Mushtaq
Ph.D. Scholar, Department of Social Work, Jamia Millia Islamia, Jamia Nagar, New Delhi, Delhi, India

Mohd Shad Qureshi
MA in Social Work, Department of Social Work, Jamia Millia Islamia, New Delhi, Delhi, India

From institutional care to adulthood: Exploring aftercare practices at a child care institute in Delhi

Mushtaq and Mohd Shad Qureshi

Abstract
The transition from institutional care to independent adulthood remains a fragile and under-examined process in the Indian child protection system. Although the Juvenile Justice (Care and Protection of Children) Act, 2015 and Mission Vatsalya mandate the provision of structured aftercare services—including housing, education, identity documentation, mental health support, and employment—their actual implementation remains uneven and poorly monitored. This study investigates the aftercare experiences of ten male care leavers from a Child Care Institution (CCI) in Delhi using a qualitative case study approach. Drawing on in-depth interviews with care leavers and institutional staff, the study uncovers key gaps in transition planning, employability training, emotional preparedness, and post-exit follow-up. Thematic analysis reveals that Individual Aftercare Plans (IAPs) were either absent or informally executed, vocational training was outdated and uncertified, and mental health needs were largely unmet. Despite policy frameworks emphasizing reintegration and rehabilitation, aftercare delivery remains dependent on the ad hoc efforts of overburdened institutions. These findings are contextualized within the broader literature on aftercare models, including the Sphere of Aftercare framework proposed by Udayan Care and global best practices endorsed by the United Nations Guidelines for the Alternative Care of Children. The article offers targeted policy recommendations to strengthen aftercare outcomes, including formalized mentorship systems, market-linked skill programs, care leaver networks, digital inclusion initiatives, and data-informed budgeting. The study contributes to bridging the research gap on aftercare in India and underscores the urgent need to transform aftercare from a peripheral obligation into a central pillar of child welfare policy and practice.

Keywords: NGO, CCI, child welfare, aftercare, care leavers, juvenile justice

1. Introduction
The transition from childhood to adulthood is a delicate and often vulnerable phase, particularly for children residing in Child Care Institutions (CCIs). In India, children in need of care and protection (CNCP) including orphans, abandoned children, and those rescued from abuse or neglect are often institutionalized under provisions of the *Juvenile Justice (Care and Protection of Children) Act, 2015* (hereafter, JJ Act). While institutional care provides immediate safety and support, it often culminates in a premature exit when children turn 18, leading to an abrupt cessation of formal care termed "aging out". This exit marks the beginning of their aftercare journey, wherein the state and its partners are legally and morally obliged to facilitate reintegration into society through housing, education, employment, and psychosocial support (Ministry of Women and Child Development [MWCD], 2018; Nanjunda, 2023) [18].

Despite clear mandates under the JJ Act and its Model Rules (2016), the implementation of aftercare remains patchy, with wide variations in quality and access across states and institutions. The *Mission Vatsalya* scheme (2021), which subsumes the earlier ICPS framework, attempts to bring renewed focus on family-based care and structured aftercare, introducing individual aftercare plans (IAPs) and encouraging NGO partnerships. However, as multiple national-level studies (Modi *et al*., 2020; Kaur *et al*., 2023) [14, 9] point out, the translation of these provisions into effective support mechanisms for care leavers remains inconsistent.

Children exiting CCIs often face multifaceted challenges lack of identity documents, unstable housing, emotional instability, digital illiteracy, poor job-readiness, and social stigma (Modi & Kalra, 2023) [15]. In many cases, they are released with minimal preparation for self-reliance, despite the law requiring the preparation of pre- and post-release plans (JJ Rule 2016, Rule 75) [7].

Corresponding Author:
Mushtaq
Ph.D. Scholar, Department of Social Work, Jamia Millia Islamia, Jamia Nagar, New Delhi, Delhi, India

The *"Sphere of Aftercare"* proposed by Udayan Care, encompassing eight essential support domains (e.g., legal identity, mental health, livelihood), has served as a critical framework to assess these transitions (Modi *et al*., 2020) [14]. However, the lack of monitoring, fragmented delivery, and weak institutional accountability have hindered comprehensive adoption of this framework across CCIs (Surve & Shinde, 2025) [25].

Furthermore, institutional limitations such as untrained staff, outdated vocational training modules, inadequate counselling services, and poor coordination between Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), and District Child Protection Units (DCPUs) continue to persist, as found in recent reviews (Nanjunda, 2025; MWCD Dashboard, 2023) [19]. Qualitative insights from care-experienced youth reveal gaps between policy ideals and ground realities, highlighting the need for reform not just in infrastructure but in the attitudes and preparedness of CCI personnel and state functionaries.

Against this backdrop, the present study explores the role of one such Child Care Institution (CCI) in Delhi in implementing aftercare services for children aging out of institutional care. By drawing on field-level narratives from care leavers and institutional staff, this study critically examines the extent to which the JJ Act's provisions and Mission Vatsalya's aftercare framework are realized in practice. This inquiry is particularly timely, as the country seeks to build an enabling ecosystem for care-experienced youth while grappling with structural limitations in its child protection infrastructure.

2. Review of Literature
2.1 Aftercare in the Indian Juvenile Justice Framework
The Juvenile Justice (Care and Protection of Children) Act, 2015 (JJ Act) marks a significant shift in India's approach to child protection by institutionalizing aftercare for children who exit Child Care Institutions (CCIs) at 18. Under Section 46 and Rule 75 of the Model Rules (2016) [7], the Act mandates the preparation of pre-release and post-release plans and calls for holistic rehabilitation, including support in housing, education, employment, and mental health (Nanjunda, 2023) [18]. Despite these legal provisions, numerous empirical studies suggest that implementation remains fragmented, poorly monitored, and often dependent on individual institutions' capacity and NGO involvement (Kaur *et al*., 2023; Nanjunda, 2025) [9, 19].

The *Mission Vatsalya* scheme, launched in 2021, reinforced the need for individualized Aftercare Plans (IAPs) and greater NGO participation in delivering aftercare services. It stresses deinstitutionalization and promotes family or community-based solutions over long-term institutional care.

However, gaps persist in its uniform application, especially in training functionaries and coordinating among Child Welfare Committees (CWCs), Juvenile Justice Boards (JJBs), and District Child Protection Units (DCPUs) (Review of Child Care Institutions, 2023) [23].

2.2 Challenges Faced by Care Leavers
Care leavers in India face numerous vulnerabilities upon exiting institutional care. Modi *et al*. (2020) [14], in their national research study *Beyond 18*, identified eight core domains of aftercare housing, identity, education, employment, health, emotional support, life skills, and social inclusion under the framework called the *"Sphere of Aftercare."* Their findings revealed that most care leavers lack essential documentation (e.g., Aadhaar, PAN), access to bank accounts, stable shelter, and psychosocial support.

In a pilot intervention, Modi and Kalra (2023) [15] demonstrated that structured aftercare programs like Udayan Care's Aftercare Outreach Program (AOP) significantly improved outcomes for care leavers, particularly in Delhi and four other cities. They documented enhanced life skills, emotional well-being, and employability among participants who received long-term mentoring, financial support, and community-based accommodation.

COVID-19 further intensified these vulnerabilities. Many care leavers faced eviction, loss of livelihood, and disruption in education. Modi *et al*. (2021) [16] highlighted the digital divide and mental health crisis that emerged during the pandemic, particularly among girls and youth with disabilities.

2.3 Gaps in Institutional Practice
Despite policy mandates, CCIs remain inadequately prepared to implement effective aftercare programs. A recent multi-state study on Child Care Institutions under the JJ Act (Nanjunda, 2023) [18] revealed systemic weaknesses: 26% of CCIs lacked child-friendly environments, 31% offered no non-formal education, and over 40% had no career guidance or reintegration plan post-18. Furthermore, 44% of Child Welfare Committees were not involved in monitoring adoption or reintegration processes, and 15% lacked coordination with law enforcement bodies contravening the stipulations of the JJ Act (Section 58).

Probation Officers, central to reintegration planning, were found untrained in over 76% of CCIs (Nanjunda, 2023) [18], despite being responsible for preparing Social Investigation Reports (SIRs) and Individual Care Plans (ICPs). These findings are echoed by Surve and Shinde (2025) [25], who report significant gaps in behavioural rehabilitation and emotional support, leading to recidivism and mental health crises among care-experienced youth.

2.4 Role of NGOs and Community-Based Models
Non-governmental organizations have played a crucial role in demonstrating scalable and replicable models of aftercare. Udayan Care's AOP has been widely cited for its emphasis on mentorship, employability training, and housing support (Modi & Kalra, 2023) [15]. Similarly, various reports note that while the JJ Act allows NGO-run CCIs, there is no standardized process for selection, evaluation, or partnership monitoring (Review of Child Care Institutions, 2023) [23].

In a recent policy scan, Kaur *et al*. (2023) [9] traced the evolution of India's alternative care system from a custodial to a family-based model, highlighting the growing prominence of kinship and foster care. Yet, institutional care remains dominant due to low awareness, resistance to non-institutional care options, and administrative inertia.

2.5 International Frameworks and Indian Adaptations
Globally, the *United Nations Guidelines for the Alternative Care of Children* emphasize deinstitutionalization, family strengthening, and the right of every child to a family. These principles have influenced India's national policy through the *National Policy for Children* (2013), the *JJ Act*, and the *Mission Vatsalya* framework. However, experts note that

India's aftercare system lacks the kind of systematic monitoring, budgetary planning, and inter-sectoral coordination seen in countries with robust child welfare mechanisms (Mehta & Mascarenhas, 2015; Viswanath *et al*., 2023) [12, 28].

2.6 Identified Research Gaps
While several reports, including the MWCD's *Review of ICPS* and UNICEF assessments, document policy-level progress, field-level documentation of aftercare outcomes is limited. Most studies focus on institutional conditions or policy analysis. There is a paucity of micro-level qualitative research on the lived experiences of care leavers from CCIs and the operational role of these institutions in delivering aftercare services effectively (Modi *et al*., 2020; Surve & Shinde, 2025) [14, 25].

3. Methodology
3.1 Research Design
This study adopted a **qualitative case study design**, grounded in a descriptive and exploratory orientation. The aim was to understand the delivery and effectiveness of aftercare services provided by a selected Child Care Institution (CCI) in New Delhi for children in need of care and protection (CNCP) as defined under the Juvenile Justice (Care and Protection of Children) Act, 2015. A qualitative approach enabled in-depth engagement with the lived experiences, perceptions, and aspirations of care leavers, while also capturing the institutional perspective of key functionaries.

3.2 Study Setting
The research was conducted at a government-recognized Child Care Institution (CCI) located in the central district of Delhi. The CCI functions under the regulatory oversight of the Department of Women and Child Development and is authorized to provide residential care for CNCP under the JJ Act, 2015. At the time of the study, the institution also claimed to offer aftercare support for children who attain the age of 18, as mandated under the Act and the Model Rules (2016) [7].

3.3 Sample and Participants
The study utilized purposive sampling to select participants who had recently exited the CCI and were recipients (or intended recipients) of aftercare services. The sample included:
- 10 male care leavers, aged 18 to 22 years, who had resided in the institution for at least three years and exited care within the past two years.
- 4 staff members of the institution, including a probation officer, a vocational training instructor, the superintendent, and a counsellor, all directly involved in aftercare planning and implementation.

No female participants were included, as the institution catered exclusively to male children in need of care and protection.

3.4 Data Collection Tools and Process
Data was collected using semi-structured in-depth interviews with both groups of participants. The interview guides were developed based on the domains identified in the *Sphere of Aftercare* framework (Modi *et al*., 2020) [14]

and covered aspects such as:
- Education and vocational skill-building
- Housing and reintegration
- Emotional and mental health support
- Linkage to employment and identity documentation
- Monitoring and follow-up after exit

Interviews with care leavers were conducted in Hindi or English, depending on participant preference, and lasted between 45-60 minutes each. Interviews with staff were held at the CCI premises. All interviews were audio-recorded with prior consent and transcribed for analysis.

3.5 Data Analysis
Thematic analysis was employed to analyze the interview transcripts. Initial coding was done manually to identify recurring patterns, ideas, and experiences shared by respondents. These codes were then grouped into thematic clusters aligned with key areas of aftercare provision. Triangulation was achieved through cross-validation of staff and care leaver narratives.

3.6 Ethical Considerations
The study adhered to ethical principles of voluntary participation, informed consent, confidentiality, and non-disclosure of the identity of the institution or participants. Names and personal details were anonymized, and all data was securely stored. No identifying reference to the name of the Child Care Institution (CCI) is made in the final report to protect institutional and individual confidentiality. Ethical clearance was not obtained from a formal board, as this was part of an academic dissertation at the postgraduate level; however, all norms of responsible social research were observed.

3.7 Limitations
Being a single-institution case study, the findings are not generalizable across all CCIs in India. However, the study provides rich qualitative insights into institutional gaps, strengths, and emerging practices, offering useful directions for policy and programmatic improvement in aftercare delivery.

4. Data Analysis
This section presents a brief demographic overview of the 10 male care leavers who participated in the study. The profile is essential to understanding the social positioning, prior vulnerabilities, and institutional trajectories that shape their aftercare experiences.

4.1 Age Distribution
The respondents were aged between 18 to 22 years at the time of the interview. The majority (6 out of 10) were in the 19-20 age group, while two each were aged 18 and 21 respectively. This age range is crucial, as it represents the immediate post-institutional period where youth are expected to transition into independent adulthood.

4.2 Duration of Stay in CCI
All respondents had resided in the Child Care Institution for a minimum of three years, with the longest recorded stay being nine years. The average duration of stay was 5.6 years. Most were admitted during early adolescence, indicating long-term exposure to institutional life and

dependency on the CCI for education, food, shelter, and care.

4.3 Educational Attainment
All participants had completed secondary education (Class 10), as per the institution's internal schooling arrangement. Only four had managed to pursue senior secondary (Class 12), and just one was enrolled in a vocational diploma course through open schooling. None of the respondents were enrolled in or had completed higher education (graduate level), pointing to systemic barriers in educational continuity post-18.

4.4 Employment Status
At the time of the interview:
- 3 respondents were engaged in irregular, daily-wage work (e.g., helper in a factory, delivery services).
- 2 respondents were pursuing short-term skill training courses (non-certified).
- 5 respondents were unemployed and actively seeking work.

None of the respondents had access to formal employment contracts or job placements facilitated through the institution or the district administration.

4.5 Family and Social Support
Most respondents were either orphans or had been abandoned. Only two respondents had occasional contact with extended family members (e.g., maternal uncle or elder sibling), but none reported consistent emotional or financial support from family. This made their dependency on institutional care and its aftercare services even more critical.

4.6 Identity Documentation
Seven out of ten respondents reported challenges in obtaining identity documents like Aadhaar, PAN, or birth certificates either due to lack of institutional follow-up or bureaucratic hurdles. This gap directly affected their access to employment, housing, and welfare schemes post-exit.
This demographic snapshot reveals a highly vulnerable group of care-experienced youth facing multiple barriers to smooth reintegration. Their age, low educational capital, precarious employment status, and absence of family support structures make them reliant on robust aftercare systems which, as shown in the next section, are often insufficient or underdeveloped.
The findings are organized into four major themes emerging from the in-depth interviews with care leavers and institutional staff. These themes reflect the realities, struggles, and institutional gaps encountered by care-experienced youth in their transition from the Child Care Institution (CCI) into independent life. Each theme is contextualized within the existing literature and policy frameworks such as the JJ Act (2015), Mission Vatsalya, and the Sphere of Aftercare model (Modi *et al*., 2020) [14].

A. Inadequate transition planning and unprepared exit
One of the most dominant themes was the lack of structured pre-release planning, despite the legal mandate for Individual Aftercare Plans (IAPs) under Rule 75 of the JJ Model Rules (2016) [7]. Most care leavers reported that they were unaware of their exit date until just weeks before aging out, with no formal counselling or practical preparation for reintegration.

"We were only told a few days before turning 18. There was no meeting, no plan. Just told to manage outside now," shared one respondent (CL-04).

This finding resonates with earlier studies by Nanjunda (2023) [18] and Surve and Shinde (2025) [25], which highlighted the limited involvement of CWCs and Probation Officers in individualized exit planning. Staff too acknowledged the absence of systematized procedures, citing staff shortages and bureaucratic delays as obstacles. This disconnect illustrates a gap between policy and practice, undermining the rehabilitative intent of the JJ Act, 2015.

B. Limited access to education and employability skills
While most respondents had completed secondary education during their stay at the CCI, they reported a mismatch between training and market realities. Vocational courses offered such as candle making or tailoring were outdated and lacked certification value in today's job market.

"I learnt electrical work here, but no certificate was given. Outside, they ask for diploma or formal proof," said a care leaver (CL-07).

Staff admitted that while vocational programs were conducted, follow-up support in securing jobs or apprenticeships was minimal. This aligns with Udayan Care's findings (Modi & Kalra, 2023) [15], where lack of industry linkage and skill recognition were identified as systemic barriers in aftercare success.
Furthermore, there was no digital literacy training, even though many care leavers mentioned their inability to navigate online job portals or use mobile apps for essential services. In the post-COVID context, this digital gap is a major impediment to inclusion (Modi *et al*., 2021) [16].

4.7 Psychosocial insecurity and lack of support networks
Despite having lived in institutional care for years, respondents expressed deep emotional insecurity after exit. Several care leavers admitted feeling "lost" and "abandoned," struggling with anxiety, identity issues, and a sense of rejection.

"We stayed there like family. But when we left, it felt like being thrown out. No one asked how we were doing after," said a respondent (CL-02).

Mental health support was either absent or reactive, and care leavers received no follow-up visits or check-ins from the institution. This stands in contrast to the intent of the *Sphere of Aftercare*, which places emphasis on emotional wellbeing, mentorship, and belonging (Modi *et al*., 2020) [14].
These findings are in line with international research that emphasizes the long-term impact of institutionalization on self-worth and relational development (Kaur *et al*., 2023; UNGACC, 2009) [9]. The failure to establish mentorship or peer networks further exacerbates this disconnection, particularly for youth without family backup.

4.8 Fragmented and under-monitored aftercare support
Although the CCI claimed to provide aftercare services, most support was informal, ad-hoc, and undocumented. Only two respondents reported receiving limited financial support post-exit, while others relied on friends, part-time work, or temporary shelters.

"I got ₹2000 once when I came back to ask. But I didn't know if it was part of any scheme," noted a respondent (CL-09).

Staff interviews revealed a lack of clear budgetary provision or guidelines for aftercare implementation, often relying on goodwill or leftover funds. There were no formal mechanisms to track care leavers or assess their reintegration outcomes. This mirrors national findings from the *Review of Child Care Institutions* (2023) [23], where 47% of CCIs lacked proper reintegration procedures and 44% of CWCs failed to monitor the post-exit conditions of children under their care.

The current model of aftercare remains institutionally siloed and insufficiently linked with external support systems such as urban housing boards, skill development missions, or public employment programs.

Taken together, these findings highlight a critical policy-practice gap in the implementation of aftercare services under the JJ Act, 2015. While the law mandates a structured, multidisciplinary support framework, the on-ground delivery is hampered by infrastructural, human resource, and accountability deficits.

The voices of care leavers underscore the need to reimagine aftercare not as a one-time exit transaction, but as a continuum of care one that ensures dignity, identity, and opportunity for every young adult transitioning out of state care. Without this, the goal of rehabilitation and reintegration risks becoming merely symbolic.

4.9 Institutional Practices: Operational and Ethical Gaps
Despite the institutional intent to ensure holistic care, several operational and ethical issues persist that undermine the quality of protection and care provided to children. Field observations and stakeholder feedback revealed instances where the prescribed Standard Operating Procedures (SOPs) were not diligently followed.

In one reported case, staff admitted their own children into the CCI, raising concerns about the misuse of institutional resources meant exclusively for Children in Need of Care and Protection (CNCP). Additionally, although physical abuse is strictly prohibited, isolated incidents of violence against children have been documented, reflecting lapses in supervision and staff sensitivity.

Nutrition plans designed by certified professionals were often not implemented properly, resulting in inconsistencies in the dietary care provided to children. Similarly, mental health needs were often unmet or inappropriately addressed. For instance, a child with hallucinatory behavior and evident mental health challenges continued to reside in a general CCI rather than being shifted to a Specialized Home, as required under the principle of the "best interest of the child." This not only jeopardized the child's well-being but also caused distress among other children.

Moreover, the handling of POCSO cases revealed systemic flaws. Survivors were subjected to repeated statements, causing re-traumatization, while the accused remained free on parole. In several instances, justice was delayed for over six years with no compensation awarded, and support agencies were engaged only after prolonged delays further worsening the child's psychological condition.

Another major concern was the emotional detachment observed in caregivers, who focused on fulfilling procedural duties like maintaining records rather than engaging with children emotionally. The overemphasis on documentation, while necessary for accountability, often diverted time and attention away from actual caregiving.

These gaps point to the urgent need for specialized staff for emotional care, streamlining of documentation, and rigorous monitoring of ethical practices, in line with child-centric principles laid out in the JJ Act and Mission Vatsalya framework.

5. Policy Implications and Recommendations
The findings of this study underscore a significant implementation gap between the legal intent of the Juvenile Justice (Care and Protection of Children) Act, 2015 and the on-ground realities experienced by care leavers transitioning out of institutional care. While policies such as the *JJ Act*, *Model Rules (2016)* [7], and *Mission Vatsalya* offer a structured framework for aftercare, the absence of institutional preparedness, inter-departmental coordination, and resource accountability continues to undermine the reintegration process. Based on this study, several critical policy and programmatic recommendations are offered to strengthen India's aftercare landscape:

5.1 Operationalize and Monitor Individual Aftercare Plans (IAPs)
Although the JJ Model Rules (Rule 75) mandate Individual Aftercare Plans for each child approaching 18, the study reveals that these are rarely prepared, if at all. IAPs must be made a compulsory and monitored deliverable under Mission Vatsalya, with clear guidelines on timeline, stakeholder responsibilities (particularly CWCs and Probation Officers), and periodic updates. Institutional staff must be trained to co-create these plans in consultation with the child and in alignment with their educational, psychosocial, and vocational goals.

Monitoring of IAP implementation should be built into the District Child Protection Unit's (DCPU) quarterly review system.

5.2 Prioritize mental health and mentoring support
The psychological distress and emotional insecurity reported by care leavers point to a critical gap in mental health care during and after institutionalization. Every CCI must be equipped with trained mental health professionals who can begin preparing children for transition well before they turn 18. Post-exit, the institution or DCPU should facilitate access to community-based mentors trained adult volunteers or alumni networks who can offer emotional support and guidance. Drawing from global models, mentorship has proven to be one of the most effective protective factors for care leavers (Modi & Kalra, 2023) [15].

5.3 Institutional partnerships for education and employment
Vocational training inside CCIs must be aligned with market-oriented skills and linked to formal certification

bodies such as NSDC or ITIs. In parallel, Mission Vatsalya should prioritize public-private partnerships (PPP) for job placements, apprenticeships, and skill development initiatives. Government programs like Skill India, MUDRA, and PM-DAKSH should reserve slots or incentives for care leavers, and platforms such as the National Career Service (NCS) should be made accessible and supportive to this group through targeted outreach.

5.4 Establish local care leaver networks
Care leavers often face extreme isolation and stigma, which can be mitigated through the formation of state or district-level care leaver networks. These networks can serve as support groups, feedback forums for policy improvement, and peer mentoring platforms. The model pioneered by Udayan Care, where care leavers act as "navigators" for others, can be scaled through Mission Vatsalya with minimal financial investment but high relational impact. Inclusion of care leaver voices in decision-making forums, CWCs, and JJ Boards will enhance the system's responsiveness and inclusivity. In addition to state-led efforts, models developed by civil society organizations offer scalable and context-sensitive solutions. For instance, *Unnati*, an employability training program operational in several Indian cities, has demonstrated success in bridging the skill gap for marginalized youth through short-term, industry-aligned training followed by job placements. Similarly, *Make a Difference (MAD)* operates a structured mentorship and transition readiness model for children in Child Care Institutions, offering personalized academic and emotional support until the age of 24. Such initiatives demonstrate the power of targeted non-state interventions and underscore the need for Mission Vatsalya to formally integrate these models through partnerships, resource sharing, and co-implementation strategies.

5.5 Bridge the digital divide and strengthen post-crisis preparedness
The COVID-19 pandemic exposed the digital exclusion of care leavers, many of whom were unable to access online education, job portals, or tele-counselling. Institutions must begin early digital literacy training, and post-exit support must include subsidized smartphones, data packages, or access to digital community hubs. Furthermore, every district should have an Aftercare Contingency Fund to support youth during emergencies such as eviction, unemployment, or health crises based on learnings from the pandemic.

5.6 Budget and data-driven planning
There is a visible disconnect between policy commitments and actual budgetary allocations at the state and district levels. DCPUs and State Child Protection Societies (SCPS) should conduct annual forecasts based on the number of children expected to age out and plan their aftercare budgets accordingly. This data must be made transparent, and CCIs should be held accountable for its proper utilization. Additionally, states should establish care leaver tracking systems to assess long-term reintegration outcomes and inform future interventions.
Henceforth, there is a pressing need to shift aftercare from a tokenistic programmatic offering to a legally enforceable continuum of care grounded in rights, dignity, and inclusion. With focused planning, resource investment, and inter-

agency convergence, India can not only fulfill its obligations under the JJ Act and Mission Vatsalya but also pave the way for a generation of empowered, resilient care-experienced young adults.
In addition to these systemic recommendations, several institutional-level concerns also warrant urgent policy attention. Despite the existence of Standard Operating Procedures under the JJ Act, field-level evidence reveals a persistent gap in ethical compliance and oversight. Instances of physical abuse, unauthorized admissions of staff children into CCIs, and negligence in handling high-risk cases such as POCSO offenses point to weak accountability frameworks within child protection institutions. To address this, biannual third-party audits must be institutionalized across all CCIs, alongside the establishment of independent grievance redressal systems that are accessible to both children and staff. Furthermore, district-level ombudspersons should be empowered to initiate SUO MOTU inquiries into any reports of misconduct, thus ensuring regular monitoring and ethical governance.
Equally important is the need to integrate emotional care as a core component of child protection services. The current model overly emphasizes physical and educational provisions, while emotional and psychological needs often remain unattended. Many caregivers, though well-intentioned, lack the training and capacity for emotionally sensitive engagement with children. To bridge this gap, each CCI must recruit a dedicated psychosocial care provider, distinct from counsellors or home supervisors, whose primary responsibility is to nurture emotional well-being. Additionally, all institutional staff should undergo continuous training in trauma-informed care, empathy, and child rights principles to enhance the quality of interactions and foster a nurturing environment.
A related operational bottleneck is the excessive burden of documentation, which diverts caregiver attention away from direct child engagement. Institutional staff often report spending inordinate amounts of time on reporting requirements, limiting their ability to interact meaningfully with children. It is therefore recommended that digital data management systems be adopted to streamline compliance processes, and that dedicated administrative personnel be hired to handle documentation.
This would free up caregivers to focus on developmental and emotional support activities. Simplifying reporting formats without compromising transparency can also help ensure that institutional efficiency does not come at the cost of child-centric care.
Finally, the handling of POCSO cases within CCIs remains an area of grave concern. Survivors of abuse are often made to recount their experiences repeatedly, resulting in re-traumatization, while perpetrators may be granted parole or continue to remain at large due to delays in legal proceedings. These failures compromise the principle of the "best interest of the child" and erode trust in the protection system. There is an urgent need for functional fast-track courts in every district to adjudicate child protection cases within defined timeframes. Furthermore, child-friendly interviewing protocols must be standardized and supported with pre- and post-test mental health interventions. Victim compensation processes also require streamlining through the appointment of dedicated officers responsible for initiating and facilitating reparations within a fixed timeline.

6. Conclusion

The transition from institutional care to independent adulthood marks a profoundly vulnerable juncture in the lives of care leavers. This study, based on a case analysis of a government-recognized Child Care Institution (CCI) in Delhi, reveals the stark realities of this transition—one that is often unplanned, unsupported, and emotionally taxing for the young individuals involved. While the *Juvenile Justice (Care and Protection of Children) Act, 2015* and its Model Rules envisage a rehabilitative continuum through structured aftercare, the actual delivery remains limited, inconsistent, and fragmented.

The voices of the ten male care leavers interviewed reflect not only their resilience but also their silent struggles with unemployment, identity documentation, emotional insecurity, and social exclusion. These experiences are not isolated; they echo the broader systemic challenges documented in national studies and policy reviews. Institutional staff, despite their commitment, often operate with minimal training, inadequate resources, and little procedural clarity on implementing Individual Aftercare Plans (IAPs) or linking youth with long-term opportunities.

This gap between policy vision and institutional capacity presents both a challenge and an opportunity. On one hand, it highlights the continued marginalization of care-experienced youth even after the formal end of state responsibility. On the other, it offers a powerful case for reimagining aftercare not as a short-term exit strategy, but as a dynamic, youth-centered process of empowerment, healing, and reintegration.

For India to uphold its legal and moral commitments to vulnerable children, it must institutionalize aftercare as a systematic, data-informed, and relationship-driven practice. This requires investment not just in infrastructure or schemes, but in people trained staff, community mentors, care leaver networks, and inter-sectorial collaborations. It demands a governance system that listens to the experiences of care leavers, tracks their progress beyond exit gates, and responds with flexibility and care. Models like Unnati and make a difference remind us that with the right partnerships and intentional design, the vision of a just, rehabilitative aftercare ecosystem is within reach.

In a society aspiring to be inclusive and equitable, the treatment of care leavers is a litmus test. Ensuring their dignified transition into adulthood is not merely a programmatic concern; it is a matter of justice, belonging, and nation-building.

7. Reference

1. Alem HW, Laha A. Livelihood of street children and the role of social intervention: Insights from literature using meta-analysis. Child Development Research. 2016;2016:1-10. https://doi.org/10.1155/2016/3582101
2. Chassin L. Juvenile justice and substance use. The Future of Children. 2008;18(2):165-183. https://doi.org/10.1353/foc.0.0023
3. Chatterjee D. Home of homeless people: Slums in India. New Delhi: Rawat Publications, 2008.
4. Chopra G. Child in conflict with the law: The child offender. In: Chopra G, editor. Child rights in India: Challenges and social actions. Springer, 2015. p. 137-160. https://doi.org/10.1007/978-81-322-2375-5_7
5. N. Y D. A wandering child found in child care institution: Case study. Int J Adv Multidiscip Res. 2017;4(6):46-50.
6. Government of India. The Juvenile Justice (Care and Protection of Children) Act, 2015. Ministry of Law and Justice, 2015. Available from: https://legislative.gov.in
7. Government of India. Model Rules under the Juvenile Justice (Care and Protection of Children) Act, 2015. Ministry of Women and Child Development, 2016. Available from: https://wcd.nic.in
8. Government of India. Mission Vatsalya Scheme Guidelines. Ministry of Women and Child Development, 2022. Available from: https://wcd.nic.in/sites/default/files/MissionVatsalyaScheme_0.pdf
9. Kaur S, Khatry P, Ali S. Tracing the evolution of alternative care for children in India in the last decade and the way forward. Institutionalised Children Explorations and Beyond. 2023;10(1):20-36.
10. Kethineni S. India. In: Decker SH, Marteache N, editors. International handbook of juvenile justice. 2nd ed. Springer International Publishing, 2017. p. 173-194. https://doi.org/10.1007/978-3-319-65021-0_10
11. Kethineni S, Klosky T. The impact of juvenile justice reforms in India. Int J Offender Ther Comp Criminol. 2015;59(3):312-325. https://doi.org/10.1177/0306624X13512658
12. Mehta D, Mascarenhas T. Beyond institutional care: Reimagining alternative child care in India. CRY Foundation, 2015.
13. Ministry of Women and Child Development. Study on child abuse: India 2007. Government of India, 2007. Available from: https://wcd.nic.in/sites/default/files/childabuse.pdf
14. Modi M, Kalra S, Prasad N. Beyond 18: Leaving child care institutions: A study of aftercare practices in five states of India. Udayan Care & UNICEF, 2020. Available from: https://udayancare.org
15. Modi M, Kalra S. Overcoming the odds: Demonstrating an aftercare model of providing targeted support. Scottish J Res Child Care. 2023;22(1):17-33.
16. Modi M, Kalra S, Prasad N. Post-COVID aftercare outreach program: Learnings from practice. Udayan Care, 2021.
17. National Institute of Public Cooperation and Child Development. Database of child care institutions registered under Juvenile Justice (Care and Protection of Children) Act, 2000 (as amended in 2006), 2013. Available from: http://www.nipccd.nic.in/reports/dsmdata.pdf
18. Nanjunda D. Functioning of Juvenile Justice Boards and Child Welfare Committees in India: A critical review. Indian J Soc Work. 2023;84(3):259-278.
19. Nanjunda D. Implementation challenges in child care institutions under the JJ Act: A multi-state study. Child Adolesc Soc Work J. 2025;42(1):41-59.
20. Philip D, Ryan MI. Vulnerability and poverty: What are the causes and how are they related? Univ Bonn, 2004 Nov. Available from: https://www.zef.de/fileadmin/webfiles/downloads/zef_dp/zef_dp_55.pdf
21. Plan India. Children in difficult circumstances: Sustainable Development Goal perspective. New Delhi: Plan India, 2016.
22. Prins HA. The probation officer as after-care case worker in England. J Crim Law Criminol Police Sci.

1959;50(1):73-80. https://doi.org/10.2307/1141041

23. Review of Child Care Institutions. National review of JJ institutions in India. Ministry of Women and Child Development & NCPCR, 2023.

24. Save the Children, UK Aid, Rainbow Homes. Life on the street: Street children survey in five cities, Lucknow, Mughalsarai, Hyderabad, Patna and Kolkata-Howrah. New Delhi: Save the Children India, 2012.

25. Surve S, Shinde M. Behavioral changes in children after leaving juvenile homes: A pilot study. Asian J Nurs Health Sci. 2025;13(1):12-21.

26. Udayan Care. The Sphere of Aftercare: A Framework for Care Leavers in India, 2020. Available from: https://udayancare.org

27. United Nations General Assembly. Guidelines for the Alternative Care of Children (Res. A/RES/64/142), 2009. Available from: https://www.unicef.org/protection/alternative_care_Gui delines-English.pdf

28. Viswanath L, Abraham R, Joseph A. Aftercare in India: Mapping policy and practice gaps in child protection. Child Youth Serv Rev. 2023;154:106083.