth: . . . .   4.   Sex: Male/Female: . . . .

5. Father's name:. . . . .

6. Contact details of father: . . . .

7. Mother's name:. . . . .

8. Contact details of mother:. . . . .

9. Nationality:. . . . .   10.   Religion: . . . .

11. Caste:. . . . . .12.   Language/s spoken: . . . .

13. Disability (if any):. . . . . .14.   Disability certificate:. . . . .

B. FAMILY DETAILS

S. No.	Name & Relationship	Age	Sex	Education	Occupation	Income	Health Status	History of Mental Illness	Addictions
1.									
2.									
3.									
4									
5									

Relationship with family members:

1	Father & mother	Cordial/ Non- Cordial/ Not Known
2	Father & youth	Cordial/ Non- Cordial/ Not Known
3	Mother & youth	Cordial/ Non- Cordial/ Not Known
4	Youth & siblings	Cordial/ Non- Cordial/ Not Known
5	Youth & grandfather	Cordial/ Non- Cordial/ Not Known
6	Youth & grandmother	Cordial/ Non- Cordial/ Not Known
7	Youth& uncle (any relative)	Cordial/ Non- Cordial/ Not Known
8	Youth & aunt (any relative)	Cordial/ Non- Cordial/ Not Known

Can the CL be restored to the family?:. . . . .

C. LEGAL DOCUMENTS AVAILABLE (photocopies to be provided by the CL on admission)-

1. Birth Certificate: . . . .   2.   Aadhar No.: . . . .

3. PAN No.: . . . .   4.   Voter ID No.: . . . .

5. Passport No. (If available): . . . .   6.   Disability Certificate (if applicable):. . . . .

(This section will also make it clear what other identity papers are not there, and need to be developed)

D. FINANCIAL DETAILS (photocopy of the passbook to be provided by the CL on admission)

1. Details of Savings Account, if any: . . . .

2. Details of any FDs: . . . .

3. Details of CL's earnings, if any (as per the CL and the records received from previous placement): . . . .

    . . . .

E. ACADEMIC DETAILS/ ACHIEVEMENTS (photocopies to be provided by the CL on admission)

1. Mark sheet of the last class cleared: . . . .

2. Name of the last educational institution attended: . . . .

3. Class 10th mark sheet . . . .

4. Class 12th mark sheet: . . . .

5. Graduation mark sheet (if applicable): . . . .

6. Graduation degree: . . . .

7. Vocation training certificate(s):

    i. . . . .

    ii. . . . .

    iii. . . . .

8. Certificate in any hobby course:

    i. . . . .

    ii. . . . .

    iii. . . . .

9. Details of awards/rewards/medals, if any:

    i. . . . .

    ii. . . . .

    iii. . . . .

F. HEATH DETAILS OF THE CL

1. Health status: . . . .

2. Height: . . . . Weight: . . . .

3. History of any disease:

    i. History of hospitalization: . . . .

    ii. Any immediate attention needed: . . . .

4. Whether the CL has any addiction (if yes, please give details) . . . .

    Treatment done so far: . . . .

G. Based on the Case History and interaction with the CL, give details on following areas of concern and interventions required, if any

S. No.	Category	Area(s) of support required	Proposed intervention
1	Expectation from Aftercare		
2	Accommodation required?		
3	Health & nutritional needs		
4	Special Needs/ Disability, explain category…		
5	Emotional and psychological support needs (any history of depression and treatment, abuse, etc.)		
6	Educational and training needs		
7	Leisure, creativity and sports		
8	Interpersonal relationships		
9	Religious beliefs		
10	Self-care & life skills training		
11	Independent living skills; legal literacy, financial management skills		
12	Employability skills, internships and employment		
13	Any significant experiences which may have impacted the development: violence, parental neglect, bullying in school/ institution, drug abuse, crime, etc. (Please specify and give details of present status)		
14	Any other, specify		

PART B. PROGRESS REPORT OF THE CL (to be prepared every fortnight for first three months and thereafter to be prepared once a month)

[Note: Use different sheet for Progress Report]

1.   Name of the Probation Officer/Case Worker/Welfare Officer . . . .

2.   Period of the report. . . . .   3. Admission No . . . .

4.   Profile No . . . .   5. Name of the CL. . . . .

6.   Date of Joining Aftercare.   7. Duration of Aftercare support completed . . . .

8.   Place of interview . . . . Dates . . . .

9. General conduct and progress during the period of the report . . . .

    . . . .

    . . . .

    . . . .

10. Progress made with regard to proposed interventions as mentioned below: (check and redo from above)

S. No.	Category	Area(s) of support required	Interventions made so far	Further Proposed intervention/s
1	Expectation from Aftercare			
2	Health & nutritional needs			
3	Emotional and psychological support needs			
4	Educational and training needs			
5	Leisure, creativity and sports			
6	Interpersonal relationships			
7	Religious beliefs			
8	Self-care & life skills training			
9	Independent living skills; legal literacy, financial management skills			
10	Employability skills, internships and employment			
11	Any significant experiences which may have impacted the development of the youth: violence, parental neglect, bullying in school/institution, violence, etc. (please specify)			
12.	Any other, specify			

Date of report . . . . Signature of Aftercare officer. . . . .

C. PRE-RELEASE REPORT (to be prepared 15 days prior to release)

1. Details of education/ vocational course done: . . . .

2. Details of recommended accommodation post-release:

    (i) Address: . . . .

    (ii) Monthly rent: . . . . (iii) Security deposit (if any) . . . .

    (iv) Name of the landlord: . . . .

3. Details of internships done while at the Aftercare: . . . .

4. Training undergone and skills acquired: . . . .

    . . . .

    . . . .

5. Details of job placement/business/start-ups of the CL, at the time of leaving Aftercare:

    (i) Name of the organisation . . . .

    (ii) Designation . . . .

    (iii) Salary offered/ earnings. . . . .

    (iv) Date of joining . . . . (v) Job location: . . . .

6. Rehabilitation and restoration plan of CL (to be prepared with reference to progress reports of the CL)

S. No.	Category	Rehabilitation & restoration plan of CL
1	Expectation from Aftercare	
2	Health & nutritional needs	
3	Emotional and psychological support needs	
4	Educational and training needs	
5	Leisure, creativity and sports	
6	Interpersonal relationships	
7	Religious beliefs	
8	Self-care & life skills training	
9	Independent living skills; legal literacy, financial management skills	
10	Employability skills, internships and employment	

S. No.	Category	Rehabilitation & restoration plan of CL
11	Any significant experiences which may have impacted the development of the youth: violence, parental neglect, bullying in school/institution, violence, etc. (please specify)	
12.	Any other, specify	

Date of release/repatriation . . . .

7. Legal documents of the CL available

    i. Aadhar Card. . . . . ii. PAN Card . . . .

    iii. Voter ID. . . . . iv. Passport . . . .

    v. Disability certificate. . . . . vi. BPL Card. . . . .

    vii. Caste Certificate. . . . . viii. Ration card. . . . .

    ix. Orphan/ EWS. . . . .

8. Details of PO/WO/case worker for post-release follow-up . . . .

9. Details of one time support required (if required). . . . .

10. Medical examination report before release . . . .

11. Any other information. . . . .

Date of report . . . . Signature of Aftercare officer. . . . .

D. POST-RELEASE/RESTORATION REPORT - First interaction report of the Probation Officer/Welfare Officer/ Case Worker /Social Worker/NGO identified for follow-up with the youth post-release . . . .

. . . .

. . . .

1. Progress made with reference to rehabilitation plan . . . .

    . . . .

    . . . .

2. Parent's/extended family's/ foster families' behavior/attitude towards the youth (if any). . . . .

    . . . .

    . . . .

3. Marital Status . . . .

    i. Name of the spouse. . . . . ii. Date of wedding . . . .

4. Social milieu of the youth, particularly attitude of neighbours/community . . . .
. . . .
. . . .

5. How is the youth using the skills acquired . . . .
. . . .
. . . .

6. Report of second and third follow-up interaction with the youth after two months and six months respectively . . . .
. . . .
. . . .

7. Identity Cards and Compensation

IDENTITY CARDS	Present status (Please tick whichever is applicable)		Action taken
	Yes	No	
Birth Certificate			
School certificate			
Caste certificate			
BPL Card			
Disability Certificate			
Immunization card			
Ration Card			
Adhaar Card			
Received compensation from Government			

Signature of the Aftercare Officer . . . .

EXIT CHECKLIST

This process has to be facilitated by the Aftercare Officer, prior to the CL leaving the Aftercare programme.

This is a process and therefore shall not be done in one sitting.
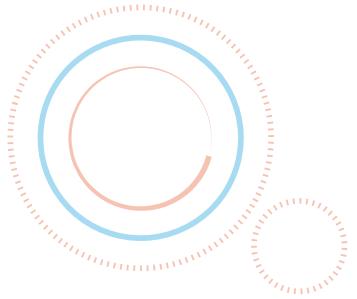
1. Review of IAP along with CL.

2. CL is settled in his/her job and managing livelihood well.

3. CL has a secured accommodation/shelter and will be able to look out for alternatives if need arises.

4. CL is assured and confident that she/he will, in case of need, continue to have access to social worker, counsellor, peer mentors and grievance redressal systems.

5. CL is responsible to take care of own finances and important documents and day to day living and has a support system, network of peers/friends and a social life as part of his mainstreaming.

6. CL is settled well, socially integrated and mainstreamed in society.

Following are the monitoring and evaluation indicators for implementation of IAP:

1. Participation by CL in the decision-making process.

2. CL continues education in a school/college or undergoes vocational training.

3. CL is provided career guidance and placement services.

4. CL's needs for shelter, nutritious food, physical health, emotional wellbeing, personal clothing and other belongings, self-care, finances, recreation, cultural activities, and employment are met.

5. CL is protected from neglect, abuse and commercial exploitation.

6. Services received by CL through single-window centre.

7. CL has contacts of the district Aftercare officer and DCPU for further connections, if required.

8. CL is satisfied with the services received and is voluntarily ready to start living independently without any external support.

LIST OF DOCUMENTS THAT EVERY CL SHOULD BE GIVEN ON EXITING THE CCI

1. Reference letter

2. Aftercare details, including relevant phone numbers and email IDs of officials

3. Education-related documents: mark sheets, school leaving certificate, college degree, etc.

4. Certificates of any achievement, vocational skills learnt, etc.

5. Health/ Medical case papers

6. Aadhar Card, Pan Card, etc. identity documents; any other like BPL, orphan card, EWS, Birth certificate, Orphan Certificate if relevant

7. Individual Aftercare Plan

8. List of personal articles and belongings that were given to the child during his/ her stay in the CCI and that the same have been handed over to him/her

9. List of important contacts and welfare services such as the police, hospitals, lawyers, de-addiction services, helplines, shelters and hostels, job placement agencies, domestic violence, wanting to terminate pregnancy

10. Any Bursaries or funding opportunities for education

11. Any employment opportunities

Beyond 18
Leaving Child Care Institutions

Available as State Reports:

Supporting Youth Leaving Care
A Study of Current Aftercare Practices

■ Delhi ■ Gujarat ■ Karnataka ■ Maharashtra ■ Rajasthan
2019

TATA TRUSTS

UDAYAN care | Where young lives shine

unicef for every child