

Medical Care For Children In Need Of Care And Protection In Institutional Settings: An Empirical Study On Compliance And Systemic Barriers

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ABSTRACT

This Study critically evaluates the compliance of child care institutions with the medical care provisions mandated under the Juvenile Justice (Care and Protection of Children) Act, 2015 and the Rules focusing on institutions in Visakhapatnam District, India. A mixed-methods approach was employed, combining field observations and qualitative interviews with quantitative surveys from 900 children in need of care and protection and 45 in-charges of the child care institutions. The findings indicated gaps in the availability and quality of medical care services and these are mostly caused by misallocation of resources, lack of staff training and an inadequate institutional coordination. Despite the presence of adequate healthcare laws and policies, there are persistent issues in implementation that impede the provision of efficient care, consequently affecting the health and well-being of children in child care institutions. The Study emphasizes the necessity of improved caregiver training programs, enhanced resource management and more robust monitoring and assessment systems to guarantee compliance. The Study addresses these shortcomings and recommends capacity-building programs for caregivers, structured medical screening protocols, improved institutional monitoring, and strengthened healthcare partnerships to ensure compliance with statutory mandates.

Keywords: Children in Need of Care and Protection; Child Health; Juvenile Justice Act; Child Care Institutions

1. INTRODUCTION

India, with its large and diversified population, is home to millions of vulnerable children, many of whom are under institutional care due to abandonment, orphanhood, maltreatment or other challenging circumstances that necessitate a safe environment for their development and well-being. Child Care Institutions (CCIs) in India, which include specialised adoption agencies, observation homes, shelter homes and orphanages are established to provide a nurturing environment for children while ensuring their safety and support.

The major objective of CCIs is to provide protection, rehabilitation and holistic development to Children in Need of Care and Protection (CNCP) and Children in Conflict with the Law (CCL). However, there are serious concerns about the health and welfare of the children residing in these institutions. The responsibility to protect their health not just a moral necessity but also a legal requirement reinforced by both international and national laws. The “right to health” is considered as one of the essential rights that children are entitled to under both Indian law and international human rights standards. This right

includes the provision of preventative health services, sufficient nutrition, clean water, safe living conditions and access to health care when necessary.

Despite the strong statutory framework in place, many children in CCIs continue to confront major health issues, with their fundamental health needs frequently unfulfilled. A fundamental impediment to successful healthcare is lack of resources within these institutions, which limits their ability to hire qualified medical personnel, maintain adequate infrastructure and deliver reliable healthcare services. This is especially concerning given that a large majority of children under institutional care have histories of abuse, neglect or poverty, which are frequently exacerbated by untreated pre-existing health issues. (Saptaparni Majumdar & Dr. Rupaali Andaluri, 2023)

Furthermore, many CCIs have lack of qualified healthcare specialists and trained staff who can meet health requirements of children. This gap violates the rights of children to obtain high-quality healthcare services. Unfavourable living conditions, such as poor hygiene, insufficient space and limited access to safe drinking water, heighten health concerns within these institutions. These environmental variables not only raise the risk of infectious diseases, but they can also cause stunted growth, malnutrition and other long-term health problems. (Jolly Singh, 2022)

The “*Constitution of India*” under “*Article 21*” guarantees “fundamental right to life” to all individuals. The “*Supreme Court of India*” through the case “*Pt. Paramanand Katara v. Union of India 1989 AIR 2039*”, has construed this to encompass the “right to health” as well. This expansive view suggests that it is the fundamental duty of the State to guarantee that everyone, including children under institutional care, has access to basic healthcare services. The judiciary has reaffirmed that the State has a duty to guarantee health needs of children and to provide appropriate healthcare. Under the “*Directive Principles of State Policy*”, “*Article 39(e)*” and “*Article 47*” further emphasises the responsibility of the State to promote well-being of children. The State is responsible to make sure that children are not mistreated or neglected and are given the chance to grow up in a safe environment. The State also holds a duty to enhance nutrition and public health.

The “*Juvenile Justice (Care and Protection of Children) Act, 2015*” (JJ Act) is the primary legislation governing institutional care for children in India. This Act establishes the responsibilities of CCIs in connection to CNCP and CCL, emphasising the necessity for care, protection and rehabilitation. It underscores the necessity of creating a caring environment that promotes overall development, thereby highlighting the significant role of health care in achieving the objectives of the Act. It requires institutions to arrange for treatment and medication and to conduct medical examinations on a regular basis. It also attempts to guarantee that health concerns of children are swiftly handled and that they receive prompt medical attention. This Act also highlights the necessity of providing children with impairments or long-term diseases with extra care. It is mandatory for institutions to arrange for specific medical treatment and rehabilitation services for these children in order to meet their individual health demands. The institutions are also required to maintain appropriate sanitary standards and provide a sufficient diet.

International legal instruments such as the “United Nations Convention on the Rights of the Child”, “International Covenant on Economic, Social and Cultural Rights” and the “Convention on the Rights of Persons with Disabilities” strengthens “right to health” of children on a global level. These legal instruments, to which India is a signatory, affirm that “every child has the right to the highest attainable standard of health”. In addition to requiring access to healthcare, these instruments also require that children under institutional care have regular assessments to guarantee that their entire well-being and health are prioritized. The emphasis on comprehensive healthcare in these international frameworks demonstrates collaborative obligation of the States to protect these rights and ensure that vulnerable children receive the required support.

Definition of Child

The term *child* has multiple meanings in legislation, including kinship, capacity, and special safeguards. The *United Nations Convention on the Rights of the Child* (abbreviated as UNCRC) defines a child as *every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier*. This Article allows various countries to set their own legal age for the end of childhood, such as seven, twelve, fourteen, or sixteen years old. In India, The *Juvenile Justice (Care and Protection of Children) Act, 2015* (abbreviated as JJ Act) also defines a child as a *person who has not completed eighteen years of age*. Despite national variations, the recognition of individuals under the age of eighteen as children reflects a universal understanding of childhood as a crucial period of growth and development, warranting special legal safeguards. At the same time, it is also necessary to recognize those children who, due to special circumstances, require greater care and protection.

Definition of Child in Conflict with Law

As defined under Section 2(13) of the JJ Act, 2015, a child in conflict with law (CCL) means a child who is alleged or found to have committed an offence and who has not completed eighteen years of age on the date of commission of such offence.

Definition of Child in Need of Care and Protection

A child considered as in need of care and protection is more than just an age categorization. It refers to a child who, due to specific factors such as abuse, neglect, or abandonment, is at a higher risk of harm, compromising their right to a safe and

healthy environment. The term *Child in Need of Care and Protection* (CNCP) has been defined under JJ Act (Table 1) as a child who is in a situation that jeopardizes their safety, well-being, and development and demands immediate intervention to assure their protection and care. This can include children who have been found without a home or any means of subsistence, as well as those who are living in situations that place them at risk, such as working in violation of labor laws, begging, or living on the streets.

In addition, a child may be considered in need of care and protection if they live with someone who has injured, exploited, mistreated, or neglected them, or is likely to do so. This could also apply if the person in charge of the child has threatened harm, or if they have mistreated or neglected other children, indicating a risk to the child in question. Similarly, children with mental or physical disabilities, as well as those with terminal or incurable diseases, may be regarded in need of protection if no one is available or capable of supporting them.

Furthermore, a child may fall into this category if their parents or guardians are deemed to be unfit or incapacitated to care for them, or if the child has been abandoned or if no one is willing to care for them. This also includes children who are missing or have run away, and there has been no trace of their parents or guardians despite reasonable inquiries. Children who have been or are at risk of being sexually abused, exploited, or trafficked, or who are vulnerable to substance abuse, are also identified as in need of care and protection.

Other circumstances include children who have been victims of armed war, civil unrest, or natural disasters, as well as those who are about to be coerced into early marriage. In all of these circumstances, legal and social actions are required to secure the safety of the child while also providing the necessary assistance and care.

Table 1: Section 2(14) of the JJ Act, 2015 defines Child in Need of Care and Protection as a Child –

(i)	found without any home or settled place of abode and without any ostensible means of subsistence; or
(ii)	found working in contravention of labour laws for the time being in force or is found begging, or living on the street; or
(iii)	who resides with a person (whether a guardian of the child or not) and such person – (a) has injured, exploited, abused or neglected the child or has violated any other law for the time being in force meant for the protection of child; or (b) has threatened to kill, injure, exploit or abuse the child and there is a reasonable likelihood of the threat being carried out; or (c) has killed, abused, neglected or exploited some other child or children and there is a reasonable likelihood of the child in question being killed, abused, exploited or neglected by that person; or
(iv)	who is mentally ill or mentally or physically challenged or suffering from terminal or incurable disease, having no one to support or look after or having parents or guardians unfit to take care, if found so by the Board or the Committee; or
(v)	who has a parent or guardian and such parent or guardian is found to be unfit or incapacitated, by the Committee or the Board, to care for and protect the safety and well-being of the child; or
(vi)	who does not have parents and no one is willing to take care of, or whose parents have abandoned or surrendered him; or
(vii)	who is missing or run-away child, or whose parents cannot be found after making reasonable inquiry in such manner as may be prescribed; or
(viii)	who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or
(ix)	who is found vulnerable and is likely to be inducted into drug abuse or trafficking; or
(x)	who is being or is likely to be abused for unconscionable gains; or
(xi)	who is victim of or affected by any armed conflict, civil unrest or natural calamity; or
(xii)	who is at imminent risk of marriage before attaining the age of marriage and whose parents, family members, guardian and any other persons are likely to be responsible for solemnisation of such marriage

Significance of the Study

This Study is significant in the field of child welfare because it tries to analyze the medical care provisions in CCIs, which are critical for the complete development of institutionalized children. Given that children under institutional care are frequently from underprivileged households and may have been subjected to adverse conditions, maintaining access to sufficient health care is critical to their physical and mental recovery.

Furthermore, the outcomes of this Study will shed light on the challenges in the compliance to medical care provisions by the CCIs. By identifying these obstacles, this Study will contribute to policy discussions targeted at enhancing the healthcare infrastructure in CCIs and ensuring that CNCP receive the necessary assistance they require. Through this Study, the Researcher also intends to assist local governments, non-governmental organizations and policymakers in developing strategies to overcome the deficiencies of the current system.

Objectives

1. To assess the current state of medical care facilities in CCIs in Visakhapatnam district.
2. To identify the key challenges faced by CCIs in providing adequate medical care to CNCP.

Visakhapatnam District, located in Andhra Pradesh, India is a home to significant number of CCIs run by government and non-governmental organizations, making it an ideal location for an in-depth examination of the adherence to medical care provisions in these institutions. The city presents a diverse population, varying levels of institutional resources, mix of urban and rural areas. These factors make Visakhapatnam a valuable case study for investigating the challenges and opportunities for improving medical care in CCIs in India at large. Further, this Study intends to contribute to a better understanding of the manner in which the health and welfare of children under institutional care be protected.

2. LITERATURE REVIEW

The fundamental goal of CCIs is to reorient and integrate children. Understanding the causes and impediments can help children recover and integrate into society more effectively. The Study (Evergreat Wanglar, 2021) tried to identify the various concerns and challenges that impede effective child rehabilitation. The Study was conducted in twenty child care institutions throughout four districts in Manipur, namely, Churachandpur, Imphal East, Imphal West and Ukhrul. The Researcher adopted an exploratory study methodology and recruited 40 employees as respondents using purposive sampling. The data was gathered using observation and semi-structured interview technique. The Study revealed a number of problems and challenges that CCIs face when rehabilitating children, including the ineffectiveness of alternative care, lack of professional and trained staff, poor physical infrastructure, outdated professional and life skill training and an unhealthy parent-child relationship.

In a cross-sectional exploratory Study (Priyanka Halli et.al., 2021) of the incidence of mental health indications among 110 girls, aged between 11 and 18 years, living in 5 CCIs in Goa and Mumbai, the findings reported a 17% prevalence of moderate to severe depression and indicated that 52% of girls experienced enough difficulties to require a referral to a mental health practitioner. The Study suggested that decisive government action is essential to transform child care institutions into safe places of therapeutic recovery to mitigate the risk of mental health disorders. CCIs must provide basic health, safety, education and emotional support to all children under institutional care.

The Study (Hrishika and Rakesh Rai, 2020) examined healthcare facilities for children under institutional care, including both non-governmental and government organizations. The Study found that both non-governmental and government organizations provided children with facilities and followed the guidelines laid down under the “*Juvenile Justice (Care and Protection of Children) Act, 2015*”. The Study indicated that children admitted to Child Care Institutions have a compound risk of illness, including fits, skin infections, low weight and malnourishment due to early exposure to traumatic experiences. Therefore, the staff at CCIs prioritize the well-being of children and provide them with necessary resources. Medical caretakers and low-maintenance professionals evaluate children for proper registration. When a child falls sick, their caretakers transport them to medical clinics and hospitals. The Study suggested that children in government homes have similar health outcomes as those in non-governmental organizations and both category of institutions provided the same health facilities for children.

In the Study (C. Raneesh and A.K. Mohan, 2020) on childcare staff in Kasaragod district of Kerala, a descriptive design was adopted and all registered child care institutions were chosen for the Study. The data was gathered from childcare staff using an interview schedule and Kuppaswami's socioeconomic scale. The major findings of the Study are that childcare staff in these institutions do not meet the criteria laid down by the government. The Study suggested that under skilled and non-professional staff must undergo a transition. Due to various compulsions, a large number of children across the world are under institutional care. The grounds for institutionalization differ depending on the geopolitical context and the characteristics of the children. Some of the causes include early parent loss, poverty, lack of social support, parental substance abuse, neglect, involvement of children in socially undesirable behaviour or a violation of the law, abuse, exploitation and so on.

The Study (K. Bhuvaneshwari et.al., 2022) described the evolution of childcare measures implemented by the Indian government following independence, highlighted the need for institutional care and examined the concerns and challenges experienced by children under institutional care in India. The Study suggested steps necessary for ensuring the safety of children under institutional care, improving their living conditions and create conducive social and psychological environments through the empowerment of caretakers with knowledge and information for healthy upbringing of the children. The Study also called for cooperation from the society, with involvement of the elderly people for education of the children. In addition to suggesting ways to help these children develop resilience so that they can handle obstacles of life with confidence, the Study also opined that extracurricular activities, physical activity and group activities are all important for overall growth and development of the children.

These studies indicates that there is an urgent need for a comprehensive examination and reform of health care services in CCIs. While legal instruments exist to promote the health and welfare of CNCP, their implementation is plagued with difficulties. Addressing these concerns needs a coordinated effort from policymakers, caregivers and researchers to guarantee that the rights of children under institutional care are protected and that they receive the essential assistance for their health and development.

3. METHODOLOGY

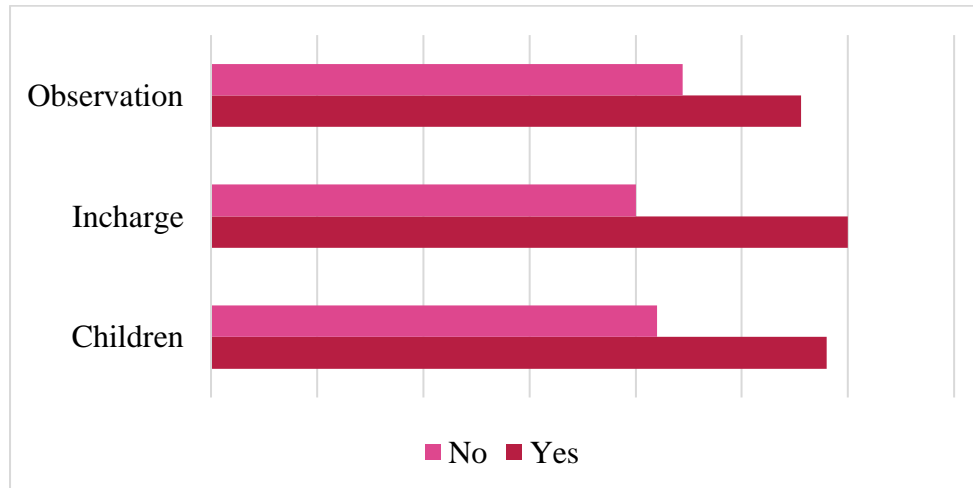
This Study adopts a mixed-methods approach, integrating both quantitative and qualitative methodologies to broadly assess the implementation of healthcare laws and policies in CCIs within Visakhapatnam district. This Study is limited to 45 Children homes providing institutional support to CNCP in Visakhapatnam district. The schedule method was adopted for collecting quantitative data from the 45 in-charges. A structured schedule was used to gather detailed information, allowing for direct interaction with respondents to clarify questions when necessary. This method ensured comprehensive data collection on compliance with healthcare laws, availability of healthcare services, infrastructure, staff capacity and challenges in providing adequate health care. The data collection also involved administering a pre-designed schedule to 900 children in need of care and protection between the ages 6 to 18 years residing in the child care institutions. This schedule helped in gathering information related to access to preventive care and medical professionals, treatment of illness, nutrition and mental health support. The schedule method allowed for methodical replies from children, with an emphasis on their personal experiences with health care services in institutional care. In-depth interviews were performed with key stakeholders such as healthcare professionals and government authorities. These interviews were conducted to gain insight into the practical issues associated with implementing healthcare laws and policies. Field observations were conducted to evaluate the infrastructure, living conditions and healthcare facilities within the institutions.

A systematic and organized process was followed for data analysis and processing. Quantitative data from structured questionnaires were coded and analyzed with the help of Jamovi statistical software, using descriptive statistical methods to determine levels of compliance and patterns in institutions. Thematic analysis of qualitative data was carried out with the help of NVivo software, allowing the identification of emerging themes, institutional barriers, and policy inefficiencies. For improved validity and reliability, a triangulation strategy was used, cross-referencing data from various sources to support the strength of findings.

4. RESULTS

The findings are arranged to address the degree to which healthcare laws are being implemented, the difficulties child care institutions encounter in providing healthcare services and the effect of healthcare facilities on the welfare of children under institutional care. It was discovered that during the period of admission of in the CCIs, children are diagnosed with infirmity like skin diseases, fits, lower immunity, underweight, malnourishment and other diseases because of the inappropriate and harmful events that happened in their life before coming to CCIs. Children are seen to be often ill and have complain about regular fever, abdominal pain, headache, etc, because of reduced immunity system and malnutrition.

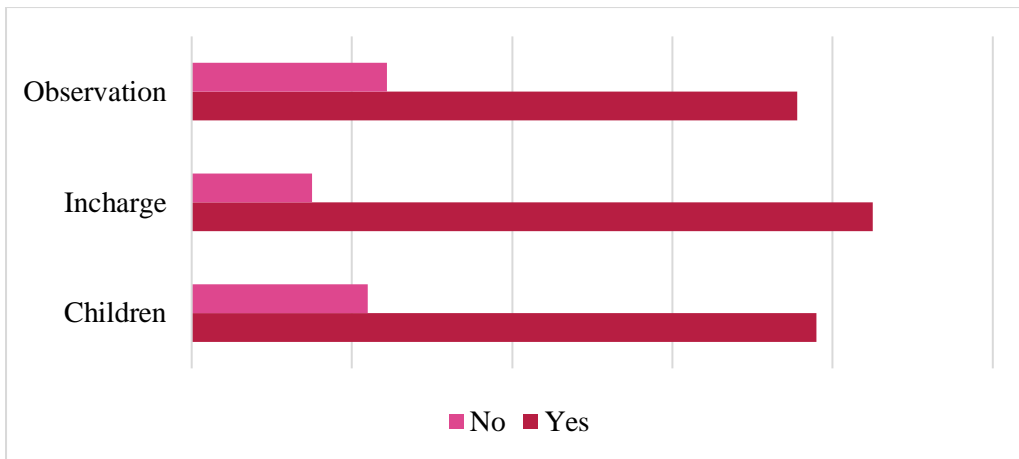
Table 2: Emergency Preparedness and Medical Safety	
Children	% of Total
Yes	58.00%
No	42.00%
Incharge	% of Total
Yes	60.00%
No	40.00%
Observation	% of Total
Yes	55.60%
No	44.40%



In the CCIs, as seen in Table 2, the safety perception of children from harm was reported at 58%, signifying a moderately favourable environment. Around 60% of institutional in-charges attested to the existence of first aid and emergency kits. Observational findings indicated that only 55.6% of institutions had fully equipped emergency kits, signifying an important gap in readiness. Additionally, healthcare professionals opined that most of the institutions did not have adequate staff training in emergencies, which renders existing medical safety measures almost ineffective.

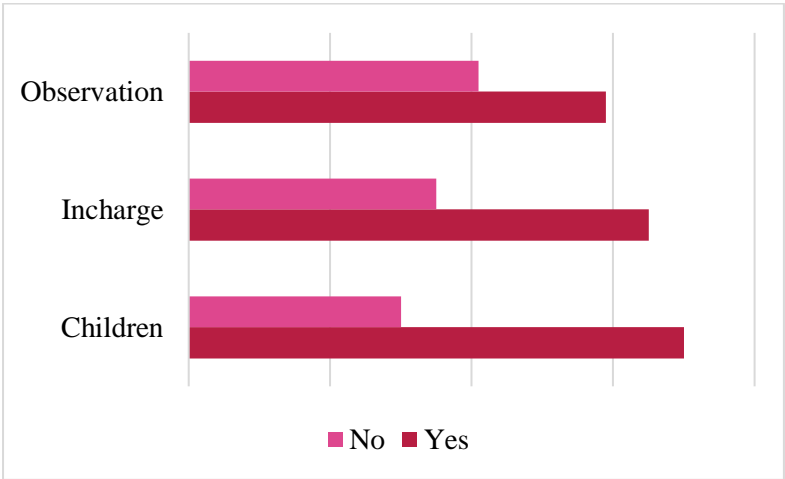
As seen in Table 3, preventive healthcare was satisfactory, according to 78% of children, who attested to receiving regular health checkups. 80% of in-charges in institutions reported scheduled and structured health screening. Immunization records were maintained in just 62.2% of institutions, indicating discrepancies in the implementation of vaccination schedules. Healthcare professionals complained about the absence of follow-up procedures, calling for more streamlined immunization programs. The information points to the necessity of routine health screening and better compliance with preventive healthcare protocols.

Table 3: Preventive Healthcare and Routine Checkups	
Children	% of Total
Yes	78.00%
No	22.00%
Incharge	% of Total
Yes	85.00%
No	15.00%
Observation	% of Total
Yes	75.60%
No	24.40%



As seen in Table 4, access to medical care continues to be a matter of concern in CCIs. Although 70% of the children said they received medical care when required, with 65% of the incharges stating that the CCIs maintained a resident medical officer or nurse. Observational findings supported this, showing that 59% of CCIs maintained active and operational healthcare partnerships. However, qualitative findings from healthcare professionals and incharges underscored the lack of staff and resources as primary impediments to timely and sufficient medical treatment. These observations underscore the immediate imperative to increase institutional medical staff, reinforce healthcare alliances, and prioritize resources to achieve uniform medical treatment provision in CCIs.

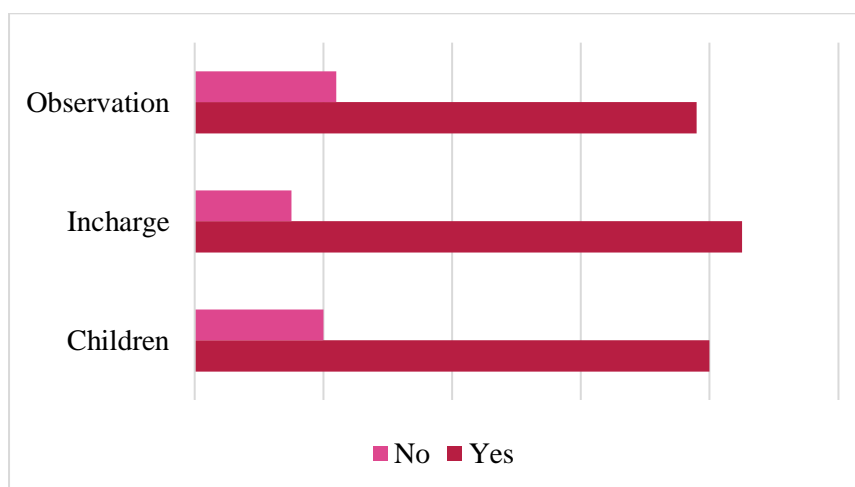
Table 4: Access to Medical Care and Treatment	
Children	% of Total
Yes	70.00%
No	30.00%
Incharge	% of Total
Yes	65.00%
No	35.00%
Observation	% of Total
Yes	59.00%
No	41.00%



As seen in Table 5, awareness programs on health were well-developed and successfully executed. Most children indicated receiving regular health-related advice through organized sessions and interactive workshops. Institutional in-charges agreed that specific awareness programs were carried out on issues like hygiene, nutrition, and disease prevention with the help of government and non-governmental organizations. Observational findings validated these assertions, indicating that informational posters, health camps, and regular awareness drives were available in 78% of institutions. Healthcare

professionals appreciated the inclusion of preventive healthcare education in daily activities to ensure that children acquire necessary health information. These efforts have helped promote a proactive health and well-being approach in child care institutions.

Table 5: Health Education and Awareness	
Children	% of Total
Yes	80.00%
No	20.00%
Incharge	% of Total
Yes	85.00%
No	15.00%
Observation	% of Total
Yes	78.00%
No	22.00%



5. DISCUSSION

A key issue identified through the Study was inadequacy of staff to provide medical care which resulted in impaired medical care services. The insufficient regular medical check-ups and preventative interventions, highlights the gap in compliance to the medical care standards established under the JJ Act and the Rules, which has a direct impact on health outcomes of children. The incidence of various types of communicable diseases and unaddressed health problems among children demonstrates the long-term repercussions of these deficiencies.

These findings highlight the need for greater institutional procedures to monitor CCIs. Despite the existence of extensive statutory frameworks such as the “*Juvenile Justice (Care and Protection of Children) Act*”, the “*National Policy for Children*”, the “*Integrated Child Development Scheme*”, “*Rashtriya Kishor Swasthya Karyakram*”, practical implementation of these laws and policies is inconsistent. This recommends that enforcement methods, such as periodic audits and sanctions for noncompliance should be tightened to guarantee that all CCIs adhere to the required healthcare standards.

The Study emphasizes the importance of resource allocation as a crucial factor in the effective compliance to the medical care standards in CCIs. The budgetary constraints limit the ability of CCIs to hire qualified personnel, upgrade facilities and deliver critical healthcare services. This raises serious concerns regarding the level of government support and resource distribution to these organizations. Future policies should prioritize expanding financial and material support for CCIs in order to improve their ability to provide high-quality healthcare services.

Another important finding is the need for better training for caregivers and healthcare workers in CCIs. Many institutions lack appropriately qualified workers to handle complex health needs of children under institutional care. Improved training programs concentrating on child healthcare and preventive interventions are critical to improving the overall health outcomes of children in these facilities. Furthermore, continuous monitoring and oversight of healthcare procedures in Child Care Institutions could help to resolve existing inefficiencies while also ensuring legal compliance.

The Study also advises that more cooperation among government institutions, non-governmental organizations and healthcare professionals is required to improve service delivery. Institutional fragmentation and a lack of communication among these institutions have increased the difficulty of Child Care Institutions in providing comprehensive healthcare. A coordinated approach including all stakeholders could help to streamline healthcare services and ensure that health rights of Children in Need of Care and Protection are safeguarded.

6. CONCLUSION

This Study met its objectives by investigating the compliance of CCIs to the medical care standards and identifying the problems associated with providing medical care services. The findings demonstrated significant disparities in medical care service supply indicating systemic challenges that require immediate action. The *COVID-19* pandemic has compounded these issues, emphasizing the necessity for strong healthcare systems to safeguard children in need of care and protection.

The disparities in medical care delivery are not limited to Visakhapatnam district but rather they mirror larger national and worldwide patterns in institutional care. Addressing these challenges necessitates a comprehensive strategy that includes policy reform, increased financing, staff training and better institutional cooperation. While existing healthcare legislation provide a strong foundation, practical implementation still remains a challenge.

Future research should look into new methods such as public-private partnerships and community-based healthcare programs to cover service delivery gaps for Children in Need of Care and Protection. Furthermore, longitudinal studies that track health outcomes over time can provide further insight into the efficacy of healthcare interventions in Child Care Institutions.

ETHICAL CONSIDERATIONS

Informed consent was obtained from all participants, including in-charges and children under institutional care, with special attention paid to ensuring rights and privacy of the children. Confidentiality of the data was maintained throughout the Study.

CONFLICT OF INTEREST

There are no conflicts of interest.

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