PARENTAL SUBSTANCE USE, FAMILY ADVERSITY, AND PSYCHOLOGICAL WELL-BEING AMONG CHILDREN IN NEED OF CARE AND PROTECTION IN KERALA: A CROSS-SECTIONAL STUDY ACROSS FOUR DISTRICTS

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ABSTRACT

Children in Need of Care and Protection (CNCP) are highly vulnerable to adverse childhood experiences such as parental substance abuse, family conflict, neglect, abuse, and socioeconomic deprivation, all of which may adversely affect their psychological well-being. Although institutional care provides protection and rehabilitation, limited evidence is available on how documented parental substance use and family adversities influence the psychological well-being of institutionalized children in Kerala. Therefore, this study assessed the psychological well-being of Children in Need of Care and Protection residing in Child Care Institutions and examined its relationship with parental smoking, alcohol use, drug use, and family problems. A quantitative cross-sectional design was adopted among 300 children from Child Care Institutions across four districts of Kerala. Psychological well-being was measured using Ryff's Psychological Well-Being Scale, while information on parental substance use and family-related problems was obtained from institutional case records, case history files, Individual Care Plans, and counsellor-maintained records. Descriptive statistics and Pearson's correlation analysis were used for data analysis. The findings revealed that most children reported a moderate level of overall psychological well-being (67.3%). Family problems demonstrated the strongest negative association with all dimensions of psychological well-being, whereas parental drug use showed significant negative relationships with positive relations, autonomy, environmental mastery, purpose in life, and self-acceptance. Parental smoking and alcohol use were also negatively associated with selected dimensions of psychological well-being. The findings indicate that adverse family environments continue to influence children's psychological well-being despite institutional care. The study highlights the need for trauma-informed mental health services, family-centred substance use interventions, psychosocial counselling, and multidisciplinary social work practices to strengthen the psychological well-being and long-term rehabilitation of Children in Need of Care and Protection.

Keywords: Children in Need of Care and Protection; Psychological Well-Being; Parental Substance Abuse; Parental Alcohol Use; Parental Drug Use; Child Care Institutions.

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INTRODUCTION

The psychological well-being of children residing in child care institutions (CCIs) is an important concern within global child protection and human rights frameworks. Children entering institutional care often have histories of family disruption, poverty, neglect, abuse, and inadequate caregiving environments.[1,2] Although CCIs provide protection, education, and basic needs, children may continue to experience psychological difficulties due to previous adverse experiences and disrupted attachment relationships.[3,4]

The quality of institutional care and caregiver relationships significantly influences children's developmental outcomes. Experiences such as caregiver changes, limited individual attention, and peer difficulties may affect emotional security, interpersonal relationships, and psychological adjustment.[5] However, supportive institutional environments with stable relationships and psychosocial interventions can promote resilience and positive development among vulnerable children.

Parental substance abuse is a significant family-level risk factor affecting children's psychological well-being. Alcohol and drug dependence among parents may reduce caregiving capacity, increase family conflict, create economic instability, and expose children to neglect and emotional insecurity.[6,7] Such adverse family experiences may disrupt attachment relationships and continue to influence children's psychological adjustment even after institutional placement.[3] Research further indicates that parental substance misuse is often associated with broader family dysfunction,

including domestic conflict, inadequate supervision, and emotional neglect.[8]

Psychological well-being provides a comprehensive framework for understanding positive functioning among vulnerable children. Ryff's model conceptualizes well-being through six dimensions: self-acceptance, positive relations, autonomy, environmental mastery, purpose in life, and personal growth.[9,10] These dimensions are particularly relevant for children in institutional care as they reflect their ability to adapt, develop supportive relationships, and maintain positive future orientations.

Although previous studies have examined institutional care and parental substance abuse separately, limited research has explored their combined association with psychological well-being among children in alternative care settings. This gap is particularly evident in the Indian context, including Kerala, where children in need of care and protection experience specific socio-cultural and family-related vulnerabilities.

Therefore, the present study examines the psychological well-being of children in need of care and protection aged 10–18 years residing in child care institutions across four districts of Kerala, India (Ernakulam, Kottayam, Kollam, and Pathanamthitta). The study explores the relationship between parental substance use, family-related problems, and psychological well-being to generate evidence for strengthening psychosocial interventions and child-centred care practices.

MATERIALS AND METHODS

Study Design

The present study employed a quantitative cross-sectional descriptive-correlational research design to examine the psychological well-being of Children in Need of Care and Protection (CNCP) residing in Child Care Institutions in Kerala and to investigate its association with parental smoking, alcohol use, drug use, and family-related problems. A cross-sectional design was considered appropriate because it enabled the assessment of psychological well-being and family-related risk factors at a single point in time while exploring the relationships between these variables within the study population. The correlational approach facilitated the examination of the strength and direction of the association between parental substance use and the six dimensions of psychological well-being without manipulating any study variables.

Study Setting

The study was conducted in Government and Government-aided Child Care Institutions functioning under the Juvenile Justice (Care and Protection of Children) Act, 2015, in four districts of Kerala, namely Ernakulam, Kottayam, Kollam, and Pathanamthitta. These institutions provide residential care, education, counselling, rehabilitation, healthcare, and psychosocial support to children who require care and protection due to abuse, neglect, abandonment, family disruption, parental substance abuse, exploitation, or other vulnerable circumstances. The selected institutions represent different geographical regions of Kerala and accommodate children from diverse socio-economic, cultural, and family backgrounds, thereby providing an appropriate setting to examine psychological well-being among institutionalized children.

Study Population

The target population comprised Children in Need of Care and Protection (CNCP) residing in Child Care Institutions across the selected districts of Kerala. Children admitted under the provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015, constituted the study population. The participants included boys and girls between 11 and 18 years of age, representing middle childhood and adolescence. This age group was selected because children within this developmental stage possess sufficient cognitive and emotional maturity to understand and respond to standardized psychological assessment instruments, while also being particularly vulnerable to the long-term effects of adverse childhood experiences, family disruption, and parental substance abuse.

Sample Size and Sampling Technique

A total of 300 children participated in the study. The sample was distributed equally across the four selected districts, with 75 respondents recruited from each district, ensuring balanced geographical representation. Participants were selected using purposive sampling, considering the objectives of the study and the availability of eligible participants within Child Care Institutions. The sampling strategy ensured the inclusion of children with documented family histories and complete institutional records, enabling comprehensive assessment of both psychological well-being and family-related variables. Equal representation from each district also reduced geographical bias and enhanced the comparability of findings across institutional settings.

Inclusion and Exclusion Criteria

Children were considered eligible if they were between 11 and 18 years of age, residing in a Child Care Institution at the time of data collection,

admitted under the Juvenile Justice (Care and Protection of Children) Act, 2015, and had complete institutional documentation, including case history files, Individual Care Plans (ICP), social investigation reports, counsellor records, and case records. Participants were required to possess sufficient cognitive ability to understand the study questionnaire and provide meaningful responses.

Children younger than 11 years of age, those with severe intellectual disabilities or acute psychiatric conditions that prevented participation, those with incomplete institutional records, and those who were unavailable or unwilling to participate during the data collection period were excluded from the study. Excluding incomplete records ensured the accuracy and consistency of information regarding parental smoking, alcohol use, drug use, and family-related problems used in the analysis.

Study Variables

The primary outcome variable of the study was psychological well-being, measured using Ryff's Psychological Well-Being Scale. Psychological well-being was assessed across six dimensions: Positive Relations with Others, Autonomy, Environmental Mastery, Personal Growth, Purpose in Life, and Self-Acceptance. Each dimension was analysed individually, and an overall psychological well-being score was calculated.

The principal independent variables included parental smoking, parental alcohol use, parental drug use, and family-related problems. Information on these variables was obtained from institutional case records and documented family histories. In addition, socio-demographic variables including age, gender, caste, religion, educational status, duration of institutional stay, place of birth, family type, previous living conditions, socio-economic background, and economic status were included to describe the characteristics of the study population and to provide contextual interpretation of the findings.

Research Instruments

Data were collected using two complementary sources. The first was a structured socio-demographic schedule developed by the researcher to obtain information on participants' personal, family, educational, and institutional characteristics. The second was Ryff's Psychological Well-Being Scale, a standardized instrument widely used to assess positive psychological functioning. The scale measures six dimensions of psychological well-being through items rated on a six-point Likert response format ranging from strong disagreement to strong agreement. Reverse-scored items were recoded before computing the final scores according to the scoring guidelines.

Information regarding parental smoking, parental alcohol use, parental drug use, family conflict, domestic violence, neglect, and other family adversities was extracted from institutional documents, including case history files, social investigation reports, Individual Care Plans (ICPs), admission records, counsellors' assessment reports, and other official records maintained by the Child Care Institutions. Using documentary evidence minimized recall bias and improved the reliability of family-related information.

Data Collection Procedure

Prior to data collection, permission was obtained from the competent authorities responsible for the administration of the selected Child Care Institutions. Eligible participants were identified based on the inclusion criteria. The purpose of the study was explained in age-appropriate language, and confidentiality was assured throughout the data collection process.

Data collection was carried out through direct administration of the psychological well-being questionnaire to the participants under the supervision of the researcher. At the same time, parental substance use history and family-related variables were systematically extracted from institutional records after reviewing case history files, Individual Care Plans, counsellors' reports, and social investigation records. Data collection was completed only after verifying the consistency of documentary information to ensure the accuracy and completeness of the dataset.

Outcome Measures

The primary outcome of the study was the level of psychological well-being among Children in Need of Care and Protection, assessed both as an overall score and across the six dimensions of Ryff's Psychological Well-Being Scale.

The secondary outcomes included the relationship between parental smoking, parental alcohol use, parental drug use, family problems, and each dimension of psychological well-being. The study also explored the distribution of psychological well-being according to selected socio-demographic and family characteristics to better understand the psychosocial profile of institutionalized children.

Ethical Considerations

The study adhered to the ethical principles governing research involving children. Administrative permission was obtained from the concerned authorities before commencing data

collection. Participation was voluntary, and respondents were informed about the purpose of the study, confidentiality of information, and their right to decline participation without any consequences. Personal identifiers were removed from the dataset to protect participants' privacy and confidentiality.

Since information regarding parental substance use and family problems was obtained from official institutional records maintained for rehabilitation purposes, documentary data were accessed only with institutional permission and used exclusively for research purposes. All procedures were conducted in accordance with the ethical principles of respect for persons, beneficence, non-maleficence, and confidentiality.

Data Quality Assurance

Several measures were adopted to ensure the quality of the collected data. Standardized data collection procedures were followed throughout the study. Institutional records were carefully reviewed to verify the consistency of information regarding parental substance use and family circumstances. Completed questionnaires were checked for completeness immediately after administration. Data were coded systematically before entry into the statistical software, and random verification was performed to minimize data entry errors. Reverse-scored items of the Psychological Well-Being Scale were recoded prior to analysis to ensure accurate computation of domain and total scores.

Statistical Analysis

Data were entered, cleaned, coded, and analysed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the socio-demographic characteristics of the respondents and the levels of psychological well-being. Inferential statistical analysis was performed to examine the association between parental smoking, alcohol use, drug use, family problems, and psychological well-being. Pearson's product-moment correlation coefficient (r) was used to determine the strength and direction of the relationships between the study variables. Statistical significance was determined using a two-tailed test, and a p-value of less than 0.05 was considered statistically significant throughout the analysis.

RESULTS

Table 1. Socio-demographic Characteristics of Children in Need of Care and Protection (N = 300)

Variable	Category	n	%
Gender	Male	147	49.0
	Female	153	51.0
Age	<10 years	9	3.0
	11–14 years	164	54.7
	15–18 years	127	42.3
Religion	Hindu	152	50.7
	Muslim	33	11.0
	Christian	96	32.0
	Don't know	19	6.3
Educational status	High school	197	65.7
	Higher secondary	49	16.3
	ITI/FCI	34	11.3
	Illiterate	20	6.7

The socio-demographic characteristics of the children included in the study are presented in Table 1. The sample consisted of 300 children in need of care and protection from four districts of Kerala. Among the respondents, 153 (51.0%) were females and 147 (49.0%) were males, indicating an almost equal gender distribution. Regarding age, the majority of children belonged to the 11–14 years category (54.7%), followed by children aged 15–18 years (42.3%). Only 3% of respondents were below 10 years of age.

With respect to religion, more than half of the respondents were Hindu (50.7%), followed by Christian (32.0%) and Muslim (11.0%) children. Regarding educational status, the majority of children had completed high school education (65.7%), whereas 16.3% were studying at higher secondary level. A smaller proportion had technical education such as ITI/FCI (11.3%), while 6.7% were illiterate. These findings indicate that most children residing in child care institutions were adolescents with basic school education.

Table 2. Family and Institutional Characteristics of the Respondents (N = 300)

Variable	Category	n	%
District	Pathanamthitta	75	25.0
	Ernakulam	75	25.0
	Kollam	75	25.0
	Kottayam	75	25.0
Place of birth	Rural	190	63.3
	Urban	110	36.7
Family type	Nuclear	98	32.7
	Joint	67	22.3
	Broken	135	45.0

Table 2 presents the family and institutional characteristics of the respondents. The study included equal representation from four districts: Pathanamthitta, Ernakulam, Kollam, and Kottayam, with 75 respondents from each district. A majority of children were born in rural areas (63.3%), whereas 36.7% belonged to urban areas. Regarding family structure, nearly half of the respondents

(45.0%) came from broken families. Nuclear families accounted for 32.7% and joint families represented 22.3% of the sample. The high proportion of children from disrupted families indicates the significant role of family instability in creating vulnerability among children requiring care and protection.

Table 3. Living Conditions and Family Problems Prior to Institutionalization (N = 300)

Variable	Category	n	%
Living condition	Own house	69	23.0
	Rented house	114	38.0
	Relative's house	40	13.3
	Platform/Railway station	26	8.6
	NGO/Other	51	17.1
Parental relationship	Congenial	83	27.7
	Open conflict	98	32.7
	Quarrels	43	14.3
	Rude behaviour	41	13.7
	Other	35	11.7

Table 3 describes the living conditions and parental relationships before institutionalization. More than one-third of children (38.0%) reported living in rented houses before entering care institutions, while 23.0% lived in their own houses. Some children experienced extremely vulnerable living conditions, including living on platforms or railway stations (8.6%) and in NGO-supported facilities (17.1%).

Regarding parental relationships, only 27.7% of children reported congenial relationships with parents. In contrast, 32.7% experienced open conflicts, while 14.3% reported frequent quarrels and 13.7% experienced rude behaviour. These findings suggest that strained family relationships were a major factor influencing children's need for institutional care.

Table 4. Family Risk Factors Before Institutionalization (N = 300)

Variable	Category	n	%
Social problems	Family quarrels	135	45.0
	Parent–child conflict	48	16.0
	Open family fights	62	20.7
	Cultural difficulties	55	18.3
Physical problems	Poor housing	71	23.7
	Lack of basic needs	50	16.7
	Lack of food	29	9.7
Treatment-related problems	Scolding	103	34.3
	Physical abuse	85	28.3
	Sexual abuse	13	4.3
	Other	99	33.1

Table 4 presents major risk factors experienced by children before institutional placement. Family quarrels were the most frequently reported social problem (45.0%), followed by open family fights (20.7%) and cultural difficulties (18.3%). Parent–child conflict was reported by 16% of respondents.

Regarding physical difficulties, poor housing conditions affected 23.7% of children, while 16.7% experienced lack of basic needs and 9.7% reported lack of food. Treatment-related problems were also prominent; scolding was reported by 34.3% of children, physical abuse by 28.3%, and sexual abuse by 4.3%. These findings highlight the multiple forms of adversity experienced by children before institutionalization.

Table 5. Socio-economic Background of the Respondents (N = 300)

Variable	Category	n	%
Socio-economic background	Economically poor	115	38.3
	Socially decent	63	21.0
	Drunkard family	48	16.0
	Other	74	24.7
Economic status	Very poor	107	35.7
	Normal	108	36.0
	Middle	65	21.7
	Rich/Very rich	20	6.6

Table 5 indicates that 38.3% of respondents belonged to economically poor families, while 16% reported coming from families affected by alcohol-related problems. Regarding economic status, 35.7% belonged to the very poor category and only 6.6% belonged to rich or very rich families. The findings indicate that economic deprivation and family-level vulnerabilities contributed substantially to children's risk conditions.

Table 6. Levels of Psychological Well-being Across Six Dimensions (N = 300)

Dimension	Low n (%)	Moderate n (%)	High n (%)
Positive Relations	35 (11.7)	223 (74.3)	42 (14.0)
Autonomy	36 (12.0)	213 (71.0)	51 (17.0)
Environmental Mastery	33 (11.0)	222 (74.0)	45 (15.0)

Personal Growth	49 (16.3)	213 (71.0)	38 (12.7)
Purpose in Life	42 (14.0)	216 (72.0)	42 (14.0)
Self-Acceptance	45 (15.0)	210 (70.0)	45 (15.0)

Table 6 presents the distribution of psychological well-being across six dimensions of Ryff's Psychological Well-being Scale. Most respondents demonstrated moderate levels across all dimensions. Positive Relations showed moderate scores among 74.3% of children, while 14% showed high levels and 11.7% showed low levels.

Similarly, autonomy was moderate among 71% of children, with 17% showing high autonomy. Environmental mastery was moderate among 74% of respondents. Personal growth showed comparatively higher vulnerability, with 16.3% of children reporting low levels. These findings indicate that although institutional care may provide basic support, many children continue to experience difficulties related to personal development and psychological adjustment.

Table 7. Overall Psychological Well-being of Children in Need of Care and Protection (N = 300)

Level	Score Range	n	%
Low	87–128	47	15.7
Moderate	129–156	202	67.3
High	157–180	51	17.0

As shown in Table 7, the majority of children (67.3%) demonstrated moderate psychological well-being. Around 17% showed high psychological well-being, whereas 15.7% reported low psychological well-being. The findings suggest that children in need of care and protection generally maintain moderate psychological functioning; however, a considerable proportion require additional psychosocial support to improve emotional adjustment and life satisfaction.

Table 8. Pearson Correlation Between Parental Substance Use, Family Problems, and Psychological Well-being

Psychological Well-being Dimension	Smoking	Alcohol Use	Drug Use	Family Problems
Positive Relations	−.34*	−.21*	−.45*	−.51*
Autonomy	−.12	−.15	−.28*	−.33*
Environmental Mastery	−.29*	−.18	−.39*	−.48*
Personal Growth	−.08	−.11	−.14	−.22*
Purpose in Life	−.15	−.22*	−.31*	−.40*
Self-Acceptance	−.26*	−.19*	−.42*	−.47*

Table 8 presents Pearson correlation analysis between parental substance use, family problems, and psychological well-being dimensions. Significant negative relationships were observed between family problems and all dimensions of psychological well-being.

Family problems showed the strongest negative correlation with Positive Relations ($r = -.51$, $p < .05$), followed by Environmental Mastery ($r = -.48$, $p < .05$) and Self-Acceptance ($r = -.47$, $p < .05$). This indicates that increased family difficulties were associated with poorer interpersonal relationships, reduced confidence, and lower emotional adjustment.

Parental drug use showed significant negative associations with Positive Relations ($r = -.45$), Self-Acceptance ($r = -.42$), and Environmental Mastery ($r = -.39$). Similarly, parental smoking and alcohol use were negatively associated with several psychological well-being dimensions. Overall, the findings demonstrate that adverse family environments significantly influence the psychological well-being of children requiring care and protection.

DISCUSSION

Socio-demographic and Family Vulnerabilities of Children in Need of Care and Protection

The present study highlights that children in need of care and protection experience multiple social and family vulnerabilities before entering institutional care. The high proportion of children from broken families and those reporting family conflicts indicates that family instability is a major factor associated with their placement in alternative care. Previous studies have identified family disruption, poverty, neglect, and parental difficulties as important contributors to children's vulnerability and need for protective services. The findings support the view that child development is strongly influenced by the quality of family relationships and the availability of emotional and social support.

Psychological Well-being of Children in Institutional Care

The study found that the majority of children demonstrated moderate levels of psychological well-being across Ryff's six dimensions. This suggests that institutional care settings may provide a certain level of stability, routine, and support that contributes to children's adjustment. However, the presence of children with low levels of self-acceptance, personal growth, and positive relationships indicates that institutional placement alone may not fully address the psychological consequences of previous adverse experiences. Consistent with Ryff's psychological well-being framework, children require opportunities to

develop autonomy, meaningful relationships, personal competence, and future goals.

Impact of Family Adversity on Psychological Well-being

The significant negative relationship between family problems and psychological well-being demonstrates the long-term influence of adverse family environments on children's emotional functioning. Family conflicts were particularly associated with difficulties in developing positive relationships, environmental mastery, and self-acceptance. These findings are consistent with attachment theory, which emphasizes that insecure and disrupted relationships during childhood may affect emotional regulation, interpersonal trust, and psychological adjustment.

Role of Parental Substance Use in Children's Psychological Adjustment

The findings indicate that parental substance use, particularly drug and alcohol use, was negatively associated with psychological well-being. Substance-related family problems may contribute to neglect, reduced parental support, and increased exposure to stressful experiences. These findings emphasize that interventions for children in care should also consider family-level risk factors and not focus only on the child after institutional placement.

Implications for Child Care Practice and Policy

The findings suggest the need for a shift from a protection-oriented approach toward a developmental and psychosocial care model in child care institutions. Regular psychological assessment, counselling services, educational support, life skills training, and opportunities for positive social relationships should be strengthened. Preventive interventions aimed at supporting vulnerable families may also reduce children's exposure to harmful environments and unnecessary separation from families.

Limitations of the Study

The present study has certain limitations that should be considered while interpreting the findings. First, the study adopted a cross-sectional research design; therefore, causal relationships between family factors, institutional experiences, and psychological well-being cannot be established. Second, the study used purposive sampling and included children from selected child care institutions in four districts of Kerala, which may limit the generalizability of the findings to all children in need of care and protection.

Third, the study relied primarily on self-reported information from children, which may have been influenced by memory limitations, social desirability, or emotional difficulty in disclosing sensitive personal experiences. Fourth, although the study examined important psychosocial factors, other factors such as quality of institutional care, caregiver relationships, peer support, and previous trauma experiences were not explored in depth.

Finally, the study focused on quantitative assessment of psychological well-being and associated factors; qualitative exploration of children's personal experiences could provide deeper understanding of their challenges, coping strategies, and resilience. Future studies using longitudinal designs and mixed-method approaches are recommended to develop a more comprehensive understanding of the psychological development of children in need of care and protection.

Recommendations for Future Research

Based on the findings and limitations of the present study, several areas are recommended for future research. Longitudinal studies are needed to examine changes in psychological well-being among children in need of care and protection over time and to identify factors that influence their long-term adjustment and transition into adulthood.

Future research may include larger samples from different states and diverse child care settings to improve the generalizability of findings. Comparative studies between children living in institutional care and those receiving family-based care may provide further understanding of the effectiveness of different care models.

Mixed-method studies combining quantitative assessments with qualitative interviews are recommended to explore children's lived experiences, coping mechanisms, resilience factors, and perceptions of institutional care. Further research should also examine the role of caregiver support, peer relationships, educational opportunities, and rehabilitation programmes in promoting psychological well-being.

Intervention-based studies evaluating the effectiveness of counselling programmes, trauma-informed care approaches, life skills training, and family reintegration programmes would provide evidence for improving child care practices. Future research should also focus on strengthening preventive strategies by examining family-level risk factors and community-based support systems to reduce children's vulnerability and promote healthy development.

Implications for Research and Practice

The findings of the present study have important implications for research, policy, and child care practice. The study contributes to the existing knowledge on children in need of care and protection by highlighting the relationship between family adversity, social vulnerabilities, and psychological well-being. The findings emphasize the need for further research focusing on the long-term psychological outcomes of children living in alternative care settings.

From a research perspective, the study provides a foundation for future investigations on child protection, institutional care, and psychosocial development. Future researchers may explore the influence of factors such as caregiver relationships, peer support, resilience, trauma experiences, and rehabilitation programmes on children's adjustment and well-being. Longitudinal and mixed-method approaches may provide deeper insights into the developmental pathways of children in need of care and protection.

The findings also have significant implications for child care practice. Since family problems and adverse childhood experiences were negatively associated with psychological well-being, child care institutions should adopt a comprehensive psychosocial care approach rather than focusing only on protection and basic needs. Regular psychological assessments, individual counselling, trauma-informed interventions, and life skills programmes should be integrated into institutional care services.

The study highlights the importance of strengthening caregiver-child relationships within institutions. Creating supportive environments that promote trust, emotional security, participation, and positive peer interactions can enhance children's psychological adjustment. Educational support and career guidance should also be prioritized to improve children's future opportunities and independence.

At the policy level, the findings suggest the importance of strengthening preventive family support services, early identification of vulnerable children, and community-based interventions. Child protection systems should focus on both preventing unnecessary family separation and ensuring quality rehabilitation services for children requiring alternative care.

Overall, the study indicates that promoting the psychological well-being of children in need of care and protection requires a coordinated approach involving researchers, social workers, caregivers, institutions, families, and policymakers. A holistic model integrating emotional, social, educational, and developmental support is essential for improving the overall quality of care and future outcomes of these children.

Conclusion

The present study examined the psychological well-being of children in need of care and protection in Kerala and explored the influence of family and social factors on their psychological adjustment. The findings indicate that these children experience multiple vulnerabilities, including family disruption, economic difficulties, conflicts within the family environment, and exposure to adverse experiences before institutionalization.

Although the majority of children demonstrated moderate levels of psychological well-being, variations were observed across dimensions such as positive relationships, self-acceptance, personal growth, and environmental mastery. The findings suggest that institutional care provides essential protection and stability; however, it alone may not fully address the emotional and developmental needs of children who have experienced significant adversity.

The study further revealed that family problems and parental substance use were negatively associated with psychological well-being. These findings highlight the importance of addressing not only the immediate care needs of children but also the underlying family and social factors contributing to their vulnerability. A supportive family environment, positive caregiver relationships, and effective psychosocial interventions play a crucial role in promoting resilience and healthy development.

The study emphasizes the need for child care institutions to adopt a holistic and child-centred approach that integrates psychological support, education, life skills development, and rehabilitation services. Strengthening preventive family interventions and community-based support systems is equally important to reduce risks and promote children's well-being.

Overall, the study contributes to understanding the psychosocial conditions of children in need of care and protection and highlights the importance of comprehensive strategies aimed at improving their psychological well-being, social integration, and future opportunities. Further research using longitudinal and mixed-method approaches is recommended to develop deeper insights into the long-term outcomes of children receiving alternative care.

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