

Mapping Long-term Outcomes of Institutionalization for Children in Need of Care and Protection (CNCP) in India

**Make A Difference, June, 2019 | Sponsored by DXC
Technology**

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Acknowledgements

From the Author:

Firstly, I'd like to thank all of the participants who consented to be respondents in this study, most of whom have previously faced varying forms of stigma and ostracisation wherever others have been aware of their history. Without their participation this research would not have been possible. Despite their own lost hopes and lack of sustained support systems, they braved sharing their personal journeys to contribute for the betterment of coming generations.

I also take this opportunity to thank DXC Technology who sponsored this study. Without their resources and patient support, it would have been impossible to conduct research of a scale and form that to the best of our knowledge has not been accomplished before this.

I also thank the leadership at Make A Difference for this opportunity to lead the research, along with all those who directly and indirectly contributed to this research. The trust and flexibility provided enabled us to make progress regardless of the challenges we faced. In particular, I take this opportunity to extend my gratitude towards Rizwan Tayabali who as CEO of Make A Difference conceived, designed and championed this project, consistently reiterating the importance of data-oriented problem definition and baselining in the pursuit and design of better impact solutions and outcomes.

Lastly, to the research team who worked with me on this project, for enduring the emotional turmoil of listening and responding meaningfully to the often harrowing life stories and challenges of the individuals who talked to us, and for the learning and experience-sharing that transpired throughout.

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Abbreviations Used

ACE	Adverse Childhood Experiences
CCI	Child-care institution
CNCP	Children in need of care and protection
CSA	Child Sexual Abuse
CWC	Child Welfare Committee
ITI	Industrial Training Institute
JJ Act	Juvenile Justice (Care and Protection of Children) Act
PDS	Public Distribution System
POCSO	Protection of Children from Sexual Offences Act

Executive Summary

Introduction to the research

This research mapping the long term outcomes of institutional care on children in India was undertaken by Make A Difference; a non-profit working with children in need of care and protection (CNCP) across 23 cities in India with the long term aim of driving transformative life outcomes on par with middle class for all children in care.

Approximately 35m children are estimated to fall into the CNCP category, with nearly half a million registered in institutional care and potentially half a million more in institutions that are yet to register as per the 2015 amendment to the JJ Act, which is still only slowly percolating into local awareness.

The goal of this research was to challenge or validate the assumptions that underpin existing impact and change focused solutions; to combat the complete dearth of data and lack of meaningful information available in the sector about the longer term effects of institutional care on children in India; and to enable programmes both within and outside of Make A Difference to be designed on the back of benchmarked and trackable outcomes.

High level overview of methodology

In this mixed approach (quantitative-qualitative) study we found and contacted 953 men and women in their 30s, and successfully conducted 583 individual interviews (60% men and 40% women), across 5 cities (Cochin, Delhi, Kolkata, Latur and Mumbai) in India between January 2018 and June 2019. Although we aimed for an even balance, the women we encountered were not always free to share their stories.

We built custom questionnaires and data collection tools built on understanding and assumptions gleaned from more than 10 years of working with children in institutional care, that mapped the lives of previously institutionalized adults chronologically across four different phases:

1. Pre-shelter life: How, when and why they ended up in institutional care
2. Institutionalized life: Life in shelter-care
3. Transitional life: Reintegration back into society
4. Mainstreamed life: Current adult life

One of the biggest challenges we foresaw was the issue of findability bias. We surmised that those that were findable were likely to represent a subset of this demographic that by their very findability are probably doing better than those who have faced the worst of outcomes, and as such any learnings based on their stories might lead to a false complacency around outcomes. Since by definition we could neither find nor interview those that had died or gone missing, we compensated by tracking another set of anecdotal data from each interviewee

about peers who they could confirm have died or been missing since childhood, adolescence, or adulthood.

Outline of the report structure

Following on from a broad 'Introduction' and an 'Overview of the Research Methodology', the report's 'Findings' are structured along the four phases that represent the journey of any child that goes through institutionalisation. The final section of findings cover what we learned about those who were counted as died or gone missing.

Our Findings are followed by a short section with our 'Recommendations' for interventions that we feel are likely to improve longer term outcomes based on the study's findings. A number of these validate the long term, holistic approach already taken by Make A Difference, and others we hope will drive new additions to the impact and programmatic landscape both at Make A Difference and across the sector.

Key Findings

Pre-Institutionalisation

Adverse childhood experiences are a major feature and factor in the entry to institutional care. The majority (71%) had undergone adverse childhood experiences (ACE) ranging from singular or layered experiences of violence (38%) and deprivation (32%), to neglect or lack of attention and appropriate care (24%), fear of their personal safety (12%), and abuse (7%) before being placed in care.

At a broader level, the main drivers of entry to child-care institutions (CCI) were found to be

1. Poverty, with families unable to support their children (36%)
2. Family breakdowns or single parents unable to cope (32%)
3. Children being orphaned or abandoned (20%)
4. Lost or missing children (15%)

Almost half (47%) were placed in institutional care by family. One-third (34%) were placed in CCIs by their own parents, in most cases by a single mother.

A quarter (24%) were found by Police in public spaces as unaccompanied children or as child workers, and placed under guardianship of the State.

Institutionalisation

The majority (84%) entered shelter homes between the ages of 4 and 13. There's nearly a steady inflow of children in the age groups of 4-6yrs (26%), 7-9yrs (31%) and 10-13yrs (27%) in institutional care.

Of those we interviewed, 58% were placed in Non-profit shelters, a third (34%) in Government run shelters and 8% in Religious Trust Institutions.

Most (90%) spent more than 5 years of their life in shelters, with over half (53%) spending more than a decade in institutional care.

During their stay in CCI, 30% reported physical abuse and 10% reported sexual abuse either from shelter staff or senior counterparts. More boys were victims of both physical (38%) and sexual (13%) abuse as compared with girls (physical: 18% and sexual: 6%) but a higher percent (23%) of girls refused to respond on sexual abuse when compared with boys (11%).

Access to education is mandatory and typically ubiquitous for children in shelter homes, but only a minority (25%) progressed past 12th Standard, with 25% not making it further than their 8th Standard, leaving their shelter with no qualifications at all.

The vast majority (97%) were schooled in their regional language (Marathi/Hindi in Mumbai and Latur, Hindi in Delhi, Bengali in Kolkata and Malayalam in Cochin).

Transition to the Real World

For regulatory reasons, all children are mandated to leave shelters on the date they turn 18, regardless of whether they are in the middle of further education and training, or not, although there are occasional instances of continuation based on discretion, favouritism or bias at the shelter authority level.

We found that the majority (55%) left shelter homes with no employable skill or ability to progress with further education, with only a quarter (23%) entering an apprenticeship of some sort.

With food, shelter (housing) and a job being the prime concerns on leaving shelter-care. Identity documents also become very crucial at this point for accessing formal jobs, accommodation and to access Government support for food under the Public Distribution System (PDS). Many reported facing difficulties in creation of these documents during their transitional phase, with only 24% reporting that they have a birth certificate.

Since the recent introduction of Aadhaar card however, along with a Government Resolution (GR) mandating all CCIs to create Aadhaar cards for resident children based on shelter credentials, things have changed and we found that 95% had Aadhaar cards, which we suspect is a huge change relative to the past. This suggests that it is now easier to access formal ID, and is likely that issues arising due to lack of identity documents will become less of an issue in the future as compared with the documentation challenges faced by those leaving shelter-care in earlier times.

Adult Outcomes

A common perception in society regarding children/adults from shelter backgrounds appears to be that they are wrong-doers being placed in shelter care for “correctional” interventions, and therefore avoided or not to be trusted. The stigmas attached run all the way from school

experiences through to work and adult life, and they commonly reported being either perceived as a threat or shown pity by others.

A direct and overwhelming impact of institutionalization has thus been the stereotyping/stigmatization across all spheres of their lives, with 75% reporting negative stereotyping or victimisation, and 25% choosing not to respond on any of their societal experiences either out of anger or fear. However, many realized only in hindsight that they were being discriminated against in school and even in institutional care by authority figures and others alike. But they largely reported taking it in their stride as children, making friends with others in their shelter, unaware of what lay beyond shelter and school walls.

Poor or incomplete educational outcomes and a lack of monetizable skills results in their earning potential being adversely impacted. The majority (60%) earned less than Rs.15,000 a month with 34% earning less than Rs.10,000 a month.

Low income levels, limited networks, and negative stigmas around their shelter background also pose significant issues with accessing stable housing:

- Only 26% live in owned property of some sort
- Majority (62%) live in slums
- 12% (all women) live in women's shelters or old-age home which means they have never been reintegrated back into society
- 4% are homeless (working in the day-time and sleeping in night shelters, or their place of work, from shops to food-stalls, hospital morgues, roofs, on railway stations, bus depots, street crossings and other such dwellings)

Contrary to expectation, we found that many respondents on looking back saw their childhoods, even in institutional care, as a more carefree time with at least regular if not great quality food available and a place to sleep, rather than a time of strife and long term trauma. This is mostly a function of their struggles post leaving shelters, which they were not equipped or ready for, with neither the emotional or functional readiness required to cope. From dreams of earning more which didn't happen, to being used to having food but struggling after, to now having children and being able to better understand and appreciate the system, many showed an appreciation for their time in shelters and more than a few would choose to return to their old shelter life if given the option.

Thus when evaluating in retrospect, unexpectedly and in contrary to general assumption, the majority (72%) of respondents reported liking their shelter life when compared with their current life. This should not however be taken so much as a validation of institutionalisation, but as an indicator that the system is not only failing to equip children to survive outside institutions, but also that the system is pushing children into the real world long before they are ready for it. Both factors have significant implications for intervention design and timeframes.

Lost Generation Outcomes

One of our biggest challenges with this research lay in shedding light on life critical outcomes, which we suspected would be likely given the failure of the system to adequately equip young shelter leavers combined with the legacies that institutionalisation leaves behind in terms of dependency and trust. We were worried about early mortality or disappearances, potentially from trafficking or other forms of indentured labour and slavery, and the results suggest that these fears were not unfounded.

For every 3 adults interviewed, at least 1 of their shelter peers was reported to have died or gone missing, with the vast majority (93%) under the age of 35, and 46% lost within 10 years of leaving institutional care. From those we recorded as lost, the vast majority (76%) were reported to have died, with 24% gone missing.

The majority of deaths could be considered preventable, as the top reasons for early mortality were found to be treatable illnesses like Tuberculosis and fever (24%), and suicide most commonly due to depressions or relationship failures (20%), followed by accidents (10%) and alcohol or drug addictions (6%).

While the lack of any long term tracking mechanism from State or institutions means that there is no way to establish the actual percentage that have died or gone missing relative to those who have been institutionalised over the years, it is telling that this ratio of even anecdotal reporting would be unheard of amongst the middle class, where few would be able to list the names of classmates or friends that have died under the age of 35, and almost certainly none that have gone missing.

Impact Recommendations

Our Top 5 recommendations for organisations in the sector, and policy as a whole, are as follows:

1. There is a need for better and longer term educational support both in the form of academic support as well as financing, along with earlier awareness of the value and pathways in educational and earning progression.
2. There is also a need for a greater focus on readiness for transition into the real world, ranging from finance and housing, to monetizable education or skill-sets and support with getting and settling into stable jobs.
3. More focus should be placed on helping children be prepared to deal with and overcome stigmas, both interactionally as well as emotionally so that they create and maintain a healthy view of themselves and relationships with others.
4. Longer-term interventions during childhood to enable expression and coping with adverse childhood experiences need to be introduced as part of institutional care, with an added focus on countering the behavioural and emotional effects of institutionalisation.

5. Shelter-care and care guidelines need to be re-evaluated beyond simply survival and infrastructure, and designed and implemented keeping the child's needs and their future as central foundations of care.

Given the range of complexities and challenges we recorded from our interviewees, we would argue that no single one of these is likely to be enough by itself.

Our learnings thus validate the holistic, long-term and systemic approach taken by Make A Difference in the design and implementation of their impact solution, and we hope that more organisations working with children in need of care and protection recognise the need to follow a similar route. Not just individually, but in connection and tandem with each other, if they are to impact the true scale of need.

Introduction to the Research

This research to map the long term outcomes of institutional care on children in India was undertaken by Make A Difference; a non-profit working with children in need of care and protection (CNCP) across 23 cities in India, with the long term aim of driving transformative life outcomes on par with middle class for all children in care.

The goal of this research was to challenge or validate the assumptions that underpin existing impact and change focused solutions; to combat the complete dearth of data and lack of meaningful information available in the sector about the longer term effects of institutional care on children in India; and to enable programmes both within and outside of Make A Difference to be designed on the back of benchmarked and trackable outcomes.

Children constitute 40% of India's population, according to the 2011 Census, of which 35 million are estimated to be in need of care and protection. Risk factors such as poverty, violence, abuse, abandonment, homelessness, natural calamities, armed conflict and adverse health conditions result in the high vulnerability of children across India.

India does however have a large and complex care system, the structure and focus of which is set out by the Juvenile Justice (Care and Protection of Children) Act (JJ Act), where for the child's protection, they may be placed under institutional care "*as a last resort*". This alternative care system of placing children in Child-Care Institutions (CCI) to solve the challenge of critical risk, is often a risk in itself. It shifts them physically, mentally and emotionally into a disparate and often marginalised world until they turn 18, where they face a dislocation once again, when as part of reintegration back into society, they are confronted with a world they barely know.

Much of their life within the confines of institutions and later as adults in mainstream society is mired by secrecy that is driven by a combination of real and perceived stigma and marginalisation. As children, the system impells this secrecy upon them and as adults their learned behaviors keep it lingering, making it difficult to draw out open and honest accounts for fear of reprisal, abandonment or let down.

In parallel with the care system set up by the JJ Act, there is a significantly larger humanitarian system of non-governmental child care institutions in the form of shelters or hostels that play the same role, albeit typically on application, request or local outreach and which until 2015 were not required to be registered or bound by the same regulations and oversight as Governmental institutions. A 2015 amendment has changed that, and all shelters are now mandated to register with the Child Welfare Committee (CWC), but this is still a work in progress, and Make A Difference's 2018 shelter survey estimates that thousands more non-governmental shelters are yet to even hear of this amendment, let alone complete their registrations due to poor resourcing at a local government and district level.

Some global research suggests that we should expect longer term outcomes related to attachment issues, delayed development and increases in future risk for institutionalized children, but within the Indian context, a void exists in the “body of knowledge” on children in Child Care Institutions and their longer term life outcomes. Apart from a few news articles on maltreatment of children in certain CCIs, much of their reality remains unknown and under-represented. This research and the work done to capture the personal life stories of those that grew up in institutions over the past few decades aims to change this.

Research Methodology

In this mixed approach (quantitative and qualitative) study mapping longer term adult outcomes for individuals that spent part or most of their childhoods in child care institutions, we focused primarily on individuals in their 30s as we felt this would be the minimum age of stabilised adult outcomes, where institutional experiences were still within a timeframe relevant to current practices. Challenges with finding people who had left shelter homes more than a decade ago, in a systemic environment that doesn't keep track of children post 18, meant that we had to make some adjustments to the age range for practicality. We eventually reduced the lower limit to 28, still giving us a minimum of 10 years of life experience post shelter exit, but the majority of respondents were in their 30s.

The research was conducted over a period of 18 months, over which we successfully conducted 583 individual interviews (60% men and 40% women), across five Tier-1 and Tier-2 cities (Mumbai, Delhi, Kolkata, Latur and Cochin) in four States (Maharashtra, Delhi and NCR, West Bengal and Kerala) between January 2018 and June 2019. Although we aimed for an even balance, the women we encountered were not always free to share their stories, particularly where their husbands or families maintained control.

We created custom questionnaires and data collection tools built on understanding and assumptions gleaned from Make A Difference's decade of working with children in institutional care. Our approach was designed to map the lives of previously institutionalized adults chronologically across four different phases:

1. Pre-shelter life: How, when and why they ended up in institutional care
2. Institutionalized life: Life in shelter-care
3. Transitional life: Reintegration back into society
4. Mainstreamed life: Current adult life

We also added a 5th component to try and counter the findability-bias and help map and understand the outcomes of those who might have died or gone missing.

Research Objectives

Since there doesn't appear to be any existing body of research or information available on the longer term outcomes of children in institutional care in India, our goal was to build a data oriented understanding of the longer term impacts of institutionalization on adult outcomes.

The primary objectives of the field research were to

1. Map life journeys of individuals previously institutionalized as children, and quantify their life outcomes in terms of living conditions, economic status, mental and emotional health, work and family life;

2. Challenge or validate the assumptions that underpin existing impact and change focused solutions;
3. Combat the complete dearth of data and lack of meaningful information available in the sector about the longer term effects of institutional care on children in India; and finally
4. Enable programmes both within and outside of Make A Difference to be designed on the back of benchmarked and trackable outcomes.

Sampling techniques

One of the biggest challenges we faced lay in tracing and finding people that had left shelter homes more than 10 years ago, not only in an environment with no follow up data to track down individuals, but also from a time where they would have exited with no traceable technology like phone numbers or email addresses, and with any available institutional data protected from access by strict child privacy laws. This was compounded by the challenge that many of those we found were unwilling to share their histories for a host of understandable reasons. On average, for every 3 potential respondents we found, fewer than 2 were willing to contribute for a host of understandable reasons (explored further at the end of this section), meaning that we had to find almost a thousand people to meet our original target of 500 respondents.

Given the size and spread of India, we were nervous of generalising from very localised samples and wanted to understand if there were any significant geographical variations in outcomes, so we spread our focus across both tier 1 and tier 2 cities.

In the end it came down to leg work and word of mouth connections, and we used a methodology of purposive sampling with snowballing, which is a non-probability sampling technique used when research has specific characteristics to fulfill its objective, as in our case. For additional reference, snowballing is when a group of people (in this case the first participants and leaders within their groups) recommends potential participants for a study or directly recruits them for the study (in this case, the few cases where an ex-child still maintained their connection with peers). Those participants then recommended additional participants, and so on, thus building up like a snowball rolling down a hill. We eventually traced 953 individuals over a period of 18 months, and successfully interviewed 583 across 5 cities of Mumbai, Delhi, Kolkata, Latur and Cochin.

While identifying such individuals was challenging in itself, another challenge was to establish a meaningful rapport towards an open and honest sharing, compounded by the fact that this demographic has a history of being let down and being taken advantage of, and is understandably mistrustful of others. We selected interviewers specifically for their ability to demonstrate empathy and bridge relational and communication gaps, but it still typically took multiple interactions to build rapport, and gain agreement for full and meaningful participation.

One of the biggest challenges we foresaw was the issue of findability bias. We surmised that those that were findable were likely to represent a subset of this demographic who by their

very findability are probably doing better than those who have faced the worst of outcomes, and as such any learnings based on their stories might lead to a false complacency around outcomes. Since by definition we could neither find nor interview those that had died or gone missing, we compensated by capturing another set of anecdotal data from each interviewee about peers who they could confirm have died or been missing since childhood, adolescence, or adulthood. These have been provided separately to highlight additional factors that system designers should be compensating for, even if there was no meaningful way for us to establish the actual percentage of children that experience these outcomes with the resources available to us.

Data Collection and Data Analysis

The research employed a mixed approach for data collection, covering both qualitative and quantitative data. Given that we were starting with little experience of or interaction with adults who had grown up in institutional care, we initially focused strongly on qualitative interviews to build up a better picture of the kind of questions we should be asking, and the kind of data we should be capturing.

We captured detailed open-ended verbal histories of the first participants, building and refining our questionnaires and data tools until we were confident to move on to a more interview and data oriented survey approach. We audio recorded these interviews with permission and then transcribed each one for qualitative analysis. For the remaining, we used a codified survey to capture the data we needed. Given the private nature of life histories, and that we had neither the avenues nor the resources to cross-verify beyond observational validation, the data captured was all self reported and taken on trust.

Confidentiality of all respondents has been maintained throughout the entire course of the project with all names and identities protected even in data storage, and all participants were made aware of what we were doing and why we were interviewing them. Where there was a good case for covering their costs, a stipend was offered for their time, which we felt was only fair, considering that they were often going out of their way to accommodate us.

For analysis, quantitative and qualitative data sets were considered separately. Manual thematic coding and Atlas.ti were used for qualitative data analysis, and STATA and SPSS tools were deployed for quantitative data analysis.

Demographic Spread

60% (349) of the 583 adults interviewed were men and 40% (234) women. The majority (90%) of respondents were all 28 years and above in age and had spent at least a year in child-care institutions (CCIs) with more than 90% having spent 5 or more years in institutional care. Nearly three quarters were from marginalised castes or unaware of their social background, with religious distribution reasonably close to general societal distribution with approximately 70% Hindu, 23% Muslim and the rest others. Their detailed socio-demographic information on age, gender, religion and social group is outlined in the Appendices.

No response analysis

Overall in order to meet our research target of at least 500 respondents, we found and contacted 953 individuals, of which 370 (39%) declined to participate in this study. In other words, nearly half of those we found weren't comfortable with sharing their data, and the reasons for this were found to be complex and a source of learning in themselves.

Aside from those who declined as they saw no visible gains or benefit to themselves, the main reasons we identified for declining were as follows:

- Risk of adverse impact on daily living as spending time on interviews would cause a loss of pay or problems at work for some individuals
- Risk of losing accommodation as individuals feared that neighbors and/or owners would come to know about their shelter background which they have not shared
- Risk of victimisation or negative stereotyping in their neighbourhood or workplace as individuals have learned to hide their shelter identity for avoiding being discriminated against
- Do not want to risk being identified or located by the institutions they grew up in, especially in the case of married women, as in-laws and husband do not permit them to have connections with anyone from shelters. Likewise, those who ran away from shelters want to keep a distance and not identify themselves.
- Some had already been interviewed multiple times in the past as other researchers have approached them since childhood and they were tired of the intrusion.
- Inferiority complexes and fears of being judged badly compared with interviewers and society in general when questioned about their life.

Findings Part 1: Pre-Institutionalisation

This section describes the lives of children before they were sent into institutional care, and covers the following

1. The nature and prevalence of adverse childhood experiences
2. Memories and experiences with their biological family or relatives,
3. Core drivers behind admission to institutional care, and
4. Age they were admitted to institutional care.

1.1 Adverse Childhood Experiences (ACE)

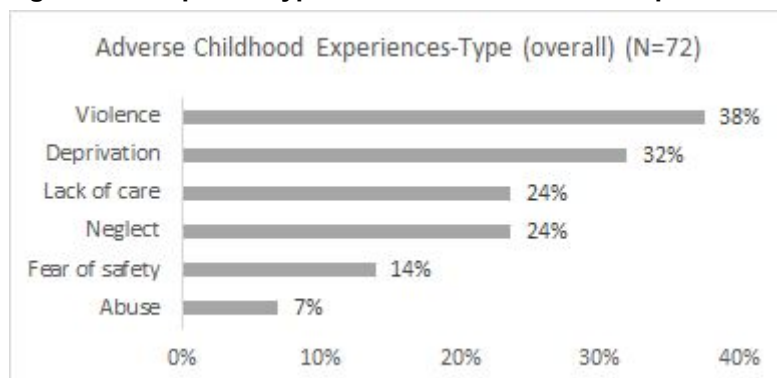
Most of the respondents did not want to think of their past lives and specifically about their pre-shelter lives. This phase of their life was marked with adverse childhood experiences (ACE), which many of them have not been able to reconcile with even today.

Figure 1.1: Respondents faced with adverse childhood experiences (Overall)



Of those who faced multiple adverse experiences early in their childhood, violence (38%) and deprivation (32%) were reported the highest, neglect by parents and their lack of care and attention experienced by 24% each. 14% faced significant fears for their safety and 7% had experienced abuse. 38% children faced multiple of these ACE.

Figure 1.2: Reported types of adverse childhood experiences by respondents (Overall)



1.2 Memories of Childhood Adversity

We found that children were most often separated from parents or institutionalised because of poverty and not because parents were incapable or disinterested in caring for them. Many have shared about how they lived on the streets or had seen their parents trying to make ends meet echoing, *"Things at home were very poor and there were no good schools near my home. That's how I was admitted to shelter."*

At times, separation from parents/family was seen as a necessity for survival or means of accessing services. Another respondent reminisces, *"We lived on the streets. My sister got abducted while we were sleeping on the road. Later, we found her in a hospital with her eyes and kidneys removed. She died. Our family went after the case for some time but nothing came out of it. This led my father to substance abuse and violent behaviour. In order to save me, my mother admitted me to shelter home."* In multiple accounts, respondents have shared that the *"shelters provided food and a safe place to live in compared to their living conditions with biological family before being placed in shelter-homes."*

Parents or relatives look to have children placed in shelters with a concept of "educational hostel" in mind, in the hope of a better education and thus a better life than theirs when they grow-up. *"I was admitted here (shelter-home) so as to get a good education."*

We found that children under kinship care are more discriminated against, punished more and receive less schooling than biological children. A respondent recalls *"My aunt was very abusive. She was the breadwinner of that family. She didn't send me to school while her children went to school. I was kept as a servant. I wasn't fed well and was punished severely."*

It was also noted that grandparents treat them better but old age and no power of decision-making becomes a detriment for the children. *"My parents died when I was small. I lived with my grand-parents. I was admitted to shelter when I was 10 years old. My grand-mother (mother's mother) loved me a lot. But there were many fights in the house because of my uncle and his children. So I was sent to shelter home despite my grand-mother's refusal."*

Abused children, runaways, orphans, abandoned, missing and lost children are typically rescued by police. Many run away from their homes because they simply can't take it anymore. *"I don't remember seeing my mother. My father was a hard-core alcoholic and beat me up regularly. I got fed up and came to Mumbai. Police caught me when I was selling drugs and brought me to the shelter home. They traced my family but my father did not want to take me back. So, through a formal procedure, my case went to court and I was admitted to shelter."*

Some respondents continue to be filled with the dejection or anger of not knowing anything of their family. As many have shared, *"I don't remember anything. I don't even know why I was admitted to the shelter. I was so small; I couldn't even speak at that time."*

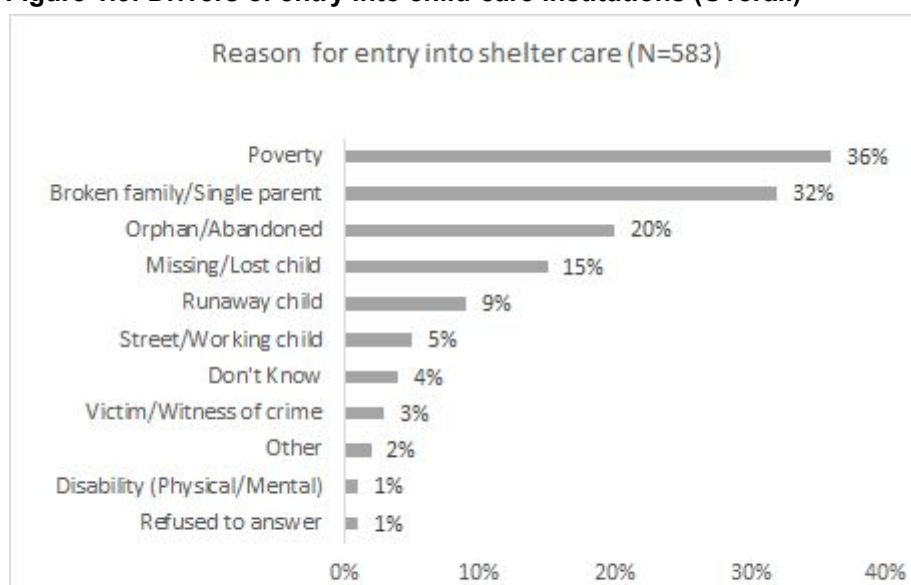
1.3 Drivers of Entry to Child-Care Institutions

There are multiple and overlapping causes of institutionalization. When asked about their reason for placement in shelter-care, the following were identified as the top 3 entry routes:

1. Poverty (36%)
2. Broken family/ Single Parent (32%)
3. Orphan/ Abandoned (20%)

4% of respondents did not know why they were placed in shelter-care and 1% refused to disclose the reason for their entry into shelter-care.

Figure 1.3: Drivers of entry into child-care institutions (Overall)



While poverty and broken families remain the primary drivers for both boys and girls, girls were more likely to be placed in CCIs due to poverty (42% vs 31%). Boys were more likely to be found missing or lost (19% vs 9%), while girls were more likely to be found abandoned (27% vs 15%). Boys were also significantly more likely to run away than girls (13% vs 2%), who were twice as likely to be found working as child labour (7% vs 3%).

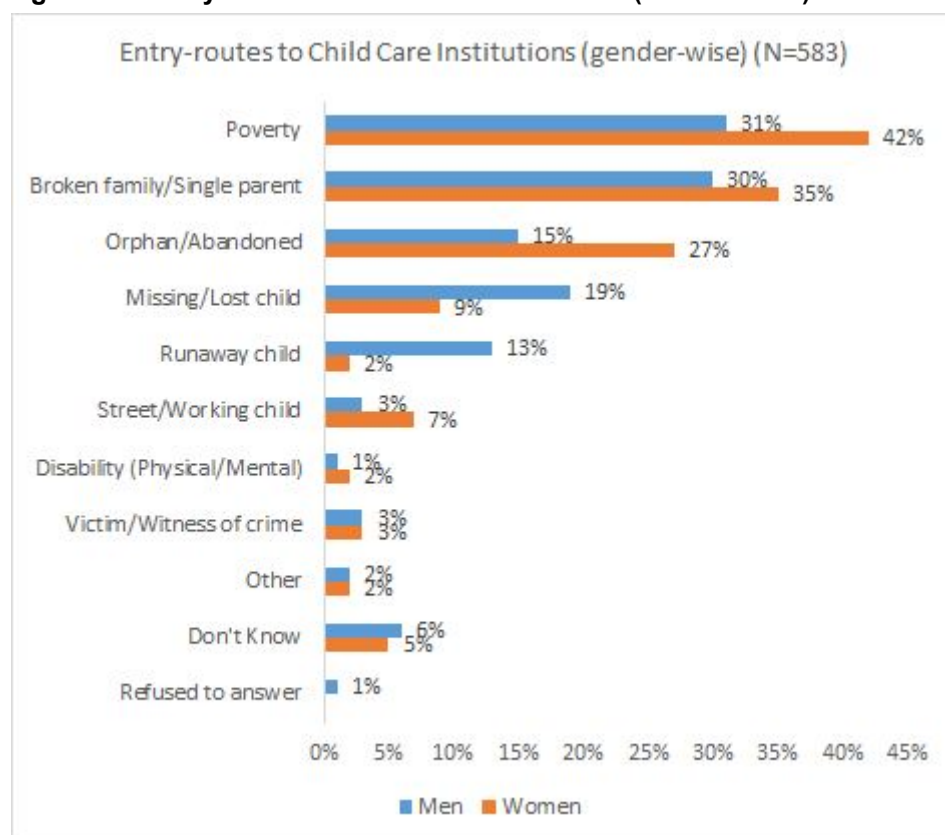
Top 3 reasons for boys being placed in child-care institutions were:

1. Poverty (31%)
2. Broken family/ Single Parent (30%)
3. Missing/ Lost child (19%)

Top 3 reasons for girls being placed child-care institutions were:

1. Poverty (42%)
2. Broken family/ Single Parent (35%)
3. Orphan/ Abandoned (27%)

Figure 1.4: Entry-routes to child-care institutions (Gender-wise)

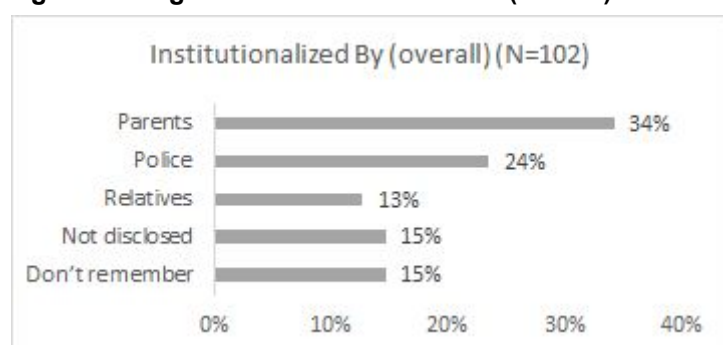


1.4 Routes of Entry to CCIs

It was found that the majority (47%) children were placed in institutional care by family, most by parents (34%) and 13% by relatives. Police typically find unaccompanied children in public spaces and from there they are placed under the guardianship of the CWC, placed in temporary shelters while their families are traced, and only if no-one is found or they cannot be safely repatriated, are they placed in institutional care.

15% would not disclose who placed them in shelters and an equal number don't remember how they were placed there.

Figure 1.5: Agent of Institutionalization (overall)

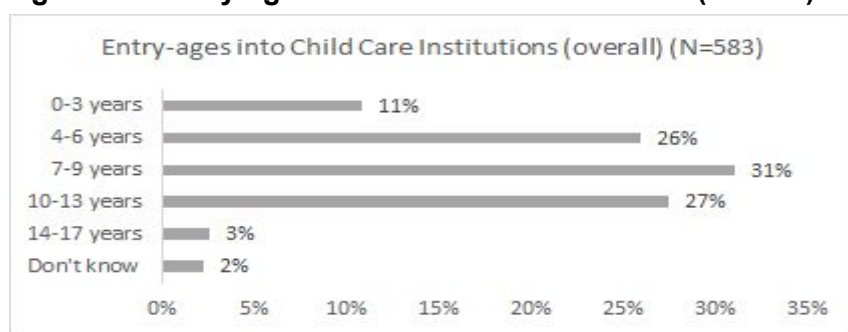


1.5 Ages of Entry into Child-Care Institutions

The JJ Act's age categorization for placement of CNCP in CCIs is 0-6 years, 6-12 years and 12-18 years. However we felt this was not granular enough, so we have broken the numbers down further in brackets of 3 rather than 6 years to provide a better picture,

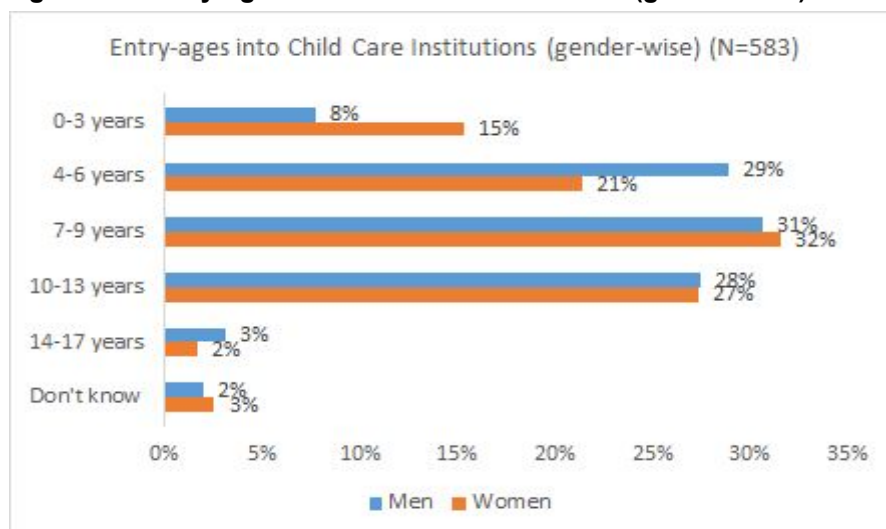
The majority of respondents (84%) were placed in CCIs between the ages of 4 and 13 years, with 26% aged 4-6yrs, 31% aged 7-9yrs and 27% aged 10-13yrs in an almost steady inflow across those age groups. Only 11% of children were placed in CCIs below 3 years of age, and rarely (3%) from age 14 onwards. This is potentially because mandatory schooling ends at this age, and children are legally allowed to work in non-hazardous jobs from the age of 14 in India.

Figure 1.6: Entry-ages into child-care institutions (Overall)



More girls have been admitted at a very young age, right from birth to 3 years (15%) when compared with boys of the same age (8%). Cultural challenges around the importance of the girl-child relative to boys might be a causal factor in this. However more boys (29% vs 21%) in age group 4-6 years were found to be admitted to CCIs, potentially due to being harder to look after and because as girls grow older, they are often made to help with the household chores and look after younger siblings.

Figure 1.7: Entry-ages into child-care institutions (gender-wise)



Findings Part 2: Institutionalization

Upon admission to shelter-homes, children are faced with a completely different environment than the one they knew up until now minus their own parents or relatives. Everyone is unknown and they have to live a regimented life. Their initial days in shelter-homes are marked by confusion, apprehension, loneliness, longing to be with the family they know and lots of adjustments. This is very much evident when our respondents share in hind-sight, *“initially I was sad”, “when I was small, I hated to stay away from home”, “we had no one to reach out to”* and *“initially for 10-15 days I couldn’t adjust in the shelter. I was scared. Then I got used to it.”* Most of our respondents thought of their shelter-life as *“living in jail”*, but these life experiences were most openly talked about by the respondents and at length.

This section explores the lives of children in institutional care, and covers the following

1. Nature of Institutionalisation
 - 1.1. Distribution across the different types of institution
 - 1.2. Duration of time spent in child-care institutions
 - 1.3. Transfers between institutions
2. Quality of Life In Institutions
 - 2.1. Care and Treatment, from personal care to medical care and nutrition
 - 2.2. Incidence and prevalence of Physical and Sexual Abuse
 - 2.3. Levels of Education attained
 - 2.4. Training received
 - 2.5. Emotional legacy and how they view their institutionalisation in retrospect

2.1 Nature of Institutionalisation

2.1.1 Distribution across Types of Child-Care Institution (CCI)

Different types of child-care institutions exist to look after children in need of care and protection. Historically, shelter homes were registered and monitored under the Ministry of Social Justice and Empowerment. Trusts and NGOs could register shelter homes under its ambit. Later in 2006, with the formation of Ministry of Women and Child Development, a shift was made, and since a 2015 amendment to the JJ Act, all shelter homes for CNCP are required to be registered with Child Welfare Committee (CWC).

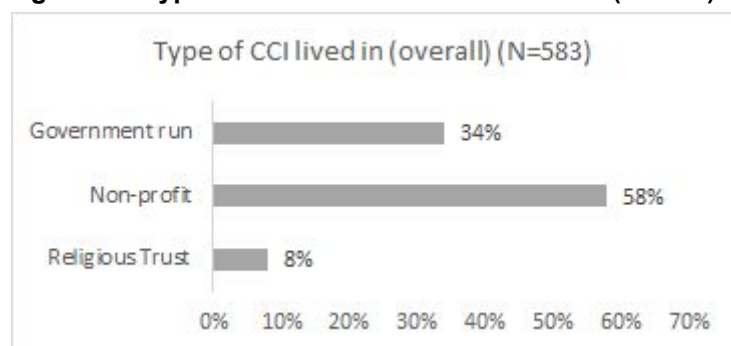
There are three main types of child care institutions:

1. Government CCIs - Established and run by Government. Only children that go through the CWC are placed here. Within these is a sub category called ‘Semi Government’, where the Private/Nonprofit CCIs work in partnership with the Government and where children may come through the CWC or directly through application or outreach.
2. Non-profit CCIs - Established as Charitable Trusts or non-profit organizations where children come through direct application by family or outreach.

3. Religious Trust CCIs - Faith based Charitable Trusts where children come through direct application by family or outreach.

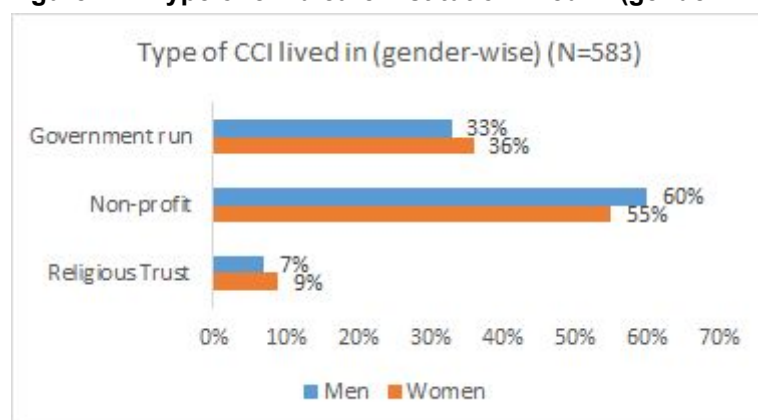
Most of our respondents (58%) were found to have been placed in Non-profits. 34% were placed in Government CCIs and 8% were placed in Religious Trusts which were mostly Christian and Muslim based.

Figure 2.1: Type of child care institution lived in (overall)



Overall there was a fairly even gender distribution across shelter types, with slightly higher number of girls were placed in Government CCIs (36% vs 33%) and Religious Trusts (9% vs 7%), and boys were slightly more likely to be placed in Non-profit shelters (60% vs 55%).

Figure 2.2: Type of child care institution lived in (gender-wise)

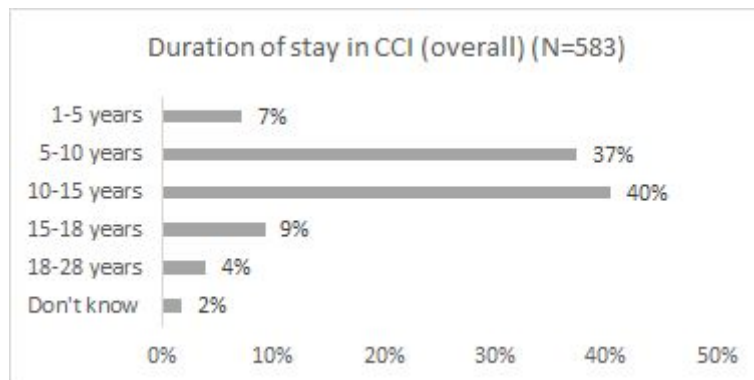


2.1.2 Duration of stay in CCIs

We found that in the vast majority of cases (90%), respondents had spent more than 5 years of their life in institutional care, with more than half (53%) of respondents having spent more than a decade in institutional care.

Favouritism was a generally accepted reality of shelter life, and compliance with staff authorities majorly contributed to whether or not children might be able to gain extensions to their stay post 18. Some were granted extensions to complete ongoing courses or schooling. Others were kept on as helper-staff cleaning dormitories and offices, or for kitchen-work and managing children. As a result of these extensions, a small number (4%) of respondents had lived in institutional care for more than 18 years.

Figure 2.3: Duration of stay in child-care institutions (overall)



2.1.3 Transfers within CCIs

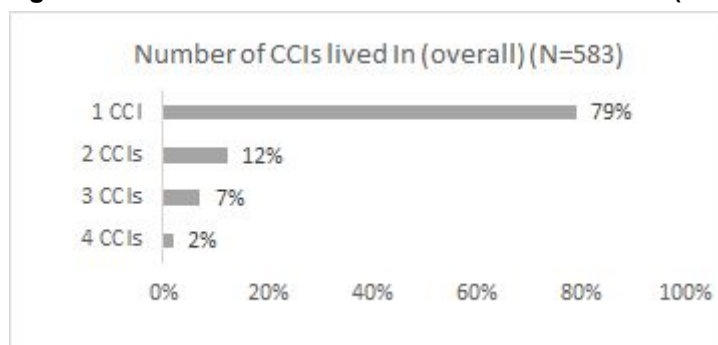
Most (79%) respondents experienced no transfers and lived in one shelter for the entire duration of care. 12% have lived in 2 shelters, 7% in 3 shelters and 2% of respondents have lived in 4 shelters which is also the maximum number of shelters lived in.

Transfer from one CCI to another was made for any of the following reasons:

- Age
- Change in policy of the CCI
- Unruly or non-compliant behaviour
- Level of Interest in education

One respondent shares the reason of his transfer, *“I was first admitted at the age of 5 years. Later I was shifted to another shelter-home at the age of 10 years because I was very difficult to handle. I had anger issues. I stayed there till I turned 15 and completed Class 10. The shelter authority discouraged me from pursuing Class 11 as he couldn’t handle my tantrums anymore.”*

Figure 2.4: Number of child-care institutions lived in (overall)



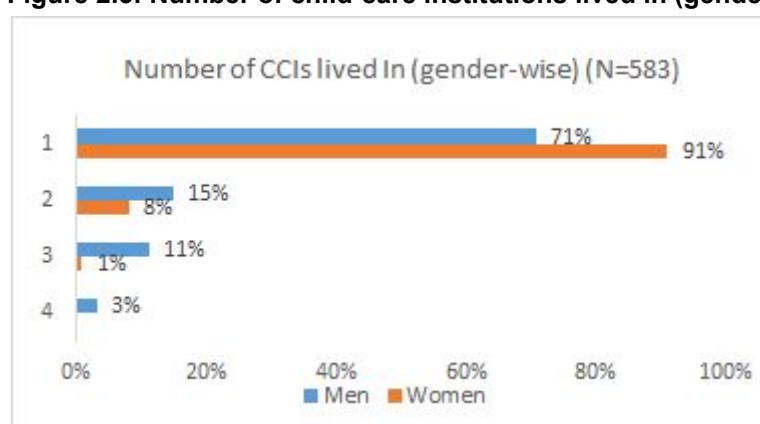
In the case of nonprofit shelters, a number of our respondents from Delhi in particular shared that shelter staff often came looking for children to be admitted into shelter-homes through persistent outreach; visiting and convincing parents. Later, these same children were unexpectedly asked to leave before 18 for reasons that the shelter changed their policy of working for poor neighbourhoods to working for the physically/mentally challenged or that

shelter started working on rehabilitation of drug-addicts. There was no option of shelter-transfer available for them.

Transfers are difficult and dislocating for children. One of our respondents talks about his shelter-transfer, *“when I got selection into another shelter for sports training, I had to leave my friends. That was emotionally draining.”*

The shelter-transfer rate for boys (29% vs 9%) was significantly higher than that for girls, the vast majority (91%) of which remained in the same shelter all the way through. As per the JJ Act, girls and boys are allowed to live together in the same shelter only until the age of 6. Post that, a strict separation of shelter-homes for boys and girls is maintained, with boys typically being moved to different shelters and girls continuing to live in their existing shelter.

Figure 2.5: Number of child-care institutions lived in (gender-wise)



2.2 Quality of Life In Institutions

The JJ Act, 2015 states the purpose of children’s homes as *“for the placement of children in need of care and protection for their care, treatment, education, training, development and rehabilitation.”*

2.2.1 Care and Treatment

2.2.1.1 General care

Some shelter authorities and care-takers exhibited strong uncaring behaviours, or alternatively implemented well meaning but emotionally damaging practices which left a deep impact on children. As a result, the coping mechanisms developed by children ranged from crying alone, to numbing their feelings, becoming aggressive, bullying others or passing their days in hopelessness.

“Some staff were good, some were rude. When other kids had mothers who visited them, I used to feel so lonely, I would go pray. Seeing my sorrow, the shelter authority locked up windows in the reception area where mothers would wait to meet their children.”

"I didn't like living in the shelter home. Whatever I needed, my mom used to bring it. But this was making other children sad. So the shelter authority asked my mom to stop getting things for me."

Where shelter staff members and care-takers were loving and caring towards children, it left the opposite legacy, *"Our care-taker would love us and when she was transferred, it affected us emotionally."* And, *"I loved shelter life. During vacation, I never went home. Those of us who stayed back, had the chance to go for a lot of trips, parks and all. I enjoyed that time."*

Shelter homes were often described as overcrowded with the congestion resulting in a scarcity of resources, unexplained bursts of anger and system-wide propagation of commonly held beliefs around "disciplining". About 30% of respondents reported physical beatings and punishments from shelter staff and also from the senior counterparts.

One of our respondents' who lost their hearing in one ear due to physical abuse and now has to rely on a hearing-aid shares, *"There was too much emphasis on discipline in shelter that nothing should spill out of your plate. If there was even a slight spillage, we would be beaten a lot. I don't remember a day when I was not beaten up. Most of the times, there was no reason. I have lost my hearing in one ear because of this constant beating."*

Another shared that *"They would make us sit within the boundaries of one tile doing nothing as punishment. If we moved, they would hit with some iron rod until we cried. So on the first hit itself, we started crying because at that age, we didn't understand so much."*

2.2.1.2 Medical care

Very few mentioned any form of medical care available in shelters. Those who had, often reported delays in receiving medical help. *"When my knee would swell, I was not attended properly. I had arthritis and I had a lot of difficulty sitting and standing. The staff took me to the hospital and I was given medicines. But it didn't help much. The staff madam would just ask and leave it at that. My elder brother (who had left shelter) came to visit me once and then he took me to the hospital for treatment. My friends in shelter took very good care of me while I was suffering from all this. And my younger brother would always keep a watch on me (who was also living in shelter)."*

It is striking that not a single respondent shared about any health camps or check-ups conducted in their shelter. Another respondent tells us that *"When we fall sick, no one would take care of us. That's when we feel the loneliest."*

2.2.1.3 Food & Nutrition

Several respondents emphasised on the low-grade quality of food provided in shelter, and some shared that they never received enough food to fill their stomachs and often slept crying. *"The food would be insect infested and water-like "daal" was served but we used to eat, there was no option."*

However looking back they were generally thankful about receiving food on time “*I understood the value of food when I lived in aftercare. Here we got only one meal in a day. In shelter homes, we were served meals 3 times a day. I had never given a thought as to how do we get food. But I realized that it is difficult to arrange for a meal for yourself once you are out of shelter.*”

2.2.2 Physical and Sexual abuse

One-third (30%) of our respondents shared being physically abused while living in shelter care and 10% shared being sexually abused. But 6% of the respondents have refused to respond about the physical abuse and 15% have refused to respond about the sexual abuse faced by them, so we suspect the instance of sexual abuse in particular might be higher than reported.

Figure 2.6: Reported physical abuse in child-care institutions (overall)

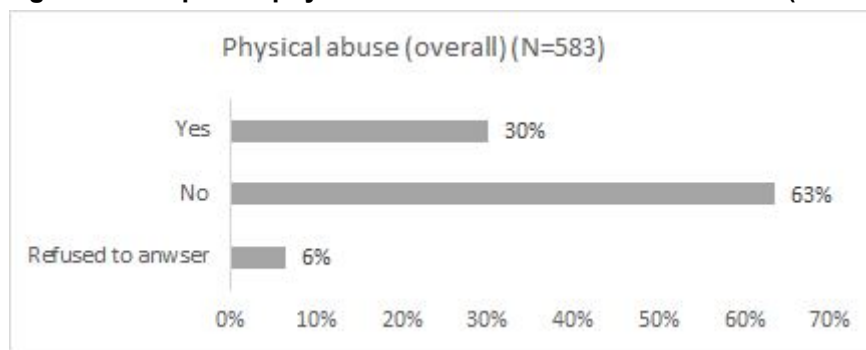
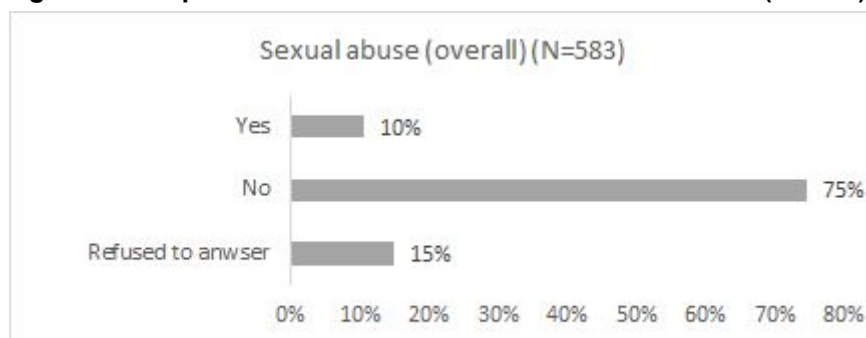


Figure 2.7: Reported sexual abuse in child-care institutions (overall)



The incidence of abuse reported for boys was more than double that for girls, both physically (38% vs 18%) and sexually (13% vs 6%), whereas twice the number of women refused to respond about sexual abuse in particular (21% vs 11%).

From what little we could glean, it seemed women feared the consequences of sharing more and wanted to avoid being further victimized. Another reason we suspect might be a fear of authority reprisal since it seems that girls are more likely to face abuse from staff, while boys were more likely to face abuse from their senior counterparts.

It was reported by a few that the elder boys would inflict sexual force on the younger ones. A couple of respondents also reported shelter staff members sexually abusing children. One of

our respondents' said *"I saw Sir forcing himself on a younger boy during vacation when the strength of children is low in the shelters. I did not report this to anyone because he (the staff member) had expelled those who had earlier complained about him."*

Another such case is where a staff member tried sexually abusing a girl but she escaped and ran away from the shelter. Yet another shocking revelation was made when a girl rescued from sexual abuse was admitted to shelter-care, *"whenever he (Sir) found me alone, he would force himself on me. I ran away but was brought to the same shelter."* She is completely outraged with the shelter-care system and today by her own admission engages herself in sex work in return for money in retaliation for what she has faced. *"Why let them free who take advantage of me. I take money so that i feel i have revenged them."*

Figure 2.8: Reported physical abuse in child-care institutions (gender-wise)

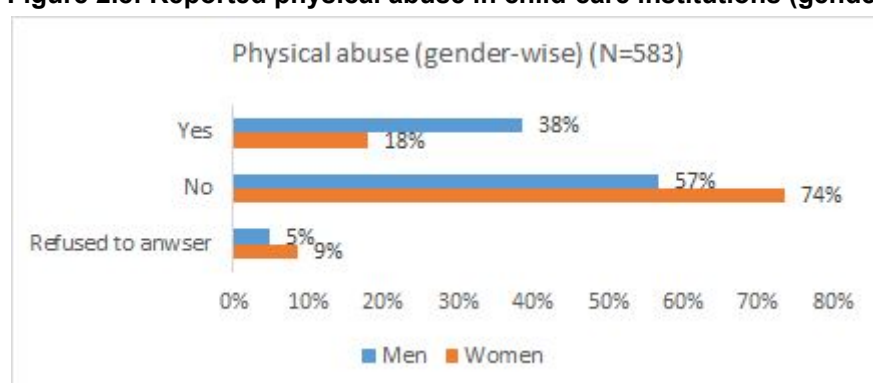
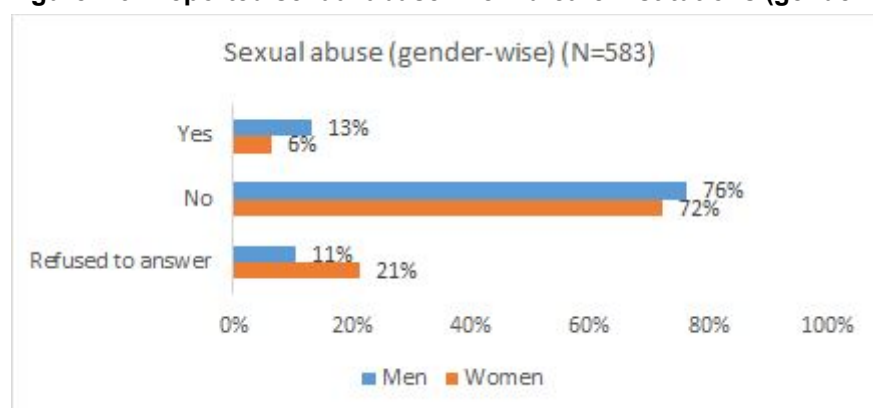


Figure 2.9: Reported sexual abuse in child-care institutions (gender-wise)



Physical abuse was twice as common in Religious Trusts (46%) and Government-run shelters (40%) with nearly half of all children reporting physical violence as compared with Non-profit shelters (22%). The denial to respond on physical abuse was also much higher in Government-run CCI (16%).

The incidence of Sexual abuse was highest (13%) in Government-run CCIs as compared with Religious Trust (9%) and Private CCIs (9%), but worryingly a high number (28%) from Government-run CCIs refused to respond on sexual abuse for fear of reprisal. Assessing this from an angle of no incidence of abuse, more than 80% of children in both Private and

Religious CCIs reported no abuse but less than 60% of children from Government CCIs did the same.

There was clearly a greater fear of Government reprisal post reporting, which is also likely to be driver of opportunity for perpetrators in Government CCIs who will know they can operate with greater impunity. Overall the incidence of both physical and sexual abuse should be a significant cause for concern, particularly in Government CCIs. A point to note here however is that all these reports are from a time prior to the 2012 POCSO Act, and it is possible that the incidence rates have changed. More research needs to be done to understand current day prevalence and risk.

Figure 2.10: Physical abuse in different types of CCIs

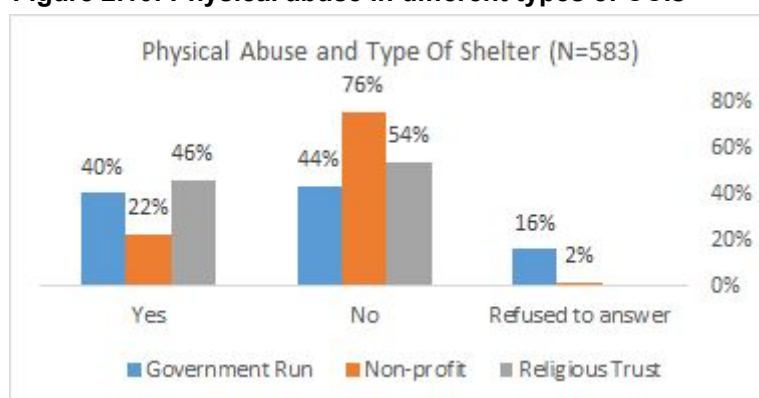
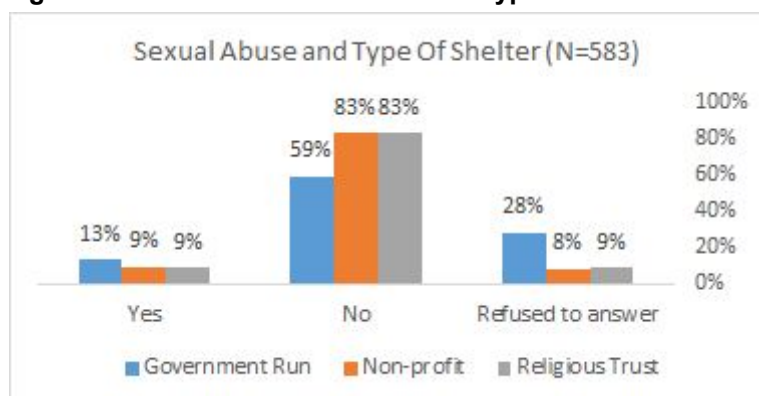


Figure 2.11: Sexual abuse in different types of CCIs



2.2.3 Education

With a tough childhood and no educational background or support, most of the respondents have echoed a lack of interest in education, although once in CCIs they were typically pushed to try and complete their 10th. *"I was not interested in studies"* and *"I would take up tasks of cleaning and washing to avoid studies."* Others found solace in *"playing with other children or roaming around shelter premises."*

It is always challenging for shelter staff to place children in appropriate classes when very little is known about their age and background. Coupled with the effects of prior negligence,

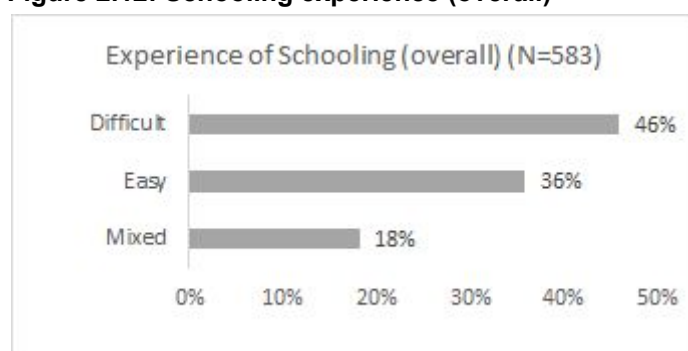
lack of age documentation and language barriers, some children repeated classes they had already passed and some skipped classes to higher ones. *“I did not know Marathi. So I was admitted to “balwadi”(pre-school) in Marathi medium and within 2 years of my stay, I was promoted to Class 3.”*

Another respondent talks about his helplessness, *“I studied for 5 years in 1st shelter and then in 2nd shelter. But in the 3rd shelter, they thought that I was too small. So they started my education from the beginning. I had passed Class 2 but they admitted me in Class 1 again. I told them that I had the mark list also but they did not listen to me.”*

2.2.3.1 Schooling Experience

46% of the respondents experienced their schooling to be difficult and 18% found it to be a mixed experience, as they were either not interested in studies, could not understand the subjects or did not find any value in educating themselves.

Figure 2.12: Schooling experience (overall)



Some shelters provided classes within the confines of the shelter and others sent the children to nearby schools. The overwhelming majority (97%) respondents studied in schools run in regional language of that state (Marathi/Hindi in Maharashtra, Hindi in Delhi, Bengali in West Bengal and Malayalam in Kerala).

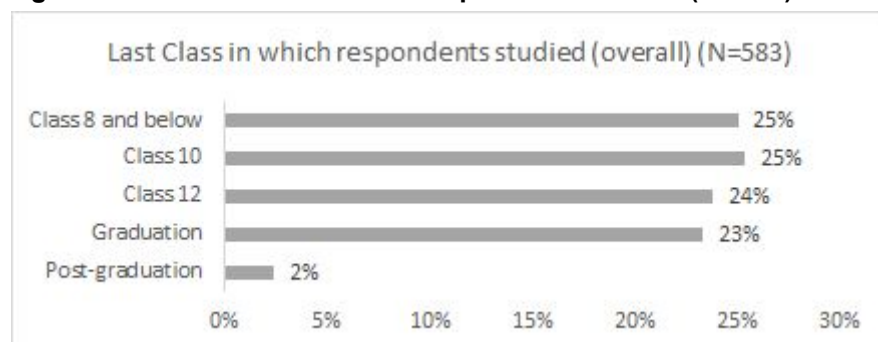
2.2.3.2 Level of Educational attainment

Only half our respondents (50%) progressed beyond Class 10 (school leaving) and only a quarter (25%) progressed beyond Class 12.

A lack of guidance and nobody to make them understand the importance of getting educated also comes out prominently from discussions with respondents. *“I had completed my 4th class when I came to Mumbai (entry in shelter). They took my test but I couldn’t read and write. So they admitted to 3rd class. I failed twice in 3rd, then moved to 4th, failed in 4th, moved to 5th, failed then moved to 6th and onwards, failed in 10th thrice. When I was 18-19 years, I passed 10th class. Then I went to Night College (during aftercare stay) and completed 12th class. Then moved on to 13th and 14th but failed again. This time I lost all interest and focused on earning money. I received no guidance from shelter staff on my schooling.”*

For the most part respondents could only recall the last class they studied in, with many having no recollection or record of their grades.

Figure 2.13: Last Class in which respondents studied (overall)



Only a small percentage of respondents could recall having secured a First Division at any point in their education.

Table 2.1: First division honours at each level

Class	Gender		Total	%
	Men	Women		
10th Class	2	7	9	1.54%
12th Class	17	12	29	4.97%
Graduation	26	11	37	6.35%
Post-graduation	3	-	3	0.51%

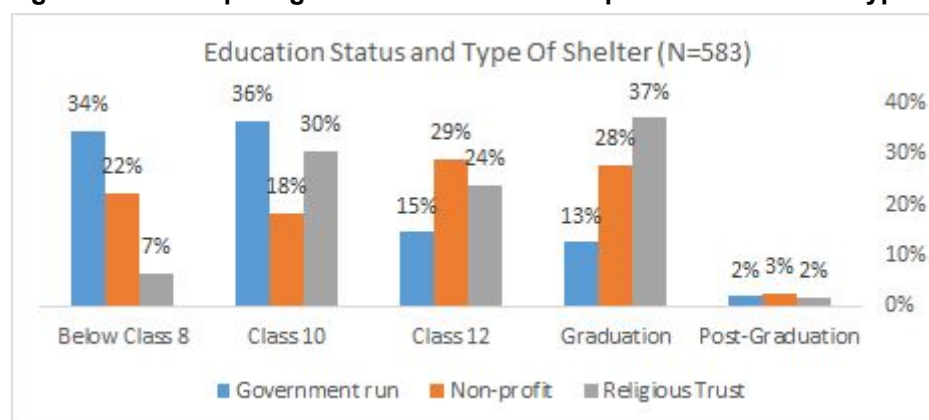
Some try completing their education after leaving institutional care but very few are successful doing so. *“I couldn’t complete Class 12 because after work it was very tiring to sit in the class as I have to work in shifts.”* Another respondent puts it straight-forward, *“once you get a job, you start earning, and then those are the days when education takes a back seat.”*

At the time of their interview 5% were appearing exams for Class 12 or above, still trying to complete their education a decade or more later.

Those who continue educating themselves after leaving shelter-care typically do so through open universities and night schools or colleges. *“I used to go for a job in the morning and completed my 9th and 10th class in night school.”*

Of graduates, the highest number (37%) came from Religious Trusts, 28% from Nonprofit CCIs and only 13% from Government-run CCIs. Overall Government CCIs had the highest rate of drop out post 8th (34%), with nonprofit and religious trusts having a relatively much higher rate of educational progression all the way through to graduation.

Figure 2.14: Comparing education status of respondents based on type of CCIs



2.2.3.3 Economic Impact of Education

A decade on from leaving shelters and education, we found that while finishing 10th meant a 35% differential in average earnings as compared to dropping out earlier, worryingly there was very little difference between finishing 10th, 12th or Graduating. Only a postgraduate qualification appears to have any significant impact on minimum and average earnings compared with other educational levels.

At the top end of earnings, financial outcomes are similar regardless of educational level attained, which top out at approximately Rs.50,000/m regardless of educational qualifications.

We surmise that this could be on account of two main factors. Where respondents pursued higher education it was mostly through distance learning, which is not highly regarded. This combined with pervasive stigmas and stereotypes attached with their personal backgrounds could be acting to negate the effects of educational achievement. Social skills, confidence issues and lack of personal networks might also be playing a part in these outcomes.

Table 2.2: Current Income versus Educational level

Highest Educational Level	Minimum	Average	Avg Differential	Maximum
8th	1000	11059	-	36000
10th	2000	14897	35%	50000
12th	1000	16112	8%	40000
Graduation	1000	17309	7%	50000
Post-Graduation	12000	23400	35%	40000

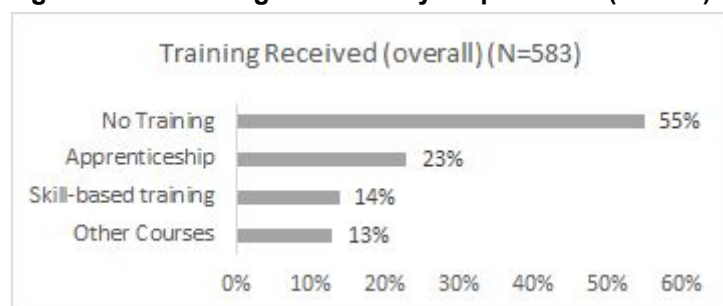
2.2.4 Training

2.2.4.1 Type of Training Received

With poor educational qualifications, CCIs try and make children employable through different kinds of training programmes, and nearly half (45%) of respondents received some kind of training.

Multiple trainings were received by some, among which 23% received apprenticeship which directly leads to a job placement, typically in nursing or technician based jobs; 14% received skill-based training (tailoring, computer, advanced cooking- bakery); and 13% received other kinds of training such as short courses in typing, welding, cooking.

Figure 2.15: Training Received by respondents (overall)



2.2.4.2 Economic Impact of Training

In terms of training, skill based training and short courses seemed to have almost no significant impact compared with no training at all, increasing average earnings by only 10% or so. Only Apprenticeships appear to have had any significant effect, although once again not to the maximum earning potential, which remains similar across all forms of Training.

Table 2.3: Current Income versus Training received

Training Received	Minimum	Average	Differential against No Training	Maximum
No Training	1000	13522		40000
Skill Training	1000	14918	10%	50000
Short Courses (Vocational)	1500	15285	13%	50000
Apprenticeship	5000	18697	38%	60000

Note: Only one respondent stated earnings of Rs.60k/m. Most Apprenticeship respondents topped out at Rs.50k/m similar to the other forms of training, and 1 outlier was excluded (exceptional case in Apprenticeship earning Rs.150,000)

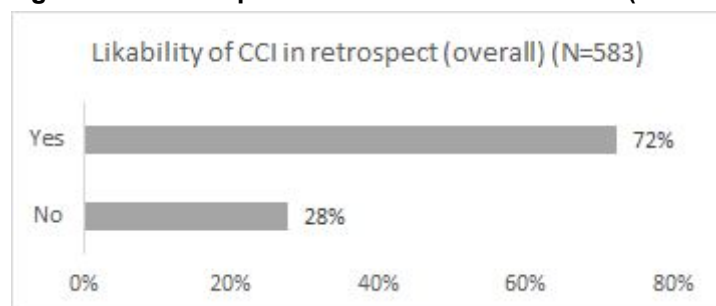
2.2.5 Emotional Legacy

After years of institutionalization and regimentation, with low schooling and inadequate skills, children suddenly have to walk out into a world where they become decision-makers for themselves with no transition and without the appropriate awareness, guidance or understanding of the implications of their choices. The amount of instability, lack of parental attachment, emotional upheaval, longing and doubt these children go through post institutionalisation can never be properly expressed and clearly communicated.

For all that institutional care is often much maligned by the sector, their lives get infinitely harder after they leave, and it is telling that the majority of respondents (72%) shared that they liked their shelter living experiences when compared with their current lives.

For most, their peer groups in shelter homes provided a sense of family for those who otherwise had none. Most think that whatever they learned and the things that were provided from food to friends, some supportive shelter staff, education and other experiences, with no responsibilities to shoulder and time to do as they pleased within the confines of their shelter, means that they had comparatively better lives than those living off the streets, and they see this as having been made possible by the child-care institutions they lived in.

Figure 2.16: Perception of child-care institutions (overall)



Contrary to general assumption, we found that while there is no doubt that institutionalisation has left a behavioural mark and lifelong legacy on respondents, for most, the emotional legacy of institutionalisation itself is not a festering source of trauma or lasting pain as might have been thought. It is more the consequences of that institutionalisation, both practically and socially that generate a lasting damage to their adult outcomes; something that could be overcome through better developmental investment, social acceptance, and longer term progression support.

Findings Part 3: Transition to Real World

The JJ Act mandates that children leave CCIs at 18, ideally to enter Aftercare homes, but these are extremely rare, and turning 18 essentially means an abrupt exit and entry to the real world regardless of whether or not the child is in the middle of education or training, and regardless of whether or not they have support systems, housing, training or qualifications to take them forward.

This section describes the transition phase post leaving institutional care, and the challenges of reintegration back into society. It covers:

1. The first months and early experiences of leaving shelter care,
2. Dealing with the options available after leaving care, from aftercare services to returning to family, unsupported independent living, and the special challenges faced by women
3. Challenges with documentation and formal ID
4. Legacy of transition

3.1 First Months

Children are legally considered to have become adults at the point of turning 18 and this is literally made true in case of children who live in child-care institutions. Exactly on the day they turn 18 (as per institutional records), the shelter authorities ask them to leave shelter-care, most commonly without any prior notice or in a few cases informing them a month before that they will have to leave.

The change typically comes as a shock, and many respondents reported, *“We were told that today is our last day in shelter. We would be scared because we don't know anything other than shelter life for all these years.”*

One of our respondents described his situation just after leaving the shelter. He told us that he slept in a farm near the shelter for 15 days after he had left shelter care. He had no contact with anyone and thus had no idea what to do about his situation. Most of the time he was starving. Later, a man befriended him who used to play cards. So he too got into it. Slowly, he found work in a canteen nearby where he washed dishes and ate there. After leaving the shelter, he mentioned that he did not work for 4-5 years. He lived on the streets and took any manual work that came his way like being a helper for shifting houses.

He also told us there were 25 others from the shelter who used to sleep on the streets. Often, police used to lock them up for the night and release them in the morning. To hide from the police, they would hide in rickshaws or other vehicles.

For some it meant freedom *“It's like for 18 years, we were closed from the outside world. But then we started earning at 18 years and spent money on entertainment and fun, there was no understanding of limitation.”*

But for most, even those respondents who were fed up of life in shelter-care and wanted to experience freedom, they soon realized that they really had no awareness of what lay outside or the hardships and difficulties to come. *“I joined shelter in Class 2 and after Class 8, me and my sister escaped from the shelter home because we wanted to enjoy the freedom outside. That was a stupid mistake.”* Another shares, *“although while we lived in the shelter, we felt that life outside the shelter was heaven. We were totally wrong.”*

3.2 Options upon exit from CCI

There are essentially three options for children leaving care

1. Aftercare
2. Return to family where possible
3. Unsupported independent survival

3.2.1 Aftercare Services

The JJ Act defines Aftercare as the *“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.”*

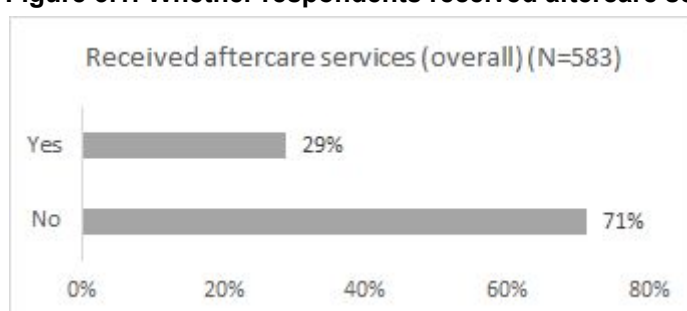
According to the JJ Act, all children transitioning out of care should have access to Aftercare homes and services until they turn 21, but in practice these are rare and aftercare services were typically found to be intermittent, adhoc and inconsistent across those that received at least some form of it.

Types of aftercare services reported.

- Registered aftercare homes (we only encountered one of these across all the cities we researched).
- Rooms near the CCI provided to girls in groups for a nominal rent.
- Extensions to stay in the shelter till they got a job or for girls until they got married.

It was also reported that most aftercare services required youth to be earning and would not allow or support further education during their stay. Even with these limitations, overall barely a third (29%) of respondents received any form of aftercare services.

Figure 3.1: Whether respondents received aftercare services? (overall)



3.2.2 Return to Family

After years with little or no contact, those who have families didn't necessarily want to return to them, or when they did, found themselves expected to take on responsibility for running the household.

Either out of fear, anger or retaliation, some don't even bother to know the whereabouts of their family. Says one of the respondents, *"I didn't even try to find my family because if I were to look for them, I would have ended up finding beggars only. I would then be forced to take care of beggars."*

The lack of attachment becomes very evident when one respondent shares, *"We (he and brothers) received a letter when we were in shelter that my father passed away in jail. It had no impact on me."* And another one shares, *"I never feel that I share a mother-daughter bond with my mother ever since I accepted my shelter-life."*

Those who return back to their family share experiences of shouldering responsibilities- *"I came out of shelter when I was 16. My mother could no longer work, was very ill and so I had to support the entire family."*

"My family condition was the same after I returned from shelter. So I used to attend a night college and go for a day job. I completed 12th through night college. And wanted to complete graduation. But owing to my family condition, I dropped out after 12th and focused on work."

One of our women respondents gave a detailed account of how her elder brother collapsed under the pressure of running the family when he had just stepped out of shelter.

"My brother came out of shelter 3 years before me and was taking care of everything. He was deep under loans by the time I came out. When I started earning, my brother became relaxed. He became so free that he stopped taking any responsibility. Instead he started asking me for money. He spent everything on drinks and smoking. He is not a bad person, he was very bright but at a very young age, he had too much responsibility, too much of loan and he also had lived in shelter care. So he crumbled under it and then when he got freedom, he lost his way."

3.2.1 Unsupported Independent Survival

A respondent who was on his own shared, *"I was very scared when I had to move out. I did not know anything here (out of the shelter gate), no one, where to go, what to do."*

The older adults we spoke with struggled harder than the newer generations who now have better connections and contacts due to the ubiquity of mobile phones among their peers and seniors. Faced with nowhere to go once out of the shelter, they roamed around in the vicinity of their shelter during day-time looking for food and then slept either on railway stations, parked autos, street corners or near the shelter-gate.

Some made acquaintances with whoever would provide food, engaging in high risk attachments with unsavoury characters, which led them into trouble. They had no way to evaluate who they were dealing with, and a combination of high desperation, a history of dependency and no understanding of risk and trust means that boys in particular sometimes ended up in areas with high crime rates, getting dragged into robbery, stealing and other such activities in order to fit in and survive.

A woman respondent talks about not being left with any option other than to marry the man the shelter-staff suggested. In her words, *“when I turned 18, only 2 options were given- leave the shelter and be on your own or get married. I didn’t want to get married so early. And I wanted to marry in a family so that my children would have someone; at least grandparents. I am an orphan but i was told that most girls who leave shelter are not doing well. So at least talk to the proposed groom and then decide. If you don’t listen to shelter staff, they don’t support you in case of any problems. And I have seen my seniors experience this.”*

3.2.4 Womens’ case in point

Those women who had no family/relatives were often pressured to get married by shelter authorities as a way to ensure their security. Those who refused to marry were not allowed to stay back in the shelter. While some mentioned authorities carrying out proper background checks on grooms, others talked about marriage proposals offered to potential grooms with health, character, family or other issues that reduced their options. The assumption was that because of their shelter background they would be unlikely to be accepted by normal families and they should therefore be willing to accept whatever they could get, which is a horrible indictment of the level of deep rooted stigma and negative stereotyping faced by children who grow up in institutional care.

“I was married at 18 but the man seemed to be mentally disabled and was 12 years older than me. So I used to work as domestic help/house-keeping in a company and take care of my husband. He did not work. And after 7 years, he died. The cause of his death is not known. I got a call when I was at work. Since then, I live in the same house and work in the same company. But I lie that I have a husband to other people in work or to new people. I don’t feel like marrying again because I don’t want to face all this trouble again.”

In Kolkata, we came across a number of women who had never left shelter-care. As a child, they lived in child-care institutions. As adults they live in women’s shelters and 10 of them are living in old-age homes. It is truly paradoxical situation in the context of transition. On the one hand, they are not themselves equipped to take on their own responsibility and on the other hand, they are not even aware of what lies in the outside world. A rhetoric thus remains - how then can they be expected to negotiate their lives in a society which mostly remains unaware of their existence?

3.3 Transition Support

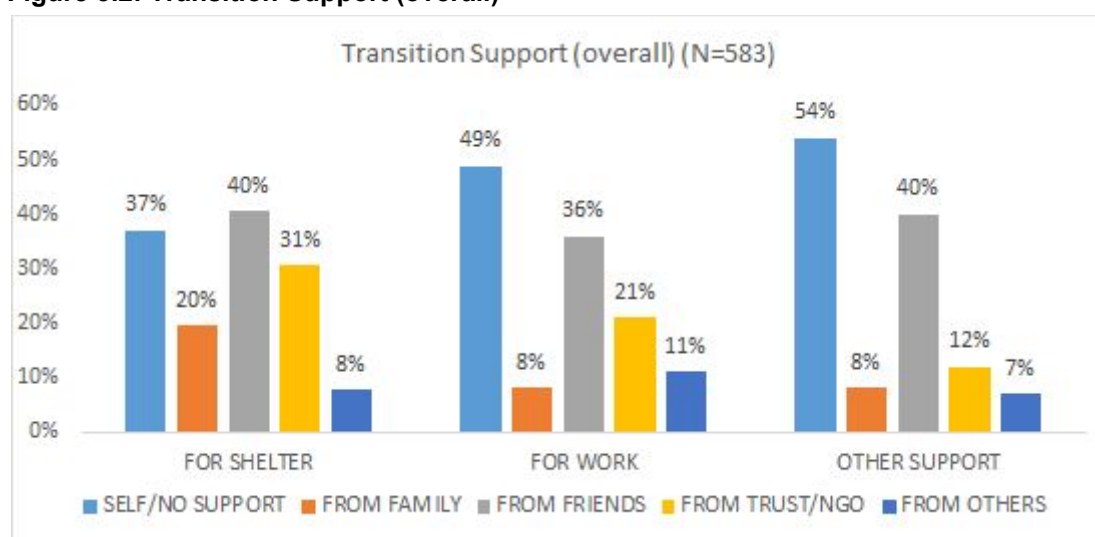
In their transitional phase, respondents most commonly had to rely on themselves. 37% respondents had no support for finding shelter, 49% had no support for finding work and 54% had no support for personal issues or challenges other than shelter and work.

Where they had support, it was friends who were the major support-providers; 40% for shelter, 36% for work and 40% for other forms of support. Being from the same demography, peers and friends know the situation in the outside world better than family/relatives or others. Thus, they tend to be more supportive of each other. *“When I was 18 years old, I was asked to leave. I had no skills then. My school friend’s family who lived near the shelter supported me after I exited the home. I owe them a lot.”*

Not all respondents were lucky to find such support though. As in the case of another respondent, *“when I left aftercare, none of my seniors were willing to accommodate me even on rent. Somehow I managed to find a house on rent through an agent. Hardly one month in the house and the agent ran away with all my deposit money.”*

Finally, Trusts or NGOs also provided a degree of support with 31% providing shelter options, 21% referring for jobs and 12% providing other support. It is telling that there was no mention of support from any Governmental source even for those leaving Governmental CCLs.

Figure 3.2: Transition Support (overall)



3.4 Documentation and Formal ID

3.3.1 Access to Documentation

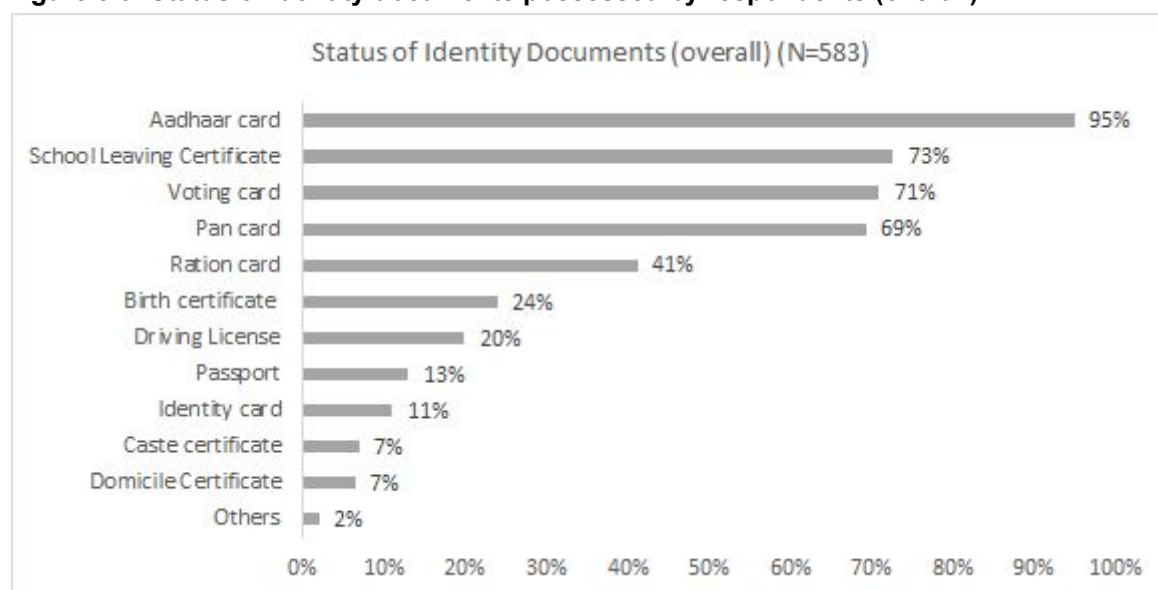
As adults most of those we spoke with now have some form of ID, especially with the introduction of the Aadhar card, but this was not the case when they left their shelter. With

food, shelter (housing) and a job being the prime concerns on leaving shelter-care, identity documents become very crucial for accessing formal jobs, accommodation and to access Government support for food under the Public Distribution System (PDS). Many reported facing difficulties in creation of these documents during their transitional phase, with only 24% reporting that they have a birth certificate.

Since the recent introduction of Aadhaar card however, along with a Government Resolution (GR) mandating all CCIs to create Aadhaar cards for resident children based on shelter credentials, things have changed and we found that 95% had Aadhaar cards, which we suspect is a huge change relative to the past. This suggests that it is now easier to access formal ID, and it is likely that some of the issues arising due to lack of identity documents will become less of a problem in the future as compared with the documentation challenges faced by those leaving shelter-care in earlier times.

Aadhar card regardless, we found that only 71% possessed a Voter ID with almost 30% disenfranchised, and only 41% held Ration cards, which could ease their food procurement issues (under PDS).

Figure 3.3: Status of identity documents possessed by respondents (overall)



3.3.2 Impact of Lack of Documentation

The collective experience is summarised by one respondent, *“Identity documents are needed after leaving the shelter. Most of us only have a school leaving certificate. The biggest struggle is to get food. And to make things worse, we don’t have a place to live in.”*

Many respondents shared their struggle with getting their identity documents made, *“Agents take anywhere between Rs.10-15K to make documents. Some NGOs also help but it takes a lot of following-up with them.”*

Another respondent wanted to get a passport for a work opportunity abroad. He shares, *“Documents were a big problem for me. I needed a passport urgently but I did not get it. Lot of hassles from police because I don’t own a house. So I asked the shelter superintendent to help me but in the second police verification, he denied knowing me.”*

Some faced problems with joining work due to lack of identity documents. *“I started working since I was 16. I faked documents on my friend’s name because I was not getting any work and I was in dire need of work. So I got a job in house-keeping. Then I worked as a delivery boy.”*

Overall we found that they typically feel vulnerable without proper identity documents, pained by helplessness against the system, and remain agitated by such experiences which leave a mark throughout their life, reminding them of lost opportunities.

Findings Part 4: Adult Outcomes

This section describes the stabilised adult reality of children that experienced institutional care, and covers the following:

1. Nature of work and earning levels
2. Living conditions
3. Family life and status of their children
4. Social integration and dealing with stigmas
5. Dreams, aspirations, satisfaction levels and coping with their mental health

4.1 Work and Economic status

4.1.1 Access and Nature of Work

All respondents reported taking up adhoc jobs when they left shelter care/aftercare such as couriering, catering, sales in shops, newspaper delivery, house-keeping, and waiting in food chains. Many worked more than one job at a time. A constant theme that dominates the employment arena for these adults is the 'search for a lasting job'.

There is a consistently big gap between their childhood expectations and what they encountered in the real world, again demonstrating the paucity of preparation that they received, even just informationally. As one respondent shares, *"I thought I would easily earn Rs.4500 after leaving shelter but I could land up a job offering only Rs.600. Then I realized the importance of education but time had slipped by. I am less educated, so I could not find better jobs."*

The majority (82%) of respondents were working at the time of interview, with almost all men (93%) working and about two-thirds of women (67%).

Figure 4.1: Whether respondents are currently working (overall)

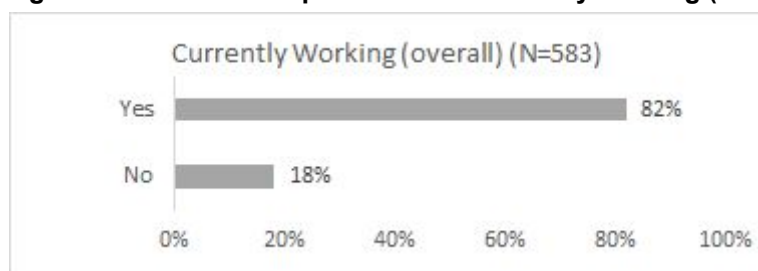
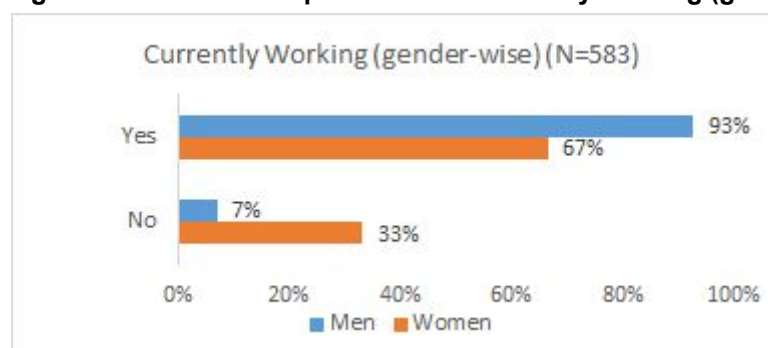


Figure 4.2: Whether respondents are currently working (gender-wise)

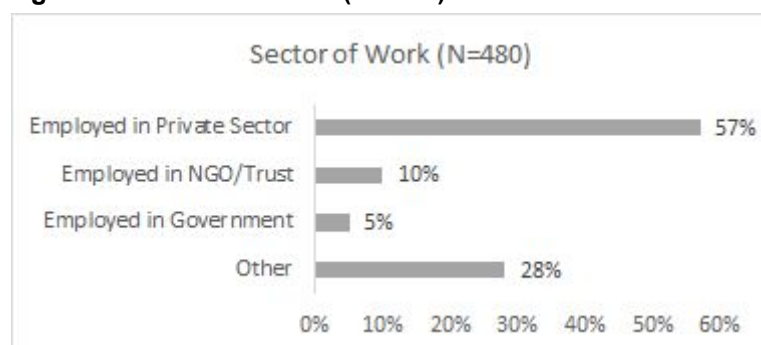


A little over half the respondents (57%) were employed in Private sector jobs of various descriptions, while 28% cited being engaged in something independent or itinerant, from running their own business, to self-employment, daily-wage work, house-work or child-care, which we have classified here as 'Other'. This is partly because a common trait we noticed was that many were reluctant to share details about their work, income and personal life, regardless of whether they earned less or more.

The type of work engagements reported ranged from those who work in hospital morgue, at food-stalls, as domestic help, as garbage/plastic collectors, working in shops, factories, painting, tiling work, loading material, cleaning, driving, and pantry-work as some examples.

A few owned their own businesses, providing service-rooms, stationery supplies, grocery stores and packing units for example, and some had managed to land Government jobs owing to their ITI trainings.

Figure 4.3: Sector of work (overall)



In the case of women, some of them after marriage were not allowed to work based on their husbands preferences, but others have been successful in the field of arts having their own boutique or art classes and freelancing (bakery items, clothing boutique, mehendi and tattoo designs) as these are commonly the kind of training they would have received in shelter. Others were working in NGOs, desk jobs in private companies, in tailoring, teaching in Madrassas or special education, and working as domestic help.

4.1.2 Earnings

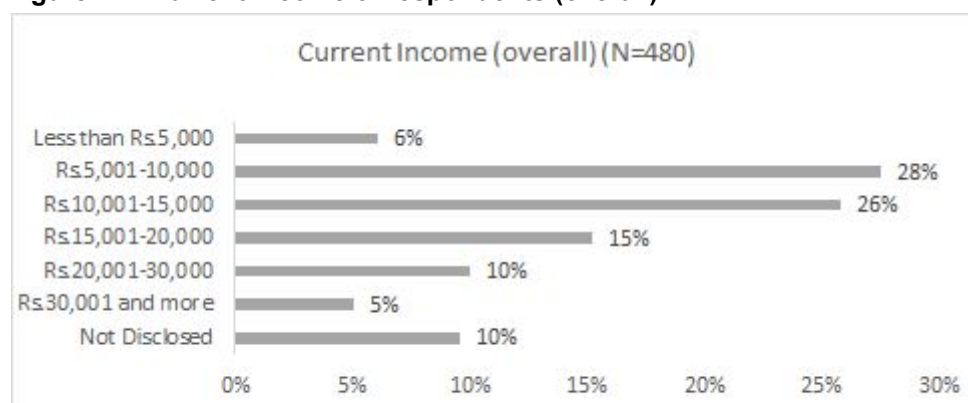
More than one-third (34%) respondents earn less than Rs.10,000 a month. 60% earn less than Rs.15,000 a month. Only 15% earn more than Rs.15,000 per month.

At the lowest end, 6% earn less than Rs. 5000 per month and some earned only as little as Rs.1000. Some of them shared their personal accounts, *“I work as a tailor. I don’t get monthly pay. They pay us Rs.2800-3000 once every 3-4 months.” “I started my job at the ice cream factory at 15 years of age, for a daily wage of Rs.35/day. I still work here. It’s been 33 years and my pay scale is Rs.55/day.”*

A group of women living in women’s shelter in Kolkata have a hotel running under their self-help group. They work there as receptionist, kitchen-help, cook and waitress. Depending on the work, they earn from Rs.2000 to Rs.4000 a month with additional lodging and food.

At the top end, only 5% of respondents earn more than Rs.30,000 a month, and out of the 583 people we interviewed, only two earned above Rs.50,000, earning Rs.60,000 and 150,000 respectively a month.

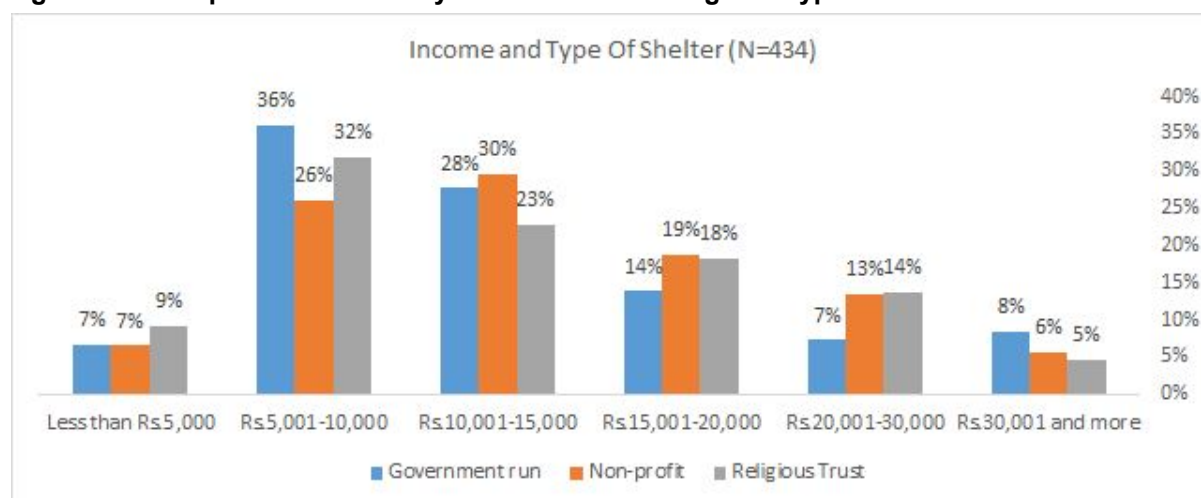
Figure 4.4: Current income of respondents (overall)



[Please note - For an analysis of the impact of education and training on earning levels, please see sections 2.2.3.3 and 2.2.4.1]

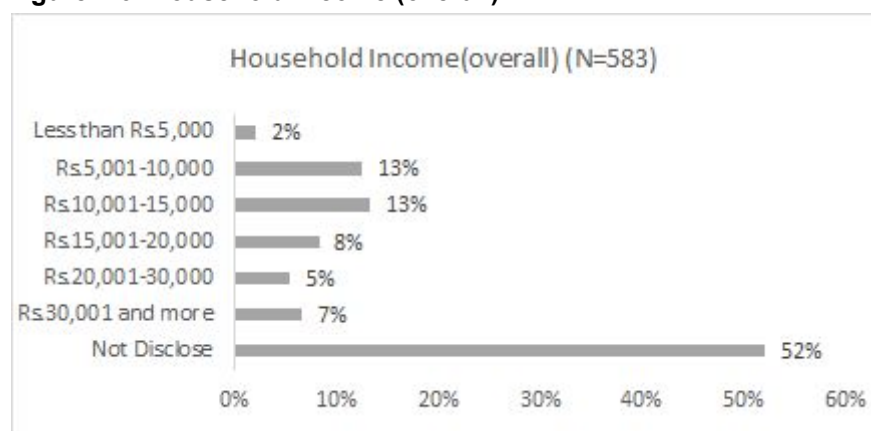
Earning outcomes were worst for respondents from Government run shelters, closely followed by Religious Trusts where, where 43% and 41% respectively earned less than Rs.10,000 a month compared with 33% from Non-profit shelters. Overall, respondents from Nonprofit shelters had better earning outcomes than their counterparts, even if these are all still heavily weighted at the low income end.

Figure 4.5: Comparison of monthly individual income against type of shelter lived in



The majority (52%) of respondents were either unwilling or unable to disclose their household income. Of those that shared, the vast majority (86%) reported a household income of less than Rs.30,000/month. Barely 7% of respondents had household incomes of Rs.30,000 and above.

Figure 4.6: Household income (overall)

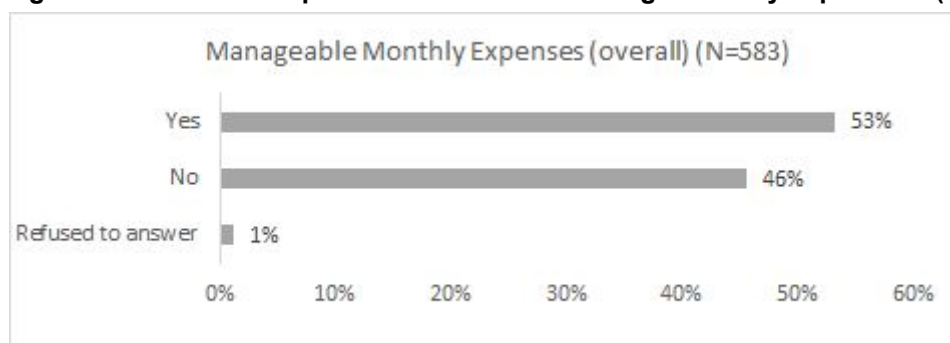


The major expenses cited were those of food, rent or housing loans (if owned) and children's schooling (if they have children). Those who were still single without home ownership live each day as it comes or try and save up for their marriage.

In terms of managing their costs and monthly expenses, only about half (53%) reported being able to manage their monthly expenses. Some really try hard to make ends meet, *"I had been working from the age of 7. After my escape from the shelter home, I started work as a salesgirl. After marriage, when we had financial problems and family issues, the shelter authority found me a job as a maid. I got a salary of Rs.100/day. That job was a life saver. The shelter authority also gave me groceries. She also gave me advance to move into a better house."*

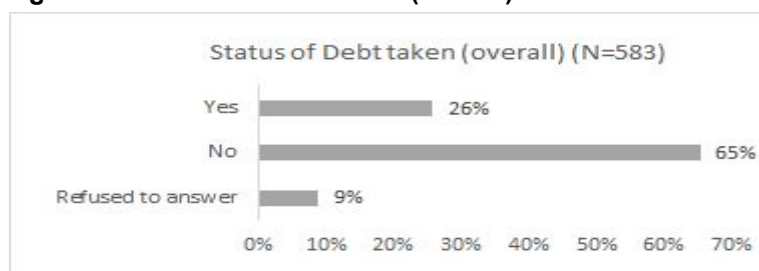
At the higher end, there were some who easily managed their expenses, and their finances allow them to escape the stigma and association with their institutional background *“I have enough to take care of needs. I spend a lot of money. No one believes that I am from a shelter background, the way I spend. I don’t look down upon myself. I purchase a new mobile every year. And I think I want to live a lavish life.”*

Figure 4.7: Whether respondents are able to manage monthly expenses? (overall)



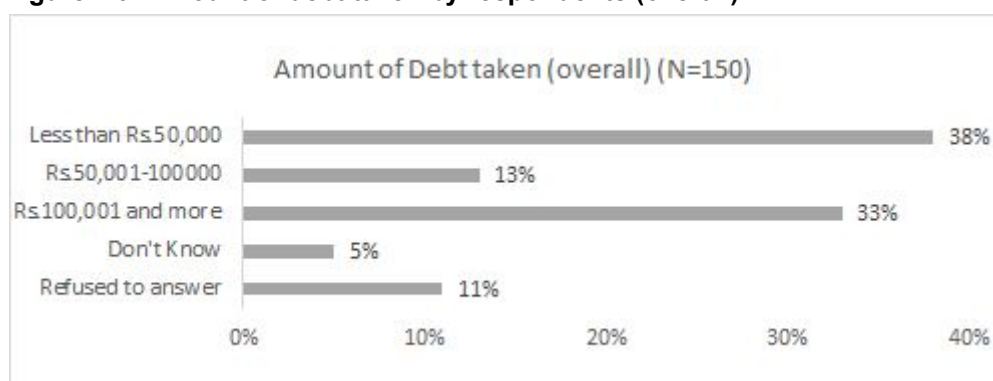
We found that only about a quarter (26%) respondents had debts, while the majority (65%) owed nothing. About 9% of respondents did not answer. These were mostly women, who reported that they did not have much say in household matters nor in decision-making.

Figure 4.8: Status of debt taken (overall)



Most (51%) of those with debts had loans amount less than Rs.1lac, although this is still a significant multiplier of their monthly incomes. Of the 33% of respondents with debt amounts higher than Rs.1lac most had taken housing or vehicle loans.

Figure 4.9: Amount of debt taken by respondents (overall)

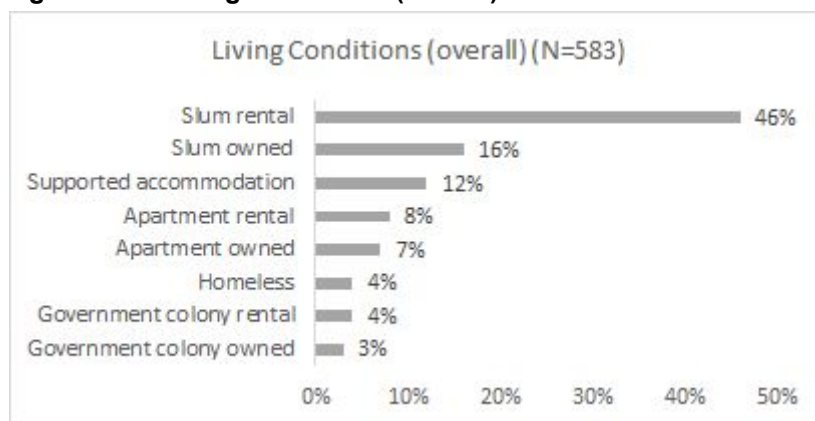


4.2 Living conditions

We found that the majority (62%) of shelter leavers live in slums either on rent (46%) or purchased (16%). Very few live in owned houses in Apartments (7%) or Government Colonies (3%). 12% (all women) still lived under the support of women's or old age shelters affiliated with the shelters they grew up in.

4% of all respondents were essentially homeless with no formal accommodation. They spend their day working and slept in night shelters, on the streets, railway stations, bus stations or sleep in their place of work.

Figure 4.10: Living Conditions (overall)



A group of women living together on rent, who are widowed or separated tell us about their housing difficulties, *“All 3 of us lie that we are relatives of each other and wear mangalsutra. We tell others that our husband is in Dubai or works outside and visits us less often because of work. Otherwise, we will not get house on rent. People don’t trust a group of single girls and especially from shelter background. They think we are wrong-doers. We also have some married couples (from shelter) living nearby. So we call them for support as our relatives, if needed.”*

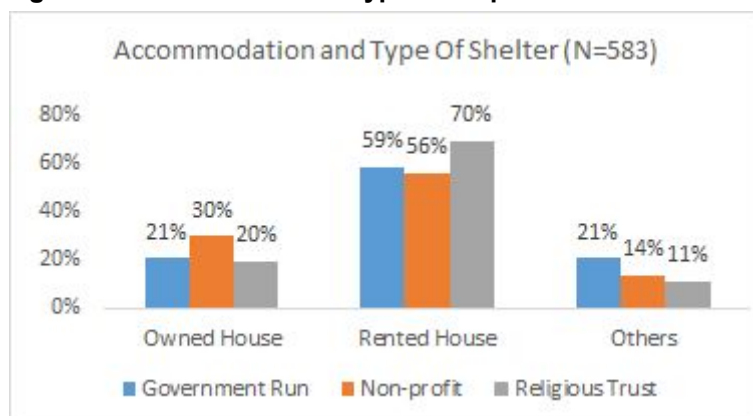
Another respondent talks about how he was cheated, *“The house I own is not legal and I am in loss. I know that. All my savings which I have invested there will be a loss to me because every now and then there is news about evacuation. I didn’t know about all this when I purchased the house. I thought instead of renting a house, I will purchase but the agent did not tell me.”*

A few have benefitted from support from their shelters even in their adulthood. As in the case of our lady respondent, *“The shelter authority has given me a house. So we don’t have to worry about rent. The rest my husband takes care of. He works two jobs.”*

Overall, a higher percent (30%) of respondents from Nonprofit CCIs own a house when compared with those from Government-run ones (20%) and Religious Trusts (20%). Of

those who have no proper accommodation the majority (21%) came from Government-run shelters in comparison with those from Non-profit CCI (14%) and Religious Trusts (11%).

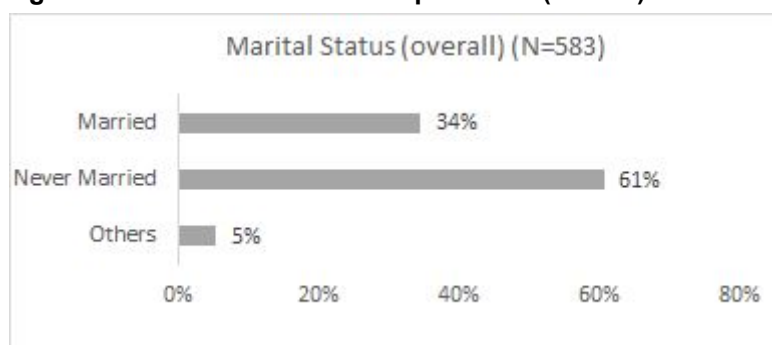
Figure 4.11: Accommodation type of respondents from different types of CCIs



4.3 Family life

Nearly 2/3rds of respondents (61%) have never been married, which is a significant deviation away from the norm in the Indian context, and really showcases the social and life implications of institutional care in terms of the individual's perceived social standing, networks, ability to fit in and acceptance. 34% were married (first-time or more than once), and 5% were widowed, had deserted or were divorced (grouped as 'Other'). Overall the men were more likely to have never been married, and this is possibly because girls are more likely to be pushed and supported to get married by shelter authorities or families, while boys are more likely to have to fend for themselves with all the disadvantages of their backgrounds as an additional hindrance.

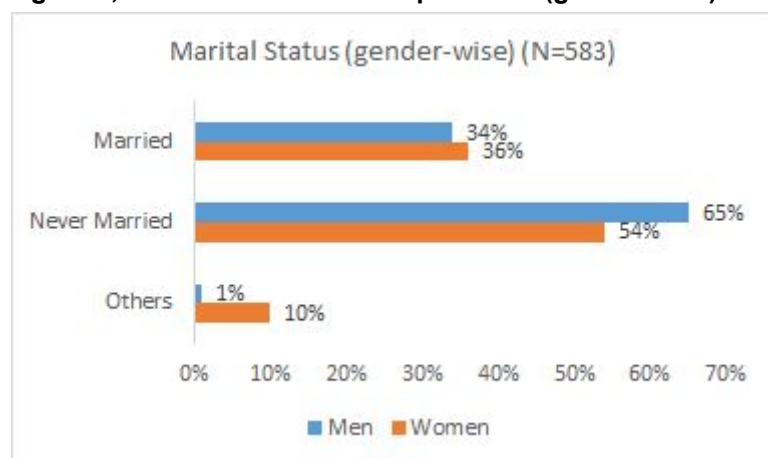
Figure 4.12: Marital status of respondents (overall)



Men often shared that a poor financial standing, lack of a decent job, low salary, housing difficulties and above all no family members to represent them in search of a spouse were the main reasons they were still single. *"Marriage is my biggest concern now. Girls reject me because I don't have a place to live in (lives in shared accommodation with friends) and I earn less."*

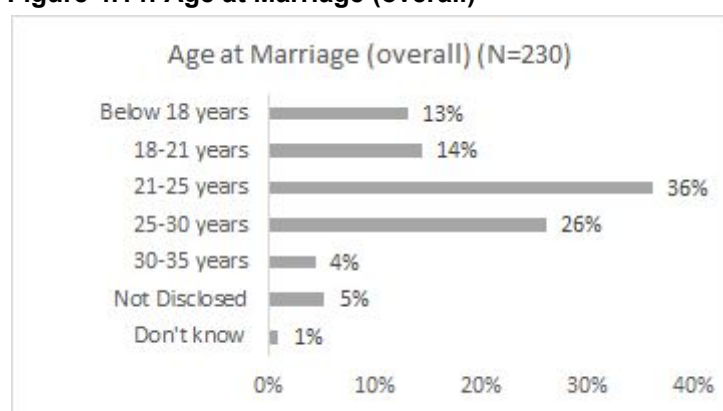
More women (10%) were divorced, separated or widowed. They mentioned that their shelter background with no understanding of how to manage family relationships, and lack of practice or knowledge of daily household chores and expectations made their marriages extremely difficult, resulting in breakdowns and separation.

Figure 4.13: Marital status of respondents (gender-wise)



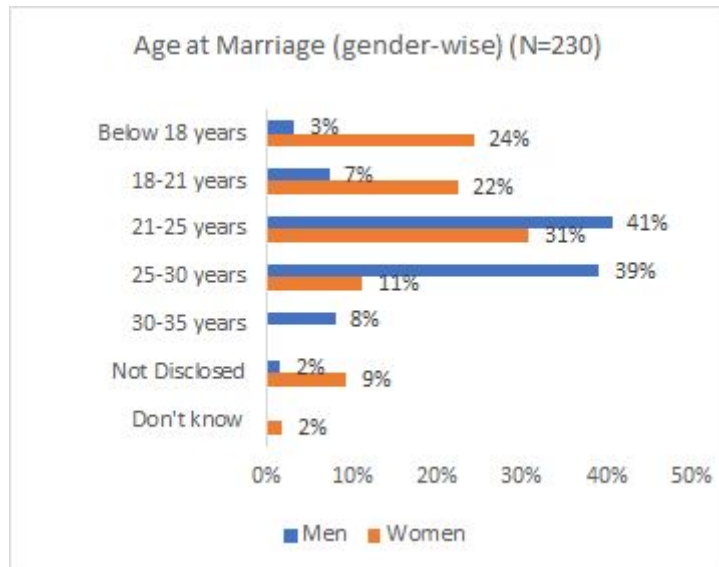
Of those that were married, more than a quarter (27%) were married under the age of 21, with 13% being married as children under 18, the majority of which were girls in both cases.

Figure 4.14: Age at Marriage (overall)



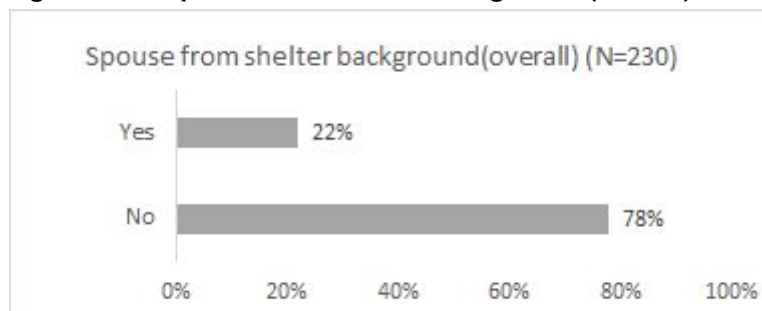
Women are most often forced into marriages post shelter based on a deep rooted cultural view around women's safety and ability to survive alone. It is almost taken as given by guardians that a single girl is not safe and someone needs to be responsible for her. Thus regardless of aspiration or ability, it seems that girls generally don't have much of a choice. They are married off by shelter staff, parents or relatives, and their vulnerability gives them little or no power to challenge this outcome or follow their own paths.

Figure 4.15: Age at marriage (gender-wise)



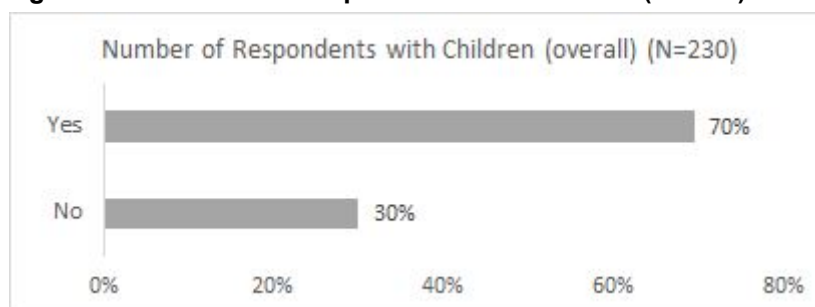
Of the married respondents (230), 22% had spouses from the same background (i.e. their spouse also lived in child-care institutions as a child). Those who have married someone from a shelter background like theirs, feel that they can understand each other better.

Figure 4.16: Spouse from shelter background (overall)



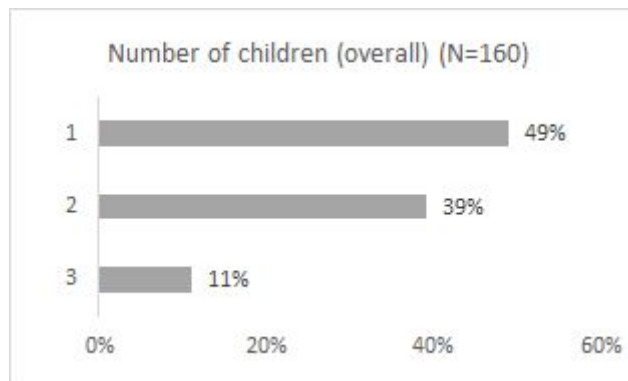
Overall, only 27% of our respondents had children, or around two thirds (70%) of married respondents.

Figure 4.17: Number of respondents with children (overall)



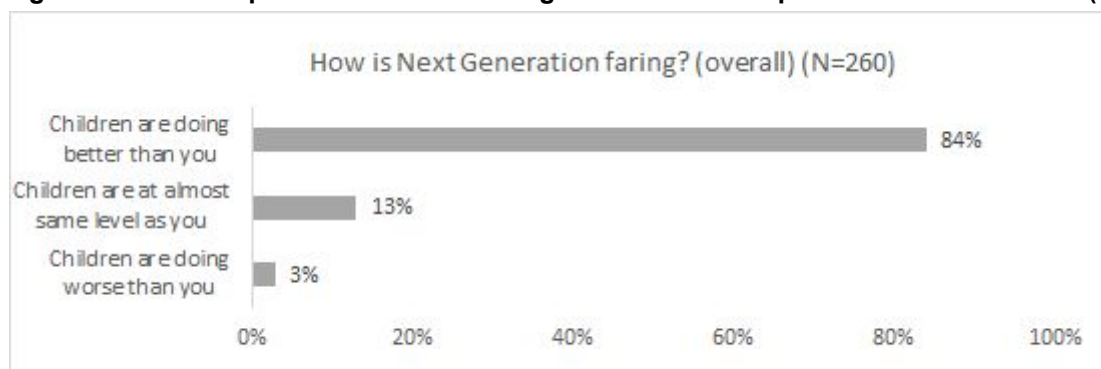
Most i.e. half (50%) of those who have children have only a single child. 39% have 2 children and 11% have 3 children. We found no larger family sizes.

Figure 4.18: Number of children



The majority (84%) felt their next generation are living a better life compared to their own life as a child. Only a small number of others felt that their children experienced similar or worse levels of adversity or poverty, relative to their own childhood, although overall only one woman respondent had admitted her children in a child-care institution. Even in her case, this was because she was pulled out of her CCI and married off by relatives when she was only 15, to a man more than double her age who was physically disabled. She worked as domestic help and after having children, realized her children had no future living with her as her In-laws would not send them to school. So she left her husband and searched for contacts in child-care institutions to provide her children with education and better facilities, and she feels they are doing better than her when she was a child.

Figure 4.19: A Comparative on life of next generation and respondents' life as a child (overall)



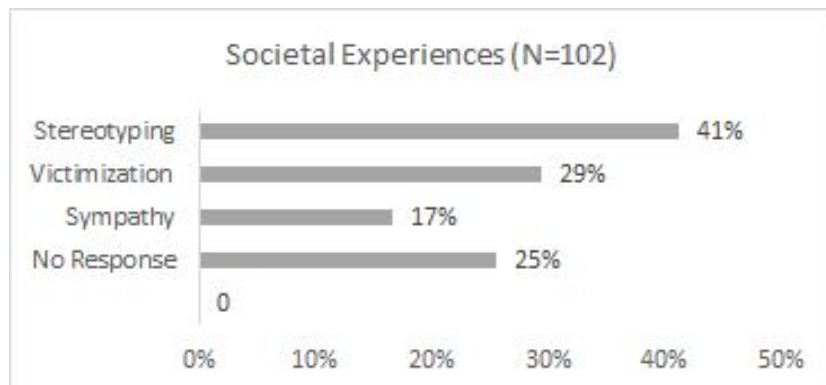
4.4 Social Integration

While we surveyed 583 participants, we captured more than a hundred in depth interviews and life histories. The most common theme that came through in the context of their experiences with society and social integration was that of negative stereotyping for having a shelter background.

The vast majority (75%) reported victimization and sympathy as a direct result of stereotyping and often overlapped experiences were shared by respondents. These could majorly be causing them to stay quiet about any such experiences faced in order to avoid further victimization/sympathy.

The most common experience (41%) was that of negative stereotyping. 29% shared experiences of being victimized and 17% felt they were shown unhelpful and unwanted sympathy, with 13% experiencing some or all of these.

Figure 4.20 : Societal experiences - types (overall)



Note: This graph showcases how many respondents reported each of these. Where respondents reported experiencing all, these have been included to understand overall incidence.

Some of our respondents have reported being referred on jobs with a specific mention “*he is from shelter*” or “*he is an orphan*” “*they will be willing to work on whatever you assign*” Others have reported being assigned personal errands and extraneous tasks just because of their shelter background.

As previously mentioned in 2.2.3, a decade on from leaving shelters and education, we found that while finishing 10th meant a 35% differential in average earnings as compared to dropping out earlier, worryingly there was very little difference between finishing 10th, 12th or Graduating. Only a postgraduate qualification appears to have any significant impact on minimum and average earnings compared with other educational levels.

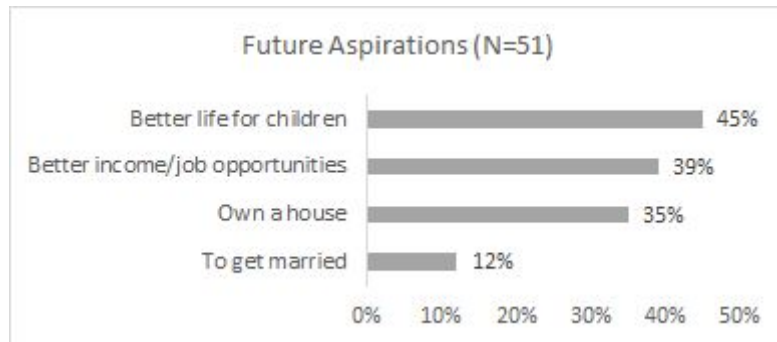
Respondents felt that pervasive stigmas and stereotypes attached with their personal backgrounds could be acting to negate the effects of educational achievement. Social skills, confidence issues and lack of personal networks might also be playing a part in these outcomes.

4.5 Mental Health

4.5.1 Dreams and Aspirations

During our in-depth interviews, when we asked about dreams and aspirations looking forward, we found that half had not given any thought to their aspirations or simply went blank. Most of them simply live in the present, surviving each day as it comes. Of those who shared their primary aspiration, 45% wanted a better future for their children, 39% dreamed of better earnings, 35% wanted a house of their own, and 12% aspired to get married.

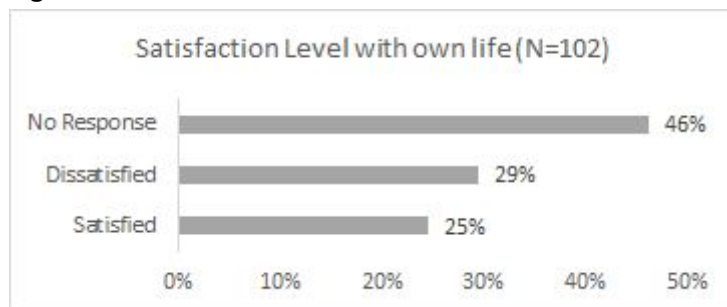
Figure 4.21 :Future aspirations in life



4.5.2 Life Satisfaction Levels

Only a quarter (25%) of respondents felt satisfied with the life they have. Most respondents (46%) had nothing to share when asked about their satisfaction with life, a concept they had no connection with, and 29% shared they were dissatisfied with their life.

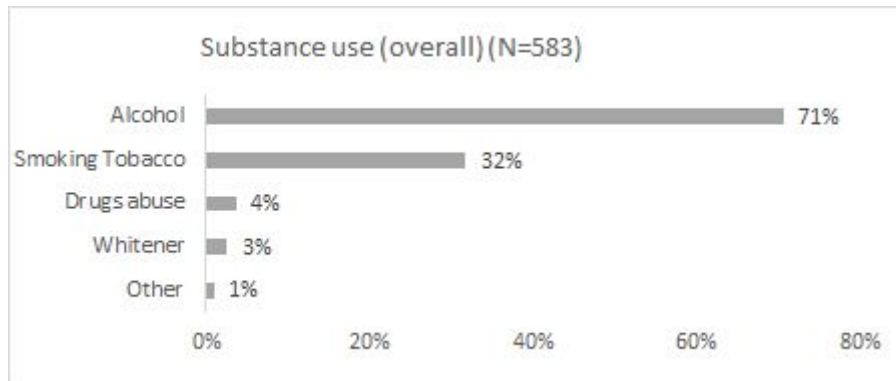
Figure 4.22 : Satisfaction level with life



4.5.3 Coping and Substance Use

The most common way of dealing with difficulties appeared to be indulgence in substance use. The majority (71%) reported drinking alcohol, either socially or compulsively, with some sharing they occasionally drink to have fun and let loose, whereas others shared that tensions and worries had caused them to become addicted. 32% were addicted to smoking/chewing tobacco and 4% were into heavy drug abuse with 3% using whitener.

Figure 4.23: Indulgence in substance use by respondents (overall)



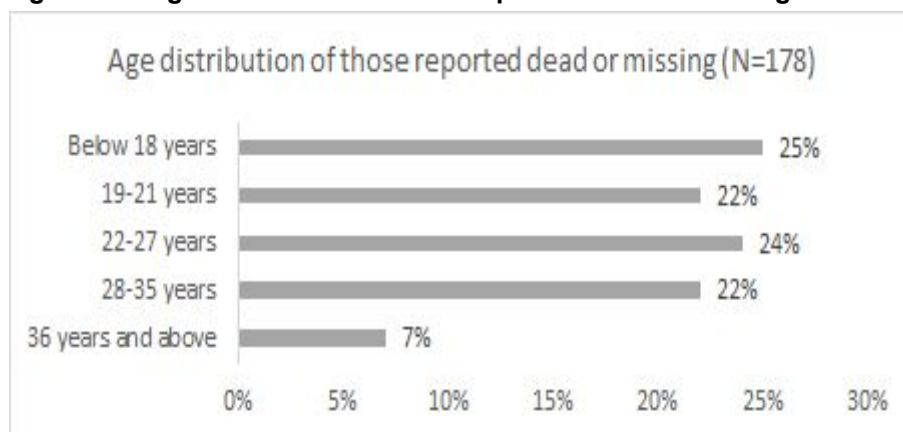
More worrying implications of struggles with coping, both in terms of mental health and real world survival is explored further in the next section shedding light on those who were reported to have died or gone missing.

Findings Part 5: Lost Generation

One of our biggest challenges with this research lay in shedding light on life critical outcomes, which we suspected would be likely given the failure of the system to adequately equip young shelter leavers combined with the legacies that institutionalisation leaves behind in terms of dependency and trust. We were worried about early mortality or disappearances, potentially from trafficking or other forms of indentured labour and slavery, and the results suggest that these fears were not unfounded.

For every 3 adults interviewed, at least 1 of their shelter peers was reported to have died or gone missing, with the vast majority (93%) under the age of 35, and 46% lost within 10 years of leaving institutional care. From those we recorded as lost, the vast majority (76%) were reported to have died, with 24% gone missing.

Figure 5.1: Age distribution of those reported dead or missing

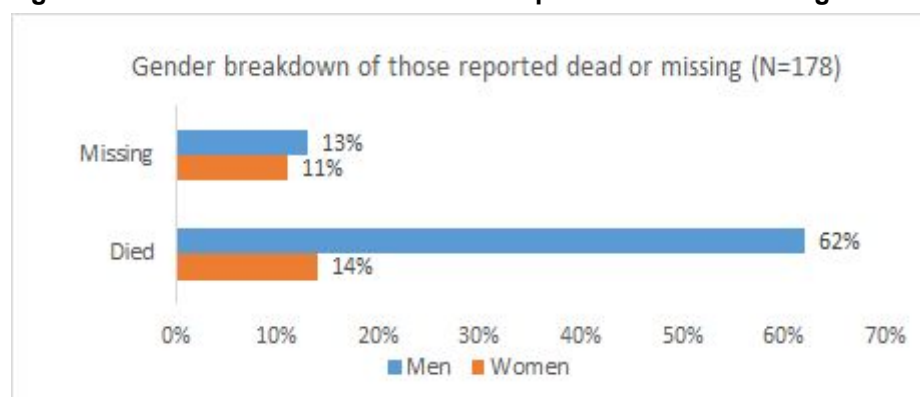


Over the 18mth course of this research alone, seven of our respondents passed away. The reasons for their death largely remain unknown except that a couple of them met with road accidents under heavy influence of alcohol. For others, the reasons remain a mystery.

At the time of writing of this report, one continues to struggle for his life in hospital. In a house which could accommodate 4, 9 of these shelter friends were living on rent. The ceiling collapsed and his thigh was deeply cut. With no mobility, no one to care for and provide food, infection has spread in other parts of his body rendering him lifeless.

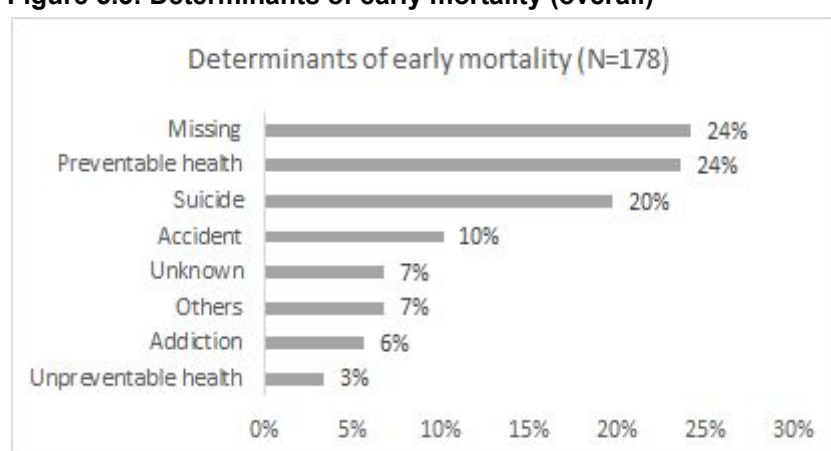
Overall, boys were four times more likely to be victims of early mortality.

Figure 5.2: Gender breakdown of those reported dead or missing



The majority of deaths could be considered preventable, as the top reasons for early mortality were found to be Treatable Illnesses (24%) like tuberculosis and fever, and Suicide (20%) most commonly due to depressions or relationship failures, followed by Accidents (10%) and Alcohol or Drug Addictions (6%). Aside from the accidents all the other top causes can arguably be linked back to the effects of adversity and institutionalisation, not just on mental health but also their unpreparedness and vulnerability in the real world.

Figure 5.3: Determinants of early mortality (overall)



While the lack of any long term tracking mechanism from State or institutions means that there is no way to establish the actual percentage that have died or gone missing relative to those who have been institutionalised over the years, it is telling that the ratios of even anecdotal reporting would be unheard of amongst the middle class, where few would be able to list the names of classmates or friends that have died under the age of 35, and almost certainly none that have gone missing.

Recommendations

While this study was essentially to establish a baseline for the long-term outcomes of institutional care on children in need of care and protection in India, rather than an exploration or analysis of drivers for solutions, there were a few stand out takeaways that we felt were worth mentioning as recommendations for solution designers and researchers that aim to take this work forward.

For Impact and Solution Designers:

1. Longer-term interventions during childhood to enable expression and coping with adverse childhood experiences need to be introduced as part of institutional care, with an added focus on countering the behavioural and emotional effects of institutionalisation.
2. There is a need for earlier awareness of the value and pathways in educational and earnings progression, and better and longer term educational support both in the form of academic support as well as financing.
3. There is a need for a greater focus on readiness for transition into the real world, ranging from finance and housing, to monetizable education or skill-sets and support with getting and settling into stable jobs.
4. More focus should be placed on helping children prepare to deal with and overcome stigmas, both interactionally as well as emotionally so that they create and maintain a healthy view of themselves and relationships with others.
5. Shelter-care and general care guidelines need to be re-evaluated beyond simply survival and infrastructure, instead designed and implemented keeping the child's emotional needs and their future outcomes as central foundations.
6. Longitudinal tracking by the CWC to establish a definitive understanding of long term outcomes for children that enter guardianship of the State.
7. More investment in Aftercare support systems and services, both at a State level and within the Nonprofit Sector, to ensure that they are more accessible to all children leaving shelter, and for a much longer timeframe.

Given the range of complexities and challenges we recorded from our interviewees, we would argue that no single one of these is likely to be enough by itself. Our learnings thus validate the holistic, long-term and systemic approach taken by Make A Difference in the design and implementation of their impact solution, and we hope that more organisations working with children in need of care and protection recognise the need to follow a similar route. Not just individually, but in connection and tandem with each other, if they are to impact the true scale of need.

For Researchers:

As with all research, our scope was bound by both its focus on mapping adult outcomes as well as the practicalities of resourcing and time, so while we achieved the most we could

within these, there were aspects that we were unable to explore as deeply as we would have liked to. Given the complexity of the subject we were researching, there was also much we learnt along the way, throwing up questions we never thought to ask before we started, and which we wish we had known to include before the data sets were formalised. We have included them in this report as stems for future research for any other teams that are working towards improving outcomes for children in need of care and protection across India.

1. More detail on the nature and scale of Adverse Childhood Experiences (ACE) prior to institutionalisation, and correlation, if any, between the level of ACE and the type of child-care institution they end up in.
2. Deeper evaluation of physical and mental health, comparative to others from non-institutional poverty backgrounds. Research shows that adversity directly impacts physical growth as well as cognitive development, and it would be useful to know how and where institutionalisation fits in to this.
3. When they got access to documentation (what age), and whether it had any effect on their longer term financial and living outcomes.
4. Breakdown of numbers of shelter leavers returning to family vs entering unsupported living vs aftercare support systems, and the gender differences across these if any.
5. Explore addictions and substance use further, in order to better understand the extent to which they are used as coping mechanisms or crutches.
6. The nature and type of both physical and sexual abuse, plus a comparison against incidence in the population generally to establish whether or not institutionalisation represents a higher risk or not.
7. Differences in the perpetrators of sexual abuse between boys and girls to understand how the risks could be better managed. Indications suggest older peers for boys and shelter authorities for boys and girls.
8. The nature and long term effects of regimentation in child-care institutions on the behaviour, ability to cope, and longer term vulnerability of adults.

APPENDICES

Data Tables

Research Methodology Data

Figure I: Gender-wise Population Distribution

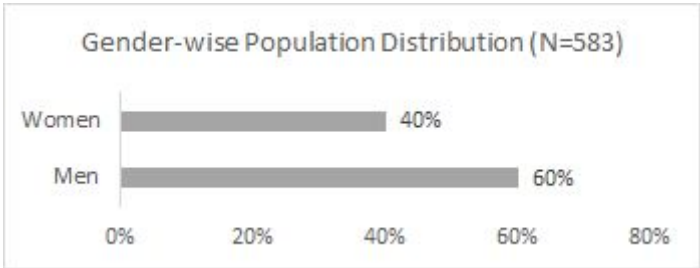


Table I: Gender-wise Population Distribution

Men	Women	Total
349	234	583
(60%)	(40%)	(100%)

Figure II.1: City-wise Population Distribution of Respondents (overall)

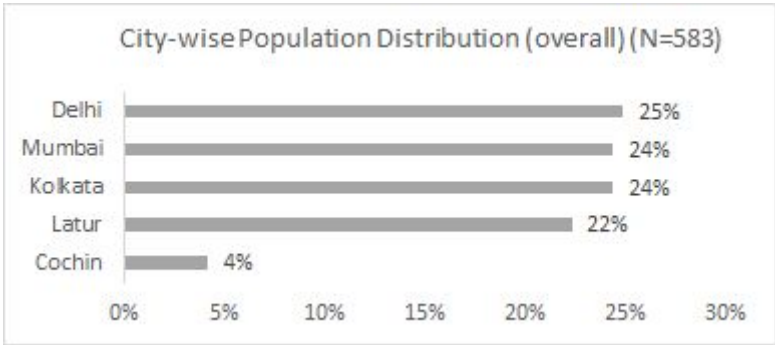


Figure II.2: City-wise Population Distribution of Respondents (gender-wise)

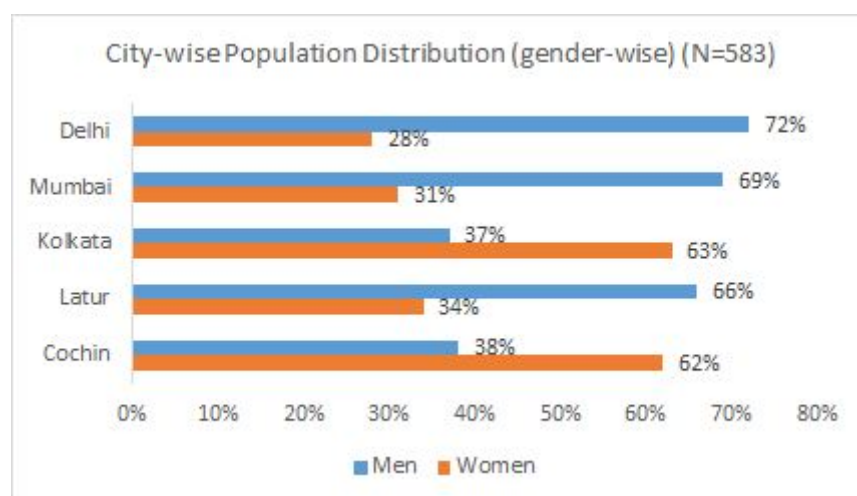


Table II: City-wise Population Distribution of Respondents

City	Gender		Total
	Men	Women	
	9	15	24
Cochin	(38%)	(62%)	(4%)
	86	44	130
Latur	(66%)	(34%)	(22%)
	98	44	142
Mumbai	(69%)	(31%)	(24%)
	52	90	142
Kolkata	(37%)	(63%)	(24%)
	104	41	145
Delhi	(72%)	(28%)	(25%)
Total	349	234	583

Figure III.1: Age-wise Population Distribution of Respondents (overall)

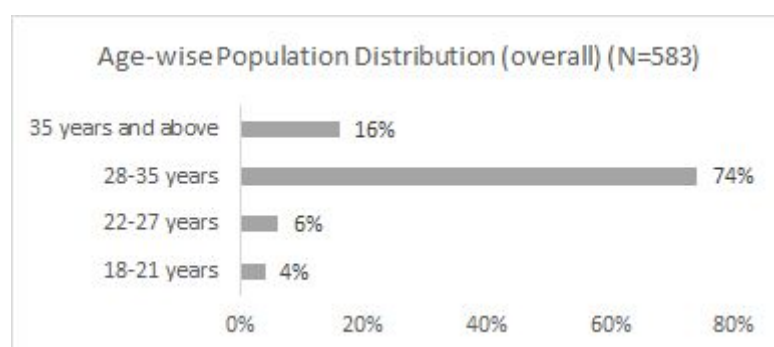


Figure III.2: Age-wise Population Distribution of Respondents (gender-wise)

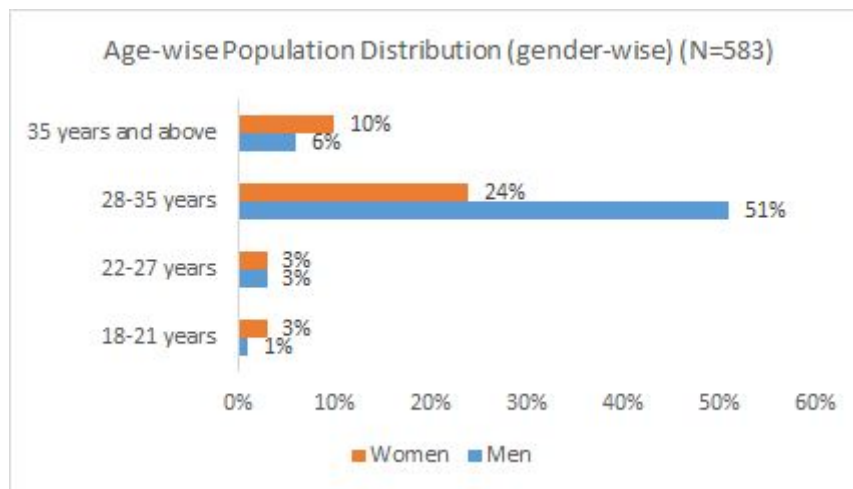
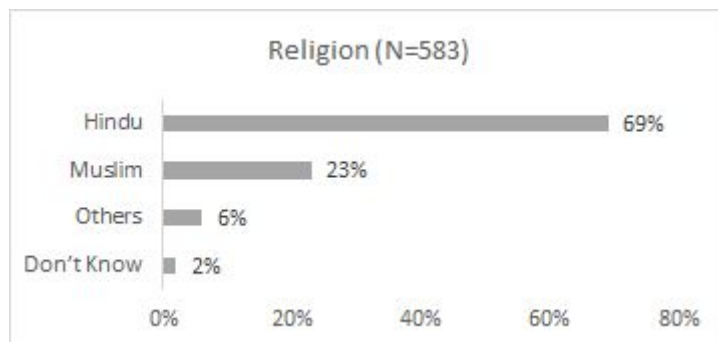


Table III: Age-wise Population Distribution of Respondents

Age-group	Gender		Total
	Men	Women	
18-21 years	3 (1%)	19 (3%)	22 (4%)
22-27 years	16 (3%)	19 (3%)	35 (6%)
28-35 years	296 (51%)	138 (24%)	434 (74%)
35 years and above	34 (6%)	58 (10%)	92 (16%)
Total	349	234	583

[Note: 10% respondents under 28 years were considered due to initial findability issues, more women under 28 years were considered since leads for women were difficult to achieve, in some cases age was more than 28 but documents showed a lower age]

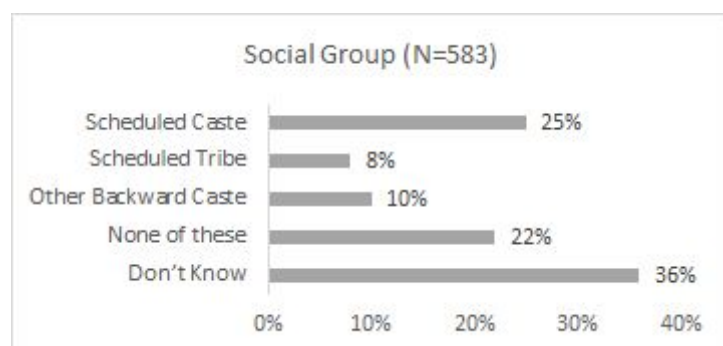
Figure IV: Religion of Respondents (overall)



[Note: Others includes Christian, Buddhist]

Table IV: Religion of Respondents

Religion	Gender		Total
	Men	Women	
Hindu	247 (70%)	156 (67%)	403 (69%)
Muslim	72 (21%)	63 (27%)	135 (23%)
Don't Know	6 (2%)	3 (1%)	9 (2%)
Others	24 (7%)	12 (5%)	36 (6%)
Total	349 (100%)	234 (100%)	583 (100%)

Figure V: Social Group of Respondents (overall)**Table V: Social Group of Respondents**

Social group	Gender		Total
	Men	Women	
Scheduled Caste	103 (30%)	41 (17%)	144 (25%)
Scheduled Tribe	26 (7%)	20 (9%)	46 (8%)
Other Backward Caste	37 (10%)	21 (9%)	58 (10%)
None of these	73 (21%)	55 (24%)	128 (22%)
Don't Know	110 (32%)	97 (41%)	207 (36%)
Total	349 (100%)	234 (100%)	583 (100%)

Pre-Institutionalisation Data

Table 1.1: Respondents faced with adverse childhood experiences

ACE	Total
Don't remember	30 (29%)
Faced ACE	72 (71%)
Total	102 (100%)

Table 1.2: Reported types of adverse childhood experiences by respondents (multiple response)

ACE- types	Total
Abuse	5 (7%)
Fear of safety	10 (14%)
Neglect	17 (24%)
Lack of care	17 (24%)
Deprivation	23 (32%)
Violence	27 (38%)
Total	72

Table 1.3: Drivers of entry child-care institutions (multiple response)

Drivers of entry into shelter care	Gender		Total
	Men	Women	
Poverty	108 (31%)	99 (42%)	207 (36%)
Broken family/Single parent	105 (30%)	82 (35%)	187 (32%)
Orphan/Abandoned	52 (15%)	64 (27%)	116 (20%)
Missing/Lost child	66 (19%)	20 (9%)	86 (15%)
Runaway child	46 (13%)	5 (2%)	51 (9%)
Street/Working child	10 (3%)	16 (7%)	26 (6%)
Disability (Physical/Mental)	3 (1%)	2 (2%)	5 (1%)
Victim/Witness of crime	10 (3%)	4 (3%)	14 (3%)
Other	6 (2%)	3 (1%)	9 (2%)
Don't know	18 (5%)	8 (3%)	26 (4%)
Refused to answer	4 (1%)	-	4 (1%)
Total	349	234	583

Table 1.4: Agent of Institutionalization

Institutionalized By	Total
Parents	35 (34%)
Police	24 (24%)
Don't remember	15 (15%)
Not disclosed	15 (15%)
Relatives	13 (13%)
Total	102 (100%)

Table 1.5: Entry-ages into child-care institutions

Entry-ages to CCI	Gender		Total
	Men	Women	
0-3 years	27 (8%)	36 (15%)	63 (11%)
4-6 years	101 (29%)	50 (21%)	151 (26%)
7-9 years	107 (31%)	74 (32%)	181 (31%)
10-13 years	96 (28%)	64 (27%)	160 (27%)
14-17 years	11 (3%)	4 (2%)	15 (3%)
Don't know	7 (2%)	6 (3%)	13 (2%)
Total	349 (100%)	234 (100%)	583 (100%)

Institutionalization Data

Table 2.4: Type of child care institution lived in

Shelter Type	Gender		Total
	Men	Women	
Government Run	114 (33%)	84 (36%)	198 (34%)
Non-profit	210 (60%)	129 (55%)	339 (58%)
Religious Trust	25 (7%)	21 (9%)	46 (8%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 2.5: Duration of stay in child-care institutions

Duration of stay into Shelter	Gender		Total
	Men	Women	
1-5 years	23 (7%)	19 (8%)	42 (7%)
5-10 years	126 (36%)	92 (39%)	218 (37%)
10-15 years	154 (44%)	82 (35%)	236 (40%)
15-18 years	33 (9%)	21 (9%)	54 (9%)
18-24 years	7 (2%)	16 (7%)	23 (4%)
Don't know	6 (2%)	4 (2%)	10 (2%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 2.6: Number of child-care institutions lived in

Number of CCI Lived in	Gender		Total
	Men	Women	
1 CCI	247 (71%)	213 (91%)	460 (79%)
2 CCIs	52 (15%)	19 (8%)	71 (12%)
3 CCIs	39 (11%)	2 (1%)	41 (7%)
4 CCIs	11 (3%)	-	11 (2%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 2.7: Reported physical abuse in child-care institutions

Physical Hurt	Gender		Total
	Men	Women	
Yes	134 (38%)	42 (18%)	176 (30%)
No	198 (57%)	172 (74%)	370 (63%)
Refused to answer	17 (5%)	20 (9%)	37 (6%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 2.8: Reported sexual abuse in child-care institutions

Sexual Hurt	Gender		Total
	Men	Women	
Yes	46 (13%)	15 (6%)	61 (10%)
No	226 (76%)	169 (72%)	435 (75%)
Refused to answer	37 (11%)	50 (21%)	87 (15%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 2.9: Reported Physical abuse in different types of CCIs

Physical abuse	Type Of Shelter			Total
	Government run	Non-profit	Religious Trust	
Yes	79 (40%)	76 (22%)	21 (46%)	176 (30%)
No	88 (44%)	257 (76%)	25 (54%)	370 (63%)
Refused to answer	31 (16%)	6 (2%)	-	37 (6%)
Total	198 (100%)	339 (100%)	46 (100%)	583 (100%)

Table 2.10: Reported Sexual abuse in different types of CCIs

Sexual abuse	Type Of Shelter			Total
	Government run	Non-profit	Religious Trust	
Yes	26 (13%)	31 (9%)	4 (9%)	61 (10%)
No	117 (59%)	280 (83%)	38 (83%)	435 (75%)
Refused to answer	55 (28%)	28 (8%)	4 (9%)	87 (15%)
Total	198 (100%)	339 (100%)	46 (100%)	583 (100%)

Table 2.11: Schooling experience

Experiences of Schooling	Gender		Total
	Men	Women	
Difficult	174 (50%)	94 (40%)	268 (46%)
Easy	111 (32%)	98 (42%)	209 (36%)
Mixed	64 (18%)	42 (18%)	106 (18%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 2.12: Last Class in which respondents studied

Last Standard	Gender		Total
	Men	Women	
Class 8 and below	83 (24%)	63 (27%)	146 (25%)
Class 10	89 (26%)	59 (25%)	148 (25%)
Class 12	83 (24%)	56 (24%)	139 (24%)
Graduation	86 (25%)	50 (21%)	136 (23%)
Post-graduation	8 (2%)	6 (3%)	14 (2%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 2.13: Comparing education status of respondents based on type of CCIs

Education Status	Type Of Shelter			Total
	Government run	Non-profit	Religious Trust	
Below Class 8	68 (34%)	75 (22%)	3 (7%)	146 (25%)
Class 10	72 (36%)	62 (18%)	14 (30%)	148 (25%)
Class 12	29 (15%)	99 (29%)	11 (24%)	139 (24%)
Graduation	25 (13%)	94 (28%)	17 (37%)	136 (23%)
Post-Graduation	4 (2%)	9 (3%)	1 (2%)	14 (2%)
Total	198 (100%)	339 (100%)	46 (100%)	583 (100%)

Table 2.14: Training Received by respondents (multiple response)

Training Received	Gender		Total
	Men	Women	
No Training	191 (33%)	127 (22%)	318 (55%)
Apprenticeship	86 (25%)	50 (21%)	136 (23%)
Skill-based training	34 (10%)	47 (20%)	81 (14%)
Other Courses	52 (15%)	22 (9%)	74 (13%)
Total	349	234	583

Table 2.15: Perception of child-care institutions

Like any shelter?	Gender		Total
	Men	Women	
Yes	248 (71%)	174 (74%)	422 (72%)
No	101 (29%)	60 (26%)	161 (28%)
Total	349 (100%)	234 (100%)	583 (100%)

Transition to Real Life Data

Table 3.1: Whether respondents received aftercare services?

Received Aftercare services	Gender		Total
	Men	Women	
Yes	104 (30%)	64 (27%)	168 (29%)
No	245 (70%)	170 (73%)	415 (75%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 3.2: Transition support (multiple responses)

Transition Support	Self/ No support	From family	From friends	From Trust/NGO	From others
For Shelter	214 (37%)	114 (20%)	236 (40%)	178 (31%)	45 (8%)
For Work	285 (49%)	47 (8%)	210 (36%)	121 (21%)	63 (11%)
Other Support	313 (54%)	46 (8%)	232 (40%)	70 (12%)	40 (7%)

Table 3.3: Status of identity documents possessed by respondents (multiple responses)

Identity Documents	Gender		Total
	Men	Women	
Aadhaar card	336 (96%)	217 (93%)	553 (95%)
School Leaving Certificate	268 (77%)	155 (66%)	423 (73%)
Pan card	270 (77%)	134 (57%)	404 (69%)
Voting card	257 (74%)	156 (67%)	413 (71%)
Ration card	143 (41%)	97 (41%)	240 (41%)
Driving License	96 (28%)	20 (9%)	116 (20%)
Birth certificate	92 (26%)	48 (21%)	140 (24%)
Passport	61 (17%)	15 (6%)	76 (13%)
Identity card	43 (12%)	21 (9%)	64 (11%)
Caste certificate	31 (9%)	9 (4%)	40 (7%)
Domicile Certificate	28 (8%)	10 (4%)	38 (7%)
Others	8 (2%)	3 (1%)	11 (2%)
Total	349	234	583

Adult Outcomes Data

Table 4.1: Whether respondents are currently working

Currently Working	Gender		Total
	Men	Women	
Yes	322 (92%)	156 (67%)	478 (82%)
No	27 (8%)	78 (33%)	105 (18%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 4.2: Sector of Work

Sector of work	Gender		Total
	Men	Women	
Employed in Government	19 (6%)	6 (4%)	25 (5%)
Employed in the Private Sector	205 (63%)	67 (43%)	272 (57%)
Employed in NGO/Trust	14 (4%)	36 (23%)	50 (10%)
Other	86 (27%)	47 (30%)	133 (28%)
Total	324 (100%)	156 (100%)	480 (100%)

Table 4.3: Current Income of Respondents

Current Income	Gender		Total
	Men	Women	
Less than Rs.5,000	11 (3%)	18 (12%)	29 (6%)
Rs.5,001-10,000	80 (25%)	52 (33%)	131 (28%)
Rs.10,001-15,000	103 (32%)	21 (13%)	124 (26%)
Rs.15,001-20,000	57 (18%)	16 (10%)	73 (15%)
Rs.20,001-30,000	29 (9%)	19 (12%)	48 (10%)
Rs.30,001 and more	22 (7%)	6 (4%)	28 (5%)
Not Disclosed	22 (7%)	24 (15%)	46 (10%)
Total	324 (100%)	156 (100%)	480 (100%)

Table 4.4: Comparison of current individual income based on type of shelter lived in

Current Income	Type Of Shelter			Total
	Government Run	Non-profit	Religious Trust	
Less than Rs.5,000	11 (7%)	16 (7%)	2 (9%)	29 (7%)
Rs.5,001-10,000	60 (36%)	64 (26%)	7 (32%)	131 (30%)
Rs.10,001-15,000	46 (28%)	73 (30%)	5 (23%)	124 (29%)
Rs.15,001-20,000	23 (14%)	46 (19%)	4 (18%)	73 (17%)
Rs.20,001-30,000	12 (7%)	33 (13%)	3 (14%)	48 (11%)
Rs.30,001 and more	14 (8%)	14 (6%)	1 (5%)	29 (7%)
Total	166 (100%)	246 (100%)	22 (100%)	434 (100%)

Table 4.5: Household Income of Respondents

Household Income	Gender		Total
	Men	Women	
Less than Rs.5,000	8 (2%)	4 (2%)	12 (2%)
Rs.5,001-10,000	48 (14%)	25 (11%)	73 (13%)
Rs.10,001-15,000	60 (17%)	17 (7%)	77 (13%)
Rs.15,001-20,000	37 (11%)	11 (5%)	48 (8%)
Rs.20,001-30,000	15 (4%)	16 (7%)	31 (5%)
Rs.30,001 and more	22 (6%)	16 (7%)	38 (7%)
Not Disclosed	159 (46%)	145 (62%)	304 (52%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 4.6: Whether respondents are able to manage monthly expenses

Manageable Monthly Expenses	Gender		Total
	Men	Women	
Yes	186 (53%)	124 (53%)	310 (53%)
No	161 (46%)	105 (45%)	266 (46%)
Refused to answer	2 (1%)	5 (2%)	7 (1%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 4.7: Debt taken by respondents

Debt taken	Gender		Total
	Men	Women	
Yes	102 (29%)	48 (21%)	150 (26%)
No	230 (66%)	151 (65%)	381 (65%)
Refused to answer	17 (5%)	35 (14%)	52 (9%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 4.8: Amount of debt taken by respondents

Amount of debt taken	Gender		Total
	Men	Women	
Less than Rs.50,000	47 (46%)	10 (21%)	57 (38%)
Rs.50,001-100,000	12 (12%)	7 (15%)	19 (13%)
Rs.100,001 and more	35 (34%)	15 (31%)	50 (33%)
Don't Know	2 (2%)	5 (10%)	7 (5%)
Refused to answer	6 (6%)	11 (23%)	17 (11%)
Total	102 (100%)	48 (100%)	150 (100%)

Table 4.9: Living Conditions

Living Conditions	Total
Government colony owned	18 (3%)
Government colony rental	26 (4%)
Homeless	26 (4%)
Apartment owned	40 (7%)
Apartment rental	46 (8%)
Supported accommodation	67 (12%)
Slum owned	93 (16%)
Slum rental	267 (46%)
Total	583 (100%)

Table 4.10: Comparison of respondents' accommodation type with type of shelter lived in

Accommodation	Type Of Shelter			Total
	Government run	Non-profit	Religious Trust	
Owned House	41 (20%)	101 (30%)	9 (20%)	151 (26%)
Rented House	116 (59%)	191 (56%)	32 (70%)	339 (58%)
Others	41 (21%)	47 (14%)	5 (11%)	93 (16%)
Total	198 (100%)	339 (100%)	46 (100%)	583 (100%)

Table 4.11: Marital status of respondents

Marital Status	Gender		Total
	Men	Women	
Married	117 (34%)	83 (35%)	200 (34%)
Married, More than on	3 (1%)	2 (1%)	5 (1%)
Widowed	-	4 (2%)	4 (1%)
Divorced	1	5 (2%)	6 (1%)
Separated	1	7 (3%)	8 (1%)
Deserted	1	3 (1%)	4 (1%)
Live-In-Relationship	-	3 (1%)	3 (1%)
Never Married	226 (65%)	127 (54%)	353 (61%)
Total	349 (100%)	234 (100%)	583 (100%)

Table 4.12: Age at marriage of respondents

Age at Marriage	Gender		Total
	Men	Women	
Below 18 years	4 (3%)	26 (24%)	30 (13%)
18-21 years	9 (7%)	24 (22%)	33 (14%)
21-25 years	50 (41%)	33 (31%)	83 (36%)
25-30 years	48 (39%)	12 (11%)	60 (26%)
30-35 years	10 (8%)	-	10 (4%)
Not Disclosed	2 (2%)	10 (9%)	12 (5%)
Don't know	-	2 (2%)	2 (1%)
Total	123 (100%)	107 (100%)	230 (100%)

Table 4.13: Whether spouse from shelter background

Spouse from shelter background	Gender		Total
	Men	Women	
Yes	28 (23%)	23 (21%)	51 (22%)
No	95 (77%)	46 (79%)	179 (78%)
Total	123 (100%)	107 (100%)	230 (100%)

Table 4.14: Number of respondents with children

Respondents with children	Total
Yes	160 (70%)
No	70 (30%)
Total	230 (100%)

Table 4.15: Number of children

Number of Children	Total
1	79 (49%)
2	63 (39%)
3	18 (11%)
Total	160 (100%)

Table 4.16: Comparative on life of next generation as compared with respondents' life as child

How is Next Generation faring?	Gender		Total
	Men	Women	
Children are doing better than you	158 (88%)	60 (74%)	218 (84%)
Children are at almost the same level as you	16 (9%)	17 (21%)	33 (13%)
Children are doing worse than you	5 (3%)	4 (5%)	9 (3%)
Total	179 (100%)	81 (100%)	260 (100%)

Table 4.17: Societal Experiences shared

Societal Experiences	Total
No Response	26 (25%)
Experiences Shared	76 (75%)
Total	102 (100%)

Table 4.18: Types of Societal Experiences shared (multiple responses)

Societal Experiences	Total
Victimization	30 (39%)
Sympathy	17 (22%)
Stereotyping	42 (55%)
Total	76 (100%)

Table 4.18: Future aspirations of respondents (multiple responses)

Future Aspirations	Total
Better life for children	23 (45%)
Better income/job opportunities	20 (39%)
Own a house	18 (35%)
To get married	6 (12%)
No Response	51 (50%)
Total	102 (100%)

Table 4.19: Satisfaction level with own life of respondents

Satisfaction Level with own life	Total
Satisfied	26 (25%)
Dissatisfied	30 (29%)
No Response	46 (45%)
Total	102 (100%)

Table 4.20: Substance use indulgence (multiple responses)

Substance use	Gender		Total
	Men	Women	
Smoking Tobacco	174 (50%)	11 (5%)	185 (32%)
Alcohol	165 (47%)	7 (3%)	172 (71%)
Drugs	20 (6%)	1 (4%)	21 (4%)
Whitener	15 (4%)	- (3%)	15 (3%)
Other	6 (2%)	- (1%)	6 (1%)
Total	349	234	583

Lost Generation Data

Table 5.1: Age distribution of those who were reported dead or missing

Age	Total
Below 18 years	45 (25%)
19-21 years	40 (22%)
22-27 years	42 (24%)
28-35 years	39 (22%)
36 years and above	12 (7%)
Total	178 (100%)

Table 5.2: Gender Breakdown of those who went missing or died

Gender Breakdown of those who went missing or died	Gender		Total
	Men	Women	
Missing	23 (13%)	20 (11%)	43 (24%)
Died	111 (62%)	24 (14%)	135 (76%)
Total	134 (75%)	44 (25%)	178 (100%)

Table 5.3: Determinants of early mortality

Determinants	Total
Accident	18 (10%)
Addiction	10 (6%)
Preventable Health	42 (24%)
Unpreventable Health	6 (3%)
Suicide	35 (20%)
Missing	43 (24%)
Other	12 (6%)
Unknown	12 (6%)
Total	178 (100%)

Questionnaires

Qualitative guideline

1. Please describe in detail about what you remember about your family before you were admitted to shelter home for the first time.
 - Where did you live
 - About parents, siblings
 - Painful memories
 - Happy memories
2. Please share your experience of living in shelter care.
 - Care-takers and shelter authorities
 - Peers and friends
 - Whether you liked any shelter
 - The reasons for liking or not liking the shelter/s
 - Which were your most painful moments in shelter
 - Which were your happiest moments in shelter
 - During difficult times, whom did you approach for support?
 - How was your experience of receiving support?
3. Please elaborate on your schooling experience.
 - Teachers
 - Interest in studies
 - Peers
 - Any other factors impacting you
4. Please share your experience while you were living in aftercare.
 - Care-takers and shelter authorities
 - Peers and friends
 - Which were your most painful moments in shelter
 - Which were your happiest moments in shelter
 - During difficult times, whom did you approach for support?
 - How was your experience of receiving support?
5. Please share your experience after you moved out of shelter care/aftercare.
 - Immediate experiences of finding a house, food, etc
 - Experiences of pursuing education
 - Experiences of finding job
6. Going back to family
 - If yes, please elaborate on your experience of going back to your family.
 - If no, please elaborate on the reasons for not getting in touch with your family.
7. If you are married more than once, please elaborate on the reasons for re-marriage?

- Any specific reasons around shelter upbringing/ background.
8. Please elaborate on your experience of disciplining your child/children
 9. Please elaborate in detail about your work-life from your first earning till now.
 - Relations with employer
 - Relations with peer
 - Financial/ salary aspect
 - Career Growth related
 10. Please describe in detail how you manage your expenses.
 11. Please elaborate on your experience of sharing about your background with others in the society.
 - Difficult or easy to talk about past
 - How did others perceive your background
 12. Please share about the concerns/worries you have currently.
 13. Please elaborate on the reasons for trying it out. (substance)
 - Habituated from shelter life
 - To relieve tension/stress
 - For fun/pleasure
 14. Please describe in detail on how you feel about where you are today.
 15. Please elaborate on your future aspirations/dreams.
 16. Please share on what dreams you had for yourself when you were a child.
 17. Any other experience/ suggestion you would want to share?

Survey questionnaire

#	QUESTION	RESPONSE	SKIP SEQ.
	DATE OF INTERVIEW		
	INTERVIEW CODE		
	LOCATION		
101	Name		
102	Age		
103	Sex	MALE..... 1 FEMALE..... 2 TRANSGENDER..... 3	
104	What is your religion?	Hindu..... 1 Muslim..... 2 CHRISTIAN..... 3 SIKH..... 4 BUDDHIST/NEO-BUDDHIST..... 5 JAIN..... 6 PARSI/ZOROASTRIAN..... 7 DON'T KNOW..... 99 OTHER (SPECIFY)..... 98	
105	Which social group do you belong to?	SCHEDULED CASTE..... 1 SCHEDULED TRIBE..... 2 OTHER BACKWARD CASTE..... 3 NONE OF THESE..... 4 DON'T KNOW..... 99	

106	Please share your educational background (as per the table)	<table border="1"> <thead> <tr> <th>CATEGORY</th> <th>DETAIL (FIELD/SUBJECT)</th> <th>GRADES</th> </tr> </thead> <tbody> <tr> <td>LOWER CLASS (SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>10</td> <td></td> <td></td> </tr> <tr> <td>12</td> <td></td> <td></td> </tr> <tr> <td>DIPLOMA (SPECIFY FIELD)</td> <td></td> <td></td> </tr> <tr> <td>GRADUATION (SPECIFY FIELD)</td> <td></td> <td></td> </tr> <tr> <td>Arts</td> <td></td> <td></td> </tr> <tr> <td>Science</td> <td></td> <td></td> </tr> <tr> <td>Commerce</td> <td></td> <td></td> </tr> <tr> <td>MBBS</td> <td></td> <td></td> </tr> <tr> <td>Engineering</td> <td></td> <td></td> </tr> <tr> <td>Social Work</td> <td></td> <td></td> </tr> <tr> <td>Others</td> <td></td> <td></td> </tr> <tr> <td>POST-GRADUATION (SPECIFY FIELD)</td> <td></td> <td></td> </tr> </tbody> </table>	CATEGORY	DETAIL (FIELD/SUBJECT)	GRADES	LOWER CLASS (SPECIFY)			10			12			DIPLOMA (SPECIFY FIELD)			GRADUATION (SPECIFY FIELD)			Arts			Science			Commerce			MBBS			Engineering			Social Work			Others			POST-GRADUATION (SPECIFY FIELD)			
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107	Please share:	DROPPED OUT AFTER (CLASS) LAST PASS CLASS..... LAST PASS GRADES.....																																											
108	Please share Training related:	APPRENTICESHIP/INTERNSHIP TRAINING (DIRECTLY HELPED IN GETTING A JOB) 1 SKILL BASED/ VOCATIONAL TRAINING (IMPROVED A SKILL BUT NOT DIRECTLY HELPED IN GETTING A JOB)..... 2 OTHER COURSES/TRAINING..... 98																																											

109	What is your current marital status?	MARRIED..... 1 MARRIED, MORE THAN ONCE..... 2 WIDOWED..... 3 DIVORCED..... 4 SEPARATED..... 5 DESERTED 6 LIVE-IN-RELATIONSHIP..... 7 NEVER MARRIED..... 8															
110	Where do you live?	OWNED HOUSE..... 1 RENTED HOUSE..... 2 ON THE STREETS..... 3 OTHER (SPECIFY)..... 98															
111	The neighborhood in which you live is:	REGISTERED SLUM..... 1 UNREGISTERED SLUM..... 2 GOVERNMENT COLONY..... 3 SRA 4 CO-OP HOUSING SOCIETY (APARTMENTS).. 5 NEAR RAILWAY STATION..... 6 NEAR BUS STATION..... 7 OTHER (SPECIFY)..... 98 DON'T KNOW..... 99															
112	Which of these documents do you possess?	BIRTH CERTIFICATE..... 1 SCHOOL LEAVING CERTIFICATE..... 2 AADHAAR CARD..... 3 VOTING CARD..... 4 PAN CARD..... 5 RATION CARD..... 6 PASSPORT..... 7 DRIVING LICENSE..... 8 CASTE/TRIBE (SOCIAL GROUP) CERTIFICATE 9 IDENTITY CERTIFICATE..... 10 DOMICILE CERTIFICATE..... 11 OTHER (SPECIFY)..... 98															
113	Please share details about your siblings.	<table border="1"> <thead> <tr> <th></th> <th>NUMBER</th> <th>LIVED IN SHELTER CARE</th> <th>LIVED IN SAME SHELTER AS YOU</th> </tr> </thead> <tbody> <tr> <td>1. BROTHERS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. SISTERS</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					NUMBER	LIVED IN SHELTER CARE	LIVED IN SAME SHELTER AS YOU	1. BROTHERS				2. SISTERS			
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		<div>99. DON'T KNOW</div> <div></div> <div></div> <div></div>	
201	How old were you when you were admitted to a shelter home for the first time?	AGE.....	
202	What was the reason of your admission to shelter?	POVERTY 1 BROKEN FAMILY/SINGLE PARENT..... 2 ORPHAN/ABANDONED..... 3 MISSING/LOST CHILD..... 4 RUNAWAY CHILD..... 5 STREET CHILD..... 6 TRAFFICKED CHILD..... 7 ABUSED CHILD..... 8 MENTALLY ILL CHILD..... 9 DISABILITY OF CHILD..... 10 WORKING CHILD..... 11 HIV/AIDS INFECTED CHILD..... 12 CHILD ENGAGED IN SUBSTANCE ABUSE... 13 CHILD AFFECTED BY CONFLICT/DISASTER 14 VICTIM/WITNESS OF CRIME..... 15 OTHER (SPECIFY)..... 98 DON'T KNOW..... 99 REFUSED TO ANSWER..... 97	

301	Please share the details of your stay in shelters (as per the table)	TOTAL NUMBER OF YEARS YOU LIVED IN SHELTER CARE				
		SHELTER no.	FROM AGE	TO AGE	SHELTER TYPE	TRANSFER TYPE
		1			GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d OTHER (SPECIFY).....e	
		2			GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d OTHER (SPECIFY).....e	WITHIN CITY.....i WITHIN STATE.....ii OUTSIDE STATE.....ii i
		3			GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d OTHER (SPECIFY).....e	WITHIN CITY.....i WITHIN STATE.....ii OUTSIDE STATE.....ii i
		4			GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d OTHER (SPECIFY).....e	WITHIN CITY.....i WITHIN STATE.....ii OUTSIDE STATE.....ii i
		5			GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d	WITHIN CITY.....i WITHIN STATE.....ii OUTSIDE STATE.....ii i

		<table border="1"> <tr> <td></td> <td></td> <td>OTHER (SPECIFY).....e</td> <td></td> </tr> <tr> <td>6</td> <td></td> <td> GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d OTHER (SPECIFY).....e </td> <td> WITHIN CITY.....i WITHIN STATE.....ii OUTSIDE STATE.....ii i </td> </tr> </table>			OTHER (SPECIFY).....e		6		GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d OTHER (SPECIFY).....e	WITHIN CITY.....i WITHIN STATE.....ii OUTSIDE STATE.....ii i	
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6		GOVERNMENT RUN.....a TRUST/ PRIVATE OWNED.....b RELIGIOUS GROUP OWNED.....c SEMI-GOVERNMENT....d OTHER (SPECIFY).....e	WITHIN CITY.....i WITHIN STATE.....ii OUTSIDE STATE.....ii i								
302	Did you like any of the shelter home/s you have lived in?	YES..... 1 NO..... 2									
303	What was the language/medium of instruction?	ENGLISH..... 1 HINDI..... 2 REGIONAL LANGUAGE (SPECIFY)..... 3									
304	Your experience of schooling was:	DIFFICULT..... 1 EASY..... 2 OTHER (SPECIFY)..... 3									
305	Did you ever live in an aftercare institution?	YES..... 1 NO..... 2									
306	For how many years did you live in aftercare?	NUMBER.....	IF 305= YES								
307	Has anyone physically hurt you for example- slapping, kicking or in any other way during your stay in shelter?	YES..... 1 NO..... 2 REFUSED TO ANSWER..... 97									

308	At any time in your life in shelter care/aftercare, has anyone ever forced you in any way to have sexual intercourse or molested you or performed any other sexual acts?	YES..... 1 NO..... 2 REFUSED TO ANSWER..... 97	
401	Did you ever try to get back to your family?	YES..... 1 NO..... 2	
402	If you got married, what was your age when you got married?	AGE.....	SKIP IF 109= NEVER MARRIED
403	Has your spouse ever lived in a shelter home?	YES..... 1 NO..... 2	SKIP IF 109= NEVER MARRIED
404	How many children do you have?	NUMBER (BIOLOGICAL) NUMBER (ADOPTED/OTHER) NUMBER (PASSED AWAY)	SKIP IF 109= NEVER MARRIED
405	If your children are admitted to shelter home, how many of them are admitted?	NUMBER..... NONE..... 98	SKIP IF 109= NEVER MARRIED
406	What was the reason to admit your child/children in shelter?	FINANCIAL PROBLEM..... 1 SINGLE PARENTING..... 2 ILLNESS OF CHILD..... 3 PARENTAL ILLNESS..... 4 PHYSICALLY CHALLENGED CHILD..... 5 MENTALLY CHALLENGED CHILD..... 6 ABUSE/VIOLENCE ON YOU..... 7 ABUSE/VIOLENCE ON CHILD..... 8 NOT A PLANNED CHILD..... 9 DELINQUENT BEHAVIOR..... 10 PARENTAL SUBSTANCE ADDICTION 11 CHILD RAN AWAY..... 12 CHILD LABOR..... 13 OTHER (SPECIFY)..... 98	SKIP IF 109= NEVER MARRIED

407	Please choose one of these: (your life as a child in retrospect versus your children's current life)	CHILDREN ARE DOING BETTER THAN YOU..... 1 CHILDREN ARE AT ALMOST SAME LEVEL AS YOU..... 2 CHILDREN ARE DOING WORSE THAN YOU..... 3	RECORD FOR EACH CHILD (IN 404)								
408	Do you currently work?	YES..... 1 NO..... 2									
409	Have you ever worked before?	YES..... 1 NO..... 2	IF 408=NO								
410	What work do you do?	SELF-EMPLOYED..... 1 EMPLOYED IN GOVERNMENT 2 EMPLOYED IN PRIVATE SECTOR..... 3 EMPLOYED IN NGO/TRUST..... 4 RETIRED..... 5 HOUSEWORK/CHILDCARE 6 OTHER (SPECIFY)..... 98									
411	INCOME (MONTHLY)	<table border="1"> <thead> <tr> <th>FIRST JOB</th> <th>CURRENT JOB</th> <th>PREVIOUS JOB</th> <th>HOUSEHOLD</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	FIRST JOB	CURRENT JOB	PREVIOUS JOB	HOUSEHOLD					
FIRST JOB	CURRENT JOB	PREVIOUS JOB	HOUSEHOLD								
412	ANY BREAK IN WORK?	NUMBER OF YEARS.....									
413	NUMBER OF DEPENDENTS ON YOU									
414	Are you able to cover your monthly expenses through your monthly earnings?	YES..... 1 NO..... 2									
415	Do you have debts currently?	YES..... 1 NO..... 2 DON'T KNOW..... 99 REFUSED TO ANSWER..... 97									
416	If yes, what is the amount of debt you have?	INR..... DON'T KNOW..... 99 REFUSED TO ANSWER..... 97	IF 415= YES								

417	Have you ever tried any of these (in any form):	SMOKING TOBACCO..... 1 ALCOHOL..... 2 DRUGS/SUBSTANCE USE..... 3 WHITENER..... 4 NONE..... 5																
418	SUPPORT RECEIVED:	<table border="1"> <thead> <tr> <th data-bbox="568 454 788 589"></th> <th data-bbox="788 454 948 589">FOR SHELTER</th> <th data-bbox="948 454 1062 589">FOR WORK</th> <th data-bbox="1062 454 1241 589">OTHER SUPPORT (SPECIFY)</th> </tr> </thead> <tbody> <tr> <td data-bbox="568 589 788 938">SOCIETY RE INTEGRATION (FROM WHOM)</td> <td data-bbox="788 589 948 938"></td> <td data-bbox="948 589 1062 938"></td> <td data-bbox="1062 589 1241 938"></td> </tr> <tr> <td data-bbox="568 938 788 1328">LATER IN LIFE (FROM WHOM)</td> <td data-bbox="788 938 948 1328"></td> <td data-bbox="948 938 1062 1328"></td> <td data-bbox="1062 938 1241 1328"></td> </tr> </tbody> </table>					FOR SHELTER	FOR WORK	OTHER SUPPORT (SPECIFY)	SOCIETY RE INTEGRATION (FROM WHOM)				LATER IN LIFE (FROM WHOM)				
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