

## **Institutional Care and Its Adverse Effects on Children in Need of Care and Protection**

**George PS**  
*Research Scholar*  
*Sree Thyagaraja College*  
*Pollachi*  
*Tamil Nadu*  
*India*  
**G Anbu Selvi**  
*HOD*  
*Social Work*  
*Sree Thyagaraja College*  
*Pollachi*  
*Tamil Nadu*  
*India*

### **Abstract**

This article critically examines the role and impact of institutional care on children in need of care and protection in India. Despite global advocacy for family- and community-based alternatives, institutional care continues to dominate the Indian child protection landscape due to structural gaps, lack of awareness, and limited support systems. The article categorizes the different types of institutions catering to children and adolescents and explores the socio-economic, legal, and systemic factors contributing to the reliance on institutionalization. While acknowledging the constitutional and legal safeguards meant to ensure child welfare, the paper highlights the disconnect between policy and practice. Drawing from a social work perspective, it delves into the psychosocial challenges faced by institutionalized adolescents, including emotional deprivation, developmental delays, and lack of social integration. The article underscores the need for preventive, rights-based, and community-oriented responses, urging a shift away from institutional models toward more nurturing and rehabilitative care environments for vulnerable children.

**Keywords:** Institutional Care, Child Protection, Children in Need of Care and Protection, Psychosocial Well-being.

### **Introduction**

Historically, India has the tradition of the joint family system. Therefore, orphans, widows, the destitute and the aged were given shelter, care, love and protection within the family itself. However, due to the changes in the economic scenario and rapid industrialization, migration became a necessity. The socio-cultural pattern also began to then change. This led to more individual family units and the breakdown of the traditional joint family system. Urbanization and rural poverty, as well as the dilution of social controls, have affected children the most. Majority of the poor and dysfunctional families seek institutional care for their children as a solution to their poverty and problems related to their family life than as a solution to other problems faced by their children.

It is alarming to see the increasing numbers of such children entering the institutional care system. These children are not necessarily orphans but destitute and majority of them do have a family somewhere. However, once these children enter the institutional system there get accustomed to the place and hardly anyone visits them in the Child Care Homes. Very little chances and limited opportunities for them to go back to their families.

India has a child population of 436 million (UNICEF, 2023). It is estimated that there are 30 million orphans and abandoned children in India (EPW, 2022). As per the National Crime Records Bureau (NCRB, 2022), there are more than 47,000 child missing cases (The Print, 2023). According to the National Family Health Survey (NFHS-5), these issues have led to a large number of children living in vulnerable conditions that compromise their physical and emotional well-being. Despite various governmental efforts aimed at safeguarding children's rights, a significant proportion of India's children remain at risk, highlighting the need for robust care mechanisms.

Research has shown that being taken away from one's biological parents after incidents of neglect and abuse, and placed in substitute care, can itself be associated with harmful effects (Frankel, 1998). Priority should be given to family-based care that builds on existing social structures. However, there are situations when family-based care is not possible and temporary institutional care and protection are necessary (Dunn et al., 2003). Institutional care refers to Child Care Institutions (CCI) or orphanages, where children are cared for in groups by one or more adults. Institutional care should be used as a last resort (JJ ACT 2015) since it can rarely offer the individual care that the child needs to develop

holistically. It should be considered only as a short-term arrangement, until reunification or community-based care is found.

In fact, in India the traditional response to child destitution is the institutionalization of children. Institutions, thus have been playing an important role in providing services to children who are deprived of a natural family and run by the government as well as private bodies.

According to the JJ ACT, 2000, amended in 2015 'Children's home' means an institution established by a State Government or by a voluntary organization and certified by that Government under section 34. In section 34, the Act states as follows:

1. The State Government may establish and maintain either by itself or in association with voluntary organizations, children's homes, in every district or group of districts, as the case may be, for the reception of child in need of care and protection during the pendency of any inquiry and subsequently for their care, treatment, education, training, development and rehabilitation.
2. The State Government may, by rules made under this Act, provide for the management of children's homes including the standards and the nature of services to be provided by them, and the circumstances under which, and the manner in which, the certification of a children's home or recognition to a voluntary organization may be granted or withdrawn.

#### **Categories of Institutions for Children and Adolescents**

The institutions for children in India fall into four categories: (1) the statutory institutions formed as part of the juvenile justice system under JJA, 2000 to house children in conflict with law pending enquiry; (2) Institutions to look after the children in need of care and protection (children's homes and shelter homes) as directed by the Child Welfare Committees set up under the JJA, 2000; (3) Institutions run by civil society organizations and religious groups to look after children in need of care and protection; (4) Government- run institutions for vulnerable children belonging to the scheduled castes and tribes.

In addition to government run institutions, there are institutions run by private organizations, so me of them generate funds by themselves, while others receive aid from private funding agencies. Child Care Institutions (CCI's) are varied not only in numbers, but also in the nature of services provided to the children. They are called by different names as adoption centres, shelter homes, orphanages, hostel for poor students, ashrama schools, etc., and in case of government institutions they are known as Observation Homes, Children's Homes, Fit Persons Institutions, Backward Class and Minorities Hostels, etc.

A significant number of children and adolescents in India rely on institutional care, often as their sole source of support. However, research indicates that such institutions may adversely affect a child's growth and development rather than providing the intended rehabilitative benefits (Srinath et al., 2018). Studies have highlighted that children in institutional settings are more prone to behavioral and emotional problems compared to their peers raised in family environments. For instance, a study conducted in Visakhapatnam found that 16.78% of institutionalized children exhibited behavioral and emotional issues, with conduct problems being the most prevalent (Srinath et al., 2018). Similarly, research from Coimbatore reported that 42% of children under institutional care faced behavioral challenges, notably conduct and peer-related problems (Gopichandran et al., 2017).

The quality of care in these institutions is often criticized for being poor and impersonal, leading to feelings of neglect among children. This lack of personalized attention can result in children attempting to escape from these facilities. Moreover, the distribution of child care institutions is uneven across different states, leading to disparities in the availability and quality of care. The Integrated Child Protection Scheme (ICPS) in India acknowledges the vulnerability of children in institutional settings and emphasizes the need for individualized care plans (Ministry of Women and Child Development, 2014).

Emotional and behavioral disturbances are common among institutionalized children and adolescents. The absence of familial warmth and consistent emotional support contributes to these issues. Research indicates that the longer children remain in institutional care, the higher the likelihood of developing emotional or behavioral disturbances and cognitive impairments (Gopichandran et al., 2017). These findings underscore the importance of early intervention and the promotion of family-based care alternatives to support the holistic development of vulnerable children.

### **Factors Responsible for dominance of institutional care in India**

In India, the reliance on institutional care for children has been influenced by several factors, including socio-economic challenges, policy frameworks, and resource allocation. Families facing extreme poverty, lack of access to education, or employment opportunities may feel compelled to place their children in institutional care, believing it to be the only viable option for their child's well-being. Additionally, factors such as parental death, abandonment, or incapacity contribute to the institutionalization of children. A study highlighted that a significant number of children in child care institutions have parents who are unable to fulfill basic necessities like food, clothing, and education, leading to their placement in such facilities (Patel & Thomas, 2020).

Historically, India's child protection policies have emphasized institutional care over family-based alternatives. While there is a growing recognition of the benefits of family-based care, the transition has been gradual. The Juvenile Justice (Care and Protection of Children) Act, 2015, provides a framework for non-institutional care options like foster care and sponsorship; however, implementation varies across states. Encouragingly, many states are now prioritizing care reform and alternative care as a key strategy. For instance, Odisha, with support from civil society organizations, has initiated care reform in multiple districts to deinstitutionalize children and develop community-based services (Hope and Homes for Children, 2023).

Significant resources from private donors, faith-based organizations, NGOs, and government bodies have traditionally been channeled into establishing and maintaining residential care institutions. This focus has, at times, overshadowed investments in family-based alternatives such as kinship care, foster care, and support for single parents. Consequently, institutional facilities have become the default response for vulnerable children, perpetuating a cycle where families and officials view institutionalization as the primary solution (Singh, 2023).

There has been a notable shift towards non-institutional care in recent years. Government data indicates that the number of children covered by non-institutional care, including sponsorship, foster care, and aftercare, increased from 29,331 in 2021–22 to 121,861 in 2023–24, showing a nearly fourfold rise (Ministry of Women and Child Development [MWCD], 2024). Despite the expansion of Child Care Institutions (CCIs) under schemes like Mission Vatsalya, the number of children housed in these institutions has declined—from 76,118 in 2021–22 to 57,940 in 2022–23 (The Week, 2024). This trend indicates a gradual shift in public policy and service delivery toward deinstitutionalization and support for family-based alternatives.

While progress is evident, challenges remain. The development and acceptance of family-based alternative care options are still evolving in Indian society. Continued efforts are necessary to address socio-economic disparities, enhance policy implementation, and reallocate resources to support family-based care models effectively (Kumar & Banerjee, 2024).

### **Factors of Concern**

While institutional care is very much prevalent in our country as a major form of alternative child and adolescent care, there are number of factors which cause concern and require urgent attention and solutions. These concerns include:

1. Lack of a uniform registration mechanism for Institutions caring for children though some efforts are being put in the recent past.
2. Lack of gate keeping policy to check the entry of children into Child Care Institutions.
3. Lack of a data gathering mechanism to know the number of children in institutions at a given point in time.
4. Resistance from traditional structures: Reducing numbers of children in institutions or closing them down in the extreme cases can meet resistance from the staff as well as local officials. Also, institutions are funded by NGOs and the State and often this becomes an obstacle.
5. Lack of resources: Where the resources are limited or not available, appropriate implementation of community-based programs become impossible. This is despite the fact that community-based alternatives are more cost-effective than institutional care. Appropriate reallocation is therefore important or raising of additional funds.
6. Schemes from the government are formulated in such a way that there need to be a minimum number of children within the institution to get the support from the government. This forces many of the institutions to make sure they keep less number of children to receive the assistance from the government.

7. Overcrowding and lack of basic amenities are very common in many of the institutions. Even a few institutions set up for care and protection of children has "prison" like atmosphere and children are not free as they should be.
8. Most institutions do not have trained caregivers/staff equipped with knowledge in child/adolescent psychology and skills in effectively dealing with the challenges for adolescent wellbeing.

### **Factors Responsible for the Need of Institutionalization**

The adolescents are institutionalized because of circumstances that are complex. Institutionalized adolescents often come from broken homes created by a variety of factors, some more detrimental than others. They could have been voluntarily removed, or physically abused and may have experienced parental poverty or alcoholism (Ketterlinus and Lamb, 1994). Factors responsible for institutionalization of children and adolescents could be classified under following:

#### **1. Individual Factors**

Physiological and psychological deprivations make an individual destitute or orphan. By being born as physically or mentally handicapped, one is liable to become a destitute, Divorce, death of one or both parents, alcoholism, poverty, implications of accidents or disease, etc. are certain important individual factors responsible for institutionalization of children.

#### **2. Social Factors**

The downfall of joint family system, the emergence of nuclear family, industrialization, urbanization, etc. narrowed down the social, cultural, moral and philanthropic outlook of human beings. As a result the weaker member is often left to his fate.

The broken family conditions, the premature death of parent or parents, marital disharmony, divorces, separations, family tensions, ill-treatment by step-parents, sexual or physical abuse in the family, selling of children as bonded labourers, extreme poverty conditions, large families to support with low income, low income and unemployment, lack of proper housing facilities in the urban areas, break-up of traditional social structure of joint family and close neighbourhood, discord among parents, alcoholism, drug addiction, gambling, crime, parents involved in antisocial activities, etc. are some of the conditions that have caused the need for institutionalization of children (Indiramma et al., 2007).

#### **3. Economic Factors**

The livelihood of a child is determined by socio-economic conditions of the family. The child in a rich family enjoys all privileges, whereas a child born in poor family suffers, indeed, even to enjoy childhood (Damodaran, 2009). Economically backward family is often large and parents find it hard to meet all the expenses with just a tiny income. The children are forced to do manual labour or beg in the street to supplement the family income and sustain themselves. The unemployment, disease or deaths of the bread-winner are certain other factors that lead to institutionalization.

#### **4. Gender Factors**

The problems of food, dress, safe and comfortable accommodation, huge amount for dowry and marriage and other expenses for girl children burden the families when there are more female members. Girls are trained to depend on men, first on father, then on brother and next on husband and finally on son. When one of these men fails, the woman is not capable of facing the new challenges and she surrenders and resort to institutionalization.

#### **5. Natural Factors**

Natural calamities like drought, flood, landslides, earthquakes, fire, etc. are also causes of institutionalization.

#### **6. Other Factors**

Child abuse has been found to be more associated with low income status, negative marital quality, unmanageable stress, social isolation, cultural attitudes and so on. The child abuse occurs more often among families of low socio-economic status. The anger and withdrawal generated by marital conflict may make parents actively hostile or physically aggressive with their children. These factors too force children to take refuge in institutions.

### **Constitutional and Legal Provisions**

Indian Constitution also highlights the need and significance of providing protection and assistance to deprived children. The Indian Constitution provides all citizens equality before law. Article 10 of the Indian Constitution states that a child permanently or temporarily deprived of his family environment for any reason shall be entitled to special protection and assistance provided by the State.

According to Article 39(e) and (f) of the Indian constitution the State must direct its policy towards securing 'interalia' that children are not forced to economic necessity to enter vocation unsuited to their age and strength and that childhood and youth are protected against exploitation and against moral and material abandonment. As per the 46th Article of the Indian Constitution, the State shall promote with special care, the educational and economic interests of the weaker sections of the people, and shall protect them from social injustice and all forms of exploitations.

In 1960, the Union Government enacted the Central Children's Act, and it had the care, custody, protection, welfare, training, etc. as its objectives. Various states in India passed their own Children's Act for the protection of the delinquent and neglected children, which were in tune with the Central Children's Act 1960. The preamble of the Central Children's Act (1960) speaks of providing care, protection, maintenance, welfare, training, education and rehabilitation of neglected or delinquent children. National Policy for Children (1974) points out that the nation's children are its supreme asset. The 8th Section of the National Policy for Children says about providing the facilities for education, training and rehabilitation for children who have become delinquents or are being forced to resort to begging or are otherwise in distress. The 9th Section envisages for the protection of children against neglect, cruelty and exploitation.

Several laws have been enacted and some still in the process to ensure the welfare of the child and adolescent, which indicate the conscious effort of our law makers to give protection to the children in the field of education, health, labour, employment and protection from exploitation both physically and mentally. A landmark in this regard is the JJA, 2000, which distinguishes between the child in conflict with law and the child in need of care and protection. Several provisions are there in the Act to ensure the welfare, safety and protection of the child. The child rights advocates, NGOs, the UN and other organizations for children at national and international level working for the welfare of children have played a vital role to put pressure on the government to enact child-friendly policies and laws.

Though high expectations are stated in the Directive Principles in the Constitution, National Policy of the Government of India, Declaration of the Rights of the Child and in the various Children's Acts enacted, still the problem of the disadvantaged children is a great cause of concern.

### **Problems related to Institutionalization**

Children who have been brought up in various State run homes routinely describe these as "children's jails." Even though the confined children are physically provided for food, clothes, schooling and medicines they rebel against the loveless environments intrinsic to all institutions (Mander, 2009).

Placement in institutions during early critical developmental periods and for extended durations is often associated with developmental delays due to environmental deprivation, inadequate caregiver-to-child ratios, and a lack of early childhood stimulation (UNICEF, 2017). Research indicates that institutional care can negatively impact children's social behaviour, emotional development, and the formation of secure attachments (Browne, 2009). Children in institutional settings are more exposed to physical and psychological abuse, which can have long-term deleterious effects on their social development and emotional well-being (UNICEF, 2017). Maltreatment in these environments increases the risk of various psychological issues, including anxiety, low self-esteem, behavioral disorders, educational setbacks, and difficulties in forming relationships with peers and adults (Better Care Network, 2023).

Institutionalized children often exhibit profound psychological disturbances, such as an inability to give or receive affection, feelings of hopelessness, inferiority, aggressiveness, withdrawal, selfishness, excessive crying, eating difficulties, speech defects, hyperactivity, fears, and both financial and educational problems (UNICEF, 2017). Additional mental health issues prevalent among these children include mood disorders, depression, suicidal tendencies, anxiety, phobias, post-traumatic stress disorders, cognitive impairments, and learning difficulties, categorizing them as "children at risk" (Better Care Network, 2023).

These children express high levels of dissatisfaction in the areas of creative expression, social maturity and protection, recognition, praise and social acceptance. A sense of inferiority complex is fairly apparent. They are often socially isolated group. They have lost their self-respect and experience strong inhibitions, preventing their coming to the forefront of the social life. In the 16th century, a Spanish Bishop noticed that many infants left in an orphanage died from apparent sadness - death resulting from insufficient love (Spitz, 1945).

Goldfarb (1947) concludes that institution child does not have identification and a developed capacity for relationship; his behaviour is passive and undirected and has very little insight. He needs stimulation growth of a normal ego

structure than the amelioration of conflict and anxiety. Most of the studies show, perhaps unsurprisingly, that children who have spent an extended period of time in orphanages display deficits in all areas of development when compared to any other group (i.e., adopted or home-reared children). This is the same pessimistic picture that both Goldfarb (1945) and Spitz (1945) painted. In an institutional set up even though inmates' physical needs are met, there is no opportunity for natural family environment, care and affection. There is absence of warm, day-to-day contact with an adult in the role of parent person and deprived from the practical experiences of family when institutionalized adolescents go back to the original family, they might be in a difficult position to carry over their role in a meaningful way (Ganasaraswathy, 1994).

Children regard incarceration in such homes as a punishment. Cut off from the larger community, behind their opaque walls, corruption and institutionalized systems of bullying and sexual and physical abuse are known to pervade these homes. The children raised in these homes are typically withdrawn or violent, and find it hard to integrate with the larger world into which they are ejected as soon as the State is not bound by the law to protect them (Mander, 2009).

### **Psychosocial Wellbeing of Adolescents - The Social Work Perspective**

Adolescence marks a critical period in human development, characterized by significant biological, psychological, and social transformations. During this time, young individuals explore their emerging identities and independence, developing critical thinking skills about themselves and their surroundings (National Research Council, 2019). They navigate complex changes that influence their overall development.

Healthy adolescent development depends on safe and supportive environments free from physical, mental, and emotional harm. Opportunities for youths to build strong connections with family, schools, and communities are essential for realizing their potential (National Research Council, 2019). Engagement in activities that affirm their value and enhance their inherent talents and strengths significantly benefits adolescents.

Inclusive social environments that embrace diversity encourage youths to value themselves and others. Equitable access to healthcare, mental and emotional development resources, quality education, employment opportunities, and social support is crucial for positive youth outcomes (National Research Council, 2019).

While many youths successfully navigate adolescence with support from caring families and communities, numerous others face significant challenges. Issues such as parental loss, family breakdown, neglect, abuse, bullying, substance abuse, violence, and poverty can impede their development. These barriers often restrict access to essential services, adversely affecting their psychosocial well-being (National Research Council, 2019).

Adolescents in institutional care are particularly vulnerable, as they often lack familial support and face compounded disadvantages. Social work, with its unique methods and techniques, plays a vital role in intervening to support these youths. By engaging individuals, families, and communities, social workers aim to prevent problems and promote health and well-being (National Association of Social Workers, 2005). The appropriateness of various care forms for children and adolescents deprived of parental care—such as institutional care, foster care, kinship care, and adoption—has been widely debated. While no single form is ideal, adoption is often considered more appropriate. Social workers are instrumental in assessing and monitoring care types to ensure they serve the best interests and well-being of children and adolescents (National Association of Social Workers, 2005).

Understanding that investments in youth health benefit individuals and society, social workers provide essential services within environments and systems affecting youths' lives. Given that institutional care remains a primary alternative for children and adolescents in India, assessing their psychosocial well-being and implementing necessary interventions is imperative. Social work seeks socio-economic well-being and self-actualization for all individuals (Young, 1949). Therefore, institutionalization should be a temporary arrangement until reintegration into a home environment is feasible.

### **Conclusion**

Institutional care in India, though established as a protective mechanism for children and adolescents in need, continues to reflect a complex interplay of socio-economic, cultural, and systemic factors. While constitutional and legal provisions attempt to safeguard children's rights, the over-reliance on institutionalization often stems from inadequate support for alternative care models, poverty, family breakdown, and social stigma. The categorization of institutions and their growing prevalence highlight the need for critical evaluation, especially considering the documented challenges, ranging from inadequate infrastructure and staffing to concerns over the psychosocial well-being of children.

From a social work perspective, the institutional framework must evolve beyond mere custody and control. It must prioritize the holistic development of each child, ensuring emotional security, individualized attention, and pathways for

social reintegration. Moving forward, a stronger emphasis on preventive approaches, family-based care alternatives, and robust monitoring mechanisms is vital to ensure that institutional care becomes a last resort, rather than the default response. Only then can we truly uphold the ‘best interests of every child’ and adolescent in need of care and protection.

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