



# Education, poverty and social exclusion: assessment of youth leaving care

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## Abstract

Amartya Sen's Human Capability Approach considers education a pivotal indicator of human development, and means to reduce poverty and social exclusion. In developing nations like India, education has remained inaccessible to many, especially vulnerable children and youth. Upon turning 18 years of age, youth who have lived in child care institutions are expected to leave care and transition into independent life on their own. While they receive basic education and vocational training in care, it falls short of quality higher education necessary for a smooth transition towards independent life. In an assessment of the situation of such youth in five States of India, Udayan Care, an NGO working with children and youth found that most of the Care Leavers (CLs) were forced to compromise on education and pursue jobs with low remuneration. This study examines the interrelatedness of education, poverty and social exclusion among CLs through secondary literature and empirical data from Udayan Care's national study. Analysing the findings from the lens of the Capability Approach, the gaps in provisions of educational support to CLs and subsequent limitations to address challenges of poverty and social exclusion of this population are highlighted, also making recommendations on ways to improve CLs' outcomes.

**Keywords** Poverty · Social exclusion · Education · Care leavers

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## Introduction

Amartya Sen (1999) argues that to evaluate well-being, it is important to consider what people are actually able to ‘be’ and ‘do’. The possession of commodities or wealth alone is not an accurate estimate of the well-being of people. An evaluation of well-being must be sensitive to both actual achievements (‘functionings’) and effective freedom (‘capability’). Here, ‘functionings’ refers to the various things a person may value and have reason to value ‘doing’ or ‘being’, and the ‘capability’ or effective freedom lies in the real opportunity that one has to accomplish what one values (Alkire 2005). The capability approach purports that achieving well-being is a matter of what people are able to do and to be, with freedom to choose the kind of life they are effectively able to lead. The approach is holistic in nature, and takes into consideration the evaluation of well-being at the levels of the individual, one’s social arrangements and of policies and proposals that bring about social change (Robeyns 2005).

The capability approach can be implemented at micro and macro levels (Crocker and Robeyns 2009). At the realms of the individual and social groups, it tells how well an individual or community is or has been, and allows for interpersonal evaluations and comparisons between groups and societies. In its broader application and as a normative framework, it expands beyond the lives of individuals and groups to evaluate and design policies, procedures and institutions towards social change and development (Wolff and De-Shalit 2007). By evaluating policies and other social changes according to the impact they have on people’s capabilities and their actual functionings, the capability approach asks important questions. Among some of them are whether individuals can be healthy, have access to quality education, and have real political engagement, while also examining whether the resources or means for these capabilities, such as clean water and sanitation, the establishment of schools and universities, and community participation and activities to support the citizens, are available.

Sen (1985) argued for five components in assessing capability; the real freedom in the evaluation of an individual’s advantage, acknowledging the differences between individuals in their ability to transform resources into valuable activities, the multivariate nature of activities that give rise to happiness, maintaining a balance of materialistic and non-materialistic factors in the evaluation of human welfare, and lastly, concern for the distribution of opportunities within society. It takes an ideological approach by prioritizing peoples’ freedom to achieve and the opportunities available to them to realize these achievements. It, thus, encourages attention on fairness resulting from economic activity when appropriate public policy changes are made, distinct from other approaches to examining well-being that emphasize on subjective or materialistic factors, such as one’s happiness or income (Robeyns 2005).

Physical and mental health, education, social inclusion, and social network have been considered key components of capabilities (Sen 2008). Theories that centre around human development, such as that put forth by Amartya Sen and Mahbub ul Haq, succeeded in expanding the range of objectives normally

considered in the development debate, moving beyond sole focus on economic output and growth, and redefining gross domestic product from an end in itself to just one of the possible means or instruments to developmental goals (Stiglitz et al. 2010). This widening of perspective illuminates the significance of public goods such as health and education (Mander 2016). Using the capability approach, this paper attempts to assess education, poverty and social exclusion of youth leaving care in India (also called Care Leavers). An attempt is made to develop an understanding of the interlinkages between poverty, education and social exclusion in determining the capabilities of the individual, a group and the society at large, which in the context of this research encircles Care Leavers and youth in the larger context of Alternative Care.

### **Education, poverty and social exclusion**

Broadly defined, education is the process of facilitating learning, or the acquisition of knowledge, skills, values, beliefs, and habits (Lamichhane 2018). Education extends beyond literacy and enhances the ability of people to apply the knowledge acquired in the process of reading and writing, for one's own growth and development, and subsequently that of others. Education has the power to strengthen governance, enhance quality of life, establish unity and peace, spark innovation, and essentially guide positive human pursuits. The words of the first Education Minister of independent India, Maulana Abul Kalam Azad, captures the essence of education as a fundamental human right:

Every individual has a right to an education that will enable him to develop his faculties and live a full human life. Such education is the birth right of every citizen. A state cannot claim to have discharged its duty till it has provided for every single individual the means to the acquisition of knowledge and self-betterment. (Sharma 2010, p. 89).

In India, education has indeed brought about revolutionary changes since historical times, fighting against many social evils, eliminating lethal diseases and reducing poverty to a large extent. Robertson (1988) and Rao (2004) note the influence of English education in social movements of the seventeenth century, and the social reform movements of seventeenth and eighteenth century and the green revolution are some examples that stand testament to this. Contact with the culture and education brought in by the West through colonization, from early nineteenth century, sparked the social and religious reform movements in India (Panikkar 2017). Educational outcomes in India have been on the rise ever since, and the last half-century has seen an expansion of educational outcomes, as measured by the time spent by an individual in school (Jalan and Murgai 2008). Kumar (2006) argues that while India has witnessed advancements in the education sector, the progress has by and large failed to consider the social and economic segregation in Indian society, which has led to a discriminatory spread of education. He asserts that with the commercialization of education, when the purchasing capacity of a large population of Indians remains low, 'buying' quality education becomes difficult for disadvantaged and

vulnerable groups (Kumar 2006), as is the case with children from families facing deprivation and poverty, children from disadvantaged social groups (e.g. Dalits), orphaned and abandoned children, and children in institutional care, among others.

It may be argued that further developments to education in India are necessary to eradicate poverty and promote social inclusion. The rapid economic growth of India since the 1980s has seen an increase of inequality in outcomes, indicative of widening inequalities in opportunities (Jalan and Murgai 2008). This inequality is intrinsically concerning for society, as it directly impacts the development process (World Bank 2005). In his lectures on the education crisis in India, Sen emphasized the administrative neglect by which the education policies of the country failed to consider the economic and social forces in operation (Sen 1970). On the importance of education, he asserts the need to close educational gaps, and remove the disparities in educational access, inclusion and achievement, to create a world that is more secure and fair (Sen 2003).

Poverty is generally understood in terms of lack of income and basic necessities for living, such as food, shelter, clothing, and access to medical facilities and education. While lack of such resources are an important dimension to the concept of poverty, Sen (2000) states that the lack of “*freedom to undertake important activities that a person has reason to choose*” also leads to an “*impoverished life*”. The definition of poverty by the Committee on Economic, Social and Cultural Rights (2001) endorses a broad and multi-dimensional view;

A human condition, characterized by sustained or chronic deprivation of resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, social and political rights.

Misra (2013) affirms the need to encourage education to foster economic growth and social development, as education forms the base of all activities in life. In their Nobel prize winning work ‘Poor Economics’, Banerjee and Duflo (2011) argue that to counter global poverty effectively, the questions on education and healthcare need to be simplified. The transmission of knowledge and promoting education are considered prerequisites for the production of highly competent experts, which in turn contributes to the development of organizations and a knowledge-based economy that enhances the human capital of a nation (Adedeji and Campbell 2013). Individuals and communities that lack the financial capabilities to pay for food, shelter and clothing are in no position to consider other expenses such as health care and education.

Social exclusion refers to the ways in which individuals or groups may become cut off from full involvement in the wider society. Social exclusion is often a corollary to poverty, and includes wide-ranging factors preventing individuals or groups from having access to opportunities open to the majority of the population. The conceptual connections of social exclusion with the notions of poverty and deprivation have been established, especially in the context of understanding poverty as a capability deprivation (Sen 2000). While the definition of poverty has inadequacy of income at its core, it has been argued that poverty may also be seen as poor or impoverished living, which according to Aristotle (Ross 1956), is a life without the

freedom to choose significant activities that one has reason to choose, a concept also echoed in the works of William Petty (Hull 1899), Quesnay (1756) and Smith (1776).

Sen (2000) elucidates the multi-dimensional nature of poverty, as understood from the standpoint of the capability approach, connecting it with the distinct capabilities and functionings that all individuals have reason to value, fundamental among which is the reason to value not being socially excluded or to value positive social relationships. The aspect of deprivation emphasized by Smith (1776), as one's ability of being in public without shame, resonates with social exclusion as a type of capability deprivation. Being part of community life, feeling connected to one's society, and being able to maintain healthy and supportive social relationships thus contribute to a richer and more fulfilling life. Social exclusion can hence be seen as a constituent of the broader concept of poverty. Furthermore, being excluded often leads to other deprivations, such as a lack of access to quality education that stifles an individual's potential, also leading to deprivations in terms of basic needs such as sustenance and shelter. Sen (2000) proposes that social exclusion may thus be considered a part of capability deprivation, and causal in diverse capability failures.

It is supposed that social, educational and legal systems operating in societies cause interlinkages between poverty, education and social exclusion, making some social groups and communities particularly vulnerable to deprivation and lack of access to opportunities. One such social group is that of Care Leavers (CLs); youth who transition out of Child Care Institutions (CCIs) and towards independent living, on attaining adulthood at the age of 18 years. Aftercare is the provisioning of care and support to youth leaving Alternative Care settings beyond the age of 18 years, to enable independent living and community integration. Ideally, Aftercare support and guidance is provided until youth are able to live independently within the community, which often implies provisioning of support until approximately 23 years, plus or minus depending on the unique needs of each CL. Guidance, mentoring and support can extend well beyond formal Aftercare provisioning, with some CLs developing lifelong bonds with the care providers. However, to what extent Aftercare support services cater to these needs of the CLs, particularly in the context of India, is explored in the findings of the present study.

When compared to their peers, CLs are expected to become independent in their journey towards adulthood at a much younger age and in expedited time (Lister 1998; Stein 2005). Many among the youth have no other support systems to rely on, and leaving care implies that they cannot return should they face any problems (Dixon and Stein 2005). Left alone to manoeuvre through major life transitions and decisions, such as determining which path to choose with their higher education and eventual career, many youth feel excluded and isolated upon leaving care at 18 (Coleman and Hendry 1999).

### **Education and outcomes of youth leaving care**

Research indicates poorer educational and independent living outcomes of CLs, in comparison to their peers in family care, making them more vulnerable to lower

educational qualifications, lesser participation in collegiate education, unemployment, becoming young parents, criminal behaviours and psychological difficulties (Stein 2005). While poverty increases the likelihood of a child being placed in out-of-home care, a young person is also often exposed to poverty when they 'age out' of care. When adolescents in out-of-home care approach the care leaving age (usually 18 years of age), they are at high risk of material disadvantage (Munro and Stein 2008). One reason for this is the considerable reduction in formal support for this group after 18 years of age, which often results in a quick transition to independence. This group experiences high rates of homelessness (Thoresen and Liddiard 2011), unemployment and poor educational outcomes (Mendes and Moslehuddin 2006).

The experiences of CLs thus illustrates how material disadvantage and marginalization comes together in social exclusion, as denoted in social policy discourse (Hill et al. 2004). The social exclusion of CLs is compounded by their being in residential care in the first place, where feelings of loss, displacement and lack of control are prevalent among the children and youth (Hayden and Goddard 1999). They are further disconnected by disadvantages in the forms of multiple care placements, schooling disruption and social stigma (Polat and Farrell 2002).

## Scenario in India

The present educational, social and legal systems in India do not provide sufficient support to CLs to enhance their capability. Despite several legal provisions (Article 21 A, Article 39 (f) of the Constitution of India; Right to Education Act 2009; UNESCO 2015 Commitment for Universal Education), the Census of India (Chandramouli 2011) shows that 38 million children aged 5 to 19 years are engaged in work, most of them school dropouts, underpaid, harassed and ill-treated. A recent Ministry of Statistics and Programme Implementation report shows 23.6 million children at a vulnerable stage, and at least 0.35 million in registered CCIs (Government of India 2018). Many among these children do not have access to quality education, significantly limiting their potential and opportunities as they transition out of care. The Juvenile Justice (Care and Protection of Children) Act, 2015 and the Juvenile Justice (Care and Protection of Children) Model Rules, 2016 contain legal provisions that make Aftercare of children, who have attained the age of eighteen years and are leaving a CCI, the responsibility of the State, for three years after they turn 18 years and age out of an institution, and in exceptional circumstances, for two additional years. Yet, despite clear policies and laws in place, a recent national study (Udayan Care 2019) found that CLs need special attention and strategic importance both locally and at the State level, for them to succeed in getting rehabilitated meaningfully, which most of the time is not forthcoming.

The rationale behind this national research, the first of its kind in India, was to make Aftercare a priority in the already nascent and developing space of Alternative Care, recognizing its integral role to rehabilitate CLs, through their voices. Realizing the inadequate availability of Aftercare infrastructure and support in States across India, and a complete absence of empirical data vis-à-vis challenges and

opportunities for CLs needing Aftercare support, the research aspires to contribute to the evolution of Aftercare to enable CLs' access to opportunities through structured support. In the light of the findings from the national research, the present paper attempts to understand the correlation between education, poverty and social exclusion in India, by keeping CLs at the centre.

## Methodology

Using the capability approach as the foundation, the present paper assesses the situation of CLs from the lenses of education, poverty and social exclusion. Information on CLs has been derived from the national research on Aftercare conducted by Udayan Care in partnership with UNICEF and Tata Trusts, titled *Beyond 18, Leaving Child Care Institutions—A Study of Aftercare Practices in Five States of India (2019)*. The study employed a mixed method approach with descriptive research design using both quantitative and qualitative methods of inquiry in tandem. The study used a diverse set of tools for data collation with an interwoven mechanism of triangulation, for better understanding the lives of the CLs and the views of the stakeholders engaged in Aftercare.

## Sample

The sample of the study included CLs who attained the age of 18 years and had exited a Children's Home in the States of Delhi, Gujarat, Karnataka, Maharashtra and Rajasthan. The study also included a small proportion of CLs who had initiated exit a little before 18 years. A total of 435 CL respondents were reached out to by adopting a stratified convenience sampling method for conducting the interviews, based on their age, sex and CCI type (Government or NGO). The necessary criteria for the selection of respondents were that each respondent must have grown up in a CCI and must be older than 18 years of age.

For a shared understanding on Aftercare in the State, along with CLs, the research in each State brought together a sample of over a 100 Key Informants (KIs), who included representatives of various CCIs (Governmental and non-governmental), Aftercare providers/programme managers, and social workers, practitioners, experts, policy-makers, activists and scholars in child protection, and State officials (Representatives of Department of Social Justice & Empowerment (SJE), Department of Women and Child Development (DWCD), Child Welfare Committee (CWC) Members and Juvenile Justice Board (JJB) Members, District Child Protection Officers (DCPOs) and State Child Protection Officers (SCPOs), District Women and Child Development Officers (DWCDO), Child Welfare Officers, Probation Officers, Social Workers, and Case Workers). Inception consultations were held at the initial stage of the research to develop an understanding on the situation and collate secondary data. Focus Group Discussions were also conducted with the KIs and youth in each State, and round table discussions enabled the sharing of draft findings of the study and seeking inputs on the recommendations (Table 1).

**Table 1** CL sample and data collection specifications

Study duration and interviews conducted

Sl. no	States	Total CLs	Periods of research	KIIs	FGDs	Case studies
1	Delhi	55	February–April 2019	10	–	3
2	Gujarat	84	November 2018–May 2019	20	3	5
3	Karnataka	108	April–December 2018	14	3	5
4	Maharashtra	107	April–October 2018	20	3	5
5	Rajasthan	81	September 2018–April 2019	20	3	5

FGDs in Delhi took place at the pilot level and were hence not conducted again

### Ethical considerations

Semi-qualitative questionnaires were indigenously developed, keeping sociocultural specifications and sensitivities of the cohort in mind, based on Udayan Care's experiences and knowledge in the Out-of-Home Care (OHC) space for over 25 years, and in consultation with experts, academicians and researchers working in this domain. The research protocol, along with the current study's design, methodology and tools, were approved by Suraksha Independent Ethics Committee, Committee for Scientific Review and Evaluation of Biomedical Research. All efforts and considerations were made to follow high standards of ethics, objectivity, and rigour. Internal research and ethics protocols were followed to set clear ethical standards for maintaining confidentiality, dignity and privacy of respondents. All the data from the respective respondents were collected after due consent and clear explanation of the research objectives, along with assuring the use of information for research purposes only. Scientific credibility, along with proper follow-up of protocols, was ensured.

### Procedure

An extensive review of literature was conducted as part of the national Aftercare research process, involving international and national research studies, journals, periodicals, laws, policies, and practices on Alternative Care, with special focus on Aftercare. Statistics were collected from different Government and civil society reports and surveys. For this paper, an exploration of economic theories of human development, more specifically the capability approach by Amartya Sen, and its explication of the concepts of poverty, education and social exclusion, were conducted. This was done by examining established economic theories and international and national research studies. The analysis and findings of the national study were pitched against the derived interlinkages between the variables being considered in the present paper and its direct relationship, influence and impact in the lives of CLs, and in the broader context of Alternative Care for children and youth.

The study has put forward the concept of a 'Sphere of Aftercare' that can help reintegrate CLs to mainstream society (Fig. 1). It defines a comprehensive



**Fig. 1** Sphere of aftercare (Udayan Care 2019)

ideology of rehabilitative support and services for CLs transitioning out of care and is a robust tool to develop them to face the realities of life, once they leave the protective environs of Alternative Care settings. The ‘Sphere of Aftercare’ framework divides the scope of Aftercare support/services into eight distinct, but interdependent domains that are essential for CLs mainstreaming, as they transition towards independent living.

None of the eight domains of the Sphere can be ignored for any CL. As CLs transition into independent life, they may require support/services under one or more of these domains depending on their unique needs and aspirations. In this paper, particular emphasis is given to exploring the outcomes of CLs within the domains of ‘Educational and Vocational Skills’ and ‘Social Support and Interpersonal Skills’, as it directly relates to the variables under consideration, namely, education and social exclusion. Poverty remains the overarching factor that impacts all the domains of the Sphere in different ways.

A composite score for each of the eight domains was computed to develop a domain index. Each of these eight domain indices consisted of anywhere between 3 and 18 polar questions that can be answered in either ‘yes’ or ‘no’. A positive answer was assigned a score of ‘1’, while a negative answer was assigned a score

of '0'. Average score for these selected questions equalled respondents' 'Domain Index Score'. Depending on their domain index score, each CL was categorized into having an 'Unsatisfactory', 'Neutral', or 'Satisfactory' score for that domain. Further analysis and correlations were conducted on the domain index scores and their categorisation. The scores for each of the eight domains were added and averaged out to give the overall Aftercare Quality Index (AQI) for each CL. Additionally, two more indices were developed for the transition planning, which is seen as a phase that precedes Aftercare and is the preparatory period at CCI before transitioning. The two indices capture the childhood experiences and skill development of CLs, while they were in the CCI before 18 years.

Case studies detailing the experiences of CLs in care and in their transition to adulthood were developed (an extract from one such case study is explored among the findings). The case studies were categorized on the basis of Professor Mike Stein's analysis of research studies following up young people from care. Conducted over 30 years, it identifies 3 main outcome groups (Stein 2012) situated within a Resilience Framework: young people '*moving on*'—who demonstrate greater resilience; '*surviving*'—who have faced greater disruptions; or '*strugglers*' (formerly termed 'victims')- who have the highest mental health needs and have faced the most barriers to help (Stein 2006, 2012).

## Findings

### Education: opportunities and outcomes

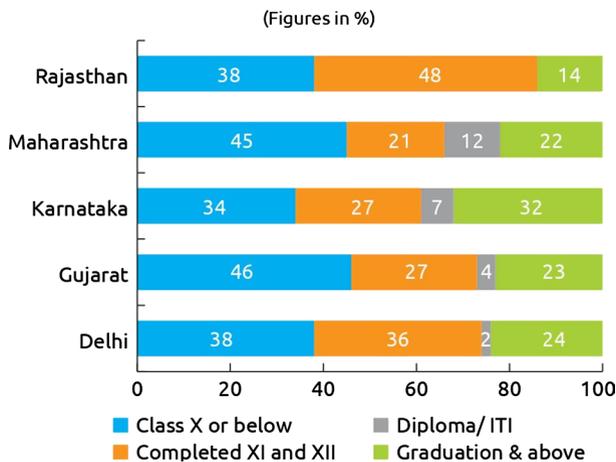
Examining the situation of CLs from the lens of education, it was found that 1 out of 5 CLs dropped out of school when they were in CCIs. Among the primary reasons for this were lack of financial support, frequent shift in placements while in care, not receiving age appropriate admission in schools, lack of motivation due to past trauma, disrupted education, pressures of earning to sustain themselves, lack of time or merely absence of guidance. The children and youth in care face both issues of accessibility as well as the quality of education accessible to them. It was found that 21% of all CLs did not receive education as per their wishes in the CCIs. This was the first barrier for them to be able to achieve their full potential and explore life options accordingly. The education of CLs was further impacted during the transition to Aftercare, as it was found that 34% CLs had to discontinue education on transition to Aftercare as can be seen in Table 2. Youth transitioning from care are marginalized due to discontinued or inadequate educational support, low level of skills and poor employability training. In-depth interviews with the CLs indicated that many had to wait a long time to resume education when transitioning to a new place while they were in care, as transfer of educational documents took time. Education of female CLs is impacted because of stigma, patriarchy, issues of safety and security, and an overarching lack of guidance throughout their childhood. While the study findings are not conclusive in reporting the impact of gender on educational attainment of CLs in CCIs or during transition out of care, results reveal that despite a comparable

**Table 2** Stay in CCI and impact on education (figures in %)

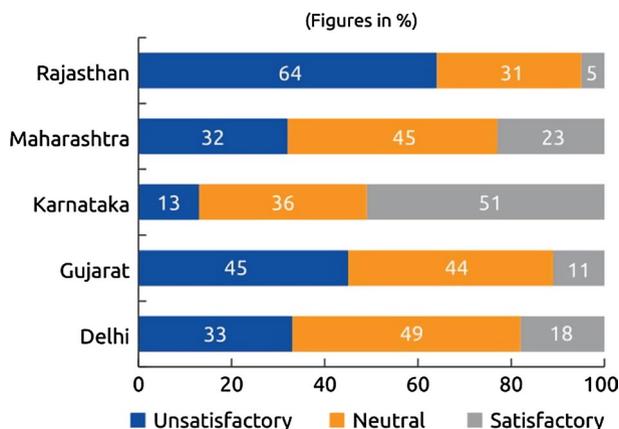
	CLs discontinued education in CCI	CLs discontinued education in transition
Delhi	27	40
Gujarat	24	48
Karnataka	23	31
Maharashtra	16	31
Rajasthan	16	22
Total	21	34

proportion of female CLs (26%) receiving higher education to males (25%), much fewer females (31%) join the workforce as compared to males (61%) and therefore struggle for financial independence. A discrimination in outcomes based on gender is postulated, and requires further research to establish (Fig. 2).

The age of 21 years for Aftercare was perceived to be restrictive, as children who opt for higher education need to be supported far longer. Vocational skills are an integral part of preparing CLs for employment along with education. The study analyses the trends in the nature of skills acquired and the perception of its adequacy among CLs. It was found that only 27% of all CLs reported their education and vocational training skills to be satisfactory. CLs who are not able to pursue higher education lose the possibility of career growth in life. For those who opt for vocational skills, the range of skill options available are few, leaving little space for CLs to explore skills in accordance to their interest and aptitude. Furthermore, the transition of CLs out of care also impacted their education in multiple ways, including discontinuation, delays and poor academic performance. According to the stakeholders in the study, the cost of higher education



**Fig. 2** Highest education of CLs by state



**Fig. 3** Academic and Employability Skill Index by state

was substantially high when compared to the Aftercare allowance, leading to CLs missing life transforming opportunities (Fig. 3).

### Challenges in social integration

Considering social exclusion, the very separation of children from families and placement in CCIs limits their exposure to the larger community, in turn creating challenges of learning social and interpersonal skills. Starting to live independently becomes arduous for CLs who have had a constrained life in a CCI and have little or no family support. CLs reported facing recurring emotional distress, and worryingly, it was found that access to mental health services declined during transitions from care to independent living; an alarming 78% of CLs did not seek professional help for the emotional distress they experienced. They face bigger hurdles in their integration as members of the community, as more than half the CLs did not have essential legal documents (PAN card, passport, voter ID etc.), a clear indication of their exclusion from fundamental governance processes. A KI explains “*The main challenge to overcome is the indifference, and even fear, of the society towards CLs, as they don’t come from a ‘normal’ family structure. So, to get accepted without being confronted by society and not be stigmatized is a challenge.*” 60% of the CLs reported being unaware of Aftercare provisions under law, and unaware of Government and social supports they can avail that could help them in their transition to independent living. 44% CLs received no training on household economics and management, and 47% of CLs among 435 shared that they struggle to maintain relationships with family, peers and the community at large.

That the average monthly income of CLs was found to be between INR 7000 and 8000, lower than the minimum wage of semi-skilled or unskilled workers, attests to the analysis of their outcomes from the poverty lens. 48% CLs reported not having an independent source of income. A significant 37% reported that their income is not enough to cover their cost of living, while 1 in every 4 CLs (26%) reported being

unable to or not in the habit of saving money, indicating their economic vulnerability. 70% of the CLs were not given any formal exposure to financial literacy, or opportunities to learn household economics. It was also found that two out of every three CLs are unprepared with respect to Independent Living Skills. A distressing finding was that more than half of all the CLs did not receive housing support and were subjected to periodic homelessness. This is not surprising given the insufficient budgetary provisions and financial allocation for Aftercare, at INR 2000 per month, inadequate to provide comprehensive Aftercare services.

## Discussion

Amartya Sen's capability approach argues that an individual's welfare cannot be measured from one's income but from what one is able to do, be or achieve; one's 'capability'. Limited access to education, compromise on good healthcare facilities and lack of access to vocational training keeps most of the CLs out of school or higher education, forcing them into poverty and marginalization. The results of the study bring out how a significantly large number of CLs do not have access to quality higher education, and do not receive adequate support and provisions in their transition to independent life.

Starting to live independently is a challenge for any young person and a considerably bigger challenge for the CLs who have had a constrained life in a CCI and have little or no family support. Living in an institutional setting does not provide CLs with hands-on opportunities to learn household economics, nor are they given much formal exposure to financial literacy (O'Neale 2013). Though financial independence is an important component of independent life, the stress of CCIs and Aftercare services is largely on enabling them to earn. Notably, prior research conducted in India indicates income insufficiencies experienced by many CLs, regardless of whether they received Aftercare support (Bhargava et al. 2018). Apart from securing adequate housing, acquiring life skills, forging and maintaining relationships, and taking care of their mental and physical health, CLs face tremendous pressure to start earning and becoming financially independent at the tender age of 18 years. The burdens of having to manage multiple domains of their lives as they transition out of care, without appropriate support, could pose numerous risks to their psychosocial health and well-being (Ahuja et al. 2017).

The study also found that there is a lack of awareness among CLs of their legal and economic position, as they are not informed of their legal rights and responsibilities and how to access them, aligning with prior research (Karandikar and Char-geaonkar 2019; Shankaran 2018). The objective of legal literacy is to ensure that citizens, particularly marginalized or underprivileged groups, can obtain the benefits that law seeks to offer them, which stands defeated in the case of CLs. This is yet another indicator that CLs are being excluded from the governance process. It is surprising that more than 60% of the CLs are not aware of Aftercare provisions under law, which implies that they do not even know what they can expect from the Government as support. All these restrictions on their capabilities pushes CLs to remain isolated and stressed.

## The capabilities of care leavers

The results from the study signified major gaps in Aftercare provisions and support for CLs in India. The tenacity and resilience of CLs, however, instil much hope in their being able to soar if this structural neglect of CLs is addressed and they are supported to achieve to their goals.

Among the primary structural deficits is that basic vocational skills find priority over higher education, as they create quick employability with lesser investment in Aftercare. This approach, however, is often restrictive to the future growth of CLs in accordance to their true potential. Interviews revealed that CLs are made to opt for low-end vocational skills as a compulsion, as earning immediately becomes a non-negotiable. The CLs do not have access to a range of choices in education or vocational training (effective freedoms/capabilities) that relate to their interest and are not aware of market value and future opportunities related to those skills. A CL pursuing vocational training says, *“I have no other choice but to do this training to secure a job.”* While the National Skill Policy in India has crafted ways of integrating education and vocation for a growth path in life and career, neither the stakeholders nor the CLs are aware on how to plan long-term growth trajectories for CLs (Karandikar and Charegaonkar 2019). This is further exacerbated by the exclusion of CLs from many schemes on education, health, and career, which are applicable only to those from vulnerable families.

The capability approach requires an assessment of CLs' lives; not merely the kind of lives they manage to lead, but also the freedom that they actually have to choose between different styles and ways of living. Non-availability of freedom to choose the means to reach an end reduces the capabilities of CLs. Connecting to the three principles within the capability approach, an evaluation of the situation of CLs at the levels of individual well-being, social arrangements, and policies and proposals for social change, is necessary. Ensuring access to good emotional and physical health, placement in suitable Alternative Care, and access to quality education, vocational skills training, and opportunities while in care, can boost the well-being of CLs at the individual level (Atluri et al. 2018). Addressing their housing needs, supporting them to develop and nurture healthy social relationships, facilitating their higher education, and enabling community support systems, such as through the collectivisation of CLs as an independent support group, can contribute to enabling the social arrangements necessary for them to succeed. Policies and proposals for social change are crucial, as they play a determining role in impacting the outcomes and experiences of CLs at the individual and social levels. Declaration of CLs as a vulnerable group, and their inclusion in all the schemes for the vulnerable and marginalized, with regards to education, health services, jobs and housing, among other fundamental needs and rights as citizens, could establish the base from which all CLs, without exception, can thrive. As a KI shares *“Children living without families have huge potential too and a little help can make a huge difference in their lives”*.

## A case analysis

Surya (*Name changed to protect identity*) is 28 years old. He is working as a chef and has received Aftercare support from an NGO-run Aftercare institute. Surya was placed in his CCI at the age of 7. He shares that he knows nothing of his birthplace or family.

Surya is disappointed due to the lack of support from his CCIs in his educational pursuits. He was only able to complete up to grade 4, and with the constant shifts in CCIs, was unable to obtain the transfer certificate from his last school, because of which he was denied admission to other schools to continue his education. As years passed, Surya continued to express his interest to study to his CCIs but was given the response that he was too old to resume from the grade that he had left off. When he became older, he was enrolled in a welding and plumbing course, a vocation that was not of his interest. Surya had at one point aspired to pursue a job in Government services, but the lack of educational support has put an end to this dream. When asked about whether he would like to go back to pursuing his education, he states that he does not feel confident anymore. Education is a powerful tool capable of transforming the lives of individuals by helping them realize their potential. That such a basic right is being neglected in some CCIs must be addressed and rectified. Among the first components of Sen's (1985) approach in assessing capability, that is, the real freedom in the evaluation of an individual's advantage, has been wholly neglected in Surya's case. Neither was he supported to overcome the hurdles in the way of completing his basic education, nor was he encouraged to pursue the career of his aspirations. The number of children and youth in care experiencing the same and even poorer educational outcomes have been evinced from the research findings shared above. The loss of human capital and potential to the society and to the economy can only be gauged when this large section of its citizens are restricted and excluded, tying to yet another requisite principle of the capability approach; concern for the distribution of opportunities within society.

Surya was provided Aftercare services in the form of financial support towards his accommodation and food. He was also supported to find jobs so that he can become independent. Surya has over ten years of work experience in the field of hotels and hospitality. He started with a salary of INR 2000 per month and is now earning INR 10,500, which he states is too less to fulfil his career goals. He aspires to start his own laundry business but is unable to put together the funds to start his enterprise. In the past, his interest found him setting up a pest control business, for which he received financial support from his Aftercare institute. However, since he received no guidance on the legal processes involved in establishing a business, he had to eventually shut down and had incurred significant financial losses. Surya's situation highlights that financial support, when not backed by appropriate financial and legal literacy, may not be of help to youth in the long run in establishing themselves as independent adults.

In Surya's opinion, CCIs and Aftercare must help youth secure important documents required to establish themselves in society, the lack of which in his own case led to his being deprived of an education. He believes that apart from providing basic support such as food, accommodation, and education, Aftercare must also

provide youth with counselling and guidance so that they can take more informed decisions with respect to their career as well as interpersonal lives.

While Aftercare did help Surya to some extent, limitations in provisions may have impeded his growth and development in a few areas of his life. Among the fundamental eight domains of the Sphere of Aftercare, his experiences indicate a significant lack of inputs in at least five domains, namely higher education and vocational skills, financial independence and career, mental and emotional well-being, identity and legal awareness, and interpersonal skills and social relationships. His outcomes may have been significantly different if his capabilities were recognized and nurtured; at the individual level, with educational support to pursue the career of his interests; at the societal level, through positive social relationships with secure attachment, and mentoring and guidance to enable him to reach his educational and career goals; and at the policy level, schemes and proposals by which he could be integrated in society and have equal access to basic rights such as education and health.

## Conclusion

Being in 'care' need not always lead to exclusion. A positive relationship has been found between the certain care practices and educational success among children and youth in care (Jackson and Martin 1998), creating for them choices in 'doing' and 'being', and leading to social inclusion and self-acceptance. Foremost among these are stability at the care home and the successive continuity of education, with support received from sensitive, trained carers, capable of also addressing the mental health concerns of the children. Having a solid friends' group in and outside of care and developing a relationship with a significant adult mentor qualified and capable to offer consistent support and encouragement has been found to address the interpersonal needs of the children and youth. It is also crucial that children and youth are prepared prior to leaving care and Aftercare Support, so that their transition to independent life is made smoother and more successful. They must be educated on health (physical and mental), self-care skills (personal hygiene, diet and health, including sexual health), practical skills (budgeting, shopping, cooking and cleaning), and interpersonal skills (managing a range of formal and informal relationships, in family or at work).

Children and youth must also be supported to recognize, develop and pursue their own unique strengths, values and choices, as their sense of well-being emerges not only from their access to material support and services but because of 'functionings' (actual achievements) and 'capabilities' (freedom to do what one values). Guidance and hand holding must continue until they are able to stand steady on their feet, as integrated, valuable members of the community.

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**Data availability** The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request. The data is protected with Udayan Care in both physical form and soft copy. This has been made available for review with our partners for the project (UNICEF and TATA TRUSTS) in a codified form, while maintaining the anonymity of the data.

**Code availability** Data was codified and anonymity of the respondents was maintained. SPSS was used for data entry and analysis, all of which is protected and owned by Udayan Care. Qualitative data was thematically analysed using Microsoft Excel platform using colour coding.

## Declarations

**Conflict of interest** The authors have no conflicts of interest to declare that are relevant to the content of this article.

**Ethical approval** The research protocol, along with the current study's design, methodology and tools, were approved by Suraksha Independent Ethics Committee, Committee for Scientific Review and Evaluation of Biomedical Research.

**Informed consent** Informed consent was obtained from all individual participants included in the study. All the data from the respective respondents was collected after due consent and clear explanation of the research objectives, along with assuring the use of information for research purposes only.

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