

**POST CHILD CARE INSTITUTE LIFE OF MALE CARE  
LEAVERS IN THIRUVANANTHAPURAM DISTRICT**

A dissertation submitted to the University of Kerala in partial fulfillment of the  
requirements for the degree of

**MASTER OF SOCIAL WORK**

**2017-2019**

**Submitted by**

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**Exam Code: 91514404**

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**Subject Code: SW 245**



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## **CERTIFICATION OF APPROVAL**

This is to certify that this dissertation entitled “**Post Child Care Institute Life of Male Care Leavers in Thiruvananthapuram District**” is a record of genuine work done by **Mr. Abhilash K Sebastian**, fourth semester Master of Social Work student of this college under my supervision and guidance and that it is hereby approved for submission.

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## **DECLARATION**

I, **ABHILASH K SEBASTIAN** do here by declare that the Dissertation Titled **“POST CHILD CARE INSTITUTE LIFE OF MALE CARE LEAVERS IN THIRUVANANTHAPURAM DISTRICT”** is based on the original work carried out by me and submitted to the University of Kerala during the year 2017-2019 towards partial fulfillment of the requirements for the **Master of Social Work** Degree Examination. It has not been submitted for the award of any degree, diploma, fellowship or other similar title of recognition before.

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23/09/2019

## ACKNOWLEDGEMENT

*Fore mostly I extend profound thanks to Almighty God who has blessed me the opportunities and intellectual ability to complete my research successfully.*

*I was lucky to have **Dr. Sabu P. Thomas**, Faculty of the Social Work Department, Loyola College of Social Sciences as my guide. He was the leading spirit in my endeavor; he had motivated me in my times of confusion, stood for me, with me. At this juncture I extend my heartfelt respect and gratitude for all the pain that he had taken for the completion of my study.*

*I extend my heartfelt gratitude to **Dr. Saji. P. Jacob**, Principal Loyola College of Social Sciences and **Dr. Sonny Jose**, Head of the Social Work Department, **Dr Francina. P. X.**, **Dr. Jasmine Sarah Alexander**, **Fr. Saji Joseph S.J**, **Mr. Kannan G.S** and **Ms. Vandana Suresh.**, faculty Members Department of Social Work for their help on various occasions during the course of this work.*

*I express my sincere thanks to **Dr. Sunil Kumar**, Librarian and **Mr. George Mathew** assistant librarian, Loyola College of Social Sciences for providing necessary reference materials, and their kind support for the successful completion of my work so far.*

*I am also grateful to **Dr. Prakash Pillai**, Head of the Human Resource Management Department, **Dr. Nisha Jolly Nelson**, Head of the Sociology Department and **Dr. Leena S. T**, Faculty of Counselling Psychology Department for giving the valuable corrections during the final draft presentation.*

*I express my sincere gratitude to all the **respondents** who have participated in the process of my data collection.*

*It would not have been possible for me to successfully complete this work without the constant encouragement and support of my **beloved family**.*

*I could never conclude this without mentioning my **dearest friends**, especially **Ms. Sandra George**, **Mr. Sajin M.** and **Mr. Sajan M. S** whose whole hearted support made me to present this before you.*

**ABHILASH K SEBASTIAN**

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## ABSTRACT

Alternative Care, for children separated from their families, of which Aftercare is an important component, is composed strongly on the international child protection agenda. Care Leaver refers to the youth, who have transitioned out of care, on attaining 18 years of age after having lived in a state or NGO-run Child Care Institute. Care Leavers are amongst the most vulnerable sections of the youth population, but they have immense potential and we need to support them so that they become resilient and independent citizens, who can not only live a better life with dignity, but also give back to society.

India is home to 23.6 million orphan children. A Statistical Appraisal, 2018, released by Ministry of Statistics and Programme Implementation, Government of India, states that 5% of the total child population are orphans (lost one or both parents) 5% of the total child population (472,000,000 as per census 2011) is 23.6 million. 2.1 million orphan children are in the age group of 15-17, an indication of the vulnerability of youth advancing towards adulthood. In Kerala, a state of an estimated 60,000 orphans and roughly 1567 orphanages, 'post-orphanage care' is hard to find. In Trivandrum there are 97 orphanages and among that 93 are registered under JJ Act, and approximately 5600 children stays there and out of them more than 2400 are boys and not even one Aftercare home for boys is found in Trivandrum.

The study aims to explore and better understand how the Post Child Care Institute life of male Care Leavers is being built up in Thiruvananthapuram district of Kerala. There is a dearth of research in this area in Indian context. This study would also contribute to the knowledge base of social work and facilitate further research in this area. The study is qualitative in nature and multiple case study design was used. Thematic analysis was done to analyze the data. The data were collected from ten respondents (One each boy from ten Child Care Institutes of Thiruvananthapuram who has left the Child Care Institute minimum three years ago and a maximum of Seven years and is still living in Thiruvananthapuram). The cases were purposefully selected and a semi-structured interview guide was used as the tool. The findings of the study indicate that The findings of the study shows that Care Leavers achieve

consistently poor outcomes in education, housing, life skills and other domains of their life. Meeting the CLs' needs and aspirations is not possible unless we can build effective partnerships at different levels between those government functionaries holding responsibility for such children, stakeholders, corporates, communities and individual mentors.

The finds of the study shows that the quality of support received by Care Leavers is not comprehensive and that their journey through the first decade of adult life is often disrupted, unstable and full of challenges. They struggle to cope and are often socially excluded, go through mental illness that is not addressed adequately and have phases of uncertainty and unemployment, not being independent and yet not knowing who to depend on. Care Leavers have conveyed the researcher that they often find it difficult to navigate services and work out what financial support they are entitled to.

The study has used the concept of a 'Sphere of Aftercare' - a framework developed by Mike Stein - that can help reintegrate CLs to mainstream society. None of the eight domains of the Sphere can be ignored for any Care Leavers. As Care Leavers transition into independent life, they may require support/services under one or more of these domains depending on their unique needs and aspirations. This research is a humble effort to prevent re-traumatization of Care Leavers by mainstreaming them so that the principle of 'leave no-one behind', as mandated by the Sustainable Development Goals (SDGs) is fulfilled. These vulnerable youth are part of the child protection system and therefore the responsibility of the State under the law.

**KEY WORDS:** Care Leavers, Alternative care, Aftercare,



## **1.1 INTRODUCTION**

Our hearts melt when we see a two-year-old crying for attention. The “Mother Theresa” wakes up in all of us when we’re exposed to a picture of a malnourished child. Our spirits fill with hope when a handicapped athlete wins a competition. But when we see a poor, unemployed young adult, we feel nothing. The orphaned young adult population is a forgotten group.

Young people today are attaining the markers of adulthood at a much later timing than before, such that the ages at which young people transition to adulthood encompass those between 18 and 25 years old (Arnett, 2015). In this extended period of transition, young people gain more independence and freedom from their parents’ watchful eyes, while remaining free from most responsibilities of adulthood. Yet, they face a “more challenging developmental task” with the increasing complexity of societies (Sharon, 2016). This period is often marked by high uncertainty and instability as young people experience changes to their roles in the society and the society’s normative expectations of their behaviour. The concept of ‘emerging adulthood’ has thus been used to describe this critical transition from adolescence to adulthood that is steeped in self-exploration and identity formation (Arnett, 2001).

Most emerging adults experience this transition “on-time” - they gain self-sufficiency gradually while having a family or parental support system to rely on in this period. However, those who transition “off-time” do not have the luxury of self-exploration and support networks, but assume adult responsibilities prematurely. This correlates with greater instability and risks in the long term (Cooney et al., 1993). One such group of people is orphans who age out of orphan care. The termination of institutionalized support at the age of 18 forces orphans to take on adult roles, often unprepared and unguided.

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

Protection Scheme, the real challenge lies in the right understanding of the legal provisions by stakeholders as well as in its effective implementation.

## **1.2 CHILDREN IN INSTITUTIONAL CARE HOMES**

Institutionalization is a state of being where people who are not privileged to live with their own resources are placed or kept in a residential institution way and are provided with ample resources for their rehabilitation with the vision of creating an equal, competing society with that of the mainstream society. It is the lack of a wide range of resources that results in the institutionalization, which primarily includes lack of constructive socio-economic background which includes the basic necessities like food, shelters and clothing and secondarily the absence of a family, stable psyche, responsible care-taker etc.

Millions of children across the world are deprived of this crucial phase of life. The vulnerable categories of children include orphans, abandoned and destitute children, missing or run-away children, street children, children of sex workers, abused, tortured and exploited children, children indulging in substance abuse, children affected by HIV/AIDS, children affected by natural calamities, emergencies and manmade disasters, children with disabilities and children suffering from terminal/incurable diseases. In the absence of the child's parents, grandparents, or relatives reluctant to take care of the child, Institutional Care Homes act to provide care and support for these unfortunate children. These children are educated within or outside the Institutional Care Home. It provides an alternative for care and adoption for some of these children. There are about 153 million orphan children living in the world and Asia is the home for nearly 60 million of the children. It has been observed that about 11 million abandoned children, 90% of whom are girls live in India. Growth and development is an important indicator of health. Less than five mortality and morbidity is strongly associated with severe growth retardation, while impaired psycho-social, intellectual development and learning disability are associated with developmental delay. The lack of emotional and social attachment, adequate stimulation and interaction among the family members can cause developmental impairment.

Recent estimates from United Nations Children's Fund (UNICEF) show there are 140 million children worldwide who have lost one or both parents. Statistics show that India is home for the 30 million orphan and vulnerable children, the largest in the

South Asian region. According to Ministry of Women and Child Development (MoWCD), adoption rates in India have declined from 6286 to 2762 during 2010 to 2016, making the situation alarming; but, the unfortunate fact is that not all children residing in institutional care are orphan; most have been abandoned by the parents. Due to poverty, family disintegration, household violence, disability, and social unrest the number of vulnerable children are expected to increase in the future. These children are most vulnerable and are at increased risk of exposure to child labour, trafficking, prostitution, abduction, stigma and discrimination. Vulnerable children are more susceptible than other children because they have already lost the parental protection and care.

Childhood experiences determine the future social, emotional and psychological dynamics and functioning of individuals in their adulthood life. Adverse and painful childhood experiences can sabotage psychosocial wellbeing of children. Psychosocial wellbeing affects children's ability, intellectuality, productivity and social functionality. Post parental loss children experience sorrow, anxiety, depression, lack of support and care. The trauma of losing parents can have adverse psychosocial effects on children like feelings of mistrust, inferiority, shame, guilt, insecurity and improper conduct. To cope with psychosocial distress children indulge in harmful activities like substance abuse, violent and delinquent behaviour.

Children are the responsibility of the state, and therefore, various governmental, non-governmental and faith-based institutions are established to supplement or substitute parental care and supervision, to promote the overall wellbeing of these children. The Juvenile Justice (Care and Protection of Children) Act, 2015, reiterated the need for a child-friendly to ensure care, protection, development, treatment and social reintegration of orphan or vulnerable children while fulfilling their basic needs. Studies have reported that efficiently catering to the materialistic needs sometimes leads to compromised psychological needs of children.

### **1.3 HISTORY OF INSTITUTIONAL CARE HOMES**

By the beginning of the nineteenth century, the improvement in the living condition of the poor and underprivileged got ample importance. The perfect example from the history can be the Settlement Houses Movement. The major purpose of the movement was to provide rehabilitative facilities and equal opportunities in experiencing right and freedom. The movements for the equal treatment of the poor

have gained momentum right from the Universal declaration of Human Rights (UDHR). It is said to be a milestone document in the history of Human Rights and can be considered as the basement of many of the major movements that came later for the conscious revival of the people. The Universal declaration of Human Rights is the recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family and is also the foundation of freedom, justice and peace in the world.

The history of people dealing with orphans can be traced a long way back. The practises of adults taking in “other people’s children” - whether accomplished through informal agreements or through complex rituals or legal procedures - have always been a factor in human social existence. However, the legal and cultural institutions designed to help or in some cases, hinder this process and have varied quite widely across cultures. In today’s world, there are numerous formal social and legal institutions to care for displaced children in need of care outside their biological families. During the 1890's, American Indians were facing the extermination of their families and the destruction of their culture. The government viewed American Indians as being uncivilized and made a series of decisions founded on the belief that Indian Tribes were unable to provide for their young. Consequently, there was large scale removal of thousands of American Indian children from their communities to boarding schools, mission schools, and Institutional Care Homes as part of a policy to assimilate American Indians into white society. In an attempt to civilize these children, many youth were sent away to boarding schools, were not allowed to speak their language and were forced to learn English. Many children were 3 beaten and abused in an attempt to break their spirit. Additionally, Indian children were removed from their families and adopted by White families at a much higher rate than any other children in the nation. In America, the practise providing care for the orphans started from 1850 through various approached right from the native community. The mother of the family would be primarily responsible for raising the infants of both sexes, more especially, girls as they passed into adulthood. Indeed some scholars note that all reputable elders of these communities typically place some role in child rearing which was extremely a boon for the orphans living in the community. These children would be getting similar values as that of a family as they are not growing up in an institution. The child rearing role was certainly taken by any of the family

member in the community and it may vary according to the nature of the community. However, despite the fact that most of the tribal people viewed the work in the family terms, and valued community- wide role in the rearing of children, adoption was not merely an informal or automatic occurrence. Family and clan lineage were often followed very closely and taken very seriously.

The first Institutional Care Home was established in the United States in 1729 to care for White children, orphaned by a conflict between Indians and Whites at Natchez, Mississippi. Institutional Care Homes grew and between 1830 and 1850 alone, private charitable groups established 56 children's institutions in the United States (Brenner, 1970). Some theorize these Institutional Care Homes were established in response to health epidemics (cholera, tuberculosis and influenza), wars, and influx of immigrants into a particular geographical area, growing urbanization, and poor economic times. These institutions were seen as a place to teach values to the children of the disenfranchised population thus preparing them to become self-reliant adults. A great number of children placed in these institutions were not fully orphaned. In fact, from 1847 to 1869, a review of the Protestant Orphan Asylum in St. Louis, Missouri, revealed that only “twenty-seven percent of the children were full orphans. Sixty-nine percent of the children had one parent, the other parent being deceased or absent. The single parents were equally divided amongst fathers and mothers. Four percent of the children had both parents” (Downs, 1983). These Institutional Care Homes appeared to serve a population of disadvantaged children whose parents were having difficulty providing them with adequate care. These Institutional Care Homes did provide a temporary place of relief for the family. However, children were not always returned home and could be “indentured” to other persons or families or sent to other areas of the country where manual labour was needed. Examples include the orphan trains organized during the early 1900's by the Children's Aid Society to transport children to the rural West to provide assistance to farmers and ranchers.

Institutional Care Homes started appearing in the American colonies well before the Revolutionary War, but they were relatively few in number until the 1830s, when several were constructed in response to the poverty and the breakup of kinship networks resulting from large-scale immigration and urbanization. Cholera and yellow fever epidemics, in particular, spurred many localities to construct Institutional

Care Homes. Growing perception of childhood as a time of innocence led to the abolishment of child labour in foster homes and alms houses. Most Institutional Care Homes were strictly segregated by race, and constructed groups affiliated with Protestant, catholic, and Jewish religious groups. Hence, not only were most white run Institutional Care Homes before and long after the Civil War strictly segregated, but only a very few were devoted exclusively to black children. Although the institutionalization of children were widely criticized during the latter half of the nineteenth century, they remained the most important form of temporary or permanent care for dependent children in the United States until well into twentieth century.

Ursuline nuns founded the first Institutional Care Home and were specified as ‘orphan asylum’ by David Gates and it was in North America in 1729, after Red Indians massacres adult settlers at Natchez. Institutional Care Home hardly existed until urbanization and immigration intensifies in 1830s and 23 private orphan asylum opened. By 1850, New York State alone had 27 Child Care Institutions, both private and public. After the Civil War, the number of Child Care Institutions and poorhouses increased by 300 percent and it was another way of immigration. According to the historian from Columbia University, the Institutional Care Home movement began along with building prisons and state hospitals for the insane as it was considered as the a similar phenomenon. Back then, philanthropists tended to regard the Child Care Institutions as a form of school, whereas pragmatists saw it as a holding tank. Institutional Care Homes once served a necessary and worthwhile purpose of providing for children's basic needs for food, shelter, and clothing when parents were either dead or absent. As society progressed, it accepted a responsibility to provide financial support to parents as a way to keep children with their families, thus came a decline in the need of Institutional Care Homes.

On the other side of the Atlantic Ocean, legalised adoption and institutionalization exists at least around 2285 B.C. when it first appeared in the Babylonian “Code of Hammurabi”. Adoption seems to have been long practised in various parts of the Mediterranean World, Asia, Africa and the Middle East. However children from virtually all levels of most European Societies were transferred to different households for extended periods of time through apprenticeships, various forms of indenture ships and other quasi- adoptive relationships. Unlike today, these early European adult much preferred older children for the foster relationships, as

infants could do no work. The wealthiest boys were boys, from merchant and professional families, were typically apprenticed, for a fee, to professionals and fine craftsmen, lawyers, doctors, silversmiths etc. to learn an exclusive trade during their teenage years. Boys from the middling classes were sent to work and learn a trade, thus relieving the economic burden on their birth family as well as providing vocational training. Girls in all classes were often legally and voluntarily transferred to another family as domestic servants.

#### **1.4 THE RESEARCH PROBLEM**

Children develop best when they grow in a family, in an atmosphere of happiness, love and understanding. A safe and functional family is the cornerstone for realizing children's rights and ensuring their optimum development. The United Nations Convention on the Rights of Children, (UNCRC) ratified by the Government of India, prescribes for best efforts towards non-separation of children from their parents, unless such separation is necessary and in the best interest of the child (Article 9).

Governments are, thus, duty-bound to provide the necessary services, support and facilities to families to enable them to adequately care for children (Article 27). At the same time, it is a reality that families often face external pressures that challenge their ability to appropriately care for children, and sometimes, these can be extreme circumstances such as parental death, disasters (natural/man-made), armed/internal conflicts and wars, where children are separated from their birth families. Children, deprived of care by birth parents or are at-risk of being separated, are often pushed to growing up in Out-of-Home-Care (OHC) settings, and are referred to as 'looked after' children because their care and protection becomes the responsibility of the state. In all such situations, Alternative Care for children is an umbrella of care and protection present across the world to look after all such children living in Out-of-Home-Care settings, which ensures that they are not further exposed to risk and vulnerability of abuse, abandonment, neglect or exploitation. Alternative Care for children is in a way critical to reduce any further risk or vulnerability of the child. Under the Continuum of Care approach, the United Nations Guidelines for the Alternative Care of Children (UNGACC, 2009) lays down two very important principles for care of children, living in any kind of alternative setting; the principle of "necessity" and the principle of "suitability". Even as India has ratified the United

Nations Convention on the Rights of Children, the absence of gate-keeping, family strengthening programmes and family-like care options have made long-term residential care in Child Care Institutions (CCIs) the only option for Out-of-Home-Care children.

NITI Aayog, in its 3 years Action Agenda (2017-2020) acknowledges the non-availability of credible data as the major obstacle to design effective policy interventions. But things are changing. The Ministry of Women and Child Development (MoWCD), Government of India, for the first time, instituted a Committee under the Chairpersonship of Ratna Anjan Jena, Statistical Advisor, which mapped all Child Care Institutions (CCIs) in India (except 34 Homes in Uttar Pradesh).

The Jena Committee report, published in September 2018, was based on data collection that was completed in March, 2017, and on the review of 9,589 CCIs in India. The report found that 91% CCIs were run by NGOs, and only 9% were Government run. For the first time, we have Government data saying there are 3,70,227 Children in Need of Care and Protection (CNCP) (199,760 boys; 170,375 girls) and 7,422 Children in Conflict with Law (CCL) in the country. Unfortunately, the report does not talk of Aftercare, except that it mentions that “CCIs and Aftercare homes need to be actively involved in networking, coordinating and linking with various professionals, institutions and community-based organizations that have expertise in the concerned areas to provide a wide range of services to children” (Jena Committee Report, 2018). It thus misses an opportunity to include the ‘Continuum of Care’ approach for children living in CCIs and further shows that Aftercare remains a low priority within the child protection system in India.

For children growing up in Child Care Institutions, turning 18 means abandonment again. The Juvenile Justice (care and protection of children) Act, which was first introduced in the country in 1986, was amended in 2000 to make it tune with the recommendations of the international Convention on the Rights of Child, 1989, that put major emphasis on human rights of orphans. A prime objective was to see that orphans are rehabilitated and socially re-integrated in terms of higher education, employment and social benefits.

Alternative Care, for children separated from their families, of which Aftercare is an important component, is poised strongly on the international child



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

Aftercare is a measure for rehabilitation and social reintegration of young adults who leave institutional childcare system on attaining certain age, as specified in law. It is still an evolving area in the domain of child and youth care in India. According to the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act 2015), aftercare in India means ‘making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed twenty-one years, and have left any institutional care to join the mainstream of society’ [Section 2(5)].

The JJ Act rules provide for care and protection to orphans at children’s home only up to age 18 after which they are not allowed to stay there. The rules do provide for establishment of an ‘After care Organisation’ for those who have no place to go. But these remains as policies only and not yet well executed or enacted.

In Kerala, a state of an estimated 60,000 orphans and roughly 1567 Child Care Institutions, ‘post-orphanage care’ is hard to find. In Trivandrum there are 97 Child Care Institutions and among that 93 are registered under JJ Act, and approximately 5600 children stays there and out of them more than 2400 are boys and not even one after care home is found in Trivandrum.

### **1.5 SIGNIFICANCE OF THE STUDY**

India is home to 23.6 million orphan children. A Statistical Appraisal, 2018, released by Ministry of Statistics and Programme Implementation, Government of India, states that 5% of the total child population are orphans (lost one or both parents) 5% of the total child population (472,000,000 as per census 2011) is 23.6 million. 2.1 million orphan children are in the age group of 15-17, an indication of the vulnerability of youth advancing towards adulthood.

Kerala Government had planned that 'After-care' homes, where the homeless who have attained adulthood will be lodged, will be started in all districts in the state. At the moment, there is just one after-care home for males, in Thalassery. This home has just 12 inmates though it is meant for 50. The low intake does not mean there is low requirement for such a facility. It just shows that it is out of bounds for many who desperately need a roof over their head. The Department has already asked for the list of boys above the age of 16 who require after-care shelter in all the 14 children's homes in the state.

Except for the Thalassery home, the other after-care homes and shelter homes are for girls and women. The boys, too, have the right to lead a dignified life. It is the state's obligation to provide such an opportunity. This is no favour either, as the Juvenile Justice Act itself had laid down the "sustained care" concept for both boys and girls.

It is very important to study about them since so far no such studies have been taken place in Kerala other than the passing news in newspapers.

## **LITERATURE REVIEW**

### **2.1 INTRODUCTION**

A literature review is a summary of previous research on a topic. Literature reviews can be either a part of a larger report of a research project, a thesis or a bibliographic essay that is published separately in a scholarly journal. The purpose of a literature review is to convey to the reader what knowledge and ideas have been acquired on a topic and what the possibilities and limitations are. It also helps the researcher to analyse critically the segment of body of knowledge through summary classification and comparison of prior research studies, reviews of literature, and theoretical articles. The literature review allows the reader to travel through the evolution of the topic from the already conducted study to the present state of the topic. In this process, the researcher keenly selects and churns the available literature for achieving accuracy. Literature review helps the in identifying the unidentified realms of a topic to which the researcher can lead the successors. A competent review of the literature is at least in part a means of affirming your credibility as someone who is knowledgeable in your chosen area. This is not simply a matter of reproducing the theories and opinions of other scholars, but also being able to interpret what they have written, possibly by using their ideas to support a particular viewpoint or argument (Bryman, 2012).

### **2.2 AFTERCARE**

Aftercare is a process of supporting and preparing youth who are transitioning out of Alternative Care on attaining majority, towards independent living and social integration, through provision of a comprehensive set of services across different domains of life. In India, the key instruments governing this are the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act), its Rules of 2016 (JJ Rules) and the Child Protection Scheme, (earlier known as the ICPS), all of which together provide an overarching legal framework for childcare and Aftercare. The policy and laws in India prescribe Aftercare support for ‘Children in Need of Care and Protection’ (CNCP) in Alternative Care settings as well as for ‘Children in Conflict with Law’ (CCL). Robust Aftercare programmes are necessary for Children in Need of Care and Protection, who require further assistance for completion of the process of

rehabilitation from institutional care or attainment of self-sufficiency on their release from the Children in Conflict with Law. India has a long way to go to bring care reforms for Out-of-Home-Care children, the success of which depends on the four enabling conditions of change identified by an England-based organisation, Hope and Homes for Children (HHC). Their theory of change highlights four crucial components: Political will; Evidence & Know-how; Civil Society Participation and the last and the most important, Resources (funding).

## **2.3 INSTITUTIONAL CARE**

Institutional care can be defined as “Group foster care in which parenting responsibilities are largely taken over by some form of institution (such as residential nursery, orphanage, or children's home), or therapeutic care over a prolonged period in which the child is in a hospital, convalescent home or the like, without at least one parent living with the child” (World Health Organisation, 2016). A Child care institution provides basic amenities for the underprivileged children. Many studies show that the institutional upbringing of the children can influence the latter attachments of them as adults.

### **2.3.1 ORPHANAGES**

An orphanage is an institution dedicated to caring for children who have lost their parents, or for children believed to be abused, abandoned, or generally neglected. Largely seen as an inferior alternative to foster care and adoption, orphanages may be privately or publicly funded, or may be run by religious organizations. An orphan is a person, typically a child, who has lost both parents. Historically, certain birth parents were often pressured or forced to give up their children to orphanages, such as children born out of wedlock or into poor families. An obligation of support is often imposed upon parents or grandparents under nearly every system of law; however natural sympathy and a willingness to support the common good often allow for the care of orphans to become a public duty.

Orphanages are places where the dependent people are taken care of. Since they follow an established law or practice, it would be structured and the residents will have to experience a life different from that of residents reared in families. Children who live in large child care institutions do not necessarily have the same

opportunity to form an attachment to a single primary caregiver as children in normal family homes.

The primary aim of the literature review is to identify the known facts about the life of the children's (Boys') life after leaving the care homes. The study relies upon various forms of literature like books, article from journals and websites, commercial and statistical information, thesis and dissertations.

### **2.3.1.1 ORPHAN CHILDREN: WORLD STATUS**

According to the report of United Nations Children's Fund (UNICEF) and the joint UN program (2018), 7.6% children of the total population of the world are orphan. An estimated 153 million children worldwide are orphans (UNICEF). 132 million orphan children are live in Africa, Asia and America continent. According to this report, out of 132 million orphan children there are 13 million children who have no mother and father. According to this report, 5% orphan children are above the age of 5 year. Every country has given the definition of orphan children as their own way. These orphan children's definitions are based on their country's environment, population and culture.

The definition contrasts with concepts of orphan in many industrialized of orphan in many industrialized countries, where a child must have lost both parents to qualify as in orphan. UNICEF and numerous international organizations adopted the broader definition of orphan in the mid- 1990's as the AIDS pandemic began leading to the death of millions of parents worldwide, leaving an ever increasing number of children growing up without one or more parents. So the terminology of a "single orphan" - the loss of one parents - and a "double orphan" - the loss of both parents was born to convey this growing crisis.

### **2.3.1.2 ORPHAN CHILDREN: STATUS IN INDIA**

A new study by an international charity for orphaned and abandoned children form that India is home to 23.6-million orphans, a figure projected to increase by 2021. A new study by an international children's charity has found that 5 % of India's child population of 23.6 million are orphans. Most of these children have been abandoned by their parents. In fact the charity estimates that only 0.3 % of these orphans are children whose parents have actually died. The study found that states

such as Uttar Pradesh, Bihar and West Bengal had more orphans than Indian's richer states. The state of Madhya Pradesh, Uttar Pradesh and Chhattisgarh are home to 6-million orphaned children under the age of 18. The eastern region, encompassing Bihar, Orissa, Jharkhand and West Bengal, now houses 5.2-million orphans.

India is home to 23.6 million orphan children. A Statistical Appraisal, 2018, released by Ministry of Statistics and Programme Implementation, Government of India, states that 5% of the total child population are orphans (lost one or both parents) 5% of the total child population (472,000,000 as per census 2011) is 23.6 million. 2.1 million orphan children are in the age group of 15-17, an indication of the vulnerability of youth advancing towards adulthood.

An estimated 41 % of India's population is below that age of 18, the largest child population in the world. According to one of the studies, an additional 13 % of these children live in 'single-parents' households, which are also socially and economically marginalized. About 85 % of children from single-parents' households live with their mothers.

### **2.3.1.3 ORPHAN CHILDREN: STATUS IN KERALA**

In Kerala, a state of an estimated 60,000 orphans and roughly 1567 orphanages, 'post-orphanage care' is hard to find. In Trivandrum there are 97 orphanages and among that 93 are registered under JJ Act, and approximately 5600 children stays there and out of them more than 2400 are boys and not even one after care home is found in Trivandrum.

### **2.4 INSTITUTIONALIZATION OF CHILDREN**

Tolfree (1995) defined institutional care for children as "a group living arrangement in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society." This definition implies that it is a professional relationship between the adults and the children is very different to the one that is parental. The organized and deliberate structure for the living arrangements of children is also criticised (Dunn A., Jareg E., Webb D.A. cited by Nirekha. D.S and Asitha G.P. 2011). Goffman (1961) explored the process of institutionalisation as experienced by inmates; he focused on the total institution, which has regular routines and a structure. He argued that the removal of normal

patterns of activities and identities provided a cultural and social context within which individuals became depersonalised. He developed the concept of institutionalisation as a model of the total institution with four key features:

All aspects of life occur in the same place, controlled by one authority. Each aspect of daily activity is carried out either others who are all treated the same. All aspects are rigidly programmed. The separation of staff and inmates is often maintained.

Institutionalisation tends to have general connotations that are largely negative compared to institutional living, not comparing at all favourably with living in a family and community. Institutional care is also very often stigmatised. This is because of its development from the poor Law Workhouse of the nineteenth century (Encyclopaedia of Social Work, 2000:296). Institutionalised care for the children is often charged with creating an institutional personality syndrome among the children. However, residential care can be diverse. It could have aims that are based on different needy groups. These include children, old people, differently-abled and others.

Jill Hodges and Barbara Tizard in the year 1989, studied on the 'effect of Institutional Upbringing on later attachments' among the adolescent ex- institutional children of the age sixteen. The samples were those children who got the institutional care at least for two years of age. Hodges and Tizard refer to their study as natural experiment. They take inference from the Psychoanalytic approach to child development for studying the effect of institutionalization in the Child's Developmental environment which is social relationships, with two main values that is adoption and restoration. Major finding of the study was that all the children received good physical care in the institutions, which also appeared to provide adequately for their cognitive development. Along with that they could also find that the policies were against the children building strong relationships with the nurses or care-takers. The staff turnovers, and explicit policies against allowing too strong an attachment to develop between children and the nurses who looked after them, had given the children little opportunity to form close, continuous relationships with an adult. The children had unusual attachment behaviours according to the study.

Suellen Murray (2002) made a study on the life of the former residents of care homes along with Elizabeth Branigan, Jenny Malone and John Murphy in April 2008. The study suggests about their subsequent lives in order to examine the long term impact of growing up in Catholic institutions. Their life stories show how they have integrated their childhood experiences of growing up in institutions and the diverse ways their lives have subsequently unfolded. The findings of the research have been divided into six critical areas for consideration: the impact of growing up in institutions; families of origin; relationships and parenting; education, skills and employment; health and wellbeing; and service provision. The study focuses on the participants' own perspective of their life. The study shows that the long terms effects of growing up in institutional care have not only been experienced by the people concerned, they have also been felt by the families they came from, the families they went on to create, their friends, wider communities and the organisations and practitioners who have supported them.

Murray's book, *After the Orphanage* in 2009 how institutionalization affected future education, employment opportunities, relationships and health, and the implications this might have for policy and practice in the out-of-home care of children. It also includes their reflection on how they think growing up in care has shaped who they are; the issue of identity is central for many who have fractured sense of the early years of their personal history. After the orphanage starts with their accounts of the first day they left this institutional care and entered an often unfamiliar and intimidating world as a very young adult. His book, *Supporting Adult-care Leavers: International Good Practice* opines that growing up in care is not just a part of childhood, but can have ongoing impacts across a person's life. Various inquiries have revealed accounts of abuse and neglect, and a fracturing of family relationships.

In 2009, Zohra S. Lassi along with three others named Sadia Mahmud, Ehsan U. Sye and Naveed Z. Janjua compared the behavioural problems of children in an SOS village which attempted to provide a family setup for its children, with those living in conventional orphanages. The study conducted a cross-sectional survey of 330 children aged between 4 to 16 years, institutionalised in an SOS village or other conventional orphanages of Karachi, and assessed their behavioural problems using strengths and difficulty questionnaire (SDQ). The major findings were based on the



prevalence of behavioural problem which was found to be 33 percent of the total samples. It was also found that the groups have got peer problems more than that of behavioural issues. The study also touched the care providers and was found without basic education. 52 percent of the foster mothers were found to lack basic education and 3 out of 23 were found to have depression and anxiety.

Lisa Navlen in her article *The Impact of Early Orphanage Life on Development* opines about the influences contributing to a child's development and behaviour, including genetics and the environment, both during pregnancy and following birth. In the general population, 15% to 20% of all children will display some type of developmental or behavioural issue. He also suggests that most of those children have mild difficulties regarding attention, language or regarding difficulties. Certain situations can increase a child's risk for developmental and behavioural problems. These suggestion can directly be connected to Eric Erikson's (1950, 1963) Psychosocial Theory where he says that the inability to complete particular developmental task may lead to negatives outcomes to personality development.

Maj-Inger Klingvall, Minister for Development Cooperation, Sweden, in his article *Children in Institutions*, elaborated on the major aspects of institutionalization. He says that the children placed in an institution are separated from their parents, and also often from their siblings and friends. This separation leaves a deep mark on their development and may affect them up to adulthood. In addition, institutional care as such has an adverse impact on children. Institutions' seclusion from the community, their organisation and their often inadequately trained staff mean that many of the children's basic needs are not satisfied. Individual children manifest in different ways the risks of the adverse development conditions that institutional life involves. That may, for example, exhibit mental disturbances and an inability to feel empathy for others. They are commonly unable to develop trusting relationships with others. He finds certain push factors in the children after leaving the institutionalised environment. He says that many children who have grown up in isolated institutions have difficulty in becoming integrated members of society in adulthood, and this may result in their continuing to live in institutions as adults. Many of those who, for example, go to prison prove to be former institutional inmates. Many of those found in institutions for the physically disabled and mentally handicapped also prove to have

been inmates of institutions in their childhood as well. And many of the parents who leave their Children in Institutions children to grow up in institutions were once themselves children in institutional care.

Sreepriya C K's study in the year 2008 found out the problems in the administration of the Social Welfare programme in Kerala. The study focuses to analyse the effectiveness of the various aspects of the welfare administration in the field of child welfare. It practically emphasise the services provided to the children in need of care and protection in Kerala. The study revealed that the ground reality regarding the institutional services for children does not match the blue print of the programme in official documents. Quality is lacked in both the sectors and is understaffed and lacks professionalism. They have got a bunch of dissatisfied staffs as well as beneficiaries. Planning and implementation of welfare services are done in an unprofessional and unscientific manner and need a professional to view the problems technically and to render lasting results. The study could not find answers for the comparison between government and non-government organizations. The study could not cover the entire child welfare system in the state in order to be more focused. Children with physical and intellectual disabilities are excluded from the study as there is no tool for analysing their response which may vary the degrees. The researcher suggested to study on the socio- economic and cultural factors that create a category of underprivileged children can create underprivileged category of children who can reduce the magnitude of the problem.

#### **2.4.1 Efficacy of Family-based Care as Compare to Institutional Care**

A Careful Review, article written by K Bhuvanewari and Sibnath Deb was to find out the forms and grounds on which children enter the institutional care, the protection and violation of rights in institutional Care. The article also suggests various course of action for upgrading the care for the institutionalised children in need of care and protection. The article concludes that the institutional environment becomes a non-natural environment for infants and children. This can result in the maladaptive development of these children. On the other hand Family-based care is found to be appropriate in all respect for the society, better for the government and best for the child.

Immanuel Thomas in the year 1991, studied about the differences in the personality of orphans and non-orphans in terms of alienation, locus of control, hostility, and self-derogation were studied using a sample of 102 orphans and 109 non-orphans of the age group 13-18, drawn from orphanages and schools situated in Thiruvananthapuram city. The results obtained indicate that there are differences in the experiences of orphans and non-orphans in case of alienation, hostility, and self-derogation. Hostility is high with the increase in alienation, locus of control, and number of years of stay in the orphanage in orphans. The non-orphans, has the experiences of self-derogation which decreases with the home atmosphere and increases with alienation and hostility. Whereas alienation increases with hostility and decreases with home atmosphere.

#### **2.4.2 THE TRANSITION FROM CHILDCARE TO AFTERCARE**

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

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

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

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

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

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

opportunities to maintain links with out of home center support, in order to reduce the possibility of further stress and disrupted attachments (Meade & Mendes, 2014).

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

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

#### **2.4.3 TERMINATED YOUTH**

Young people today are attaining the markers of adulthood at a much later timing than before, such that the ages at which young people transition to adulthood encompass those between 18 and 25 years old (Arnett, 2015). In this extended period of transition, young people gain more independence and freedom from their parents’ watchful eyes, while remaining free from most responsibilities of adulthood. Yet, they

face a “more challenging developmental task” with the increasing complexity of societies (Sharon, 2016). This period is often marked by high uncertainty and instability as young people experience changes to their roles in the society and the society’s normative expectations of their behaviour. The concept of ‘emerging adulthood’ has thus been used to describe this critical transition from adolescence to adulthood that is steeped in self-exploration and identity formation (Arnett, 2001).

Most emerging adults experience this transition “on-time” - they gain self-sufficiency gradually while having a family or parental support system to rely on in this period. However, those who transition “off-time” do not have the luxury of self-exploration and support networks, but assume adult responsibilities prematurely. This correlates with greater instability and risks in the long term (Cooney et al., 1993). One such group of people is orphans who age out of orphan care. The termination of institutionalized support at the age of 18 forces orphans to take on adult roles, often unprepared and unguided. These orphans, who age out of the orphanages at the age of 18, are often referred to as “terminated youths.”

Studies, predominantly from the US, have shown that terminated youths notably struggle in handling monetary issues, food, job seeking and management skills, and interpersonal skills in this period of emerging adulthood (Greeson, 2013). Terminated youths tend to earn unstable incomes and are employed at lower rates than non-orphans (Naccarato, Brophy, Courtney, 2010).

Fewer terminated youths pursue or complete tertiary education as well (Pecora et al., 2006). Moreover, they are more disposed to criminal behaviour, homelessness, and physical and mental health problems (Avery, 2010; Tweddle, 2007). While much literature exists on American terminated youths emerging into adulthood, there has been little written about their Indian counterparts. Most studies in English about Indian orphans’ centre around international adoption and the Indo-foreign adoptee experience (e.g. Pate, 2014). The other few focus on children still in care, noting that orphans face multiple emotional, cognitive and behavioural difficulties under both institutional and foster care in India (Kang et al., 2014, 2017). Only a handful of studies have been made about Indian terminated youths. Yoon and Park note that separation from institutional care not only begets worry and tension, but also hope (2014); Kang, Yang and Kim have identified that these youths struggle between

choosing college and work, and face discrimination at work (2015). It has also been found that Indian terminated youths have insufficient social support upon leaving, and still primarily seek help from their orphanage teachers (Won, 2008).

At present, all countries are continuously trying to develop. Every country is trying to enrich economically, socially, naturally and geographically. People gets slight success in it but this success, opportunities for development and benefits does not reach to the every class of the society. Sometimes person feel lonely themselves even after all the luxuries and this loneliness is because of their loving person like mother, father, wife or any person whom they love more. Some person lives in the society whose mother and father both does not live. These children's parents are otherwise died or they give up their children. These type of children known as "orphan" in the society.

According to Indian National Family Health Survey( 2005-2006 ), "Orphan was defined as a child who has been abandoned or has lost both parents" The slightly different from the terminology used by inter-governmental organizations such as the United Nations Children's Fund (UNICEF) and the joint UN programmed is- 27 "HIV /AIDS, which also treat children who have lost only one parent as orphans" The high proportion of abandoned children among orphans highlights the facts that poverty is a major reason behind the situation.

## **2.5 PROVISIONS FOR THE CARE LEAVERS**

### **2.5.1 INTERNATIONAL LEVEL**

The United Nations Guidelines for the Alternative Care of Children provides comprehensive guidance on minimum standards for Aftercare services, including a specific section dedicated to 'Support for Aftercare' (paras 131 to 136).

The prescriptions of the United Nations Guidelines for the Alternative Care of Children for strengthening aftercare programme are the following:

Childcare agencies and facilities should 'systematically aim at preparing children to assume self-reliance and to integrate fully in the community'. The focus of actions should be on acquisition of social and life skills through participation in the life of the local community.

The process of transition from care to aftercare should take into consideration children's gender, age, maturity and particular circumstances.

Children leaving care should be encouraged to take part in the planning of aftercare life. Children with special needs, such as disabilities, should benefit from an appropriate support system. Both the public and the private sectors should be encouraged to employ children from different care services, particularly children with special needs.

### **2.5.2 NATIONAL LEVEL**

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

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

While the right to protection of children is cross-cutting across all domains of life and codified rights, its recognition is not evident in overall policies. Policies across sectors do not explicitly recognize vulnerabilities of children in institutional care and the need for Aftercare, with lack of provisions specifically for them. Aftercare is provisioned for only under the child protection system, which includes the JJ Act, the JJ Rules and the ICPS. Having said that, the broader policy framework



does provide for multiple resources and services that these children/youth, transitioning out of care, can access and utilize for better settlement as adults.

### **2.5.3 THE NATIONAL YOUTH POLICY**

The National Policy for Youth 2014 is specifically designed to refer to the priorities for youth in the age-group of 15-29 years. The policy recognises that “there are a number of youth at-risk and marginalised youth, who require special attention in order to ensure that they can access and benefit from the Government programmes”. It also recognizes “Youth in institutional care, orphanages, correctional homes and prisons” as a vulnerable group but does not address the needs of the Care Leavers particularly.

### **2.5.4 THE NATIONAL POLICY FOR SKILL DEVELOPMENT AND ENTREPRENEURSHIP 2015**

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

### **2.5.5 OTHER SCHEMES**

Further, the canvas of the policy in India has a set of well-designed schemes for social protection. There are schemes that provide subsidies and scholarships for higher education, insurance (PM Jeevan Jyoti Yojana), and accident insurance (PM Suraksha Bima Yojana), all of which can be accessed by the care leavers. There are policy changes required in schemes like National Health protection scheme Pradhan Mantri Jan Arogya Yojana (PM-JAY) or Ayushman Bharat for access to health care, as the eligibility criteria of the scheme is based on the income level of the family and thereby excludes the CLs from its benefits.

### **2.5.6 JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) 2015**

The erstwhile JJ Act did not define the term ‘Aftercare’ though it empowered State Governments to establish or recognize “Aftercare Organisations” (ACOs) and develop a scheme of Aftercare programme that provides services for a restricted period of three years.

The JJ Act, 2015 is more explicit in defining and provisioning for Aftercare. According to Section 2(5), “Aftercare” means making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed the age of twenty-one years, and have left any institutional care to join the mainstream of society. Further, section 46 mandates the state to provide financial support to children leaving a Child Care Institution on completion of eighteen years of age in order to facilitate child’s re-integration into the mainstream of society.

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

Aftercare is stated in Section 46 of the JJ Act, 2015. According to this Section, any child leaving a Child Care Institution on completion of 18 years age ‘may be provided with financial support in order to facilitate child’s reintegration into the mainstream of the society in the manner as may be prescribed’.

### **2.5.7 CHILD PROTECTION MACHINERY AND ROLES**

The Child Welfare Committees (CWC), Juvenile Justice Boards (JJB), or the Children’s Courts can order Aftercare till the age of twenty-one years or if required, till twenty-three years of age. They are also mandated to review effectiveness of the Aftercare and monitor the progress of every child and youth. The CWC is also responsible for maintenance of records. The State Child Protection Society (SCPS) is responsible to develop programmes for Aftercare and maintain database of After Care Organizations. The District Child Protection Unit (DCPU) develops Aftercare-related database at the district level to share with SCPS, and CWC implements the Aftercare

programme by identifying organizations for providing the Aftercare services and maintains a database of organizations willing to provide the same.

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

#### **2.5.8 PLANNING FOR TRANSITION AND REHABILITATION**

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

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

#### **2.5.9 INDIAN CHILD PROTECTION SOCIETY (ICPS)**

According to the prescriptions of ICPS, identification of voluntary organizations for aftercare programme is done by DCPU. But the order for placement of young adults in aftercare programme is given by JJB/CWC. The order is then sent to DCPU, which in turn ensures that aftercare services are available for the young adults. The voluntary organization managing aftercare programme receives grants up to a maximum of Rs. 2000 per person per month from the State Child Protection Society (SCPS). This monthly grant is spent for meeting individual needs of young

adults like food, clothing, health care and shelter, age appropriate and need-based education and vocational training, and stipend.

#### **2.5.10 JJ RULES 2016**

JJ Rules 2016, formulated for administration of provisions of the JJ Act 2015, are in consonance with the provisions of the ICPS and provide further clarity to management of aftercare programme in the country. The key highlights of Rule 25 which deals with aftercare programme are noted below.

The State government shall prepare a programme for education of young adults, giving them employable skills and placement. Places for stay will also be provided to them in order to facilitate their rehabilitation and reintegration into the mainstream of the society.

Order for placement of young adults under aftercare schemes will be passed by the Child Welfare Committee (CWC) or the Juvenile Justice Board (JJB) or the Children's Court (CC) as per Form 37. Aftercare services are provided till the age of 21 years, and in exceptional circumstances, two more years after completion of 21 years.

#### **2.6 THEORETICAL FRAMEWORK: MIKE STEIN'S 'SPHERE OF AFTERCARE'**

The 'Sphere of Aftercare' is a comprehensive ideology of rehabilitative support and services for Care Leavers transitioning out of care and is a very robust tool to develop them to face the realities of life, once they leave the protective environs of alternative care settings. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for care leavers mainstreaming, as they transition towards independent living. The eight themes are housing, emotional well-being, Physical health, independent living skills, social relationships, education, financial status and legal knowledge.

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

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

**Education and Vocational Skills:** This domain refers to all aspects of a young person's education or skills training, as per one's aspirations, aptitude and interest, which can lead to employment and self-sustenance. It also includes factors that may impede or determine a youth's educational/skills attainment pathways, such as financial access or cognitive impairment.

**Physical Health:** Refers to a youth's health, including access to health care services and insurance, and covers a wide range of areas including healthy diet, adequate weight, dental health, personal hygiene and sleep. Physical health is vital for overall well-being.

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

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

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

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

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

### **2.6.1 SOCIAL RELATIONSHIPS**

Establishing and maintaining social relationships with others are some of the most important tasks an individual face (Baumeister and Leary 1995). Although the interpersonal dynamics of a relationship are important in understanding how it is formed and maintained (e.g., Gottman 1998), the characteristics an individual brings to that relationship may be equally as important (Robins, Caspi and Moffitt 2002), points towards a social network's provision of psychological and material resources intended to benefit an individual's ability to cope with stress (Cohen, 2004). Williams, Barclay, & Schmied (2004), stress on the existence of social relationship (having variations in structure, strength and type) for social support interactions. They highlight that the supportive nature of social relationships depends on reciprocity, accessibility, reliability, and an individual's use of the social relationship which can provide resources that are emotional, instrumental, informational, validation, inclusion, intimate, material, time and cognitive.

### **2.6.2 FAMILY RELATIONSHIPS**

Research by Ackerman et al. (2013) on the interpersonal legacy of a positive climate in adolescence indicates that the role of family context in the adolescent well-being goes on beyond the importance of direct relationship between a parent and a child. Other factors as engagement of family members with each other, how negative interactions are part of family interactions and the satisfaction from parental relationships play a role. Many studies of adolescent development emphasize on peer affiliation and friendship relations. They suggest a reduced role for families because adolescents start distancing themselves from parents (Douvan & Adelson, 1966). In a

longitudinal study on family and adolescent well-being by Dena Aufseeser, Jekerek and Brown in 2006, they reported that in 2003, 79% mothers stated that they had very close relationships with their adolescents. Lower closeness was also reported in parents with older children. Parents' communication problems are with fathers. 53% girls and 42% boys reported that discussion with fathers was difficult. (McNeely, C., Sieving, R., & Blum, R. (2002). Mother's influence on the timing of first sex among 14-15 year olds. Bernard, W. (1971) stated that the family environment affects academic achievement which is the product of maturational forces within the adolescent and experiences of the environment. When children perceive more anger, criticism and arguments in the family, their performance goes down. My study has seen this negative correlation between family relation structure and parents induced self-stress.

Fluctuations in self-esteem during adolescents were related to life events and family cohesiveness. (Baldwin & Hoffmen, 2002). The high self-esteem may refer to accurate justified perceptions of one's worth as a person and one's successes and accomplishments. Parke and Buriel in a study on socialization in the family in 1998 stated that families may have disagreement but it is the negative emotions and their handling which makes a difference to family life and interactions. Research indicates that the role of family context in the adolescent wellbeing goes on beyond the importance of direct relationship between a parent and a child. Other factors as engagement of family members with each other, how negative interactions are part of family interactions and the satisfaction from parental relationships play a role. In a study by Mishra, S.D. (2015), there is a non-significant interaction between family type and family environment as perceived by the respondent. Those from nuclear families perceived low level of family environment than those of joint family. Dasgupta and Sanyal (2008) stated that family serves as a source of socialization, personality development, the healthy outcomes of which are the provision of unconditional love and acceptance, understanding, behavioural management and guidance, academic encouragement and assistance.

### **2.6.3 SUPPORT SYSTEM**

Merriam Webster defines Social support as "A network of people who provide an individual with practical or emotional support". Since the 1970's there has been a dramatic increase of research interest in the concept of social support as it affects

health and well-being through social relationships (Cohen & Syme, 1985; House, Landis, & Umberson, 1988). There are many definitions of social support found in literature and little agreement among the authors about the theoretical & operational definitions of the concept (Lai & Salili, 1997). These definitions tend to be vague and rarely specify types of relationships, interactions between the provider and recipient, or the actual needs of the recipient for support (Hupcey, 1998). The highly complex nature of social support contributes to a lack of conceptual clarity in many studies (Gallant, 2003; Bradley & Cartwright, 2002; Woodgate, 1999). However, despite the different terminology used, many of the definitions possess common characteristics (Hupcey, 1998).

Social support has been defined in terms of the resources provided by other people that would have either positive or negative influences on health. It may lead a person to believe that he or she is loved, valued and belongs to a network of communication and mutual obligation (Cohen & Syme, 1985; Cobb, 1976). Social support is also defined to include both the structure of an individual's social life such as group memberships and existence of familial ties and; the more explicit functions they may serve such as the types of support provided (Uchino, 2006).

Social support is a dynamic process that involves the interaction between the provider and recipient, and varies by recipient & provider (Hupcey, 1998). It also points towards a social network's provision of psychological and material resources intended to benefit an individual's ability to cope with stress (Cohen, 2004). Williams, Barclay, & Schmied (2004), stress on the existence of social relationship (having variations in structure, strength and type) for social support interactions. They highlight that the supportive nature of social relationships depends on reciprocity, accessibility, reliability, and an individual's use of the social relationship which can provide resources that are emotional, instrumental, informational, validation, inclusion, intimate, material, time and cognitive.

According to Frey (1989), despite definitional diversity in the concept of social support, it is clear that social support is conceptualized as a component of social interaction with family, friends, neighbours, and others with whom an individual has personal contact.



A suitable definition for this study would be that of social support being the resources provided by a person(s) to an individual, to help the latter endure or cope with the negative emotions or stress caused due to the prevailing health concern. This kind of support may be expected from family members, relatives, friends, social groups, work groups, the doctor(s) and/or the hospital, or even people who have experienced/are experiencing similar health issues (Mesquita e Noronha & Mekoth, 2013).

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The definitions brought out through various studies, clearly point out that social support thrives with and, revolves around human relationships; the highlight here being the personal touch. Humans by nature are social beings and this aspect is clearly evident through the concept of social support.

Many researchers are said to focus on the emotional aspect of social support, without distinguishing it with other types of social support provision (Devoldre, Davis, Verhofstadt, & Buysse, 2010; Malecki & Demaray, 2002). Trobst, Collins, & Embree (1994), argue that from the perspective of providers' concern on their support provision, it can be inferred that social support is in effect an act of caring; which would imply that all types of support are considered to be emotional. However, their study also recognizes that social support does not just include the concept of

'caring' but other large number of supportive actions as well. This provides insight and direction for further research.

This study has considered three basic forms of social support namely; emotional, informational and instrumental, as sources of coping strength to individuals experiencing negative emotions during illness, as described by House (1981); Cohen (2004); and Anderson (2007).

## **2.7 CONCLUSION**

Among the innumerable studies made about orphanages and the life of the children living in the orphanages, there are only very few on the latter life of the children who left the orphanage.

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

The transition from protected living as a child in a Child Care Institution to independent living as an adult requires substantial support in the form of Aftercare to enable self-reliance. Aftercare as a vital component of the Continuum of Care is crucial for the Care Leavers to realise their true potential and become contributing members of society. There is a need for collaborative and coordinated efforts between different stakeholders to ensure no Care Leavers is left behind.

For children growing up in orphanages, turning 18 means abandonment again. The Juvenile Justice (care and protection of children) Act, which was first introduced in the country in 1986, was amended in 2000 to make it tune with the

recommendations of the international Convention on the Rights of Child, 1989, that put major emphasis on human rights of orphans. A prime objective was to see that orphans are rehabilitated and socially re-integrated in terms of higher education, employment and social benefits.

Aftercare is a measure for rehabilitation and social reintegration of young adults who leave institutional childcare system on attaining certain age, as specified in law. It is still an evolving area in the domain of child and youth care in India. According to the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act 2015), aftercare in India means ‘making provision of support, financial or otherwise, to persons, who have completed the age of eighteen years but have not completed twenty-one years, and have left any institutional care to join the mainstream of society’ [Section 2(5)].

The JJ Act rules provide for care and protection to orphans at children’s home only up to age 18 after which they are not allowed to stay there. The rules do provide for establishment of an ‘After care Organisation’ for those who have no place to go. But these remains as policies only and not yet well executed or enacted.

India is home to 23.6 million orphan children. Children in India - A Statistical Appraisal, 2018, released by Ministry of Statistics and Programme Implementation, Government of India, states that 5% of the total child population are orphans (lost one or both parents) 5% of the total child population (472,000,000 as per census 2011) is 23.6 million. 2.1million orphan children are in the age group of 15-17, an indication of the vulnerability of youth advancing towards adulthood.

In Kerala, a state of an estimated 60,000 orphans and roughly 1567 orphanages, ‘post-orphanage care’ is hard to find. In Trivandrum there are 97 orphanages and among that 93 are registered under JJ Act, and approximately 5600 children stays there and out of them more than 2400 are boys and not even one after care home is found in Trivandrum.

Kerala Government had planned that ‘After-care’ homes, where the homeless who have attained adulthood will be lodged, will be started in all districts in the state. At the moment, there is just one after-care home for males, in Thalassery. This home has just 10-12 inmates though it is meant for 50. The low intake does not mean there

is low requirement for such a facility. It just shows that it is out of bounds for many who desperately need a roof over their head. Many studies prove that the Orphanage life of the children has been the core reason behind the problems faced in the children's social and emotional lives, especially among boys. No such study has been initiated for the adults, till date, in the context of Kerala. This lack of literature on Kerala Youth is startling precisely because of the enormity of the orphan situation in Kerala. The present study is designed in such a way by incorporating in depth interview for the detailed accounting of their social relations, family relationships, challenges and support systems.

## **METHODOLOGY**

### **3.1 INTRODUCTION**

This chapter describes and elaborates the research questions and research design used to conduct the particular research. The chapter begins by explaining the concerns of the present research and why the qualitative methodological paradigm is adopted in this endeavour. The first part of this chapter gives the rationale for the study followed by the conceptual framework and objectives. The second part consists of the methodological paradigm and the research design that guided the research. This is followed by the process of fieldwork and a brief summary of the procedure of data analysis. Finally this chapter addresses the challenges faced during the study, the framework of data analysis and the limitations of the study.

#### **3.1.1 TITLE**

**Post Child Care Institute life of male Care Leavers in the Thiruvananthapuram District**

### **3.2 THE RATIONALE OF THE STUDY**

Among the innumerable studies made about orphanages and the life of the children living in the orphanages, there are only very few on the latter life of the children who left the orphanage.

For children growing up in orphanages, turning 18 means abandonment again. The Juvenile Justice (care and protection of children) Act, which was first introduced in the country in 1986, was amended in 2000 to make it tune with the recommendations of the international Convention on the Rights of Child, 1989, that put major emphasis on human rights of orphans. A prime objective was to see that orphans are rehabilitated and socially re-integrated in terms of higher education, employment and social benefits.

Aftercare is a measure for rehabilitation and social reintegration of young adults who leave institutional childcare system on attaining certain age, as specified in law. It is still an evolving area in the domain of child and youth care in India. According to the Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act 2015), aftercare in India means ‘making provision of support, financial or otherwise,

to persons, who have completed the age of eighteen years but have not completed twenty-one years, and have left any institutional care to join the mainstream of society' [Section 2(5)].

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In Kerala, a state of an estimated 60,000 orphans and roughly 1567 orphanages, 'post-orphanage care' is hard to find. In Trivandrum there are 97 orphanages and among that 93 are registered under JJ Act, and approximately 5600 children stays there and out of them more than 2400 are boys and not even one after care home is found in Trivandrum.

Kerala Government had planned that 'After-care' homes, where the homeless who have attained adulthood will be lodged, will be started in all districts in the state. At the moment, there is just one after-care home for males, in Thalassery. This home has just 10-12 inmates though it is meant for 50. "The low intake does not mean there is low requirement for such a facility. It just shows that it is out of bounds for many who desperately need a roof over their head," a top Social Justice official said. The Department has already asked for the list of boys above the age of 16 who require after-care shelter in all the 14 children's homes in the state.

Many studies prove that the Orphanage life of the children has been the core reason behind the problems faced in the children's social and emotional lives, especially among boys. No such study has been initiated for the adults, till date, in the context of Kerala. This lack of literature on Kerala is startling precisely because of the enormity of the orphan situation in Kerala. The present study is designed in such a

way by incorporating in depth interview for the detailed accounting of their social relations, family relationships, challenges and support systems.

### **3.3 CONCEPTUALIZATION**

The conceptual frame work has been derived from the conceptual understanding that has been developed through the literature review and the concepts discussed in the previous chapter. Even when the people are from similar community they have multiple experiences and they establish a specific way of interaction and practices related to their daily life activities. The conceptualization of this study emerges from the belief that the life of young boys who were once institutionalized is having different perspectives for the words post orphanage life and institutionalization.

#### **3.3.1 CONCEPTUAL DEFINITIONS**

**Institutionalization** - Institutionalization is the state of being placed or kept in a residential institution.

**Social Relation** -Social relation is a term that explains the interactions between two or more people, groups, or organizations, which is the part of a bigger society.

**Family Relationships** - Anthropologically, family relationships are defined as relatedness or connection by blood or marriage or adoption

**Coping Strategies** - It refer to the specific efforts, both behavioural and psychological, that people employ to master, tolerate, reduce, or minimize stressful events.

**Challenges**- It refers to any situation of being faced with something that needs great mental or physical effort in order to be done successfully and therefore tests a person's ability.

**Care Leaver** - refers to the youth, who have transitioned out of care, on attaining 18 years of age after having lived in a state or NGO-run Child Care Institute.

**Supported Housing** - refers to the housing facility provided to the CL as an Aftercare service by an NGO or the Government.

**Unsupported Housing** - refers to a housing facility accessed by the CL on his own (includes living with family, friends, self-owned house or in paid/ rented accommodation wherein the financial cost is borne by the CL) without any support under the Aftercare programme.

### **3.3.2 OPERATIONAL DEFINITIONS**

**Institutionalization** - The state in the life of youth residing where there are placed or kept under the institutional care.

**Social Relation** - Relationships formed and maintained by the institutionalized youth with individuals, groups or organizations in a society.

**Family Relationships** - Relatedness or connection that an institutionalized youth share by blood or marriage or adoption.

**Coping Strategies** - The specific efforts, both behavioral and psychological that the institutionalized youth employ to master tolerate, reduce, or minimize stressful events they have to face after leaving the orphanages once they reached the age of 18.

**Challenges** - Difficult situations that have to be faced by the institutionalized youth which demands great physical and psychological effort while in their life after their termination from the institution.

**Care Leaver** - refers to the youth, who have transitioned out of care, on attaining 18 years of age after having lived in a state or NGO-run Child Care Institute in Trivandrum District.

**Supported housing** - refers to the housing facility provided to the CL as an Aftercare service by an NGO or the Government in Trivandrum District.

**Unsupported housing** - refers to a housing facility accessed by the CL on his own (includes living with family, friends, self-owned house or in paid/ rented accommodation wherein the financial cost is borne by the CL) without any support under the Aftercare programme in Trivandrum District.



### **3.4 RESEARCH QUESTIONS**

#### **3.4.1 GENERAL RESEARCH QUESTION**

- How do institutionalized young boys build up life once they turn 18 in Trivandrum?

#### **3.4.2 SPECIFIC RESEARCH QUESTIONS**

- How much accessible are themselves to welfare policies and legal facilities available for them?
- Are there aspects in which the well-being of these boys is significantly challenged?

### **3.5 RESEARCH APPROACH**

To understand how the institutionalised youth build up their life after leaving the institute at the age of 18, from the perspectives of the former inmates of different institutes in Trivandrum, following the qualitative research paradigm becomes important along with the non-participatory observation applied for identifying the major challenges faced by them to receive enormous learning. This approach is adapted for a better capture of the ground realities of the post institution life of the institutionalized children, by pertaining to the specific context that enables to understand their own interpretations on what they know from their experiences. Case study, being the appropriate design for the study, is selected for a better acquirement of the details.

### **3.6 DESIGN OF THE STUDY**

The researcher has taken case study design. The study is descriptive in nature. The basic case study entails the detailed and intensive analysis of a single case. The term ‘case’ associates the case study with a location, community or organization. The emphasis tends to be upon an intensive examination of the setting (Bryman, 2001).

### **3.7 PILOT STUDY**

The researcher visited three of the institutions in Trivandrum and collected details of boys who left the institution once they reached 18 years old. The major focus of the researcher was to get preliminary data about the boys who has left

institutions once they reached 18 years old. A pilot study was conducted among administrators of these three homes to check the feasibility of the study. The researcher also received information like the contacting details of the respondents from the offices of these three homes.

### **3.8 UNIT OF STUDY**

The unit of the study is any orphan boy who is 18-25 and was institutionalized and presently lives in Trivandrum. The researcher also focuses on the administrative staffs of the institutions who can give ample information about the lives of these boys. The respondents were selected according to their age limit 18-25 and their availability for the study from ten different Child Care Institutes of Thiruvananthapuram. These Institutes were selected because the number of inmates was above 50. The researcher keenly selected boys who have been institutionalized for a minimum period of 15 years.

#### **3.8.1 SAMPLING METHOD, CRITERIA AND SIZE**

A non-probability purposive sampling method was used to select the sample for the study. The participants have been chosen to participate in individual face to face semi structured interviews. The each participant from ten Child Care Institute was selected for the study. These ten institutes are having the highest number of inmates in Thiruvananthapuram. Those participants who have left the institutes before minimum of three years and maximum of seven years were selected and interviewed. For the present study, a total sample of 10 male care leavers who were coming under the criteria was selected.

### **3.9 SOURCE OF DATA COLLECTION**

#### **3.9.1 PRIMARY SOURCE:**

The researcher collected primary data from the former inmates of the different institutes in Trivandrum, residing at various parts of Thiruvananthapuram. The data was collected with the help of an in depth interview conducted by the researcher.

### **3.9.2 SECONDARY SOURCE:**

The researcher collected the secondary data from the Staffs and Directors of different institutions along with other publications, articles, internet, journals etc.

### **3.10 TOOL OF DATA COLLECTION**

A semi-structured interview guide was prepared before-hand and the data was collected through in-depth interviews with the institutionalized boys who are living in different parts of Trivandrum.

### **3.11 DATA COLLECTION**

The researcher visited the subjects at their houses and work places to gather data regarding their life after the orphanage.

### **3.12 PRE-TEST**

The pre-test was conducted on one of the subjects using the semi-structured interview guide.

### **3.13 DATA ANALYSIS AND INTERPRETATION**

The data collected as per the interview guide was analysed and interpreted integrating the objectives of the study. Data was again collected from primarily and secondarily for contributing to further analysis.

### **3.14 CHAPTERS DIVISIONS**

Chapter 1 - Introduction

Chapter 2 - Review of literature

Chapter 3 – Research Methodology

Chapter 4 - Case Presentation

Chapter 5 – Data Analysis and Interpretation

Chapter 6 – Findings, Suggestions and Conclusion

Chapter 7 – Bibliography and Appendix

### **3.15 ETHICAL CONSIDERATIONS**

The Ethics are said to be the norms or rules that helps a researcher distinguish between what is acceptable and not acceptable while conducting a research. Ethical standards prevent against the fabrication or falsifying of data and therefore, promote the pursuit of knowledge and truth which is the primary goal of research. Therefore every ethical consideration is unique and varies according to the field of research. According to the present study, while considering the post orphanage life of youngsters in Trivandrum it was always challenging to raise leading questions about the problems faced with the boy and his previous institute. The questions were formed in such a way that it will not hurt the emotions of the person. The researcher had to make sure the questions will not provoke the thoughts of the inmate which in turn trouble his life. Confidentiality was yet another consideration and all the details and audio tapes that were collected for the purpose of the study were with the complete consent of the people. Most of the boys were living in far off places from the centre of the city and as per the details of the boys received from the institutions, it was challenging to reach the people as well as to their homes which are scattered to the outskirts of the district. The researcher also had to travel to the same place several times for meeting the people for collecting information that would help the study blossom.

### **3.16 LIMITATION OF THE STUDY**

The major limitation faced by the researcher was the time limitation. The research was supposed to be bound with limited time. Therefore the researcher could only touch the periphery of the challenges faced by the boys along with their coping strategies.

Lack of evidence and data estimating Care Leavers availing support and their outcomes: Another major limitation of this research was the lack of data on how many Care Leavers exit from Child Care Institutions every year on attaining the age of eighteen years and need or avail Aftercare support and services. Many of the institutes didn't have any of the contact details of these boys, and so researcher had to

visit and ring them several times to get the contact details and it was also shocking for the researcher.

Lack of available documentation: Another challenge was that almost no documentation of reports or research studies on Aftercare was readily available in the public domain. The limitations referred to above are largely due to the existing gaps in data, information, lack of follow-up of Care Leavers, and absence of a monitoring mechanism for Care Leavers. It was difficult for the researcher to approach some of the cases since they were living in far off places, and the distance between each case was also a limitation which consumed most of the researcher's time. Many of the boys were less cooperative in the beginning and only after visiting them for two to three times they were ready to cooperate and researcher also had to change the case due to less cooperation.

The researcher focused only on the inmates and not the family members or the directors of the institutes. Considering the institutes' staffs and close acquaintances of the inmates in further study would help the researcher to bring out more detailed and extensive finding on the lives of the inmates.

### **3.17 CONCLUSION**

The methodology provides an overall idea regarding the methods use in the study. The methodology guided the researcher to complete the study in a systematic and scientific manner.

## CASE PRESENTATION

### 4.1 CASE PRESENTATION

#### 4.1.1 CASE A

Case A joined the institution when he was 4 years old when his mother left him and went after another husband. Case A was left with his maternal grand parents and since they were very poor and old they enrolled him in the institute. He was living in the institute for 14 years and occasionally he was visited by his maternal grandparents. He has never gone back to his own birth place till he left the institute. He had his basic education from one of the Government schools nearby the institute. He was very poor in his studies and somehow managed 10th and stopped studies.

He says that *“I was very much allergenic to book, pen and classroom, and did not know the value of studying at that time.”* After 10th he has attempted to study tailoring and masonry but could not succeed. Then he joined with one of the catering groups as a part time supplier and the cook helped him study cooking. He studied cooking very fast. He knows cooking and he is working with different people as catering boy and cook etc.

*“If I was completing my +2, I could go for some hotel management course but now I can’t and there are nobody to support me.”* Case A was expressing his frustration about his unfocussed past and the helplessness before the reality of life. *“If I ask support for anything, people actually laugh at me; actually I don’t have many to ask help for. Most of the times people see me with doubt and curse...Now I’m staying with my friends in this small room, and whatever I earn is spend for some kind of recreations....yes I do take alcohol so that I can be with my friends and overcome my despair on life.”*

*“When I ask for job, people ask me about my address, other relatives etc. for which I don’t have proper answer. If I make a small mistake they fire me and there is nobody to stand for me... I cannot go back to the previous institution because I had made lots of nuisance and problems there...Actually I had given a wrong contact number to them that is why you were unable to reach to me easily.”*- A seems very frustrated and disappointed about his past and present life.

*“People around me are not happy of me and my friends...I can't leave these friends who were only there for me when I was in the street. I was sent with one of my distant relatives but within a week I left them because they expressed through words and deeds that I'm becoming a burden for them. So I left them and went to the street and these friends gave me a place to stay and we do all the good and bad things together...They even quarrelled for me with my earlier hotel owner for firing me without any reasons. These friends are my real support. I believe them and we mutually support.”*

The present housing of the case A is habitable. It gives protection from weather. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. *“I am very happy about the housing; at least I have got such a facility to live. I know many of my friends who don't have even liked this place...”* The present housing facility's Proximity to work space is high. He has got access to safe transport. But there is no Protection against forced eviction because he has got no freedom to make any mistakes and he is fully depending on his friends and their mood swings. It is not very much helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are very common among them. They share the tenure. But there is no security against violence and theft.

He seldom consults a doctor during his physical illnesses. Usually he goes to a medical store and takes some pain killers. *“One of my greatest pains is there is nobody to look after me when I am sick... Nobody to care me... So I care my friends whenever they are physically sick...”* Friends would help if some physical illnesses arise by giving space to rest and recuperate. He is not in acquaintance with space for wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of panchayat well for water. There were times he had to live without food. But now he gets food regularly. No caregivers are available when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health.

He is least bothered about nutrition and health management. *“How can I aspire for such a planned healthy food? According to the money available and availability of the cheapest food I take food. It's for the rich people and for those who have got*

*somebody to care for would require such type of healthy food and so...*” He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

He is able to forge and maintain meaningful and long-lasting relationships with friends and other children in Child Care Institution. *“I feel ashamed of meeting the caregivers and teachers of Child Care Institution because I have insulted them very much. I don’t go after making friendship with many; rather many don’t make friendship with me...”* But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn’t have much acquaintance with strangers.

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops. *“Usually on holidays or other free times they will be giving us many workshops. We didn’t like it. It was our play time and time for watching movies etc. I was very naughty enough to skip many such workshops...”*

Many a time he had felt worthlessness. *“Why should I live? Nobody is there waiting for me. But I will not do suicide. Let me see what I can become...”* Occasionally he had some kind of violent thoughts of harming self or another. He has not gone to any person for any assistance for any stress management. He is satisfied with his current emotional status.



He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

He has not completed his higher secondary education. *“At present this mobile is my world. If this was not there I would have become mad...”* He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided ‘Aftercare’ from the age of 18-21 years. He has got a Voters’ ID. *“If such laws are there then it would be good for me like people...”*

Case A is seen as very much frustrated and disappointed about his past and present life and he didn’t share any dreams about the future. After studying cooking he has got a little hope about the future and he is not all thinking of creating a family of his own. Case A’s experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

#### **4.1.2 CASE B**

Case B was born in a hospital and left abandoned there and brought up by an institute. He was very poor in studies but good in dancing and sports. But from 8th onwards he developed habits of drinking cigarettes, smelling petrol etc. He managed 10th and was expelled from the institute and joined with the elders of the institute who had already left. He could not locate himself in any job. And he is very shy and speaks very little only. The researcher had to visit him several times to get him into an open sharing.

The present housing is Habitable. It gives protection from weather. There is private space to, cook, rest and freshen up. Access to basic services like water, electricity,

health, education, road and sanitation is common. The present housing facility's Proximity to work space is high. He has got access to safe transport. There is no protection against forced eviction because he has got freedom to make any mistakes and he is fully depending on his relatives. It is helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are not very common among them. There is protection against violence and theft.

*"I was sent with my distant relatives when I reached the age limit of the institute. I was happy there. I was getting food on time. They didn't beat me though I made many mischiefs. I was studying in a school near by the institute and I had many friends in the school. From school days onwards I was addicted to some kinds of drugs which were easily available. Though I was interested in dance I was not at all encouraged in that."*

He consults a doctor during his physical illnesses. Usually he goes to a clinic nearby and takes some medicine. The relatives would help if some physical illnesses arise by giving space to rest and recuperate. He is in acquaintance with space for wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of well for water. There were times he had to live without food but now he gets food regularly. Caregivers are available when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health.

According to the relatives B has changed a lot now. *"When he came from the institute he was very shy and was not at all speaking with anyone but slowly he started speaking and mingling with the family members. Now he goes for any kind of job when he gets. We have opened a bank account for him so that he can save the money he earns. We don't take anything form his earnings. We also wish to see a bright future for him."*

B says that they were given lots of vocational training by the institute but B and his friends were not in a position to understand the value of it at that time. *"They were giving us vocational training in umbrella making, candle making etc. on holidays and our free time. But at that time we were mentally aspiring to play or watch some TV*

*etc. So we could not take enough outcomes from it. We were not at all focusing on our future.”*

He is very much bothered about nutrition and health management. He knows cooking very well. Health management is very good that he has got first aid kit. *“If I get sick, I will become a burden for these people that I don’t want to. So I look after my health very well. I go for play when I get time...”* He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

He is able to forge and maintain meaningful and long-lasting relationships with friends and other children in Child Care Institution. He is in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. *“Ayyo! I am not at all looking at that area.”* He doesn’t have much acquaintance with strangers.

He has received workshops, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops. *“They usually conduct workshops and seminars on our holidays, so usually we skip it and so we missed it.”*

Many a time he had felt worthlessness. *“Why should I live? I am a burden for all. I am unable to contribute anything back to any. I have only given pain to my caretakers and friends.”* Occasionally he had some kind of violent thoughts of harming self. He has not gone to any person for any assistance for any stress management. He is not very satisfied with his current emotional status.

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel

the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

He has not passed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. *“My knowledge on computer and IT are very poor. I don’t know anything about resume making. I am very poor in basic accounting and English speaking. I don’t understand the necessity of interview techniques because I am not going for any white collar job. I am going for driving practise now. My relatives have offered a second hand auto by which I also feel I can build up my life. Even if I don’t become a big success, I don’t want to become a burden for my cousins anymore.”* He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was informed about his legal rights and responsibilities through a workshop. He was not aware that under the JJ Act, 2015, he can be provided ‘Aftercare’ from the age of 18-21 years. He has got a Voters’ ID. *“I don’t know anything about the legalities of anything. I have some basic man’s knowledge. I don’t feel the necessity of knowing all these legalities.”*

The distant relatives are planning to hire an auto for B as he is going for driving practice. It was a decision taken after consulting with him. Case B’s experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships. B is sad and disappointed about his past but happy about the present and hopeful about the future.

#### **4.1.3 CASE C**

Case C joined the institution along with his mother and two sisters. His father was a drug addict and was persecuting them and so they left home and joined the institution. He was a good student and an NCC cadet during his school time. He never mentioned to his friends that he was staying in such an institution. His sisters got married and mother passed away and he has got no contacts with his sisters.

After 18, he joined in one of the colleges of Trivandrum and was staying in another institute where he was working as a helper. But he was expelled from there because he joined in party politics. Then own he did part time jobs to meet his expense for the studies. After completing B.com, he did MSW at Erode and did a year job at Gokulam Medical College. At present he has no job and is planning to join IELTS. He was cheated by one of his Colleagues of the institute and now in a dilemma. Recently he got a part time job as a driver and he is also going for IELTS training.

He says that it was very difficult to build up life after leaving the institute where everything was provided. He felt favouritism and nepotism at the institute several times but he was focused about the future. *“I knew that my life is in my hands so I was very serious about my studies and the training there. But I have never revealed my identity as an orphanage boy to my friends. I didn’t invite them to my place and I never went to their place as well. I don’t want to be a burden to others so without anyone’s notice I was doing some kind of part time job in the town. So even after leaving the institute I am able to cope with the situations. When I joined the college for B.Com, I was staying in a Christian institute which was arranged by my previous institute people. I was working as a helper or cleaning boy there and was regular to college. But once I joined SFI, they expelled me from there. So I lost an abode. But I was not frustrated and I got a job in a hotel and I did part time job and completed my B.com. Then I joined for MSW in a college at Erode and I did my MSW there. There also I was working in a textile shop as a part time worker and during my holidays I was selling clothes in the streets.”*

*“After completing my MSW there, I had correct plan about my life. I wished to go abroad which only, I believe, can make me able to settle a family life. But I was cheated by my own friend who has taken my earnings but I am happy that he is living happily in Dubai. Now I am hopeful to make my dream come true. I have also asked help from many.”*

The present housing is habitable. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. The present housing facility’s proximity to work space is very low. He has got access to safe transport. But there is no protection against forced eviction because he has got no freedom to make any mistakes and he is fully

depending on his friends and their mood swings. It is not very much helping him to integrate with the society.

He usually consults a doctor during his physical illnesses. Relatives would help if some physical illness arises by giving space to rest and recuperate. He is in acquaintance with space for wellness, exercise, yoga, run, etc. He is living in a hygienic surrounding for stay, work, etc. He has got the availability of panchayat well for water. There were times he had to live without food. But now he gets food regularly. Cousins are available when he falls ill. He has got health insurance. He is satisfied with the current state of his physical health.

He cares nutrition and health management. He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his r belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

He is able to forge and maintain meaningful and long- lasting relationships with friends and other children in Child Care Institution. But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn't have much acquaintance with strangers.

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops.

Many a time he had felt worthlessness. Occasionally he had some kind of violent thoughts of harming self or another. He has not gone to any person for any assistance for any stress management. He is satisfied with his current emotional status.

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

He has not completed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided 'Aftercare' from the age of 18-21 years. He has got a Voters' ID.

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

Case C's experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

#### **4.1.4 CASE D**

His father abandoned them and married another. He was a good student. He was very active in all the activities of the institute. He had good marks in 10th and managed +2. Once he left the institute he had joined with some friends who have got all types of addictions. And he is a good drunkard and smoker now and he is working in one of the textile shops and still staying with his friends.

D finds it very difficult to build up his life after the orphanage. D asks that *“Who needs us. I have no bank balance. I work hard and earn and enjoy my life with that money. The institution, where I was earlier, give support to girls, even after they turn*

*18 but we are sent out of the institute. If we were given support we could build up our life properly. I don't want to continue my studies rather even if I aspire now; there are no chance for studying."*

*"I am employed in a textile shop now. I have to work very hard. This is my 7th place of work. They want me to work more than others. But I'm tolerating now because it is not very easy to get a new job. They give me food in the noon. They don't show any respect. If I make a small mistake or if I become late then they are very strict to me and they reduce my money. I am living with some of my friends and they are the only help now. My current income is not sufficient enough to make a future for myself. I can manage my daily needs, only that much."*

The present housing is not habitable. It is a challenge in difficult weather. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. The present housing facility's proximity to work space is high. He has got access to safe transport. But there is no protection against forced eviction because he has got no freedom to make any mistakes and he is fully depending on his friends and their mood swings. It is not very much helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are very common among them. They share the tenure. But there is no security against violence and theft.

*"The biggest challenge is living on my own, budgeting, doing day to day tasks while working in the textiles."*

He seldom consults a doctor during his physical illnesses. Usually he goes to a medical store and takes some pain killers. Friends would help if some physical illness arises by giving space to rest and recuperate. He is not in acquaintance with space for wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of common well for water. There were times he had to live without food. But now he gets food regularly. No caregivers are available when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health.

He had very unrealistic expectations about his post orphanage life. "He says, *"to be honest I didn't really understand it. I probably thought it was quite exciting to live by*



*myself and to finally have my own freedom. I do realise now, a lot later on in my life that it actually probably wasn't the best decision for me."*

He is least bothered about nutrition and health management. He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

He is able to forge and maintain meaningful and long-lasting relationships with friends and other children in Child Care Institution. But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn't have much acquaintance with strangers.

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops.

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

He has not completed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided 'Aftercare' from the age of 18-21 years. He has got a Voters' ID.

*"Many times I felt that I am alone and I could not find anyone who is interested in me. I have some friends but I know that we are living a life that others don't respect. But I have no other way now. I have nobody to depend. I try to listen to my friends and will stand with them for any cause."*

*"I always wanted the way people see me in a different way. They see me like a scoundrel or beggar, may be because we are living in this slum. Even in the textile shop, if something is missing they ask me first though I have not stolen anything till now. I am comfortable with people who respect me and I do respect them back."*

D finds it very difficult to build up his life. He has no idea about his future and not at all thinking about a family life. Case D's experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

#### **4.1.5 CASE E**

Case E joined the institute when he was 6 and he was a good student. He got 100 marks for Malayalam for the SSLC exam. He managed to pass +2 with good marks. And he joined for a Course in mass communication but he dropped it in between. At present he is addicted to alcohol and cigarettes.

E is full of negativity against the institute where he was staying or taken care of at least for 12 years. Case E finds it very pathetic and difficult to build up a life. He says that *"I didn't like to join for Mass communication course but I was compelled to join. I was always saying yes to the director there so I could not protest at that time. When he asked what was my future plan I told him that he could say. But I had a dream of becoming a teacher. I was not at all happy at the college and in between I quit my studies and without mentioning the institute I left that place. I got several friends from the shore and I started living with them. I went for several jobs and no where I could*

*find happiness. Now I am working in a petrol pump and I don't know how long will I work there?"*

*"Last week I was sick and I found it very difficult to face the situation. My friends also go for different works and they come back in the evening and it was a difficult situation. Though I took medicine, I am more worried about my future. If I get sick there is nobody to look after. That was painful."*

The present housing is not habitable. It gives protection from weather. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. The present housing facility's Proximity to work space is high. He has got access to safe transport. But there is no Protection against forced eviction because he has got no freedom to make any mistakes and he is fully depending on his friends and their mood swings. It is not very much helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are very common among them. They share the tenure. But there is no security against violence and theft.

He says, *"think of it (sofa surfing) as you are living in a place where you are uncertain whether you are going to be there the next day or not so you couldn't focus on anything else... Probably the most precious thing a human can have is certainty, where I can guarantee myself to wake up the next day in the same bed. So that is not there..."*.

He seldom consults a doctor during his physical illnesses. Usually he goes to a medical store and takes some pain killers. Friends would help if some physical illnesses arise by giving space to rest and recuperate. He is not in acquaintance with space for wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of panchayat well for water. There were times he had to live without food. But now he gets food regularly. No caregivers are available when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health.

*"There are times that if there is any problem or anything going wrong at my house hardly anyone could come and help, like my friends, because they are far away."*

He is bothered about nutrition and health management. He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

*“I suffered really badly with depression. I ended up in hospital after an overdose. I have really suffered with isolation and loneliness.”*

He is able to forge and maintain meaningful and long-lasting relationships with friends and other children in Child Care Institution. But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn't have much acquaintance with strangers.

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops.

*“I would say that leaving the child care institution was thrust upon me. I didn't want to leave care; obviously you want all the support you need, all the support you can get...”*

Many a time he had felt worthlessness. Occasionally he had some kind of violent thoughts of harming self or another. He has not gone to any person for any assistance for any stress management. He is satisfied with his current emotional status.

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

He has not completed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided 'Aftercare' from the age of 18-21 years. He has got a Voters' ID.

*"I am not at all planning to marry someone, why should I spoil someone's life? Some miracles should happen if I want to have a good future. Without anyone's support no one can gain anything. The previous institute was giving lots of vocational training, skill development programmes etc. but at that time I could not understand the value of it. Since I stopped the studies in between I am ashamed of going back to the institution again. Even I had given wrong contact number there."*

*"I experienced different challenges and opportunities on a daily basis and I feel when someone is under so much pressure, the person will not be able to do it alone and needs support at multiple levels."* Case E's experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

#### **4.1.6 CASE F**

Case Study F is from the coastal back ground. Due to poor circumstances at home he was taken care of by the institute till 12th and he was a good student and he passed entrance exam and got completed his B.Tech and is now working as a software designer in a sports related company in the same coastal area.

F is very positive about his life. He is getting support from his parents and family. He says, *"I am very satisfied about the life I had in the institute. I was given vocational training and different skill development programs. I was very active there. I am in*

*good relationship with the director and the staff there. I do visit the institute and support them with what I can.”*

*“I am getting full support from my family. My dream is to make a house of my own and live a peaceful life with my family. I also wish to support the institute with my capacity. I have never felt lonely, when I was in problem I could find either the institute or the family or some good friends standing with me. I also have helped many of my friends when they were in trouble.”*

*“My current income is sufficient for me to meet my expense as well as that of my family. People showed some kind of stigma to me but I can understand that. I am proud of the institute and so I always introduce myself as a member of the institute. so I am happy. I never made an issue with the institute staffs or inmates and that may be the reason they supported me economically even after leaving the institute with which I could continue my studies.”*

The present housing is Habitable. It gives protection from weather. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. The present housing facility's Proximity to work space is high. He has got access to safe transport. But there is no Protection against forced eviction because he has got no freedom to make any mistakes and he is fully depending on his friends and their mood swings. It is not very much helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are very common among them. They share the tenure. But there is no security against violence and theft.

*“Even now I am still learning things, but if you are not independent you wouldn't learn these things. So you wouldn't learn how to mop the floor, wash the dishes, etc...”*

He seldom consults a doctor during his physical illnesses. Usually he goes to a medical store and takes some pain killers. Friends would help if some physical illness arises by giving space to rest and recuperate. He is not in acquaintance with space for wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of Panchayat well for water. There were times he had to live without food. But now he gets food regularly. No caregivers are

available when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health.

He is least bothered about nutrition and health management. He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his r belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

*“I got myself into a lot of debt from the age of 19 onwards...it made me really scared of finances...”*

He is able to forge and maintain meaningful and long- lasting relationships with friends and other children in Child Care Institution. But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn't have much acquaintance with strangers.

*“I have really suffered with isolation and loneliness. Even having friends round, you have to deal with being by yourself at some point and that's something that I couldn't deal with. It's a huge thing for me and I really felt it...”*

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops.

*“Actually I cannot blame anyone for my lack of education. I was always encouraged to go for studies at my institute but I did not know the importance of education at that time. Now I know it but now I am unable to find time and money for my education. So I encourage my friends in the Childcare Institute to study well. I still remember myself*

*going with some of my friends near the beach skipping the classes. I do regret about it.”*

Many a time he had felt worthlessness. Occasionally he had some kind of violent thoughts of harming self or another. He has not gone to any person for any assistance for any stress management. He is satisfied with his current emotional status.

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

*“I have Aadhar Card. It was taken when I was in the Child Care Institute. The address written is that of the old Institute. Actually I want to change the address but since I don't have a permanent one I am still holding it. I don't want to be known as someone who hails from that institute. So I am worried about it...”*

He has not completed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided 'Aftercare' from the age of 18-21 years. He has got a Voters' ID.

*“My only disappointment is that I did not know the opportunity in the army for the B. Tech holders. If I knew about it early I could have written the test and joined there. But still life is going on smoothly.”*

F seems to be very much happy and satisfied about his life. He has got lots of dreams about his future and family life. Case F's experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and



legal awareness, independent living skills, and interpersonal skills and social relationships.

#### **4.1.7 CASE G**

G was born in the institute and his mother abandoned him and then on he was staying in the institute. He was very average in his studies but completed 10th and is working as a receptionist in a music training institute and he is also studying Piano and Carnatic music there.

G is slowly building up his life. He has just completed his 10th and now working as a receptionist in a music training institute and he is also studying music and key board. He is a little sad about his past as he stopped his studies with 10th grade. He has not attempted for any other higher studies because he is afraid of finishing it and economic support. He needs to work hard to earn for himself and he is not confident enough to carry study and work hand in hand.

He says himself as a *“mischievous child with lots of naughtiness”*. *“I was a naughty child in the institute where I was staying. I think myself as the person who has got punishment the most. On those days I was angry with the director and the staff but now I understand that whatever they were doing was for my good. Every day I thankfully remember all of them and I also visit them with some sweets when I get time and on special occasions.”*

The present housing is Habitable. It gives protection from weather. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. The present housing facility's Proximity to work space is high. He has got access to safe transport. But there is no Protection against forced eviction because he has got no freedom to make any mistakes and he is fully depending on his friends and their mood swings. It is not very much helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are very common among them. They share the tenure. But there is no security against violence and theft.

He seldom consults a doctor during his physical illnesses. Usually he goes to a medical store and takes some pain killers. Friends would help if some physical illness arises by giving space to rest and recuperate. He is not in acquaintance with space for

wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of panchayat well for water. There were times he had to live without food. But now he gets food regularly. No caregivers are available when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health

*“I was never taught anything about bank account management or anything related to money from my old Child Care Institute. They were reluctant to give us money. Usually the Care giver was entrusted in managing money. We had no training on this. It is true that I have a bank account but I don’t know anything about it. I was asked to give my signature here and there and I gave it. That’s all!”*

He is least bothered about nutrition and health management. He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

*“See...the routine life needs to accommodate the individual life of the boys.”* He explains: I mean *“if I want to be a footballer then I have to join some club, but I don’t have any contacts. Likewise, I will also need a professional coach but there is no such option available here. In Aftercare, job is compulsory, so I don’t get time for football or further studies. Also, anything other than a job is considered as unimportant and as something which does not have any value.”*

He is able to forge and maintain meaningful and long- lasting relationships with friends and other children in Child Care Institution. But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn’t have much acquaintance with strangers.

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops.

Many a time he had felt worthlessness. Occasionally he had some kind of violent thoughts of harming self or another. He has not gone to any person for any assistance for any stress management. He is satisfied with his current emotional status.

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

*“Most of the time others look at me with negative prejudices. Is it my crime that I had to live my childhood in an orphanage? Is it my fault that my so called parents abandoned me? Then why people look at me with suspicion? Especially when I go for some job they want to know more about my family background. When I say I was staying in an orphanage and I don’t have any family relatives, then most of them deny the job.”*

He has not completed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided ‘Aftercare’ from the age of 18-21 years. He has got a Voters’ ID.

G has undergone lots of economic challenges as he had to find out a place to stay, work etc. but he could manage it. At present he has got a bank account and he saves money and very hopeful about the future.

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

There was a time when he was ashamed of saying as a former inmate of the institute but now he finds pride in saying so. Whenever he feels lonely he immediately visits the staff there and spends some time and he says he is relieved of any bad feeling after spending some time there. He is sure that the staff there will be for him when he is in any need.

He has the ambition to become a playback singer. He sings well. He is also saving money to make a house. And he has also got an affair who knows everything about him, though the parent of the girl is not yet informed. Though he has got some regret about the past he is happy about the present and hopeful about the future. Case G’s experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

#### **4.1.8 CASE H**

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

Case H’s father passed away due to HIV AIDS while his mother and his younger brother were also diagnosed with the condition. Her mother being the only earning member was advised to send Case H to a Child Care Institution at the age of 14 years. He expresses satisfaction with the Child Care Institution, stating *“All the provisions there were of AI quality. I never felt like I lacked anything there.”*

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

*“I did not have anyone to say ‘I am proud of you’ when I finished my Degree, I did not have anyone in the crowd to clap for me. Even though our aspirations are high, the support for us is very low.”*

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

The present housing is Habitable. It gives protection from weather. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. The present housing facility’s Proximity to work space is high. He has got access to safe transport. But there is no Protection against forced eviction because he has got no freedom to make any mistakes and he is fully depending on his friends and their mood swings. It is not very much helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are very common among them. They share the tenure. But there is no security against violence and theft.

*“In the institution where I was, we were encouraged to help in the kitchen, farm and we were washing our clothes by ourselves. So I know a little bit of cooking and I do wash my clothes regularly.”*

He seldom consults a doctor during his physical illnesses. Usually he goes to a medical store and takes some pain killers. Friends would help if some physical illness arises by giving space to rest and recuperate. He is not in acquaintance with space for wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of panchayat well for water. There were times he had to live without food. But now he gets food regularly. No caregivers are available

when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health.

*“People outside don’t really understand us and we too don’t trust the people outside.”*

He is least bothered about nutrition and health management. He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

He is able to forge and maintain meaningful and long-lasting relationships with friends and other children in Child Care Institution. But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn’t have much acquaintance with strangers.

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops.

Many a time he had felt worthlessness. Occasionally he had some kind of violent thoughts of harming self or another. He has not gone to any person for any assistance for any stress management. He is satisfied with his current emotional status.

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

He has not completed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided 'Aftercare' from the age of 18-21 years. He has got a Voters' ID.

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

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

Case H's experiences indicate a significant lack of support across at least five domains, which include financial independence and career, interpersonal skills and social relationships, mental and emotional wellbeing, physical health, and independent living skills.

#### **4.1.9 CASE I**

Case I, 23 years old, now lives in a hostel. His parents and sister died of AIDS and he ended up being at his paternal uncle's house. When his cousin got married, he was sent along with his cousin sister to her in-laws place. Owing to some misunderstanding related to his friendship with a girl, Case J's cousin complained to the police, who through the CWC, transferred Case J to a Child Care Institution, when he was 12 years old.

*“If I go for work daily I could earn only bare minimum for my food. “If I get sick my friends may look after me for one or two days but if some severe illness comes there is nobody to look after me. Why should they look after me? I am there nobody?”*

Case I was happy in the Child Care Institution, while he was trained in book making, encouraged singing and completing his education until 10th grade. When the Child Care Institution tried to trace his family to restore him without his consent, Case I ran away from the Child Care Institution as he dreaded going back to his uncle. On the pretext of support, a woman took him home and forced him into work for her household works and she exploited him even sexually. Case J could escape from captivity only after one year.

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

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

*“If something happens to me now, who will look after me? I am not beneficial to anyone. So I am worried a lot about my life. I don’t get sleep someday by thinking about it. I curse my father because of whom I am having such a worse life.”*

He is facing lot of economic challenges. He had the desire to study further, but since he lacked economic and social support he did not go for higher studies. He has joined for work in many places but he could not complete the contract in the last 7 places. He is very happy about the present textiles because they support him very well. He is provided a place to stay together with some other staff and his salary is given properly and regularly. He feels protected.

He feels that, *“Boys also should be looked after even after the age of 18. Who is able to stand in his own leg in the age of 18? Consider us also. Either you provide some other provision or allow us to be in the institute till we are able to stand in our own leg. If I was there I could go for higher studies in accountancy and could dream high*



*and I would be in a better position now. I am not blaming anyone but if such kind of support is there it will be so much helpful for me like people to build up a better life.”*

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

#### **4.1.10 CASE J**

Case J, now 24 years, lived for two years at the railway station before coming to a Child Care Institution, at the age of nine. He lives on a small income without any Aftercare support and is neither in touch with his parents nor does he know their whereabouts.

He lived across three different Child Care Institutions during his institutional stay. As a child, he did not like the constraints of the Child Care Institution and ran away to travel to new places, living on platforms as he went. He says, “*Who can bear with the strict laws and timetable there?*” He earned a living by selling things, loading cargo cartons or supplying water in trains. He still continues to do such jobs. He has no grudges with the Child Care Institutions as they offered him all basic facilities.

*“Youth, who leave Child Care Institutions, without support, will start considering themselves a failure. It is not easy to be accepted by this society and to reintegrate on one’s own. In my own case I had to compromise on many of my aspirations”.*

Case J did not develop meaningful social relations and emotional bonds with caregivers in the Child Care Institution as he never felt the sense of belongingness. The only relations that he missed were with his friends who were restored to their families. He says “*I really miss those friends, they were good boys, we had played a lot and still I remember how we used to cheat our warden and got punished together...*” Even today, he does not like talking to strangers and feels nervous in

such situations. As a child, seeing other children with parents always made him feel lonely, though he never shared these feelings with anyone.

*“I am living with my friend since I could not find any other place of accommodation.”*

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

*“I have searched for a hostel facility in several places but I could not find one. I could find two or three places but they ask about my family background and when I reveal that I have a negative family background, they say some excuses and don't give me admission there. So I stopped searching a place for accommodation.”*

The present housing is Habitable. It gives protection from weather. But there is no private space to, cook, rest and freshen up. Access to basic services like water, electricity, health, education, road and sanitation is common. The present housing facility's Proximity to work space is high. He has got access to safe transport. But there is no Protection against forced eviction because he has got no freedom to make any mistakes and he is fully depending on his friends and their mood swings. It is not very much helping him to integrate with the society. All of them speak Malayalam and very social but conflicts are very common among them. They share the tenure. But there is no security against violence and theft.

*“Who can afford the expense for medicine? If we go to Government hospitals our whole day will be lost. That means we will be starving for that day. If we don't go for work we can't earn food for the day. If we go to the medical care in private hospitals then it is very expensive...”*

He seldom consults a doctor during his physical illnesses. Usually he goes to a medical store and takes some pain killers. Friends would help if some physical illness arises by giving space to rest and recuperate. He is not in acquaintance with space for wellness, exercise, yoga, run, etc. He is not living in a hygienic surrounding for stay, work, etc. He has got the availability of panchayat well for water. There were times he had to live without food. But now he gets food regularly. No caregivers are available

when he falls ill. He does not have health insurance. He is satisfied with the current state of his physical health.

He is least bothered about nutrition and health management. He knows cooking very well. Health management is very bad that he does not have any first aid kit or is not very serious about his health. He is not having any knowledge about any disaster management skills. According to him if some fire, flood or earthquake happens according to the time and situation he will respond. He takes care of his r belongings but does not have any budget management/saving. He does not follow any particular recreation pattern or exercises. He takes alcohol with his friends and he finds recreation in it.

*“I have no space of my own. How can I follow a time table? I don’t know when I will be send out of my present accommodation. Even when I get migraine I have no place to rest...”*

He is able to forge and maintain meaningful and long- lasting relationships with friends and other children in Child Care Institution. But he is not in good relationship with caregivers, staff, house-parent, mentors, and teachers. He is having a fearful relationship with officials like boss, superintendents and govt. duty-bearers. He does not have any romantic partner and he is frightened of making such relationship. He doesn’t have much acquaintance with strangers.

He has not received any workshop, training or hands-on experience after leaving his Child Care Institution on conflict resolution, communication, anti-bullying, self-esteem, motivation, leadership, team-building, rights and responsibilities, gender roles, neutrality and inclusion. He was not very participative in the workshops earlier and today he feels the importance of such workshops.

Many a time he had felt worthlessness. Occasionally he had some kind of violent thoughts of harming self or another. He has not gone to any person for any assistance for any stress management. He is satisfied with his current emotional status.

*“At present I have no disease other than occasional cough or headache. Why should I waste money for that? And I don’t earn that much to lead such a ‘luxurious’ life with medicine. After all if something happens to me nobody is losing anything...”*

He had attended a financial literacy workshop when he was in Child Care Institution. He has got a bank account. He does not have any financial insurance. He does not feel the present income sufficient to meet all his needs. He is not fully satisfied about his financial status.

He has not completed his higher secondary education. He has got a mobile phone and he is very active in social media. He had received training after leaving his Child Care Institution. But his knowledge on computer and IT, resume making, basic accounting, English speaking, interview techniques are very poor. He does not think his current education and skill-level adequate to achieve his career aspirations. He is not fully satisfied with his current skill level.

He was never been informed about his legal rights and responsibilities either through a workshop, seminar or one-on-one consultation. He was not aware that under the JJ Act, 2015, he can be provided 'Aftercare' from the age of 18-21 years. He has got a Voters' ID.

Case J does not aspire much in life. All he can think in the context of a career is securing a blue-collar job, though he feels he has the potential of starting a business. He intends to get a driving licence so that he can take up a driving job which his present employer has offered. However, for the driving license he needs a proof of residential address which he does not have. He has been living in a factory owned by the employer for the last two years. He receives a salary of Rs. 7,200 per month for working from 7 am to 1 pm. Post that, he has nothing meaningful to do and usually roams around with his friends. He neither has a bank account, nor does he have any savings. *"Now I have no tension, we work till 1or 2pm and after that we spend our time either in the beach or in the theatre or simply roam here and there..."*

His immediate need is a stable accommodation but he does not want to stay in a hostel like facility including a Child Care Institution or Aftercare home. Case J had no idea about what Aftercare meant. When explained, he agreed that such services must be provided to youth, especially support for vocational training and employment. He also felt that orphan youth must be provided homes until they are able to find them on their own. *"How can we find a home? Who will believe us? All are very suspicious about*

*us. So at least for house who are still in the child care institutes' accommodation should be provided until they get one for themselves."*

Case J not only failed to receive Aftercare support but the inadequate care he experienced in his Child Care Institution left him with little options to grow in life. Case J's experiences indicate a significant lack of inputs in higher education and vocational skills, affordable and adequate housing, financial independence and career, mental and emotional well-being, identity and legal awareness, independent living skills, and interpersonal skills and social relationships.

## DATA ANALYSIS AND INTERPRETATION

### 5.1 INTRODUCTION

Qualitative data analysis is the process in which we move from the raw data that have been collected as part of the research study and use it to provide explanations, understanding and interpretation of the phenomena, people and situation which we are studying. Thematic analysis emphasizes on pinpointing, examining and recording themes within the data available.

### 5.2 PERSONAL PROFILE OF THE INSTITUTIONALISED BOYS WHO HAVE TURNED 18 YEARS AGE IN THIRIVANANTHAPURAM

Case	Age	Religion	Educational Qualification	Age of Leaving the institution	Present place of Housing	Occupation
Case A	22	Hindu	10 <sup>th</sup>	18	With Friends	Cook
Case B	24	Christian	+2	18	With distant relatives	Daily wage jobs occasionally not regular
Case C	25	Hindu	MSW	18	With distant relatives	Driver
Case D	23	Hindu	10 <sup>th</sup>	18	With Friends	Textiles
Case E	24	Hindu	+2	18	With Friends	Petrol Pump
Case F	22	Hindu	10 <sup>th</sup>	18	With Friends	Daily Wage
Case G	22	Christian	+2	18	With distant relatives	Receptionist

Case H	25	Christian	B.A	18	With Parents	Web Designer
Case I	23	Christian	10 <sup>th</sup>	18	With distant relatives	Textiles
Case J	24	Christian	8	18	With friends	Collecting cargo and selling it

The profile of the respondents gives a basic idea about the socio-economic background of the respondent. All the respondents have completed their basic schooling till 8<sup>th</sup> and nine of them have completed 10<sup>th</sup> and five of them completed +2 and two of them completed UG and one of them completed PG. All of the respondents are having a low economic background. Five of them have got a secure accommodation whereas five of them are staying with their friends. Two of them belong to Muslim community, while four each are from Hindu and Hindu Community.

### 5.3 RESEARCH QUESTIONS

#### 5.3.1 How do the Care Leavers in Thiruvananthapuram build up their life after Child Care Home?

Here the researcher tries to identify various themes from the in depth interviews which the care leavers shared. Researcher has identified eight different themes, from the interaction, which influences the building up of their life. And the eight themes were very much similar to **Mike Stein's 'Sphere of Aftercare'**. The 'Sphere of Aftercare' is a comprehensive ideology of rehabilitative support and services for Care Leavers (CLs), transitioning out of care and is a very robust tool to develop them to face the realities of life, once they leave the protective environs of alternative care settings. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for Care Leavers mainstreaming, as they transition towards independent living. The eight themes are housing, emotional well-being, Physical health, independent living skills, social relationships, education, financial status and legal knowledge.

## **THEME 1: EMOTIONAL WELL-BEING**

Transitioning out of care has a very negative impact on the emotional wellbeing of Care Leavers. There is greater negative impact on the emotional wellbeing of care leavers without any support system than others. All of the Care Leavers have recurring emotional distress. This reinforces the findings of previous research done by Barn and Meade. Abrupt transition out of care is also a stressful situation as CLs need help not only finding accommodation and securing finances but also in matters relating to their physical, mental and emotional wellbeing (Barn, 2010; Meade & Mendes, 2014). During this phase, many reported experiencing symptoms of clinical depression, anxiety, stress, and even suicidal tendencies (Vacca, 2008). The pressure to become financially independent, acquire and manage independent housing, and integrate with the larger community leads to stress and anxiety. One of them share that *“Lack of guidance and financial support has greatly impacted my mental and physical health.”*

Four of them are unable to cope with new pressures of work life. Case C says that *“I am unable to sustain in any specific job. This is my 7<sup>th</sup> destination within five months”*.

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

Eight of the respondents face emotional distress that makes them sad or tense. They also show multiple symptoms of distress. None of them has gone for any kind of professional or non-professional mental health assistance. It is really shocking.

## **THEME 2: HOUSING**

Stable and secured housing is a basic life requirement which has become a major challenge for the Care Leavers, transitioning from protected institutions to independent life and has increased their vulnerability multi-fold. It is the most basic



need but has to be addressed first as they move out of the Child Care Institutions. None of the respondents received housing support under Aftercare.

One of the respondents says, *“Youth who leave Child Care Institutions, without support, will start considering themselves a failure. It is not easy to be accepted by this society and to reintegrate on one’s own. In my own case I had to compromise on many of my aspirations”*.

### **Sub Theme 1: Independent Housing**

Refers to housing through their own or family support and includes rented accommodation, private college hostels, working men hostels and paying guest accommodation, as well as those residing as non-paying members in their own house or that of a friend. All the 10 respondents come under this category. *“I am living with my friend since I could not find any other place of accommodation.”*

### **Sub Theme: Gender Disparity in Aftercare Housing for Boys**

There are no Aftercare homes for boys. Further, given the concerns of safety and security for them, the provisioning of group homes is not as common as for girls. *“I have searched for a hostel facility in several places but I could not find one. I could find two or three places but they ask about my family background and when I reveal that I have a negative family background, they say some excuses and don’t give me admission there. So I stopped searching a place for accommodation.”*

### **Sub Theme: Impact of Adequate Housing on Other Domains of Adult Life**

*“I have no space of my own. How can I follow a time table? I don’t know when I will be send out of my present accommodation. Even when I get migraine I have no place to rest...”* The adequacy of housing amenities for Care Leavers help them to access to physical health amenities, Financial literacy, security and to face crisis in adulthood.

## **THEME 3: PHYSICAL HEALTH**

The Child Care Institutions usually have a proper system of regular health examination and access to health facilities, which gets discontinued for Care Leavers transitioning out of care. This may lead to Care Leavers getting systemically deprived of health care amenities. The generally accepted perception of good health is absence

of disease and it is this perception that is echoed by the Care Leavers. *“At present I have no disease other than occasional cough or headache. Why should I waste money for that? And I don’t earn that much to lead such a ‘luxurious’ life with medicine. After all if something happens to me nobody is losing anything...”* The existence of low haemoglobin, deficiencies, weak eye sight, dental issues etc. are not considered diseases or as signifying poor physical health, till they are serious enough to manifest as illness.

Five of the respondents say that they have lot of other basic necessities to meet so they don’t care about small health issues. Amidst major challenges of housing, financial independence, and managing social relations, health does not emerge as a priority, as it is overlooked until there is manifestation of disease or illness. However, the Care Leavers did share challenges such as expensive healthcare, unhygienic or unclean space for recuperation, no hospitals or clinics in proximity, poor nutrition and lack of exercise habits, etc. *“who can afford the expense for medicine. If we go to Government hospitals our whole day will be lost. That means we will be starving for that day. If we don’t go for work we can’t earn food for the day. If we go to the medical care in private hospitals then it is very expensive...”*

Management of prolonged illness and health emergencies requires caregiving support for an extended period of time, and availability of funds for treatment or access to health insurance. Seven of the respondents did not have someone to provide caregiving during prolonged illness and eight of them did not have health insurance. *“If I go for work daily I could earn only bare minimum for my food. “If I get sick my friends may look after me for one or two days but if some severe illness come there is nobody to look after me. Why should they look after me? I am there nobody?”* Moreover, given that the average monthly income of Care Leavers is reported to be between Rs. 5,500 and 8,500, affordability of health care may be an issue.

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

Eight of them did not have long-term caregiving available during illnesses. Two of them did not have someone to provide care during illnesses. They did not have

anyone to provide them with care on a long-term basis as compared to those staying in independent housing. Eight of them did not have health insurance. Health insurance was not accessed adequately by Care Leavers. Only two of the non-receivers have access to health insurance, and the knowledge about health protection, security and insurance. Access to Health Protection for Affordable Health Care: There is partial access of the Care Leavers to health services. However, there is an evident inability to handle emergencies, given the limitation of financial resources, absence of prolonged caregiving support and lack of access to services like insurance or health protection.

#### **THEME 4: INDEPENDENT LIVING SKILLS**

Starting to live independently is a challenge for any young person and a considerably bigger challenge for the Care Leavers who have had a constrained life in a Child Care Institution and have little or no family support. Managing life independently needs some basic core skills, without which, the struggles of adjustments can be manifold.

*“In the institution where I was, we were encouraged to help in the kitchen, farm and we were washing our clothes by ourselves. So I know a little bit of cooking and I do wash my clothes regularly.”* Five of the respondents have not received skill training in cooking and household management respectively while in the Child Care Institutions. Five of the respondents don't have any skill inputs on first aid and disaster management respectively in their CCIs. When they were asked about disaster management one of them responded *“Varunnidath vechu kananne...Which means we will face it somehow...”*

But all of them require skill training in cooking, household management and disaster management. Most of the times, boys are not encouraged to do cooking or be active in household management so they are to be trained in all the needed skills for a successful and self-reliant life. *“Our care giver was very suspicious about us going near kitchen and so we were prohibited to enter kitchen. For some festivals like Onam, Christmas etc. We were also encouraged, otherwise not. Even there were three staff for washing our clothes; we had to put our clothes in the bucket. But now everything I have to do by own. At first it was very difficult, but now I am used to it.”*

## **THEME 5: SOCIAL RELATIONSHIPS AND INTERPERSONAL SKILLS**

Basic skills of appropriate interaction, maintaining relationships, conflict resolution, empathy, humour and communication are often missing in institutionalised children (Modi, 2016). Referring to social relations, a Care Leaver said that for boys like him, personal and social life remains limited to people in Child Care Institution. According to him *“people outside don’t really understand us and we too don’t trust the people outside.”*

Researcher also noticed that most of them were very shy in their first contact. They are good in speaking through mobile phones but when the researcher meets them individually they were either gloomy or shy in the first two contacts. All of them face a deficit in social skills i.e. effective communication, leadership, conflict management, self-esteem, knowledge of legal rights and duties, gender neutrality, etc. This has an impact on the overall quality of life of Care Leavers.

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

All of them expressed inability to maintain romantic relations. *“Ayyo!”...no plan of marriage. I have fear in speaking with girls then how can I marry and build a family life. I have no love affairs.”* They are not even thinking of a happy married life. They feel that it was not applicable to them.

Almost half of the Care Leavers faced inability in maintaining relations with parents or distant relatives. *“Most of the time others look at me with negative prejudices. Is it my crime that I had to live my childhood in an orphanage? Is it my fault that my so called parents abandoned me? Then why people look at me with suspicion? Especially when I go for some job they want to know more about my family background. When I say I was staying in an orphanage and I don’t have any family relatives, then most of them deny the job.”* Five of the Care Leavers struggled in maintaining relationship with their family members. More than 4 Care Leavers

struggled with the relationship with mentors and teachers. For every social skill more than fifty percentages requires training.

## **THEME 6: FINANCIAL STATUS**

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

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

The fact that Care Leavers have an independent source of income is also indicative of the compulsions they face and signifies their missed opportunities in higher education. Respondent shares that *“See...the routine life needs to accommodate the individual life of the boys.”* He explains: I mean *“if I want to be a footballer then I have to join some club, but I don’t have any contacts. Likewise, I will also need a professional coach but there is no such option available here. In Aftercare, job is compulsory, so I don’t get time for football or further studies. Also, anything other than a job is considered as unimportant and as something which does not have any value.”*

The **intergovernmental Organisation for Economic Co-operation and Development** (OECD) defines financial literacy as ‘a combination of awareness, knowledge, skill, attitude, and behaviour, necessary to make sound financial decisions and ultimately achieve individual financial wellbeing.’ However, for care leavers there is no opportunity at hand from where they could learn about financial literacy. Even though financial literacy appears to be quite straightforward, most individuals are not trained to work their finances in OHC environments (O’Neale, 2013). *“I was never taught anything about bank account management or anything related to money from my old Child Care Institute. They were reluctant to give us money. Usually the Care giver was entrusted in managing money. We had no training on this. It is true that I have a bank account but I don’t know anything about it. I was asked to give my signature here and there and I gave it. That’s all!”*

Five of Care Leavers do not have an independent source of earning. Four of the earning Care Leavers are in salaried jobs and Six are self-employed. The average monthly salary was between Rs. 5,500 and Rs. 8,500. This is as low as minimum wages paid to unskilled labour in Kerala (Rs.8910 as per [http://labour.ker.nic.in/labour/2018--19%20 Rates.pdf](http://labour.ker.nic.in/labour/2018--19%20Rates.pdf)). None of the respondents have any source of additional financial support from allowances or family support. Seven of the respondents had no formal exposure to financial literacy and three of them had no financial guidance.

### **THEME 7: EDUCATION**

The present educational status of the Care Leavers is a cumulative outcome of the education they received at Child Care Institution and during Aftercare, and has a considerable impact on different domains of their life. Children are sent to institutional settings as a last resort to mitigate their vulnerability and to ensure that they receive their basic rights. However half of the respondents could not complete their schooling. *“Actually I cannot blame anyone for my lack of education. I was always encouraged to go for studies at my institute but I did not know the importance of education at that time. Now I know it but now I am unable to find time and money for my education. So I encourage my friends in the Childcare Institute to study well. I still remember myself going with some of my friends near the beach skipping the classes. I do regret about it.”*

Vocational skills are an integral part of preparing Care Leavers for employment along with education. Care Leavers may not have access to a range of choices that relate to their interest and are not aware of the market value and future opportunities related to those skills. One of the respondents pursuing vocational training asserts that: *“I have no other choice but to do this training to secure a job”*

### **5.3.2 RESEARCH QUESTION 2: How much accessible are they to welfare policies and legal facilities available for them?**

The main purpose of this research question was to gain information about the attainment of all legal papers affirming one’s identity as a citizen of their one’s country, along with an understanding of their legal rights and responsibilities. Identity and citizenship are basic survival rights of an individual. They are a proof of their

being in a state/ country and are mandatory for access to various services and entitlements as a citizen.

It was really shocking to know that the respondents were of little knowledge about the policies and welfare schemes of government which is there for their development. *“I have Aadhar Card. It was taken when I was in the Child Care Institute. The address written is that of the old Institute. Actually I want to change the address but since I don’t have a permanent one I am still holding it. I don’t want to be known as someone who hails from that institute. So I am worried about it...”* Eight of them were never provided any formal guidance with respect to legal rights and legal documents required and were not aware of the same. It is significant to note that neither did those receiving Aftercare services have more information on legal rights, identity or Aftercare nor did they possess the necessary documents.

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

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

While the right to protection of children is cross- cutting across all domains of life and codified rights, its recognition is not evident in overall policies. Policies across sectors

do not explicitly recognize vulnerabilities of children in institutional care and the need for Aftercare, with lack of provisions specifically for them. Aftercare is provisioned for only under the child protection system, which includes the JJ Act, the JJ Rules and the ICPS. Having said that, the broader policy framework does provide for multiple resources and services that these children/youth, transitioning out of care, can access and utilize for better settlement as adults.

#### **Sub Theme: The National Youth Policy 2014**

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

*“Government is not doing anything for us. I don’t know where and to which office to go for getting a job or accommodation. I have heard others saying that government have got all the policies for the orphans. But I have not received any help till now. I am afraid to enter any government office even. How can I ask some help from them?”*

The national and state schemes and programmes for housing, health, education, skill development, support and training for entrepreneurship as well as employment must recognize Care Leavers as a vulnerable category of youth. And the children who are leaving the Institute should be provided with ample knowledge on all the policies and programmes which will be helpful for them. This will ensure they are included in the applicability/eligibility criteria to access such schemes. This would need MoWCD and MSJE to take special initiatives to work with other Ministries to bring forth this inclusion and the much-required convergence at the national level.

#### **5.3.3. RESEARCH QUESTION 3: Are there aspects in which the well-being of these boys is significantly challenged?**

While most Care Leavers had completed high school education, less than 30% of them were receiving or have received university education. When asked, many who did not attend university expressed the view that university education would not provide an immediate solution to satisfy their current needs--sufficient living



expenses. On top of the need to pay for their own rent and meals, Care Leavers also face difficulties getting subsidy for their university education.

It is also observed that half the respondents were insecure about their plans for housing.. *“The search for a suitable place to stay was often anxiety-inducing.”* Care Leavers share an anxiety in having to navigate an unfamiliar situation of legal paperwork and cost considerations with limited moral and physical support. Approximately 70% of the respondents added that they knew little about assess housing conditions, such as functioning heaters, lights, toilets, safety of the house’s surroundings. Bearing the responsibilities of managing limited personal finances and caring for personal needs often came too abruptly for them, and many cite stress, confusion and loneliness right after termination.

Approximately 25% of the research subjects struggle to build social relationships with their peers as well. When questioned, these Care Leavers posit a fear of stigmatization should others get to know them too well. In fact, many Care Leavers in Thiruvananthapuram has strong aversion toward being identified as orphans or “Care Leavers.” Most of them believe that the negative connotations associated with being labelled as a “Care Leavers” are a burden to their future and livelihood. In some cases, it was found that an orphan’s status as an “orphan” or “Care Leavers” constituted one of the main reasons for which his/her job application was rejected.

Furthermore, a discontinuity between the orphanage experience and life after leaving the orphanage is evident. Extensive interviews with respondents from multiple orphanages conceded that most Care Leavers sought to sever their ties with the orphanage upon graduation. They tended to refuse visits back to the orphanage, and reduced their interaction with respondents they grew up close with.

More importantly, these respondents revealed that many orphanages suffered severely from manpower and resource shortages. This often meant that the various needs of the orphans were not always heard or addressed. These needs tended to be less material in nature, and centred on intangible skill sets and emotional support. For example, orphans have requested orphanage respondents to teach them how to manage their finances and apply for financial assistance. Many also sought time to chat with and gain advice from orphanage respondents, but such opportunities were often limited.

Based on the data collected, it is apparent that the psychological and emotional states of Care Leavers are particularly vulnerable. The impacts of dealing with educational, legal, housing and socialization difficulties boil down to a severe stress on the emotional and mental well-being of Care Leavers. Anxiety, helplessness, loneliness and confusion underlie the experience of termination.

## FINDINGS, SUGGESTIONS AND CONCLUSION

### 6.1 FINDINGS

#### 6.1.1 RESEARCH QUESTION 1: How do the institutionalised boys in Thiruvananthapuram build up their life after Orphanage?

**Housing:** Upon transitioning out of care, one of the primary needs of all respondents is to find affordable and appropriate housing. Protection from forced eviction and having a secure tenure is especially important for respondents as majority of them lack caring individuals or a strong social group to provide temporary housing. For the rest of them, vulnerable situations in their homes and families that caused them to enter a Child Care Institution still persist, and so, returning to such homes pose more risks than opportunities. Those who have got either one of the parents with a house has got a good place to live and others are living in pathetic situations. Those who are in connection with the in laws are getting some kind of support and others don't have that.

**Independent Life Skills:** The acquisition of independent living skills in the respondents is low in institutions. In the absence of family as well as the sharing of roles and responsibilities as in a family setting, the Care Leavers do not have many opportunities to learn independent living and social skills. One of the respondents replied that "As a child who has not received any kind of exposure to the outside world and who has been kept in a closed institution is completely overwhelmed with the sudden freedom I receive in outside world. I do not know how to adjust to this nor do I know how to make use of this independence."

**Emotional Well-being:** Care Leavers represent a vulnerable population and have most likely been exposed to several instances of trauma and stress since childhood, and the transition exposes them, yet again to another trauma. The study findings show that all the respondents have recurring emotional distress. This reinforces the findings of previous studies. Abrupt transition out of care is also a stressful situation as Care Leavers need help not only finding accommodation and securing finances but also in matters relating to their physical, mental and emotional wellbeing (Barn, 2010; Meade & Mendes, 2014). During this phase, many reported experiencing symptoms of clinical depression, anxiety, stress, and even suicidal tendencies (Vacca, 2008). The

in-depth interviews also show that the pressure to become financially independent, acquire and manage independent housing, and integrate with the larger community leads to stress and anxiety.

The emotional distress results in poor social relationships, which further increases vulnerability as they fail to establish a social support structure for themselves.

Access to mental health services among Care Leavers drastically declines once they left the Child Care Institution. Children in Child Care Institutions usually have easy access to trained counsellors, which is completely absent once they left the Child Care Institution. None of the respondents seek professional help. Either the Care Leavers are not aware enough to recognize the symptoms of distress and realize its adverse impact or they are discouraged to seek professional help due to the stigma attached to psychological disorders. International studies in the mental health of Care Leavers have consistently shown that self-stigma and public stigma impacts their ability to access mental health services. It has also been found that self-stigma affects an adolescent's self-identity, self-efficacy, and interpersonal relationships. This influences self-sufficiency once youth leave care (Guillen, Macedo, & Lee, 2017). Care Leavers may also not reach out for help after transitioning as they do not have reliable support networks (Mann-Feder & White, 2003).

**Social Relationships:** Institutionalization has a considerable impact on Care Leavers' social relationships and their ability to have a support system for themselves. CLs find it difficult to maintain close personal relationships with caregivers, mentors, other children in the Child Care Institution, as well as their family. As discussed before, 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. The added stigma of being an orphan or belonging to an institution also makes their social reintegration a precarious journey, as voiced by Care Leavers and caregivers alike. Basic skills of appropriate interaction, maintaining relationships, conflict resolution, empathy, humour and communication are often missing in institutionalised children (Modi, 2016). Referring to social relations, a Care Leaver said that for boys like him, personal and social life remains limited to people in Child Care Institution. According

to him “people outside don’t really understand us and we too don’t trust the people outside.”

Institutionalization impacts social relationships with the other gender. All Child Care Institutions are segregated by gender post 12 years and are governed by strict policies regarding movement of children and other non-staff persons in and out of the home, in the interest of the children’s safety. Unintended side-effect, children rarely get to interact with peers and adults of the opposite gender. Thus, innate understanding of gender roles and gender inclusion that may happen in a traditional family is lacking amongst Care Leavers. All Child Care Institutions have to be gender specific as per law and in their childhood, there is little interaction with the opposite sex. In the absence of relationship counselling, positive orientation towards romantic relationships and lack of access to marriage counselling, upon exit from Child Care Institution, Care Leavers are vulnerable to exploitative and abusive relationships.

The acquisition of social skills is low in institutional life and Aftercare. Care Leavers face a deficit in social skills i.e. effective communication, leadership, conflict management, self-esteem, knowledge of legal rights and duties, gender neutrality, etc. This has an impact on the overall quality of life of Care Leavers.

**Physical Health:** The Child Care Institutions usually have a proper system of regular health examination and access to health facilities, which gets discontinued for Care Leavers transitioning out of care. This may lead to Care Leavers getting systemically deprived of health care amenities.

Care Leavers are relatively satisfied with their physical health and access to health services. The generally accepted perception of good health is absence of disease and it is this perception that is echoed by the Care Leavers. Amidst major challenges of housing, financial independence, and managing social relations, health does not emerge as a priority, as it is overlooked until there is manifestation of disease or illness.

However, the Care Leavers did share challenges such as expensive healthcare, unhygienic or unclean space for recuperation, no hospitals or clinics in proximity, poor nutrition and lack of exercise habits, etc.

Dealing with prolonged illness and health emergencies is likely to be a challenge for Care Leavers. Management of prolonged illness and health emergencies requires caregiving support for an extended period of time, and availability of funds for treatment or access to health insurance. Eight of the respondents did not have someone to provide caregiving during prolonged illness and 9 of them did not have health insurance.

Moreover, given that the average monthly income of Care Leavers is reported to be between Rs. 5,500 and 8,500, affordability of health care may be an issue.

**Education and Vocational Skills:** The post orphanage life of the respondents impacts their education in multiple ways including discontinuation, delays and poor academic performance.

Two of the respondents could not complete secondary school Four of them reported discontinuation of education either in the Child Care Institution or after leaving it.

The reasons for respondents to drop out of education include lack of financial support, frequent placements, not receiving age- appropriate admissions, pressures of earning to sustain themselves, lack of time or merely absence of guidance.

The present level of educational qualifications and skills acquired by respondents does not match their academic needs and aspirations. Four of the respondents felt that their educational qualification and skills are inadequate to meet their career goals. One of the reasons is that the education of a considerable proportion of respondents was discontinued in Child Care Institution or after.

Respondents may need to opt for vocational skills as a compulsion, as earning becomes non-negotiable for them. At times the respondents may not have access to a range of choices that relate to their interest and are not aware of the market value and future opportunities related to those skills.

Skills find priority over higher education as they create quick employability with lesser investment, without realizing that they may be restrictive to the future growth of the Care Leaver in accordance to their potential. The National Skill Policy in India has crafted ways of integrating education and vocation for a growth path in life and

career; however neither stakeholders nor Care Leavers are aware enough to plan long-term growth trajectories for Care Leavers.

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

**Economic Independence and Financial Literacy:** Apart from securing adequate housing, acquiring life skills, forging and maintaining relationships, and taking care of their mental and physical health, respondents face tremendous pressure to start earning and becoming financially independent at the tender age of 18 year onwards.

Two of the respondents do not have an independent source of income, which means that they are dependent on family or friends.

The fact that more respondents have an independent source of income is also indicative of the compulsions the males face and signifies their missed opportunities in higher education. A respondent who has received vocational training in tourism, works in a job that has long working hours and lives in an Aftercare home shares *“See...the (Aftercare) routine life needs to accommodate the individual life of the boys.”* He explains: *I mean “if I want to be a footballer then I have to join some club, but I don’t have any contacts. Likewise, I will also need a professional coach but there is no such option available here. In Aftercare, job is compulsory, so I don’t get time for football or further studies. Also, anything other than a job is considered as unimportant and as something which does not have any value.”*

Respondents had low financial literacy, access to financial services, as well as ability to manage financial crises. Living in an institutional setting does not provide respondents with hands-on opportunities to learn household economics nor are they given any formal exposure to financial literacy. Though financial independence is an important component of independent life, the stress of Child Care Institutions is largely on enabling them to earn. Shockingly, one of the respondents did not even

have a bank account; seven of them did not have debit cards and insurance respectively. The intergovernmental Organisation for Economic Co-operation and Development (OECD) defines financial literacy as ‘a combination of awareness, knowledge, skill, attitude, and behaviour, necessary to make sound financial decisions and ultimately achieve individual financial wellbeing.’ However, for children who grow up in Alternative Care, there is no opportunity at hand from where they could learn about financial literacy. Even though financial literacy appears to be quite straightforward, most individuals are not trained to work their finances in Out of the Home Centre environments (O’Neal, 2013).

### **6.1.2 RESEARCH QUESTION 2: How much accessible are they to welfare policies and legal facilities available for them?**

**Identity and Legal Awareness:** The information on legal entitlements and responsibilities, as well as on legal provisions to Aftercare is low among the respondents. The children in Child Care Institute are the responsibility of the state and yet they do not have access to information on basic legal entitlements. The objective of legal literacy is to ensure that citizens, particularly marginalized or underprivileged groups, can obtain the benefits that law seeks to offer them, which stands defeated in case of respondents as well as the youth who had to leave the orphanage once they reached the age of 18.

It is surprising that more than seven of the respondents are not aware of Aftercare provisions under law, which means that they do not even know what they can expect from the Government as support.

All the respondents have an Aadhar card, a primary document for identity that shall enable them to access a majority of services. However, more than half the respondents did not have essential documents like PAN card, passport and voter card, which means that Child Care Institutes neither plan for transition support acquisition of these documents nor do they empower, the respondents to acquire them.

### **6.1.3 RESEARCH QUESTION 3: Are there aspects in which the well-being of these boys is significantly challenged?**

Firstly, the situation in which respondents today face compounded difficulties in gaining access to higher education and permanent employment. Many respondents



and their counterparts get denied higher education or employment largely because they are underprepared for university admissions or the job market, or simply because they are “orphans”.

Secondly, they have less guidance with regard to personal and economic management. Unlike their peers who are largely able to rely on their parents for monetary and moral support, they may have only distant family or orphanage personnel to help navigate them through independent living. Yet such support is almost always absent due to a lack of manpower in orphanages, and also due to the respondents and their counterparts’ desire to cut ties with their orphanage upon graduation.

Thirdly and most importantly, majority of the respondents’ research subjects displayed strong aversion towards being identified as “orphans”. In doing so, they often also reject seeking help and dislike being labelled “aid recipients.” Most of the institutions don’t have even the contact details of these boys.

Fourthly, points 1 to 3 culminate in making their emerging adulthood process one that is largely filled with anxiety, helplessness, loneliness, and confusion.

## **6.2 SUGGESTIONS**

- The key recommendation is to recognise respondents and their counterparts as the most vulnerable youth-at-risk and include their voices in planning for them to mainstream and socially reintegrate them into society, empowering them to live independently.
- The Ministry of Women and Child Development (MoWCD) and the Ministry of Social Justice and Empowerment (MSJE) should take steps to ensure the appropriate reservation to respondents and their counterparts in educational institutions for higher education and in jobs.
- There should be an Aftercare home for boys in Trivandrum.
- State should promote availability of a balanced mix of institutional and non-institutional housing support for Aftercare across districts in the state especially for the boys.
- Access of respondents and their counterparts to health services, subsidized medical services and health insurance should be promoted.

- Emotional Wellbeing and Mental Health Care support should be accessible to all respondents and their counterparts through professional, specialized counsellors and peer mentors as well as continuous support for individual and group counselling therapy.
- Aftercare as per JJ Act is a programme but it has been implemented as an institution and that is opposed to the concept of Aftercare programme. Living together in groups, doing everything on their own, managing daily chores and to have a mentor just for guidance will make them independent.
- They should be provided with requisite support, guidance and counselling to make academic and skill development choices, based on their needs and aspirations. Vocational training and skill development should be a focus at the Child Care Institute level.
- The National Legal Aid Services Authority (NLASA) should ensure that the state and district legal services authorities have a mandate of extending assistance to respondents and their counterparts in legal documentation, legal awareness and provision of legal aid for respondents and their counterparts, along with support in developing identity documents, domicile certificates and training on the use of Government systems and schemes such as “digital lockers”.
- Workshops should be organised for the respondents and their counterparts where windows of opportunities for them must be explored at all levels, especially with state departments and corporates as part of improving financial independence skills.
- There should be a transition planning at Child care Institute. And the support should be of a nature that promotes acquisition of independent living skills in them and encourages them to start living without external support.
- Researcher strongly recommends the need for every respondent and counterpart to have individual mentors in their lives. Mentorship through individuals and collaboration with professionals and corporates can help the respondents and their counterparts in gaining social exposure and better integration with the community. Mentors must be attached to respondents to assist them in learning skills on conflict resolution, effective communication, leadership, trust, team-building, knowing their legal rights, responsibilities as

well as social duties, developing ego-resiliency, self-esteem and concepts around gender and inclusion.

- Peer social support networks should be formed to allow access to information and services for respondents and for opportunities for them to socialise and celebrate together. Such groups should be safe, encouraging and act as self-advocacy groups.

### **6.3 CONCLUSION**

The study attempts to describe the nuances of the Post Child Care Institution Life of the male care leavers in Thiruvananthapuram, their way of building up their life after leaving the Child Care Institutions, accessibility of different welfare policies and legal provisions and the areas where the well-being of these boys significantly challenged. Ten boys who left the Orphanage at age of 18 from ten different Child Care Institutions in Thiruvananthapuram were interviewed and the conversations the researcher had with them along with richer experiences received through observation, are used to process and analyze their post orphanage life. The interview was in-depth and could maintain justice towards the real life scenarios of the respondents. The process of data analysis gave birth to numerous subthemes from the data collected and used it to explain the facts conveyed by the respondents. Ten of the interviewees are different from each other in many aspects and as far as a qualitative study is concerned the differences within the information collected would produce richer and diverse results and findings. The similarities lie in their socio-economic background being unstable and weak.

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

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

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

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

The Juvenile Justice (Care and Protection of Children) Act, 2015, (JJ Act, 2015), along with the Juvenile Justice (Care and Protection of Children) Model Rules 2016 (or the Rules notified by the State Government as provided for under Section 110(1) of the JJ Act, 2015), along with the Central Government's Child Protection Scheme

(CPS, and erstwhile ICPS), also make provisions for services for youth leaving state care, referred to as 'Aftercare'.

The respondents face challenges in finding a proper housing, emotional well-being, Physical health, independent living skills, social relationships, education, financial status and legal knowledge. One of the primary needs of all respondents was to find affordable and appropriate housing. Protection from forced eviction and having a secure tenure is especially important for respondents as majority of them lack caring individuals or a strong social group to provide temporary housing. For the rest of them, vulnerable situations in their homes and families that caused them to enter a Child Care Institution still persist, and so, returning to such homes pose more risks than opportunities. Those who have got either one of the parents with a house has got a good place to live and others are living in pathetic situations. Those who are in connection with the in laws are getting some kind of support and others don't have that.

The acquisition of independent living skills in the respondents is low in institutions. In the absence of family as well as the sharing of roles and responsibilities as in a family setting, the respondents do not have many opportunities to learn independent living and social skills. One of the respondents replied that "As a child who has not received any kind of exposure to the outside world and who has been kept in a closed institution is completely overwhelmed with the sudden freedom I receive in outside world. I do not know how to adjust to this nor do I know how to make use of this independence."

Respondents represent a vulnerable population and have most likely been exposed to several instances of trauma and stress since childhood, and the post Orphanage life exposes them, yet again to another trauma .All the respondents have recurring emotional distress. The emotional distress results in poor social relationships, which further increases vulnerability as they fail to establish a social support structure for themselves. Access to mental health services among the respondents drastically declines once they left the Child Care Institution. Children in Child Care Institutions usually have easy access to trained counsellors, which is completely absent once they left the Child Care Institution. None of the respondents seek professional help. Either the respondents are not aware enough to recognize the symptoms of distress and

realize its adverse impact or they are discouraged to seek professional help due to the stigma attached to psychological disorders.

Institutionalization has a considerable impact on respondents' social relationships and their ability to have a support system for themselves. Respondents find it difficult to maintain close personal relationships with caregivers, mentors, other children in the Child Care Institute, as well as their family.

Institutionalization impacts social relationships with the other gender. All CCIs are segregated by gender post 12 years and are governed by strict policies regarding movement of children and other non-staff persons in and out of the home, in the interest of the children's safety. Unintended side-effect, children rarely get to interact with peers and adults of the opposite gender. Thus, innate understanding of gender roles and gender inclusion that may happen in a traditional family is lacking amongst CLs. All CCIs have to be gender specific as per law and in their childhood, there is little interaction with the opposite sex. In the absence of relationship counselling, positive orientation towards romantic relationships and lack of access to marriage counselling, upon exit from CCI, CLs are vulnerable to exploitative and abusive relationships.

The acquisition of social skills is low in institutional life and Aftercare. CLs, face a deficit in social skills i.e. effective communication, leadership, conflict management, self-esteem, knowledge of legal rights and duties, gender neutrality, etc. This has an impact on the overall quality of life of CLs.

The CCIs usually have a proper system of regular health examination and access to health facilities, which gets discontinued for CLs transitioning out of care. This may lead to CLs getting systemically deprived of health care amenities. CLs are relatively satisfied with their physical health and access to health services. The generally accepted perception of good health is absence of disease and it is this perception that is echoed by the CLs. Amidst major challenges of housing, financial independence, and managing social relations, health does not emerge as a priority, as it is overlooked until there is manifestation of disease or illness.

Dealing with prolonged illness and health emergencies is likely to be a challenge for CLs. Management of prolonged illness and health emergencies requires caregiving

support for an extended period of time, and availability of funds for treatment or access to health insurance. Eight of the respondents did not have someone to provide caregiving during prolonged illness and 9 of them did not have health insurance.

The post orphanage life of the respondents impacts their education in multiple ways including discontinuation, delays and poor academic performance. The reasons for respondents to drop out of education include lack of financial support, frequent placements, not receiving age- appropriate admissions, pressures of earning to sustain themselves, lack of time or merely absence of guidance. The present level of educational qualifications and skills acquired by respondents does not match their academic needs and aspirations. Four of the respondents felt that their educational qualification and skills are inadequate to meet their career goals. One of the reasons is that the education of a considerable proportion of respondents was discontinued in Child Care Institution or after.

Respondents may need to opt for vocational skills as a compulsion, as earning becomes non-negotiable for them. At times the respondents may not have access to a range of choices that relate to their interest and are not aware of the market value and future opportunities related to those skills. Skills find priority over higher education as they create quick employability with lesser investment, without realizing that they may be restrictive to the future growth of the CL in accordance to their potential. The National Skill Policy in India has crafted ways of integrating education and vocation for a growth path in life and career, however neither stakeholders nor CLs are aware enough to plan long-term growth trajectories for CLs.

Apart from securing adequate housing, acquiring life skills, forging and maintaining relationships, and taking care of their mental and physical health, respondents face tremendous pressure to start earning and becoming financially independent at the tender age of 18 year onwards. The fact that more respondents have an independent source of income is also indicative of the compulsions the males face and signifies their missed opportunities in higher education.

Respondents had low financial literacy, access to financial services, as well as ability to manage financial crises. Living in an institutional setting does not provide respondents with hands-on opportunities to learn household economics nor are they

given any formal exposure to financial literacy. Though financial independence is an important component of independent life, the stress of Child Care Institutions is largely on enabling them to earn. Shockingly, one of the respondents did not even have a bank account; seven of them did not have debit cards and insurance respectively.

The information on legal entitlements and responsibilities, as well as on legal provisions to Aftercare is low among the respondents. The children in Child Care Institute are the responsibility of the state and yet they do not have access to information on basic legal entitlements. The objective of legal literacy is to ensure that citizens, particularly marginalized or underprivileged groups, can obtain the benefits that law seeks to offer them, which stands defeated in case of respondents as well as the youth who had to leave the orphanage once they reached the age of 18. It is surprising that more than seven of the respondents are not aware of Aftercare provisions under law, which means that they do not even know what they can expect from the Government as support.

All the respondents have an Aadhar card, a primary document for identity that shall enable them to access a majority of services. However, more than half the respondents did not have essential documents like PAN card, passport and voter card, which means that Child Care Institutes neither plan for transition support acquisition of these documents nor do they empower, the respondents to acquire them.

The situation in which respondents today face compounded difficulties in gaining access to higher education and permanent employment. Many respondents and their counterparts get denied higher education or employment largely because they are underprepared for university admissions or the job market, or simply because they are “orphans”.

They have less guidance with regard to personal and economic management. Unlike their peers who are largely able to rely on their parents for monetary and moral support, they may have only distant family or orphanage personnel to help navigate them through independent living. Yet such support is almost always absent due to a lack of manpower in orphanages, and also due to the respondents and their counterparts’ desire to cut ties with their orphanage upon graduation.



Majority of the respondents displayed strong aversion towards being identified as “orphans”. In doing so, they often also reject seeking help and dislike being labelled “aid recipients.” Most of the institutions don’t have even the contact details of these boys.

There are no aftercare facilities for the boys in Thiruvananthapuram. So it has to be given first priority by providing an accommodation and follow up provision for the respondents and their counterparts. The key recommendation is to recognise respondents and their counterparts as the most vulnerable youth-at-risk and include their voices in planning for them to mainstream and socially reintegrate them into society, empowering them to live independently. There is the importance of promoting the access of respondents and their counterparts to health services, subsidized medical services and health insurance.

Aftercare as per JJ Act is a programme but it has been implemented as an institution and that is opposed to the concept of Aftercare programme. Living together in groups, doing everything on their own, managing daily chores and to have a mentor just for guidance will make them independent. They should be provided with requisite support, guidance and counselling to make academic and skill development choices, based on their needs and aspirations. Vocational training and skill development should be a focus at the Child Care Institute level.

There should be a transition planning at Child care Institute. And the support should be of a nature that promotes acquisition of independent living skills in them and encourages them to start living without external support.

Researcher strongly recommends the need for every respondent and counterpart to have individual mentors in their lives. Mentorship through individuals and collaboration with professionals and corporates can help the respondents and their counterparts in gaining social exposure and better integration with the community. Mentors must be attached to respondents to assist them in learning skills on conflict resolution, effective communication, leadership, trust, team-building, knowing their legal rights, responsibilities as well as social duties, developing ego-resiliency, self-esteem and concepts around gender and inclusion.

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## **7.2 APPENDIXES**

### **Tool for Data Collection**

#### **Research Tool**

As this is a qualitative research the researcher decided to conduct semi structured in-depth interview using an interview guide. A semi-structured interview guide was prepared beforehand and the data was collected through in-depth interviews with the institutionalized boys who are living in different parts of Trivandrum. The researcher require qualitative datum about the nuances of the Post-Orphanage Life of the young boys in Thiruvananthapuram, their way of building up their life after leaving the Child Care Institutions, accessibility of different welfare policies and legal provisions and the areas where the well-being of these boys significantly challenged. The study strongly depends on the intense understanding about the difficulties faced by the boys as a result of being institutionalized and separated from the Child Care Institutions.

Researcher has also used the help of Mike Stein's 'Sphere of Aftercare' tool to have an in depth understanding. The 'Sphere of Aftercare' is a comprehensive ideology of rehabilitative support and services for Care Leavers transitioning out of care and is a very robust tool to develop them to face the realities of life, once they leave the protective environs of alternative care settings. The 'Sphere of Aftercare' framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for CLs mainstreaming, as they transition towards independent living. The eight themes are housing, emotional well-being, Physical health, independent living skills, social relationships, education, financial status and legal knowledge.

### **RESEARCH QUESTIONS**

#### **General Research Question**

- How do the institutionalised boys in Thiruvananthapuram build up their life after Orphanage?

#### **Specific Research Questions**

- How much accessible are themselves to welfare policies and legal facilities available for them?
- Are there aspects in which the well-being of these boys is significantly challenged?

### **Personal Data Sheet**

- Age
- Religion/ caste
- Educational Qualification
- Age of leaving the organization
- Present Place of Housing
- Occupation

### **How do the institutionalised boys in Thiruvananthapuram build up their life after Orphanage?**

- **Child Care Institution Life Experience**
  - ✓ Have you been placed in more than one CCI?
  - ✓ Did you receive any one-on-one guidance/mentoring by an adult regarding your interests, hobbies, and academic aspirations?
  - ✓ Were you consulted to prepare your Individual Care Plan and Release Plan?
  - ✓ Are you satisfied with your CCI Life experience?
- **Does your current housing meet the following criteria?**
  - ✓ Habitability i.e. Protection from weather, private space to, cook, rest and freshen up?
  - ✓ Access to basic services like water, electricity, health, education, road and sanitation?
  - ✓ Proximity to education and work?
  - ✓ Access to safe transport?
  - ✓ Protection against forced eviction?
  - ✓ Culturally adequate to connect with the community - Language and sociability?
  - ✓ Secure tenure?

✓ Security against violence and theft?

- **Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare?**

✓ Independent Living Skills:

- Nutrition and health management
- Cooking
- First aid
- Disaster management (fire, flood, earthquake, etc.)
- Household management (taking care of your belongings, budget management/saving, etc.)
- Recreation and exercise

- **Social Relationships**

✓ Are you able to forge and maintain meaningful and long- lasting relationships with the following persons?

- Caregivers, staff, house-parent
- Mentors
- Teachers
- Other children in CCI
- Colleagues
- Officials like boss, superintendents, govt. duty-bearers etc.
- Neighbours
- Friends
- Romantic partners
- Father, Mother, Biological Siblings, Acquaintances, strangers, others, etc.

- **Interpersonal Skills**

✓ Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare?

- Conflict resolution
- Communication
- Anti-bullying
- Self-esteem, motivation, etc.



- Leadership, team-building, etc.
  - Rights and responsibilities
  - Gender roles, neutrality and inclusion
- **Have you faced the following symptoms in the last 4 weeks?**
  - ✓ Affected day-to-day functioning
  - ✓ Feeling worthless, helpless or hopeless
  - ✓ Violent thoughts of harming self or another
  - ✓ Did you seek assistance for your stress/symptoms?
  - ✓ Are you satisfied with your current emotional/mental status?
- **Do you have the following amenities during physical illnesses?**
  - ✓ Clinic to consult a doctor
  - ✓ Space to rest and recuperate
  - ✓ Space for wellness, exercise, yoga, run, etc.
  - ✓ Hygienic surrounding for stay, work, etc.
  - ✓ Adequate quality food and water
  - ✓ Safe transport
  - ✓ Is a caregiver available when you fall ill?
  - ✓ Do you have health insurance?
  - ✓ Are you satisfied with the current state of your physical health?
- **Finance Management Skills**
  - ✓ Have you attended any financial literacy workshop, seminar or one-on-one consultation/mentoring?
  - ✓ Do you have a bank account?
  - ✓ Do you have any financial insurance?
  - ✓ Was your income/allowance able to cover your cost of living in the last 12 months?
  - ✓ Are you satisfied with your current financial status?
- **Education**
  - ✓ Have you completed your higher secondary education (Class 12th)?
- **Vocational Skills**
  - ✓ Did you receive/acquire any of following skills either through a workshop, training or hands-on experience after leaving your CCI/during Aftercare?

- Computer and IT
- Basic accounting
- English speaking
- Resume making
- Interview techniques
- **Current Skill Adequacy**
  - ✓ Do you think your current education and skill-level are adequate to achieve your academic and career aspirations?
  - ✓ Are you satisfied with your current skill level?

**Are there any other aspects in which the well-being of these boys is significantly challenged?**

**How much accessible are themselves to welfare policies and legal facilities available for them?**

- Have you ever been informed about your legal rights and responsibilities either through a workshop, seminar or one-on-one consultation?
- Were you aware that under the JJ Act, 2015, you can be provided ‘Aftercare’ from the age of 18-21 years?
- Do you have a Voters’ ID?