

Listening to care leavers: A case study involving 435 care leavers and 100 child protection key stakeholders in 5 States of India

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Abstract

A research study by Udayan Care (Beyond 18: Leaving Child Care Institutions-Supporting Youth Leaving Care, A Study of Aftercare Practices, 2019), in India, reveals that even though, as per the Juvenile laws of India, 'care-experienced' youth (care leavers) are mandated to receive aftercare services to age 21, and in certain cases to 23, the state of affairs for this section of disadvantaged youth needs to evolve. The study is based on a mixed method approach which uses a descriptive design to collect data from 435 care leavers and 84 key informants from five states of India. This paper investigates the emotional difficulties these young adults face when reaching 18 years of age, as they need to leave their care-settings without many options or support. It also highlights the factors causing emotional distress due to gaps in policies, systems and practices in Indian juvenile laws and practice. The focus of policies and stakeholders needs to be directed towards providing reasonable support for the emotional wellbeing of care leavers along with other domains essential for aftercare, including housing, physical health, independent living skills, education and vocational skills, social support and interpersonal skills, financial independence and career, emotional wellbeing, identity, and legal awareness.

Keywords

Aftercare, mental health, alternative care, care leavers, emotional wellbeing, India

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Introduction

Moving from being a teenager to entering adulthood is a huge leap even for an individual with a normal and healthy childhood and adolescence, brought up under the shelter of their family. It is much more challenging for young care leavers, who are transitioning out of child care institutions and moving towards adulthood, to embrace an independent life once they reach the age of 18 years. For a care leaver growing up in alternative care, without a cohesive family set up and support, braving the sudden thrust into adulthood is hugely taxing. There is immense fear and apprehension in such youth, alongside their unpreparedness for the outside world. During their stay in a formal care setting, there is often a share of adverse experiences for the children growing up there, in addition to the baggage of the past trauma that they carry, increasing the negative impact on their troubled selves and leaving them in greater need of handholding and care when they step into adulthood, when the imminent separation from the home causes them re-traumatisation. These care leavers struggle with the lack of housing support, health care, educational and vocational skills training, legal aid, emotional wellbeing and social and interpersonal skills support, and job placements, all of which are indispensable for independent living.

As reflected in UK research, many care leavers face greater difficulties and disadvantages, as compared to other young people, when they embark upon the journey into adulthood, and find themselves lacking in education, employment, and training (EET) (Biehal et al., 1995; Broad, 1998; Dixon & Stein, 2005; Dixon et al., 2006; Stein & Carey, 1986). These studies indicate that a significant number of care leavers encounter obstacles, in terms of both finding and sustaining EET options in the early years of aftercare. Furthermore, for some this will continue into later adulthood, leading to long-term unemployment and other difficulties, including homelessness, mental health problems, and risky behaviours such as offending and drug and alcohol addiction, thus placing them at greater risk of social exclusion (Cheung & Heath, 1994; Dixon et al., 2006). Another study in the city of Chicago, provides evidence of the lack of attention paid to emotional support by professionals, and highlights the impact that this had on the young people's experiences (Courtney et al., 2011). Care leavers are

often unheard, and deprived of basic facilities, with their unaddressed trauma leading to long-term impacts on their emotional wellbeing (Adley, 2014).

International studies in the mental health of care leavers have consistently shown that self-stigma and public stigma impact their ability to access mental health services. It has also been found that self-stigma affects an adolescent's self-identity, self-efficacy, and interpersonal relationships. This influences self-sufficiency once youth leave care (Guillen et al., 2017). Care leavers may also not reach out for help after transitioning, as they do not have reliable support networks (Mann-Feder & White, 2003).

Bhattacharjee (2020) highlighted the changing context of reintegration practices in South Asia and explored boys' and girls' experiences of stigma and discrimination from community members, revolving around social and cultural norms and narratives on masculinity and femininity that denied their victimhood. This research found that children sexually exploited in Kathmandu chose to 'integrate' into a new community to overcome isolation, exclusion and non-acceptance from their families and communities of origin and, in so doing, experienced emotional and financial independence. Unfortunately, in India, one cannot find much empirical evidence regarding those challenges and struggles. Only a few standalone studies, from districts, states, and facilities, have been conducted, most of which are qualitative in nature; furthermore, most studies do not explore the multiple dimensions of aftercare. One of the studies points out the lack of positive adult interaction, from consistent carers, limiting the ability of care leavers to develop personal confidence and key social skills (Modiet al., 2016). Findings from another study showed that care leavers perceive independent living as both opportunity and challenge, as after leaving institutional care they faced several difficulties at their workplace, in household management, while finding accommodation, and in establishing their official identity (Keshri, 2021). Dutta (2016) developed and described a framework for intervention, aiming for it to be an effective policy document, as it emphasised the interlinkages between the individual and the environment, with a view to improving the social reintegration of youth transitioning out of care. It also looked at social reintegration as a long-term process and not merely as happening at the transition point of youth leaving care.

In India, The Juvenile Justice (Care and Protection of Children) Act 2015 (JJ Act), Juvenile Justice (Care and Protection of Children) Model Rules 2016, and the Integrated Child Protection Scheme (ICPS) 2009-10, mandate the provision of support and mentoring for youth without families brought up in care institutions. The JJ Act 2015 emphasises that 'it is crucial for a young adult to be provided with financial and non-financial support in order to facilitate child's reintegration into the mainstream of the society in the manner as may be prescribed'. These provisions include support in the areas of housing, education, vocational training, and physical and emotional health. The National Policy for Children, 2013 (NPC) refers to 'child protection' as one of its priorities and recognises vulnerable categories of children who need intervention, but does not explicitly recognise the vulnerabilities of children leaving child care institutions and the need for aftercare. To link policy objectives to actionable programmes, the National Plan of Action (NPA) was formulated in 2016. In the context of children in institutions, the NPA prioritises 'providing adequate and appropriate infrastructure and ensuring safety and security of children in all residential care facilities established under domestic laws'. However, the NPA also did not make any specific reference to children leaving institutions on attaining majority.

Echoing similar views, even the National Youth Policy, 2014, states that,

While the government is working to create support and rehabilitation systems for youth at risk, it is essential to simultaneously build systems to ensure that youth are not forced to put themselves into situations that constitute a physical or mental risk.

The Child Welfare Committees (CWC), Juvenile Justice Boards (JJB), or the children's courts can order aftercare up to the age of twenty-one or, if required, twenty-three years of age, and they are also mandated to review the effectiveness of aftercare while monitoring the progress of every child and youth. The State Child Protection Society (SCPS) is responsible for developing programmes for aftercare and maintaining a database, whereas the District Child Protection Unit (DCPU) develops aftercare-related database at the district level to share with SCPS, and CWC implements the aftercare programme by identifying organisations to provide the aftercare services, maintaining a

database of organisations willing to provide the same. Despite being supported by law to receive aftercare services up to the age of 21, and in some cases 23, as per need, care leavers in India are in a disadvantaged position just after the age of 18, due to the lack of a supportive ecosystem, lack of awareness in themselves, as well as the functionaries, and inadequate budgeting.

Sphere of aftercare: Reflections from Beyond 18 study

This paper is based on a comprehensive national study, titled 'Beyond 18, Leaving child care institutions – A Study of Aftercare Practises in Five States of India (2019),' conducted by Udayan Care, a non-government organisation in India, in collaboration with UNICEF and Tata Trusts. The study elaborates upon the state of aftercare services in India, across five states, namely, Delhi, Gujarat, Karnataka, Maharashtra, and Rajasthan. It gives a comprehensive overview of relevant policy and laws, national schemes, and budgetary allocations concerning care leavers, in these five States. It also covers existing practises, as well as analysis of exhaustive surveys, conducted with 435 care leavers and 84 key informants on the issues faced by care leavers.

This study developed a specific framework, called the 'Sphere of Aftercare,' that considers the eight essential and interdependent domains that require focus in order to support care leavers, depending on their individual needs, which emerged out of the surveys. These domains include housing, physical health, independent living skills, education and vocational skills, social support and interpersonal skills, financial independence and career, emotional wellbeing, identity, and legal awareness. The research team evolved this framework based additionally on a secondary review of various frameworks and life domains of aftercare used across different countries, as well as practice-based understanding from Udayan Care's own experience of running and managing 17 child care institutions and two aftercare facilities in four states of India. This 'Sphere of Aftercare' is a comprehensive ideology of rehabilitative support and services for care leavers, transitioning out of care, which shows clearly how all the domains are independent as well as interdependent, thereby providing holistic support to a care leaver.



Figure 1 Sphere of Aftercare

The emotional turmoil that care leavers face

Emotional wellbeing refers to the emotional quality an individual experiences and is influenced by a variety of demographic, economic, and situational factors. Enhanced emotional wellbeing is perceived to contribute to increased coping ability, self-esteem, performance, and productivity at work (Kahneman et al., 2010). In the case of care leavers, it also includes emotional preparation to leave care, as most carry the baggage of past traumatic experiences (issues related to trust, trauma, anxiety, aggression, attachment issues, and sexuality), along with new insecurities that are likely to open up before them, once they are independent of the care system.

Emotional impact on care leavers commences even before coming into the care system as they share common scars of traumatic experiences. The harms of institutionalisation are stated by several studies as the youth's growing up needs not being adequately met, their past traumas not appropriately addressed, and an adequate future pathway being far from chalked out with their participation (Sherr et al., 2017). They end up lonely at child care institutions, figuring out puberty and the onset of adulthood by themselves, struggling with various kinds of emotional voids, including past traumas not having been addressed, trust

issues, disrupted education, vocational skills and relationships, along with developmental delays and lack of individual attention and training in life skills and employability. A large percentage of care leavers exit from child care institutions without even basic documents, such as identity papers, a bank account, voter card, and PAN card, the absence of which affects their 'idea of the self' immensely, often leaving them in deep self-doubt and emotional turmoil, greatly affecting their mental health.

Research methodology

The methodology of this paper has been derived from the 'Beyond 18' study. The study followed a mixed methods approach with a descriptive research design that used quantitative and qualitative methods of inquiry in tandem. It used a diverse set of tools for data collation for better understanding of the lives and experiences of care leavers, as well as capturing the views of key informants that is the child protection functionaries of these various states.

Time duration

Udayan Care conducted a pilot study in Delhi through 47 care leaver interviews and 13 key informant interviews (KIIs), to explore the status and quality of aftercare services in Delhi. After reviewing and strengthening the tools with the support of UNICEF, Tata Trusts and Shri Deep Kalra, this research was conducted in 2018 in five states of India, namely, Maharashtra, Karnataka, Gujarat, Rajasthan, and Delhi, with a report entitled 'Beyond 18' being completed and published in 2019.

Ethical approval and limitations

The research protocol, along with the study's design, methodology, and tools, were approved by the 'Suraksha Independent Ethics Committee' through its 'Committee for Scientific Review and Evaluation of Biomedical Research'. This study presented certain limitations, such as the inability to sample care leavers from rural locations, and non-inclusion of care leavers with special needs. The youth who didn't receive aftercare support were referred to as non-receivers,

and these were under-represented in the study sample as many care leavers, who had aged out of child care institutions, could not be reached because of unavailability of information about their whereabouts, reflecting the lack of any follow-up system in the child protection system.

Sample and data collection

Care leavers

Participants in the 'Beyond 18' study were children in need of care and protection who had attained the age of 18 years and had exited a child care institution in one of the five states under study. A total of 435 care leavers, who had grown up in a child care institution and were older than 18 years of age, were contacted. A stratified convenience sampling method was used for conducting the interviews, based on the care leaver's age, sex, and type of child care institution (government or non-government). The process of selection of respondents involved the following steps:

In the first step: The research team approached governmental and non-governmental organisations (NGOs) engaged in aftercare and child care services, as well as local District Child Protection Unit and Child Welfare Committee members, to obtain the names and contact details of young adults who fulfilled the criteria mentioned above.

In the second step: Care leavers were stratified based on their age (18–21 years, 22–25 years, and 26 years and above), their gender/sex, and the type of child care institution they had lived in (governmental or non-government organisation) with an aim to have proportionate representation wherever possible. The sample comprised 55% male care leavers and 45% female care leavers.

Key informants

For a more complete understanding of aftercare in the state, along with care leavers the study focused on a sample of 84 key informants, both male and

female. As it was important to consider a wide variety of viewpoints and experiences, key informants included representatives of various child care institutions (governmental and non-governmental), aftercare providers and programme managers, social workers, case workers, practitioners, experts, policy-makers, activists, and scholars in child and youth protection. Another set of perspectives was provided by state officials: representatives of the Department of Social Justice and Empowerment, and of the Department of Women and Child Development, Child Welfare Committee members, Juvenile Justice Board members, district child protection officers, state child protection officers, district women and child development officers, child welfare officers, and probation officers.

Table 1 provides an overview of the number of care leavers and key informants in each state who participated, when the research was conducted, and the key informant interviews (KIIs) which took place in each state.

State	Total care leavers	Period of research	KIIs
Delhi	55	February–April 2019	10
Gujarat	84	November 2018–May 2019	20
Karnataka	108	April–December 2018	14
Maharashtra	107	April–October 2018	20
Rajasthan	81	September 2018–April 2019	20

Table 1 Research Overview

Findings and results

Participants' demographics

In the 'Beyond 18' study, the sample size was 435 care leavers and 84 key informants that is people working on the ground in child protection across these states. There was a variation between states in terms of gender composition, with Maharashtra having a significantly higher representation of males. All the care leavers involved in this study were between the ages of 17 and 30, with 72% in the age group of 18 to 21 years; only one care leaver was 17 years of age. Nearly 48% of the care leavers were from government institutions and 52% were from non-government organisation run institutions. Those care leavers who had received aftercare services or support on one or more occasions from a state government or a non-government organisation run aftercare programme were designated 'aftercare receivers', whereas non-receivers are those who haven't received any form of aftercare service. Around 73% of all care leavers received aftercare services in at least one of the domains of the 'Sphere of Aftercare', amongst which 46% of care leavers received aftercare from government aftercare programmes, with others receiving support from a non-government organisation supported programme.

Emotional Wellbeing Index

Even though all domains of aftercare are correlated, this paper highlights the findings of one domain of the sphere of aftercare, i.e. emotional wellbeing. The emotional wellbeing section in the 'Beyond 18' study encapsulates the cognitive and functional distress among care leavers, and the reasons for this, as measured through the Emotional Wellbeing Index. There is quantitative evidence that the state of the emotional wellbeing of care leavers has an impact on other domains, including being strongly connected to the Academic and Career Index, indicating an impact on education and work life. The Emotional Wellbeing Index was found to be positively correlated (Pearson correlation coefficient significant at alpha level = .01) to the Aftercare Quality Index (AQI) and the Academic Career Index (ACI), indicating an impact on education and work life, as

mentioned in the main study. The data evidence also indicates that emotional distress results in poor social relationships, which further increases vulnerability, as care leavers fail to establish a social support structure for themselves.

The Emotional wellbeing Index was also found to be moderately correlated to the child care institutions' Life Index (Pearson correlation coefficient significant at alpha level = 0.05), where the child care institution Life Experience Index is a composite score that factors in continuity of education, association with family, stability or instability through multiple placements, feelings of empowerment, and involvement in the planning of their future life. Every domain in the 'Sphere of Aftercare' is interrelated, and somewhere at the root of it all is the mental healthcare required to ensure emotional wellbeing. Unavailability or negligence with respect to any of the other domains tends to impact upon the overall mental and emotional wellbeing of the care leavers, with poor mental health potentially leading to poor education outcomes, inability to retain a job, lack of development of life skills, unstable social relationships, and so on. Human possibilities are immense, and an individual's potential can only be explored and fulfilled when they are safe, secure, and in control of their own lives. Therefore, children who have not had positive experiences in child care institutions are likely to fare worse in most domains of aftercare, and are likely to have thwarted social and interpersonal relations, lesser career prospects, and underdeveloped skills to sustain independently. They are, in short, more likely to have a challenged aftercare experience and a difficult time afterwards.

Emotional distress

The Emotional Wellbeing Index used in this study revealed the following insights. The study emphasised the great urgency to support care leavers and analysed the multiple gaps in law and practice needing to be filled to offer adequate support to care leavers. Over 61% of care leavers faced recurring emotional distress, including 86% of care leavers in Delhi, 63% in Rajasthan, and 54% in Gujarat, who faced emotional distress that made them sad or tense. One in every five respondents in Delhi and Gujarat reported multiple symptoms of distress. Various indicators of distress taken into account within this study

included mood dys-regulation, anger/irritability, feeling worthless, helpless, anhedonia, harmful/violent thoughts, tiredness, work functioning, sleep disturbances, disturbance in food intake, affected daily functioning, need to push for everything, and harmful/violent behaviour. Across states, more females reported distress, in terms of cognitive, emotional, and functional mental health issues, as compared to males, where 84% of male care leavers had a satisfactory Emotional Wellbeing Index as compared to 78% of female care leavers. One of the key informants stated that, 'with no aftercare homes for female CLs in at least 3 of these States (Only Delhi and Maharashtra have one aftercare Home for Women), they get pushed to living in shelter homes for destitute women, where their unique needs are not met'.

As the findings further show, their emotional wellbeing has a profound impact on their functioning in almost all other domains of independent life. For some of them, emotional distress resulted in poor relationships with others, leading to increased vulnerability as they failed to establish a social support structure for themselves. One-third of all care leavers did not feel empowered since their sense of individual agency had not been developed. While the overall Index for the majority of care leavers is satisfactory, the study indicated consistent stress and worry in care leavers across the board, primarily owing to anxiety with respect to future settlement. Considering that care leavers have been removed from the mainstream, it is unsurprising that they can be doubly susceptible/vulnerable at this age of transition, almost on the verge of breaking down or giving up, or pushing themselves so hard that they begin to live with chronic mental ailments which in the long run will also adversely affect their physical health. Care leavers as children were uprooted from their place of belonging and have witnessed the loss of relationships, which has a profound impact on their personal confidence in developing relationships and trust in others. Most care leavers experience re-traumatisation, as they are unwittingly pushed into adult life without adequate preparation and with limited resources. These mental disorders pose a threat to normal day-to-day functioning, potentially resulting in drug addiction, involvement in crime, low self-esteem, or withdrawal from activities necessary for social reintegration (Guillen et al., 2017). One of the care leavers stated,

I have no social life at present, I don't have friends to speak with nor any informed adults who can support and guide me to make important decisions in my life. I feel lonely often and I have barely left home since returning from the child care institution, and have eventually become habituated with this lifestyle.

Female care leavers reported getting easily tired, having mood dys-regulation, sleep and food disturbances, whereas more male care leavers reported having violent thoughts and the need to push for everything. The care leavers, especially male care leavers, face a deficit in social skills, such as effective communication, leadership, conflict management, self-esteem, knowledge of legal rights and duties, gender neutrality. This has an impact on the overall quality of life of care leavers, which ultimately disturbs their mental health. Our findings mirror those of Barn (2010), who noted that any challenges which care leavers face, such as unwillingness or inability to continue their education, difficulty in forging or maintaining relationships, failure to keep a job, and so on, are embedded to some extent in their poor emotional health along with a lack of resilience. It was unexpected to see that symptoms of emotional and cognitive distress were higher among those respondents who have been receiving aftercare as compared to the non-receivers. Also, care leavers from government child care institutions showed more symptoms of emotional and cognitive distress as compared to the care leavers from non-government organisations' child care institutions. This may be due to the fact that the majority of the receivers lived in government institutionalised care settings, which may not have allowed them their freedom, and this may be leading to their higher distress. One of the care leavers stated, 'I was not able to step out of the institution to play or meet my family. Nobody listened to my issues and I felt very lonely as I didn't have anyone to talk to'.

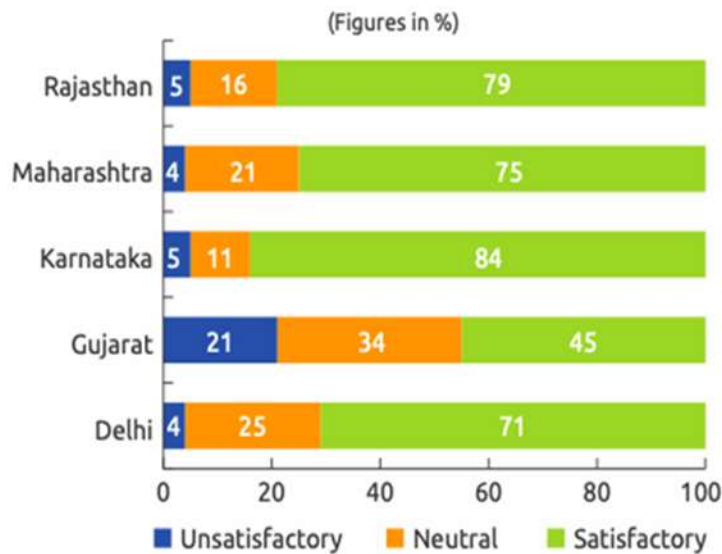


Figure 2: Emotional Well-Being Index by State

The in-depth interviews substantiated the quantitative findings of the study. The pressures to become financially independent without having any financial security, to acquire and manage independent housing, and to integrate into wider society led to anxiety and stress. One of the female respondents reported, 'lack of guidance and financial support has greatly impacted my mental and physical health'. She also complained of chronic depression, inability to sleep, and social anxiety, leading to distancing from friends. She was concerned that she might be developing depressive symptoms as she was unable to sleep and preferred to isolate herself from her friends.

Access to mental health services

It was found that access to mental health services declined during the transition from child care institutions to life outside care settings, and 78% of care leavers did not seek professional help for emotional distress. A quarter of all care leavers receiving aftercare services sought professional mental health assistance, in comparison to 10% of non-receivers. In Gujarat, a shocking 86% of care leavers did not seek any professional help. In Maharashtra, more than a quarter of care leavers facing mental health issues did not seek any professional or non-

professional support, whereas in Delhi, 51% of the care leavers sought assistance from professionals who are licensed social workers, psychologists, or doctors. It was found that most of the youth who are out of the care system tend to approach non-professionals such as friends, family members, mentors and acquaintances. This substantiates that although counsellors and professional social workers are available in child care institutions during childhood, this is not the case when transitioning into adulthood. One of the care leavers expressed that 'I cannot trust anyone now. I talk to people only if it is really required'. Another care leaver stated that,

I was never able to develop meaningful social relationships and emotional bonds with any of the caregivers at the child care institutions, which made me believe that I don't belong anywhere. I lack confidence and can't even share my feelings with anyone.

Care leavers may also not reach out for help after transitioning as they do not have a reliable support network (Mann-Feder & White, 2003). Moreover, being aware of the symptoms and accepting that professional intervention is required is another challenge.

The life of children living in child care institutions is full of struggle and challenges in various domains, such as emotional trauma, trust issues, unwillingness to continue education, and an inability to forge and maintain relationships, which are partially rooted in their poor emotional health and lack of ego-resiliency. Unfortunately, qualified counsellors were not always available in aftercare homes, with staff ill-equipped to adequately resolve the emotional issues of care leavers. Most key informants shared that the stigma related to psychological disorders often discouraged care leavers from seeking assistance. In one of the aftercare homes, the welfare officer fills the role of mentor as well as counsellor for the children. A few key informants also suggested that Delhi has the best mental health services, compared to the other states, but they were not available to child care institutions and aftercare homes, such that access is quite difficult. These key informants believed that nobody prioritises the mental health of these children, youth, and caregivers. Educating caregivers and care leavers on how to identify symptoms and encouraging them to seek

help without feeling stigmatised would be an important step in the system addressing the issues identified above. One of the key informants stated,

What should actually happen is that from 16 onwards children should be prepared about the ruthless world. Mental health preparedness is as important as getting vocational skills. It is very important that the children in child care institutions should interact with children who stay with families. They should be linked with the outside world.

Another key informant reported that, 'Poor mental health affects other aspects of adult life. Some care leavers pick up jobs but leave them the next day,' as they do not feel ready to cope with the new pressures of working life.

Discussion and conclusion

Care leavers at this tender time and age of entering the world of adulthood face several concerns relating to exploring themselves, fitting into the world, dealing with several tropes of addiction, and peer pressure, while needing to perform well to land themselves good grades and jobs. The kind of mental health problems at this age emerge from severe pressure, fear of failure, inability to cope, broken relationships, and fragmented psychological states, leading to borderline depression, thoughts of suicide, and chronic anxiety attacks. The levels of severity might be different, according to the capacity of individuals to deal with stressful situations.

The research by Udayan Care across five Indian states found that there are several areas which need to be addressed, with respect to youth, across all domains in the 'Sphere of Aftercare', when they leave care. After experiencing separation from families and close control and lack of transition preparedness at the child care institutions, they are suddenly expected to transition to the mainstream without proper housing, healthcare, education and vocational skills, legal awareness, and social and interpersonal skills. The lack of the basic necessities of life and the absence of any family or institutional support makes them highly vulnerable and impacts their integration into mainstream society. But most importantly, there is a need to fully understand the emotional condition

of care leavers, and more particularly their space of unstable self-identity, which often goes ignored or unnoticed. Repressed anxiety might intensify later in life and ruin those opportunities that the individual is capable of earning and is deserving of achieving. This, therefore, led us to the understanding that the focus of stakeholders has to be rooted in providing adequate support for uplifting the emotional wellbeing of care leavers, alongside other aspects. Ensuring emotional wellbeing is most important because the success of all other domains of the sphere also depend on this emotional space and other domains cannot be addressed without sound emotional wellbeing.

Given the relationship between state and the care leaver, and the unique vulnerabilities these youth face, the government should recognise them as a distinctly vulnerable population within the legal and policy framework of the country. One of the prime interventions is to provide the appropriate reserved seat for care leavers at national and state level in educational institutions for higher education and in jobs. The research also recommends redefining the reach of the aftercare programme to include support across all domains of the 'Sphere of Aftercare'. The findings show that the experiences, values, knowledge and skills accumulated during childhood in child care institutions have a direct and profound impact on the experiences and outcomes of care leavers' adult lives. Therefore, adequate investments to ensure better quality care, individual aftercare care planning, education, and targeted skilling during childhood are needed, which allow for a smoother transition into independent living, resulting in better outcomes. The study recommends strengthening existing individual care plans, effective implementation of existing policy and law on aftercare, establishing a grievance redressal system, post-aftercare follow up and support, capacity building on transition planning and aftercare, building effective linkages and convergence for aftercare between various ministries at union level, and departments at state level, and strengthening the voices of care leavers in India.

Implications for practice and the way forward

Given the unique vulnerabilities these care leavers face, the government should recognise them as a clearly vulnerable population within the policy and legal

framework of the country. Reaching out to care leavers and supporting them in their journey of life requires several levels of participation and improvement in policies and planning, by the functionaries of the child protection system. While improvement in the short-term can be achieved through engaging with caregivers, mental health experts, and personal advisors, the emptiness in the lives of these children in society requires an empathetic and deep understanding of their need for support systems. Supporting the coming of age of these individuals requires keen attention to training them in life skills, resiliency building, and developing coping skills to deal with adversity.

There is a need for planning and preparation for successful transition at the child care institution level. Immense attention, concern, and responsibility is required on the part of the functionaries to take care of these young adults and to provide highly empathetic understanding, transition planning and training, for when care leavers leave the child care institutions and step out into the larger world to become a part of the mainstream. This sadly does not happen, due to a lack of understanding of their needs and requirements, or a lack of awareness of legal provisions on the part of the stakeholders.

On the basis of the ICP (Individual Care Plan) and other assessments of the child before leaving any child care institution, there must be an Individual Aftercare Plan (IAP) developed for every care leaver, in order to ascertain their unique needs and thereby determine the nature of aftercare services required. This should be developed with the voices of care leavers in mind. Emotional wellbeing and mental health care support should be accessible to all care leavers through professional, specialised counsellors, alongside continuous support for individual and group counselling therapy. Resilience-building through counselling and pre-marriage counselling may be provided, since as children most care leavers may have not lived in a family, and hence are unable to internalise the nuances of family life once mainstreamed. They require marriage counselling to address the impact of past trauma and its influence on societal relationships.

The many gaps in society and systems that leave this potential group of youth abandoned, uncared for, and unaccompanied in their journey of life needs to be identified as a continuous process and addressed tirelessly to build bridges over

the missing links. A common echo of all care leavers interviewed in this study has been the development of physical spaces and platforms, created with support and recognition from the state government and district administrations, where aftercare youth can form peer networks and mentoring relationships. More realisation at community level is required to ensure care leavers access to and participation in all other avenues of life – receiving of vocational training, opening up to educational opportunities, looking forward to jobs, an identity, self-sufficiency, and strong and stable relationships. Before anything, these individuals need to be counted in the larger scheme of things, and their voices need to be heard, with programmes being designed to help them channel their strengths and energies towards building a beautiful world both around and within them.

Acknowledgement

Ms Manjima Biswas has provided support in developing this paper.

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