

Article

Assessing the Impact of COVID-19 and the Support Provided to Youth Leaving Care in India

Kiran Modi * and Gurneet Kaur Kalra

Udayan Care, New Delhi 110019, India; gurneet.kalra89@gmail.com

* Correspondence: icbjournal@udayancare.org

Abstract: Widely across the globe, COVID-19 has placed massive strain on various parameters of life, including child protection, health, education and economic systems. Apart from these visible threats, this situation is having an ongoing devastating impact on the mental health and psychological wellbeing of people. Most young people leaving child care institutions (CCIs) on turning 18 are generally not prepared to leave care, but the transition has become even more difficult and worrisome during the pandemic. During the lockdown, most of these young people were stuck in their CCIs, and their rehabilitation plans—if they were made—could not be implemented, even though there were several mandates around Aftercare, as prescribed in The Juvenile Justice Act, 2015. The Care Leavers faced difficulties in various life domains, including a lack of access to higher education, the loss of jobs, economic disruptions, and social isolation, along with an overall impact on their mental health and physical health as an aftermath of COVID-19. Based on these issues and years of experience as practitioners, Udayan Care—an NGO in India—started a programme named the Aftercare Outreach Program (AOP), supporting Aftercare youth (Care Leavers) in their transition process in order to make them job-ready. This is an exploratory study designed to collect and analyse the data collected from the Care Leavers supported by the Aftercare Outreach Program (AOP), which included 54 Care Leavers from two places enrolled in it, i.e., 42 Care Leavers from Delhi and 12 from Vadodara. The findings of the study clearly indicate that planned and supported transition like AOP intervention can make a difference in the lives of Care Leavers, and can help them towards independent living, even more so in unprecedented times like COVID-19.

Keywords: Aftercare; Care Leavers; COVID-19; transition; alternative care; India

**Citation:** Modi, K.; Kalra, G.K.Assessing the Impact of COVID-19 and the Support Provided to Youth Leaving Care in India. *Youth* **2022**, *2*, 53–66. <https://doi.org/10.3390/youth2010005>

Academic Editor: Giulio D'Urso

Received: 24 December 2021

Accepted: 21 February 2022

Published: 25 February 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

COVID-19 has caused unprecedented challenges all around the world by shaking up the very foundational infrastructure of society. While these challenges are exigent for most, they are particularly adverse for the aging-out population of 'children without parental care' in Child Care Institutions (CCIs), who need to exit the care settings at 18, and may or may not be given adequate Aftercare services. India is home to 23.6 million children without parental care [1]. India has recorded over 0.37 million children living in about 9598 child care institutions, amongst which 8744 homes are run and managed by NGOs alone [2]. The various reasons associated with children landing in alternative care settings include orphanhood, poverty, migration, disasters, trafficking, cultural factors, lack of education, and child sexual abuse. Even though institutional care should be the last resort for children in the spectrum of choices under alternative care, in developing countries in Asia, institutional care is the dominant form of formal care provided by the State [3,4]. These children often share the common scars of poverty, social apathy, abuse, neglect, poor health, malnourishment, emotional trauma, and a lack of continued quality education. The plight of children in care during the pandemic has been labeled the 'silent crisis' [5].

Once they become 18, they need to leave the CCIs; some of them are restored back to their families, if they have any, or need to be adequately rehabilitated by the provision

of Aftercare services. Thus, Aftercare is that phase in the life of a young person—who is now a Care Leaver, and has transitioned out of care—in which they start the journey towards independent living. This transition from living in a protective care facility of a child care institution to independent living often brings along a cloud of difficulties, due to the absence of a pivotal family-like ecosystem, marginal community integration, and the limited ownership of essential resources at the care setting. Aftercare is essential to ensure that the Care Leavers have adequate support in order to be able to become independent and resilient, and thereby not fall back to the same series of vulnerabilities. In the absence of support from their birth families, the vulnerability of children under alternative care persists even after they enter this new phase of life. The youth had faced multiple placements in institutions, giving rise to ruptured education, a lack of training in independent living skills, a lack of secure attachments, and poor access to mental health services, thus making independent living more challenging for them once they majored out.

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”. It also provides for community group housing on a temporary basis for groups of six to eight persons, stipends and scholarships for vocational training or higher education, support until the person finds employment, arrangements for skill training, placement in commercial establishments through coordination with Central or State Government programs and corporations, etc., the provision of a counselor to stay in regular contact with such persons to discuss their rehabilitation plans, the provision of creative outlets to channel their energy and to tide over the crisis periods in their lives, 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 [6]. Youth from CCIs are mandated to receive Aftercare support (both financial and non-financial), but largely, these youth are left on their own. Even though Aftercare planning is a global issue, unfortunately, the number of youth annually leaving child care institutions in India is not even estimated nor adequately budgeted, even though there is a certain amount budgeted for each district in India, depending on their size.

2. COVID Impact and Care Leavers

Previous research studies from the pre-COVID era have time and again highlighted that youth leaving care are considered to be among the most vulnerable groups in society [7], especially if they leave without proper planning and preparation [8].

Globally, during COVID times, youth leaving care disproportionately faced additional adversities during and beyond transitions, as it may potentially exacerbate the existing challenges whilst instilling newer challenges for them, including the risk of physical, financial and social harm [9]. Care Leavers face challenges which are quite different from those of other youth of their age group; their vulnerability is higher compared to their peers as they already had to face the huge effects of familial separation, loss, and deprivation, before coming into alternative care. Then, within the alternative care settings, whether in foster care or in institutions, there were numerous challenges; ultimately, at 18, they are forced to be independent, i.e., to transition from living in a protective child care setting to independent living without proper guidance and support. The absence of a pivotal supportive ecosystem around them leaves them with little confidence, low self-agency, lacking in basic life skills, and with limited career opportunities. Having experienced a lack of permanency in their lives as children, these young people go through immense mental stress. Because of their unique situation, Care Leavers are seen as one of the most vulnerable groups of youth in society, needing extra care and support at the individual, collective, societal, national and international levels. Care Leavers are deprived of social networks and other socioeconomic safety nets, and they face stigma and dissemination throughout their lives. Care Leavers, who always have difficulty getting jobs due to inadequate education and training, are hugely deprived compared to youth in India, as the others still have some

family support. During COVID times, the situation intensified. The lack of jobs for Care Leavers leads to increased homelessness and other issues in comparison to the other youth in the community [10].

Many studies have indicated that the Care leavers, across countries, were subjected to social isolation; their education/vocational training was impacted, with an overall impact on their mental health and physical health, along with economic disruptions, as an aftermath of COVID. One study stated that the main sources of stress due to COVID-19 among Care Leavers in Uganda included the loss of livelihood, reduced social interaction, fear, a lack of social support, and worry; the Leavers used support from friends as a coping mechanism [11]. Another research study deduced that a majority of the Care Leavers residing in fifteen south Asian countries faced wage, accommodation and job losses as a result of commercial closings which threatened the processes of the enterprises in Asia [12]. A study from India indicated that most of the Care Leavers got stuck in their child care institutions, and their rehabilitation plans, even if they were made, could not be implemented. Many of them experienced amplified risks of isolation, stress, trauma, the discontinuation or stopping of education and learning opportunities, limited livelihoods and career chances, a loss of employment for those who could find a job with difficulty, reduced income, housing challenges, food insecurity, isolation from peers, a lack of electronic gadgets, and connectivity issues [13].

3. Need for Intervention

Interventions are required at various levels in order to address Care Leavers' pre-pandemic concerns, besides recognizing the additional crisis and trauma they experienced due to the pandemic. The experiences and voices of these Care Leavers must be at the heart of recovery planning [10]. Care Leavers lack social support networks; therefore, the preparation for leaving care and transitioning into adulthood should make them resilient enough to face challenges in the outside world. Interventions are required both at immediate levels to address their short-term challenges, as well as at long-term level to make them self-reliant and address their mental health challenges. Mentioned below are some case studies from India, indicating the impact of COVID-19 on Care Leavers, which encouraged Udayan Care—an NGO in India—to start an intervention to provide extended support to Care Leavers in COVID times. India has committed to make a paradigm shift from institutional care towards successful family- and community-based care, but only recently. This may take a dip for the time being as a result of the pandemic. There is a lack of social welfare structures for out-of-home care children and youth transitioning out of it, along with underfunding that has hindered the individual countries from developing strong systems of Aftercare services for young people transitioning out of care. In India, both policies and practices are unable to address the large volume of children in care and the lack systemic and systematic processes that help them transition into independent life. There is also a lack of data on youth in Aftercare, no tracking mechanisms to track the youths' progress, nor any monitoring and evaluation, along with a lack of systematic research on services and their efficacy. Increased poverty and the loss of livelihoods leads to the reduced capacities of families to care for their children during their transition from child care institutions, as these youth face a loss of education, and loss of jobs and accommodation. They are deprived of their own family network, and the current pandemic has had a further impact on their development and growth, along with a worsening impact on mental health. The worst-case scenario is that these youth have no familial ecosystem and no state-sponsored support available to them.

There is a need to understand how Care Leavers themselves view the care leaving process, to analyse it, to name improvements and what can be done further, and to make recommendations to improve the quality of life of such youth, so that they grow into wholesome individuals and be a resource to themselves, to the cause, and to the larger society, especially during these pandemic times.

3.1. Case Studies of COVID's Impact on Care Leavers

- Care Leaver Raju* (19 years old) still lived in a children's home in Delhi. He had received permission to be relieved from there, but could not be sent out due to lockdown. The stress of uncertainty had increased his tendency to indulge in self-harm.

Impact: Most young people, leaving child care institutions on turning 18, are not prepared to leave care. During the lockdown, most got stuck in their CCIs, and their rehabilitation plans—if they had been made—could not be implemented. They did receive extended accommodation support but were not supported in other domains, leading to greater anxiety among the youth [14].

- Care Leaver Ramu* had been laid off from his hotel job; thereafter, he developed psychosis and became aggressive and abusive. He had no support and nobody to talk to, and felt very lonely.

Impact: Many Care Leavers lost their jobs and thus lost touch with their peer groups, and had no social or economic support. The prevention of COVID called for the maintenance of social distancing, leading to isolation and impacting social relationships and support [15].

- Four youth, huddled together in a small room, with no jobs, were constantly worried about food and accommodation, with the overarching fear of being infected; they had no quarantine space available and no future that they could see for themselves. They did not have enough legal documents that could aid their access to rations or any other support.

Impact: Most of the Care Leavers faced disrupted education, and those who had jobs faced the loss of jobs, leading to reduced income, stress, housing challenges, and food insecurity. Even though sporadic State Government support was provided for dry rations, etc., the lack of identity documents prevented many of them from accessing these benefits, and they lacked financial security. Care leavers' concerns were not a priority in most government circles at large [16].

- Shrishti*, a 20-year-old female Care Leaver, was in a full-time job and well on her pathway to independent living, but after a few weeks of the lockdown, she was out of her job and had received a warning from her landlord to pay her rent in a week's time, failing which she would be homeless. She didn't know who to approach for help.

Impact: Many Care Leavers lost their accommodation or faced difficulty paying their rents, leading them to search for emergency support. Living all by themselves often led to isolation from their peers, and a lack of a device and internet connectivity restricted their ability to stay connected remotely, exacerbating their anxiety and stress level [17].

* The names of all of the Care Leavers were changed.

3.2. Udayan Care's Aftercare Outreach Programme (AOP)

Udayan Care has been supporting the youth exiting from its 17 *Udayan Ghars* (residential homes for children in need of care and protection) through its Aftercare programme and alumni network. Here, youth are provided with financial and non-financial support in multiple domains—such as accommodation, education and healthcare—with specific individual care plans, and this Aftercare support continues beyond the statutory limit, if necessary, until the youth are completely settled and independent. Keeping Bowlby's attachment theory as a framework, the relationships with the carer team, consisting of Voluntary Mentor Parents, a social work force, mental health workers, 24/7 care givers, and above all, house siblings, continue for a long time, even after they start living independently. The mentor parents (lifetime volunteers, who guide the children at Udayan Ghars) play a continuing support role in the successful implementation of the Aftercare programme [18]. Youth are encouraged to continue their education and vocational training while in Aftercare; they are also engaged in internships and part-time jobs, and are taught

to manage an independent kitchen so that they can acquire the necessary life skills to lead independent lives.

During COVID times, when the world was dealing with the crisis, Udayan Care—discovering a gap in services provided to youth exiting care from many institutions—designed an Aftercare Outreach Program (AOP) to support the Care Leavers exiting out of various other child care institutions who missed out on the support of Aftercare. This project is based on a theoretical framework, titled, the ‘Sphere of Aftercare’ as shown in Figure 1, based on a research study on Aftercare called ‘Beyond 18’, from Udayan Care in 2018–19; it outlines eight domains of support required by Care Leavers during and after transition: housing, physical health, independent living skills, education and vocational skills, social support and interpersonal skills, emotional wellbeing, identity and legal awareness, and financial independence and careers [19].

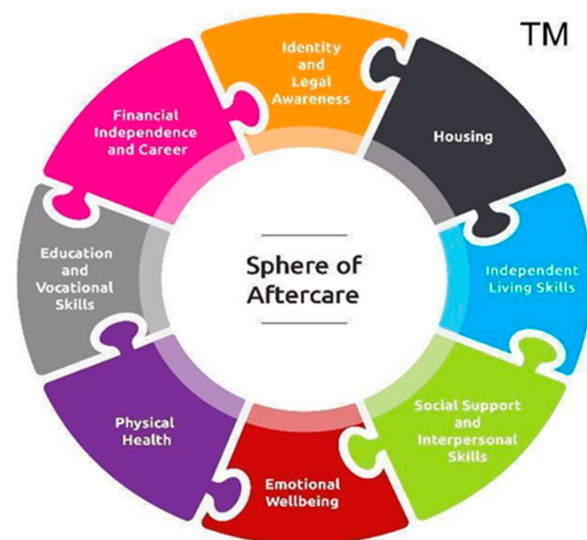


Figure 1. Sphere of Aftercare.

The AOP project was conceived to provide Care Leavers ageing out from different governmental and non-governmental CCIs with transitional and rehabilitative support; education/vocational training with skills, training, development and experience; and internships, placements and collectivization as a Care Leavers Network, along with providing them with monetary and mentoring support. While providing non-institutional support, this program aims to make these youth self-reliant, confident, and job-ready. This program allows its Care Leavers to come back to the program for any further guidance and support, even after they migrate from the programme.

In September 2020, this programme was rolled out in the National Capital Territory of Delhi and in Vadodara, in the state of Gujarat, where a total of 42 youth from different CCIs in Delhi and 12 youth from CCIs and alumni of sponsorship support (Palak Mata Pita scheme) in Gujarat were included through an Aptitude and Needs Assessment check. Based on their individual needs and capacities, this program developed and implemented an Individual Aftercare Plan based on the eight domains of the “Sphere of Aftercare”, with a primary focus on education, vocational training and life skills. Extensive workshop modules were designed on career opportunities, CV writing, interview skills, placements, legal and financial literacy, resilience, emotional wellbeing, and life skills. The second cohort of this program started in August 2021, with more Care Leavers from both of the states and the broadening of the scope to other states of India as well. This project aimed to make these youth financially independent by supporting them through education, vocations, accommodation, employability skills, counselling, mentoring, internships, and placements, thereby reducing the risks of the youth facing deprivation, vulnerability, unemployment, homelessness, and other mental health issues, which are exacerbated more

due to pandemic, and thus ensuring their social reintegration and mainstreaming towards independent living.

4. Scope of the Study

This study aims to assess the impact of COVID-19 on Care Leavers' journeys and the support, or lack thereof, provided to them through COVID times, by their earlier institutions and in the AOP programme, thereby focusing on identifying and understanding the process and support services that should be considered for the further mitigation of their situation during and beyond the COVID era. The study aims to assess the level of knowledge, exposure and support received by the designated youth, during this time, due to their association with AOP, and to highlight the impact on their health, housing, education, vocational skills, employment, digital access, and mental health from the financial and mentoring support. The study examines the criticality of actions needed to aid the betterment of their overall situation with respect to managing their mental health, education, and skills, preparing them to cope with this situation amidst the pandemic.

Furthermore, by identifying the primary strategies used by the Care Leavers during COVID times, this study aims to synthesize and develop recommendations that can help design interventions to support Care Leavers adequately in the future. By taking a multi-faceted approach, the COVID-19 impact on the youth leaving care, under the bracket of the AOP was assessed.

5. Methodology

In a mixed-method approach, this study used an exploratory design to collect and analyse data from Care Leavers supported by the Aftercare Outreach Program (AOP). In total, we included 54 Care Leavers enrolled in the AOP project, i.e., 42 Care Leavers from Delhi and 12 from Vadodara, whereas the data were collected through purposive sampling from a total of 47 respondents (others dropped out of the program due to personal issues), and were analysed both quantitatively and qualitatively.

Tools for Data Collection

A basic self-reported assessment survey questionnaire was developed after the literature review, and was filled in as a google form by the respondents, after we explained the questions telephonically to them, with their consent having been obtained. The complete demographic profiling of the respondents was undertaken, followed by the identification of several parameters for the assessment of the overall wellbeing of the Care Leavers. The key parameters included knowledge of COVID-19, the support received across the eight domains of the Sphere of Aftercare, COVID's impact, self-care and coping mechanisms, their suggestions for improvement, and recommendations. The content validity of the final questionnaire was determined in order to keep in consideration the clarity, relevancy, simplicity, and consistency of each question within the question set.

6. Results

6.1. Demographic Profile

The data collection process was carried out in April 2021. Youth exiting child care institutions with no or little Aftercare support were included under the bracket of the Aftercare Outreach Program (AOP), starting from the year 2020 (the inaugural year of the program). From a total of 47 Care Leavers, 61.7% (29) were female and 38.3% (18) were male, and all of the youth were within the age group of 18 to 21 years. At the time of the data collection, 36% of the Care Leavers were still put-up in their CCIs; they were granted an extended stay due to COVID-19's impact, while 64% of the Care Leavers had exited from their CCIs, either that year or earlier, as mentioned in Table 1 below. Common reasons for extended stays included a lack of financial support, as they were not able to afford housing support. The accommodation state of the Care Leavers varied, with the majority (43%) of the Care Leavers having accommodation support from the AOP, followed by 36%

of them being supported by their previous CCIs, 15% of the Care Leavers paying from their own income for accommodation, and 17% of them staying with their families.

Table 1. Accommodation status at the time of data collection.

Status of Child Care Institution							
Exited from their Child Care Institution				Still in Child Care Institution as Extended Stay			
Delhi		Vadodara		Delhi		Vadodara	
Male	Female	Male	Female	Male	Female	Male	Female
12	12	3	3	0	13	3	1

6.2. Key Challenges Experienced amidst COVID-19 before Joining the AOP: Knowledge and Impact

Most (81%) of the Care Leavers felt that they had inadequate knowledge about the overall COVID situation and its exposure, which was making them more terrified, whereas others (19%) felt that the social media platforms and news about the pandemic created more confusion because they spread disturbing and scary news. Apart from the overall impact, this pandemic also had an impact on the mental wellbeing of the Care Leavers, as most of them (78%) were not able to meet their family, friends and relatives, and felt lonely, disconnected and lost. As reported by the Care Leavers themselves, they faced several challenges under different domains of the “Sphere for Aftercare” during COVID times. As depicted in Figure 2, these challenges were mostly related to a lack of access to education (72%), financial crisis (60%), and a lack of food availability (53%). More than 45% of the Care Leavers reported facing crises in other domains, including a lack of access to technology, the unavailability of housing, other job-related issues, and overall psychological issues. Many of the Care Leavers (55%) also faced issues at the social and interpersonal levels before the AOP’s intervention, as they felt a lack of bonding with others and were not able to share their concerns with their friends.

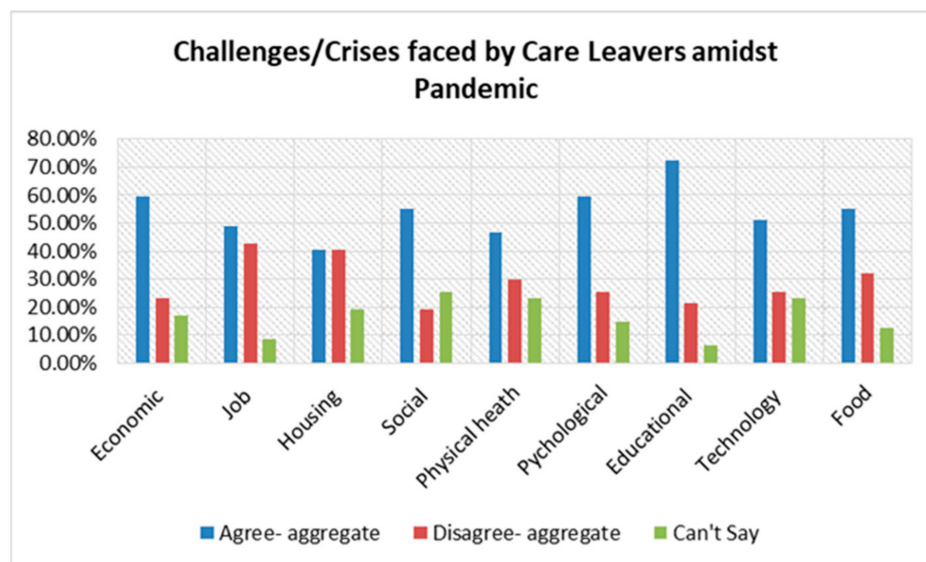


Figure 2. Challenges/crises faced by Care Leavers amidst the pandemic.

Figure 3 represents the changes in the mental health patterns of the Care Leavers during the pandemic outbreak. The maximum shifts were observed in terms of a lack of concentration, a lack of appetite, restlessness, a lack of confidence, interest, increased anxiety, fatigue, sleep, and self-esteem, followed by having more negative thoughts, and feelings of loneliness.

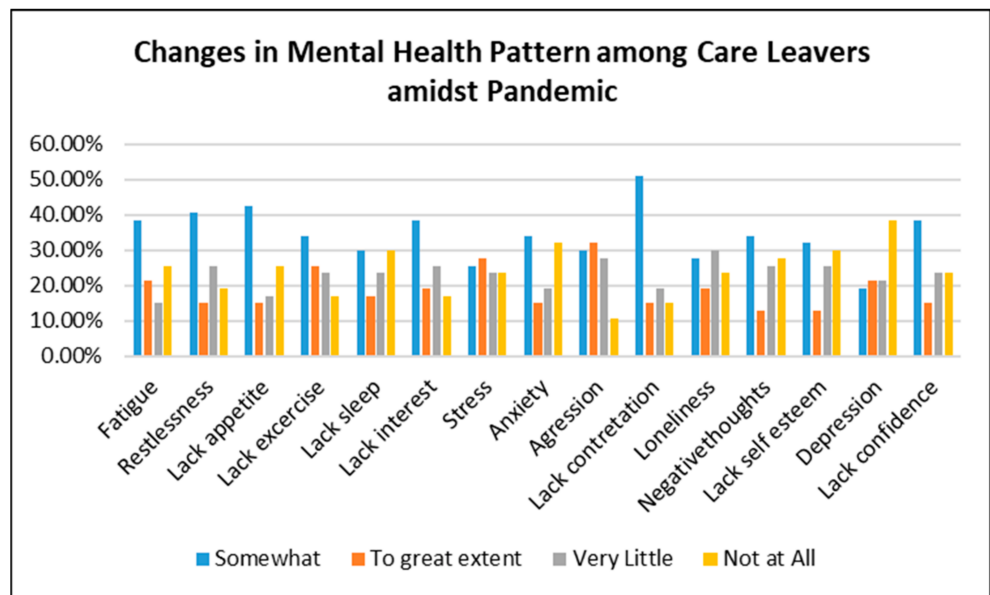


Figure 3. Changes in mental health patterns among Care Leavers amidst the pandemic.

6.3. Support Received from Previous Child Care Institutions (CCIs) before AOP Intervention

The need assessment of these youth—based on the support provided from their earlier CCIs, their educational qualifications while they were exiting, and their social skills—was necessary so as to plan their individual requirements and the domains in which extended support was required. Due to the sudden pandemic outbreak, some of the Care Leavers received continued support from their previous CCIs in different forms. As reported by 48% of the Care Leavers and depicted in Figure 4, they received support from the previous CCIs mostly in the domains of health (59%), education (53%), social support (52%), and housing (36%), which was for a short duration. Even after exiting from these institutions, 81% of these youth were still in touch with their previous CCIs’ staff, which were also added as support for these youth.

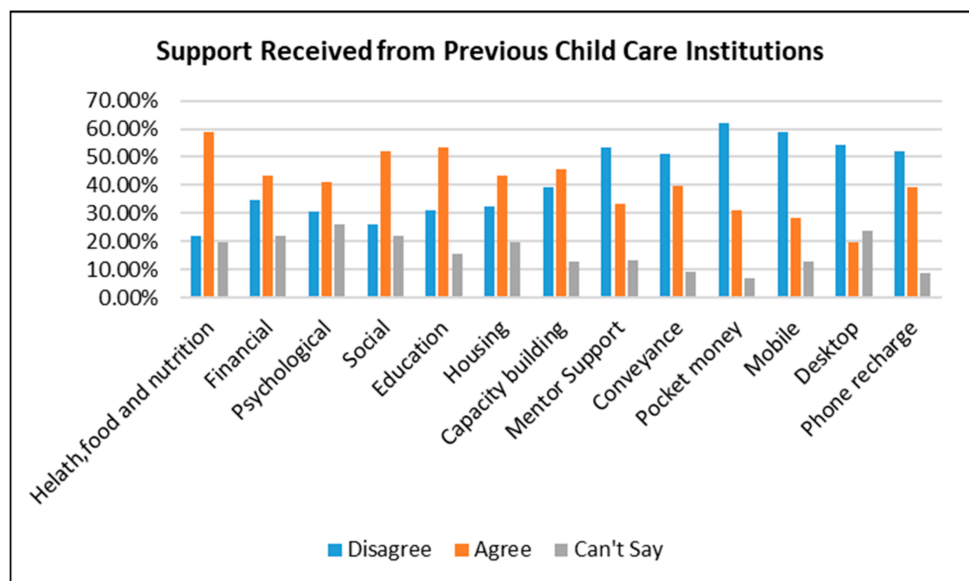


Figure 4. Support received from previous child care institutions.

6.4. Support Received from the Aftercare Outreach Program (AOP)

AOP intervention played an important role in transitioning these Care Leavers to independence. At least 90% of the Care Leavers believed that they received support in

several domains from AOP intervention; amongst these, 30% of the Care Leavers were totally reliant on this programme, while others were partially dependent. As stated by the Care Leavers themselves and depicted in Figure 5 below, AOP Intervention was received mostly in domains of education (98%), technology (80%), social awareness (87%), capacity building and life skill education (98%), and mentoring support (89%). Several workshops were conducted by AOP on COVID-19 safety measures, resilience, emotional support, and coping strategies. The AOP intervention also provided Care Leavers with several training courses, amongst which 78% of the total number of participants were enrolled in vocational training, such as graphic design, multimedia, professional diplomas in e-accounting, data entry operation, computer applications and programming, food production, beauty and hair design, lab technician courses, digital marketing, graphic and print design, computer hardware assembly and maintenance, web development, fitness trainer courses, hotel management, puppetry, beauty therapy courses, digital marketing, technician courses, auto-cad courses, and community technology skill programs, etc. Some of the Care Leavers were also provided with electronic gadgets, based on their individual requirements. As Udayan Care always believes in the collectivization of the Care Leavers themselves, AOP intervention has also driven these youth to join the Care Leavers Association and Network (CLAN), a group of Care Leavers, by the Care Leavers, for the Care Leavers, where they support and guide each other in both of the cities of the intervention. Around 59% of the Care Leavers are a part of the CLAN group.

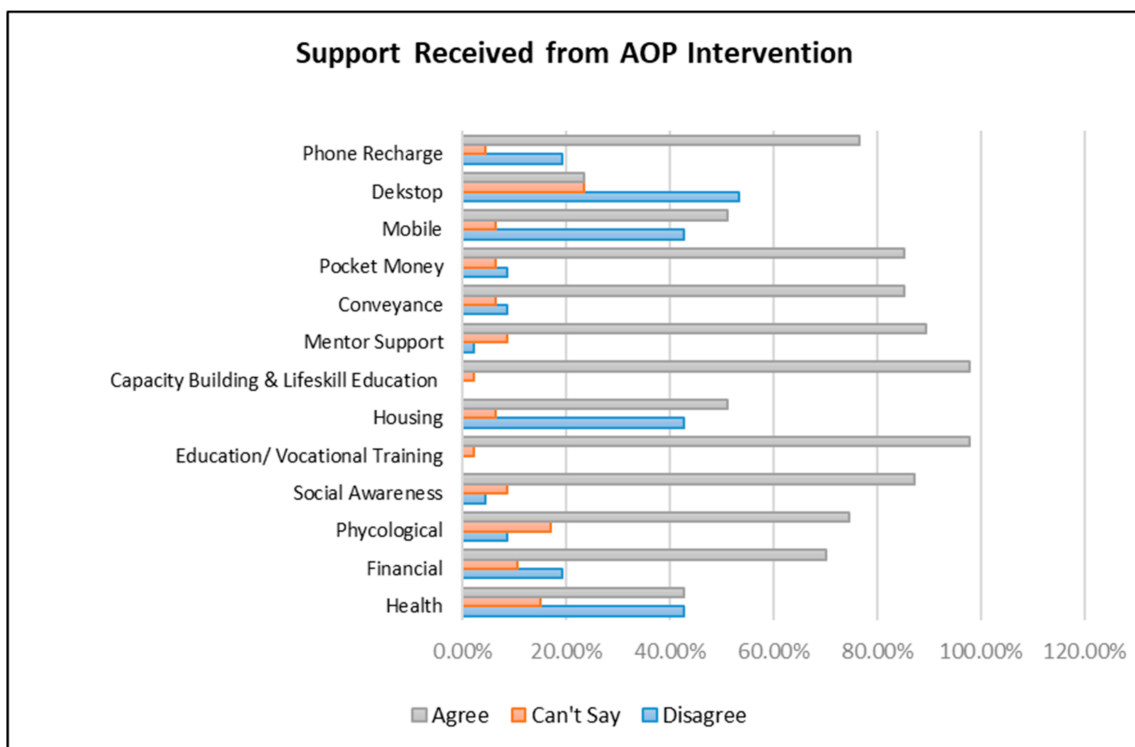


Figure 5. Support Received from AOP Intervention.

6.5. AOP Intervention and Support Provided: Voices of the Care Leavers

- “I was a fresher when I got restored from a child care institution. I was completing my 12th during COVID-19. I was unable to attend online classes due to lack of a phone or computer. But due to the intervoention by Udayan Care’s AOP Programme, I was provided with a mobile phone and its data recharge, and I was finally able to attend my online classes.”
- “I lost my job, there was no money to purchase stationery for college. I suffered mentally as I was always stressed thinking about the future. M y mobile stopped working during the pandemic, there was difficulty in getting it recharged for online classes as there was a financial crisis. I also faced difficulty paying the room rent. Udayan Care intervened via AOP, and I

was provided with rent allowance along with the data recharge. They also got me enrolled in a vocational training course of my choice from a reputed International Organisation (which wasn't allowed in my previous care home), their workshops helped me develop my C.V. and now I feel confident and independent, as I am able to get hold of a reputed job, while simultaneously continuing my graduation."

- *"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 counseling services, workshops 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."*
- *"In the past few months I had faced depression, and many times I used to get negative thoughts about myself. I used to spend a lot of time sitting alone staring at the wall of my house. I often used to get very confused doing work at home. But now I am provided with counseling services and social workers whom I can consult anytime in need. AOP got me enrolled in a professional course from IGNOU, and due to their continuous follow up and mobile recharge, I am even attending my online classes on a regular basis"*
- *"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."*

The voices of the Care Leavers clearly indicate that the Aftercare Outreach Program has been successful in providing support at various levels during and after the transition of these Care Leavers. Facilities like mobile phones and their recharging have helped these youth to resume their online education even during pandemic times, the absence of which would have led to the discontinuation of their education. Some Care Leavers were also provided with support to complete their basic school education, and some their undergraduate programs. Apart from vocational training and education opportunities, this intervention also provided these youth with some financial support, accommodation and food support, recharge money, training and development for life skills, mentoring support where each youth was assigned one mentor who guided him/her on various aspects of life, internships, apprenticeships, and placements at the end of the program. Support at various levels also helped these youth to gain a feeling of belongingness, along with providing them with an ecosystem where they can grow, become self-reliant, and deal with the mental health impact of the pandemic through the counseling facilities of this program. CLAN, as a group, has provided them with family-like support along with empowering them to be useful citizens of society.

6.6. Key Challenges Experienced amidst COVID-19 during AOP Intervention: Current Impact on Emotional/Mental Health

In order to assess the mental health state of the Care Leavers, a cluster of 15 indicators were used in the self-reported questionnaire; these indicators reflected the somatic and psychological state of the respondents. Among the somatic indicators, the physical aspects, such as sleep, fatigue, appetite, and exercise routine were evaluated. Despite the AOP program providing them with psychological support, the pandemic had taken a toll on some of the Care Leavers' mental health amid the second wave, based on which AOP intervention extended its support to those Care Leavers in need.

The above Figure 6 represents the overall impact on the mental health of Care Leavers due to the pandemic. The most self-reported change was observed in their aggression patterns, stress levels, fatigue, depression, loneliness, lack of exercise, lack of appetite, and lack of confidence, impact on concentration, sleeping pattern, and anxiety levels. These findings helped us to understand the mental health condition of the Care Leavers, and

we were able to plan further intervention in a better-informed manner. Psychological interventions were sought, and many group sessions—as well as individual sessions—were held with these youth by a trained psychologist. The youth were able to share their thoughts on a one-on-one basis with the counselor, and received targeted mediation which helped them develop certain self-coping strategies; as such, they were able to deal with the pandemic situation in a better manner.

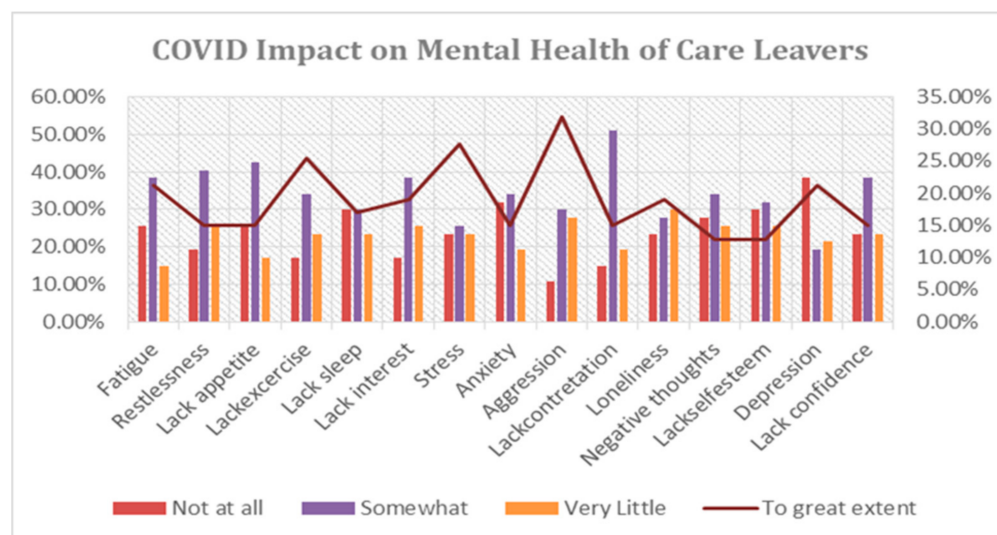


Figure 6. COVID's impact on the mental health of Care Leavers.

We also tried to assess the self-care and coping mechanisms developed after AOP intervention. As stated by the Care Leavers, 50% of them mentioned that reading, watching TV and videos, and engaging themselves in entertainment activities helped them to cope with the worry about the then-current situation due to COVID-19, ideas which were given to them in training workshops as well as being guided by mentors. Engaging in the AOP workshops helped them to deal with their anxiety, helplessness, and lower self-esteem issues, and improved their mental health. Amongst the Care Leavers, 12% of them had resorted to escapism and avoidance to cope with the mental worries and anxiety related to COVID-19, while 62% of the Care Leavers adopted the strategies of self-assertion, self-affirmation, and self-praise to keep themselves motivated. They avoided thinking or discussing it, and rather assumed that they are safe enough from the disease; they were later provided with individual attention and additional psychological support through this intervention. Virtual workshops and meetings helped them to connect with peers in the program, where they shared their concerns and challenges, and discussed a way forward.

6.7. Recommendations from Care Leavers on the Type of Support Required

During the data collection process, the Care Leavers reported that more support was required in the domains of social development, followed by health support, psychological support, support in the areas of finances, and social network support for an extended period, as represented in Figure 7. These recommendations helped us to guide our programme for the second cohort, which started in mid-2021, as mentioned in the next section.

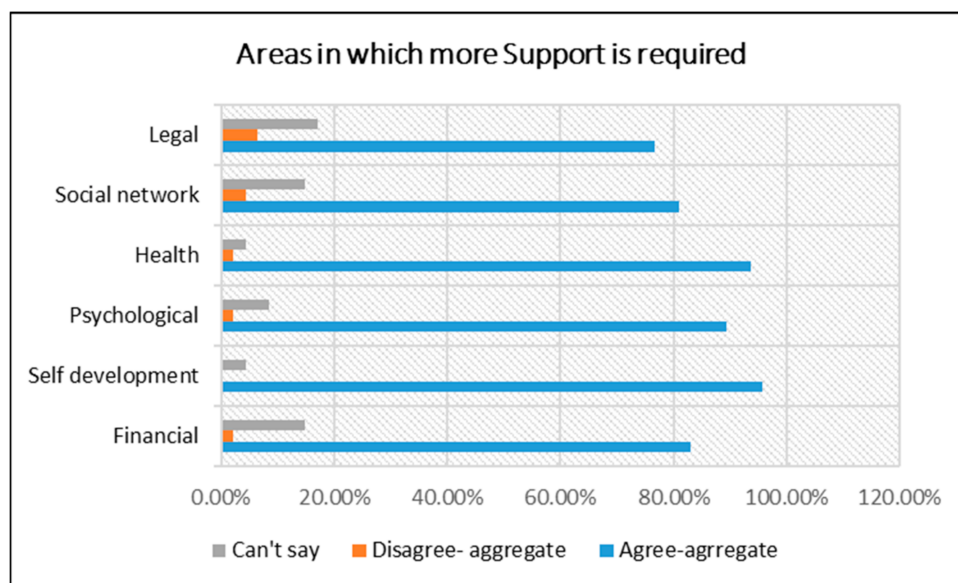


Figure 7. Areas in which more support is required.

7. Discussion and Way Forward: Improving the Practices of Supporting Care Leavers during and Post-Pandemic

The transition from being dependent and 'cared for' in the residential care homes to being independent, on one's own, in society, as soon as one turns 18, with either no support or inadequate support, is a burdensome process [19]. The findings of the study clearly indicate that a planned and supported transition can make a difference in the lives of Care Leavers, and can help them towards independent living. AOP intervention was able to provide those opportunities and support the Leavers towards independent living. This intervention, after its pilot phase, provides a provision of at least a 2 year, every-quarter follow up, and even when the support period is over, even when these youth have settled in life, they are always welcomed back to seek any further guidance or support. An ample amount of time was spent consolidating the learnings from the first year of AOP intervention, renewing the approach and strategy, and reviewing the outcomes. Through rigorous iterations, we were able to put together a clear strategic plan with a proper vision, mission, goal, and budget planning. Globally, many researchers also highlight the need for the Government to increase investment in areas such as infrastructure and affordable or social housing, which could meet the desired goals of stimulating the domestic economy and improving housing conditions for vulnerable groups [20]. The findings of this study, along with the past experience of dealing with these youth, also helped in the analysis of the internal strengths and external environment, documenting the key assumptions of the program, defining the key strategies, elaborating the strategy and tactics for each of the eight domains of the Sphere of Aftercare, and defining measures of success.

Our findings resonate with previous studies which emphasized the youths' desire for love and support, along with guidance and boundaries [21], as they desire for professionals to see them as more than a contractual obligation; rather, they want them to respect their growing independence along with recognising their vulnerabilities and current needs for a long time of impact [22,23].

Difficulties arising from the disruption to face-to-face social interaction (with peers and broader family) as well as in day-to-day routines will have strongly affected children and young people [24]. Professional efforts should be ensured to maintain communication with young people in order to prevent isolation and boredom, as well as ensure access to resources. Buddy systems or becoming part of a network can be allow the youth to help each other out while dealing with isolation during difficult times of life, as peer groups have been proven to provide support to these youth during the pandemic [24]. The focus on dealing with immediate and short-term crises is the need of the hour, as there are several

reports of young people who are anxious about basic provisions, living in inappropriate accommodation, and struggling with the absence of mental health support. There is a need for care to prioritise care leavers in the provision of mental health and psychosocial support services to further build their resilience to cope with the impact of the COVID-19 pandemic [11]. At the same time, there has to be a long-term intervention plan for the youth to turn their life around. The government needs to take up Aftercare interventions in a more focused way and in a scaled-up manner, rather than leaving it to sporadic interventions, as is possible for NGOs. The youth thus helped and mainstreamed can easily be motivated into becoming a resource for the future Care leavers, as was also mentioned in the study by [15].

Surveys based on representative samples of the population in consideration provide a much stronger evidence base, and this and other cross-sectional studies provide useful insights into the experiences of the pandemic and associated restrictions [25]. The AOP intervention, coupled with this study, clearly shows that there needs to be proper pathway planning, review and progression that enables individual, tailored support for all Care Leavers, and that this needs to be responsive to their practical, employment, educational, relational, emotional and financial needs. As stated by the AOP youth, Care Leavers were able to choose their desired course, which helped them to achieve their goals and made them job-ready. Young people must be part of all of the interventions related to them, which should be co-designed with Care Leavers at the center so that they maintain their interest and excel in the field they choose for themselves, as was also seen in the AOP intervention. Youth advisory groups are one way to build participation in organizational governance that is added to the existing structures of decision-making, and these involve ongoing advice to senior leaders. The “Self-story of Care Leavers” could potentially aid in ‘healing’, motivate other Care Leavers, and help in their integration into the outside world. All practices involving Care Leaving must focus on the eight domains of interventions, with being housing, education, employment, life skills, financial and legal literacy, physical and mental health care, and social relationships. A uniform national extended care standard is arguably needed more than ever in order to protect the rights and wellbeing of Care Leavers during COVID-19, and even beyond. Existing promising models could be scaled up at national levels, with monitoring and evaluation processes built into the frameworks. In the end, all Care leavers must partner with each other, become members of existing networks, or develop their own networks to ensure support to each other; Care Leavers Networks are the way forward.

Author Contributions: This paper is based on the research work conducted by K.M. and G.K.K. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: The study was a result of Aftercare Outreach Program of Udayan Care Organisation, therefore, no external approval was required from any Ethical Board as we follow our own child and youth protection policy at our organization and this study was according to the guidelines mentioned in that policy.

Informed Consent Statement: Informed consent was obtained from all youth respondents involved in this study.

Data Availability Statement: The data presented in this study are available on request from the corresponding author. The data are not publicly available due to privacy of the youth involved.

Conflicts of Interest: The authors declare no conflict of interest.

References

1. MOSPI. *Children in India Report—A Statistical Appraisal, 2018*; Ministry of Statistics and Programme Implementation, Government of India: New Delhi, India, 2018.
2. MWCD. Ministry of Women and Child Development Government of India. Government of India: Annual Report 2018. Available online: <https://wcd.nic.in/annual-report> (accessed on 23 December 2021).

3. Modi, K.; Sachdev, H.; Prasad, L. Udayan Care's (Sunshine Homes) after care programme: Successful transitions from children's home to independence. *CYC-Online* **2016**, *214*, 17–49.
4. SAIEVAC. Children from South Asia call for better care standards and child friendly services. In *Report of the SAIEVAC Children's Consultation and the Technical Consultation on Care Standards and Child Friendly Services*; SACG: Kathmandu, Nepal, 2011.
5. Oakley, M.; Miscampbell, G.; Gregorian, R. Looked-After Children: The Silent Crisis. Social Market Foundation. 2018. Available online: <https://www.smf.co.uk/wp-content/uploads/2018/08/Silent-Crisis-PDF.pdf> (accessed on 19 September 2021).
6. India: The Juvenile Justice (Care and Protection of Children) Act. Act No. 56. 30 December 2000. Available online: <https://www.refworld.org/docid/54c209764.html> (accessed on 15 September 2021).
7. Höjer, Y.; Sjöblom, Y. Voices of 65 young people leaving care in Sweden: "There Is So Much I Need to Know!". *Aust. Soc. Work.* **2014**, *67*, 71–87. [CrossRef]
8. Courtney, M.E.; Park, S.E.; Harty, J.; Feng, H. *Memo from CalYOUTH: Relationships between Youth and Caseworker Perceptions of the Service Context and Foster Youth Outcomes*; Chapin Hall at the University of Chicago: Chicago, IL, USA, 2019.
9. Díaz-Esterri, J.; De-Juanas, Á.; Goig-Martínez, R.; García-Castilla, F. Inclusive Leisure as a Resource for Socio-Educational Intervention during the COVID-19 Pandemic with Care Leavers. *Sustainability* **2021**, *13*, 8851. [CrossRef]
10. Gofen, A.; Lotta, G. Street-Level Bureaucrats at the Forefront of Pandemic Response: A Comparative Perspective. *J. Comp. Policy Anal. Res. Pract.* **2021**, *23*, 3–15. [CrossRef]
11. Bukuluki, P.; Frimpong-Manso, K.; Kato, F. Care leavers' experiences of COVID-19 in Uganda and Ghana: Implications for their mental health and psychosocial wellbeing. In *Mental Health Effects of COVID-19*; Academic Press: Cambridge, MA, USA, 2021; pp. 19–36. [CrossRef]
12. Jindal, P.; Suryawanshi, M.; Kumar, R. Preparing Care Leavers with Short- and Long-Term Interventions to Face Challenges of the Pandemic of COVID-19 in Asia. *Inst. Child. Explor. Beyond* **2021**, *8*, 90–97. [CrossRef]
13. Modi, K.; Kalra, G.; Prasad, L. Alternative Care in the times of COVID in India: Udayan Care's Response. *Ther. Care J.* 2021. Available online: <https://thetj.org/in-residence-articles/alternative-care-in-the-times-of-covid-in-india-udayan-cares-response-by-kiran-modi-gurneet-kalra-leena-prasad> (accessed on 17 September 2021).
14. Dadswell, A.; O'Brien, N. Participatory Research with Care Leavers to Explore their Support Experiences During the COVID-19 Pandemic. *Br. J. Soc. Work* **2022**, *52*, 291–310. [CrossRef]
15. Kelly, B.; Walsh, C.; Pinkerton, J.; Toal, A. "I got into a very dark place": Addressing the needs of young people leaving care during the COVID-19 pandemic. *J. Child. Serv.* **2021**, *16*, 332–345. [CrossRef]
16. McGhee, K.; Roesch-Marsh, A. *Bridging the Digital Divide for Care Experienced Young People in Scotland: If Not Now, When?* CELCIS: Glasgow, Scotland, 2020.
17. Roberts, L.; Rees, A.; Mannay, D.; Bayfield, H.; Corliss, C.; Diaz, C.; Vaughan, R. Corporate parenting in a pandemic: Considering the delivery and receipt of support to care leavers in Wales during COVID-19. *Child. Youth Serv. Rev.* **2021**, *128*, 106155. [CrossRef]
18. Madhavan, L.; Modi, K.; Chatterjee, S.; Goel, R.; Agarwal, S.; Upreti, A.; Dhanda, N.; Sharma, M. The role of long-term mentoring in alternative child care settings. *Child. Abus. Negl.* **2021**, *118*. [CrossRef] [PubMed]
19. Care, U. Beyond 18. Leaving Child Care Institutions: A Study of Aftercare Services. 2019. Available online: https://www.udayancare.org/upload/Reports/2019-20/Full%20report_%20Beyond%2018.pdf (accessed on 20 September 2021).
20. McQuinn, S.; Delnord, M.; Sweeney, M.R. Making the Lives of Children and Young People More Visible in Europe. Consensus on Child and Young People's Health and Well-Being Indicators for Europe: A Delphi Process. *Child Ind. Res.* **2020**, *13*, 951–966. [CrossRef]
21. Dixon, J.; Lee, J.; Stein, M.; Guhirwa, H.; Bowley, S. Corporate Parenting for Young People in Care: Making the Difference? London: Catch22. Available online: <http://www.york.ac.uk/inst/spru/research/pdf/CparentSumRep.pdf> (accessed on 31 January 2021).
22. Brown, R.; Alderson, H.; Kaner, E.; McGovern, R.; Lingam, R. "There are carers, and then there are carers who actually care"; Conceptualizations of care among looked after children and care leavers, social workers and carers. *Child Abus. Negl.* **2019**, *92*, 219–229. [CrossRef] [PubMed]
23. Rogers, R. 'I remember thinking, why isn't there someone to help me? Why isn't there someone who can help me make sense of what I'm going through?': 'Instant adulthood' and the transition of young people out of state care. *J. Sociol.* **2011**, *47*, 411–426. [CrossRef]
24. McCoy, S.; Smyth, E.; Watson, D.; Darmody, M. *Leaving School in Ireland: A Longitudinal Study of Post-School Transitions*; ESRI Research Series 36; ESRI: Dublin, Ireland, 2014.
25. Kühne, S.; Kroh, M.; Liebig, S.; Zinn, S. The need for household panel surveys in times of crisis: The case of SOEP-CoV. *Surv. Res. Methods* **2020**, *14*, 195–203.