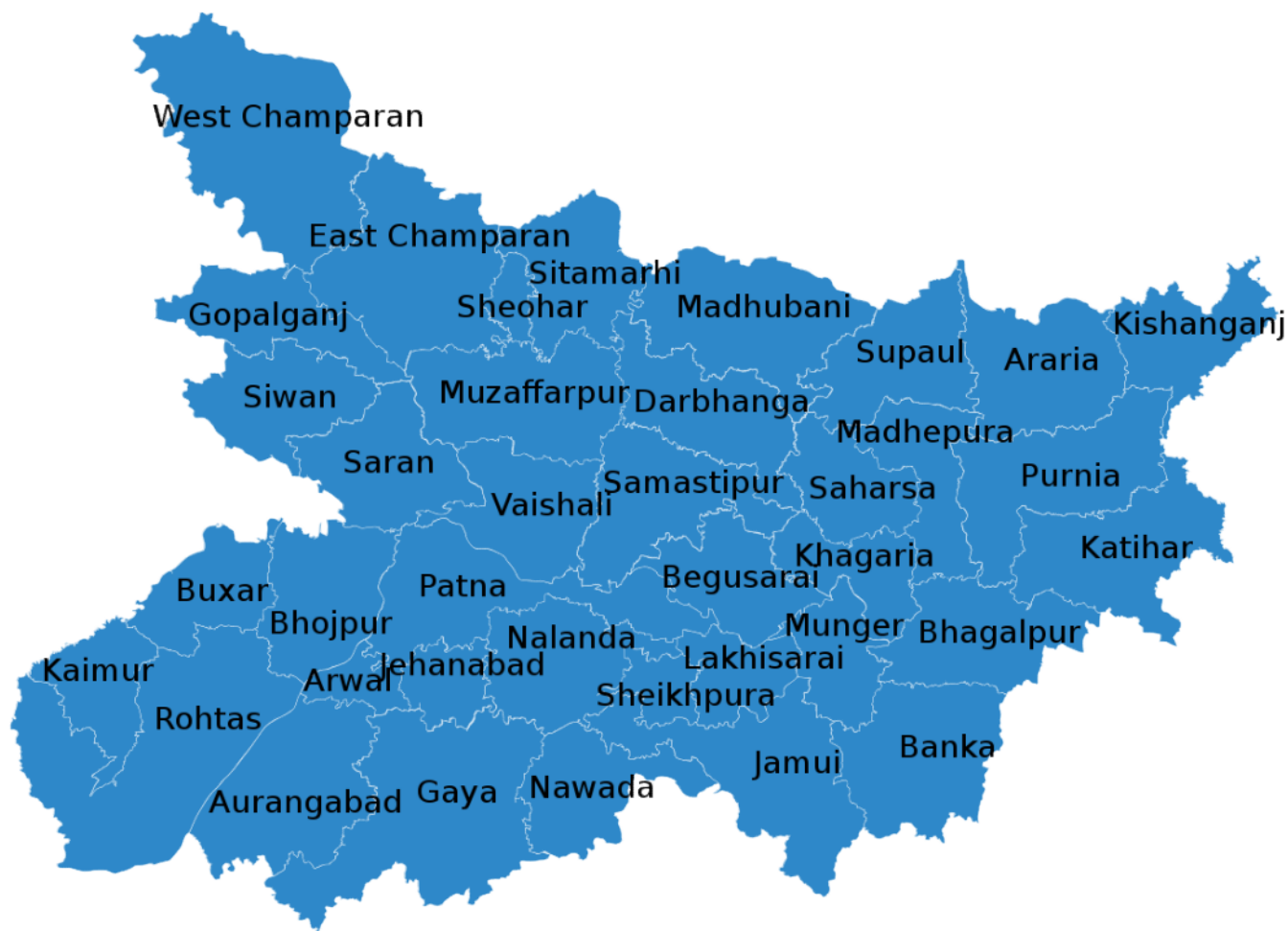


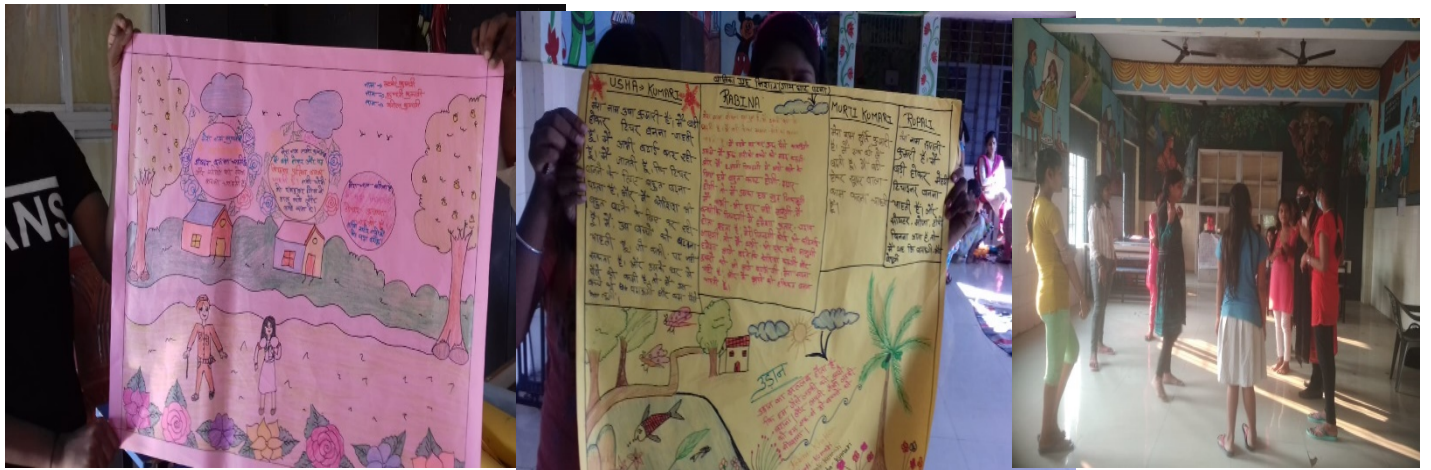
Mapping the Situation of Children aged 15 years and above and Residing in Bihar Child Care Institutions

A Study Report



Contents

1. Executive Summary.....	3
2. Introduction.....	10
3. Methodology.....	12
4. Key Findings.....	15
4.1. Quantitative Data Findings and Analysis.....	15
4.2. Qualitative Data Analysis.....	23
4.2.1. Interview with Key Government Officials.....	23
4.2.2. Key Findings: Interviews of 26 children in 2 CCIs of Patna & one CCI of Gaya.....	24
5. Recommendation.....	26
6. Conclusion.....	28



1. Executive Summary

Background:

With 58% population of Bihar under 25 years, Bihar has the highest proportion of young people, with 11% of India's population. According to Jena Committee Report 2018, eighty-four Child Care Institutions including thirty-one Children Home, twenty-four Shelter Home, twelve Observation Home, one Special Home and nine Specialized Adoption Agency are functional in the state of Bihar providing institutional facilities to 2680 children. The average number of children staying in the CCIs is 32, while it has been observed that some of the CCIs in Patna and other districts are having more children than the approved capacity of the home.

The report of mapping study highlights certain key facts. These are overcrowding of institutions, large number of CWSN in CCIs, almost negligent interventions in CCIs for CWSN as there is complete lack of resources for care, therapies, nutrition, special education and rehabilitation of these children. In good number of cases parents and relatives of these children have been traced but they are not willing to take responsibility of these children. Due to less initiative at district child protection official level as well as at CCI level, children are staying in institution from long period. The report highlights the key recommendations and action points to ensure improved standard of care at CCI level and support required to children above 15 years for transition planning & rehabilitation.

A national study by Udayan Care supported by UNICEF and Tata Trusts in 2019, recommended the urgent need for demonstration models of care, work with local organisations and functionaries in building their capacities towards a non-institutional care approach, within the principle of the best interest of children, and to focus on the continuum of care approach to support during the Aftercare phase using the 'Sphere of Aftercare' intervention framework. This study has set the base for undertaking on ground implementation project at state level. State Child Protection Society (SCPS), Bihar is the nodal body at the State level to implement and monitor the Integrated Child Protection Scheme (ICPS). In 2009, Bihar became the 1st state in India to have notified DCPU in all its districts and appoint an Assistant Director (Social Security) as Nodal Person¹. In 2017, the Bihar Juvenile Justice Rules were notified and implemented. Another milestone is the Parvarish Yojana, a care scheme framed by the Bihar government to provide grants to families and organizations taking care of vulnerable children below 18 years. Keeping the above in mind, SCPS & UNICEF Bihar partnered with Udayan Care as a technical agency to implement the first ever State aftercare project in India.

¹<https://timesofindia.indiatimes.com/city/patna/Child-protection-unit-in-each-dist/articleshow/4552802.cms>

Rational for the Study:

After a few months of implementing the project, it was realized that there are many children residing in many CCIs in Bihar, who are aged 18 years and above. At a partner's meeting facilitated by UNICEF Bihar, it was agreed that a rapid assessment could be undertaken at the state level to assess the total number of such children. To further incorporate the transition planning need the study was expanded to cover children 15 years and above. Thus, this participatory study was carried out to assess the numbers and situation of children aged 15 years and above living in Child Care Institutions (CCIs) in the 9 divisions of Bihar, with the following objectives:

- a. To understand the profile of the children (15 – 18 years) residing in the CCIs
- b. To understand the profile of youth above 18 years and still living in CCIs
- c. To ascertain the number of children with special needs (CWSN) and Persons with Disabilities (PwD) in the above 2 age groups
- d. To suggest recommendations to formulate a robust transition planning and aftercare planning for children of CCI based on the findings of the study

The study has helped to develop an understanding of the current Aftercare landscape in Bihar, including the transition planning that is needed to prepare children living in CCIs towards independent living and mainstreaming.

Methodology of the Study

An assessment tool with 19 questions was developed with inputs from SCPS & UNICEF Bihar which contains various variables i.e: brief profile of children above 15 years, duration of stay in the CCI, special need categories & restoration status. After the first level of data analysis, a need was felt to substantiate the quantitative data with the qualitative data in terms of efforts being made by respective CCIs, CWCs & DCPUs towards their transition planning and rehabilitation. Hence, a second phase using mixed method (both qualitative and quantitative) was designed and undertaken. For this, purposive sampling was done to collect the primary data from the officials of CCIs across 9 divisions about the situation and residents of CCIs through the close support of SCPS. Primary data (both qualitative and quantitative) was collected regarding all the **361 respondents** in these age brackets (15-18 years, 18-21 years & 21-23 years) which included 180 male and 181 female children. Another questionnaire was administered to 26 respondents from child care institution in Gaya and Patna to assess the scope for after care in the CCI. Interviews were also conducted of CWC, and other CCI functionaries to corroborate and validate the data.

Due to COVID-19 restrictions all data was collected over a format developed through email and telephone. The data collection method included structured close ended questionnaire for quantitative data and key informants interviews for qualitative data. Online training was provided to Udayan Care State (Bihar) team on the tool and they oriented all the respective functionaries of all district CCIs.

Data analysis (Quantitative and Qualitative): The quantitative data was analyzed mainly for frequency and percentage. The data were classified and tabulated manually according to their attributes. The results of analysis were presented in tables, graphs, and interpretation. The qualitative data were analyzed using content analysis method. The transcriptions of Interview were systematically coded and broken down theme wise for analysis. The data is presented in themes and interpretation of the results was drawn.

Key Findings of the study:

Demographics:

- The study covered 361 children who are 15 years and above and living in the 34 CCIs across 9 divisions of Bihar (180 males & 181 females).
- Patna has highest number with 89 residents (46 male and 43 female). Between 15 to 18years there are 287 children (140 male and 147 female) living in all CCIs in Bihar.
- 40% of the female residents of CCI Bihar belong to the 16 – 17 year age category.

Superintendent CCI

At CCI level, providing education, vocational course but not satisfactory. Providing skill courses to children in tailoring & cutting and Candle making at CCI Level is needed

Gender:

- Only a few female respondents wanted to continue staying in the CCIS as they have special needs. However, the remaining 80% of the female respondents wanted to live an independent life.
- Similarly, 50% of the male residents wished to continue staying in the CCI while remaining 50% of the male respondents wanted to lead an independent life.

Confidence: 50% of the respondents felt a sense of confidence in themselves. 80% of the female respondents and 31% of the male respondents felt confident about themselves.

Leading an independent Life: 80% of the female and male respondents shared that they wanted to lead an independent life. However, only 19% of the male respondents wanted to

CWC Gaya

“There is need to identify the mental age besides Physical age -specially for special need children Specialized home & Specialized agency is required for special need children. Need and interest area of special need children should be assessed by professional and train children accordingly”

lead an independent life.Period of stay:

Duration of stay in CCI:

- There are a total of 66 children (40 male and 26 female) who are 18 years and above and still living in CCIs
- About 115 children (82 male and 33 female) are staying in the CCIs for more than 3 years and above with no rehabilitation plan
- About 46 children (32 male and 14 female) are staying in the CCIs for more than 5 years and above with no rehabilitation plan

Children with special need:

- Almost 51% are CWSN – 185 of them (123 male and 62 females) – 140 children have intellectual disability, 38 physical disability and 25 are with multiple disability.
- Mostly, children remain confined to services which are provided within the premises of CCI and are not allowed to venture outside for education or vocational trainings.
- Out of 127 CWSN (males), 35 had mild disabilities, 27 had moderate disabilities, 45 residents had severe disabilities and 16 had profound disabilities. While the disability degree was spread across all 9 divisions, 13 out of 20 CWSN in Bhagalpur CCIs had severe disabilities.
- Specialized facilities for children with special needs residing in CCIs are completely lacking which includes early intervention and services such as special educator, therapies, instrument/equipment for therapies, hospitals for CWSN and therapist for occupational, education, sign language and speech.
- In absence of services such as special educator, therapies, instrument/equipment for therapies, hospitals for CWSN and therapist for occupational, education, sign language and speech; the chances of rehabilitation and restoration of CWSN are uncertain.

Preparation for leaving care:

- While few children/youths want to live independently after taking skill training/ course as per their interests; most lack confidence and do not imagine to life outside CCI.
- Most children are not satisfied with the type of support they need/expect from the government for enabling them to lead a dignified life outside CCI once they attained adulthood.
- Majority of the respondents are on the threshold of adulthood and are in a phase in which aftercare training will be greatly beneficial for them on life skill education, to know about themselves, decision making, communication skill, becoming self-reliant, identifying and developing their own interest, hobbies and skills, enrollment in vocational courses as well as achieving basic education through NIOS.

Support expected from Government

- Children do feel lack of skill and guidance from the care givers on education, vocational trainings, independent living skills, interpersonal skills, identity, legal awareness, financial knowledge and career guidance.
- Children and youth want support from government for their nutritional, psycho-social well-being, access of social security scheme, legal guidance, awareness on relevant schemes/program, higher education, exposure of vocational skill and better job opportunities to lead a self-reliant life.

Key recommendations and way forward:

Basis the findings from the mapping exercise, it is clear that interventions on an urgent basis are needed to address the needs and aspirations of these children and move towards system strengthening. The study can become the basis for future studies in this area.

The following can be indicated as progressive actions:

1. Competency Enhancement of CP Functionaries-

- a) In all CCIs in Bihar, training must be imparted to staff and district functionaries making them aware of the importance of transition planning at the earliest so that they use this period to prepare and plan for their transition and independent living.
- b) Functionaries have to be trained to prepare Individual case files and plans of children with focus on complete legal identity documents and information of the child or youth, that must be handled in a proper case management approach

2. Convergence of services, addressing educational/vocational needs of young adults

- a) Education levels of children across CCIs is very low and most children are left with minimal scope for higher vocational training. Inter-department linkages need to be established to set up vocational unit in CCIS/Aftercare home by labour department and Pradhanmantri Kaushal Yojna to ensure maximum children get benefited and children can be exposed to more learning and skills attainment.
- b) Inter departmental coordination and convergence is needed for planning and implementation of rehabilitation and restoration of children and 18 years above youth.
- c) As families remain a social and emotional support for any individual throughout his/her lives, the CCIs where children spend considerable time too can play an integral role in preparing them for a shining future and supporting them towards independent living with life skills that encourage them to live without external support. Proper planning and adequate investment in a collaborative manner can change their lives and transform the current status of child and youth welfare in the state of Bihar.

3. Gendered approach to transition planning and aftercare

- a) The data is reflecting that 80% of the girls want to lead an independent life and self reliant life. Bihar being the progressive state, avenues need to be created for

girls/women for soft skill, basic literacy and technical course by the Social Welfare Department.

- b) Bodies like SCPCR and DALSA shall ensure legal assistance and guidance in the case of POCSO & child marriage victims.
- c) Self defence training shall be introduced in girl's CCI as skill building course for girl's self care & safety.

4. Focused transition & aftercare planning for CWSN

- a) CWSN and PwDs need a specialized and extra intervention plan for making them independent. The CWSN and PwDs residing in the CCIs require special intervention for training – both vocational and adaptive. This holds especially true for persons with severe to profound disabilities. The CCIs are presently housing a large number of CWSN and PwDs. There is an urgent need to initiate the process for further tests to confirm the type and degree of their disabilities and design and implement appropriate interventions.
- b) To make intervention effective and fruitful for children with intellectual disabilities, trained and certified professionals in relevant fields of specialization are required on an urgent basis.
- c) Assessment and certification of PwDs residing in CCIs is needed to help in formulating their effective aftercare plans.
- d) More in-depth and focused studies on the situation and needs of children with disability and staying in the CCIs and aftercare home needs to be undertaken with gender lens
- e) All functionaries must be asked to consider the issue of children above 18 years residing in the same CCI with younger children as a potential threat from child safeguarding perspective. Elder children (adults in the eyes of law after 18 years) can be a threat to younger children unless engaged constructively in their own lives and attract serious implications in POCSO and other child safeguarding laws and policies.
- f) Economically, the lack of transition planning and aftercare support is adding to the state expenditure and not leading to the full potential development of the child.
- g) There is a need for training for all children aged 15 years and above in the CCIs on their rights and entitlements under law so that they can aspire to benefit from them. The most popular vocations shared were tailoring computer application and child care management. What else can be done needs to be explored, keeping in mind the aspirations of children and also market demands.
- h) There is a need to develop an effective and robust aftercare programme for all children who have attained 18 years of age so that their intervention strategies are charted towards their independent living and they can be motivated to start giving back to society and acting as resources to the juvenile justice system.
- i) Life skill training and interventions on emotional well-being, resiliency and overall mental health need has come out as an important need as most children and youth feel their life has no means and have no clarity of outside world. Professional psychologists must be asked to conduct individual and group session to boost their motivation level and to develop specific interest and skill areas based on their strengths.

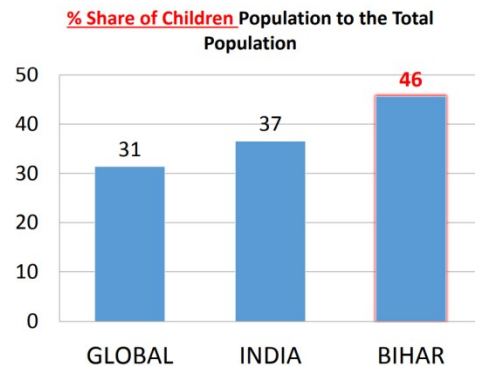
5. **Core expert group/committee at state level to implement aftercare program in the state:**
 - a) A robust state wide uniform programme on transition planning and aftercare is required to equip the child protection functionaries as well as encourage children and youth living in Alternative Care system to become better citizens of society.
 - b) It is recommended that a core group of experts be formed at Social Welfare department level to look into the matter of ***State Aftercare Program*** to ensure formulation and implementation of State aftercare guidelines, creation of state care leavers association and strengthening of alternative family based care at the community level for mainstreaming of vulnerable children and youth.

2. Introduction

Bihar is the twelfth-largest State by territory in India. With 58% population of Bihar under 25 years, the state has the highest proportion of young people.

Bihar is the third most populous State in India with 47 million children, almost half (46 per cent) of the State's 104 million people and the highest proportion of children of any state in India. Bihar's children make up 11 per cent of India's population².

With a large population of children and young people in its fold, one expects Bihar to progress at a relatively faster pace. However, with the prevalence of age old ills of caste, class and gender based divisions and exploitation, Bihar and its people are lagging behind on most of the human development indices. The hardworking and much deserving young people of Bihar are constantly let down by wide-spread poverty, deep-rooted socio-cultural and gender inequalities, caste divisions, poor infrastructure, lack of basic services and recurring natural disasters.



Status of children in Bihar

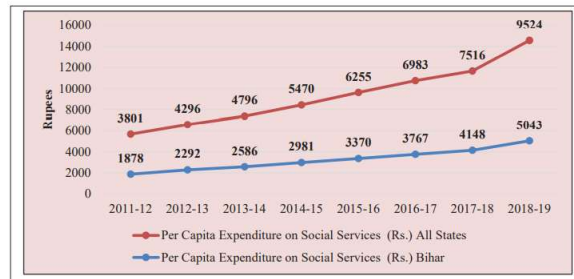
- The literacy rate in Bihar remains one of the lowest in the country. As per 2011 census, the literacy rate in Bihar stood at 61.8 percent. However, female literacy rate has been much lower at 51.5 percent compared to the male literacy rate (71.2 percent) in Bihar.³
- According to Jena Committee Report 2018, eighty-four Child Care Institutions including thirty-one Children Home, twenty-four Shelter Home, twelve Observation Home, one Special Home and nine Specialized Adoption Agency are functional in the state of Bihar providing institutional facilities to 2680 children. The average number of children staying in the CCIs is 32, while it has been observed that some of the CCIs in Patna and other districts are having more children than the approved capacity of the home.
- Every year some 2.8 million children are born in Bihar but almost 75,000 of these newborns die within the first month.
- Malnutrition remains a key challenge, every second child (48.3 per cent) under the age of five are stunted (low height for age) and one fifth (20.8 per cent) are wasted (NFHS-4).
- Close to three million girls are married before the legal age of 18 years and 370,000 girls are pregnant during adolescence (NFHS-4).
- Around one million children aged 6-14 years are child workers and are highly vulnerable to early marriage, trafficking, abuse and exploitation

²<https://www.unicef.org/india/where-we-work/bihar#:~:text=Bihar%20is%20the%20third%20most,per%20cent%20of%20India's%20population.>

³<http://finance.bih.nic.in/Reports/Economic-Survey-2020-EN.pdf> refer page 380

- According to the NCRB data⁴, there were 9320 total crimes committed against Children (IPC+SLL) in Bihar in the year 2019. Total IPC Crimes against Children were 7734.
- A total of 6318 Kidnapping and Abduction of Children cases under Sec. 363, 363A, 364, 364A, 365, 366, 366A, 367, 368 & 369 IPC were reported, out of which 4483 cases were concerned with Kidnapping and Abduction of Minor Girls to compel her for marriage (Sec.366 IPC).
- Human Trafficking cases against children under Secs. 370 & 370A IPC were 12.
- Offences committed by Care Takers/In-charge of Juvenile Homes against children were 17 and a total of 15 cases were reported under Child Labour (Prohibition & Regulation) Act.
- A total of 1540 crimes against children were reported under the Protection of Children from Sexual Offences Act.

Chart 11.1 : Trend of Per Capita Expenditure on Social Services



Despite the challenges, there has been progress in development in Bihar in recent years. Most girls and boys are enrolled in primary school, although regular attendance, quality education and transition to secondary schools remain a concern. Improved governance has led to better health care services, greater emphasis on education, better management of social sector programmes and a reduction in crime and corruption. After Kerala and Assam, Bihar has moved to become the country's third state of having a comprehensive 'Child-Budget' with proper allocation of funds for child-related schemes⁵. The trend⁶ shows that there has been almost three fold rise in the per capita expenditure on social services, however it stands at 60% of the national average. Between 2013-14 and 2018-19, the overall allocation for children has increased at an annual rate of 20.9 percent. Similarly, the expenditure also grew at the rate of 23.3 percent, which was higher than that of allocation. During the same period, the per capita expenditure increased more than three times from Rs. 1225 to Rs. 3727. The share of expenditure on child development in the total state budget lies at around 12 percent, with some year-to-year variation.

Child Protection in Bihar

The State Child Protection Society (SCPS), Bihar is the nodal body at the State level to implement and monitor the Integrated Child Protection Scheme (ICPS). The SCPS is mandated to seek routine data from District Child Protection Units (DCPU), Child Care Institutions (CCI), Juvenile Justice Boards (JJB) and statutory bodies. Presence of a healthy and robust protection mechanism is imperative to ensure a better environment for Bihar's children. In 2009, Bihar had become the 1st state in India to have notified DCPU in all its districts and appoint an assistant director (social security) as nodal person⁷. In 2017, Juvenile Justice Rules have been notified and

⁴https://ncrb.gov.in/sites/default/files/crime_in_india_table_additional_table_chapter_reports/4%20District-wise%20Crime%20against%20Children%20-%202019.xlsx

⁵<https://www.newindianexpress.com/nation/2019/nov/14/bihar-now-indias-third-state-with-a-separate-child-budget-deputy-cm-2061789.html>

⁶ Bihar Economic Survey 2019-2020

⁷<https://timesofindia.indiatimes.com/city/patna/Child-protection-unit-in-each-dist/articleshow/4552802.cms>

implemented. Another milestone initiative by Bihar State is Parvarish Yojana, a scheme by Bihar Government for children in need. It is a care scheme framed by the Bihar government to provide grants to families and organizations taking care of orphans, deprived and some group of disabled children who have not attained the age of 18 years. This indicated the State's intention and will to promote interests of children prevent violation of child rights and ensure effective implementation of JJ Act.

About the Present Study:

This participatory study was carried out to assess the situation of children aged 15 years and above living in Child Care Institutions (CCIs) in the 9 divisions of Bihar. The broad objectives of this study are:

- e. To understand the profile of the children (15 – 18 years) residing in the CCIs
- f. To understand the profile of youth above 18 years and above still living in CCIs
- g. To ascertain the number of children with special needs (CWSN) and Persons with Disabilities (PwD) in the above 2 age groups
- h. To suggest recommendations to formulate a robust transition planning and aftercare planning for children of CCI based on the findings of the study e

Project Result Matrix (Attached as Annexure -IV) - One of the key output of the mapping was to develop an understanding of the current Aftercare landscape in Bihar. Under this, the activity includes Mapping of 15+ Children in CCIs (All Children Homes) of Bihar to understand:

- Gap areas to prepare them for independent living and ensure aftercare services
- Challenges in ensuring transition planning and continued aftercare services
- Existing best practices if any on aftercare at state level
- Existing strength of 15+ children
- Status of CWSN identified.

3. Methodology

The section for methodology illustrates research approach and design considered for present study. This chapter offers an overview about research design, method of data collection, sampling design, and relevant interpretation towards the conducting of research and necessary statistical tools selected for the research.

3.1. Research Design

The aim was to investigate the status of children between ages 15 – 18 years and beneficiaries above 18 years, residing in the State run Child Care Institutions (CCIs) across 9 divisions of Bihar.

The divisions are as follows:

- | | | |
|-----------|--------------|--------------|
| 1. Patna | 4. Darbhanga | 7. Bhagalpur |
| 2. Tirhut | 5. Kosi | 8. Munger |
| 3. Saran | 6. Purnea | 9. Magadha |

A mixed method (both qualitative and quantitative) and participatory approaches was used for data gathering in order to provide all the information needed for the study. The census data and other reliable state government data sources were also reviewed and referred. Based on purposive sampling primary data are collected from the officials of CCIs across 9 divisions about the situation and residents of CCIs.

3.2. Sampling

Purposive sampling method was used for the study. However it must be clarified that the data source / provider were the officials of the CCIs where these children stay. Primary data (both qualitative and quantitative) was collected regarding all the 361 respondents in these age brackets which included 180 males and 181 females. Another questionnaire was administered to 26 respondents from shelter home in Gaya and Patna to assess the scope for after care in the CCI.

3.3. Data collection methods

The primary data was collected using the questionnaire prepared for the same. The data collection method included structured close ended questionnaire for quantitative data and key informants interviews for qualitative data. The key area covered in the tools were

SN	Tool	Type of Data	Key Areas Covered
1	Questionnaire	Quantitative	<ol style="list-style-type: none"> 1. Basic Profile of Respondents (Name, Sex, Age/DOB) 2. Verification of respondent's Age 3. Duration of Stay in CCIs 4. Disability Status 5. Family Status
2	Key Informant Interview	Qualitative	<ol style="list-style-type: none"> 1. Basic Profile (Name , Age Duration of Stay in CCIs) 2. Readiness for future 3. Key inputs area for future
3.	Open ended questionnaire	Qualitative	<ol style="list-style-type: none"> 1. Basic Profile (Name, Age, Sex, Disability Status) 2. Readiness for Independent Living 3. Expectations from the government/concerned department

3.4. Operational Processes

2.4.1. Tools finalized - There were two sets of tools- quantitative and qualitative. The quantitative tool was extensive and covered the data of total number of 15+ children and 18+ youth including CWSN with age and gender breakup. The qualitative tool captured other aspects from the following respondents:

- 15+ youth
- CCI functionaries
- CWC

2.4.2. Team trained - Online training was provided to Udayan Care state (Bihar) team on the tool and they oriented all the respective functionaries of all district CCIs.

2.4.3. Data collection – In the first phase quantitative data was collected from all the CCIs of Bihar and in the second phase of data collection qualitative data was collected from limited number of respondents from 03 CCIs only. The quantitative data was collected through the functionaries of CCIs and for the qualitative tool, the team has made in person visits in 02 project coverage CCIs of Patna and one CCI of Gaya.

2.4.4. Quality Control Mechanism during/after data collection - The data was collected through the functionaries of CCIs who are the custodian of information related to children and CCI through the SCPS support.

2.4.5. Limitation of the Study

- Due to COVID 19 restriction, the study was impacted at different stages of data collection and validation
- The added responsibility and priority to health concerns due to COVID-19 and the restriction in movement delayed the data collection and report preparation.

1.1. Data Analysis

1.1.1. Data entry

Both qualitative and quantitative data collected for the study was entered in MS Excel for analysis.

1.1.2. Data analysis (Quantitative and Qualitative)

The quantitative data was analyzed mainly for frequency and percentage. The data were classified and tabulated manually according to their attributes. The results of analysis were presented in tables, graphs, and interpretation.

The qualitative data were analyzed using content analysis method. The transcriptions of Interview were systematic coded and broken down theme wise for analysis. The data is presented in themes and interpretation of the results was drawn.

1.2. Chapterization plan

This report has been divided into the following chapters:

1. Introduction
2. Methodology
3. Main Findings
 - 3.1 Quantitative Data findings and analysis
 - 3.2 Qualitative Data Findings and analysis
4. Recommendations
5. Conclusions
6. Annexures

4. Key Findings

This chapter presents the finding in the form of tables and graphs. The themes of gender and age are cross cutting throughout the analysis. Findings are presented division wise to give a more concise picture for planning targeted intervention. Sincere attempts have been made to ensure that the findings present the data collected accurately. This chapter is divided into following 2 sections

1. Quantitative Data Analysis
2. Qualitative Data Analysis

Each section has its own tables, table description, key findings and analysis.

Data at a Glance

Total numbers

- The sample includes 361 children who are 15 years and above and living in the 34 CCIs across 9 divisions of Bihar
- Out of the 361, 180 are male and 181 female.
- Patna has highest number with 89 residents (46 male and 43 female)

Age wise numbers

- There are 288 children (140 male and 147 female) between 15 to 18 living in all CCIs in Bihar
- There are a total of 69 children (40 male and 26 female) who are 18 years and above and still living in CCIs

Duration of stay

- About 115 children (82 male and 33 female) are staying in the CCIs for more than 3 years and above with no rehabilitation plan
- About 46 children (32 male and 14 female) are staying in the CCIs for more than 5 years and above with no rehabilitation plan

Children with disability

- Almost 51% are CWSN – 185 of them (123 male and 62 females) – 140 children have intellectual disability, 38 physical disability and 25 are with multiple disability.

4.1. Quantitative Data Findings and Analysis

This section presents the findings of the quantitative data collected of about the 361 residents using the close ended questionnaire. The respondents or source of information were the officials of the concerned CCIs. This section has been divided into

- General Information on Children above 15 years of age, as per gender, their duration of stay, etc.
- Children with Special Needs (CWSN)

A. General Information

The section here presents the basic data collected of about the 361 respondents across 9 divisions. This gives a general information regarding basic profile and duration of stay of the CCI beneficiaries between the ages 15 years and above. The data is presented division wise.

1. Division wise distribution of total number of children aged 15 years and above

<i>Division</i>	Boys	Girls	Total
<i>Patna</i>	46	43	89
<i>Tirhut</i>	30	31	61
<i>Saran</i>	6	16	22
<i>Darbhanga</i>	18	27	45
<i>Kosi</i>	14	0	14
<i>Purnea</i>	16	29	45
<i>Bhagalpur</i>	22	9	31
<i>Munger</i>	19	10	29
<i>Magadha</i>	9	16	25
<i>Total</i>	180	181	361

The study collected data of about the 361 children presently residing in the 34 CCIs across 9 divisions. Out of these 361, 180 were males and 181 were females. Patna being the State capital had the highest number of beneficiaries. There were 89 residents (46 were males and 43 were females) in the CCIs of Patna at the time of data collection. The CCIs in Saran division housed the **minimum** number with 6 males and 16 female residents.

Age wise distribution of CCI residents – Males

<i>Division</i>	15-16 yrs	16-17 yrs	17-18 yrs	18-19 yrs	above 19 yrs	Total
<i>Patna</i>	20	7	10	3	6	46
<i>Tirhut</i>	23	5	0	1	1	30
<i>Saran</i>	1	3	0	0	2	6
<i>Darbhanga</i>	11	4	2	1	0	18
<i>Kosi</i>	7	2	4	1	0	14
<i>Purnea</i>	8	4	0	1	3	16
<i>Bhagalpur</i>	15	1	2	4	0	22
<i>Munger</i>	3	1	0	1	14	19
<i>Magadha</i>	3	4	0	1	1	9
<i>Total</i>	91	31	18	13	27	180

The data here suggests that almost **50% of the residents of the CCI (boys) are between 15 – 16** years old and this is age wise distribution is similar across divisions. The 15 – 16 year old make up for the maximum male population in the Bihar CCIs.

The adult beneficiary population in the CCI (boys) is relatively large with a total of **40 residents falling in the above 18 year⁸ bracket. This may be a cause for concern⁹ as the adult beneficiaries are residing along with minors¹⁰ in the same establishment.**

2. Age wise distribution of CCI residents – Female

<i>Division</i>	15-16 yrs	16-17 yrs	17-18 yrs	18-19 yrs	above 19 yrs	below 15 yrs	Total
<i>Patna</i>	10	16	8	2	3	4	43
<i>Tirhut</i>	2	18	10	1	0	0	31
<i>Saran</i>	3	6	4	3	0	0	16
<i>Darbhanga</i>	10	10	0	1	6	0	27
<i>Kosi</i>	0	0	0	0	0	0	0
<i>Purnea</i>	4	14	3	2	6	0	29
<i>Bhagalpur</i>	5	1	2	1	0	0	9
<i>Munger</i>	7	1	1	1	0	0	10
<i>Magadha</i>	6	7	3	0	0	0	16
<i>Total</i>	47	73	31	11	15	4	181

The data here suggests that **40% of the female residents of CCI Bihar belong to the 16 – 17 year age category.** Like their male counterparts, more number of female residents are between the ages of 15 – 18 years. **A total of 19 girls are above 18 years and still staying in the CCIs across the state as compared to 40 boys in this age group.**

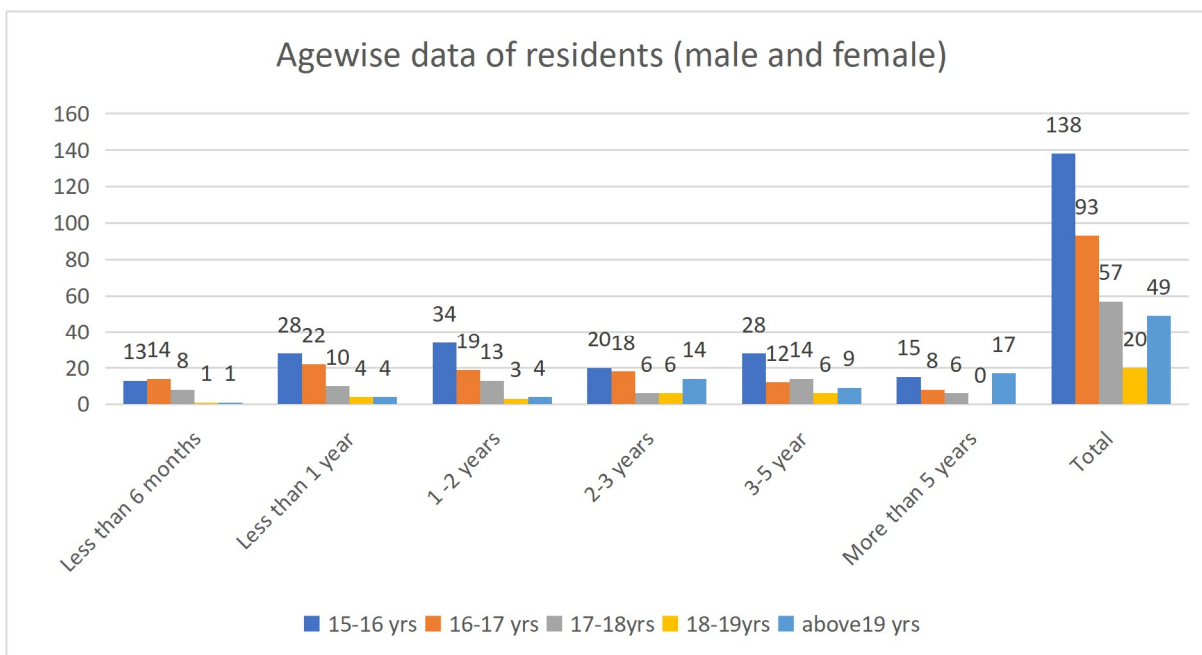
Combined Data – Age-wise

⁸ Rule 25 (1). JJ Model Rules, 2016 – After Care of Children Leaving Institutional Care.- (1) The State Government shall prepare a programme for children who have to leave Child Care Institutions on attaining eighteen years of age by providing for their education, giving them employable skills and placement as well as providing them places for stay to facilitate their re-integration into the mainstream of society.

⁹ Rule 26(9) JJ Model Rules, 2016 – The security personnel shall be deployed as per nature and requirement of the Child Care Institution, taking into consideration strength of the children, age groups, physical and mental status, segregation facility based on the nature of offence and structure of the Institution.

(10) The security personnel to be engaged or appointed shall be adequately trained and oriented to deal with the children with sensitivity preferably ex-servicemen or retired para-military personnel or through Director General of Resettlement. (11) The security personnel shall not be with arms or guns but have training and special skills to handle a crisis situation, control violence and escape of children from the institution, conduct search and frisking and security surveillance.

¹⁰ Rule 29 (1). JJ Model Rules, 2016 – (iv) Children’s Home: (a) while children of both sex below 10 years may be kept in the same home, separate bathing and sleeping facilities shall be maintained for boys and girls in the age group of 5-10 years; (b) separate children’s homes for boys and girls in the age group of 7-11 years and 12- 18 years; (c) separate facilities for children upto the age of six years with appropriate facilities for infants.



The above graph suggests that out of total 361 residents (both males and females), there are 138 residents in the 15 – 16 year category and 93 residents in the 16 – 17 years category. Similarly, there are 57 residents who belong to the 17 – 18 years category and 20 such residents who are in the 18 – 19 year category. There are 49 residents who are above 19 years old. Presently the number of adult residents in the CCIs across 9 divisions is 39 (20 in 18 – 19 year and 19 in above 18 years category).

3. Division wise duration of stay in present CCI – Males

Division	Less than 6 months	Less than 1 year	1 -2 years	2-3 years	3-5 year	More than 5 years	Total
Patna	1	9	14	10	5	7	46
Tirhut	1	5	12	0	7	5	30
Saran	0	2	1	0	3	0	6
Darbhanga	2	0	6	5	4	1	18
Kosi	2	2	1	4	5	0	14
Purnea	2	2	3	3	3	3	16
Bhagalpur	0	1	1	3	16	1	22
Munger	1	1	3	0	0	14	19
Magadha	0	0	0	1	7	1	9
Total	9	22	41	26	50	32	180

The table above indicates that out of 180 male beneficiaries residing in CCIs across 9 divisions, **50 are staying for more than 3 years** but less than 5 years while there are **32 residents who are residing in the CCIs for more than 5 years**. There are 41 such residents who are residing in the CCIs for 1 – 2 years and 26 of the residents are residing for 2 – 3 years. Only 9 out of 180 male

residents have been residing there for less than 6 months and 22 residents are residing for less than 1 year.

The data clearly suggests that more than 80% of male children have been staying in CCI for over one year. This indicates low percentage of restoration and possible long term institutionalisation which may not be in the best interest of children.

4. Division wise duration of stay in present CCI – Females

<i>Division</i>	Less than 6 months	Less than 1 year	1 -2 years	2-3 years	3-5 year	More than 5 years	Total
<i>Patna</i>	1	3	16	10	4	9	43
<i>Tirhut</i>	9	9	11	2	0	0	31
<i>Saran</i>	4	9	2	0	1	0	16
<i>Darbhanga</i>	3	10	0	9	0	5	27
<i>Kosi</i>	0	0	0	0	0	0	0
<i>Purnea</i>	3	3	2	10	11	0	29
<i>Bhagalpur</i>	0	0	2	7	0	0	9
<i>Munger</i>	1	6	0	0	3	0	10
<i>Magadha</i>	8	5	3	0	0	0	16
<i>Total</i>	29	45	36	38	19	14	181

The data reflects that may be more efforts are needed towards restoration. Further studies focused on restoration processes and best practice must be undertaken.

B. Children with Special Needs (CWSN)¹¹

¹¹ A disability is any condition that makes it more difficult for a person to do certain activities or interact with the world around them. These conditions, or impairments, may be cognitive, developmental, intellectual, mental, physical, sensory, or a combination of multiple factors¹¹. Children with special needs have the right to lead a life with dignity. Disabilities may be divided into intellectual and disabilities. Intellectual disabilities include mental retardation, learning disabilities like dyslexia, autism spectrum disorders (ASD) among others. Physical disabilities include sensory impairments (like blindness, deafness, deaf mute and mobility related impairments etc.), dwarfism, hemophilia etc¹¹. To understand the level of intervention required for CWSN and Persons with Disabilities (PwD) one needs to assess the degree of impairment caused by a disability in a particular person. Intellectual disabilities are categorized as mild, moderate, severe and profound while physical disabilities are labeled as percentages like 50% or 75% etc. The categorization of one's intellectual disability is assessed, reported and attested by certified clinical psychologist and the disability percentages for physical disabilities (including mental illnesses) is certified by a registered medical professional. Both intellectual and physical disability are categorized after conducting prescribed tests by the registered clinical psychologists (for intellectual), doctor (physical) and psychiatrist (mental illness).

This section provides division wise data on children with special needs residing in the CCIs across 9 divisions. The data captures information on number of CWSN, type of disability, degree of disability and gender wise disability numbers.

5. Division wise distribution of Children with Special Needs (CWSN) – Male and Female

<i>Division</i>	Male	Female	Total (CSWN)	Total Children	Percentage of CWSN
<i>Patna</i>	25	17	42	89	47%
<i>Tirhut</i>	19	1	20	61	33%
<i>Saran</i>	4	3	7	22	32%
<i>Darbhanga</i>	4	13	17	45	38%
<i>Kosi</i>	12	0	12	14	86%
<i>Purnea</i>	15	12	27	45	60%
<i>Bhagalpur</i>	20	8	28	31	90%
<i>Munger</i>	18	1	19	29	65%
<i>Magadha</i>	6	7	13	25	52%
<i>Total</i>	123/180 (68%)	62/181 (34%)	185/361 (51%)	361(100%)	51%

Out of 361, 184 (123 males and 62 female) **are children with special needs (CWSN)**. This is an alarming 68% of the total male residents and 34% of the female residents have disabilities which need special attention.

The CCIs in Patna house the maximum numbers of CWSN (N=42). However, 90% residents in the CCIs of Bhagalpur division and 86% residents in Kosi division are special needs individuals.

The CWSN are spread across all the 34 CCIs where they reside with children/beneficiaries without disabilities. CSWN require special input – physical, psychosocial, emotional, vocational and educational. While there is a need and demand for inclusivity in all establishments, one needs to ensure that the special needs for children with intellectual and/or physical disabilities are not overlooked/compromised in the process.

6. Type of Disability – Division and Gender wise

<i>Divisions</i>	Intellectual Disability		Physical Disability		Multiple Disabilities		Total (CWSN)
	Male	Female	Male	Female	Male	Female	
<i>Patna</i>	19	11	3	3	3	3	42
<i>Tirhut</i>	17	1	2	0	0	0	20
<i>Saran</i>	4	3	0	0	0	0	7
<i>Darbhanga</i>	4	10	0	3	0	0	17
<i>Kosi</i>	1	0	5	0	6	0	12
<i>Purnea</i>	8	9	5	3	2	0	27
<i>Bhagalpur</i>	17	7	3	1	0	0	28

<i>Munger</i>	15	1	0	0	3	0	19
<i>Magadha</i>	0	3	0	0	6	4	13
<i>Total</i>	92	48	14	24	18	7	185
G. Total	140		38		25		

Children have intellectual disabilities like mental retardation, autism spectrum disorder etc. There are 24 female and 14 male with physical handicaps including sensory impairments and locomotive impairments. The data also indicates that there are 18 males and 7 females who have multiple disabilities. There are more number of CCI residents with intellectual disabilities.

7. Category of Disability wise distribution of CWSN – Males

<i>Division</i>	Mild	Moderate	Severe	Profound	Total
<i>Patna</i>	10	8	6	1	25
<i>Tirhut</i>	9	2	5	3	19
<i>Saran</i>	0	1	1	2	4
<i>Darbhangha</i>	5	3	0	0	8
<i>Kosi</i>	1	2	6	3	12
<i>Purnea</i>	1	5	9	0	15
<i>Bhagalpur</i>	7	0	13	0	20
<i>Munger</i>	3	8	5	2	18
<i>Magadha</i>	1	0	0	5 ¹²	6
<i>Total</i>	37	29	45	16	127

The above table indicates that out of **127 CWSN (males)**, 35 had mild disabilities, 27 had moderate disabilities, 45 residents had severe disabilities and 16 had profound disabilities. While the disability degree was spread across all 9 divisions, 13 out of 20 CWSN in Bhagalpur CCIs had severe disabilities. Patna division (N=10) had the maximum number of mild disability cases followed by Tirhut (N=9) and Bhagalpur (N=7). Patna and Munger divisions had the maximum number of cases with moderate disabilities and Bhagalpur division had the most cases with severe disabilities. The data reflects that many children who are entering CCI are not getting restored back and will stay for long periods. This will be more severe in cases of CWSN as most CCIs lack appropriate services both within and through their networks within the district. **In absence of services such as special educator, therapies, instrument/equipment for therapies, hospitals for CWSN and therapist for occupational, education, sign language and speech; the chances of rehabilitation and restoration of CWSN are uncertain.**

¹² All 05 children are of multiple disability.

<i>Division</i>	Mild	Moderate	Severe	Profound	Total
<i>Patna</i>	11	4	2	0	17
<i>Tirhut</i>	0	1	0	0	1
<i>Saran</i>	1	0	0	2	3
<i>Darbhanga</i>	5	2	3	3	13
<i>Kosi</i>	0	0	0	0	0
<i>Purnea</i>	7	5	0	0	12
<i>Bhagalpur</i>	1	0	7	0	8
<i>Munger</i>	1	0	0	0	1
<i>Magadha</i>	7	0	0	0	7
Total	33	12	12	5	62

8. Category of Disability wise distribution of CWSN – Females

The above table indicates that Patna division has the maximum number (N=11) of females with mild disabilities followed by Purnea (N =7), Magadha (N= 7) and Darbhanga (N=5). Purnea has the maximum number of moderate cases (N=5) followed by Patna (N=4). Bhagalpur has the maximum number of severe disability cases (N=7). Darbhanga has the maximum number of profound disability cases (N=3). The situation and status of services is same as mentioned in the case of male CWSN. Apart from the issues already mentioned in the case male CWSN, the female CWSN additionally suffer due to gender linked vulnerability.

C. Summary of the Quantitative Data Analysis

The state CCIs is presently catering to an almost equal number of male and female beneficiaries in the ages 15 years and above. The data here does indicate that there are some division wise imbalances. The above table also shows that 361 beneficiaries (15 years and above) are spread across 34 CCIs which means there are **10.61 beneficiary (15 years and above) per CCI on an average**.

A large majority of male residents (N= 82/180 or 46%) are **residing for more than 3 years**. Bhagalpur division has the maximum number of residents (N= 17/22) staying for more than 3 years followed by the CCIs in Munger (N= 14/19). There are also 33 female residents staying in the respective CCIs for more than 3 years. The beneficiaries here are all above 15 years of age. It is now required that these beneficiaries are now given profession inputs on the aspects of aftercare. The residents who are above 18 years of age need inputs on successful social integration, psycho social & emotional well-being and vocational training to sustain independent living. Care needs to be taken to address the issues of CWSN and PwD separately.

The CCIs across 9 divisions are catering to a large number of CWSN. A whopping 185 out of the 361 respondents covered for the study have special needs. The CCIs in Kosi and Bhagalpur have

more residents (15 years and above) with special needs than one without any disabilities. There more residents with intellectual disabilities than with physical disabilities. Similarly, the CCIs houses more number of male residents with special needs than their female counterparts.

Regarding the degree or categorization of disability, both intellectual and physical disabilities were categorized as mild, moderate, sever and profound. These categories are used exclusively for intellectual disability and not for physical disability. The data concerning the category of disability for residents with physical and multiple disabilities requires further in depth study to ensure proper rehabilitative actions.

The scope of the study was limited to identification of CWSN and Persons with Disabilities (PwD). Definitely they all require interventions specialized and customized for them. However, the limited information collected did not provide conclusive information on the type of intellectual disorders found among the residents. There is a need for re assessment of the residents with disabilities to formulate further action plan.

4.2. Qualitative Data Analysis

Qualitative data was collected using an open ended Key Informant Interview (KII) schedule from 04 government officials, 2 each from Gaya and Patna. These respondents included 02 CWC members and 02 CCI officials. Primary data was also collected from 26 inmates (15 years – 19 years) of 02 CCIs (01 each in Gaya and Patna) and the findings are presented in section 3.2.2.

4.2.1. Interview with Key Government Officials

This section presents findings of 04 interviews conducted using the key informant interview schedule. Data was collected from 2 CWC members (Gaya and Patna) and 2 officials from Children Homes (Gaya and Patna. These interviews were conducted with 3 officials (Apna ghar , Gaya and Nishant superintendents)of Patna based CCIs. The respondents shared that presently medical care and counseling facilities were being provided to the residents of the CCI. The respondents also informed that in the absence of age certificate, the age of the children is determined by the medical examination and psychologists (in cases involving CWSN).

The respondents also informed that the CCIs also provides training to the children under 18 years on art & craft, tailoring, gardening for the children. The respondents also shared that presently there were no facilities/provisions specifically for CCI beneficiaries above 18 years of age as there were no such residents who are above 18 years in their respective facility. Further children remain

Child Welfare Committee (CWC) Gaya

“There is need to identify the mental age besides Physical age -specially for special need children Specialized home & Specialized agency is required for special need children. Need and interest area of special need children should be assessed by professional and train children accordingly”

Superintendent CCI

At CCI level, providing education, vocational course but not satisfactory. Providing skill courses to children in tailoring & cutting and Candle making at CCI Level is needed

confined to services which are provided within the premises of CCI and are not allowed to venture outside for education or vocational trainings. The CWC members interviewed shared that there is a need to provide specialized facilities for children with special needs residing in CCIs which includes early intervention and services

such as special educator, therapies, instrument/equipment for therapies, hospitals for CWSN and therapist for occupational, education, sign language and speech.

As for information on the reasons for extended stay of children in CCIs after attaining adulthood, the respondents from shelter homes shared that they follow instructions provided by the CWC on case wise basis including job placement for the said beneficiary.

While few children/youth wants to live independent after taking skill training/ course as per their interests; most lack confidence and do not imagine to life outside CCI.

4.2.2. Key Findings: Interviews of 26 children in 2 CCIs of Patna & one CCI of Gaya

For this study, data was collected using an interview form which had open ended questions for in-depth information. The key indicators were designed to elicit information on the readiness of the residents of CCI to lead an independent life outside the CCI. The tool also tried to understand the type of support they need/expect from the government for enabling them to lead a dignified life outside CCI once they attained adulthood.

“I really want to get a job and be on my own at 18” – female child, 16 years

1. General Profile of Children of 3 CCIs

Age (in yrs)	Male	Female	Total
15 years	1	0	1
16 Years	6	0	6
17 Years	1	5	6
18 Years	7	5	12
19 Years	1	0	1
Total	16	10	26

The maximum number of respondents, both male (N=7) and female(N=5) are 18 years old. There are 6 respondents who were 17 years old and 6 (all males) who are 16 years old. There is 01 male respondent who is 15 years of age and 01 male respondent who is 19 years old.

Majority of the respondents taken for data collection are on the threshold of adulthood and are in a phase in which after care training will be greatly beneficial for them on life skill education,

to know about themselves, decision making, communication skill, becoming self-reliant, identifying and developing their own interest, hobbies and skills, enrollment in vocational courses as well as achieving basic education through NIOS.

2. Readiness for independent living

Do you feel confident	Yes	No	Total
Male	5	11	16
Female	8	2	10
Total	13	13	26
Do you wish to lead an independent life	Yes	No	Total
Male	5	11	16
Female	8	2	10
Total	11	15	26
Do you wish to stay in CCI	Yes	No	Total
Male	8	8	16
Female	2	8	10
Total	10	16	26

a. **Confidence:** Feeling of confidence in oneself is important to start a new journey. The above table indicates that 50% of the respondents felt a sense of confidence in themselves. 80% of the female respondents and 31% of the male respondents felt confident about themselves.

b. **Leading an independent Life:** A confident person will always be ready to lead an independent life. 80% of the female and male respondents shared that they wanted to lead an independent life. However, only 19% of the male respondents wanted to lead an independent life

c. **Continuing in CCI:** The table indicates that few female respondents wanted to continue staying in the CCIS as have special needs. However, the remaining 80% of the female respondents wanted to lead an independent life. Similarly, 50% of the male respondents wished to continue staying in the CCI while remaining 50% of the male respondents wanted to lead an independent life.

“I am good at cooking and can take up a domestic work soon” – male child, 17yrs

they

wanted to live residents

of the male respondents wanted to lead an independent life.

The above data on children confidence level, leading an independent life and life in CCIs, **maximum have responded to lead an independent life and do not want to stay in CCI for long period of time.** Children who are in long term care wants to lead an independent life after

attaining 18 year of age. The data also reflect the need to train these children to lead an independent life.

3. Support expected from Government

Government Support expected	Yes	No	NR
Nutritional and Physical	20	1	5
Emotional Well Being	20	3	3
Educational and Vocational	24	0	2
Independent Living Skills	24	0	2
Social Support and Interpersonal Skill	24	0	2
Identity and legal awareness	24	0	2
Financial Independence and Career	24	0	2
Housing	19	5	2
Out of Pocket Expenses	18	6	2

The above table suggests that all except 2 respondents (CWSN with severe to profound disabilities) were able to indicate the kind of support the required from the government to lead an independent life. All the respondents wanted inputs on educational and vocational trainings, independent living skills, interpersonal skills, identity and legal awareness, financial guidance and career guidance.

The above table states that children wants support from government their nutritional, psycho-social well-being, access of social security scheme, legal guidance, awareness on relevant schemes/program, higher education, good exposure of vocational skill and better job opportunities to lead a self-reliant life.

5. Recommendation

Basis the findings from the mapping exercise, it is clear that interventions on an urgent basis are needed to address the needs and aspirations of these children and move towards system strengthening. The study can become the basis for future studies in this area.

The following can be indicated as progressive actions:

6. Competency Enhancement of CP Functionaries-

- In all CCI in Bihar, training must be imparted to staff and district functionaries making them aware of the importance of transition planning at the earliest so that they use this period to prepare and plan for their transition and independent living.
- Functionaries have to be trained to prepare Individual case files and plans of children with focus on complete legal identity documents and information of the child or youth, that must be handled in a proper case management approach

7. Convergence of services, addressing educational/vocational needs of young adults

- a) Education levels of children across CCIs is very low and most children are left with minimal scope for higher vocational training. Inter-department linkages need to be established to set up vocational unit in CCIS/Aftercare home by labour department and Pradhanmantri Kaushal Yojna to ensure maximum children get benefited and children can be exposed to more learning and skills attainment.
- b) Inter departmental coordination and convergence is needed for planning and implementation of rehabilitation and restoration of children and 18 years above youth.
- c) As families remain a social and emotional support for any individual throughout his/her lives, the CCIs where children spend considerable time too can play an integral role in preparing them for a shining future and supporting them towards independent living with life skills that encourage them to live without external support. Proper planning and adequate investment in a collaborative manner can change their lives and transform the current status of child and youth welfare in the state of Bihar.

8. Gendered approach to transition planning and aftercare

- a) The data is reflecting that 80% of the girls want to lead an independent life and self reliant life. Bihar being the progressive state, avenues need to be created for girls/women for soft skill, basic literacy and technical course by the Social Welfare Department.
- b) Bodies like SCPCR and DALSA shall ensure legal assistance and guidance in the case of POCSO & child marriage victims.
- c) Self defence training shall be introduces in girl's CCI as skill building course for girl's self care & safety.

9. Focused transition & aftercare planning for CWSN

- j) CWSN and PwDs need a specialized and extra intervention plan for making them independent. The CWSN and PwDs residing in the CCIs require special intervention for training – both vocational and adaptive. This holds especially true for persons with severe to profound disabilities. The CCIs are presently housing a large number of CWSN and PwDs. There is an urgent need to initiate the process for further tests to confirm the type and degree of their disabilities and design and implement appropriate interventions.
- k) To make intervention effective and fruitful for children with intellectual disabilities, trained and certified professionals in relevant fields of specialization are required on an urgent basis.
- l) Assessment and certification of PwDs in residing in CCIs is needed to help in formulating their effective aftercare plans.
- m) More in-depth and focused studies on the situation and needs of children with disability and staying in the CCIs and aftercare home needs to be undertaken with gender lens
- n) All functionaries must be asked to consider the issue of children above 18 years residing in the same CCI with younger children as a potential threat from child safeguarding perspective. Elder children (adults in the eyes of law after 18 years) can be a threat to younger children unless engaged constructively in their own lives and attract serious implications in POCSO and other child safeguarding laws and policies.

- o) Economically, the lack of transition planning and aftercare support is adding to the state expenditure and not leading to the full potential development of the child.
 - p) There is a need for training for all children aged 15 years and above in the CCIs on their rights and entitlements under law so that they can aspire to benefit from them. The most popular vocations shared were tailoring computer application and child care management. What else can be done needs to be explored, keeping in mind the aspirations of children and also market demands.
 - q) There is a need to develop an effective and robust aftercare programme for all children who have attained 18 years of age so that their intervention strategies are charted towards their independent living and they can be motivated to start giving back to society and acting as resources to the juvenile justice system.
 - r) Life skill training and interventions on emotional well-being, resiliency and overall mental health need has come out as an important need as most children and youth feel their life has no means and have no clarity of outside world. Professional psychologists must be asked to conduct individual and group session to boost their motivation level and to develop specific interest and skill areas based on their strengths.
10. **Core expert group/committee at state level to implement aftercare program in the state:**
- a) A robust state wide uniform programme on transition planning and aftercare is required to equip the child protection functionaries as well as encourage children and youth living in Alternative Care system to become better citizens of society.
 - b) It is recommended that a core group of experts be formed at Social Welfare department level to look into the matter of **State Aftercare Program** to ensure formulation and implementation of State aftercare guidelines, creation of state care leavers association and strengthening of alternative family based care at the community level for mainstreaming of vulnerable children and youth.

6. Conclusion

No person should feel abandoned by the system which has held them in good stead during their rough times. The State fulfills its responsibilities towards children in need for care and protection through various child centric interventions. Child Care Institutions are important mechanisms to provide the CNCP with required care, sense of safety and belonging. It is like a home for children without families. As families remain a social and emotional support for any individual throughout his/her lives, the CCIs too can play an integral role in preparing children for future and supporting them towards independent living with life skills that encourage them to live without external support. Proper planning and adequate investment in a collaborative manner can change their lives and transform the current status of child and youth welfare in the state of Bihar. A robust state wide programme on transition planning and aftercare will equip the child protection functionaries as well as encourage children and youth living in Alternative Care system to become better citizens of society. It is recommended that a core group of experts be formed at the SCPS level to be able to look into each case identified in this study to be able to make effective intervention strategies for them.