

Extra-Familial Care: Perspectives from India

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This paper aims to give an overview of out-of-home care in India. It looks at the history and culture of extra-familial care in the country, the urgent need for organised out-of-home care, and tries to understand the role of the state, including legislation and policies. The belief that individual families should solve their children's problems is deeply ingrained. There are different support systems that cater to the children's needs and right to healthy living in home and with family. While the government and community choose and decide for the children of the country, the government drags its feet in drafting policies which recognise that large number of children are growing up without families. More research is needed to look at the need and quality parameters for out-of-home care. Action from both government and non-government organisations (NGOs) will require a large number of institutions that, in turn, will require sufficient budgets and trained staff to ensure an environment of protection, support and appropriate development for an estimated 20 million children in need of good quality out-of-home care in India.

■ **Keywords:** Childcare, Extra familial, India, Children, Out Of Home, Early years

Introduction

In all cultures, the family is a very important unit, but in few nations does it appear to play such an important role in every aspect of everyday life as in India. Anandalakshmy (2005) has said that the one word which can describe Indian culture is "familism". Getting married, having children and raising them in a family are very important developmental tasks for Indians (Roland, 1989). In this context, the child growing up outside the protective umbrella of a family is seen as a problem that, if possible, should be brushed under the carpet. India struggles with similar kinds of issues seen in other parts of the world, but how Indians deal with these is culture specific. This paper discusses arrangements for children growing up outside the home in an extra-familial context in India, and how the country's distinct socio-cultural identity and its diversity lead to issues that are different from other countries. Although India's strength lies in its strong institution of family, the belief that individual families should solve their children's problems is deeply ingrained and has led to a lack of strong research and policy-driven facilities for children growing up outside the home. Traditional patterns of living should be sustained, but state support which is good quality and supportive of child development should also be available in situations where traditional supports are absent (Kapoor, 2006).

Background and History

Looking at the traditional Indian literature, one can recognise the portrayal of intact and enmeshed child and parent relationships. There is rarely mention of a child without allusions to a powerful authority who loves, cares for and controls the child. In the ancient literatures, children represent a couple's longing for descendants, the realisation of a wish, as seen in the work of poets and writers such as Kalidasa, Surdas and Tulsidas (Kakar, 2008). Care other than the home setting is not commonly discussed, but it is interesting to note that many of the children who are figures of spiritual significance in epic tales – for example Krishna, Sita or Shakuntala – are not raised by biological parents. Rather, they appear as foundlings raised by couples who become their second parents. Also of significance in traditional Indian culture are the Gurukuls, where the young boys were sent for Vedic education and spent most of their childhood under strict conduct (Jayapalan, 2005).

In the ancient literature, one can see that there is not much mention of specific out-of-home care arrangements,

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but India nevertheless has a long tradition of looking after children who are not privileged to have the warmth and comforts of home care (Puthenkalam, 1969). Various causes have been highlighted, such as financial strain, a broken family, inadequate housing conditions or the impact of disabilities, resulting in children being left homeless and cared for by relatives or by religious institutions.

The history of modern out-of-home care in India can be traced back to the 19th and 20th centuries to the influence of Christian missionaries and social reforms. These institutional care systems emerged from two modalities, namely charity and the protection of the society from the disturbances of the unwanted children (Khandekar, 1979). According to Khandekar (1979), the first children's Act in the 1920s, passed in different states of British India, followed a "congregate approach", with children in several categories such as "delinquent", "destitute", "orphan", "disabled" and "victimised", and of various ages, brought together and looked after under the same roof. These institutions provided basic needs for children, but did not look towards rehabilitation or a rights-based approach.

In the post-independence era, which brought recognition for children's constitutional rights, the need to provide care and protection for children experiencing deprivation increased. Important aspects such as education, nutrition, care and safety were offered to the children without family or homes through various institutions. After independence, the number of these institutions grew as the government and individual philanthropists contributed to this sector. With the introduction of India's Children's Act 1960, a new direction was given to children's care, safety and shelter, but still it had flaws. It reflected an approach to children that was custodial (care and protection) in nature and still lacked a rehabilitative component. However, the Children's Act paved the way for different institutional set ups for children. In 1964, for example, SOS Children's Villages established its first village in Delhi under the name Greenfields Children's Village, in cooperation with the Central Social Welfare Board and Indian Council for Child Welfare.

During the 1960s, Puthenkalam undertook pioneering work by conducting a national survey of orphanages in India. His study of Catholic orphanages in India indicated that the southern states of India had the highest number of residential institutions (Puthenkalam, 1969), with Madras having the highest number of orphanages (154) followed by Kerala (114). The explanation given for this was that parents had a strong desire to educate their children, but their poor economic background meant they preferred to entrust their children to orphanages.

Increasing knowledge of childcare practices and research findings in the area of institutional care indicated the need for change in the structure. With the announcement of India's Fifth Five-Year Plan in 1974–79, used by the Planning Commission (1974) to inform the allocation of state resources, the government extended institutional services for children in difficult circumstances. Effort was put into pro-

viding a family life atmosphere and specialised services so that children in difficult circumstances might have the same opportunities for development as children living with their parents. In 1974, the Government of India also launched a New Welfare Scheme under the administration of the Department of Ministry of Social Welfare (now known as Ministry of Welfare), which was later modified in 1984–85 to safeguard the interests of children in need of care and protection. The major thrust of this scheme was to provide services to children in difficult circumstances, but now with a focus on rehabilitation. For the first time, a new approach that offered a "family atmosphere" through a "cottage system" was given favour over the institutional atmosphere of the congregate care system (Khandekar, 1979).

Rane, Naldu and Kapadia (1966) did an extensive review of the residential childcare programs that were available in the country. They concluded that there was no reliable data available on the exact number of orphanages in the country at that time, but that there were about 765 orphanages in 1981–82. A UNICEF report (1984) indicated that there were about a thousand children's homes catering to 140,000 children (as cited in National Institute of Public Cooperation and Child development [NIPPCCD], 1990). Rane and her associates also reported the presence of 35 SOS Children's Villages in 1983. However, Nath and Sethi (1990) put the total number at 25 in the late 1980s.

India's Current Picture of Extra-Familial Care

The history so far demonstrates the changing patterns and evolving perspectives of care in out-of-home care settings, which have grown from the need for recognition of child welfare, rights and development. These developments have been an important part of India's long-term economic and social investment, with effective laws, schemes and programs devised to fulfil constitutional requirements and signed UN conventions. In the present, one can say that the state and the community are trying to take responsibility for children.

Children in Need of Care and Protection

Children who are abandoned or are living on the streets are in urgent need of out-of-home care. Though some children get adopted according to SOS Children's Village 2011 study, 20 million or 4% of India's child population lives in poverty and deprived conditions without any adult support and supervision. According to UNICEF (2012) and the *Study on Child Abuse: India 2007* (Ministry of Women and Child Development, 2007a), there are 18 million children who live and work on the streets. Even though, of these, only 5–20% are truly homeless or disconnected from their families, most live in situations where there is no protection, supervision, or direction from responsible adults. Although poverty was a significant reason for a large number of children being on street, family discord and family violence were

also reasons why these children ended up on the street (Patel, 1990; Subrahmanyam & Sondhi, 1990). These children do not have access to sanitary places for defecation or bathing. They not only lack a place to stay they are also deprived of educational opportunities. A census of street children conducted by Save the Children in 2010 found that half the street children in Delhi were not literate and only 20% had received some kind of formal education. These children are also exposed to some five types of abuse: general abuse and neglect, health abuse, verbal and psychological abuse, physical abuse and sexual abuse (Mathur & Monika, 2009). Patel (1990), in her study of 1000 street children in Mumbai, notes that the children have developed a definition of themselves as “rootless and roofless”.

In a study done by NIPCCD in 2011–12 regarding orphanages in India, 950 questionnaires were sent to different organisations operating in 15 states. The Institute received 137 questionnaires back and the research study concluded that “it was astonishing to observe that all institutions maintained minimum standards of care for children”. The researchers’ astonishment suggests that they were not expecting even minimum standard of care. Few statistics are available on the total number of children in institutions in the country. The fourth National Family Health Survey (International Institute for Population Sciences, 2013), which does a comprehensive survey of children, did not mention any facilities or programs for children in out-of-home care. It discusses health, nutrition, education, child labour and juvenile delinquency, but makes no mention of statistics on street children, abandoned children or children in institutional care. It mentions that fewer homeless children are involved in juvenile crime compared to children living in families.

There have, however, been other studies that have looked at children’s needs. In a background paper for Seminar on Institutional children and standards of care and mental health organised by Udayan Care and Commission for Protection of Child Rights in 2014, it is mentioned that UNICEF estimates that India has 31 million children who do not have parents, including 100,000 in the state of Jammu and Kashmir alone (Centrone, 2014). The Integrated Child Protection Scheme (ICPS) counts 180 million children in need of care and protection, while the 2012 Statistical Report by the Ministry of Statistics and Program Implementation states that almost 34,000 children are in conflict with the law (UNICEF, 2012). The *Juvenile Justice (Care and Protection of Children) Act, 2000* applies two labels according to children’s circumstances to determine which have the right to institutional care. These are: “children in need of care and protection” (children who are neglected and abandoned by parent, children without parents and victimised children) and “children who are in conflict with law”. Not all children who are placed in institutions are therefore without parents. They are sometimes separated from their families, or have run away. Sometimes the families themselves place their children in alternative care for reasons related to poverty

and social exclusion, and the lack of political and financial priority and so on (Centrone, 2014).

Looking at the Legislation for Alternative Care

Present government systems are trying to take greater responsibility for children who are not living with their parents. In India, the Juvenile Justice (Care and Protection of Children) Act, 2000, (Ministry of Law, Justice and Company Affairs, 2000) and Rules, 2007 (Ministry of Women and Child Development, 2007b) are the most important laws to define all the standards to be respected by children’s institutions. Other relevant legislation includes the *Guardians and Wards Act, 1890*; *Hindu Adoptions and Maintenance Act, 1956*; the *Hindu Minority and Guardianship Act, 1956* which provides power for adoption and guardianship; and *Commissions for Protection of Child Rights Act, 2005*, which determines institutional arrangements for children to ensure that the rights of the child are not violated (Centrone, 2014).

In India, the National Commission for Protection of Child Rights and the National Human Rights Commission are good examples of independent bodies that have the right status to monitor residential care facilities for children. In addition, the ICPS ensures the effective implementation of the legislation, schemes and programs that relate to child protection and rehabilitation in the country, encompassing children in need of care and protection along with juveniles in conflict with the law. Similarly, the Shishu Greh Scheme sets out standards and guidelines for running institutions for infants.

Alternative care service delivery structures operate at national, state and district levels:

- Central Level: The Central Project Support Unit, Childline India Foundation, the Central Adoption Resource Authority (CARA) and NIPCCD.
- State Level: State Support Units, State Child Protection Society and State Adoption Resource Agency.
- District Level: Child Protection Society and Specialised Adoption Agencies.

In addition, Child Welfare Committees and the Juvenile Justice Boards help in looking into profiles of children and in the placements in the out-of-home care settings, while the Ministry of Woman and Child Development is responsible for all matters concerning children in the country.

Looking at Some of the Extra-Familial Settings

Out-of-home care or an extra-familial settings may vary based on service structure and functionality. Out-of-home care may include various residential facilities where many boys and girls spend a significant period of their lives or short-term stay facilities. Although there is no universal definition, all forms of out-of-home care have the aim of

catering to the developmental and cultural needs of the children (Centrone, 2014).

In India, children are generally placed in one of the following institutional options:

- **Shelter Homes:** These are drop-in centres or night shelters for short term intervention. The “Homeless Project” of St. Stephen’s Hospital has shelter homes running in the six districts of Delhi, providing food, medical aid, counselling services and de-addiction services to children. Children usually drop in during nights and go back to the streets during the day.
- **Children’s Homes:** These provide care and protection to children, rescuing children in difficult circumstances and working for their care, treatment, education, training, development and rehabilitation. One of the examples of a children’s home is Don Bosco Ashalayam located in West Delhi. It rescues children who are abandoned or have run away from home, who are child labourers or abuse victims, and takes them to the Child Welfare Committee. Medical examinations and counselling sessions are provided, and attempts to trace the family of the child are made. The child is either restored to family or lives in the institution. The age range of children in these homes varies from six to 18–21 years. For children below the age of six, there are special institutions. One such institution is Ashran, located in east Delhi in a residential colony, which has a *palna* (crib) at the doorstep where mothers can leave their newborns. Some children are also brought from hospitals after parents have given up their rights to the child.
- **Observation Homes or special homes:** These offer temporary accommodation for juveniles in conflict with law, and are where they serve out their terms. Tihar Jail in Delhi has a special branch called Nirmal Chaya Observation Home for girls who are in conflict with law and also need care and protection. Some adolescent girls give birth in the observation home and there is a special care unit for newborns. The young mothers get to spend the important hours of the day with their children.

Some private organisations such as SOS Children’s Villages have taken a less conventional path. In India, SOS Children’s Villages caters for over 24,000 children and has 32 children’s villages in 22 states in India. These provide a home life atmosphere for the children by functioning as communities which give children the experience of living with family, neighbours and friends (SOS Children’s Villages India, 2014).

Another important care setting to study is Foster Care, which is a relatively new concept in India. Foster care is care outside the child’s home that offers substitute parental care. The children may be placed with a family, relatives or strangers, in a group home (where up to a dozen foster children live under the continuous supervision of a parental figure), or in an institution (McDonald, Allen, Westerfeld,

& Piliavin, n.d.). It should be noted that a child living with relatives is quite common in India, but is not considered mutually benefiting for a family looking after the child with no control over child’s rights or assets (Devapura, 2014). This kind of care, more prevalent in Western world, is not seen so much in India. Government policies and programmes for foster care are very sketchy.

Research to Understand Influence and Effect of Extra-Familial Care

There have always been debates about what is the best care for the child. The theories of Bowlby (1980) and Ainsworth (1979) suggest that an early experience with a few warm, caring and socially – emotionally responsive adults, who offer relative stability in the child’s life, provides the best foundation for appropriate social – emotional development and long-term mental health. As a result, out-of-home care settings which lag in fulfilling the best practices have always been seen negatively and as the last resort for the child. Georgette Mulheir, for example, called her 2012 TED talk “The tragedy of orphanages” on the basis of her observations. Work by Chisholm (1998), Lis (2000) and Rutter et al. (2007) has also highlighted the universal developmental truths regarding the negative influence of out-of-home care or institutional care in children’s lives. India too portrays similar difficulties in the different domains of development when seen from the outside, but the story has its own uniqueness when seen with proximity.

In India, several studies depict poor conditions, ineffective functioning and lack of care in the institutions. Studies by Suman (1986) and Sharma (1989) have singled out lack of opportunity and stimulation for children in institutions as reasons for negative emotionality (as cited in Taneja et al., 2002). Research by Routray et al. (2015) in the orphanages of Odisha has also concluded that children experience developmental delays and poor health outcomes.

To fully understand these outcomes one must look at both developmental as well as social-cultural aspects. The patterns of children’s development can be seen as similar across countries, but social understandings can bring out drastic differences of interpretation. A study by Ahmad (2007) on children in foster care institutions in Delhi reported that there were no personality problems or psychological setbacks among children in a foster care institution in Delhi, which clearly challenges other findings. A recent study by Rastogi (2015) titled *Perceptions of Self and Well-Being of Children Living in Children’s Homes* revealed that in the non-governmental institutions of Delhi only a small percentage of children had low self-worth and a majority had positive self-perceptions, contradicting studies by Kapur (1995) and Bharat (1993). There appears to be a tug of war between the “negative” and “not so negative” impacts when talking about institutional care. To understand the deeper influences of institutional care it would be

interesting to see these through the lenses of some indigenous theories.

The “indigenous approach to assessment” outlined by Girishwar Mishra, Louise Sandarajan and Anthony Marcella (cited in Paniagua & Yamada, 2013) describes a concentric system of self, based on recognition of self and consciousness. It comprises of seven layers: inner most being, inner being, outer being, self, family, nature and gods and spirits. Every level of the concentric system is affected by what the child constantly experiences. An out-of-home care setting provides for the child’s identity, individuality, preferences, beliefs, values and morality which, when amalgamated, frames a personality for the child that is different from what is traditionally expected. Andreatzi (2015) highlighted the formation of individuality and uniqueness in children, as well as why and where they choose to belong in an article titled “Identity and Individuality: The art of belonging while being yourself”. In an out-of-home care setting children’s aspirations, role models and groups are framed differently. As a collectivistic society, India expects its children to become socially apt and be able to fit into society. Sharing, looking after each other, paying respect to elders and keeping up the pride of the parents are central to how an Indian child is raised, and these expectations are regarded as mutually benefitting for all. In contrast, the factors that benefit a child in an institution might entail being in the strongest gang or showing physical power to gain better resources and respect, so that the meaning of collectivism might change completely.

Traditional theories, like that of Krishnan (1998), which focus on the centrality of the family to children’s upbringing, do not easily fit when we talk about the out-of-home care for children. Krishnan’s emphasis on the innocence of the child can also become problematic when we talk about children who are in conflict with the law and living in observation homes, or who are considered from a religious point of view to have lost their parents due to their intolerant karmas in the past life. These challenges to beliefs about children’s innocence contribute to the discriminatory treatment of children in out-of-home care. For example, Kakar (2008) elaborates on the importance of Samskaras, rituals that are practiced in different stages of life in every family for the child’s overall development and wellbeing – rituals that are missing from the lives of children in out-of-home care settings. Missing out on these rituals can therefore lead to an Indian child being judged unfit for the society. There is noticeable discrimination against these children from an early stage in schools, public spaces and, later, in terms of job opportunities and so on. As a consequence, the child who has been through a difficult phase in life and, on top of that, faces unjust treatment from society, may grow up feeling rejected, unloved and uncared for. Indian society is such that the out-of-home care systems designed to support children may not be very supportive at all.

In spite of this, it is surprising to note that research does draw attention to positive self-concept and high self-worth

among children in out-of-home care. What might account for this strong self-image may be the child’s ability to find space for self despite a lack of privacy, feeling a sense of autonomy in spite of living inside the four walls, and having some mastery of self even after experiencing custodial care and authority. Turiel’s (1979) work on children’s moral development and Menon’s (2003) study of moral development in Indian children highlights that children develop the understanding of conventions and morality at an early stage (as cited in Valsiner, 2013). Children in institutional settings, however, are not bound to follow the conventional. They can choose, not on the basis of what is wrong or right but as per their conscience, which gives them freedom of thought. In most institutions, religious practice is taken seriously though children do not necessarily always assume the moral values foist on them. A Christian home will have its morning prayers; so does a home run by Hindu believers, where all the children irrespective of their own religion join for the prayers and ceremonies. It has also been noted that children may view priests in Christian homes as their role models and even imagine fulfilling their roles in future. The above research studies suggest that India has to look for unique solutions for children needing out-of-home care, solutions which are culturally sensitive and fulfil the needs of the child within the socio, economic and political environment of the country.

Conclusion

A child is seen as a part of a system which, when it ruptures, affects not just the child but all the other sub-systems. Matters relating to children’s health, living conditions, their rights and future have typically seen the government to restore children to parents whatever conditions may be faced by the child within the family. When we look at out-of-home care in India from religious and historical perspectives, there are clearly three issues that continue to affect the present. First, priority has traditionally been awarded to the family as the primary and proper care setting for children; secondly, that dependence on charity has shaped the values influencing the care and support offered to abandoned and street children; and thirdly that, even the recommendations of Five-Year Plans, government support for institutions and policies supporting children in out-of-home care has been very strong. Despite this, the large number of abandoned and street children means that organised care provided by government institutions is not only desirable but essential. Over the last two decades, legislation and policies have been put in place, but the large numbers of children, financial constraints and a cultural reluctance to recognise the necessity of care outside the family have not led to sustained and effective effort on the part of the Government.

In India, looking at what is best for the child has not been limited to understanding the child’s needs, but has clearly been influenced by what is considered to be in the best interests of parents, family and the community too. India’s

historical and patriarchal structures have led to laws that give priority to the wishes and power of parents, even where parents may be the primary violators of a child's rights. In contrast to India, many other nations place greatest value on the rights of the child, and consider the child's individuality as an important aspect. As Tilbury and Thoburn (2008) have reported, alcohol, drug problems or family breakdown may be primary reasons for the placement of children in out-of-home care settings in Australia, but these issues are often not considered reasons for children to go into out-of-home care in India. While the State in many Western nations may remove parental rights and assume full responsibility for children when their development is under threat, India is distinguished by its very different outlook. The child is not considered as a single individual but something akin to what Ayurveda as described as a "psychological unit" of mother and child (Kakar, 2008).

In my doctoral research looking at the childcare arrangement of working mothers, I found that mothers prefer care by extended family and then care by domestic help over day care (Kapoor, 2005). The reasons for the reluctance to trust in institutional care are many. Family in India is all encompassing and it is believed that care of children should take place only at home. The effects of this value system are reflected by the low budgets, legal guidelines and lack of quality checks that would make institutional and other forms of out-of-home care better quality. The full potential of these services is not realised and even now policies tend to focus on how to improve rules and services related to adoption. While the government encourages NGOs to work with children and run institutions – and many NGOs try to provide good environments for children and adolescents in institutions – the government does not seek to actively support NGOs or formulate policies and regulate their functioning.

India's National Policy for Children declares that the child is the nation's most important asset. As India is a developing nation, there are financial constraints on the development of good quality extra-familial care for children growing up without a family. More importantly, there is a failure to recognise the crucial role good extra-familial services can play in the development of children deprived of family life. Institutional care is essentially believed to be a violation of young children's primary needs. The Government drags its feet in drafting policies that recognise that large numbers of children are growing up without families, and the institutions where they are growing up need to be of good quality, which, in turn, requires sufficient budgets and trained staff. According to UNICEF (2012) the institutional framework exists but action lags behind. Government and NGOs must jointly address this issue and actively commit to spend money on children in out-of-home care, implement policies, monitor care and bring about an environment that protects, supports and promotes the development of 20 million children in India. In the coming 40 years, it is difficult to imagine that there will be much improvement in the

services for children living away from their families if attitudes, approaches, practices and welfare policies related to extra-familial care are not urgently reviewed.

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