



Supporting Youth Leaving Care

A Study of
Current Aftercare Practices



Maharashtra



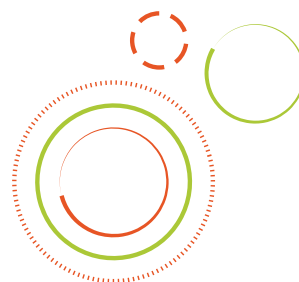


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in Maharashtra

May 2019
Udayan Care



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List of Acronyms

ACO	Aftercare Organisation	MSPAA	Maharashtra State Probation and Aftercare Association
AOP	Aftercare Outreach Programme	MSSDS	Maharashtra State Skill Development Society
AQI	Aftercare Quality Index	MSWB	Majhi Sainik Welfare Board
BPBA	Bombay Presidency Borstal Association	MWCD	Ministry of Women and Child Development
CAP	Current Aftercare Practices	NCS	National Career Service
CCI	Child Care Institution	NEET	Not in Education, Employment or Training
CCL	Children in Conflict with Law	NGO	Non-Governmental Organisation
CL	Care Leaver	NULM	National Urban Livelihood Mission
CLAN	Care Leavers Association and Network	NYP	National Youth Policy
CNCP	Children in Need of Care and Protection	OHC	Out-of-Home Care
CSR	Corporate Social Responsibility	PAN	Permanent Account Number
CTS	Child Tracking System	PIL	Public Interest Litigation
CWC	Child Welfare Committee	PMJAY	Pradhan Mantri Jan Aarogya Yojna
DCPO	District Child Protection Officer	PMKVY	Pradhan Mantri Kaushal Vikas Yojna
DCPU	District Child Protection Unit	PPP	Public Private Partnership
DLSA	District Legal Services Authorities	RWA	Residents Welfare Association
FGD	Focus Group Discussion	SCPS	State Child Protection Society
GoM	Government of Maharashtra	SHG	Self-Help Group
ICP	Individual Care Plan	SOP	Standard Operating Procedure
ICPS	Integrated Child Protection Scheme	SPSS	Statistical Package for Social Sciences
INR/Rs.	Indian Rupees	TISS	Tata Institute of Social Sciences
JJ Act	Juvenile Justice (Care and Protection of Children) Act, 2015	UNCRC	United Nation Convention on the Rights of the Child
JJ Rules	Juvenile Justice (Care and Protection of Children) Model Rules, 2016	UNGA	United Nations General Assembly
JJB	Juvenile Justice Board	UNGACC	United Nation Guidelines for the Alternative Care of Children
KII	Key Informant Interview	UNICEF	United Nations Children's Fund
MAYA	Maharashtra Aftercare Youth Association	WCDD	Women & Child Development Department
MIS	Management Information System		
MJJR	Maharashtra Juvenile Justice Rules, 2018		
MoU	Memorandum of Understanding		
MSCPS	Maharashtra State Child Protection Society		

Preface



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

The study on "Current Aftercare Practices" (CAP), is a result of Udayan Care's long term desire to see all CLs getting the care and support their special circumstances deserve. This desire emanates from 25 years of practitioners' experience in ensuring quality care for children living in our small group homes and continuing this support even after they turn 18 years through our Aftercare model. The CAP research was evolved in partnership with UNICEF, Tata Trusts, Delhi Commission for Protection of Child Rights (DCPCR) and Mr. Deep Kalra, as a multi-state research carried out in five states of India: Maharashtra, Karnataka, Rajasthan, Gujarat and Delhi. Throughout the process of this study, we have always kept the voice of our CLs at the centre. At this point, I would like to specially acknowledge the role of UNICEF Delhi as well as all the State UNICEF chapters in sharing their technical knowledge at every stage, thus supporting us in achieving a comprehensive overview of CAP in these states.

Lack of data and access to non-receivers of Aftercare has been a huge challenge to this study. NITI Aayog, in its 3 years Action Agenda (2017-2020) acknowledges the non-availability of credible data as the major obstacle to design effective policy interventions. But things are changing. The Central Govt. has for the first time mapped the ground situation of all Child Care Institutions (CCIs) in India. The Jena Committee report is out in the public domain. The study undertaken in January, 2016 and completed in the month of March, 2017 has reviewed 9,589 CCIs and found that 91% are run by NGOs, and only 9% are government supported. For the first time, we have government data saying there are 3,70,227 Children in Need of Care and Protection (CNCP) (199,760 are boys, 170,375 are girls) and 7,422 Children in Conflict with Law (CCL) in the whole country. The report however does not talk of Aftercare, except that it mentions that "CCIs and Aftercare homes need to be actively involved in networking, coordinating and linking with various professionals, institutions and community-based organisations that have expertise in the concerned areas to provide a wide range of services to children". It thus misses an opportunity to include the 'Continuum of Care' approach for children living in Alternative Care and reiterates our argument that Aftercare remains a low priority within the child protection system in India.

This report for Maharashtra was completed in nine months and builds the evidence to develop a robust Aftercare programme in the State. The CAP research Study in Maharashtra has had the advantage of the stakeholders' full attention and support, without which our efforts would have been in vain. We owe our deepest gratitude to them. Maharashtra has a long history of Aftercare, dating back to 1930s, when Aftercare Associations came into being; recently it became the first state

“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

to offer 1 % reservation in jobs and higher education to orphans. With the expert group being formed in the State to draft the Guidelines on Aftercare, I hope that this report will feed into that process at the State level.

At the national level, the National Youth Policy, in 2014, identified youth in institutional care, orphanages, correctional homes and prisons as a category who need more support from the State but not much of this has been formulated clearly as well as implemented. The policy states that “while the government is working to create support and rehabilitation systems for youth at risk, it is essential to simultaneously build systems to ensure that youth are not forced to put themselves into situations that constitute physical or mental risk. A targeted awareness and outreach programme for youth that are likely to be at risk must be developed and undertaken as a matter of priority.” This translated into action for CLs is something we hope to see in Maharashtra soon. The Youth Policy is due for review this year and we hope to push the CLs’ agenda to be included therein, so that reintegrating CLs becomes everyone’s collective responsibility rather than no one’s responsibility as it appears to be now. **Small steps go a big way in bringing change on the ground.**

I hope the evidence generated in this report, as well as individual reports from the other 4 states, which are also compiled in a multi-state synthesised report, become instrumental in bringing Aftercare to the forefront of discourse in the Alternative Care ecosystem by plugging the gaps in implementation and having more robust policies. I am so humbled by the resilient CLs that were a part of this study, who spoke their minds and hearts out and shared their hopes with us. We remain committed to listening to their voices always and sustain practice informed evidence-based advocacy on Aftercare.

Kiran Modi, PhD
Founder Managing Trustee
Udayan Care

Message

'Supporting Youth Leaving Care – A Study of Current Aftercare Practices in Maharashtra' offers useful insights and direction for strengthening services for care leavers exiting child care institutions in Maharashtra. It examines the programmes and services that are currently in place for adolescents and youth who have spent a substantial part of their childhood in child care institutions and are positioned for transitioning into independent living or reintegrating with their families.

What marks this study as unique is its participatory and consultative design that was jointly determined by Udayan Care, the Department of Women and Child Development, Government of Maharashtra and UNICEF. This allowed for a variety of stakeholders including youth leaving care to contribute actively through the various stages of the study.

This study provides compelling evidence that care leavers who spend close to a decade in an institution, are often unprepared to deal with the realities of life when they leave these institutions such as for independent living, for coping with distressing situations, in building social relationships or moving towards financial independence. The study underscores the role of mentors and the need to build a social network for care leavers so that they can move towards independent living, yet draw on support whenever needed. The study puts forth a comprehensive model of services in eight domain areas that will enable care leavers' transition from dependence to independence.

Data management has been identified as a key area for prioritisation by this study. Integration of Aftercare into the child protection MIS and tracking system being developed by the State is a good opportunity for determining the number of adolescents leaving care and for planning interventions for them.

UNICEF is committed to strengthening this critical area of work and partnering with the DWCD, the Maharashtra State Aftercare Association, Civil Society Organisations that have experience and expertise in this field, and the agency of youth leaving care, to accelerate reform in aftercare services. The study highlights a variety of Aftercare programmes and services implemented by State and non-government organisations that are effective and replicable. I believe that public private partnerships hold an enormous potential for bringing improvement in the quality of Aftercare services in the State. It is extremely positive that many care leavers in Maharashtra are actively engaged in building informal networks to support each other. Their leadership to strengthening Aftercare services in the State must be encouraged. The Maharashtra State Aftercare Association could benefit enormously by involving youth leaving care in planning, designing and monitoring the State's Aftercare Programme.

The Government of Maharashtra's 1% reservation for orphans for education and employment is a very positive step and its convergence with the State's Aftercare programme would be valuable. Likewise, the Aftercare Programme would benefit through convergence with other Departments including Youth Affairs, Skill Development and other social protection schemes and programmes.

In conclusion, I would like to thank Dr. Kiran Modi and the entire research team of Udayan Care for their enthusiasm and drive for rigour. I thank Dr. Hrishikesh Yashod IAS, Commissioner Women and Child Development, Mr. Ravi Patil, Dy. Commissioner Child Development, DWCD and Ms. Manisha Biraris, Programme Manager, Integrated Child Protection Scheme (ICPS) for their enduring interest and commitment to find ways to integrate the findings into the State's Guidelines on Aftercare. I hope that the evidence gathered through this study will help strengthen policy and programming initiatives in Alternative Care of which Aftercare is a crucial component; with active participation of youth leaving care.



Rajeshwari Chandrasekar
Chief of Field Office
UNICEF Maharashtra

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

“Imagine a boy. He turns 18 years old, and is given a bag of his belongings and is told to leave. Till 18, he was dependent on us. No Aftercare means possible wrong pathways, wrong people and perhaps a wronged life.”

Superintendent of Aftercare Home
Yerawada, Maharashtra

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

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

The report covers a total of 107 CLs from Maharashtra, comprising of 74 males and 33 females, from both Government and Non-Governmental Organisation (NGO) run Child Care Institutions (CCIs). The key findings of the study show that Maharashtra has a rich historical background of Aftercare, yet there is tremendous scope for further development. Although, much is happening on Aftercare in the State, there are many areas where we, as duty-bearers, need to rise to the call to meet the aspirations of the CLs. The key highlights discussed in the report are as follows:

- **Life Experiences in CCIs:** Multiple placement during childcare has a negative influence on outcomes in later life.
- **Lack of Inclusion and Participation:** Majority of the children and youth are not being consulted or involved in the process of developing Individual Care Plans (ICP), or Aftercare and Rehabilitation Plans.
Skill Development in CCI: Only one-fourth of the CLs had acquired ‘satisfactory’ level of skills including, independent living skills, interpersonal skills, job-readiness & vocational skills;
 - A higher proportion of CLs from NGO-run CCIs had ‘satisfactory’ skill development as compared to CLs from Govt. CCIs.
 - A higher proportion of CLs living in non-institutional housing options had acquired ‘satisfactory’ level of skills as compared to those living in residential facilities.
 - A higher proportion of females had acquired ‘satisfactory’ level of these skills as compared to males and yet most female CLs were found to be not employed and fared poorly in other domains as compared to male CLs.
- **Housing:** Most CLs, about 60%, lived in residential homes that are dedicated residential facilities, such as Government Aftercare Homes, Swadhar Grih as and NGO-run Aftercare homes. 40% CLs lived in other housing options: mixed residential facilities such as working-women hostels, scattered rented apartments and group-homes;
 - There is currently only 1 Government Aftercare home for women in Nashik, making it difficult for female CLs to find adequate housing during Aftercare, due to a lack of non-institutional options.
 - Stigma and insensitivity make it difficult for CLs to obtain rental housing.
 - Majority of CLs expected support to be provided in-person through a physical facility/office for all those who chose to live outside of residential Aftercare homes.
 - Often the overprotective nature of CCIs and lack of exposure to the outside community results in the failure to imbibe such social and life skills.

- **Mental and Emotional Wellbeing:** Most CLs (64%) faced recurring emotional distress and approximately 25% CLs reported multiple symptoms of psychological disorders. Out of these, 49% sought assistance only from non-professionals, while 28% did not seek any assistance for mental health concerns due to stigma, lack of funds, lack of reliable persons, inability to identify symptoms and lack of motivation.
- **Social Relationships and Interpersonal Skills:** One in every four male CLs was unable to maintain meaningful or long-lasting relationships with care providers, CCI staff, teachers and mentors, whereas more than 88% of female CLs were able to do so. Almost 90% CLs reported difficulties in maintaining romantic relationships or considered such relationships “not applicable” to them;
 - 26% of CLs had acquired a ‘satisfactory’ level of interpersonal skills such as conflict resolution, communication, leadership and team-building, self-esteem and ego-resiliency.
 - A higher proportion of female CLs fell in this category (46%) as compared to male CLs (18%).
 - 59% CLs shared that they did not have any formal or informal group or alumni association for peer support. Moreover, 84% reported that they would like to contribute and benefit from such a youth collective if formulated.
- **Physical Health:** 16% CLs reported that they did not have someone who could care for them, 17% CLs did not have adequate funds and 12% did not have access to basic healthcare amenities during illness. Almost 88% did not have any health insurance. The study found that those who were left without care, adequate amenities or financial security experienced heightened vulnerability and increased recuperation time.
- **Education and Vocational Skills:** A few CLs reported that they had no schooling of any kind, while 12% had not completed primary education (Class 5th) and 45% had not completed higher secondary (Class 12th);
 - 20% of the CLs reported their education and skill level to be inadequate to achieve their academic and career goals.
 - Over 62% of the CLs reported the need for career counselling, vocational skills, and job-readiness training.
 - A greater proportion of females had better educational qualifications, job readiness, and vocational skills than males; however, this did not translate into an equivalent proportion of female workforce participation.
- **Financial Independence and Career:** 17% of CLs were Not in Education, Employment or Training (NEET), whereas 39% were pursuing higher education and 26% were enrolled in vocational/technical training;
 - 53% of CLs had secured independent sources of income. Out of the 33 females interviewed, 27% were earning on their own, while 65% of the 74 males interviewed had an independent income.
 - The mean income of independent earners (Rs. 8,017 pm) is lower than the state minimum wages for unskilled workers in most industries.
 - 22% CLs reported that their income/allowance was unable to cover their cost of living, while 19% CLs were not actively saving and almost 25% CLs reported having no bank account.
- **Identity and Legal Awareness:** 67% of CLs had not received any information regarding their legal rights and responsibilities. Even as a majority (96%) had an Aadhar card (unique identification number), only 28% reported having a Voter’s ID card, leading to exclusion from the electoral process.

The study establishes the importance of quality care and individual attention during childcare, as the Aftercare outcomes is a direct reflection of the care received during childcare. The study highlights that a large proportion of those CLs who did not receive any formal Aftercare support were untraceable due to inadequate follow-up mechanisms of CCIs and government departments; thus becoming no one’s

responsibility after leaving care. Those who did receive support were limited to only a few domains of the Sphere of Aftercare.

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

- **Recognition of CLs as vulnerable youth:** The State must accord special recognition to all CLs as a distinct and vulnerable youth population for their social inclusion and mainstreaming.
- **Effective implementation of existing provisions of policy and law on Aftercare:** The Women and Child Development Department (WCDD), Government of Maharashtra, (GoM), as a nodal agency, should continue to provide care and protection to all CLs. The agency being responsible for effective implementation of Aftercare in the state should ensure that every CL is provided with sustained support across the Sphere of Aftercare in a dignified manner that respects the freedom and choices of the youth.
- Immediately notify and implement the **State Aftercare Guidelines** (currently being drafted).
- Mandate **Transition Planning** in all CCLs.
- **The Maharashtra State Probation and Aftercare Associations** strengthen to understand and plan for holistic Aftercare programmes across all domains of the Sphere of Aftercare.
- WCDD may appoint a dedicated Aftercare Officer in each district.
- Set up dedicated **Aftercare Funds** in each district.
- **Aftercare outreach service that offers a range of services to CLs at the district level may be envisaged.**
- WCDD may develop more **Aftercare housing options for female CLs.**
- Operationalise and ensure effective implementation and periodic evaluation of 1% reservation policy on education and jobs.
- Set up a robust **MIS and data maintenance** system for Aftercare to maintain real-time reliable data on CLs and their outcomes.
- Undertake **training** of stakeholders on Transition Planning, Aftercare, and follow-up modules.
- WCDD may promote **linkages and convergence** through various Govt. departments, corporates and civil society organisations to offer a range of services and support to CLs through PPP model, especially exploring access to housing, employability and mentoring services by the corporate and private sector for CLs.
- Make access to health services possible for all CLs and offer affordable medical services under schemes such as PMJAY (Pradhan Mantri Jan Aarogya Yojna), with more focus on mental health care.
- Ensure **post Aftercare follow up** and support by making the district Aftercare outreach service centres for all CLs.
- Commission **further research** on areas identified in the study.
- Collectivise CLs to provide the spaces to form their association and network.

Given Maharashtra's advantage of having a rich history of Aftercare, it is hoped that the findings of this study will bridge the gap on policy and practice on Aftercare in Maharashtra. The strengthening of the State and District Aftercare Associations is an opportunity that can go a long way in providing better outcomes to the CLs in the State.



Chapter 1

Overview of Aftercare

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

Mahatma Gandhi

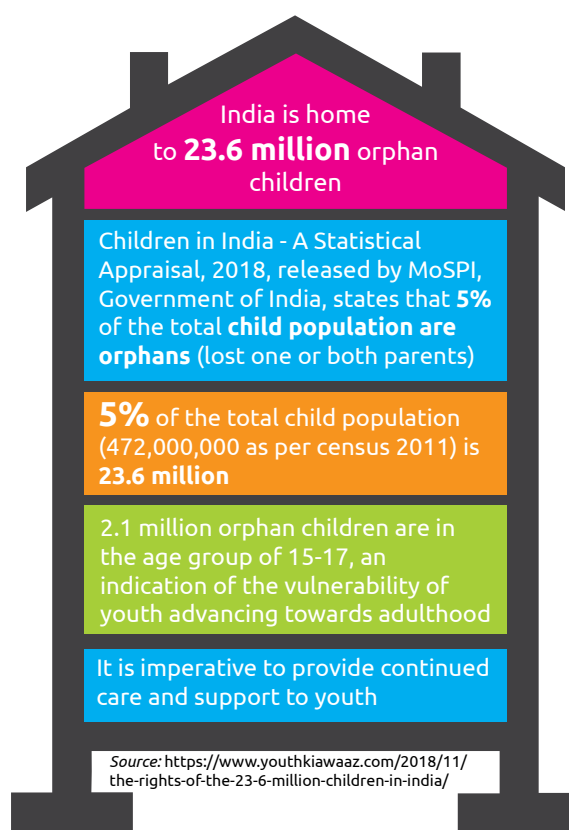
This introductory chapter to the report covers key concepts of Aftercare and gives an overview of the study in Maharashtra.

1.1 Introduction

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

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

Recent estimates put the number of children in need of Alternative Care in India at approximately 23.6 million (Refer to the adjacent box). For them and many more children, who are at risk of separation from family, preventing separation and finding suitable alternative family-like care environments is challenging, given the sheer numbers of children in the country and the absence of community-oriented interventions. Institutional Care is the last resort in law but often is the most relied upon option for vulnerable children in India. Non-institutional forms of Alternative Care that have been proposed for children in OHC settings, such as foster care, are at very nascent stages in the country. India has a long way to



go to bring care reform for OHC children, the success of which depends on the four enabling conditions of change identified by Hope and Homes for Children (HHC). The HHC theory of change highlights four crucial components: Political will, Evidence & knowhow, Civil society participation, and the last and the most important, resources (funding).

As provided under Section 110 of the JJ Act, 2015, the State Governments “shall by notification in the official Gazette, make Rules to carry out the purpose of this Act.” In pursuance of the Act, the Central Government has notified the Model JJ Rules of 2016 and most States are in the process of drafting and notifying the State JJ Rules. Studies, such as the present one, to create an evidence base, have started getting support. However, this political will as reflected in the above efforts also need to be substantiated by mobilising resources, and enhanced civil society participation. Civil society organisations have been working with some youth in their own limited capacities. However, both the Government and the civil society organisations require a strong collaborative and coordinated effort to bring substantial change in the situation of Care Leavers (CLs). This calls for scientific assessment of the situation to develop a workable plan for stakeholders to engage with CLs by continuing their support as Aftercare practice.

1.2 Transition from Childcare to Aftercare

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

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

Gradual and supported transition out of Alternative Care settings is the key to ensure that young adults “aging out” of the system prosper in their lives as they move forward (Modi et al., 2018). This transition from living in a protective care facility to independent living often brings a host of difficulties, due to the absence of a pivotal family-like ecosystem, minimal community integration, and limited ownership of essential resources. Youth transitioning from care are, thus, at a higher risk of facing personal, professional and social hardships than those who have a family ecology to support them. Inadequate social and life skills, low educational achievements, higher risk of physical and mental health concerns, and the increased risk of social issues including homelessness, substance abuse, conflicts with law, abuse and violence, teenage pregnancy, social exclusion, incarceration, and self-harm and suicide, all effectively slow down or often deny youth their full settlement in life (Kalinowski, 2015; Montgomery, Donkoh, & Underhill, 2006). The transition period can be an enabling one (Akister, Owens, & Goodyer, 2010), marked by the distinct needs of the youth who need to be supported, guided and counselled so that they are able to realise their full potential. In the absence of these inputs by care providers and a lack of understanding of the difficulties faced by young people, they run a risk of losing opportunities available to them. They may face problems across multiple life domains, such as locating and accessing safe and stable housing, building strong and positive relationships with members

of their social networks, being able to manage crisis and stress, and pursuing higher education or acquiring meaningful vocational and life skills towards steady and lucrative employment (Fryar, Jordan, & DeVooght, 2017).

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

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

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

Mental health is another essential component of Aftercare support (Tusla, 2017). Given that many young adults raised in Alternative Care have experienced trauma (Sridharan, Bensley, Huh, & Nacharaju, 2017), and perhaps continue to do so, support in the forms of free counselling, guidance, interventional support, psychological assessment services and crisis management, from designated mental health professionals, must be made available through Aftercare. Mental health care support must be rooted in a non-judgemental harm reduction philosophy that not only ensures safety, care and protection for the youth but also helps them identify their priorities, develop their inherent strengths and build resilience (Batista, Johnson, & Friedmann, 2018). Each child/youth in and from care has had unique and often adverse life experiences. Hence,

treatments and interventions must be tailor-made rather than adopting the ‘one approach fits all’ principle. Listening to the needs of the child/youth and developing interventions along with their inputs and active participation, have successful outcomes (Doucet, 2018). Mental health support must extend to counter the often unaddressed stigma, trauma, and discrimination experienced by young people in care, psychologically and socially, in turn shifting focus to promote their contributions as citizens (Cantwell et al., 2012). Dutta (2017), brings forth that a strong social network is the foundation stone for ensuring a well-planned, smooth and steady transition out of care for girls living in an institutionalised setting in India. One needs specialised, comprehensive and transparent policies and legislations at the national level, delineating the procedure for an obstacle free transition out of care. Preparing girls for independent living includes life skill training, education, employment and accommodation. These provisions should be mandatory and database of Aftercare Services at the State level is a must.

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

Aftercare thus means provisions for support to CLs as a range and continuum of care services to enable them to achieve social and life skills through participation in the life of the local community and systematically lead them to self-reliance and mainstreaming in the community. Aftercare is a crucial final stage in the continuum of care, as it ensures smooth rehabilitation and reintegration of a child in OHC as she/he steps into adulthood. This is especially required if a child has gone through a long period of institutionalisation, which is likely to result in the lack of social adjustment. Aftercare is the provision of continued care and support to youth, including those with special needs, after they have reached the age of 18 years and are discharged from children’s homes/special homes. The provision of Aftercare attempts to smoothly move away from institution-based life to independent living, along with extending need-based support to youth who have grown up in Alternative Care settings.

1.3 Policy and Legal Framework for Aftercare

1.3.1 International Framework

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

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

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

1.3.2 National Level Policies, Laws, Schemes and Programmes applicable to Aftercare

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

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

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

Juvenile Justice (Care and Protection of Children) Act, 2015, and Maharashtra Juvenile Justice (Care and Protection of Children) Rules, 2018.

At the country level in India, the erstwhile Juvenile Justice (Care and Protection of Children) Act, 2000 did not define the term 'Aftercare.' It however empowered State Governments to establish or recognise "Aftercare organisations" (ACOs) and the functions that may be performed by them; for a scheme of Aftercare programme to be followed by such ACOs for the purpose of taking care of CCL or CNCP, after they leave Special Homes or Children's Homes, as the case may be, for enabling them to lead an honest, industrious and useful life; for the preparation or submission of a report by the probation officer or any other officer appointed by that Government in respect of each juvenile/child prior to his discharge from a Special Home/ Children's Home, regarding the necessity and nature of Aftercare of such juvenile/child, the period of supervision and for the submission of report by the probation officer or any other officer appointed for the purpose, on the progress of each juvenile/child; for the standards and the nature of services to be maintained by such ACOs; and for such other matters as may be necessary for the purpose of carrying out the scheme of Aftercare programme. The provisos to Section 44 however restricted Aftercare services to a period of three years and that required a juvenile/child over seventeen years of age, but less than eighteen years of age would stay in the Aftercare organisation till they are twenty-one years.

The JJ Act, 2015, which came into force on 1st January 2016, clearly articulates the objective of Aftercare as being a service 'to facilitate child's re-integration into the mainstream of the society' (JJ Act, 2015, Section 46.). Aftercare is defined under Section 2(5), JJ Act, 2015, as "making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of the society" applicable for children leaving institutional care. Section 46 states that any child leaving a CCI on completion of eighteen years of age may be provided with financial support in order to facilitate the child's re-integration into the mainstream of society in the manner as may be prescribed. All relevant fundamental principles enshrined in Section 3, JJ Act, 2015 need to be adhered to, as appropriate, while dealing with the youth in Aftercare.

Recently, in 2018, the Maharashtra Juvenile Justice Rules (MJJR), 2018 have been notified.

Rule 27, MJJR elaborates the provisions for Aftercare of Children Leaving Institutional Care, as under:

1. The State Government shall prepare an Aftercare programme for children who have to leave CCIs on attaining eighteen years of age by providing for their education, giving them employable skills and placement as well as providing them places for a stay to facilitate their re-integration into the mainstream of society.
2. Any child who leaves a CCI may be provided Aftercare till the age of twenty-one years on the order of the Committee or the Board or the Children's Court, as the case may be, as per Form 38 and in exceptional circumstances, for two more years on completing twenty-one years of age.
3. The DCPU shall prepare and maintain a list of organisations, institutions, and individuals interested in providing Aftercare as per their area of interest such as education, medical support, nutrition, vocational training, etc. and the same shall be forwarded to the Board or the Committee and all CCIs for their record.
4. The Probation Officer or the Child Welfare Officer or Case Worker or social worker, shall prepare a post release plan and submit the same to the Board or the Committee, two months before the child is due to leave the CCI, recommending Aftercare for such child, as per the needs of the child.
5. The Board or the Committee or the Children's Court, while monitoring the post-discharge plan will also examine the effectiveness of the Aftercare programme, particularly whether it is being utilised for the purpose for which it has been granted and the progress made by the child as a result of such Aftercare programme.

6. Children, who are placed in Aftercare programmes, shall be provided funds by the State Government for their essential expenses; such funds shall be transferred directly to their bank accounts if they are placed in Aftercare group homes. In the case of children living in Aftercare home, such funds may be transferred to the organisation providing Aftercare home facility.
7. The services provided under the Aftercare programme through a group approach may include:
 - i. Aftercare home;
 - ii. Community group housing or group home on a temporary basis for groups of six to eight persons;
8. Other Aftercare support services provided to children discharged from an institution on the attainment of eighteen years may include:
 - i. Provision of stipend during the course of vocational training or scholarships for higher education and support until the person gets employment;
 - ii. Arrangements for skill training and placement in commercial establishments through coordination with National Skill Development Programme, Indian Institute for Skill Training and other such Central or State Government programmes and corporates, etc.;
 - iii. Provision of a counsellor to stay in regular contact with such persons to discuss their rehabilitation plans;
 - iv. Provision of creative outlets for channelizing their energy and to tide over the crisis periods in their lives;
 - v. Arrangement of loans and subsidies for persons in Aftercare, aspiring to set up entrepreneurial activities; and
 - vi. Encouragement to sustain themselves without State or institutional support.

Thus, the above Rules expand on the Model JJ Rules of 2016 as subsection 7; Aftercare support has been categorised in two types as housing and other support.

The Management Committee that has to be constituted in each CCI under this Act is vested with the responsibility of meeting at least once every quarter or sooner, as per need, to consider and review planning post-release or post-restoration rehabilitation programme and follow up for two years. Which is to be done in collaboration with Aftercare services, and inter-district and in coordination with inter-state networking agencies as the case may be; pre-release or pre-restoration preparation; release or restoration or repatriation; post-release or post-restoration or repatriation follow-up; and minimum standards of care, including infrastructure and services available (MJJR, 2018, Rule 41(4)(xii-xvi)).

A **State Children's Fund** is to be established in Maharashtra as provided for under Rule 85 of the MJJR, 2018, for the welfare and rehabilitation of the children dealt with under the Act and the Rules. It is important to note here that the Model JJ Rules named this as "Juvenile Justice Fund". This Rule states that the State Government has to make adequate budgetary allocations towards this Fund, and may receive donations, voluntary contributions, subscriptions or funds under Corporate Social Responsibility (CSR) whether given for any specific purpose or not. This Fund has to be utilised for implementing programmes for the welfare and rehabilitation of children, supporting with entrepreneurial support, skill development training or vocational training; specialised professional services, counsellors, etc. and can also be used for Aftercare support.

MJJR details the functions of the State Child Protection Society (SCPS), which includes developing a programme of Aftercare (MJJR, 2018, Rule 85(1)(v)), and maintaining a database of Aftercare organisations (MJJR, 2018, Rule 85(1)(x)). Similarly, MJJR also details the functions of the DCPU, which includes facilitating the implementation of the Aftercare programmes as per the orders of the Board or the Committee or the Children's Court (MJJR, 2018, Rule 86(1) (xi)); and maintain a database of Aftercare organisations and

institutions etc. at the district level and forward the same to the Committees and the SCPS, as the case may be (MJJR, 2018, Rule 86(1) (xix)).

As stated earlier, Rule 27 of the MJJR focuses specifically on Aftercare. It mandates the **State Government to prepare an Aftercare programme for children** who have attained the age of 18 years and are leaving a CCI by providing for their education, giving them employable skills and placement as well as providing them places for the stay to facilitate their re-integration into the mainstream of society.

Though there are a number of other functionaries who have a key role to play in Aftercare services, the MJJR, 2018, provide for Rehabilitation cum Placement Officer (RPO), to be designated in every CCI for the specific purpose of rehabilitation of children (MJJR, 2018, Rule 2(1) (xiv)). Rule 67, MJJR, 2018, which deals specifically with the subject of the RPO, specifies that such an officer may have a Master's Degree in Social Work or Human Resource Management and at least three years' experience in the field of rehabilitation, employment creation, and resource mobilisation. It goes on to lay down the functions of the RPO, which are:

- i. Identify the skills and aptitude of the children placed in CCIs through appropriate mechanism and in consultation with the Child Welfare Officer, Case Worker, Counsellor and Vocational instructor;
- ii. Identify and develop linkages with all such agencies that offer vocational and training services with job placement at the end of the course;
- iii. Network with DCPU, persons, corporates, recognised Non-Governmental Organisations (NGOs) and other funding agencies to mobilise resources for sponsoring training programme and support for self-employment;
- iv. Facilitate and coordinate with agencies, individuals, corporates, recognised NGOs and other funding agencies to set up vocational training units or workshops in CCIs as per age, aptitude, interest and ability;
- v. Mobilise voluntary vocational instructors who render services to carry out the training sessions in the CCIs;
- vi. Inculcate entrepreneurial skills and facilitate financial and marketing support for self-employment;
- vii. Prepare rehabilitation plans keeping in mind the nature of the offence and the personality traits of the child;
- viii. Maintain the Rehabilitation Card in Form 14 and monitor the progress made by the child on regular basis and submit such progress reports to the Management Committee;
- ix. Engage with the child's family, guardian, other significant adults, as appropriate, and ensure their participation in the child's rehabilitation process;
- x. Facilitate the child to get certificates on completion of the education or vocational training courses;
- xi. Make efforts for ensuring effective placement of each eligible and trained child;
- xii. Organise workshops on Rehabilitation programmes and services available under Central and State Government Schemes, job readiness, spread awareness and facilitate access to such schemes and services;
- xiii. Organise workshops on personality development, life skill development, coping skills and stress management and other soft skills to encourage the child to become a productive and responsible citizen; and
- xiv. Conduct regular visits to the agencies where the children are placed to monitor their progress and provide any other assistance as may be required.

1.3.3 Child Protection Services (Erstwhile ICPS)

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

effective implementation of the JJ Act, 2015. The scheme aims to provide a security net through a well-defined service delivery structure and institutional care amongst other things. CPS provides preventive, statutory care and rehabilitation services to children, who are in need of care and protection and those in conflict with law, as defined under the JJ Act, 2015 and any other vulnerable child. The scheme has elaborate arrangements for identification of voluntary organisations which are interested and capable of providing Aftercare support. Under ICPS (clause 6.3) the SCPS has been entrusted with the task of providing financial support to the young Aftercare adults under the support of an Aftercare organisation. The SCPS has the power to release per child grant of up to a maximum of Rs.2000 per youth per month to the concerned organisation running the Aftercare programme. The grant will be based on and meant to support the individual needs of the children. Under the Scheme, it is the responsibility of the DCPU to identify, enlist and involve suitable voluntary organisations ready to run the Aftercare programmes.

Aftercare provisions under CPS

Provide for a community group housing, a temporary residential arrangement for a group of 6-8 young persons, growing out of the CCIs;

Encourage young adults to learn a vocation or gain employment so as to contribute towards the rent as well as the running of the home;

Encourage young adults to gradually sustain themselves without state support and move out of the group home to stay in a place of their own, after saving sufficient amount through their earnings;

Provide for a peer counsellor to stay in regular contact with these groups to discuss their rehabilitation plans with them and provide them guidance and counselling in their various needs; provide them opportunities for creative outlets for channelizing their energies and to help them tide over the crisis periods in their lives;

Make provisions for stipends during the course of vocational training until the youth gets employment;

Arranging loans for youths aspiring to set up entrepreneurial activities.

It is the responsibility of the interested Aftercare organisations to formulate such Aftercare programmes for the children that could help them in their required needs for a period of three years.

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

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

Thus, it is clear that policy and law in India strongly mandate financial and non-financial Aftercare support for CLs. However, despite this strong mandate, Aftercare remains an incredibly neglected low priority agenda in child and youth care and protection. It is mired by negligible investment in terms of budgetary or human resource support. Several NGO-run and civil society interventions exist, some of which are very innovative and promising, but unfortunately such interventions have not been adequately documented, reviewed or scaled up in the country. "A series on Alternative Care" a booklet published by Udayan Care in 2017, and the first of its kind, documented promising practices in India as well as abroad. Priti Patkar, the founder of Prerana, an NGO based out of Mumbai, has documented the experiences of young female CLs living in independent group homes in her book, "Aftercare: Interventions in a Neglected Post Institutional Domain," (Priti Patkar, Saumya Bahuguna & Dr. Pravin Patkar, 2013). It is crucial for all the stakeholders to document challenges and practices of Aftercare to keep practitioners informed on recent developments and best practices.

1.3.4 Monitoring Implementation of the Aftercare Programme

Even though the issue of Aftercare remains unaddressed by the Judiciary, after the matter of Sampurna Behura versus Union of India & Ors. [W.P. (C) No.473 of 2005], decided by the Supreme Court of India on 6th February 2018, the Chief Justice of every High Court has set up active Juvenile Justice Committees that allow them to register proceedings on its own motion for the effective implementation of the JJ Act and remove road-blocks if any, encountered in its implementation. Aftercare needs to become a priority with these committees.

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

1.4 Situation of Aftercare in Maharashtra

1.4.1 Statistics of children in need of Aftercare Services in Maharashtra

The total number of vulnerable children in the State according to the Childline India Foundation (CIF) report of 2018 (also known as the Jena Committee Report) is 58,873, out of which children in need of care and protection is 57,022, whereas the number of orphans is at a low of 5,416. The CIF report puts the total number of CCIs in Maharashtra at 1284, break up is shown below:

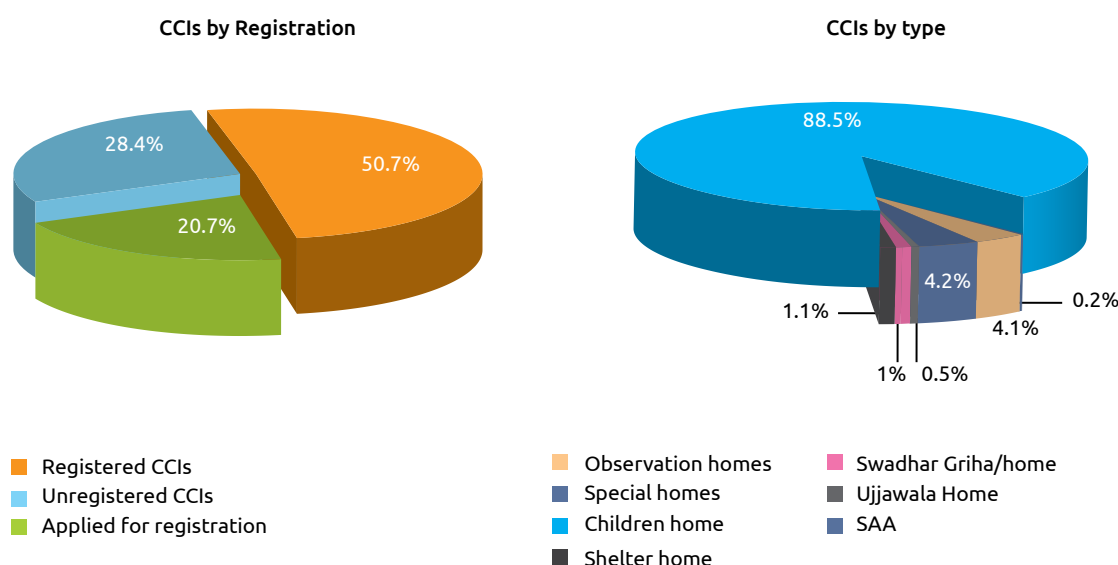


Figure 1: Profile/Type of CCIs in Maharashtra

1.4.2 History of Aftercare in Maharashtra

The Aftercare practice in Maharashtra state dates back to 1857 when Colonel Lloyd started the David Sassoon reformatory for Juvenile Delinquents in 1857 and the Shepherd Aftercare Hostels for Orphans and Young Adults in 1916. Later, the Bombay Presidency Borstal Association (BPBA) was established to cater to the needs of the children (mainly in conflict with the law) who were released from correctional institutions on probation under Bombay Children's Act and Bombay Probation Act, 1936. Two years later, the BPBA was renamed as the Bombay Probation and Aftercare Association, with its headquarters in Pune. In 1948, the amendments in the Bombay Children's Act led to the establishment of the District Probation and Aftercare Association (DPAA). The Association was guided by the experts (Gore & Advisory Committee on Aftercare Programmes, 1955), who planned interventions while the children were still in childcare. Under these arrangements, children would opt to stay in an Aftercare hostel in Mumbai after their term in the remand home, for a long-term period, which continued even after phasing out from the Aftercare programme (Nagrath, 2005). The alumni of the Aftercare hostels were encouraged to continue to visit the staff members and fellow hostel mates whenever they wanted to. Several services like home loans, marriage assistance, and employment assistance were also provided on a case to case basis by the Association. The Aftercare Association was renamed in 1960 as the Maharashtra State Probation and Aftercare Association (MSPAA).

It was in 1959 that an Aftercare Home for girls was opened in Mumbai. In 1996, the Associations got registered as a civil society organisation, with the Govt. of Maharashtra recruiting the staff but the management decisions were taken independently. The State government has thus recognised the body as a nodal organisation to support the young probationer offenders and youth from various CCIs. MSPAA has a network in 35 districts under the District Probation and Aftercare Associations and is responsible for implementing the existing rehabilitation schemes such as 'Earn and Learn Scheme' etc. MSPAA and its district partners are mandated to implement the Aftercare programme in the State. Currently, there are two Aftercare hostels in Mumbai managed by the MSPAA: the Chembur Aftercare Hostel for Boys and the Aftercare hostel called Zhabawala Aftercare Home (Girls) at Borivali. At present, 40 youths are living in the boys home. Currently, the Zhabawala Aftercare home for girls is not functioning, due to lack of adequate funds to reconstruct the building. Over the years, MSPAA has been providing Aftercare services in Maharashtra. However, most Associations concentrated more on running remand homes rather than Aftercare services. Information also shows that the MSPAA expenditure in 2016-17 was Rs. 82, 65,390.55, of which almost Rs. 70, 53,373 was spent on staff's salaries and allowances.

1.4.3 Existing Government Aftercare Services

Aftercare Homes: For a total of 36 districts in Maharashtra, there are seven Government Aftercare Homes, of which 1 is managed by an NGO. Six of these seven homes are for boys, while only one is for girls. As of January 2019, the total capacity of each house is 100, except one boys home with an allocated capacity of 40. Hence at any point of time, a total of 540 male CLs and 100 female CLs can be provided accommodation in these Aftercare homes.

The seven homes are located in Amravati, Aurangabad, Kolhapur, Mumbai, Nagpur, Nashik, and Pune (6 for males and 1 for females). No Aftercare Homes exist in rural locations of Maharashtra and therefore, CLs from such locations have no option but to move to a different district or sustain themselves without any Aftercare provision. There are no government-run, non-institutional programmes that could provide any services to CLs who are either restored to families or choose to live in non-institutional housing.

1.4.4 Existing Schemes in Maharashtra Relevant to Child and Youth Care

Bal Sangopan Yojana supports biological families in crisis to prevent unnecessary separation and those already separated. A substitute family care is provided for a temporary period to children whose parents are not able to take care of their children due to several reasons including illness, death, separation or desertion of one parent, or any other such crisis. The govt grants Rs. 425 per child per month to the family of kin or foster parent(s) through an implementing NGO for meeting the basic expenses of the child. The implementing NGO is given an amount of Rs. 75 per month per child to meet administrative costs, which takes care of expenses towards home visits, counselling, and linkages with social security and protection. It is noteworthy to mention here that this scheme is limited to 18 years of age and does not cover Aftercare support at all.

Pramod Mahajan Kaushlyava Udyojkta Vikas Abhiyan (PMKUYA) is being implemented by Maharashtra State Skill Development Society (MSSDS) to achieve the goal of 'Skilled Maharashtra, Employable Maharashtra.' Under this programme, skill development training is provided to the youth of the State in the age group of 15-45 years, thereby creating opportunities for their employment and entrepreneurship. (Economic Survey of Maharashtra, 2017-18, pg. 241)

Seed Money Scheme: This scheme is being implemented to encourage unemployed youth to take self-employment ventures through industry, service, and business by providing soft loans from institutional finance to meet part of the margin money. A local unemployed person or a group of persons of age 18 to 45 years who have passed Class VII are eligible under the scheme. (Economic Survey of Maharashtra, 2017-18, pg. 244)

1.4.5 Other State Schemes that can be Linked to Aftercare in Maharashtra

Several schemes such as the Earn and Learn, *Subh Mangal Yojana*, *Karmavir Bhaurao Patil Yojana*, and Self-Employment Scheme, exist in Maharashtra but none of them are known of or availed by Aftercare youth.

- **Housing: Government Women Hostels, Women Shelter Homes, Protective Homes, State Homes** are all established to rehabilitate helpless, destitute, abandoned, endangered, oppressed women and maiden mothers in the age group 16 to 60 years by providing basic facilities like food, clothes, shelter, protection, medical and legal aid if needed and employment opportunities. There are 20 women protection homes run by the state government and 9 women shelter homes run by NGOs in the State. If a woman stays for more than 30 days in the institute, she receives a grant of Rs. 1,000 per month as the benefit under revised 'Maher' scheme. If she stays with her children, an additional grant of Rs. 500 for first child and Rs. 400 for second child is provided. If a beneficiary woman stays for more than 90 days in the institute, she is provided with training of vocational skills useful for employment such as sewing, weaving, and handicrafts. Efforts are made for arranging marriages of unmarried and divorced women — a grant of Rs. 25,000 is provided for the marriage of the woman admitted in the institute.
- **Hostels for Working Women:** Under the scheme, financial assistance is provided for construction of hostel building or running of hostel in rented premises for those working women who may be single, widowed, divorced, separated, married but whose husband or immediate family does not reside in the same area and for women undergoing training for job with gross monthly income not exceeding Rs. 50,000 in metropolitan cities and Rs. 35,000 in any other place. Provision of day care centre for children of inmates of the hostel is a crucial aspect of this scheme. Hostel inmates are charged rent for their stay. There are 87 such hostels functioning in the State.

- **Swaadhar:** Under the scheme, women in difficult circumstances like destitute, homeless, widows, deserted by families, women prisoners released from jails without family support, trafficked women rescued from brothels, etc. are rehabilitated by providing protection, shelter, care, education & vocational training.
- **Women Counselling Centres:** There are 39 women counselling centres in the State through which counselling support is provided to women victims to help them to cope with and overcome psychological stress. In addition to this, it has been decided to set up 105 counselling centres, one centre each in three talukas of 35 districts. So far, 97 counselling centres have been approved (Economic Survey of Maharashtra, 2017-18, pg. 228).
- **Support to Training and Employment Programme (STEP):** The scheme aims to provide vocational skills and competencies related to employability and entrepreneurship to poor women in the age group of 16 years and above. Under the scheme, training of skills in fields like agriculture, horticulture, fisheries, dairy, animal husbandry, sericulture, food processing, handlooms, tailoring, stitching, embroidery, zari, handicrafts, computer & IT enabled services, spoken English, gems & jewellery, travel & tourism and hospitality is being imparted. There are three projects functioning in the State. During 2016-17, under the scheme, 115 beneficiaries and during 2017-18 up to December 30 beneficiaries received benefits (Economic Survey of Maharashtra, 2017-18, pg. 229).
- **Mahatma Jyotiba Phule Jan Arogya Yojana:** This is continued in the name of Mahatma Jyotiba Phule Jan Arogya Yojana from April 2017. This scheme is being implemented in collaboration with the National Insurance Company to provide cashless medical facilities for treating patients belonging to vulnerable groups. The scheme provides 971 types of tertiary care, and high expensed surgeries/therapies along with 121 follow up procedures in 30 identified specific categories.

The scheme provides coverage for meeting all expenses relating to hospitalisation of beneficiary up to Rs. 1.5 lakhs and in case of renal transplant surgery Rs. 2.5 lakhs per family per year. A cashless medical facility through 492 empanelled hospitals is provided under the scheme. This scheme is entirely paperless and beneficiaries holding valid ration card and photo identity proof can avail treatment in any of the empanelled hospitals across the State.
- **Rajarshi Chatrapati Shahu Maharaj Tuition Fees Scholarship Scheme:** This is being implemented in the State to provide scholarships to students belonging to the economically backward class category. Around 605 professional and non-professional courses are offered by various universities and colleges across the State. In 2016, the limit for the annual family income of the applicant was increased from Rs. 1 lakh to Rs. 6 lakhs.

14.6 Positive Developments in the State Pertaining to Aftercare

Reservation for Orphans: In 2018, Maharashtra became the first State in India to have introduced a policy granting 1% reservation for orphans in the open category in educational institutions and government jobs (Jain, 2018). However, the reservation is only for those who have an orphan certificate, which implies that the benefits can be availed only if the CL has an orphan certificate. 20 CLs in Mumbai applied for the 1% reservation in June 2018. So far, only those orphans whose caste is not known have been held eligible for the reservation.

To get the orphan certificate, the CCI has to forward the applications to the WCDD and after due verification and recommendation, the certificate is issued by the Divisional Deputy Commissioner of WCDD. It appears that awareness on the procedure to obtain this certificate and avail the scheme is low, and often if multiple CCIs are involved, the problems of completing documentation are compounded. Another challenge is around

the caste of the person which has important implications as far as eligibility for 1% reservation in education and employment is concerned.

Active Discourse on Aftercare in the State: The discourse on Aftercare at the State level has been an ongoing process, that has triggered positive outcomes with NGOs organizing consultations in the state to collate concerns about the current Aftercare services and its implementation. It has also submitted recommendations to develop the State Guidelines on Aftercare that expert groups could consider for review and which the state could then scale up. There exist several other examples of individuals and organisations coming together to promote Aftercare services, with district-level Aftercare associations also being set up. For example, The Majhi Sainik Welfare Board (MSWB) has an effective Aftercare model for its members. They believe that CLs should be able to share their concerns, be it emotional, financial or of any other nature, with a caring adult. The expert group is currently working on Aftercare Guidelines. Efforts by NGO STAPI is also in progress to draft a policy paper on Aftercare rights of orphaned youth in the State.

Success Stories: Maharashtra also has several success stories of children coming out of CCIs and setting examples of successful reintegration in the society. Dr. Sunil Kumar Lawate, a social activist, and a CL is closely associated with promoting the cause of children and youth in care and Aftercare. He has worked tirelessly to earn various qualifications and has retired from multiple positions, including as a professor at a reputed college. Amruta Karvande, who grew up in an orphanage since her father abandoned her at the age of two years, pursued her masters degree in economics from Pune. Amruta was part of a major campaign under which she met the Chief Minister of Maharashtra and appealed to him for providing reservation for CLs in educational institutions and employment in the line of reservations for the Scheduled Castes (SCs) and Scheduled Tribes (STs) of India. Aditya Charegaonkar, a CL from SOS Children's Village, has been actively contributing to the Aftercare discourse in the state.

1.4.7 Existing Research Studies on Aftercare in Maharashtra

A few independent students, scholars, and NGOs have conducted studies which focus either entirely or partially on the provision, functioning, effects and models of Aftercare available in the state of Maharashtra. Though these studies are not based on large-scale data and have been mostly conducted in and around Mumbai, yet the findings are critical to gain a contextual understanding of the Aftercare programme in Maharashtra. Saathi, an NGO, published a study in 2010, of the "Assessment of Aftercare Homes in Maharashtra", with support from the MSPAA, UNICEF, and WCDD, that documented and analyzed the situation of Aftercare in the state by interviewing young adults staying in three residential Aftercare homes. The report sets forth several recommendations to improve the condition of Aftercare in the state.

A brief summary of some of the other studies, with their critical findings and evidences are explained below:

- M. Nagrath, (2005) in a study titled "**Aftercare Programme for Boys: A Case Study**", tried to understand the process of social reintegration in the context of 'Aftercare' programme and prepared a case study of an organisation in Mumbai. Findings of this study emphasised two critical areas of intervention: early intervention and long-term association, which continues even after phasing out from Aftercare. It was found that the agency begins its work much before the age of 18 years. Volunteers played an important role in identifying the needs of the child. The organisation encouraged alumni to continue visiting the staff, fellow hostel mates and other members whenever they wanted to, for maintaining long term association. Several services like home loans, marriage assistance, and employment assistance were also provided on case to case basis.
- C. Pereira, (2015), conducted a study named "**Youth in After-Care in Mumbai: A Life Course Perspective**", that studied the retrospective experience of few CLs, including experiences of both living in 'care' and 'Aftercare'. The study described some major issues faced by CLs along their life course. It found that the transition phase to Aftercare was a shocking experience as most of them were

unprepared to leave the institution in which they had grown up. Most CLs found the process of moving out untimely, as they could not complete a desirable level of education, and the circumstances pushed them to pick up an employment which do not provide them a substantial income. In her Ph.D. thesis, she used a case study method to understand youth in group homes and hostels through the principles of the life course perspective. In the twelve cases studied, it was observed that resilience is essentially dependent on the individual situation of the person. While some situations promoted resilience in one participant, the same situation put another person at risk. The study identified the need to carry out more research with CLs in order to develop a vision for the future care giving system.

- In a case study of SOS Children's Village in Pune, Aditya Charegaonkar (2016), conducted a study titled **"A Study of Aftercare Programme for Orphan and Destitute Youth: A Case Study of SOS Youth House, Pune."** Findings of this study explained the importance of early intervention with respect to Aftercare that is followed at the SOS Aftercare programme.
- A. K. Keshri (2018) conducted a study titled **"Understanding Social Reintegration: A Study of Out-of-Care Orphaned Youth"** as part of his M.Phil. thesis, at TISS. The study captured the experiences of children living in a formal care setup. According to this study, CLs had limited options of vocational trainings and were rarely encouraged to pursue higher education. As a result, most of them end up with low paid jobs with a poor standard of living.
- Ms. Sarita Shankaran, a Child Rights Consultant at TISS conducted a study titled **"Aftercare - Beyond Short-term Residential Facilities"** in 2018. The study looks at the narratives of two youth from Kamathipura, who lived in such NGO-run institutions and were able to secure good jobs. Their experiences throw light on some of the difficulties faced by such youth especially with backgrounds that are doubly stigmatizing- child of a woman in prostitution as well as being a child who has grown up in institutions.

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



Chapter 2

Objectives & Methodology

“Research is to see what everybody else has seen, and to think what nobody else has thought”

Albert Szent-Gyorgyi

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

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

2.1 Justification and Rationale

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

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

As the first step for this CAP research, Udayan Care conducted its 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 support from the Delhi Commission for the Protection of Child Rights (DCPCR). Soon, with the support of UNICEF, Tata Trusts and Shri Deep Kalra, this research was conducted in Maharashtra, Karnataka, Gujarat, Rajasthan and a second phase in Delhi by five separate teams. Throughout the project, UNICEF State chapter in all the four States have remained closely involved as partners, supporting the field research team to gain access to government systems, providing technical guidance on the research methodology as well as helping to improve the draft reports for the States’ specific context.

2.2 Objectives

Bearing in mind the opportunities and challenges 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 as young adults.
2. Understand the nature of challenges faced by CLs in the domains of mental health, physical health, housing, education, vocational skills and employment, financial management and legal literacy, and interpersonal relationships and social support.
3. Understand and document emerging and promising Aftercare interventions.
4. Ascertain the average number of children who exit CCIs in the State every year on completing 18 years of age.
5. Recommend measures for interventions that will bring about qualitative improvement and robustness in Aftercare activities.

2.3 Methodology

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

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


2.4 Scope

The CAP study focused on understanding the status of Aftercare services provided only to CNCP, who had attained the age of 18 years and had exited a Children's Home in Maharashtra, (except 2 respondents who were 17 years old but had initiated the process of transitioning out of care), and the nature of challenges faced by them as they grow up in CCIs and transition out of care.

It is pertinent to mention here that this study follows the key principles of Alternative Care in its scope as laid down by the UNGACC. Section 30 of the Guidelines clearly excludes the CCL from the scope of Alternative Care. Accordingly, this study did not cover this category of children.

2.5 Thematic Framework

The research team developed a thematic framework that governs this study, which puts forth the '**Sphere of Aftercare**' as a comprehensive ideology of rehabilitative support and services for CLs transitioning out of care. The data has been analyzed in the backdrop of the 'Sphere of Aftercare' concept, developed by Udayan Care. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for CLs' mainstreaming as they transition out of care. These domains are:

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

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



Figure 2: The Sphere of Aftercare

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

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

2.6 Data Collection

The empirical data was collected at multiple levels. The following methods were used for data collection:

2.6.1 Structured Interviews of CLs

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

international and Indian research scholars specializing in Aftercare research. Questions for the interview were carefully crafted, keeping in mind the sensitive nature of the CLs' situation. Any questions with the potential of triggering any negative emotions were reworded or removed.

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

2.6.2 In-depth Interviews of CLs for Case Studies

In-depth interviews covering various aspects like abandonment, surrender, trauma, neglect, life in CCIs, opportunities, and challenges in their present life, and perceived success or failure of a young adult starting from his/her childhood, were conducted. Five case studies of young adults who are either successful, moderately successful or are still struggling to find a foothold in life were developed. A semi-structured interview schedule was used for conducting these interviews.

2.6.3 Focus Group Discussions

The team conducted one FGD each with key informants, CLs, practitioners from CCIs, Aftercare organisations and government functionaries. The proceedings of these three FGDs consolidated the research team's understanding of complex and interdependent challenges of Aftercare provision. Overarching problems of inadequate rehabilitative services, lack of social support, and inaccessibility to resources as well as the State specific opportunities and challenges were discussed.

2.6.4 Semi-structured and open-ended KIIs

KIIs were conducted with senior functionaries such as DCPOs and CWC members, representatives of various CCIs (governmental and non-governmental), Aftercare providers, programme managers, social workers,

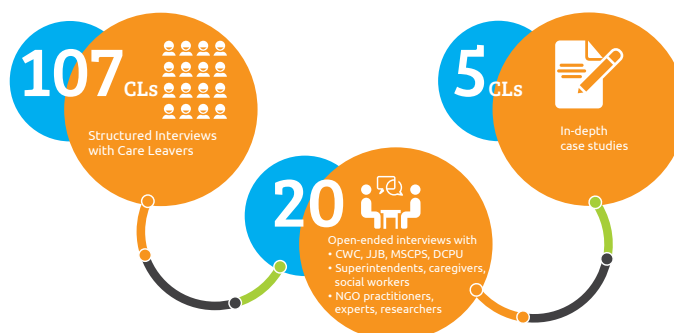


Figure 3: Sample Size

activists and scholars, who have substantial experience in the domain of care and protection for children. A semi-structured interview schedule was used to conduct these interviews to elicit a candid response from these professionals regarding their opinion of the existing Aftercare framework. A total of 20 KIIs were conducted in the State. All the KIIs were administered in-person.

2.6.5 Extensive Literature Review

Extensive review of literature was also 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 a 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 of 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 framework.

2.6.6 Inception Consultation and Round Table

An inception consultation was held to launch the study and gather opinion and secondary data in April, 26th and 27th, 2018, while a round table with stakeholders was organised on January 25, 2019 to share the draft findings of the study and seek inputs on the recommendations.

2.7 Sampling Methodology

A total of 107 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 (Govt. 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 in Maharashtra. Those who did not receive Aftercare were just not traceable and only a handful could be approached. Despite the state team's 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 success in their lives and have become "lost and forgotten".

The following process were involved in selecting respondents and conducting of interviews;

- **Step 1:** The research team approached the 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, or above), their sex, and the type of CCI they had lived in (Govt. or NGO CCI). Proportionate representation was sought wherever possible; however, interviews were conducted depending on the respondents' availability and convenience.
- **Step 3:** The interview schedule and surveys of the young adults were undertaken individually in-person with due consent, after the above was done.

2.8 Data Processing, Analysis & Interpretation

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

- a. Analysis of qualitative data:** Interpretation and analysis of qualitative data have been conducted using the 'Sphere of Aftercare' framework. Additional themes were identified based on the conventional method of qualitative analysis and inferences were developed in collaboration with all team members, keeping in view the objectives and context of the study. To analyze the case studies, Mark Stein's categories of "moving on," "survivors" and "strugglers" have been used (Stein, 2012). According to Stein, these are not set groups or permanent characteristics of CLs; instead, young people may move between them, over time, or as their circumstances or the support they receive changes.
- b. Analysis of quantitative data:** Quantitative data were processed with the help of the Statistical Package for Social Sciences (SPSS). Descriptive statistics, frequencies, cross-tabulations, and indexing were used to analyze the data. Thereafter, tables, charts and graphs were prepared.
- c. Process of Indexing:** A composite score for each of the 8 domains was computed to develop a domain Index.

Each of these eight domain indices consists of anywhere between 3-18 polar questions that can be answered in either 'yes' or 'no.' A positive answer was assigned a score of '1', while a negative answer was assigned a score of '0'. The average score for these selected questions equaled respondents' Domain Index score. Depending on their Domain Index score, each CL was categorised 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 respondent.

Additionally, two more indices were developed for the 'Transition Planning' phase that precedes Aftercare and captures the childhood experiences and skill development of CLs while they were in the CCIs before 18 years of age. **(See Annexure-II for further details.)**

2.9 Ethical Considerations

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

2.10 Limitations

Inability to reach out to youth who did not receive any Aftercare support: The research study reinforced the notion that tracking youth after they have aged out of the CCIs and have not received Aftercare in any of its programmes, is a difficult task. The research teams reached CLs through their peers, Aftercare organisations, the CCIs, as well as through their alumni associations. Those who had moved out of the systems and were non-receivers of Aftercare also lost touch with their peers and caregivers. Hence, they are under-represented in the study sample. We posit that those who did not avail Aftercare were more acutely deprived of resources like accommodation, digital devices, higher education, and skill development options, and they fell through the cracks to become invisible.

Moreover, CLs in extreme situations such as chronic drug or alcohol addiction, involvement in delinquency, homelessness, severe emotional, mental and physical health-related problems, etc. were also left out of the study as they were hard to track and locate. Thus, it seems logical to conclude that these CLs who are out of the map, represent a population that is most in need of Aftercare but remains unreachable and that Aftercare must be available to all coming out of CCIs, to reduce these vulnerabilities.

More importantly, the study could reach out to only 1 female CL from Government homes/hostels and the rest were all from CCIs managed by NGOs. Young women from Government CCIs have only one Aftercare home in Nashik which they can be placed into; else they are either restored or sent to other hostels like Swadhar Grihas. From thereon, no follow-up is conducted, and it is virtually impossible to trace these young women.

The study, by design, also did not include children in conflict with law, because it works within the UNGACC definition of Alternative Care. Similarly, issues of persons with a disability could not be included because of the completely different approach needed to study this cohort.

Inability to sample CLs from rural locations: During field investigations, it was realised that not many CCIs and none of the Aftercare homes in Maharashtra are based in rural locations. Efforts to reaching out to a few CLs, who may have grown up in rural areas of Maharashtra within the timeline and scope of the research, proved to be futile.

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



Chapter 3

Findings

“I experience different challenges and opportunities on a daily basis and when I am under so much pressure, I think I will not be able to do it.”

A 20 year old Care Leaver

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

This chapter details the quantitative findings from interviews with 107 CLs, as well as qualitative information obtained through interviews with 20 key stakeholders in Maharashtra. This study was a rapid assessment process aimed to understand the situation of current Aftercare practices in Maharashtra, from primary stakeholders and was conducted in six months from April 2018– October 2018.

To understand the nature of challenges and opportunities faced by CLs in Maharashtra, wide ranging data is provided in this Chapter in the form of frequency tables, cross-tabulations, correlations and qualitative insights (in boxes). As the findings in this chapter will show, this study aims to create an evidence base that will prioritise the means to achieve satisfactory Aftercare in the State.



3.1 Demographics

Age: The sample was made up of CLs between the ages of 17 to 25. 82% of the CLs fell in the age group of 18-21 years.

Sex: 69% of the CLs interviewed were males, while 31% were females.

Type of CCI: 48% CLs had grown up in Government CCIs, while 51% had lived in NGO-run CCIs. One respondent did not know the type of CCI.

Aftercare Status: 96% CLs reported receiving Aftercare support/services under one or more of the following eight domains of the Sphere of Aftercare:

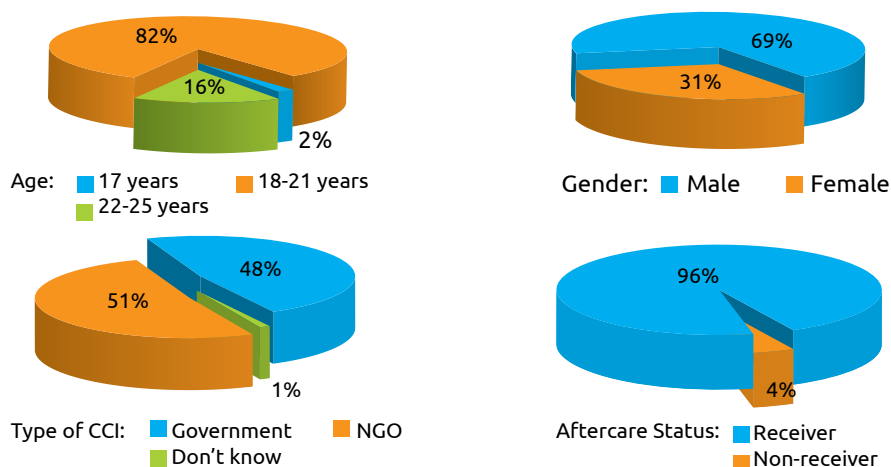
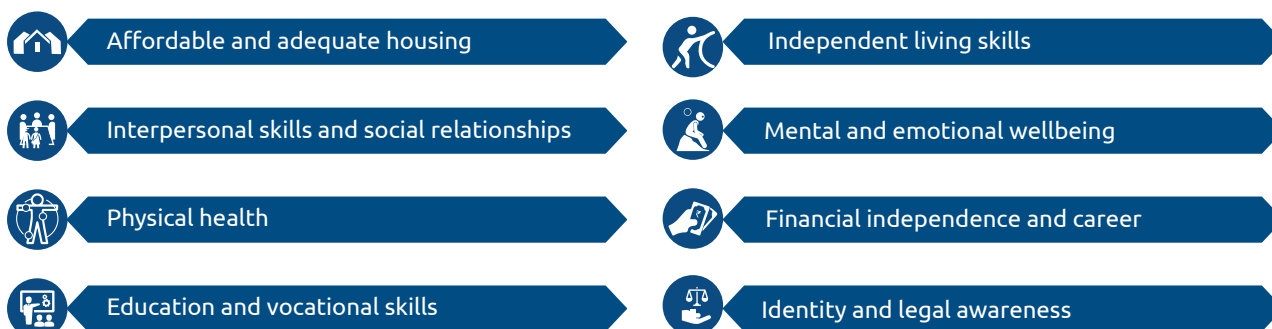


Figure 4: Demographics

Since only four respondents reported receiving no Aftercare support under any of these domains, comparisons between receivers and non-receivers were not viable. However, their situations, challenges, opportunities, and breakthroughs have been captured in the Case Study section.



3.2 Life in a CCI and Transitioning into Aftercare

Age at admission to CCI: The average age for entering a CCI was found to be approximately 9 years. 17% (n=18) of the CLs were admitted to a CCI only after attaining 15 years of age. These CLs spent less than 3 years in a CCI before attaining adulthood.

Age at leaving CCI: The average age of leaving a CCI was found to be 18 years of age. However, 26% (n=28) CLs reported leaving before completing 18 years of age and were restored to their parents or extended family.

Multiple Placements: It was found that the placement of children from one CCI to another was quite frequent. 41% CLs reported being placed in more than one CCI during their childhood, while 7 respondents chose not to respond to this question, as shown in Figure 5.

Effect of Multiple Placements on Key Domains of Independent Life: Multiple placements were also found to have a significant positive correlation with other key aspects of life such as:

- emotional wellbeing (Emotional Wellbeing Index)
 - acquiring social skills and maintaining relationships (Social Relationships and Interpersonal Skills Index)
 - independent living skills (Index)
- (Pearson correlation coefficient significant at alpha level = 0.05)

“The staff needs to be sensitive towards children’s issues and must be child-friendly. It will bring about positive change if the department of WCD undertakes training and monitoring in this regard.”

*Member
Juvenile Justice Board, Hingoli*

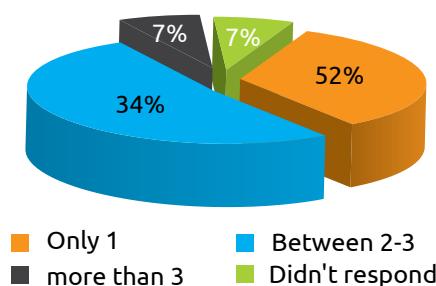


Figure 5: Number of Placements in different CCIs during Childhood.

Stakeholder Views on Care & Rehabilitation Planning

All key-informants agreed that Individual Care Planning (ICP) and rehabilitation planning is of utmost importance for the development of children in CCI. However, 50% of the key-informants (n=10) reported that the process of creating the ICP is not being followed adequately. Many duty-bearers, even within the DCPUs and CWCs, are unaware of how to record an individual child’s progress and plan for their rehabilitation. Most of these key-informants suggest training and capacity-building of both government and NGO staff to develop and follow the ICP and rehabilitation plan appropriately.

3.2.1 Involvement of Children in their Care & Rehabilitation Planning

39% of CLs (n=42) reported that they were not consulted in preparing their Individual Care Plan (ICP) which included Aftercare or rehabilitation planning.

Sex	Frequency (%) who were not consulted in Care & Rehabilitation Plan
Male (n=74)	43%
Female (n=33)	30%

Table 1: Frequency of CLs who were not consulted in Care & Rehabilitation Planning

“Staff members at the district-level are not even aware of the Individual Care Plan or how to prepare it. The superintendents, caregivers and other staff members have not gone through any training.”

*District Child Protection Officer
Nashik*

Stakeholder Views on Care & Rehabilitation Planning

All key-informants agreed that Individual Care Planning (ICP) and rehabilitation planning is of utmost importance for the development of children in CCIs. However, 50% of the key-informants (n=10) reported that the process of creating the ICP is not being followed adequately. Many duty-bearers, even within the DCPUs and CWCs, are unaware of how to record an individual child's progress and plan for their rehabilitation. Most of these key-informants suggest training and capacity-building of both government and NGO staff to develop and follow the ICP and rehabilitation plan appropriately.

“The planning and preparation [for independent life] should begin as early as possible.”

*Programme Manager
Maharashtra
State Child
Protection Society*

3.2.2 Continuity in Education

16% of the sampled CLs reported that they were unable to continue their education as per their wishes even during their CCI stay. This increased to 31% of the CLs who shared that their education was discontinued during the Aftercare period against their wishes. The proportion of CLs reporting inability to continue their education almost doubled during the transition from CCI to Aftercare, as shown in Table 2. Notably, this increase was seen mostly in male CLs, suggesting that **male CLs are more likely to drop out of pursuing higher education and are instead directed towards joining the workforce to become financially independent as compared to female CLs**. On the other hand, although many female CLs go on to complete higher education, a proportional number does not end up joining the workforce, as the findings will show in the following sections.

Sex	Frequency (%) reporting inability to continue Education	
	In CCI (Before 18 years)	In Aftercare (After 18 years)
Male (n=74)	18%	38%
Female (n=33)	12%	15%

“Focused preparation regarding education and vocation should begin by the age of 13-14 years. It may start later for children in families, but since there is no such support for children in institutions, they are clueless at the age of 18 years about their future.”

Director, Bal Anand (Umang), Karjat

Table 2: Continued Education in CCI vs. Aftercare

3.2.3 Skills Development in CCI

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

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

CCI Skill Development index

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

As shown in Figure 6, only a quarter of the sample fell in the 'satisfactory' range, while the Skill Index of the remaining 75% CLs was either 'neutral' or 'unsatisfactory'. (See Annexure-II for details).

Gender Differences: It was found that a larger proportion of male CLs had a lower Skill Index score than females, as shown in Figure 6. Significantly, more than half of the females had a 'satisfactory' score on the Skill Development in CCI Index as opposed to only 12% of the male CLs.

Differences between Organisations: It was also found that children from Government CCIs had a lower Skill Index score than those from NGO CCIs, as shown in Figure 7. Further research will be required to ascertain the reasons for differing standards of care and skill development afforded to children in different types of CCIs. The data also suggests that some promising practices that enable CLs to acquire these skills do exist within the sector; however, they seem to be limited to a few NGOs that are mostly looking after girls.

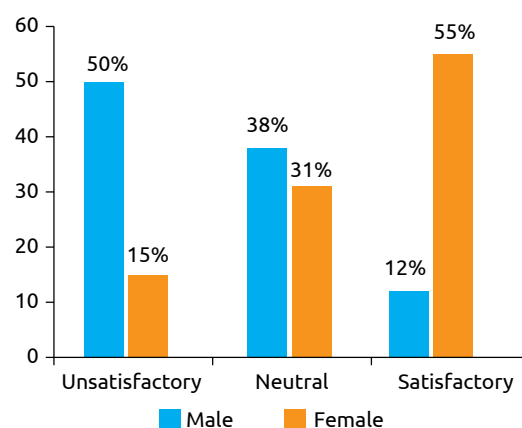


Figure 6: Skill Development in CCI Index by Gender

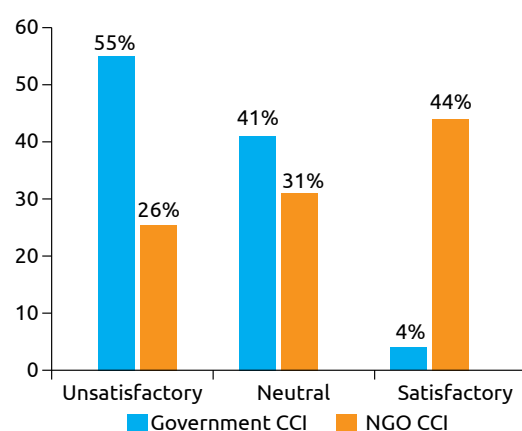


Figure 7: Skill Development in CCI Index by Type of CCI

Stakeholder Views on Skill Development in CCI

7 out of 20 key-informants vocalised their belief that the existing care model for children in need of care and protection is unable to prepare them for independent life by the age of 18 years. Due to the vulnerabilities and trauma faced prior to their separation from their families, and the instability experienced in CCIs, CLs' skills, resiliency and agency maybe underdeveloped.

Impact of Skill Development in CCI on Adult Life: Findings indicate that CLs' skills at 18 years are differently developed and many of them may be unequipped to handle the pressures of independent life. The extent of skills acquired during childhood in a CCI (Skill Development in CCI Index) was found to be significantly correlated with almost all domains of CLs' adult life in the present, such as their:



Figure 8: Impact of Skill Development in CCI

CCI Life Experience Index

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

This index was also found to be significantly correlated with the Education & Vocational Skills Index and the Social Relationships & Interpersonal Skill Index. (Pearson correlation coefficient significant at alpha level = 0.05)

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



Figure 9: Opportunities

Figure 10: Risk



3.3 Housing

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

Residential Homes: dedicated residential facilities that accommodate more than eight persons at any given time, such as the Government Aftercare Homes, Swadhar Griha and NGO-run Aftercare residential homes like those of Tarun Sadan, Umang, Prerana.

Other Housing Options: mixed residential facilities such as working-women hostels, college or private hostels and other housing options such as own houses, paying guest accommodation, scattered rented apartments and group-homes of up to 8 persons.

However, it may be noted here that many CLs who did not receive any Aftercare services post 18 years, and/or chose to live independently without organisational support were extremely hard to find. As there is no follow-up mechanism in place yet, they are inevitably underrepresented in the study sample. The current housing situation of those who left to live unsupported, independent lives (including the 4 non-receivers in the sample) has not been captured in this section. Their situation may be different or even graver than those of Aftercare receivers reported herein.

Nature of Aftercare Housing	Percentage
Residential Homes	66%
Other Housing Options	34%
Total	100%

Table 3: Nature of Aftercare Housing – Residential Homes vs. Other Options

“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

3.3.1 Residential Housing

66% of the Aftercare receivers (n=62) are placed in residential homes.

Aftercare Homes for Boys: 84% living in residential homes are male CLs, living across 7 Government Aftercare facilities and few NGO-run Aftercare hostels. 70% of all males (n=52) were placed in residential homes as part of Aftercare support/services.

Aftercare Home and Other Hostels for Girls: The remaining 16% living in residential homes are female CLs. Most of these young women are supported by either NGOs providing hostel services or are placed in *Swadhar Griha* (hostels for destitute women).

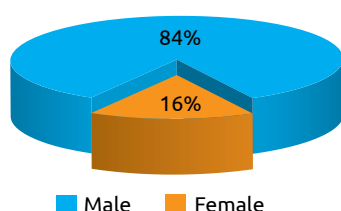


Figure 11: Gender Disaggregation for Residential Homes

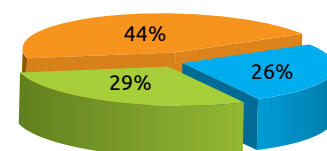
“We sent one girl to “Swadhar Griha” for few days upon turning 18 years old. It was terrible to soon find out that other women there were forcing her to do their work, so that she ran away from there. So now, I strongly oppose sending young women there. The staff needs to be sensitive towards children’s issues and must be child-friendly. It will bring about positive change if the department of WCD undertakes training and monitoring in this regard.”

Member, Juvenile Justice Board, Hingoli

3.3.2 Other Housing Options

34% of the Aftercare receivers (n=41) lived in non-institutional accommodation.

- **Supported Housing:** Only 7 of the 41 respondents (17%) were living in accommodation such as group-housing, paying guest accommodation, rented accommodation, etc., which were supported by their CCI/Aftercare programme.
- **Unsupported Housing:** 34 out of 41 respondents (83%) lived independently, without any housing support from any CCI/Aftercare programming.



- Rented accommodation out of their own income
- Private, college or working-women hostel and PG accommodations
- Own houses or as non-paying members with family/friends

Figure 12: Types of Unsupported Housing for CLs

Stakeholder Views on Residential Homes vs. Other Housing Options

65% key-informants (n=13) cited adequate and affordable housing as one of the biggest concerns for CLs; but showed mixed preferences for both residential homes and other housing options for CLs. Senior functionaries and care providers alike agreed that residential Aftercare facilities serve as mid-points for CLs to transition into 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 a need-basis.

Regarding the current situation, officials, particularly from districts of Solapur and Hingoli, shared that the lack of a dedicated residential Aftercare home in their districts is one of their biggest challenges. Duty-bearers reiterate findings from the CLs themselves: male CLs from such districts are routinely transferred to other districts causing further transitional difficulties, while female CLs are often placed in one of the many Swadhar Grihas.

On the other hand, practitioners who run group-homes also reported hitting roadblocks in establishing them. Firstly, stigma and insensitivity among citizens makes it difficult to obtain rental housing for “orphans” or young adults of differing caste, religion, and upbringing. Secondly, the lack of guidelines around group-homes for CLs makes it difficult for NGOs to have standard practices around it, with little to no evaluation of their model. Regardless, semi-independent group-homes managed by NGOs, like Prerana, have shown promise and formalising similar practices into policy is supported by most stakeholders.

Stakeholder Suggestions: Multiple key-informants endorsed semi-regulated accommodation and group-housing that is regularly monitored. However, for these concepts to be successful and effective, stakeholders have provided some concrete solutions:

- Develop SOPs and guidelines regarding Aftercare group-housing and consider State recognition and support for them.
- Provide preferential housing to CLs under existing Govt. housing schemes such as the PM Awas Yojna and MHDA.
- A PPP model can be instituted to build a one-stop servicing centre with short-term group housing and educational facilities as suggested by Programme Manager, MSCPS.
- Adapt models of assisted living from different countries that provide interdependent community-based spaces to senior citizens and young people to cohabit harmoniously, as suggested by Asst. Director, Prerana.



3.4 Independent Living Skills

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

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

Independent Living Skill Index

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

60% of CLs (n=64) fell in the 'unsatisfactory' range of the Independent Living Skill Index. Naturally, over 50% of the CLs voiced the need for specific activities or training to acquire such skills that may be naturally acquired in traditional households or community-based living.

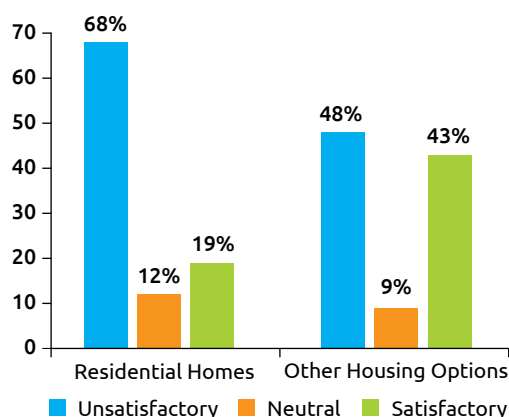
Independent Living Skill Index	%
Unsatisfactory	60%
Neutral	11%
Satisfactory	29%
Total (n=107)	100%

Table 4: Independent Living Skill Index

“We should begin socialisation by the age of 12-13 years. We need to teach them about basic things such as shopping, communication with strangers, how to take public transport, etc. These experiences will provide them with knowledge and confidence in adult life.”

Programme Manager, MSCPS

Independent Living Skills and Aftercare Housing: Furthermore, it was also found that a greater proportion of CLs who lived in group-homes, rented apartments, or other housing options had acquired these Independent Living Skills than those who lived in residential homes.



“The objections made by Inspection Committees at CCI level about children doing chores such as washing their own clothes or cooking, are actually roadblocks in teaching them basic life skills. All of a sudden, then at 18 years, you cannot expect them to know how to live on their own. These children are not provided trainings that are market oriented or industry tailored and limited options are given. This must change if we want CLs to live independently.”

CWC Member, Mumbai

Figure 13: Independent Living Skills Index by Housing Type

Independent Living Skills and Gender: A significant gender disparity in the Independent Living Skill Index was observed, wherein 58% female CLs fall in the 'satisfactory' range as opposed to only 16% male CLs. 72% male CLs lie in the 'unsatisfactory' category, as shown in Figure 14.

Upon further scrutiny, it was found that a significantly lesser proportion of male CLs had acquired Independent Living Skills as compared to females, especially in household management, disaster management and first aid. Moreover, a substantial proportion of all CLs voiced the need for such training even in their current situation, as

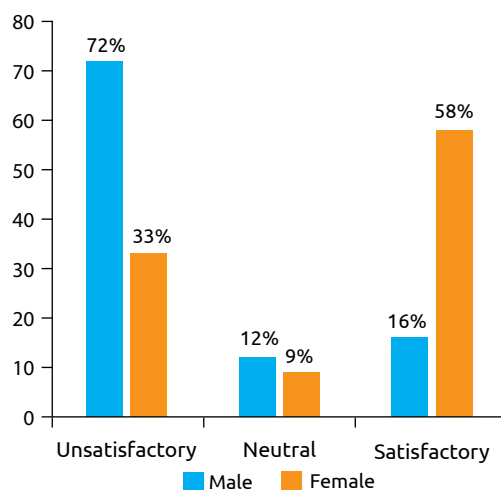


Figure 14: Independent Living Skill Index by Gender

shown in Table 5. **Gender disparity in the way that children are exposed to their external environments by CCIs and the skills they acquire, needs to be probed further in the light of this finding.**

Independent Living Skills	Frequency (%)		Total (%) – Training required (n=107)
	Male (n=74)	Female (n=33)	
Nutrition & Health	38%	55%	47%
Cooking	24%	39%	51%
First Aid	18%	55%	52%
Disaster Management	11%	55%	59%
Household Management	31%	67%	54%
Recreation & Exercise	38%	61%	63%

Table 5: Independent Living Skills by Gender and Total CLs Requiring Training

Independent Living Skills and Type of CCI: Additionally, CLs from government CCIs had poorer Independent Living Skills as compared to CLs from NGO-run CCIs.

CCI Type	Independent Living Skills Index (n=107)			Total
	Unsatisfactory	Neutral	Satisfactory	
Government	80%	6%	14%	48%
NGO	42%	15%	44%	31%
Total	60%	11%	29%	100%

Table 6: Independent Living Skill Index and CCI Type

Stakeholder Views on Independent Living Skills

25% key-informants (n=5) strongly believed that the overprotective nature of CCIs has the unintended effect of coddling children. Thus, it is unfair to expect CLs to lead independent lives when in fact CCIs have failed to impart skills that are required to do so. Additionally, superintendents and primary caregivers informed that sudden freedom at the age of 18, without adequate guidance, is sometimes misused by CLs. Without proper preparation for independent life, transitioning out of care leads to disastrous results for some, as they get involved in social ills and do not yet understand the responsibilities that come with the freedom adult life gives.

On the brighter side, practitioners also shared some promising practices in CCIs and Aftercare programmes towards preparing CLs for independent life. These ranged from allowing CLs to manage the kitchen, buy and bargain for groceries, do laundry and house-cleaning on a rotation-basis, tutor younger children, pay for their travel and manage weekly household budgets, and even be required to pitch in for the rent to instil responsibility.

Stakeholder Suggestions: As iterated by many key-informants, it is imperative that such skills and training be provided to CLs, before they transition into independent living at the age of 18, but also continued throughout the Aftercare phase.

- Stakeholders unanimously agreed that there is a need to study existing models and adopt good practices across the state. Conducting round tables, conferences and seminars focused on the topic of 'Developing Independent Living Skills in Children and Youth in Alternative Care' would initiate a much-needed discourse.
- Introduce skill-building activities for all children in the age group of 14-18 years as part of the mandatory Transition Planning'.
- Introduce mandatory short/crash courses in cooking, cleaning, budget management, etc. for all youth in Aftercare.
- Provide children and youth with increasing levels of household responsibilities depending on their age and calibre.



3.5 Mental and Emotional Wellbeing

64% CLs reported facing recurring emotional distress that makes them sad or tense. The CLs cited different reasons behind emotional distress as listed below:

Reasons for Emotional Distress in Adulthood

- 35% reported constantly worrying about their future (finances, housing, academics and career)
- 20% reported feelings of loneliness, isolation due to lack of family/caring adults
- 20% cited their inability to express feelings and/or views as reasons for stress
- 13% reported suffering from frequent mood swings, anger and irritability
- 10% also reported being victims of bullying

Tendency towards Mental Health Issues: Almost 1 in every 4 respondents (~25%) reported multiple symptoms of mental health concerns listed below. In general, more female CLs reported cognitive and emotional symptoms of mental disorders. On the other hand, more male CLs reported performance-related stresses, wherein they reported getting tired easily, disturbance in food intake and feeling the need to push themselves for all engagements, as shown in Table 7.

Symptoms in the last 4 weeks		Frequency (%)		Total (n=107)
		Male (n=74)	Female (n=33)	
Cognitive	Mood Dysregulation	22%	33%	20%
	Anger/Irritability	28%	52%	35%
	Feeling worthless, helpless	26%	27%	20%
	Anhedonia (loss of interest/pleasure)	23%	33%	27%
	Harmful/Violent Thoughts	14%	18%	12%

Symptoms in the last 4 weeks		Frequency (%)		Total (n=107)
		Male (n=74)	Female (n=33)	
Functional	Easily tired	18%	12%	22%
	Sleep Disturbance	24%	46%	31%
	Disturbance in Food Intake	20%	9%	17%
	Affected Daily Functioning	14%	18%	15%
	Need to push for everything	41%	30%	37%
	Harmful/Violent behaviour	4%	12%	5%

Table 7: Symptoms of Psychological Disorders by Gender

3.5.1 Effects of Transition into Non-Institutional Living on Emotional Wellbeing

Notably, it was also observed that the total percentage of CLs reporting these symptoms retrospectively at the time of leaving their CCIs were more than those reporting it currently for the last 4 weeks. More CLs currently living in non-institutional housing reported these symptoms in comparison to those who are continuing in an institutional setup, as shown in Table 8. **This suggests that the process of transition from care to Aftercare is emotionally and mentally taxing to these young adults of only 18 years.** Moreover, abrupt transitions from CCI to non-residential Aftercare seem to have a greater negative impact on the emotional health of young adults in the short run.

Young CLs are not mentally prepared for independent life. Nor do they have any economic support, and some also lack important documents of identity. They are just provided a bag to pack up and told to leave.

DCPO, Akola

Symptoms	Frequency (%)		
	At the time of leaving CCI (n=107)	Last 4 weeks in Residential Aftercare (n=62)	Last 4 weeks in Other Housing Type (n=41)
Mood Dysregulation	31%	18%	34%
Anger/Irritability	35%	31%	42%
Feeling worthless, helpless	20%	21%	32%
Anhedonia (loss of interest/pleasure)	27%	18%	39%
Harmful/Violent Thoughts	12%	11%	22%
Easily tired	16%	16%	29%
Sleep Disturbance	31%	18%	24%
Disturbance in Food Intake	29%	16%	17%
Affected Daily Functioning	17%	13%	20%
Need to push for everything	37%	42%	32%
Harmful/Violent behaviour	5%	5%	7%

Table 8: Frequency of CLs with Symptoms of Psychological Disorders in different Housing Type

3.5.2 Mental Health Assistance

Although counsellors and professional social workers are available in CCI during childhood, as mandated by the JJ Act, 2015, this is not the case when they transitioned into adulthood. Most CLs, i.e. 49% sought assistance only from non-professionals such as friends, family members, mentors, acquaintances, etc. 24% reported seeking professional help from licensed counsellors or doctors, and only 13% of them visited their therapist/doctor more than four times. **Sadly, 28% did not seek any assistance, citing several reasons, such as lack of trustworthy persons in their life, lack of resources to get professional help, lack of will or motivation, etc.**




Type of assistance	Male (n=74)	Female (n=33)	Total
 Non-professional	38%	70%	48%
 Professional (counsellor/doctor)	24%	22%	24%
 No assistance	38%	8%	28%

Figure 15: Type of Mental Health Assistance sought by Gender

3.5.3 Impact of Multiple CCI Placements on Emotional Wellbeing

It was found that CLs' Emotional Wellbeing Index (See Annexure-II) was significantly correlated with the number of different institutions they had been placed in as a child – more placements resulted in a significantly lower index. (Pearson correlation coefficient significant at alpha level = 0.05)

Stakeholder Views on Emotional Health

35% key-informants (n=7) recognised mental/emotional distress as a core issue for transitioning CLs. In their opinion, many challenges faced in other domains, such as unwillingness to continue education, failure to hold down a job, inability to forge and maintain relationships, etc. are partially rooted in their poor emotional health and ego-resiliency. Unfortunately, different government officials also shared that qualified counsellors are not always available in Aftercare Homes and the staff is ill-equipped to adequately resolve emotional issues of CLs.

Stakeholder Suggestions: Deputy Commissioner, WCD, in his interview, highlighted the need for mental health support for CLs and suggested regular and mandatory workshops and training for resilience building and maintenance of social relationships as part of the mandatory Transition Planning as well as continued support in Aftercare. Other key-informants also suggested:

- Recruiting professionals from the community to provide subsidised professional assistance.
- Educating CLs on how to recognise symptoms and encouraging them to seek help.
- Conducting community outreach, workshops and seminars around mental health to eradicate the stigma and make services more accessible.

Finally, a few key-informants also suggested mental health services should be made available for the care staff of CCIs and Aftercare homes. As primary caregivers on a full-time basis to multiple children in care and Aftercare, the stability and development of emotional resilience of this population is vital, perhaps as vital as the mental wellbeing of the children and youth in their care. Further research into the emotional and mental wellbeing of caregivers and care providers is required to develop an environment of preventive and promotional wellbeing.



3.6 Social Relationships and Interpersonal Skills

Childhood Relationships in CCIs: Almost 25% or at least 1 in every 4 male CLs reported that they were unable to maintain meaningful or long-lasting relationships with staff, teachers, mentors and other children in their CCI during their childhood, as reported in Table 9. On the other hand, very few female CLs reported being unable to do so.

There should be bonding and attachment between children and staff. Only filling in the Individual Care Plan is not enough. As caregivers develop this attachment with children, their [psycho-social] needs will become apparent.

DCPO, Solapur

Relationship	Males unable to maintain relationships(n=74)	Female unable to maintain relationships(n=33)	Total
CCI Staff & Caregivers	23%	3%	17%
Teachers	26%	12%	22%
Mentors	55%	9%	41%
Other children in CCI	53%	0%	36%

Table 9: Frequency and Percentage of CLs unable to maintain Relationships in CCI by Gender

Relationships with Family, Friends and Romantic

Relationships in Adulthood: As shown in Table 10, a large proportion of male CLs were unable to maintain relationships with their parents. Unexpectedly, it was also found that a large proportion of female CLs reported that questions regarding their relationship with their parents were “not applicable”. This requires further research into girl child abandonment, abuse, poverty or other factors that are resulting in their complete dissociation from families.

When children move out after turning 18 years of age, they still struggle with independent living. To add on, people in the community are unaccepting of them and so, CLs do not mingle easily and find it hard to assimilate.

DCPO, Akola

Almost 90% of all CLs reported difficulties in maintaining romantic relationships or considered such relationships to be “not applicable” to them.

Relationship	Male (n=74)		Female (n=33)	
	Unable to maintain relationships	Not Applicable	Unable to maintain relationships	Not Applicable
Father	69%	15%	15%	76%
Mother	60%	11%	18%	64%
Siblings	32%	10%	6%	30%
Friends	18%	-	0%	-
Romantic Partner	88%	-	46%	46%

Table 10: Frequency and Percentage of CLs unable to maintain Relationships with Family and Romantic Partner by Gender

Guidance/Counselling for Relationship Management: As a solution, 56% (n=60) CLs voiced the need for guidance or counselling to be able to improve the quality of their relationships.

Social Support and Interpersonal Skill Index

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

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

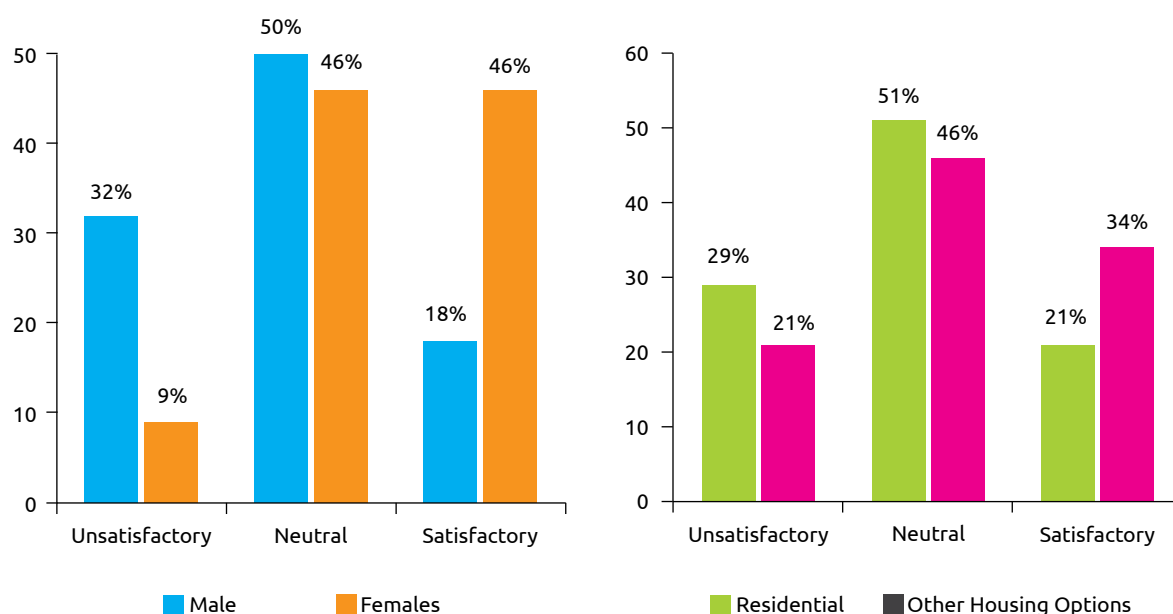


Figure 16: Social Support and Interpersonal Skill Index by Gender and Nature of Housing

As seen in Figure 16, 25% of the CLs fell in the 'unsatisfactory' category of the Social Relationships and Interpersonal Skill Index. However, female CLs have a better score on the index than their male counterparts. Upon further analysis, it was found that **along with maintaining meaningful relationships with their CCI's caregivers, mentors and peers, a larger proportion of female CLs had acquired better interpersonal skills as compared to their male counterparts resulting in a higher index score for females.**

Impact of Multiple Placements on Social Support and Interpersonal Skills: The index was found to negatively correlate with a number of different CCI placements, indicating that frequent displacements into new CCIs resulted in ruptured relationships and poor development of psycho-social skills. (Pearson correlation coefficient significant at alpha level = 0.05)

Stakeholder Views

35% key-informants (n=7) discussed the challenges arising because of lack of exposure to a healthy relationship and social skills in CCIs. Senior government functionaries and experts noted that since the atmosphere within CCIs is rarely like that of traditional households, many CLs are oblivious to the concept of family. Practitioners also blamed the lack of interaction with elders from the community and members of the opposite sex for CLs' poor social skill development in childhood. Moreover, the absence of relationship counselling, positive orientation towards romantic relationships and lack of access to marriage counselling make young adults vulnerable to unhealthy behaviours. Many stakeholders provided anecdotal evidence wherein female adolescents and CLs got caught up in vulnerable situations and abusive relationships. However, this also has adverse effects for young men and coincides with the findings in this section, as many male CLs reported that they were unable to maintain romantic relationships.

Stakeholder Suggestions: At least 35% key-informants alluded to the problem of a diminishing social support system for young adults exiting CCIs. A social worker with Prayas – a project for children in conflict with the law, initiated by TISS Mumbai, accurately said that *“without adult care and guidance, vulnerable youth are more likely to fall into social ills.”* As preventive and promotional measures, caregivers, DCPOs, superintendents, and experts have suggested the following measures:

- Engaging long-term caregivers in CCIs who take on parental duties and provide love and affection. This may be achieved through:
 - Employing qualified social workers and caregivers.
 - On-going capacity-building of staff.
 - Competitive salary to improve employee retention.
 - Mental health counselling and related services for staff.
- Encouraging peer mentoring and bonding through Alumni Associations.
- Encouraging interaction with community members – Senior Citizen forums, Residents' Welfare Associations (RWAs), etc.
- Instituting a follow-up mechanism for youth exiting CCIs and encouraging them to maintain touch with either the organisation, the caregivers or peers.



3.7 Physical Health

Incidence of Physical Illnesses in the last 2 years

- 7% suffered from major illnesses like TB, typhoid, malaria, etc.
- 8% suffered from fractures, wounds, lacerations and cuts that required immediate treatment
- 4% suffered from episodes of epilepsy, vertigo and seizures
- 2 % reported recent surgeries for removal of tumours and gall bladder stones

Availability of Caregiver: 16% of all CLs (n=17) reported that they did not have someone who could provide care, or if they did, they could not rely on them for more than a few days. Those who are left without care and support in times of need or emergencies are more vulnerable to having poor health, take more time to recuperate, and fail to recover completely.

Caregiver and Housing Type: 65% CLs who did not have caregivers (n=11) lived in institutional housing.

This finding is noteworthy that **even in institutional facilities that have round-the-clock monitoring by caregivers and staff, some CLs felt they have inadequate support.**

Availability of Funds: 17% of all CLs (n=18) reported that they did not have funds available to them in case of illnesses.

Health Insurance: It was found that **88% of all CLs (n=84) did not have any health insurance.** An almost equal proportion of CLs living in both institutional and non-institutional care did not possess health insurance.

Physical Health Index

The index was calculated by considering the availability of a caregiver, food, funds and health insurance during the illness, and the availability of certain healthcare amenities. (See Annexure-II)

It was found that a larger proportion of female CLs had a better Physical Health Index than males, as given in Table 11.

Challenges in meeting Physical Health needs

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

Physical Health Index	Sex		Total
	Male	Females	
Unsatisfactory	15%	6%	12%
Neutral	16%	6%	13%
Satisfactory	69%	88%	75%
Total	74	33	100%

Table 11: Physical Health Index by Gender



3.8 Education and Vocational Skills

Formal Education: The education level of CLs interviewed ranged from illiterate to above post-graduation, as given in Figure 17.

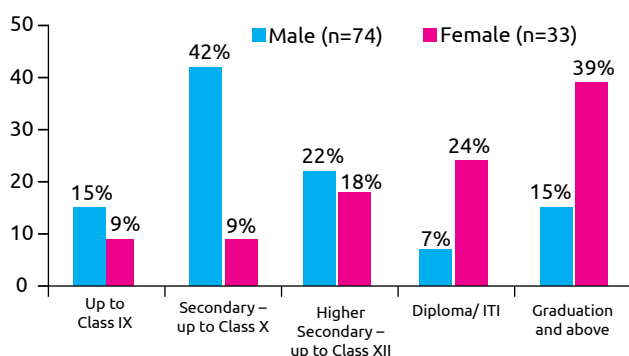


Figure 17: Highest Level of Formal Education Attained by CLs

There are ITI courses, nursing institutes, management institutes, etc., and in general, many young adults want to go into these fields. But, if a [CL] wants to do a similar course, can they go there? No. They are unable to go there and pursue the course because they are unable to afford the fees. There is no such support from the government. For children [in families], if the tuition is Rs. 40k, 50k or even 80k, we take loans and fulfil their educational aspirations. But what about these young adults who are coming out of CCIs? Who will pay their fees? Under ICPS, Rs. 2000 per child has been sanctioned, which barely covers their cost of living, food and clothing. But there is no dedicated funding for education under the ICPS.

DCPO, Nashik

Notably, 14% CLs were educated below Class X and **45% had not completed their higher secondary education (up to Class XII)**. Of the CLs who completed Class XII, 22% (n=13) had completed short-term diploma courses or vocational courses, 32% (n=19) had obtained their graduation degree and 8% (n=5) of them had even obtained post-graduation or above the level of education.

Vocational, Technical and Employability Skills in CCI:

As shown in Table 12, a greater proportion of CLs from NGO CCIs had acquired vocational skills like Computers and IT, basic accounting and English speaking, as well as job readiness skills like resume making and interview techniques, as compared to CLs from Government CCIs. More female CLs also reported having acquired these skills in their CCIs as compared to the males, although this could be so because most females in the sample belonged to NGO CCIs.

“Lots of NGO are focusing on providing quality education so that children may have better jobs later on in their life. But in the Govt. CCIs, there is only basic school routine, no subject classes, no advanced training, no specialisations, no... nothing!”

Director, Balanand (Umang), Karjat

Skills Acquired in CCI		Frequency (%)		Total (n=107)	Frequency (%)	
		Male (n=74)	Female (n=33)		Government CCI (n=51)	NGO CCI (n=55)
Vocational & Technical	Computer and IT	42%	76%	52%	37%	66%
	Basic Accounting	14%	55%	26%	12%	40%
	English Speaking	37%	70%	47%	28%	64%
Job Readiness	Resume Making	14%	36%	21%	4%	36%
	Interview Skills	24%	52%	30%	18%	40%

Table 12: Career-Related Skills by Gender and Type of CCI

The data also revealed that only half or less of all CLs had received training in one or more career-related skills in CCIs, while 26% to 41% received these training during their Aftercare transition phase, as shown in Table 14. Over 62% CLs reported the need for such training even at the time of interview to improve their skill base.

Skills		Frequency (%)		Training Required (n=107)
		In CCI (n=107)	In Aftercare (n=107)	
Vocational & Technical	Computer and IT	52%	32%	76%
	Basic Accounting	26%	26%	62%
	English Speaking	47%	41%	75%
Job Readiness	Resume Making	21%	35%	69%
	Interview Skills	30%	37%	69%

Table 13: Career-Related Skills Acquired in CCI vs. Aftercare and CLs Still Requiring Skill Training

Education and Vocational Skills Index

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

It was found that CLs from NGO CCIs, on an average, had a better index score than CLs from Government

CCIs. Consequently, more female CLs also possessed better academic qualifications and career-related skills than their male counterparts, as shown in Figure 18.

However, it is interesting to note here that even though a greater proportion of female CLs had better educational qualifications and vocational and job-related skills than males, this did not translate into an equivalent proportion of female CLs having better jobs or realising their professional goals.

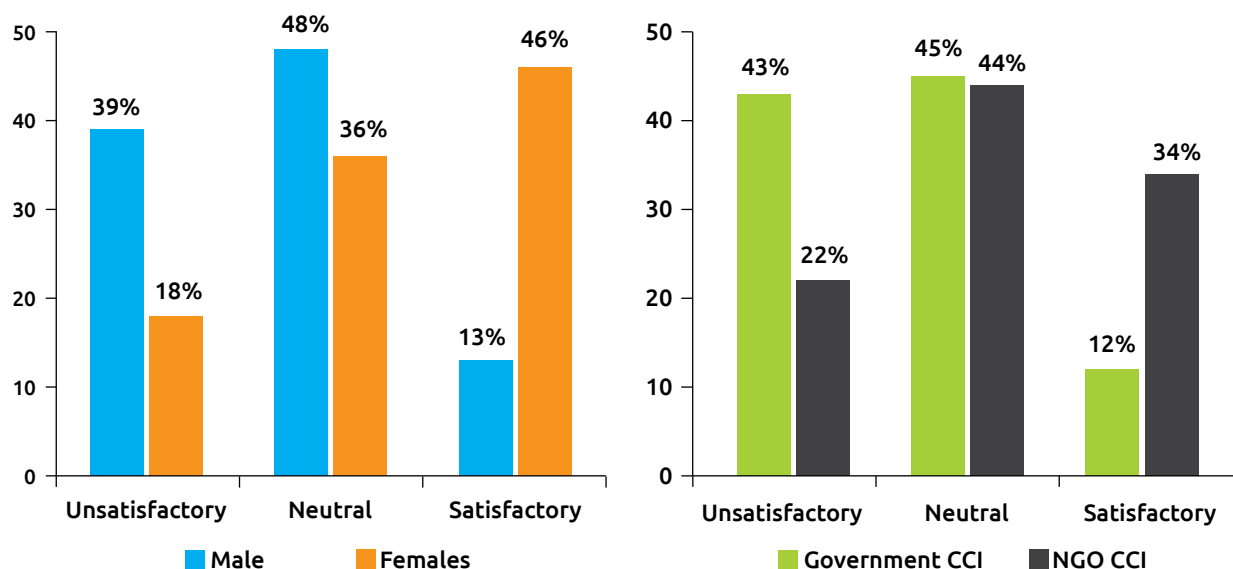


Figure 18: Education and Vocational Skills Index by Gender and Type of CCI

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

Stakeholder Views on Education and Vocational Skills Development

75% key-informants (n=15) shared an in-depth opinion on this domain. This complements the field observations that most Aftercare programmes are providing support to CLs for higher education, skilling and employment. However, key-informants confirmed that many CLs' skills are underdeveloped; some struggle during interviews, while others find it hard to deal with their bosses and others in authority. Unfortunately, key-informants also agreed that the stigma faced by CLs does, in fact, intimidate and discourage them from seeking novel opportunities.

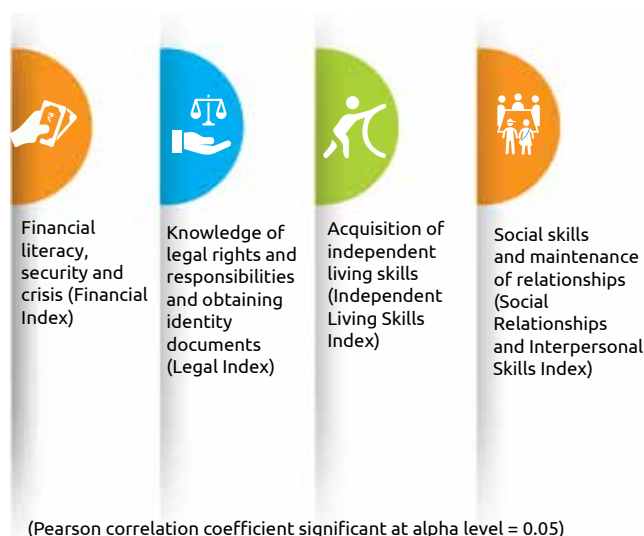


Figure 19: Interaction of poor Education and Vocational Skills with Key Domains of Independent Life



3.9 Financial Independence and Career

Financial Independence: 53% of all CLs (n=57) reported that they had their own independent sources of income, either through a salaried job or self-employment. Of these 57 CLs, 55 of them had either held or currently hold salaried jobs as their primary source of income, whilst 4 of the 57 were self-employed. Two CLs reported both – holding a full-time salaried job and generating income through self-employment.

Independent Income and Gender: A significantly greater proportion of males reported having their own sources of income than females. Among the 33 females interviewed, barely 27% of them (n=9) were earning for themselves, while 65% of the 74 male CLs (n=48) were doing so.

Independent Income and Housing Type: The results also show that housing type of CLs – institutional Aftercare or non-institutional – had no impact on them in having independent sources of income as the number of CLs within each group was comparable, as show in Table 15.

Average Monthly Income: For those who had independent sources of income (n=57), the mean income was found to be Rs. 8,017 per month and ranged from Rs. 2,000 to Rs. 20,000 per month. This is relevant as **the mean income of CLs was found lower than the minimum wages for unskilled workers in most industries in Maharashtra**. Most CLs begin their livelihoods with menial jobs. As a result, their income and contribution to the economy remain on an average, low.

Financial Support: Some CLs reported earnings and financial support from other sources.

- 44 out of 107 (41%) CLs reported that their Aftercare organisation or CCI provided them with additional financial support
- 39 out of 107 (36%) CLs indicated that they received additional financial allowance from well-wishers such as family members, friends and mentors
- 14 out of 107 (13%) CLs indicated working part-time as waiters, 'dhol' i.e. Drumplayers, etc.

Care Leavers' Opinion on Financial Support: 51% of all CLs (n=55) believed that the Government should provide financial support to their Aftercare organisation for each young adult supported by them. On the other hand, 36% (n=38) thought this monetary support should be given directly to CLs. The remaining 13% did not have an opinion on who should receive this money keeping in mind its efficient and productive usage. Upon inquiring about the amount of money that should be provided, CLs responses were as follows:

- 35% believed an amount of Rs. 2,000 per youth per month would be sufficient but even that is not disbursed properly as of now.
- 32% suggested an amount up to Rs. 8,000 per youth per month would be required.
- 33% stipulated an even higher amount, ranging from Rs. 8,000 to Rs. 30,000.

Gender Disaggregation for Independent Sources of Income	Percentage within Independent Income
Male	84%
Female	16%
Total (n = 57)	100%

Table 14: CLs with Independent Sources of Income by Gender

Income Status	Frequency (%)	
	Residential Aftercare Homes (n=62)	Other Housing Options (n=41)
Independent Income	53%	54%
No Independent Income	47%	46%

Table 15: Independent Income by Housing Type

Financial Literacy: 56% of all CLs (n=60) reported getting no guidance regarding their money management during their childhood in the CCIs. Notably, 65% CLs from Government CCIs (n=33) reported no guidance on household economics with regards to managing their income, savings and expenditure as opposed to 49% CLs from NGO CCIs (n=27). Regardless, 41% of all CLs (n=44) had never attended a financial literacy workshop, or one-on-one consultation with a caregiver, staff, mentor or expert.

Financial Security: The study found that 24% of all CLs did not have a bank account. Consequently, only 38% reported using credit or debit cards; and 14% had bought insurance products. Moreover, as reported in the previous section, although 55 CLs had salaried jobs, only 2 of them had opted for a provident fund. Similarly, only 2 of the CLs were part of a Self-Help Group (SHG).

A greater proportion of CLs from NGO CCIs held the above listed financial products as compared to CLs from Government CCIs, suggesting that CLs from NGOs had better access to and understanding of availing these products and their financial security benefits. Yet, the data suggests that many CLs lacked financial literacy and faced financial exclusion.

Guidance for Financial Management in CCI	Frequency (%)		Total
	Government CCI (n=51)	NGO CCI (n=55)	
Yes	33%	49%	42%
No	65%	49%	56%

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

Saving Habits

- 67% CLs reported that they were saving by building a balance of money in their bank accounts
- 14% reported saving cash at home or in their wallets
- 6% reported savings by giving money to their family, friends, etc.
- 2% reported investing in stocks, bonds, shares or their local SHGs
- 19% reported that they were not saving actively

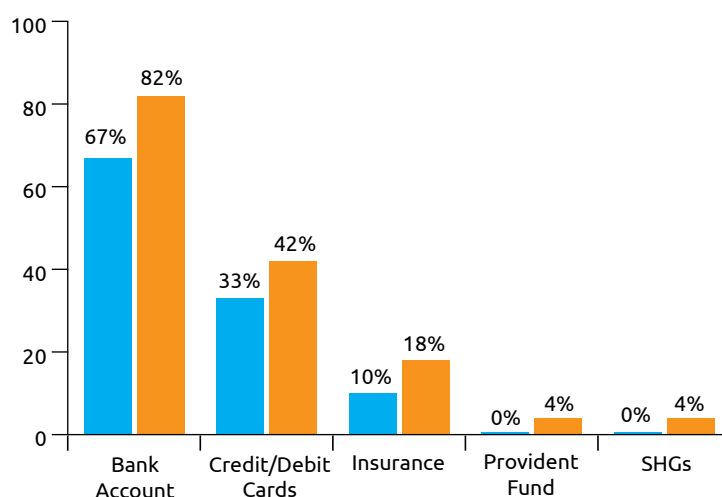


Figure 20: CLs with various Financial Securities

Financial Crisis: 22% of all CLs (n=24) reported that their income/allowance was unable to cover their cost of living. Notably, 21 out of these 24 (88%) CLs were males.

25 out of 107 (23%) CLs indicated that questions regarding income and expenses were not applicable to them, suggesting that their cost of living was incurred by their Aftercare programme, as shown in Figure 21.

Ability to Cover Cost of Living	Frequency (%)		Total
	Male (n=74)	Female (n=33)	
✓ Yes	51%	61%	54%
✗ No	29%	9%	22%
N/A Not Applicable	20%	30%	24%

Figure 21: Ability to Cover Cost of Living by Gender

Financial Index

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

It was found that 24% of all CLs fell in the “unsatisfactory” range, while 46% fell in the “neutral” range, as shown in Table 17 below. Relatedly, it was also found that CLs who continued to live in residential facilities fared slightly better on the Financial Index score than those who transitioned into non-institutional setups.

Financial Index	Frequency (%)				
	Sex		Total (n=107)	Housing Type	
	Male (n=74)	Females (n=33)		Residential Aftercare	Other Housing Options
Unsatisfactory	24%	36%	28%	24%	34%
Neutral	31%	21%	28%	29%	27%
Satisfactory	45%	42%	44%	48%	39%
Total (n value)	74	33	100%	63	44

Table 17: Financial Index by Gender and Type of Housing

Stakeholder's Suggestions

In light of this, a few suggestions were provided by various stakeholders

- Organise financial literacy and awareness training, preferably within the CCI for Transition Planning curriculum in CCIs
- Provide opportunities to youth in Aftercare to gain hands-on experience of financial management, by providing them monthly household budgets, giving them small responsibilities of grocery purchase, bill payments, etc.
- Increase financial support to Aftercare organisations, a part of which may be provided directly to the CLs
- Prepare comprehensive guidelines with a detailed financial component for different Aftercare needs of the CL, as well as the service providers

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



Figure 22: Nature of CLs' Present Engagement by Gender

As Figure 22 shows, 17% of all CLs (n=18) were not in education, employment or training (NEET) at the time of interview.

Challenges Faced in Achieving Career Goals: The CLs had as varied professional aspirations as one would expect from any youth. Many reported that they aspired to become law enforcement, national security or defence personnel, politicians, social workers, medics, technicians and even athletes, actors, musicians and entrepreneurs. However, most commonly reported challenges in realising their aspirations are as follows:

- 23% reported that their communication and English-speaking skills were poor.
- 11% reported that averting monetary crisis had taken precedence over pursuing their goals.

Skill Adequacy: Upon inquiring about their career-related skills, **20% of all CLs (n=21) thought their education and/or skill level were inadequate to achieve their academic and career goals.** Furthermore, 39% either chose not to respond or were unable to assess the adequacy of their skill level. Related to this, it was also found that 32% of all CLs (n=34) had never received one-on-one career guidance nor attended any career-development workshop.

One of the challenges faced by CLs is that they do not know what to say when they go for job interviews. They especially struggle with what they're going to say about their background as many people are not sensitive towards the nature of their upbringing. So, sometimes they are forced to lie about their background in the fear of stigmatisation and loss of opportunity.

DCPO, Nashik

There is need to have some kind of internships or traineeship under the government sector such as engagement at any canteen, railway department, etc. Government should take responsibility of it, where they can do their internship and can stay as well under the supervision of authorities.

JJB Member, Hingoli



3.10 Identity and Legal Awareness

Knowledge of Legal Rights and Responsibilities in CCI: It was found that 67% of all CLs (n=72) had not received any information regarding their legal rights and responsibilities towards others as an adult prior to leaving their CCI.

Knowledge of Legal Rights and Responsibilities in Aftercare: 65% of all CLs (n=70) had not received any guidance regarding this either through a workshop or a one-on-one consultation even during the Aftercare transition phase, demonstrating that the Management Committees in the CCIs had failed to perform their function of ensuring pre-release planning for these children.

- Right to Identity:** 43% CLs were not even aware of their fundamental right to identity through documents such as Aadhar Card, Voters' ID Card, Birth Certificate, Passport, etc. More male CLs (50%; n=37), were unaware of this as compared to female CLs (27%; n=9).
- Right to Aftercare:** 71% CLs were unaware of the fact that they were entitled to Aftercare support and services under the law.

Possession of Legal Documents: Upon inquiring, it was found that many CLs did not possess certain legal documents that are essential to access academic and job opportunities and citizenship rights and benefits, as shown in Table 18. In general, it seems that lesser proportion of female CLs had documents such as domicile

certificate/proof of residence, ration card, PAN card and passport as compared to male CLs. Comparable number of CLs from Government and NGO CCIs possessed these documents and no significant difference was seen between them.

Document Type	Frequency (%)		Total (n=107)	Frequency (%)	
	Male (n=74)	Female (n=33)		Government CCI (n=51)	NGO CCI (n=55)
Aadhar Card	97%	94%	96%	98%	95%
Domicile/ Proof of Residence	35%	18%	30%	35%	26%
Education Certificate	87%	85%	86%	88%	84%
Voters' ID	24%	36%	28%	18%	38%
Ration Card	34%	18%	21%	39%	20%
PAN Card	55%	15%	43%	43%	44%
Passport	4%	0%	3%	4%	2%

Table 18: Possession of Legal Documents by Gender and CCI Type

Overall, it was observed that lack of knowledge of their legal rights and responsibilities disempowers CLs when it comes to exercising those rights or fulfilling certain responsibilities. Moreover, absence of legal identity documents for some CLs resulted in loss of opportunities such as admission in college/institutes, foreign travel for work or leisure, accessing banking/financial services, job openings, etc. and even left them out of the electoral process as only 28% held Voters' ID.

Stakeholder's Concerns

30% of the key-informants (n=6) voiced concerns that were stemming from issues of awareness of one's legal rights and having proper documentation. Most notable of these were gaps in:

- social investigation of CLs' background which resulted in some CLs' losing rights over ancestral property.
- ineligibility to avail reservations and scheme benefits as they lack birth certificates, caste certificates, etc.
- missing out on opportunities and reservations for education and employment due to lack of proper identity documents.

Identity and Legal Awareness Index

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

It was found that a greater proportion of female CLs had a better index score as compared to their male counterparts; and CLs from NGO CCIs had marginally better index score than those from Government CCIs, as shown in Table 19.

Legal Index	Frequency (%)				
	Sex		Total	CCI Type	
	Male	Females		Government CCI	NGO CCI
Unsatisfactory	54%	43%	32%	53%	49%
Neutral	41%	36%	45%	41%	36%
Satisfactory	5%	21%	23%	6%	15%
Total	74	33	100%	51	55

Table 19: Legal Index by Gender and Type of CCI

Interaction of poor Knowledge of Rights & Responsibilities with Key Domains of Independent Life: The results show that the Legal Index of CLs is significantly correlated with their:

- Financial Index
- Education and Vocational Skills Index
- Interpersonal Skills Index

This suggests that knowledge about their own rights and their legal and moral duties towards others helped CLs to access opportunities of education and work; and make their socialisation process smoother. (Pearson correlation coefficient significant at alpha level = 0.05)



3.11 Aftercare towards Social Reintegration

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

97%

reported the need for assistance in completing their higher education

94%

reported the need for assistance in finding adequate housing

94%

reported the need for training/guidance to achieve financial independence

93%

reported the need for vocational and job readiness skill development

93%

reported the need for career counselling and assistance in job placement

89%

reported the need for better physical healthcare amenities

87%

reported the need for professional mental health interventions

77%

reported the need for legal literacy workshops/training

Figure 23: Aftercare Towards Social Reintegration

Access to Aftercare Support/Services: Upon inquiring about how CLs would prefer to access Aftercare support and/or services, **58% of all CLs (n=62) thought that services should be provided in-person through a physical facility/office.** 13% (n=14) CLs thought that such services could be provided over the phone through a non-emergency helpline, while 19% CLs (n=20) preferred an online portal such as a website or app to avail these services.

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, Kolhapur

Youth Collective: 59% of all CLs (n=63) informed that they did not have any formal or informal group or an alumni association of CLs for peer support. Moreover, **84% (n=90) reported that they would like to contribute and benefit from such a youth collective**, if formulated.



Aftercare Quality Index (AQI)

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

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

Aftercare and Gender: A greater proportion of female CLs had better Aftercare Quality Index than their male counterparts. This implies that the care and Aftercare received by females in our sample is more conducive to their social reintegration than the care and Aftercare received by males, as shown in Figure 24. It may be noted here that all but one female in our sample had lived in an NGO CCI. Female CLs from Government CCIs were underrepresented in the sample and so, any generalizable or conclusive finding cannot be made from the available data.

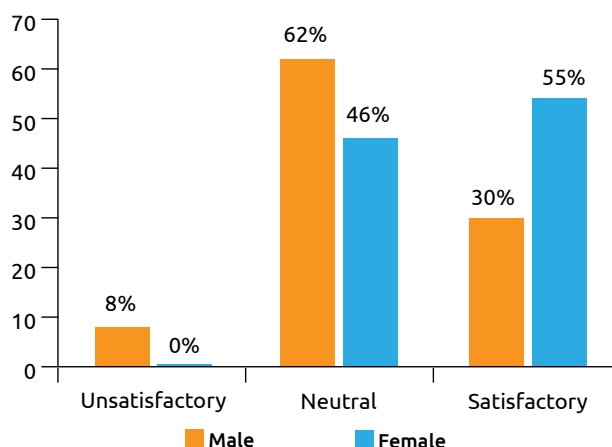


Figure 24: Aftercare Quality Index by Gender

Aftercare and Childhood Experiences: As a result, it was also found that a greater proportion of CLs from NGO CCIs had a better Aftercare Quality Index than CLs from Government CCIs, as shown in Figure 25. Moreover, the CCI Life Experience Index as well as the Skill Development in CCI Index was found to have a strong, positive correlation with the Aftercare Quality Index. This data suggests that the nature of care provided in childhood strongly determines the efficacy of Aftercare support and services post 18 years of age. (Pearson correlation coefficient significant at alpha level = 0.05).

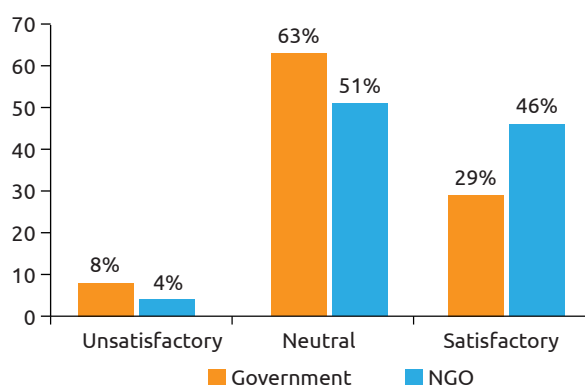


Figure 25: Aftercare Quality Index by Type of CCI

Residential vs. Non-residential Aftercare:

It was also found that CLs who now lived in non-institutional accommodation had a better Aftercare Quality Index than those who continued to live in residential facilities, as shown in Figure 26.

It seems that the effectiveness of Aftercare support and services is better suited to non-institutional models that enable young adults to transition into independent life and makes the process of their social reintegration smoother.

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

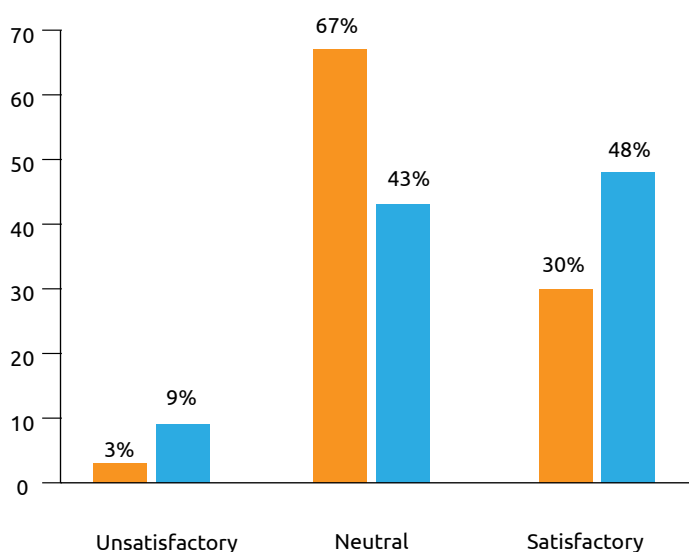


Figure 26: Aftercare Quality Index by Type of Housing

Non-institutional service 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



Chapter 4

Discussion & Conclusion

“Actually, the boys from CCI and Aftercare do not have clear ideas about what to do after leaving care. They always remain confused and hence they need someone to guide them. I want to become that guiding element in their life.”

A 21 year old Care Leaver

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

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

4.1.2 Placement Stability

One of the many purposes of a CCI is to bring stability and security in the lives of vulnerable children in need of care and protection. A few stakeholders felt that in-depth assessments and informed decisions must be made by the CWC as a Gatekeeping measure to ensure that children are not unnecessarily admitted to CCIs for long periods. Instead, other non-institutional Alternative Care options such as kinship care, day care, foster care and sponsorships should be explored. Every child's situation needs should be carefully considered before long term placement in a CCI, keeping the best interests of the child at the core of assessment. Once a child is sent to a CCI after taking proper 'Gatekeeping' measures, it is the state's duty to ensure placement stability. However, the results of this study in Maharashtra show that **41% of CLs did not find this stability easily** due to multiple placements in different CCIs as children. Existing studies have found that multiple placements result in fractured relationships, gaps in schooling and unnecessary stress for children. (Udayan Care, 2017). Breakdown of the continuum of care, residential instability, inability to form long-term peer groups and frequent changes in an environment leads to the inability to acquire proper skills and poor academic performance, amongst other issues as already noted in the first Chapter of this report. In accordance with the findings of these previous researches, this study also reports a **conclusive positive correlation between frequent transfers and poor emotional health, as well as skill development and the ability of CLs in forming strong social support networks** (refer to Chapter 3, Section II). Perhaps, there is a greater need to examine this aspect of childcare and precautions must be taken by all CCIs, CWCs, DCPOs and practitioners.

4.1.3 Child Participation in Individual Care Planning

Children's early involvement in developing their Individual Care Plan (ICP) is essential for its implementation to be outcome based rather than merely service focussed. This becomes even more important as children reach adolescence and develop their individuality. Children's involvement in the decision-making process increases their sense of agency and empowerment. To become caring, capable and responsible individuals, their strengths, weaknesses, interests and aspirations need to be considered as fundamental to their development. Ten key-informants shared that currently, the preparation and implementation of the ICP is either

completely missing or incomplete in most districts. Findings in previous sections support these key-informant suppositions, as 39% CLs were not consulted in their care and rehabilitation planning (refer to Table 2). Stakeholders strongly suggested that duty-bearers such as social workers, counsellors, caregivers, DCPOs and CWC members require training and capacity building to adequately prepare and implement these plans in consultation with the children/youth. To bring synergy in its implementation, Deputy Commissioner, WCD, Pune suggested that *"the care plan of each child must be uploaded online so that relevant stakeholders can access, update and follow the plan."*

4.1.4 Skill Development in CCI

As the data suggests, the current care provided to children in CCIs between the age of 6-18 years is ill-suited to develop skills required in independent adult life (refer to Figure 6-8). A trustee at Vinimay Trust reflects, *"We really have not prepared them for [independent] life. Sometimes it happens spontaneously, but sometimes it does not. We do not have a plan of action when it comes to life skills or soft skills training."*

Data shows a significant difference in the skills (vocational and career-related, interpersonal independent living skills) acquired during childhood between CLs from Government CCIs and NGO CCIs (refer to Table 3), suggesting that the Government CCIs require an evaluation and refinement of their Alternative Care model. 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)

4.1.5 Preparation for Transitioning Out of Care

At least 7 key-informants, ranging from social workers and NGO practitioners to DCPOs suggested that a pre-transition training programme be mandated for all children between the age group of 14-18 years. According to them, preparation for transitioning out of care and into independent life should start as early as possible and should be needs-based and child-centric. It should include, but not be limited to:

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

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

4.1.6 Capacity-Building of Staff

Some of the major concerns of the key informants representing the government departments included: lack of professional training for caregivers and social workers, burden of extra responsibilities on social workers due to multiple portfolios handled by them, and inadequate compensation prevailing in the childcare sector. Stakeholders also suggested capacity-building of staff and caregivers, not only for ICP preparation and implementation but also for guidance towards developing children's skills, strengthening their ego-resiliency and increasing their sense of agency, responsibility and empowerment.

4.1.7 Follow-up/Monitoring Mechanism

To complement the investments made during childcare and to ensure stability, care and skill development within CCIs, duty-bearers (staff in CCIs, DCPUs, CWCs, etc.) must maintain proper data on each child and youth as they transition out of care. This exercise would ensure the smooth implementation of each CL's Rehabilitation Plan, while creating evidence to assess the efficacy of existing care and skill development practices. As many as 13 key-informants cited the lack of a systemised monitoring mechanism as a primary challenge in improving Aftercare services for youth. In the absence of this, no evaluation of CLs' situation after leaving care and Aftercare has ever taken place; and so, some unhelpful practices have sustained, while progressive and promising innovations have been overlooked. For example, as informed by their Project Manager, Prerana maintains informal WhatsApp Groups of CLs through which they can share their challenges, discuss opportunities, or merely socialise with each other and keep in touch with CCI staff. Tools like these could be successfully replicated and used to increase social services and grievance redressal of CLs.

Due to the lack of proper data and follow-up, our field investigation team found that CLs who had not received any Aftercare support or services were virtually untraceable. DCPOs and CWC members implied that they were either restored to family members without adequate follow-up thereafter or left to live independently without any institutional support from the government. Consequently, the current situation of non-receivers of Aftercare has not been adequately captured within this report. It is posited that the challenges faced by them in adulthood might be far graver.

4.1.8 The Sphere of Aftercare

On a positive note, the study found that 96% of CLs reported receiving one or more Aftercare support or services. However, it remains unclear whether the support received by each CL falls under only one, multiple, or all of the 8 domains of the holistic Sphere of Aftercare (refer to Figure 2).

4.1.9 Convergence, Linkages and Synergy

Although Aftercare in Maharashtra has had a historical evolution over the last century, it is not clear whether the current provisions are still relevant to CLs. Objective evaluations of ongoing programmes are rarely conducted, and no data is maintained to determine which services are provided and to what extent. Field observations showed that there was hardly any coordination and cross-sharing between different Aftercare programmes, DCPUs, CWCs, other government departments and other stakeholders. As a result, support in some domains is more readily available, while others were wholly or partially neglected in the current Aftercare landscape of Maharashtra. The nodal agency should be the Department of WCD that must recognise this limitation, and focus on staff training and increasing coordination and linkages between different departments involved in child and youth welfare.

4.1.10 Conclusion

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

In general, findings from Section 3.8 indicate that:

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

- There's a lack of equitable skill development practices across Govt. and NGO CCIs. Further research is required to ascertain the reasons for these differences and to designing pertinent solutions.
- Based on findings and key-informant suggestions, 'Transition Planning' comprising of the above-mentioned elements could ensure better care and preparation of CLs in CCIs and may pre-emptively mitigate the challenges faced by them after transitioning out of care.
- Staff's capacity to ensure better care practices and adequate planning for each child/youth in light of these findings need to be built.
- Ensuring stability during childcare, avoiding unnecessary placements, and proper data maintenance and follow-up with each CL, post 18 years, for a stipulated time or at least until they are adequately mainstreamed is required to ensure they don't fall through the cracks into obscurity.
- The Aftercare Associations and Aftercare Homes staff lack clarity on their actual roles and responsibilities and are not adequately motivated and involved to make Aftercare a dynamic practice. The movement for change has already started through a consultative process that has begun in Mumbai, with consultations taking place at the State level. Maharashtra had put together an expert group that worked on Aftercare Guidelines, the outcomes of which are awaited.
- Various different organisations, such as CCIs, Aftercare organisations, government bodies (CWCs, DCPUs, JJBs,) and departments (WCDD, Skill Development, etc.), civil society organisations and even corporates need to work in tandem to ensure better quality services for CLs.

4.2 Objective 2

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

4.2.1 The Sphere of Aftercare: Towards Social Reintegration

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



i. Housing Support

Upon transitioning out of care, one of the primary needs of most CLs is to find affordable and adequate housing. 14 stakeholders considered this as one of the topmost priorities of Aftercare programmes and duty-bearers. Protection from forced eviction and having a secure tenure is especially important for CLs as most of them lack caring individuals or a strong social group to provide temporary housing, even in the face of homelessness. For the rest of them, vulnerable situations in their homes and families that caused them to enter a CCI still persist, and so, returning to such homes pose more risks than opportunities.

Physical Infrastructure for Aftercare Housing: CLs from rural locations have no option but to move to a different district or be denied Aftercare provision altogether. DCPO, Solapur stated that there is no Aftercare home for young adults in their district. *"Here, whoever turns 18 is sent to either Mumbai or Pune"*, he added. As a result, individuals, who up until the age of 18 had been socialised within a regulated life in CCI, are now relocated into a new community. Often, transitioning youth are uninformed of what to expect in this far

off Aftercare home and require orientation to adjust. This transition takes a toll on CLs' education (refer to Table 2), their relationships with CCI caregivers and friends and their mental health (refer to Figure 15). Since opportunities of education, work and training are more readily available and accessible in urban locales, it makes sense to place Aftercare Homes in these areas. However, CLs who wish to remain in their districts should also be entitled to the benefits of an Aftercare programme. Options such as group-homes or community supported rental housing could be made available within each district to suit the needs of different CLs.

Gender Imbalance in Provision of Aftercare Housing: During field investigations, it was found that only one Government Aftercare Home, located in Nashik, exists for young women. Thus, identifying and contacting female CLs was virtually impossible, as they were either restored to families or sent to other hostels, like Swadhar Griha, with no follow-up whatsoever thereafter. Even after persistent efforts of the research team, only one female CL belonging to a Government CCI agreed to be interviewed. Most were lost to follow-up as they soon moved on and/or their contact details became outdated. Thus, a state-funded Aftercare programme for young females is urgently needed. JJB Member from Hingoli district informed that finding accommodation for young women is even harder as finding rented group-homes for girls raises security concerns (refer to Table 3 & Figure 12).

Non-residential Aftercare Centres: In the spirit of the JJ Act, 2015, 'Aftercare' is designed to be a non-institutional intervention that promotes interdependent community living. Currently, the Government of Maharashtra provides Aftercare support services only as part of its residential programme; and only 17% of those who lived in other housing options were supported by NGO Aftercare programmes (refer to Section 3.3). There is no provision of outreach-based Aftercare services to CLs who are either restored to families or chose to live in housing options other than the residential homes. Practitioners in the state have voiced the need for one-stop centres or 'Suvidha Kendra' where CLs living in other housing options can be provided outreach services that cover the entire gamut of services of the Sphere of Aftercare.

At Prerana, we have multiple group homes which have moved towards self-sustenance. By 'self-sustenance' I mean that initially we provide them with support in terms of looking for a place, how to make an agreement, give them a little kick start in the entire process, and subsequently giving them more responsibility -starting from paying rent to paying for all their provisions, their travel, and eventually getting a job. All of this, we see as part of sustainability in the group home.

Director, Prerana

Conclusions: Findings from Section 3.3 & 3.11 and the discussions here show that:

- There is differential access to adequate Aftercare housing for male and female CLs in the state of Maharashtra. Moreover, viable housing options in rural or semi-urban locales of Maharashtra are non-existent, causing CLs to move to urban centres of Mumbai or Pune in search of a livelihood.
- Establishing non-residential Aftercare centres would reflect the 'non-institutional' spirit of Aftercare and provide support/services in other domains of the Sphere of Aftercare to CLs who may be restored to families or have independent housing support.
- Semi-independent or independent housing options seem to be more conducive to acquiring independent living skills and interpersonal skills, but at the same time also associated with increased emotional/mental strain and financial burden.



ii. Independent Living Skills

Stakeholders, especially primary caregivers and superintendents, have raised concerns regarding the socialisation of CLs into community settings. Their experiences in CCIs corroborates the data

that suggests CLs at the age of 18 lack certain Independent Living Skills, like nutrition and health management, cooking, first aid, disaster management, household management (taking care of belongings, hygiene, financial management, etc.). These skills are acquired by children and young adults as they interact with family and other members of the community. However, such opportunities are extremely limited in CCIs. 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, 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.*"

Cross-sharing of Ideas towards Developing Independent Living Skills: As the data suggests, **CLs from NGOs seem to be performing better in this domain as compared to CLs from Govt. CCI** (refer to Table 6). Unfortunately, government-sponsored children's homes function under constraints of funds and skilled staff and sometimes over regulation. There is tremendous scope for improvement through cross-sharing of ideas, learnings and promising practices in a cost-effective manner. Director of Bal Anand (Umang) – an NGO-run CCI based in Karjat, shared that for young adults in the Aftercare programme, they have "*day-to-day shuffling of responsibilities of cooking, cleaning their premises, washing their clothes, etc. and so, the youth perform those activities while learning about independent living techniques. We need to provide them with a little bit of support as they cannot do it alone. Our ideology is to involve them in these activities. We also give them pocket-money for their work and take them out, so they can buy whatever they want.*"

Semi-regulated Housing supports the development of Independent Living Skills: As the data suggests, **non-institutional housing setups are more conducive to acquiring Independent Living Skills through hands-on experience as compared to residential homes** (refer to Table 5). However, as also noted before, CLs require initial hand-holding as they transition out of care – this is especially true for young males as they are rarely involved in household chores whilst in care. This is reflected in the data as many male CLs had not acquired Independent Living Skills (refer to Table 6) and were still dependent on their Aftercare homes for basic food, cleaning and laundry. Without such skills, independent living at 18, 21 or even 25 years of age still remains daunting.

At Tarun Sadan, all young boys must do their own shopping, including groceries, and negotiations with the shopkeepers. Elsewhere, CLs 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.

Trustee, Vinimay Trust

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

- Independent living skills are best acquired early in life, during childhood in a CCI, and are honed during the Aftercare transition phase.
- Semi-independent or independent housing setups are more conducive to acquiring these skills in comparison to residential facilities that limit CLs' skill development, possibly due to lack of involvement in and exposure to such activities.
- Differences between male and female CLs in the acquisition of independent living skills suggests that gender stereotypes still prevail in our care approach, wherein females are more likely to acquire these skills as compared to male CLs.
- Differences observed between CLs from Govt. and NGO CCIs are considerable and provide an opportunity to bring parity between institutional interventions.



iii. Mental and Emotional Wellbeing

As already noted in chapter 1, CLs represent a vulnerable population and have most likely been exposed to several instances of trauma and stress since childhood. Abrupt transition out of care is also a stressful situation as CLs need help not only finding accommodation and securing finances but also in matters relating to their physical, mental and emotional wellbeing (Meade & Mendes, 2014; Barn, 2010). The findings of this research confirm this fact as almost **25% of the CLs showed one or more symptoms of psychological disorders at the time of transitioning out of their CCI** (refer to Table 8).

Impact of Transitioning on Emotional Wellbeing: Upon transitioning out of care, CLs familiar spaces, habits, relationships, comforts are all left behind, and they must develop these anew. Some CLs experience re-traumatisation as they are unwittingly pushed into adult life without adequate preparation and limited resources. During this phase, many reported experiencing symptoms of clinical depression, anxiety, stress, and even suicidal tendencies (Vacca, 2008). Such mental disorders pose a threat to normal day-to-day functioning; and may result in drug addiction, involvement in crime, low self-esteem, or withdrawal from activities necessary for social reintegration (Guillen, Macedo, & Lee, 2017). As the findings further show, the emotional wellbeing of CLs has a profound impact on their functioning in almost all other domains of independent life. 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. For some, emotional distress results in poor relationships with others, which results in increased vulnerability as they fail to establish a social support structure for themselves. Currently, it is also observed that there is a gap in available mental health services within CCIs and as CLs’ transition into Aftercare or independent living.

Availability of Mental Health Services: Access to mental health services among CLs drastically declines during the transition from care to Aftercare. A JJB member, reports that *“not all districts have enough adequately qualified counsellors to guide the mental development and emotional wellbeing”* of children in institutions. Various key-informants shared other hurdles in addressing the mental health concerns of young adults. Firstly, there is a stigma related to psychological disorders that discourage them from seeking assistance. International studies in the mental health of CLs have consistently shown that self-stigma and public stigma is significant in the receipt of mental health services. It has also been found that self-stigma affects an adolescent’s self-identity, self-efficacy, and interpersonal relationships. This influences self-sufficiency once youth leave care (Guillen, Macedo, & Lee, 2017). Secondly, mental health professionals and related services are expensive for CLs, unless offered through their Aftercare Programme, which also discourages them from obtaining professional assistance. Thirdly, there is a lack of awareness and sensitivity amongst staff, children, youth, caregivers, duty-bearers, functionaries and the community at large regarding issues faced in Alternative Care, which makes it all the more difficult to recognise symptoms of distress and address them in a timely manner.

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

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

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



iv. Social Relationships and Interpersonal Skills

The findings within this domain suggest that CLs, particularly young males, face hurdles in maintaining close personal relationships with their caregivers, mentors, other children in CCIs and even family members (refer to Figure 16 and Table 10). Other studies have also reported similar data that conclusively show that "lack of positive adult interaction from consistent carers can also limit children's ability to develop personal confidence and key social skills". Basic skills of appropriate interaction, maintaining relationships, conflict resolution, empathy, humour, and communication are often missing in institutionalised children (Modi, 2016).

Effects of Poor Social Skills: Poor psycho-social skills with report to effective communication, conflict management, leadership, self-esteem, knowledge of legal rights and duties, gender neutrality, etc. also have a negative impact on the overall quality of life of CLs. The data shows that less male CLs acquire these skills as compared to females (refer to Figure 16). The fact that more females in our sample belong to NGO-run CCIs also suggests that greater freedom to explore, learn, fail and then succeed helps these female CLs develop ego-resiliency, self-esteem and trust, and enables them to acquire psycho-social skills better than the males in the study sample.

Effects of Poor Social Relationships: In the absence of familial support, the inability to maintain social relationships in the neighbourhood/community and workplace makes it harder for CLs to establish a social support group for themselves. The added stigma of being an orphan or belonging to an institution also makes their social reintegration a precarious journey, as voiced by CLs and caregivers alike. On the other hand, young CLs also face problems in establishing romantic relationships as they are unaccustomed to interactions with the opposite sex. Deciphering their own feelings and behaving appropriately in the context of romantic relationships remains a daunting task for CLs.

Gender Roles: All CCIs are segregated by gender and are governed by strict policies regarding the 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

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 initiative are taken or such groups are created, supported and commended, then the current system can be far improved for money.

*Former JJB Member and
Expert on Child Care and Family
Counselling*

family is lacking amongst CLs. The findings support this notion as very few CLs reported being able to maintain romantic relationships (refer to Table 10). Deputy Commissioner, WCD, 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."*

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

- A significant proportion of CLs in Maharashtra lack positive relationships with various adults in their lives and are unable to maintain childhood relationships with CCI staff, house parents, mentors, and even other children they grew up with in their CCIs after they transition out of care. This is particularly true for male CLs.
- Many CLs do not have experiences of healthy relationships with immediate family or intimate partners and may not be adequately oriented towards family life.
- Experiences of relationships and acquisition of appropriate social skills are indicative of poor social support network in adulthood.
- Gender stereotypes prevail and may hinder CLs' progress in various domains, such as their mental health, career and job-related experiences.
- Platforms for youth association and peer support are currently absent but have the potential to improve the social life of CLs.



v. Physical Health

Upon transitioning out of a CCI, issues such as headaches, problems related to sleep, weight-related issues and dental issues tend to remain quite high even in a sample population of a developed country such as the United States (Barth, 1990). In the Indian context, where the social welfare sector remains underdeveloped, and accessing quality medical services is dependent upon availability of funds, CLs are systemically deprived of the health care amenities (refer to Table 11).

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

Notably, none of the key-informants interviewed raised CLs' physical health as a concern, but many CCIs in Maharashtra are dedicated to providing care and protection to children with disabilities and special needs; and this research did not explore the unique circumstances of such children. However, any efforts to improve Aftercare support and services must have an inclusive approach towards health issues of all children entitled to it under the Juvenile Justice System.

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

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

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

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



vi. Education, Vocational Skills and Career

Breakdown of the continuum of care, residential instability, inability to form long-term peer groups and frequent changes in the environment – all contribute towards the inability to acquire proper skills and poor academic performance, amongst other issues (Torrico, 2010). As a result, many young adults choose not to pursue higher education and are forced to join the workforce at unskilled or semi-skilled positions. However, there is also evidence that young people who have had several placements can achieve educational success if they remain in the same school – and this also meant that they were able to maintain friendships and contacts with helpful teachers (Stein, 2005).

Inadequate Formal Education: Disrupted and incomplete education is a common phenomenon amongst CLs, as 31% informed that they were unable to continue their education in Aftercare as per their wishes. **The number of CLs reporting inability to continue their education almost doubled from CCI to Aftercare (refer to Table 2); and in general, CLs demonstrate poorer academic outcomes compared to peers from the regular family setting** (Jones & Gragg, 2012). Notably, this increase was seen mostly in male CLs. The Probation Officer of Nagpur city shared that *“the biggest problem is that we do not have any government grant dedicated towards education. Specialised courses or courses in private educational institutions are quite expensive and so, it is not possible for CLs to pursue them.”*

“We have collaborated with “Yashashwi Education Society” for support in providing jobs to the youth. We are providing employment support with the help of several other organisations..”

Probation Officer, Nagpur

Gender Differences in Educational Qualifications and Vocational Skills: The proportion of **female CLs currently pursuing higher education or vocational training was relatively higher than their male counterparts** (refer to Figure 17 & 18). Among the academically qualified CLs, the share of females is more than males. It is important to note that all but one female in the sample population belonged to NGO-run CCIs. This indicates the presence of more educational support for female CLs in Maharashtra, particularly in NGO organisations. It seems that societal structure and pressures push male CLs to abandon their education early in favour of becoming financially independent. However, investments made in the education and skilling of female CLs are not as fruitful as very few of them take up paid employment.

Adequacy of Qualifications and Skills: The findings show that the **present level of educational qualifications and skills acquired by CLs does not always match their academic needs and aspirations**. Challenges in determining and realizing a fulfilling career path are not uncommon (refer to Section 3.8.3).

75% of the key-informants also voiced concerns relating to vocational training and skill development at the CCI level and reported the absence of dedicated funds for education and skill-based training in Aftercare. As a response, CCIs and Aftercare programmes should consider collaborations and convergence with the educational sector, corporate sector, volunteers and community members, to design programmes geared towards developing academic aptitude, opportunities and vocational skills as well as financial aid and scholarships.

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

Affirmative Action in Education and Employment: In light of the challenges and gaps in education and employment of CLs, the State of Maharashtra has recently passed a law that secures 1% reservation for orphans in education and jobs. However, it requires the beneficiaries to obtain a certificate from the WCDD certifying their orphan status. Orphans who have caste certificates are also not eligible.

A detailed reading of the JJ Act, 2015 reveals the definition of ‘orphans’ as those children who are:

1. Without biological or adoptive parents or legal guardian or
2. Whose legal guardian is not willing to take or capable of taking care of the child

Therefore, once the CWC, upon completing a thorough Social Investigation Report (SIR), deems a child as CNCP to be placed in a CCI, then by definition this child is an ‘orphan’. If the child is not restored to parents and is exiting a CCI upon attaining 18 years of age, then he/she is eligible for an orphan certificate. However, only a few CLs have reported obtaining an orphan certificate during the study period and some stakeholders have raised concerns relating to challenges in securing an orphan certificate. The nuances of this law need to be further studied, and the efficacy of providing reservations in the form of affirmative action should be time-bound and hence, periodically evaluated for scalability.

The Convergence of Existing Schemes: In case of employment, convergence with existing schemes such as the Pradhan Mantri Kaushal Vikas Yojna (PMKVY), National Urban Livelihood Mission (NULM), and National Career Service (NCS), as part of the Aftercare policy framework and guidelines, is emerging as a worthy option to explore. Inter-ministry cooperation and collaboration could effectively render an integrated, holistic scheme for the employment of CLs. Entrepreneurship, along with mentoring and suitable loan opportunities, should be encouraged as options, alongside the provision of traditional vocational skills.

Corporate Engagement: In 2013, India became the first country to make ‘Corporate Social Responsibility’ (CSR) contributions mandatory under law. While approaching CSR, the ask should not always be related to funds but also on close employee engagement – for example CSR employees can be motivated to become mentors for the CLs, corporates can offer internships and training to CLs as opportunities and exposure, and later if they are found qualified and trained, they can be offered employment at the same corporate. CSR employees can become a mentor and be responsible for one CL. It is not always about money but also about changing the thinking process. Employee engagement programmes, apprenticeships, internships and jobs can be offered to CLs through the PPP route, allowing for corporates to fulfil their CSR goals even as they contribute to the

growth of this vulnerable population. A major ideological shift within the duty-bearers, policy-makers, frontline social workers, as well as the larger community is required to address these multi-pronged socio-cultural issues that limit the academic and career achievements of CLs. Stakeholders also suggested that the CSR policy should be amended to include 1% reservation in jobs for CLs in the corporates too.

Conclusions: Findings from Section 3.2 & 3.8 and the discussions above show that:

- Focus on education and vocational skills, and technical and employability skills for male and female CLs is disproportional. It may be deduced that although significant investments are being made in ensuring education and skilling of female CLs, social pressures continue to counteract these developments as not many female CLs are seen to be joining the workforce.
- There are no formal approaches that guide CLs in choosing viable career options or accessing job opportunities. The disparity in educational attainments, vocational skill level and job-readiness between CLs from NGO and Govt. CCLs also highlights that the ideology, approaches and practices may be different in different organisations with scope to bridge the gap.
- Better social support from family members, friends, mentors, and other community members is also related to better educational achievements and skill attainment.
- Existing schemes for education and skilling of youth are not being utilised for CLs due to a lack of awareness amongst the youth and a lack of training of Aftercare staff and as a result, they face systemic exclusion. However, advocacy for their inclusion has borne fruits, such as the 1% reservation for orphans introduced in educational institutions and jobs in Maharashtra. Continued efforts of advocacy and to streamline the implementation and convergence of other existing schemes is a promising way forward to strengthen Aftercare programmes and achieve the objective of mainstreaming of all CLs.



vii Economic Independence and Financial Literacy

Apart from securing adequate housing, acquiring life skills, forging and maintaining relationships and taking care of their mental and physical health, CLs face tremendous pressure to start earning and become financially independent at the tender age of 18 years. They are expected to make ends meet through salaried income, self-employment, part-time jobs, financial assistance from institutions, and even donations. A JJB member from Hingoli captures these expectations as she states *“first and foremost, the child needs to become economically independent. Aftercare is not a permanent solution as they can’t remain in [institutional care] for life long.”*

Gender Gap in Independent Income: It is concerning to find that **barely 27% of the females were earning for themselves, even though they were found to be at par with, or in some cases even better positioned than males, with respect to education, skill development, mental and emotional health** (Refer to Chapter 3). This poses a question as to why female CLs are not encouraged to join the workforce. This puts a large number of females at-risk of financial vulnerability as they remain financially dependent on the organisation or other persons. The findings indicate that more male CLs (65%) start earning after 18 years of age; however, they too, remain dependent on others as their income is usually insufficient (Refer to Section 3.9). Unhealthy stereotypes could also negatively impact males, wherein they face increased pressure to join the workforce and may be pushed out of gaining higher education, vocational or entrepreneurial skills in favour of a conventional job.

Financial Support for CLs: 80% of the key-informants expressed that the sum of Rs. 2,000 per month per youth provided to the Aftercare programme under the ICPS is grossly insufficient. As noted earlier, some CLs felt that Rs. 2,000 may be sufficient, provided that it reached them directly or was utilised efficiently

through the Aftercare programmes. These key informants shared that this amount of money is unable to cover the monthly expense of food, clothing, transportation and allowance. The cost of education and skill training is not even factored in within this amount. However, Program Manager, MSPCS also shared that the State has not yet utilised funds available to them under the ICPS suggesting challenges in the budgeting and expense machinery of the State. Practitioners running private NGOs estimate an average monthly amount of approximately Rs. 10,000 per young adult as required to assure an acceptable level of quality of life for CLs.

Instilling Financial Responsibility: Having no hands-on opportunities to learn household economics, lack of financial common sense is visible among CLs, which makes them vulnerable to poor economic conditions. Instilling value for money, and its judicious use is prudent at a young age (Refer to Section 3.9.9). Many stakeholders believe that the ICPS Aftercare grant should go to the organisation as the young adults may not use money wisely, while 36% CLs thought that this grant should be given to youth directly. The State of Maharashtra must take this opportunity to mandate such training and hands-on activities under Transition Planning in CCLs while developing a mechanism to grant CLs with a fixed monthly allowance during Aftercare to learn budgeting, saving techniques, and other skills that instil financial responsibility.

Economic Vulnerability: Vulnerability of youth is high, as **22% reported that their income/allowance was unable to cover their cost of living** (refer to Figure 21). Plus, many are not in the habit of saving or investing and only a few have opted for the provident fund after procuring salaried jobs. As reported in the earlier section, 20% of the CLs did not even have a bank account (Refer to Figure 20). Moreover, it is dismaying to note that no key-informant or stakeholder talked about financial inclusion schemes such as the Jan Dhan Yojana, which aims to expand and make affordable access to financial services such as bank accounts, remittances, credit, insurance and pensions. This shows that although there are avenues available for financial inclusion, CLs and their duty-bearers are unaware about these schemes.

Conclusion: The findings from Section 3.9 and the discussion herein allude to the fact that:

- Having an independent income is more a function of gender, rather than the nature of care and Aftercare received by CLs in Maharashtra. A greater proportion of male CLs is either encouraged, obligated or compelled to start earning from a younger age as compared to female CLs.
- Those who live in unsupported independent housing bear a higher financial burden. Moreover, the current outreach provisioning is such that they do not receive Aftercare support/services in any other domain either.
- CLs from NGO CCLs and Aftercare programmes have differential outcomes of financial independence and stability as compared to the CLs from Govt. Aftercare programme, resulting in the gap between them.
- In general, CLs' financial literacy is poor, and they require support to improve their saving habits and the ability to manage crisis.
- A significant proportion of CLs are either yet to find jobs or actively choose to not engage in education or career opportunities, as their skills are inadequate, and they receive next to no support or guidance in these matters.
- Corporate engagement and linking with existing government schemes can bridge the gap observed in CLs' career prospects and adequate financial stability.



viii. Identity and Legal Awareness

Poor Legal Literacy: People's awareness of laws ensures that their voices, especially of the marginalised, are heard. Further, the awareness of one's legal rights paves the way for the

participation of the masses in the decision-making process. It is disheartening to know that 65% CLs had not received any information regarding their legal rights and responsibilities, either through a workshop or a one-on-one consultation, even during the Aftercare transition phase. Further, data also shows that **more females were aware of their basic Right to Identity through documents such as Aadhar Card, Voter's ID etc. than males** (refer to Section 3.10). However, this awareness did not translate into females having access to even basic legal & identity documents, as depicted in the findings (refer to Table 18).

Possession of Legal Documents: The challenges faced by CLs in accessing legal aid were also voiced by various key-informants, wherein 30% of them raised concerns relating to CLs' status of legal awareness and legal aid. 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 after being placed in a CCI."*

Access to Legal Services: Right to free legal aid or free legal service is an essential fundamental right of all CLs and under which the services of the District Legal Service Authorities (DLSA) should be availed by the CLs. At the very least, dedicated financial and/or legal literacy workshops, and referrals to vetted advisors who are willing to provide subsidised financial and legal services should be included in the centralised resource directory. It has also been suggested that the process of documentation in availing services and access to schemes which are meant for CLs and youth need to be streamlined.

Conclusion: From the findings in Section 3.10 and the discussion in this section, it can be concluded that:

- Different organisations have varying practices related to documentation, as CLs from Govt. and NGO CCIs reported possessing differing identity documents. These differential practices result in gaps and may deprive CLs of their civic rights, as many CLs remain oblivious to their rights and responsibilities as productive and conscientious citizens.
- Incomplete identity documents obstruct CLs' access to higher education, job opportunities, benefits from govt. schemes and scholarships, and even exclude CLs from the governance process.
- Linkages to organisations that provide legal services and workshops on legal awareness can improve the current situation of CLs.

In light of the conclusions noted above in each domain of the Sphere of Aftercare, it is evident that even though the state of Maharashtra has several decades of experience in providing Aftercare, the State has still much work to do to develop a holistic Aftercare programme that enables CLs to successfully integrate into the mainstream society. However, there is much learning from the state that can inform national-level efforts, such as group-homes housing for those who have obtained certain life skills or residential homes/hostels that are a more suitable option for those who need closer support systems. It has also shown that focus on early intervention, as demonstrated by many NGOs in the state, can lead to better outcomes for the youth. Focus on skill development and social linkages assists CLs to become independent adults. Networks such as the Maharashtra Aftercare Associations exist at the State and district levels are useful additions but there is a need to strengthen and recognise these platforms and bring CLs together. To support these CLs, adult mentorship and common service centres, or facilities that bring all stakeholders together, are needed in the State and it is here that the Aftercare Associations can play a role.

During the rich discussions and deliberations at the FGDs and round-table conferences organised in Maharashtra, a few overarching challenges were brought to the forefront:

a. Inadequate rehabilitation planning

Most superintendents of Aftercare homes do not have a resource directory or a referral mechanism as mandated under the JJ Act. Instead, options for CLs are explored often through individual contacts of the current staff. Thus, all Aftercare planning and execution depends on the will and initiative of an individual officer. Motivated and invested officials provide CLs with necessary vocational skill training, assistance for higher education, and options for employment, while also keeping track of where the youth go after leaving care or Aftercare. However, shortage of manpower is causing most of these positions to remain vacant, and other staff remains overburdened with multiple responsibilities. As a result, the outcomes are unmet, and any progress is sporadic.

b. Lack of gendered approach to Aftercare

Nashik based Aftercare home for girls provides in-house training opportunities to girls, but the options are limited to only 2 courses - beautician and nursing. If the young girls wish to pursue courses that are more expensive, such as an MBA, the state Aftercare home is not able to finance the high fees involved. The State Government does not have any provisions for education loans for CLs, and they usually face problems in providing collaterals for bank loans as they do not have assets or benefactors to act as guarantors. However, vocational courses require less fees and are sometimes accompanied with provisions for a stipend. Thus, they are easily accessible by CLs and become preferred avenues in the absence of other options. Entrepreneurship courses and options of loans for small business is completely left out of the discourse up until now. Despite the establishment of autonomous, district-level Aftercare Associations', these associations have not been able to raise concerns or address gaps prevailing in Aftercare services.

c. Lack of resources for Aftercare programmes

In the absence of clear guidelines and a dearth of reliable data, the allocation of resources remains unplanned. Although there is provision for 640 CLs' stay in the state (540 males and 100 females), there is no estimate of how many CLs may require such residential facilities. Apart from this, there is no systematic data on the expenses incurred in meeting their basic necessities, healthcare needs, educational needs and peripheral or emergent needs. Although the State quotes an annual budget of over Rs. 2 crores for the functioning of these 7 Government Aftercare Homes, it is unclear how much of this goes towards the upkeep and maintenance of the homes as against the welfare of CLs.

4.3 Objective 3

Understand and document emerging and promising Aftercare interventions.

Based on the inception consultation, KIIs, field investigation and desk review, it was found that many NGOs in Maharashtra are working towards the provision of Aftercare services. Following are some examples of these organisations and their Aftercare practices.

i. Prerana

Primary Focus

Prerana works towards ending second generation prostitution and human trafficking brought about by multiple vulnerabilities amongst children and women. They run two group Aftercare homes to enable the smooth transition of the most vulnerable girls in their care.

Aftercare Theory

Prerana believes that all adults face difficulties in some form; and their struggle through difficult circumstances is a rite of passage to survival. Whilst they have raised concerns about the current Aftercare services and its implementation in the State, their practice is not to take on the responsibility of all youth under its organisational 'Aftercare' plans. It provides Aftercare only in extreme cases of vulnerabilities, or to those who come into the JJ system very late in life. With the aim of investing its limited resources to service the most vulnerable, Prerana believes in early intervention to ensure minimal support is needed by young adults transitioning out of care.

Interventions and Impact

Prerana offers Aftercare support through its group-homes model. Initiated in 2002, it serves as a transitional point for reintegration into society easier. They currently run two group homes. An Aftercare plan to make each youth is developed in consultation with them from the age of 14 years, with the goal of complete independence by 21 years of age. Caseworkers at Prerana base individual Aftercare plans on the unique skill set of each youth to chart their pathway. Adult women from vulnerable circumstances are also referred to Prerana, which assists them in finding a place to stay and paying rent. An interesting outcome of their group-home model is that adult 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. This highlights that CLs, when provided the necessary support, become empowered to pass on that support to others, given their first experience in the struggle towards settlement. Prerana's experience has shown that well-planned preparation for independent living between the ages of 14 and 18 ensures minimal support that is required by the CLs after 21.

ii. Vinimay Trust

Primary Focus

Vinimay Trust provides support to underprivileged children and youth from Child Welfare Institutions towards their overall development, with the purpose of improving self-esteem, emotional stability and earning capacity for rehabilitation into mainstream society.

Aftercare Theory

An NGO working since 1982 with underprivileged children and youth in the CCIs of Mumbai, Vinimay Trust's key belief is that social work is not charity but in fact is social participation and more of mutual exchange. Towards this end, their Aftercare interventions are managed together by volunteers and beneficiaries.

Interventions and Impact

Tarun Sadan, the Aftercare hostel run by Vinimay Trust, caters to homeless boys who transition out of CCIs. Started in 1999, the hostel provides free or subsidised living accommodation for a period of 3 to 4 years, post the boys turning 18 years old. *Tarun Sadan* ensures an environment of care and guidance in fulfilling the essential needs of food, clothing and medical aid in a family-like environment.

The hostel is jointly managed by a group of volunteers and the youth living there. There is close coordination between the managing committee and the group of committed volunteers, who work with small groups of CLs to develop independent-living skills. They learn to obtain legal documents, understand and operate bank accounts, and continually develop interpersonal skills. 70% of youth are exposed to mentorship. Assistance is provided to youth by way of identity document creation, family reintegration, medical care, higher education support, job placements, housing loans and crisis intervention. A strong alumni network ensures that the CLs remain connected even after they leave *Tarun Sadan*. Since its inception, around 350 youth have transitioned under the Vinimay Trust mentorship. The hostel presently accommodates 50 boys.

iii. Catalysts for Social Action: A Family for Every Child

Primary Focus

Catalysts for Social Action (CSA) is a Mumbai based non-government organisation committed to improving the lives of children living in childcare institutions. According to the broader vision of the organisation, their work covers the entire eco-system described under the JJ Act, 2015 and the ICPS, which spans from adoption to Aftercare.

Aftercare Theory

CSA considers livelihood creation as a critical aspect of their 'Aftercare' programme. This is achieved through a focus on early intervention at the 14+ years age of a child in care. The primary focus of the 'Aftercare' intervention is to empower every CL to live independently. The Bridge to Livelihood programme is the cornerstone of CSA's Aftercare theory.

Interventions and Impact

The CSA Bridge to Livelihood programme is underpinned by the belief that economic independence will ensure a stable and dignified future for CLs. It involves the preparation of children at the CCI level through exposure to realistic career options, the skills required to pursue those, options and a comprehensive plan to realise their goals. An exit plan in consultation with the youth is created and support in meeting their goals is provided through career counselling, soft skills training, higher education facilitation and vocational training. CSA partners with several training/skilling centres and educational institutes to provide a range of vocational options for the youth in the Bridge to Livelihoods programme. Financial support and mentoring also form part of the interventions where required.

This 2-3 years period of support post 18 years is deemed a very critical phase in their lives and some support and hand holding go a very long way towards transforming the children into happy and contributing members of society. Over 550 children have been trained in various capacities towards independent living whilst 70+ CLs are part of the 18+ Aftercare programme.

iv. SOS Children's Villages India

Primary Focus

Operational in India since 1964, SOS Children's Villages India (SOSCVI) works in 32 locations to fulfil the needs of long-term family care to children in need of such care. Presently, 3 of these 32 locations are in the state of Maharashtra, in 'Pune', 'Alibaug' and 'Latur' respectively.

Aftercare Theory

The organisation has designed a unique programme 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. As SOS CVI believes in early intervention care, the Youth Home Program is segregated into 3 distinct phases, namely 'Arunodaya' (for the age group of 13-18 years), 'Sopan' (for the age group of 18-22 years) and 'Gharonda' (for the age group of 22-25 years).

Interventions and Impact

While the girls under 18 years continue to stay in the SOS Children's Villages, the boys between the ages of 12 -14 years are shifted into a youth facility. Each youth home has 10-15 youth living together under the care and guidance of a Youth Care Worker (Nigudkar, 2017). The programme promotes youth development through positive youth development activities and assists in career building by honing their vocational skills.

In 'Arunodaya' the primary focus is on imparting social, emotional and educational skills whereas 'Sopan' is dedicated to ensuring professional/vocational education of these youth. In this phase, they choose their career path and a range of supports in terms of career guidance, interpersonal skills, and personality development are given to them. In the last phase of 'Gharonda', the youth start living independently in the community and begin to earn themselves. But the relationship does not end here, as SOS Children's Village believes in forging a lifetime bond with their children and hence the youth are always encouraged to get in touch in any need or emergency. The Aftercare model of SOS children's village in Pune is highly successful as a majority of the youth reported higher attainment in terms of acquiring a decent standard of living.

v. Prayas

Primary Focus

Prayas was established in 1990 as a social work demonstration project of the Centre for Criminology and Justice, Tata Institute of Social Sciences. Their focus is on service delivery, networking, training, research, documentation, and policy change, with respect to the custodial/institutional rights and rehabilitation of socio-economically vulnerable individuals and groups.

Aftercare Theory

Whilst Prayas is not exclusively focused on Aftercare interventions, it is one of the few in the state that focuses on youth and women in conflict with the law. Due to the nature of the beneficiary's situation, legal support forms the basis of many interventions towards creating a dignified life, free from stigma.

Interventions and Impact

As part of their rehabilitation work, they offer hostels and group homes for persons who cannot live with their families, due to adversities, family circumstances or social stigma. Family support and counselling services are provided as are educational opportunities and vocational training. Job creation has a special focus on the welfare sector where trainees are placed in the voluntary sector which provides a protected, supervised and socially conducive environment for the development of social and technical skills necessary for economic and social up-gradation. A stipend is provided to trainees during the placement period (ranging from three months to two years). Legal documents are obtained in order to help a person exert rights as a citizen. He/she is also encouraged to gain access to public systems like nationalised banks, healthcare systems and welfare schemes supporting children in conflict with the law who are about to complete the age of 18 years. They often make efforts to arrange for the course fees and encourage the youth to invest and save their money for future needs.

vi. Kshamata

Primary Focus

Started in 2011, Kshamata came into existence with a vision to have a world free of exploitation, with a special focus on women. Kshamata's mission is empower women and adolescent girls faced with vulnerable and exploitative situations, including those subjected to trafficking, enabling them to become respected, productive and earning citizens.

Aftercare Theory

Kshamata works with the whole range of women in distress – homeless, destitute, and survivors of different kinds of exploitation, especially women trafficked for prostitution or bonded labour – to help them recover their dignity in life and enable satisfactory psychological, social and economic reintegration, by providing on-going care and counselling, life skills education, job readiness, appropriate vocational training and placement, necessary arrangements for accommodation, continued follow-up and support for reintegration in society. These interventions take place through the Kshamata Transformation Center and act as a tool to demonstrate the process of deinstitutionalisation.

Interventions and Impact

Kshamata runs various programmes aimed at multi-level interventions as per the need and stage of life of the vulnerable women it works with. Saksham-meaning skilled, is an intensive residential programme for selected women for 1-3 years as they work towards independent living. Sahayog – meaning cooperation, is an outreach programme working with women living in various shelter homes in and around Mumbai. Swaadheen– meaning independent aims at enabling women to live independently in small group homes with training and support from Kshamata. Samudyam is Kshamata's social enterprise initiative, aimed at providing a sheltered employment approach to selected women, prior to their independent placement.

There are several other promising practices prevalent in Maharashtra and across the country such as Ashiyanna, make a Difference (MAD) Don Bosco, Rainbow Homes, Sanaath Welfare Foundation and Miracle Foundation, providing Aftercare support to their own alumni.

4.4 Objective 4

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

Lack of Data Maintenance and Follow-up Mechanism

The unavailability of data on Aftercare poses a significant challenge in planning effective Aftercare programmes. There is no data available in the public domain on how many children exit or leave the CCIs and Aftercare programmes every year, nor any information on what happens to those who are restored back to their families on turning 18 years, nor is there any follow-up mechanism in place to know their outcomes. As a result, ascertaining the average number of children/youth who exit CCIs in Maharashtra every year upon completing 18 years of age remains a challenge. Efforts made by the field investigators include several rounds to DCPUs and CWCs. However, the manual records maintained were found to be faulty, mismatched or altogether missing in some cases. Currently, maybe there are a few digital record maintenance system, in place but the data is not collated properly and if done, it could address these issues. Interviews with senior govt. functionaries also failed in estimating this number and only a few could venture a guess without any evidence backing their suppositions.

4.5 Objective 5

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

Based on the key findings of this study, recommendations are presented in chapter six of this report in detail.



Chapter 5

Case Studies

“We too are humans. We have our dreams and goals. We should not let anyone stand in the way of the dreams. Just because we are vulnerable does not mean we cannot dream and work to achieve them.”




A Care Leaver from Maharashtra

The present chapter explores five case studies of youth in Maharashtra. Among the respondents, four are youth receiving Aftercare support, while one is a non-receiver. The case studies have been advanced with the help of interviews conducted with the youth, using an indigenously developed qualitative interview schedule by Udayan Care. The tool helped to capture youth's experiences and quality of life along the eight dimensions of the Sphere of Aftercare formed by Udayan Care. The eight dimensions are (i) Independent Living Skills, (ii) Interpersonal Skills and Social Relationships, (iii) Financial Independence and Career, (iv) Physical health, (v) Affordable and Adequate Housing, (vi) Education and Vocational Skills, (vii) Mental and Emotional Wellbeing, and (viii) Identity and Legal Awareness.

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

'Movers' (Moving On), Survivors and Strugglers

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

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

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



5.1 Struggling

5.1.1 Innate Talents Seeking Rightful Avenues

As early as he can recall, Rohan* has been with CCIs. A vague memory of one visit from his father during childhood is his only remaining tether to biological relatives. A youth of twenty and an avid football player, Rohan is working as a Sales Executive. He is presently in an NGO run Aftercare hostel.

Rohan maintained good relationships with his peers in the CCI. He was cautious to behave well and treated his peers as friends. He treated his mentors and carers with respect. He believes that one's behaviour and conduct in CCI and Aftercare reflected the nature of relationships made, stating *"See it depends on an individual's behaviour...I mean to say that the behaviour of the staff was based on the behaviour of the boys"*. Rohan's explanation hints on a stricture in his ability to freely interact in his social relationships, where he always *"behaved well"* and *"avoided conflicts"* in order to accommodate himself within the care setting.

In his Aftercare hostel, Rohan complains about the quality of food and lack of supervision in care services, with youth having to adjust regardless of how bad the food is. He also states that youth are provided some tasks as part of managing their routine life but there is a failure to be guided for the same, which impacts the quality of work. Negligence in the provision of basic services such as food and proper supervision can not only negatively affect the health of youth but also lead them to feel that caring for them is merely an obligation on the part of the Aftercare organisation. The resulting detachment that youth may feel towards the care facility is reiterated by Rohan when he shares that he only looks forward to Sundays, when volunteers visit the youth and help them learn several new things by engaging them in different activities. The lack of genuine interest in the development, growth and well-being of youth by the Aftercare organisation is a critical limitation in its functioning.

“See it depends on an individual's behaviour...I mean to say that the behaviour of the staff was based on the behaviour of the boys.”

Rohan received vocational training in Travel and Tourism, which enabled him to secure a job in the field. He is determined to complete his graduation; however, some challenges present themselves. Rohan works from 10 am to 7 pm, which leaves him with little or no time for further studies or to train in football, his main passion. Rohan's work pressure sometimes becomes unmanageable for him and given the work hours and inability to find time to engage in activities of interest, his present lifestyle may cause an increased risk of burnout. In his words *"See...the (Aftercare) routine life needs to accommodate the individual life of the boys."* Rohan appears to be undergoing much mental stress with respect to his vocation and academics and is not receiving any mental health support and guidance towards resolving his concerns. He is concerned about his ability to achieve his goals. 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, a 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"*. While Aftercare programmes must ensure education and career development for youth towards independence, not aligning their pursuits with their ambitions and passions can have debilitating effects. While encouraging them to become financially

independent, youth must be also involved in the process of building on their respective interests and competencies.

Rohan proposes that the Aftercare hostel could ask the working youth to put forward some contribution towards enabling recreation and fitness services, believing that the youth would consent to contribute. Giving attention to such inputs from the youth is necessary to improve the provision of services. With matters pertaining to their lives, their inputs are valuable and must be heard and considered as appropriate for their welfare.

Rohan experienced differences in his education in his CCI and Aftercare. He shares how in CCI the priority was always education, but in Aftercare the focus gets shifted to work and to earn a living. Rohan finds it challenging to focus on his studies while maintaining his full-time job, where sometimes an exam and urgent office work clash, only to lead to poor performances in both. Thus, he is presently only focusing on his job. His education has taken a back seat, due to his more urgent requirement to be financially secure, signifying a complete lack of financial support for deserving youth to pursue their education while in Aftercare. To expect youth in Aftercare to manage by juggling both a full-time job and their education is unrealistic. Some youth may manage to do so but many may not. A comparison of youth in Aftercare, with their peers in primary care, who in most cases are not expected by their family members to take up a job while studying, makes it clear how the youth are burdened with much higher expectations and an accelerated and compressed pathway to adulthood.

With regards to financial help from the Aftercare hostel, Rohan states that some support is provided to boys who join, but only for a period of six months and if they have no money in hand or as savings. In his CCI, boys were awarded monetary prizes for winning competitions or performing well in sports, and the money was maintained in their individual accounts. Having secured such prizes and maintained them as savings, he was ineligible for the financial support from his Aftercare hostel. He states *"I mean according to them if any boy has 10 to 12 thousand rupees as savings, then they will not get that support and this I did not like at all. It indicates that it's better to come without any savings."* He is discouraged by the way financial support is provided and thinks that Aftercare must provide compulsory monetary support to every boy for the first six months.

Rohan proposes that the Aftercare hostel could ask the working youth to put forward some contribution towards enabling recreation and fitness services, believing that the youth would consent to contribute.

Having been in Alternative Care all his life, Rohan says he has no such personal life beyond Aftercare yet. The lack of opportunities for socialisation and building relationships with members from the community are evident from this statement, which are essential steps towards transitioning CLs into mainstream society.

Rohan's experiences bring to the fore the lack of support that youth in Aftercare experience in multiple domains of their lives. Among the fundamental eight domains of the Sphere of Aftercare, Rohan's experiences indicate a significant lack of inputs in at least six domains, namely higher education and vocational skills, financial independence and career, affordable and adequate housing, mental and emotional well-being, independent living skills, and interpersonal skills and social relationships. When these multiple areas of their development are barely supported, youth are likely to face a cluster of problems.



SURVIVOR

5.2 Surviving

5.2.1 Of Hopes Displaced

Bhuvan* was placed in his CCI at the age of 7, when his father passed away. His mother, who was working to support the family, found it difficult to take care of Bhuvan, his younger brother and his sister. She decided to place Bhuvan and his brother in the CCI, with the hope that this may create a better future for them. 20 years of age and having completed his 10th Grade, Bhuvan is presently working part-time and is in an NGO-run Aftercare hostel.

Bhuvan received some formal Aftercare services, such as vocational training as a Machinist Grinder, which has taught him the skills to operate heavy machines in workshops and operate grinding machines. His interest was to pursue his skills training as a Fitter, but he was not provided the choice. He is presently remorseful because he has come to realize that he would have had greater scope for employment and earning if he had completed his training as a Fitter. He is seeking out apprenticeships prior to securing a full-time job and has also found that apprenticeships for Machinist Grinders are extremely difficult to find. The vocational training, which in itself only enables children and youth to secure minimum-wage jobs, was provided just for the sake of skill provision and not at all aligned with the interests and needs of the children and youth. It is evident that the care institutes had no discussions with the children and youth to involve their inputs in decision making about their future. Further, Bhuvan does not mention anywhere of having received any form of vocational counselling and guidance for the career-related issues that he is deeply concerned about. His situation is an example of many such youth who are clueless about how to steer their career path and as a result, have to settle with basic, sometimes struggling livelihoods.

Bhuvan aspires to work in a company for five years, in order to gain some practical work experience. He hopes to someday open a workshop in partnership with someone. He is interested in creating his own business. The ray of hope in his narrative is cut abruptly short when he shares that he has serious doubts about whether he would actually be able to fulfil his goals. Some reflection about Bhuvan's case can make one acknowledge the perplexities and worries that youth such as him can have, when they are fending for themselves, without any guidance and much awareness on the best possible opportunities for them. In his words "*I experience different*

challenges and opportunities on a daily basis and when I am under so much pressure, I think I will not be able to do it." The term child 'care' institution would be extremely limiting to such contexts where children and youth are deprived of basic psychosocial support and guidance. Qualified and trained professionals who can mentor children and youth are necessary to ensure their holistic development.

Bhuvan maintains good relationships with his family, stating that while he is in contact with them, he has not met them for over six months. His struggles to establish his career and to continue his studies could be leaving him with no time for his family, which can also be debilitating when taking into consideration the lack of emotional support of the family in his day-to-day life. He also adds that he has friends in his Aftercare hostel and maintains good relations with people from his work.



I experience different challenges and opportunities on a daily basis and when I am under so much pressure, I think I will not be able to do it.



Bhuvan is presently working part-time and trying to complete his Grade 12. He is supporting himself from his earnings. He received a sum of 250 rupees per month from his Aftercare hostel for basic individual expenses, for his first six months in Aftercare. Given his interest to complete his education and the costs that would involve, this insignificant sum would not be sufficient for purchasing even basic supplies towards his studies, let alone tuition fees and expenses for books, etc. Bhuvan is finding it very difficult to complete his studies while also working to support himself. He is grateful to his Aftercare hostel for the shelter and food he is provided. Bhuvan's gratitude is appreciated as it appears that his Aftercare hostel does nothing more than providing basic provisions when in actuality they are responsible for taking care of the overall development of youth. At the same time, it is also concerning that youth are not aware of the nature and scope of facilities that Aftercare should be providing them, and as a result, settle for all basic provisions that come their way. This is confirmed by the fact that when asked about his expectations from his CCI or Aftercare organisation, Bhuvan shares that they are good but can do much more to make things better, but he *"does not have much of an idea about what all they could do"*.

Bhuvan shares that he feels anxious about his life upon leaving Aftercare, as he does not have much of an idea about the outside world. He is trying to complete his education and secure a full-time job within his tenure at Aftercare, so that he would be able to manage better on his own. His experiences indicate a lack of support in multiple domains of life. Among the fundamental eight domains of the Sphere of Aftercare that require appropriate support for development, Bhuvan's experiences indicate a significant lack of the same across at least five domains, namely financial independence and career, education and vocational skills, mental and emotional well-being, independent living skills, and identity and legal awareness.

He is trying to complete his education and secure a full-time job within his tenure at Aftercare, so that he would be able to manage better on his own.

5.2.2 The Nobility of Thinking Beyond Oneself

Santosh* came to the CCI at the relatively late age of 17. His mother passed away when he and his sister were very young. His father took to alcoholism and passed away shortly after. Santosh and his sister were then supported by their paternal aunt. While things seemed ideal at first, Santosh discovered that his cousin brother was physically abusing his sister. When his aunt failed to take any action, Santosh, completely helpless, in happenstance learned about the Childline Helpline number from his school. Reaching out, the authorities rescued him and his sister, lodging a police complaint against the perpetrator and placing Santosh and his sister in separate CCIs. He is presently 21 years old and pursuing 1st year of BA, driven to build his career. He is presently in an NGO-run Aftercare facility.

Santosh is very fond of his younger sister, whom he ensures to visit every month. She is completing her education. Santosh worked part-time to save money towards his sister's college fees, with the dream that she completes her education and becomes self-reliant. He clarifies that they do not meet with their aunt or anyone from her family anymore. Santosh shares amicable relations with his peers from his CCI, many of whom have progressed to Aftercare with him. According to him, *"We always try to support each other at the time of any emergency"*, which is indicative of the

We always try to support each other at the time of any emergency.

strong bonds that children and youth in CCI and Aftercare develop with each other. On his relationships with caregivers/ mentors, Santosh reveals that some caregivers were dominating, betraying a sense that the children were a burden to them. They also took to physical abuse when the children made simple mistakes. He does however point out that *"There was one 'didi' in the child guidance clinic who helped us when we were emotionally disturbed. She always listened to us and helped us overcome the difficulties of our past life. I also had a good relationship with one 'dada' who used to visit us frequently."* Santosh's responses are an indication of the availability of mental health services at the CCI level, as well as how receptive children and youth can be when provided with care, love and support, as compared to harsh disciplining by the carers, although the experiences of receiving such genuine care and support were less frequent.

Asked about the basic services at Aftercare, Santosh shared that youth often found insects in their food and were sometimes provided supplies such as soap that have crossed their expiry date. Adverse health issues are consequential of such malpractices. Proper monitoring and evaluation of support services are essential to ensure the health and well-being of children and youth in care. When asked about the relevance of Aftercare services and his expectations, Santosh shares *"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. 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 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. 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.



The critical lack of emotional support in Aftercare is evident from Santosh's statements, where youth, on the one hand, are not made to feel empowered by involving them in decisions pertaining to their life and on the other, are not provided the basic support by which they can feel confident in their abilities. Santosh's expectations are only reasonable and should ideally be part of every Aftercare model, as building CLs agency should underpin the transition to independence.

Santosh appreciated his CCI for facilitating his education, which was significantly delayed prior to coming to the CCI. With the CCI's support, he was able to resume his studies and complete Grade 12. Yet, once in Aftercare, Santosh has felt that he was *"pushed"* to consider vocational training in order to get settled in life within their limited tenure. In his words *"Even if we want or have the talent to study it will never be entertained. Sometimes it was discouraged as it will take a longer time or due to the scarcity of funds"*. The lack of funds and hasty life decisions for Aftercare youth evince a failure of the rehabilitative outlook of the juvenile justice system in the country.

Along with pursuing his BA degree, Santosh is also training to become a nursing assistant. Notably, when asked about how he feels about his current engagements, he asserts that he does not have any feeling as such but rather has no other choice but to do this training to secure a job. This lack of feeling towards his

training could be resultant of being 'pushed' to pursue something that he is not truly passionate about, which may eventually cause demotivation and a lack of direction. A vocation should not be a chore, rather a pursuit that adds meaning to one's life. Santosh's goal is to complete his education and find a suitable job so that he can sustain himself and his sister. Kind-hearted and always thinking beyond himself, he wishes to also help his friends and the boys from his CCI and Aftercare. He explains "*Actually, the boys from CCI and Aftercare do not have a clear idea about what to do after leaving care. They always remain confused and hence they need someone to guide them. I want to become that guiding element in their life.*"

“**Actually, the boys from CCI and Aftercare do not have a clear idea about what to do after leaving care. They always remain confused and hence they need someone to guide them. I want to become that guiding element in their life.**”

Santosh's Aftercare facility provides him food and accommodation. He receives no financial support. With his tenure ending soon, the staff have asked him repeatedly to vacate. He is presently negotiating for more time since he has no other external support. Santosh's case warrants a reflection on the status of withdrawal of Aftercare services, where from his situation, it is evident that situation-specific support rather than age-specific support, would be most feasible, and one that would assure a 'continuum of care' for a smooth transition to independent life.

About relationships beyond CCI and Aftercare, Santosh states that for boys like himself, personal and social life remains limited to people in CCI and Aftercare. He states that "*people outside don't really understand them and that they too don't trust the people outside*". Such a mind-set, perhaps informed by their life experiences and learning, could impede forging positive relationships once youth commence their independent lives. Santosh's explanation suggests that a lack of exposure to the outside world can instil fear and insecurity in developing healthy community relationships during the crucial formative years.

Among the fundamental eight domains in the Sphere of Aftercare, Santosh's experiences indicate a significant lack of intervention in at least four domains, namely higher education and vocational skills, financial independence and career, affordable and adequate housing, and independent living skills. Santosh's resilience has helped him stay afloat and overcome the lack of support in these domains but that may not be the case with many other youth. To what extent he may be able to carry on without support, especially since his Aftercare hostel requires him to leave soon, remains a question.



5.3 Moving On

MOVING ON

5.3.1 Paths Paved by a Love of Learning

At 19, Sarah* is currently pursuing her 12th Grade in Humanities stream, while simultaneously working as a tele calling agent for ICICI bank. After her parents' death at the age of 10, Sarah, her younger brother and sister were taken care of by their maternal grandmother. Unable to manage the responsibility, their grandmother put the children in a CCI. Sarah's brother was unable to remain in the CCI and ran away within 2 years of admission, denoting the deep trauma that children may suffer in separation from primary caregivers. Sarah continues to search for her brother with the hopes of finding him. As for other relatives, she is in contact with her maternal Aunt. Sarah is presently in an NGO-run Aftercare home.

Sarah shared good relationships with her peers in the CCI. She had fun times with the other girls and never faced any issues - *"It was a free environment and we used to help each other"*, sharing similar relations with the care staff. Residing in a room with 15 other girls, there was one carer (House Mother) who remained with them at all times, which reassured Sarah and her peers that there was someone to look after them. The positive impact of the stable presence, support and protection of an adult is clearly echoed here.

Sarah mentioned that she was happy with her CCI. She received quality, timely food. Her love of learning was appreciated, and she was encouraged to hone her singing skills when her talent was discovered. She received professional training in singing and performed in different occasions. Sarah appreciated her CCI for providing children with many opportunities to learn and grow through different courses, expressing fondness for the library facility, the trainings conducted for the children, and the guidance that was available from the carer team. She is grateful for what all of this culminates to, in the form of her higher education, growth and development. Support and guidance of this nature, provided at an age where youth may have uncertainties about their education and career, go a long way in securing a good future for them.

“It was a free environment and we used to help each other.”

Through her CCI, Sarah learned about Aftercare support services. Crediting the Aftercare home for providing her with guidance and support, she explains that whenever the youth face any difficulties, while they are encouraged to solve their problems by themselves, the Aftercare support staff remained constantly present to guide them. Suffering from low blood pressure and weakness, Sarah's living arrangements were taken care of by the Aftercare home. For Sarah, the Aftercare facility felt less like a hostel and more like a home, expressing similarities to the care provided as within a family setting. On expectations from Aftercare organisations, she elucidates how while travelling in local trains she has come across numerous girls and women who need such support. She hopes for Aftercare services to be expanded, with her Aftercare home setting up more group homes to support those in need.

Sarah aspires to become a social worker. Her goal is to be part of an NGO that works to support children with special needs. Her interest in the field stems from a Child Development course in school. One of her educators, who works with an international NGO, has assured her of a job with the NGO upon completion of grade 12. The combination of Sarah's zeal and passion for her studies and career, and the guidance of support systems around her, is sure to contribute to making her future a bright one. Sarah's Aftercare home provides financial support for girls only through the first three months of their joining, following which, they are expected to become financially independent. Given the complexities involved in securing a job today, expecting the youth to find jobs and become financially secure in such a short span of time may not be reasonable. Sarah's interest in education and her ambition to become a social worker could be nurtured through appropriate financial support to pursue a qualifying degree, rather than her having to take up a job as soon she completes her schooling.

Upon leaving Aftercare, Sarah may stay with her maternal Aunt. Having spent much of her life in CCI and Aftercare, Sarah expresses that she does not feel like leaving. She explains *"I want to continue living in the group home only. My life is limited to group homes now"*. The term *"limited"* is perhaps revelatory of the inability to develop and maintain relationships beyond CCI and Aftercare. At another juncture, with respect to her personal life, she shares *"I don't have any such personal life and hence no issues there."* Whilst leaving care later

is associated with Stein's 'Moving On' category, the lack of personal life is not necessarily reassuring and implies that some aspects of the life of the youth in care remain underdeveloped and limited.

While Sarah's experiences have shown stability and continuity overall, her statements indicate a lack of support in at least three of the eight fundamental domains of life in the Sphere of Aftercare; namely, independent living skills, interpersonal skills and social relationships, and a lack of financial support. Hence, while life in CCI and Aftercare have been more comfortable for Sarah, much of the challenges she may have to face may emerge when the time comes to leave her Aftercare Home.

5.3.2 A Leader in the Making

Mehdiya's* mother used to work in an Aftercare home. Her demise brought Mehdiya to the CCI at the age of 10, as she had no other family or relatives. Mehdiya is now 23 years old. A studious and ambitious young woman, she has completed her B. Com and is presently planning to pursue her master's degree. She is employed and self-reliant, and is presently not receiving Aftercare support.

Mehdiya cherished her life in the CCI. She explains *"I had a wonderful life inside the CCI. I never had any issues. The staff were always there to support me."* She appreciated the provisions such as shelter, timely food and education, along with their care. She received proper medical attention from the staff as required. Like guardians, the staff cared for them and always sought their whereabouts. Mehdiya maintained very good relationships with her peers at the CCI. Her leadership qualities were channelised well, with the CCI assigning her roles of responsibility such as looking after the younger children. She contributed to the efforts of the staff in maintaining discipline. She has also entrusted the responsibility of attending parent-teacher meetings in the schools of the younger girls as their guardian, which helped her develop strong bonds with them. On her relationship with the staff at the CCI, Mehdiya says *"I had a wonderful group of staff and they were all good to me."* She appreciated how they always shared knowledge and advise on life as well as encouraged the girls to pursue important vocational skills such as computer operations. She reaffirms *"Because of them only I am what I am now."* Mehdiya's responses denote that the support extended by the CCI covered some of the fundamental aspects of child care, including a stable, loving, nurturing environment, proper healthcare and nutrition, education, guidance, opportunities to identify and develop one's strengths and abilities, and protection against abuse and neglect.

Mehdiya now resides in a working women's hostel, where she is ensured food, shelter, safety and protection. While the standard monthly rent is INR 8,000, she was given the concession to pay half, as she had no other means for support. In return, she helps the hostel in managing their accounts and maintaining their registers during her free time. Mehdiya stresses on the importance of Aftercare for girls like herself who essentially have no place to go upon leaving the CCI. In her view *"within Aftercare, we can give shape to our future by pursuing higher education or by pursuing some job and saving some money."* Her statements enunciate the fact that both CCIs and Aftercare must ensure a continuum of care into mainstream society, and that

“I want to continue living in the group home only. My life is limited to group homes now.”

“I had a wonderful life inside the CCI. I never had any issues. The staff were always there to support me.”

sending them out as soon as they get a job or attain the maximum age permissible to receive care would make their lives vulnerable and difficult. Mehdiya suggests that upon getting a job, youth must be provided with Aftercare support for a minimum of six months so that they can build savings and move out to live independently. Having experienced the difficulties in transitioning to independent life, these suggestions put forward by the youth are extremely valuable when framing decisions and policies on Aftercare.

Having completed her B. Com while in CCI, Mehdiya aspires to pursue higher studies. As the girls in the CCI are encouraged to become independent within a specific age, she had to choose a job over her studies. The CCI staff supported her in obtaining a job by referring her for interviews. Mehdiya has always aspired to do an MBA and she believes that an MBA would contribute to her growth at work. Her ambition is to become a Group Leader at her workplace. She is presently working as Data Entry Operator and her work involves handling insurance-related data of different nations across the world. Her work timings occupy much of her day, from 7.30 am to 5 pm. With her current progress, she feels confident about fulfilling the goals and aspirations of her life. Her hard work and dedication to her studies and career are responsible for her accomplishments, also driving her future ambitions. The impact of her CCI's constant backing, through guidance, educational and vocational support, or simply as a reliable source of emotional strength, places her within the Moving On category.

With a monthly salary of INR 15,000, Mehdiya is financially independent. She explains that because of her independence, she does not have to worry about saving for dependents, as she has observed is the case with her colleagues. She notices that her colleagues who have to take care of their respective family members, are not as happy as her, since they are constantly thinking about saving while she is able to enjoy her life. She mentions *"So I am happy as I only have to take care of myself."* At the same time, she shares that her life has changed from when she lived in the CCI in that she never felt loneliness in the CCI as she always had her peers and the carer staff near her. Independent life however has made her feel alone, such that *"...even if I am ill, no one is there to look after me."* Developing social relationships can be difficult for some children and youth who have lived most of their life in CCIs and Aftercare. Guidance and counselling provided to them prior to leaving for independent life would help them be better prepared to face this facet of life when on their own. It is often taken for granted that forming interpersonal relationships is something that would happen naturally as the youth become part of the larger community. It must however be comprehended that the youth, having been raised within child and youth care contexts, may not know how to navigate their interactions with the outside world. As a biological family would advise their children and youth about relationships and interactions as they grow into adulthood, so must CCIs and Aftercare homes prepare their youth for the world as part of the '*continuum of care*', so that they are equipped to foster meaningful and positive relationships in independent life.

Mehdiya is experiencing challenges with obtaining a passport as she does not have a permanent address to provide as part of the application process. This is a matter of significant concern because apart from being fundamental documents for identity verification and proof, such legal documents are also essential to transact in the world, establish one's livelihood and seek out greater opportunities. Provision of identity documents and legal support to the youth must be included in Aftercare support services. On life beyond care, Mehdiya feels fortunate to have good colleagues at her workplace, who have supported and helped

“Within Aftercare, we can give shape to our future by pursuing higher education or by pursuing some job and saving some money.”

her through difficult times. Their counsel has helped her understand the importance of saving and they introduced her to different ways of money investment such as mutual funds and fixed deposits.

Mehdiya's experiences signify that she is moving on quite well after leaving her CCI. However, her statements indicate a lack of support in at least two of the eight fundamental domains in the Sphere of Aftercare; namely, lack of financial support, and interpersonal skills and social relationships. Markedly, insufficiencies in these two domains have been identified for both receivers and non-receivers of Aftercare. This could indicate the universal nature of challenges experienced by youth and the dire need to improve the current provisions within these two domains.

(* Pseudonyms used to protect the identity of respondents)



Chapter 6

Recommendations for Strengthening Aftercare

“Until or unless every CL is made to feel empowered or stand on their own feet, till then there is need to provide 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?”

Deputy Commissioner

Department of Women and Child Development, Government of Maharashtra

Maharashtra has a rich history of AC discourse and presence of Aftercare initiatives / programmes. These recommendations are based on the literature review, situational analysis, findings and stakeholders' suggestions in Maharashtra, and aim at building on what already exists in the State towards developing a holistic Aftercare system in Maharashtra.

The key focus of these recommendations is that CLs are empowered at their earliest to reduce dependency on external support. The following policy and practice recommendations will enable establishing a robust Aftercare programme in Maharashtra. The study recommends a strong social inclusion of CLs through a participatory approach, understanding and addressing their needs, priorities and aspirations, promoting their voices in mainstreaming them, and allowing for a full "Sphere of Aftercare" to be provided to every CL.

6.1 Recognition of Care Leavers as Vulnerable Youth

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

Recommendations for the WCDD, GoM, in this regard, are as below:

- CLs should be recognised as a disadvantaged section under the Economically Weaker Sections (EWS) category.
- CLs should be considered as a vulnerable category of youth while formulating policy or schemes in the State for youth, for example, State Youth Policy, Schemes on Housing, Education and Health Schemes or scholarship and schemes offering subsidies on loans for education or entrepreneurship.
- State, with a vision of mainstreaming and social integration, should promulgate affirmative action for CLs in all the domains of the Sphere of Aftercare.
- Operationalise and ensure effective implementation and periodic evaluation of 1% reservation policy on education and jobs as per the scheme in the state. The procedural hurdles in accessing the scheme must be removed. The benefit should be extended to all children staying in CCIs by providing every child living in the CCI with an orphan certificate and/or a domicile certificate so that they can avail the benefits under this scheme. There is also a need to popularise the scheme so that more awareness on its benefits are known to stakeholders.

6.2 Effective Implementation of Aftercare Under Various Policies, Laws and Schemes

The key to effective implementation of existing provisions of policy and law on Aftercare is in the WCDD, GoM playing the critical role of a nodal agency to guide inter-ministerial and inter departmental co-ordination. The following steps are recommended in this regard:

6.2.1 Child Care Institution Planning

- Mandatory 'Transition Planning' for all children in CCIs from 14+ years, with the close participation of the child as early as possible in the spirit of UNGACC.

- Ensuring minimum standards of care in Govt. and NGO managed CCIs for childcare and towards smooth transitioning to Aftercare and independent living. For example, nurturing skill building and exposure for children through access to outside facilities goes a long way in building independent living skills.

6.2.2 Accountability

The MSCPS, WCDD, GoM, is best suited to play the role of a nodal department under the continuum of care approach for effectively implementing the provisions of Aftercare in the State. During the study, it was seen that a considerable level of confusion exists amongst stakeholders as to whose responsibility Aftercare is, and most of the duty bearers think that their role ends at 18 years.

- Every CL should be provided with sustained support by WCDD in a dignified manner that respects the freedom and choices of the youth, in all “Spheres of Aftercare”.
- The State Aftercare Guidelines must be (currently being drafted) effectively implemented in a timely manner. The guidelines should specify the rights and responsibilities of CLs and make Aftercare service providers accountable through a robust monitoring and evaluation process.
- Development of a comprehensive system to recognise Aftercare homes in the State run/managed by Aftercare Associations and NGO’s.
- Appoint one dedicated Aftercare officer per district under MSCPS.

6.2.3 Support across all domains of the “Sphere of Aftercare”

- Every CL should be involved in developing their Individual Aftercare Plan. A basket of options for every CL should be created according to the Individual Aftercare Plan of the CL. Local options at the district level offering support across all domains in the Sphere of Aftercare must be created by the district Aftercare Associations.
- Non-residential support should be incentivised across all districts as they seem to offer better outcomes for CLs as per the study and hence scattered site housing must be promoted and strengthened at the district level.
- The existing MSPAA and District Probation and Aftercare Associations should be strengthened and capacitated to understand and provide Aftercare services beyond merely housing provisions, and include all domains of the Sphere of Aftercare to all CLs.
- More Aftercare homes for female CLs must be set up as the current number of one home is not adequate for the State. The current practice of sending them to State Homes for Women (SwadharGrih) is not addressing their specific needs adequately.
- At least 1 **One-Stop Aftercare Outreach Centre** in every district of the State may be set up that is managed by the MSPAA or the District Aftercare Associations to provide a range of local choices to CLs as per the Sphere of Aftercare, including government schemes.
- DLSA in every district to extend services to CLs for assisting them in legal documentation, legal awareness, legal aid, identity documents, domicile certificates and training on the use of Government systems such as “digital lockers”.
- PPP models need to be explored under MSCPS such that corporates are engaged to support CLs through internships, training and employment. Corporate employees must be encouraged to become mentors for individual CLs through employee engagement programmes.
- Civil society participation in mentoring CLs through their journey to independence - Empty nesters’ (parents whose children have grown up and settled) can be identified and trained as mentors as their “key qualification throughout life is to be a parent”.

- All departments of the State Govt. to offer opportunities to CLs to intern with them and offer meaningful employment, wherever suitable.
- A district-wise service providers' listing pertaining to all the domains of the Sphere of Aftercare should be prepared by the DCPU.
- Access to health services, subsidised medical services and health insurance through the Jan Arogya Scheme or PMJAY for all CLs.
- Provide mental health care access to CLs through professional specialised counsellors and peer mentorship programmes as well as continuous support for individual and group counselling therapy. Pre-marriage counselling may be provided since as children most CLs may have not lived in a family and hence are unable to internalise the nuances of family life once mainstreamed.
- Regular, practical training and life skills building, along with workshops on rights, awareness, and sexuality orientation must be undertaken for all CLs by service providers. Modules should be developed by MSDA and practitioner based service providers.
- NGO run models on Aftercare may be accorded recognition by the WCDD.

6.2.4 Aftercare Data Collection and MIS

- Set up a robust MIS and data maintenance system for Aftercare and CLs- real time, reliable, disaggregated data on CLs, and their outcomes should be mandated by the DCPO at the District level and the Member Secretary of the SCPS at the State level.
- Periodic assessment of all services offered under the domains of the Sphere of Aftercare for CLs by MSCPS. Such data may be used as evidence for any policy making of youth in the State.
- Local NGOs, District Aftercare Associations and MSCPS should ensure analysis of data to track outcomes of CLs in relation to all the domains of the Sphere of Aftercare.
- 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.
- Longitudinal data could be deployed to assess the changing situations of CLs.

6.2.5 Post-Aftercare follow up and support

The District Aftercare Associations and Outreach Service Centres must be accessible to CLs in the post Aftercare phase for crisis support for at least two years after exit.

6.3 Sharing, Linkages and Convergence

- Build effective linkages and convergence for Aftercare based on inter-departmental convergence between various government departments such as Social Justice and Empowerment, Central Social Welfare Board (MWCD), housing, youth affairs, higher education, industry, and health in order to provide integrated services across the Sphere of Aftercare. The Department of WCDD, GoM, must be responsible for building this convergence model
- Similarly, Aftercare service providers such as CCIs, NGOs, ACOs, community based agencies and corporates under their CSR, must come together to offer their range of services to CLs, in an integrated manner, guided by the WCDD under MSCPS. Through convergence, efforts should be made to encourage CLs to benefit under the different domains of the Sphere of Aftercare

Other existing schemes and provisions that can be extended to benefit CLs in the State are as follows:

- The Mumbai City Development Plan which has created 170 amenities and innovative ideas to promote marginalised communities can also be utilised by CLs.
- The World Bank's social condition indicators where minimum conditions of inclusion are mentioned for improving housing options.
- Health care benefits under National Health Mission and linkages with professional doctors/hospitals and schemes such as the PMJAY, which CLs can access on his/her own in case of the need.
- 10% reservation in the Maharashtra Housing Development Association (MHDA) can be used to provide free or subsidised housing in group homes for CLs.
- Inclusion of CLs as MSSDS' special target to achieve the goal of 'Skilled Maharashtra, Employable Maharashtra'.

6.4 Training and Capacity Building on Transition Planning and Programming

- Children aged 14+ should receive pre-Aftercare training that channelises their thinking toward safe transitions and independent living. Trainings to be conducted by those with practical experience in child and youth care.
- All CCI staff should be trained in implementing an effective Transition Planning programme, with effective modules in vernacular languages. Modules should focus on developing and implementing robust ICPs for every child ensuring child participation.
- DCPU training to develop, implement and document an individual Aftercare plan for every CL in the state.
- Capacity Building of MAPAA and the District Aftercare Associations and Outreach Centres to implement holistic Aftercare plans successfully.
- Sensitisation of CCIs, CWCs and DCPU of the negative effects of multiple placements on CL outcomes to keep these displacements to a minimum.
- Training of CWC members, inspection committee members and CCI caregivers on what constitutes 'Transition Planning' and how to prepare children towards smooth transitions.
- Regular exchange meetings amongst all stakeholders to share and learn from promising practices and to develop a holistic understanding on Aftercare with all its essential components as specified in the Sphere of Aftercare.
- Ready reckoners on the rights of CLs in vernacular languages for CLs should be prepared and disseminated widely at the district level. Ready reckoners should also be shared with children in CCIs 14+ onwards from CCI as part of the mandatory Transition Planning and programming in all CCIs.

6.5 Increased Investments in Aftercare

While it is noteworthy that the State Government is investing substantially in the Aftercare homes functioning in the State, a dedicated Aftercare Fund at district level that can cater to a holistic programme is required. Once funds are allocated, it is also important to utilise them in the best interest of CLs.

- MSCPS should create a dedicated **Aftercare Fund** at each district under the Children's Funds provided under the MJJR.
- As per the study, almost 65% CLs felt the dire need for an increase in the current allocation of Rs. 2,000 per month per youth under ICPS to an amount of at least Rs. 8,000 per month per youth under ICPS.

- Lack of access to financial resources during care further led CL respondents and key informants to suggest a need based, one-time financial support towards CL independence and mainstreaming, particularly in the domain of housing, upon their entry into independent living.
- The MSCPS may provide additional financial support to young persons in addition to ICPS support through the convergence of various schemes for youth such as departments pertaining to housing, higher education, skills development, sports, youth affairs, social justice, etc.
- Investments to commission further research on areas identified in the study, such as a study to examine the gender gap in the existing Aftercare programme should be supported by the WCDD.

6.6 Collectivizing Care Leavers

- A common echo of all CLs interviewed in this study has been the development of physical spaces and platforms created with support and recognition from the State government and district administrations, where Aftercare youth can form peer networks and mentoring relationships.
- Aftercare Associations can be expanded to include CLs as members. Technologies like MIS, social media, text applications have huge potential to organise CLs into a collective aimed at peer support.
- Groups already existing such as YCLA in Maharashtra (Youth Care Leavers Association) and CLAN (Care Leavers Association and Network) in Delhi, and other existing CL groups can be looked at for setting up similar chapters in the State. Such networks and associations can discuss priorities of CLs and influence stakeholders in reducing and addressing their challenges and vulnerabilities, towards now implementation of law with accountability.

6.7 Research on Aftercare

Investments must also be made to commission further research on areas identified in the study, such as a study to examine the effective implementation of the JJ Act, 2015 and the applicable Rules in the State vis a vis Aftercare. MSCPS should encourage need-based research and documentation on Aftercare at the State level. Additionally, other research issues such as the gender gap in the existing Aftercare programme, outcomes of female CLs and absence of an ability to build social relationships by CLs, could also be studied.

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

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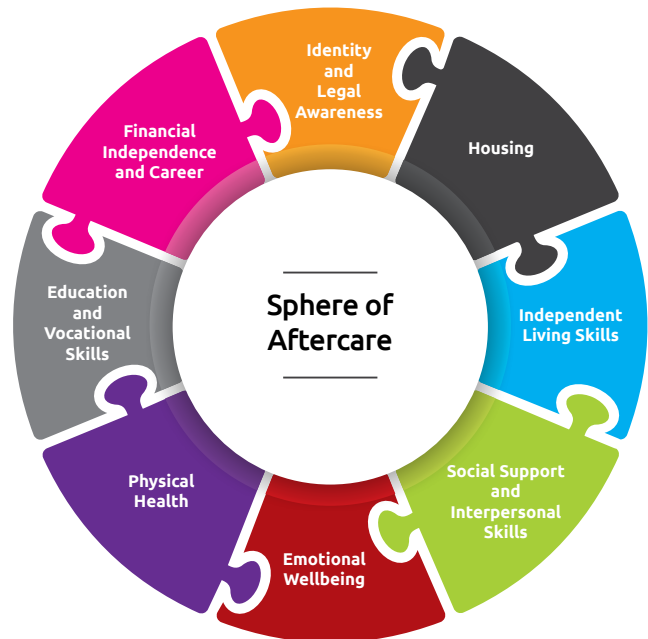
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Annexure-I

The Eight Domains of The Sphere of Aftercare

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

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



- 1. Emotional Well-being (Psycho-social Needs):**
This domain meets Positive Mental Health and Psychosocial Needs of the youth, that require supportive and therapeutic intervention, and includes emotional preparation to leave care, trust, (complex) trauma, anxiety, aggression, attachment issues and sexuality. It also addresses spirituality, generosity, resiliency and empathy for others, as without these, it is difficult to gain a sense of emotional well-being.
- 2. Education and Vocational Skills:** This domain refers to all aspects of a young person's education or skills training, as per one's aspirations, aptitude and interest, which can lead to employment and self-sustenance. It also includes factors that may impede or determine a youth's educational/skills attainment pathways, such as financial access or cognitive impairment.
- 3. Physical Health:** refers to a youth's health, including access to health care services and insurance, and covers a wide range of areas including healthy diet, adequate weight, dental health, personal hygiene and sleep. Physical health is vital for overall well-being.
- 4. Independent Living Skills:** This domain addresses the acquisition of a range of practical life skills such as budgeting, shopping, cooking, cleaning, etc. as well as decision making and planning for the future.
- 5. Social Support and Interpersonal Skills:** These skills, also referred to as social skills or relationship skills: 'soft' skills that enable Care Leavers to engage fruitfully with their birth family, relationships built whilst in care, mentors and others, with the same and opposite gender. Teamwork, negotiation and assertiveness and being part of networks are vital relationship management skills. Guiding CLs through several aspects of life like pre-marital counselling, reflections at different pathways in order to arrive at one's own decisions is also important. It also addresses one's political awareness and need for active citizenship.
- 6. Identity and Legal Awareness:** This domain focuses on the development of the self (agency) of the young person, with attention to factors such as culture, gender, sexuality and future self. It also refers to attainment of all legal papers affirming one's identity as a citizen of their country, along with an understanding of their legal rights and responsibilities.

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

Operational Definitions

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

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

Annexure-II

Indices of Sphere of Aftercare

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

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

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

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

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

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

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

Supporting Youth Leaving Care

A Study of Current Aftercare Practices

■ Delhi ■ Gujarat ■ Karnataka ■ Maharashtra ■ Rajasthan

Collated as a Multi-State Report:

Beyond 18

Leaving Child Care Institutions

2019

