Overcoming the odds: Demonstrating an aftercare model of providing targeted support to care experienced youth

Kiran Modi and Gurneet Kaur Kalra
Udayan Care

Abstract:

Aftercare is a vital continuum of care process, crucial for care experienced youths to fully realise their true potential and thereby become resilient members of society. In India, according to the Juvenile Justice (Care and Protection of Children) Act, 2015, institutional care should be seen as a 'last resort'; yet there are large numbers of children living in childcare institutions (CCIs) due to the absence of robust family-based care models (Beyond 18, 2019). This paper highlights targeted interventions with CLs at various levels, through Aftercare Outreach Programmes (AOP), based on their needs assessment through a tool developed and implemented by Udayan Care. It presents the interventions applied in providing transition and rehabilitation support to Care Leavers (CLs) under several domains of the Sphere of Aftercare (Beyond 18). This support is provided holistically through skills: training and development – workshops, mentoring; education/vocational training: information, access, financial support; experience – internships, apprenticeships, placements; and bringing them together on a common platform, such as the care leavers network. As this programme, AOP, aims to mentor and guide these CLs through a smooth and supportive transition period, similar interventions during and post transition can be designed and applied to other CLs across the globe in different settings.

Introduction

Researchers globally have characterised the transition of care experienced youths to independent living as challenging and complex. The overall goal of becoming independent young adults (Bond & van Breda, 2018) can lead to youth facing trouble, including difficulties securing employment and stable housing, homelessness, poor outcomes with regards to education, higher vulnerability to suffering mental wellbeing issues, and substance use (Sulimani-Aidan & Melkman, 2018; van Breda & Dickens, 2017). However, while nations are legally required to support and provide alternative care, thereby addressing the needs of children until they are 18 years old, this support is usually not applicable during their transition to adulthood and when they exit the care system (Stein & Ward, 2021).

Experiences that enhance resilience and positive self-concept lead to successful trajectories and outcomes for care experienced youths transitioning to adulthood, as reported by several researchers highlighting these pathways (Bengtson et al., 2020; Lou et al., 2018; van Breda & Dickens, 2017). Hence, support during transition is one of the most vital and challenging aspects to be considered and provided with respect to ensuring the successful transition of care experienced youth into independent living (Harder et al., 2020).

Adequate preparation is essential for these youths prior to leaving care, providing early opportunities for them to gradually develop independent living skills (Armstrong-Heimsoth et al., 2020; Mendes et al., 2011). Without any goal setting and readiness, they fail to meet their goals and aspirations, and even struggle to earn a livelihood. Low confidence, traumatic past experiences, lack of adequate education, lack of skills, psychological issues, and lack of exposure to the outside world are factors that make them vulnerable, and as an integral part of this society their rights and opportunities should not be overlooked. This transition from living in a protective care facility to independent living often brings a myriad of difficulties, due to marginal community integration, the absence of a pivotal family-like ecosystem, and limited ownership of essential resources within the care setting. Ensuring adequate support for care experienced youths to support them to become independent and resilient and to not fall back onto previous vulnerabilities, is crucial and may be achieved through aftercare. Aftercare is an integral part of the child care provided to children who do not have their biological families to take care of them. The vulnerabilities of youth transitioning from alternative care persist even after they enter this new phase of life, in the absence of support from their birth families. Multiple placements, ruptured education, a lack of secure attachments, lack of training in independent living skills, and poor access to mental health services, all make independent living more challenging for them. The last few years have seen increased interest in developing transitional support services for young people in care to improve their life skills (Woodgate et al., 2017). There is

evidence that participating in independent living programmes has some positive effects on post-transition outcomes for care experienced youths (Heerde et al., 2018).

India is confronted with the concerning reality of more than 23.6 million children who lack parental care (MOSPI, 2018). The country is home to over 370,000 children residing in approximately 9,598 child care institutions (CCIs), with 8,744 of these care homes being operated by non-governmental organisations (NGOs) (MOSPI, 2018). To address the challenges associated with children who lack parental care, laws have been enacted to establish various alternative care options. These alternatives encompass community-based or family-based care, as well as residential or institutional care. Institutional care, ideally considered as the last resort for children when all other alternatives have been exhausted, has emerged as the primary mode of formal care provided by the state in many developing countries in Asia (Modi et al., 2016; SAIEVAC, 2011).

In India, according to Section 2.5 of the Juvenile Justice (Care and Protection of Children) Act 2015, aftercare support is provided to people in the age group of 18 to 21 years, extending up to 2 more years, who 'have left any institutional care to join the mainstream of the society'. There is also a provision for community group housing on a temporary basis for groups of six to eight persons, scholarships and stipends for vocational training or higher education, support until a youth finds employment, placement in commercial establishments through coordination with central or state government programmes and corporations, arrangements for skills training, etc., the provision of a counsellor to stay in regular contact with such persons to discuss their rehabilitation plans, the arrangement of loans and subsidies for persons in aftercare who aspire to set up entrepreneurial activities, and encouragement to sustain themselves without state or institutional support, and the provision of creative outlets to channel their energy and to tide them over during crisis periods in their lives (JJ Act, 2015). Youth from CCIs are mandated to receive aftercare support (both financial and non-financial), but largely these youth are left on their own. Unfortunately, the number of youth annually leaving child care institutions in India is not even estimated nor adequately budgeted, despite aftercare planning being a global issue. There is a certain amount budgeted for each district in India, depending on its size, as per the law.

Following the recommendations of the 'Beyond 18' study, there has been a remarkable development in terms of provisions for schemes, policies, and on the ground practices required for aftercare support of CLs. The term 'alternative care' was used for the first time in a policy document by the government of India, in Mission Vatsalya (2022), which also mentions transition planning and preparation in the course of transition planning for children from 16 years of age within care homes - on housing, employable skills, education, loan support, and industry apprenticeship. Subsequently, in 2022, Mission Vatsalya introduced the concept of Individualised Aftercare Plans (IAP) for the first time, marking a

significant milestone. This was accompanied by an increased allocation of financial support in various Indian states through the integration of existing welfare schemes. Furthermore, the introduction of state-level guidelines and the establishment of Care Leavers' Networks (CLN) in multiple states have played a pivotal role. Currently, there exist nine 'Care Leavers' Network' groups across India, collectively giving rise to the formation of the 'National Care Leavers' Network' (Kalra & Prasad, 2022). The realm of aftercare has undergone substantial progress, as evidenced in the inception and enforcement of new provisions. This evolution prompted the necessity of assessing the evolving trends in different aftercare domains, particularly through the lens of the Beyond 18 study.

Need for intervention

In order to address care experienced youths' concerns interventions are required at various levels, recognising the crises and trauma they experience. The experiences and voices of these care experienced youths must be at the heart of recovery planning (Gofen et al., 2021). Care experienced youths lack social support networks; therefore, preparation for care leaving and transitioning into adulthood should make them more self-confident, and resilient enough to face challenges in the outside world. Interventions are required both at the immediate level to address short-term challenges, and at the long-term level to ensure they are independent and self-reliant, along with addressing their mental health challenges. The poor employment outcomes for care experienced youths compound the socio-economic inequalities that most care experienced youths are likely to have experienced prior to their care history, as well as reflecting the impact of both placement and education instabilities (Berridge, 2016; Children's Commissioner, 2019; Coy, 2009; Driscoll, 2013).

Both policies and on the ground practices in India are unable to address the needs and challenges of children in care. They lack the systemic and systematic processes required to support care experienced youths through their transition into independent living. Data on youth aftercare is lacking with no tracking mechanisms to track their progress. Lack of systematic research on aftercare services and their efficacy leads to a lack of monitoring and evaluation of these youth. The reduced capacities of families to care for their children during their transition from child care institutions is a result of increased poverty and the loss of livelihoods, due to which they face loss of education, accommodation and unemployment.

Udayan Care's Aftercare Outreach Programme (AOP)

Udayan Care, a Delhi-based NGO, has been supporting youth exiting from its residential care homes for children in need of care and protection, through its aftercare programme for several years. Here, youth are provided with financial and non-financial support in multiple domains – such as healthcare,

accommodation, and education — through specific individual care plans. In the year 2020, when the world was dealing with the pandemic crisis, discovering a gap in services provided to youth exiting care from many institutions, Udayan Care designed and started an Aftercare Outreach Program (AOP) to support the care experienced youths who were exiting various child care institutions, and missing out on aftercare support. The 'Sphere of Aftercare', a theoretical framework (Figure 1) developed from a research study on aftercare called 'Beyond 18' (2019), became the basis for AOP. This framework outlines the eight domains of support required by care experienced youths during and after transition: housing; education and vocational skills; physical health; emotional wellbeing; independent living skills; social support and interpersonal skills; financial independence and careers; and identity and legal awareness (Beyond 18, 2019).

Figure 1: Sphere of Aftercare
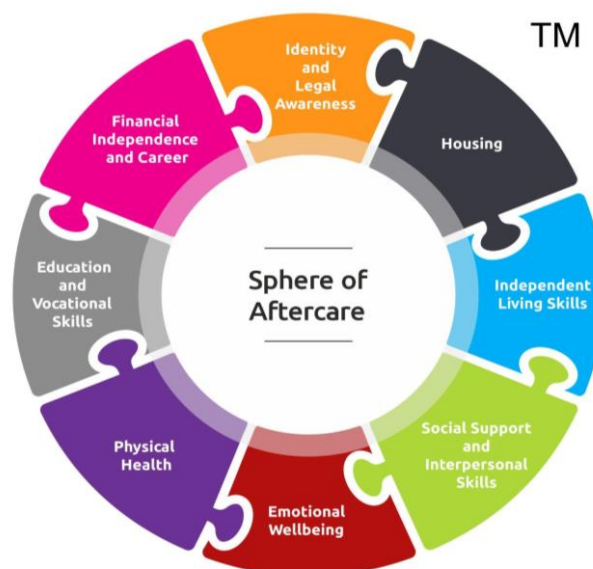
This project has been conceived to provide transitional and rehabilitative support to care experienced youths who are ageing out of various governmental and non-governmental CCIs. It includes educational/vocational training; internships and placements; monetary and mentoring support; and bringing them together on a common platform, such as the Care Leavers' Network. AOP aims to enable these youth to be self-reliant, confident, and job-ready, while providing non-institutional support. Even after migrating from the programme, it allows these care experienced youths to come back for any further support and guidance.

Program Objectives: AOP aims to contribute to the overall well-being of care experienced youths by nurturing them, providing them with hope, confidence, and access to varied opportunities for their holistic development such that they

evolve as independent and responsible citizens. It ensures their skills development and readiness for employability and motivates them to pursue a pathway of career progression, as well as aiming to inculcate positive values in care experienced youths, with a focus on giving back to society. The main aim of AOP is to emerge as a demonstrable model of aftercare and to advocate for the rights and entitlements of care experienced youths, thereby improving the aftercare ecosystem in India. It also ensures their social reintegration and mainstreaming towards independent living by preparing these youth to be financially independent through imparting education, employability skills and vocational skills, aiding in obtaining accommodation, providing counselling and/or mentoring, and assisting in getting internships and placements. Such supports reduce the risks of youth facing deprivation, homelessness, vulnerability, unemployment, and other mental health issues.

Figure 2 shows the phases of the intervention, including a nurturing approach towards the youth which cuts across all the phases.

Figure 2

In September 2020, this programme was rolled out in the National Capital Territory of Delhi and in Vadodara, in Gujarat state, where a total of 42 youth from different CCIs in Delhi and 12 youth from CCIs and those receiving alumni of sponsorship support (Palak Mata Pita scheme) in Gujarat were included through a needs assessment and aptitude check. Based on care experienced youths' individual needs and capacities, AOP developed and implemented an Individual Aftercare Plan (IAP) based on the eight domains of the 'Sphere of Aftercare'. Its primary focus was on education, life skills and vocational training. Extensive workshop modules had been designed on career opportunities, interview skills, CV writing, placements, emotional wellbeing, legal and financial literacy, resilience, and life skills. The second cohort of this program started in August 2021, with more care experienced youths from both states, alongside broadening the scope to other Indian states, including Madhya Pradesh and Hyderabad. Over the two years, AOP supported a total of 166 youth who had turned 18, in six cities of India in partnership with multiple donors. In the year 2022–23, the project continued with all the previous cities, and more youth have been on board in the current year (2023-24). A total of 315 care experienced youths are being supported in the year 2023-24.

Table 1

State	Care experienced youths
Delhi	144
Telangana	100
Gujarat	33
Madhya Pradesh	38
Total	315

Phases of aftercare outreach programme

Preparation phase:

The programme began by engaging children over 17 years of age who were still living in CCIs, to prepare them better for their transition from residential care to independent living. Over a period of three months, rapport building was done using an engagement module, along with understanding their aspirations, gauging their commitment level, preparing them, and assessing their motivation, interest and talents, along with maturity and commitment, as qualification mandates for AOP support. The selection basis included:

Table 2

Qualifying Criteria	Selection criteria	Needs Assessment Tool (NAT)	Final Scoring on various criteria
- Age - 17+ years - Education: minimum middle primary passed - Not receiving support already - No special needs/ disability/crimi nal records/substa nce abuse	- Aspirational wants to earn asap - Learning ability - Communication skills - Commitment	- Personal details - History and reason for institutionalisation - Status of education and vocational skills, skills independent living - Experience in CCI - Health - Identity - Weakness/strengt hs - Purpose for joining AOP	- Social - Gender - Financial - Other vulnerability

Since 2023, a five-day bootcamp (residential) has been started at the beginning of every batch after the selection of the youth. This ensures a comprehensive induction into AOP and Udayan Care, their career pathway plan, required practical and life skills (leadership, decision making, creative thinking, gratitude), self-care, peer mentoring, and so on. The main aim is to prepare the selected youth in self-reliance through employability along with the offerings of the programme, stating clear expectations and deliverables, enabling them to develop practical skills, and exposing them to a wider range of opportunities.

Learn and earn phase:

The selected care experienced youths were offered three different pathways to choose from. Based on the learnings from the first two years of the project, care experienced youths were not offered career ideas based on blue-sky thinking. This was due to evidence that they are under extreme peer pressure and have no real understanding of their strengths and choices, which could lead to them dropping out in the middle of the project, despite all the checks, thereby leading to loss in terms of financial investments in them. After stream finalisation, they took part in skills development, enrolments in short-term vocational courses, industry connections, and opportunities for internships, traineeships and apprenticeships in government and corporate work environments. To cater

to the individual needs of the youth, mentoring, counselling, and follow-ups continued to ensure that youth would continue to pursue their career growth plans and move forward in life. The life skills enhancement continued through the delivery of work-life readiness modules which have been specially designed to capacitate and empower them for work readiness, day-to-day management and mainstreaming in the external world. This involved various topics such as mainstreaming and facing the external world, preventive health, the importance of education and its alternatives forms, career goals, building resilience, needs and aspirations, sexual and reproductive rights, team building, stepping into the world of work, communication skills, identity and related documents, strengths and weaknesses, and finance management skills. The care experienced youths were enabled to acquire a range of practical life skills so that they can lead their life independently with confidence and dignity and learn self-reliance. They also received learnings to ensure safe and affordable housing, build and maintain healthy relationships, develop positive mental health along with providing them with services to address their psycho-social needs.

Grow phase:

Youth are continuously motivated to retain their first job for at least a year and will be followed up for two more years. This phase included coaching and direct support for educational opportunities that took them to the next level of education, enhancing their opportunities for employment. AOP ensures every CL gets an opportunity to continue their education, with the team processing their admissions and provided handholding support. Based on their performance, learning and experience, these youth were supported and guided to jump to their next level of job (increased salary/role) as part of their career progression. This phase included their willingness and capacity to give back to society in various ways, such as contributing actively to their city care leaver networks or peer mentoring younger youth. Quarterly check-ins occurred to monitor their growth through guided career progression plans and followed them throughout, up to two years post completion of financial intervention support.

Programme support designed for youth and the progress so far

The 'Sphere of Aftercare' comprises 8 interdependent domains (see figure 3 below). AOP interventions ensure youth under the programme are provided with needs-based support relating to the following domains:

- Housing and food support (paying guests, rented facility, group living etc.)
- Next level education support (distance learning)
- Vocational training
- Interpersonal and independent living skills
- Emotional wellbeing (psychological support)

- Physical health
- Identity and legal awareness
- Financial independence (financial support – pocket money, mobile phone, mobile recharge, travel allowance, stationery items, formal dress etc.)
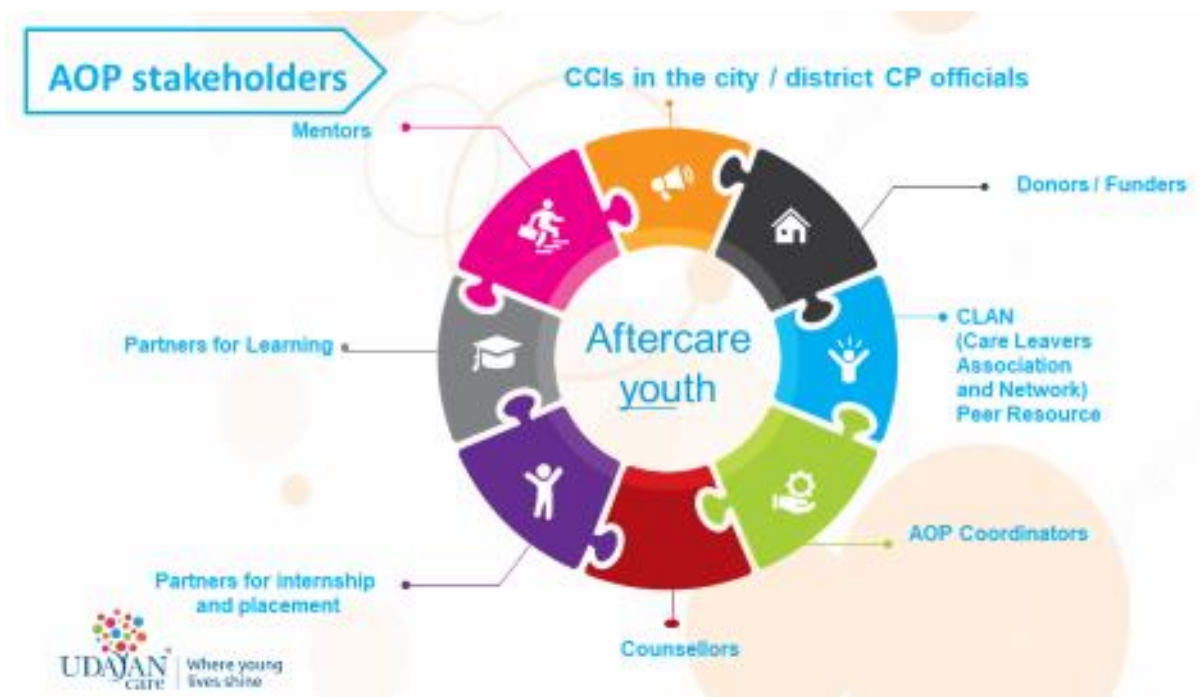
Figure 3

Table 3

Domains	
Food and resident support	64 youth
Mentors and counsellors	42 mentors
Financially supported next level education	72 youth
Vocational training	307 youth
Care leavers in jobs	131

Vocational training

Vocational training is of key importance in this programme as its choice plays a vital role in deciding a career path or job sector. Across AOP chapters there are more than 30 skilling courses being offered to youth that ready them for entry level jobs. It is not an easy task and requires lots of time and sessions with youth, and in many cases the team has to arrange a career counsellor so that youth can best be guided towards skills development courses relevant to their needs, interests, potential, and academic ability, and also to something which aligns with their long-term goal. Computer education, graphic design, training for the hospitality sector, medical jobs, pharmacist, patient care assistant, hotel management, beautician, teacher training, finance management, electronics repairing, digital marketing, sales and marketing, and travel and tourism are some of the areas in which these care experienced youths are provided training. During the reporting period, by August 2023 a total of 307 youth have been enrolled on various skilling courses.

Independent living skills

'Designed work life readiness modules' are identified as major activities that play a central role in developing interpersonal skills, boosting confidence levels, providing an opportunity to interact with multiple people, developing relationships, developing soft skills, and preparedness for work life.

Offline sessions are very interactive and fruitful, and the team has observed drastic changes in the youth through these workshops and training sessions. It is mandatory for every chapter to ensure delivery of 32 prime booster sessions to each cohort, plus training and awareness sessions on various other topics being provided as necessary. The sessions are as follows: 'getting to know each other', 'education and its alternatives', 'my identity and related documents' 'effective communication', 'strengths and weaknesses', 'needs and aspirations', 'my rights as a citizen working in teams', 'preventive healthcare', 'my career goal', 'keeping myself safe in the virtual world', 'managing emotions and building resilience', 'sexual and reproductive health rights', and 'stepping into the world of work'. So far 92 work life readiness sessions have been organised through virtual and offline modes.

Mentioned below are some of the case studies of care experienced youths depicting the challenges they faced, the interventions provided by Aftercare Outreach Program and the impact of the support so far. (Names of the care experienced youth have been changed to protect the identity of individuals)

Case studies

Case study I

Vikas is a 22-year-old care experienced youth who is supported under AOP, Vadodara.

Impact: Udayan Care supported him to build his confidence for digital marketing as a career option. He was also briefed about improving his English through Eklavya coaching. His friend helped him to learn graphics at Udayan Care's office. He completed his certificate course in digital marketing and worked part-time at a cafe. Now he is a confident and self-disciplined youth. After completing a six-month paid internship at 'OpsHub' he has joined them as an employee with a monthly salary of Rs. 33,000/-. He recently moved out from the aftercare facility and lives in a rented place. For Vikas this opportunity had been a stepping stone to march ahead in his field.

Case study II

At the tender age of five, Srihari's father abandoned him and his mother. In 2016, when he was in grade 8, he joined the Friend's Foundation, where he received his education. Srihari proved to be an excellent student who is a graduate in the field of commerce.

Impact: He finished his diploma in information technology and with the support of AOP. He was hired by 'Credright', a finance company located in 'Durgam Cheruvu' as and operational officer and is earning Rs.16,000/- per month. Srihari has expressed his immense gratitude to AOP for providing him with needed skill sets which helped him secure a good job.

Case study III

Four youth, huddled together in a small room, all unemployed, are constantly worried about food and accommodation, alongside the overarching fear of being infected with Covid-19. They have no space to quarantine and can see no future for themselves. They do not have the legal documents needed to aid their access to rations or any other support.

Impact: Sporadic support from the state government was provided for dry rations etc., and lack of identity documents prevented many of them from accessing these benefits as they lacked financial security.

Case study IV

Payal, a 20-year-old female care experienced youth, was in a full-time job and well on her way to independent living. However, after a few weeks of lockdown she lost her job and received a warning from her landlord to pay her rent in a

week's time, failing which she would become homeless. She doesn't know who to approach for help.

Impact: Many care experienced youths lost their accommodation and/or faced difficulty paying their rent during Covid-19, leading them to search for emergency support. Living all by themselves often led to isolation from their peers, and lack of devices and internet connectivity restricted their opportunities to stay connected remotely, exacerbating their anxiety and stress levels.

Case study V

Rakesh, a boy from Ludhiana, lived with his uncle and aunt after he lost his parents when he was just five, but because of the maltreatment he received there he ran away. He lived on the streets at a railway station and ended up at a shelter home, but he ran away from there too.

Impact: Despite all the hardships he has been through he kept his spirits high and ended up playing cricket at state level, but unfortunately was disqualified and had to stop playing for the regional cricket team. After multiple counselling sessions and continuous handholding today he is a 20-year-old entrepreneur who owns his own CLAN (Care Leavers' Association and Network) team stall in Vadodara.

Support received through AOP intervention

A random self-assessment survey conducted with 54 care experienced youths highlighted that AOP intervention played an important role in transitioning them to independence. Ninety-two per cent of them stated that they received support across several areas of their lives through AOP intervention, and amongst these, 30% of them were totally reliant on this programme, while others were partially dependent. AOP intervention occurred largely in the domains of education (98%), capacity building and life skills education (98%), mentoring support (89%), technology (80%), and social awareness (87%). This intervention also provided care experienced youths with several training courses, amongst which 78% of the total participants were enrolled under AOP in vocational trainings, such as graphic design, multimedia, e-accounting, data entry operation, computer applications and programming, food production, beauty and hair design, lab technician, digital marketing, graphic and print design, computer hardware assembly and maintenance, web development, fitness training, hotel management, puppetry, beauty therapy, digital marketing, technician, auto-cad, and community technology skills. Some of the care experienced youths were also provided with support to complete their basic school education, and some their undergraduate programmes. Apart from vocational training and education opportunities, this intervention also provided these youths with some financial support, accommodation and food, travel support in terms of allowance, training and development in life skills, mentoring support where each youth was assigned

one mentor who guided him/her on various aspects of life, and internships, apprenticeships and placements at the end of the programme. Some of the care experienced youths, based on their individual requirements, were also provided with electronic gadgets. As Udayan Care believes in the collectivisation of care experienced youths, AOP intervention encourages these youths to join the Care Leavers' Association and Network (CLAN), which is a group run by care experienced youths for care experienced youths, where they support and guide each other.

Figure 4
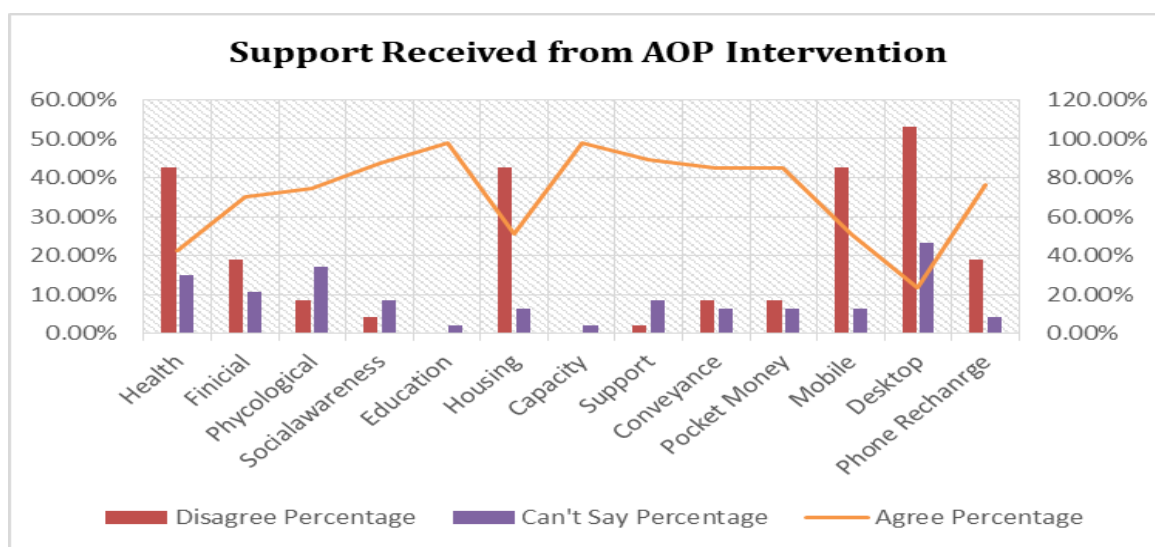
Voices of care experienced youth

The AOP intervention guided and supported care experienced youth to become independent and self-reliant. Most of them (90%) believed that this programme provided them with support in several domains of aftercare and helped them transition from their previous child care institution. At least 90% of the care experienced youths stated that they received support in several aspects of their lives through the AOP intervention; amongst these, 30% of the care experienced youths were totally reliant on this programme, while others were partially dependent. Mentioned below are a few excerpts of the voices of care experienced youths who received AOP intervention.

> Once I transitioned out of my CCI, my grandmother got me married as she was not able to bear my expenses due to which I had to quit my studies. I was shattered as I had my career goals and wanted to continue with my studies. Udayan Care's Aftercare Outreach Program provided me with counselling services, work- shops on career development along with aiding me with completing my studies. I am also grateful to my AOP mentor who played a vital role in guiding me and making me self-reliant. (A youth from Vadodara)

> I used to feel very lonely, had no social support, and didn't know whom to turn to for support, and with whom to share my problems. I didn't have any friends and used to spend most of the time alone. Many times, I used to sit alone thinking how my life would be if I had a family. AOP helped me connect with the CLAN group, where I felt a sense of belongingness and felt like a family. It helped me develop my social skills and one of the members connected me to an employer and I finally got my job. (A youth from Delhi)

Conclusion

The Aftercare Outreach Programme serves as a good practice model which provides quarterly follow-ups even after the care experienced youths' support period is over. It gives them the opportunity to further embrace any additional guidance required through this programme. AOP provides assistance through mentoring, career mapping, career progression, needs-based counselling services, and guidance and preparation for peer mentorship for the next cohort. Collaboration with different stakeholders has been a key element in the success of this intervention project, where networking and partnerships with funders have helped us to make this theoretical framework for the betterment of care experienced youths an on the ground reality. Several CCIs have provided us with data of children transitioning out of their care homes, helping us to connect with youths in need of this support. Many institutions have been a great support in providing technical courses at subsidised rates to our youths; and lastly, collaborations with various employers to place these youths at relevant jobs also helped in fulfilling the objectives of AOP.

Globally, many researchers and practitioners have advocated for increased investment in areas such as career opportunities, housing facilities, higher education, and mental health services to improve care experienced youths' experiences of transitioning out of care. There is an urgent need to prioritise care for care experienced youths' mental health along with increasing opportunities for other services to further build their resilience. It is crucial to understand and take into consideration how care experienced youths view the care leaving process themselves, to analyse this, to name improvements and what can be done further, and to make recommendations to improve the quality of life of these youth, so that they grow into wholesome individuals and be a resource to themselves, to the cause, and to larger society.

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About the authors

Dr Kiran Modi has a PhD in American literature from IIT, Delhi, India, and is a committed social worker. She founded Udayan Care, a non-profit organisation, in 1994, which now operates in 34 cities across India.

Dr Gurneet Kaur Kalra has PhD in social work from Jamia Millia University, India, and is a trained social worker committed to research and field work practice for the past seven years. She is currently engaged as an assistant manager of research and advocacy at Udayan Care.