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ASSESSING THE QUALITY OF LIFE OF THE CHILDREN RESIDING IN  
THE CHILD CARE INSTITUTION'S LOCATED IN NORTH WEST  
DISTRICTS OF TAMIL NADU

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**Keywords: Child Care Institutions (CCI's), Government Homes, Funded Homes, Non-Funded Homes, Quality in Child Care.**

**Abstract**

When we look at the global scenario all child care institutions are widely recognized as an integral part of child welfare programs in order to help the children in need and in distress. In fact, India has long tradition of looking after such category of children through the Child care institutions, which were governed by Juvenile Justice Act (care and protection) 2015.

The main aim of the study is to assess the quality of life of children residing in Child care institutions located in North west region of Tamil Nadu, India.

The basic objectives are to study Socio demographic, Service provided in Child care institutions, Peer group influence in Child care institutions, Alternative care in Child care institutions, Perception of Children towards teachers and the quality of life.

An interview schedule, as a part of tool, was developed and the pilot study was conducted in Udhamandalam and Krishnagiri Districts. Nearly 30 to 40 respondents were interviewed during the pilot study and five questions have been corrected after the completion of the pilot study. After that a full-fledged interview schedule was prepared and data were collected from 415 respondents from the different Child care institutions like government Child care institutions, Funded Child care institutions and Non-funded Child care institutions located in the western region of Tamil Nadu.

To Assess the quality of life a "standardized Scale" Published by the World Health Organization was used to make analysis in 5 domains as given below.

1. Physical domain

2. Psychological domain
3. Social relationship domain.
4. Environmental domain
5. Total Quality of life domain.

After the analysis of the statistics and data, it is found that Social relationship domain and total quality of life are significant at  $P=0.05$  level in this study. The social work intervention have to be enhanced the quality of life from low level to moderate level and moderate level to high level for the welfare of the children in the homes.

Therefore most of these Child care institutions were moderately satisfactory indicating the necessity for improvement especially in some funded Child care institutions.

## **1. INTRODUCTION**

The United Nations defines institutional care for children as “the care in residential groups, under public or voluntary sponsorships and under the guidance of staff assigned for this purpose,” of children who for a variety of reasons must live apart from their own families. Child care institutions have been widely recognized as an integral part of the child welfare programs in order to help children. In fact, India also has a long tradition of looking after the destitute, orphans, neglected and abandoned children in institutional care. These institutions provide the requirements and services to children who are in need. It also aims to provide care, protection, rehabilitation and social integration of children who are in conflict with law and children in need of care and protection in an institutional location under the control and regulation of child care professionals whose actions are managed by the principles as prescribed by the Juvenile Justice Act. The exclusive reason of child care institutions is to balance for the missing family ambiance in a child's life.

### **1.1. THE AIM OF THE STUDY**

The aim of the study is to study quality of life among children residing at child care institutions (CCIs) in western region of Tamil Nadu state, India.

### **1.2. SPECIFIC OBJECTIVES OF THE STUDY**

The following objectives were constructed to analyze the problems related to children who are residing in child care institutions. Those objectives are

1. To study the socio-demographic and educational background of the respondents in CCIs.
2. To explain care and services given by the CCIs for the development of children.

3. To comprehend the peer group influence within the home and school among the respondents.
4. To elicit the preference of children about alternative care in CCI.
5. To know the perception of children towards school teachers
6. To assess the quality of life of children in CCIs

## **2. REVIEW OF LITERATURE**

### **2.1. STUDIES DONE IN INDIA**

The following are some of the studies carried out to assess, understand and evaluate the conditions prevailing in the child care and welfare system in India of the Child Care Institutions (CCIs). These studies help us to understand the state of affairs in the system and how they affect the people involved especially the children, families, staff members and the society. Sreepriya C.K, (2008) found in her study that a majority of the Child Care Institutions in Kerala fall in the lower grade when it comes to the overall efficiency. The results revealed that the institutions are incapable of providing proper educational, health, rehabilitation services to the children resulting to the inmates' failure to become independent and being self-reliant to lead an empowered life. Proper coordination across the administrative verticals is essential for the improvement of the institutions and adoption of workable solutions for the problems. Hunshuland, (2008) researched to analyze on whether social reintegration could provide new openings to alternative socialization which can help them become aware mothers of the future. Institutionalized girls who lack familial care need to be helped to build at least one stable emotional relationship with an important person who can assure constant support and protection and be educated to be self-equipped. The foundations of trust, security and confidence would be attained through proper grooming from childhood. National Institute of Public Cooperation and Child Development, (2007) conducted a study on Juvenile Justice Institutions in India to assess the implementation of Juvenile Justice Act and formulate the corresponding services. Most of the institutions were found to be equipped with classrooms, dormitories, kitchens and recreational rooms, etc., as per the JJ Act; and there were many shortcomings reported like a few homes lacked classrooms, dormitories, bathrooms, toilets etc. Some of the homes rendered vocational training to children with respect to different professions. Basic amenities like media, cultural events existed in most of the homes; children in most homes suffered basic illness often. Aangan et al., (2006) conducted the study that provided a clear picture of institutions and the various issues involved. It specifically elaborates on infrastructure, the perceptions of the functionaries, the physical environment and the services in the institutions. Some area of focus was provision of holidays, security to children to reduce cases of children running away, an increase in the Institutional budget and an improvement in the infrastructure. Kumari Ved, (2004) found that some terms like 'care', 'protection', 'treatment', 'development' and 'rehabilitation' lack identification and

definition in the JJ Act. She says that these terms may be understood with reference to the statements in the National Policy and other related schemes. There were lags between departments which reduced the cumulative efficiency. Also, shortage or insufficiency in data was evident. In addition to these existing problems, there's lack of training of the police personnel and other functionaries involved in handling juveniles. Gavin Heron and Mono Chakrabarti, (2003) in their study "Exploring the Perception of Staff towards Children and Young People Living in Community based Children's Home" attempted at understanding the perceptions of the staff members who worked in community-based Children's Homes. Majority of the participants expressed weakness and lack of assistance rendered to them. Instead of working to resolve the problems faced by the children, the current trends in social work appear to reprioritize the needs of the children. The researchers suggested that there need to be a functional change in residential care if social work is to meet the needs of the most vulnerable children in society. Ministry of Women and Child Development, (2007) carried out a study on child abuse, the objective of which was to have an elaborate understanding of the phenomenon of child abuse so as to provide political and judicial intervention through formulation of laws and policies that can be effective in checking such cases. It covered 13 states: Andhra Pradesh, Assam, Bihar, Delhi, Goa, Gujarat, Kerala, Madhya Pradesh, Maharashtra, Mizoram, Rajasthan, Uttar Pradesh and West Bengal to identify the drivers of child abuse. The children who participated in the study were in the age group of 5-18 years. They were categorized into three groups – younger children (5-12 years), older children (13-14 years) and adolescents (15-18 years). The study very clearly highlighted that among the three groups, the younger children (5-12 years) were the most vulnerable ones. Almost 7 of 10 children experienced physical abuse, 9 of 10 children were abused by parents. Apart from this, many reported sexual abuse with varying forms of severity.

## 2.2. STUDIES DONE OUTSIDE INDIA

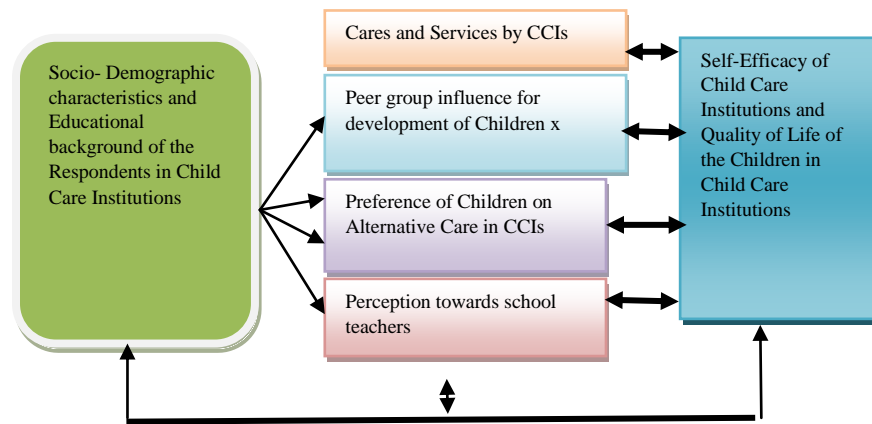
**UNICEF, (2010, 2013)** conducted a study and found that a considerable number of children worldwide lose one or both their parents due to conflict, natural disasters, poverty, disability and HIV/AIDS. These children without any parental care face the highest risk of abuse and exploitation. Looking at the Indian scenario, we can see that nearly 80 percent of the institutionalized children have at least one living parent. An astonishing fact is that there is a significant number of children who are institutionalized with the consent of their parents owing to problems like poverty, illness, social stigma as a result of their ethnicity, disability, HIV/AIDS status, or gender (girls specifically). **Arad-Davidzon and Benbenishty, (2008)** found that decisions about discontinuation of home care and initiation of institutional care are difficult due to varied reasons. Poor definition of guidelines for proper parenting led to degradation of grades of institutions. Though child care and welfare system ensure sufficient laws and other necessary criteria for a child's normal growth

and development, there are many instances of irregularities due to varying reasons like shortage of financial resources, inefficient staff, inadequate infrastructure of the institutions, etc. **Berridge, D., Biehal, N., and Henry, L., (2012)** in their study titled *Living in Children's Residential Homes* reported that a considerable number of researches conducted over the last 15 years found that small living groups are preferable and more easily manageable. Effective leadership, staff coherence and consistency were some of the drivers of success; qualitative evidence suggests that substitute homes providing higher levels of care tended to be smaller and had qualified personnel as heads of homes. **United Nations Report, (2003)** concluded that some setbacks to the successful rehabilitation of dependent, exploited, needy children are the result of the inadequacy of the staff members. The under-qualified personnel lack the ability for informed decision making. Overall, 120 institutions were chosen for study to understand the operational characteristics. Various characteristics of the institutions, children and caregivers were analyzed. More than half of the respondent caregivers, about 52 percent were found to be non-matriculantes. In fact, not even 10 percent of them had studied beyond class V. **Whitaker et al., (1998)** attempted to understand the role of the care-takers in the successful functioning of an institution. It was found that the ability of staff to be themselves, thus providing 'unity in diversity', is vital for the shelter to be successful in achieving its objectives. Hence it is important for the authorizing agencies to consider the staff an important element in the evaluation of residential childcare. The researchers found that the role of motivation for the staff was also equally important; which they derived from the sense of cohesiveness and belongingness with each other as the members of a team, progress of the inmates, relationship with the inmates, teamwork for special events and a sense of security as well as of encouragement from the management. It was found that the staff faced distress as a result of the difficult relationships with the young inmates, violence or abuse from them, fear of allegations and worries about the residents' safety and progress. These could be further worsened by feelings of a lack of control over admissions, lack of resources, support from senior staff, lack of cohesiveness among themselves and the interference of work in their personal lives. Some of the literature works that dealt with similar studies and on multiple facets of children have been tabulated:

Table 1: Literature Summary

S.No.	Category	Authors addressed
1	Studies related to problems concerned with adolescents	Crean, 2004; Dhoundiyal and Venkatesh, 2009; Khurana et al, 2004; Ahmad et al, 2007; Zhang et al, 2002
2	Studies focusing on Child care institutions. Most of them deal with aspects of care provided in the CCIs, comparison of life in CCI with those of children residing with families, etc.	Hukkanen et al, 1997; Chaudhury, 1982; Del Boca and Vuri, 2007; Dutta, 2016; Fadayomi, 1991; Ford et al, 2007; Grossman, 1981; Hamilton-Giachritsis and Browne, 2012; Ismayilova et al, 2014; Lehrer, 1989; Meyers, 1990; Moore, 1978; Munro et al, 2011; Phillips et al, 2018; Rosemberg, 2003; Schwebel and Brezausek, 2007; Soo et al, 2010; Touray et al, 2018
3	Focusing majorly of development of children	Meyer et al, 2010
4	Works mainly exploring on multiple aspects of health of children	Basinga et al, 2011; Burton et al, 2009; Cartwright and Jefferys, 1958; Wang et al, 2004
5	Researches focusing on child protection aspects such as vulnerability, child rights, protection from family, etc.	Anghel et al, 2013; Berens and Nelson, 2015; Bhakhry, 2006; Bhan et al, 2012; Bolocan-Holban, 2017; Caldwell, 1984; del Valle et al, 2013; Desai, 2009; Johner and Durst, 2017; Jones et al, 2014; Lachman et al, 2017; Saini et al, 2012; Samsonsen and Willumsen, 2014; Svevo-Cianci et al, 2011
6	Deals with the use of technology for child protection	Wadley et al, 2014
7	Study focuses on ecosystem and environmental aspects	Singh, 2015
8	Deals with the effect of family on children and family related aspects of care	Connolly, 2006; Scarr et al, 1989; World Health Organization (n.d)
9	Studies majorly working on dimension of law to offer protection, rights, care for children	Margaletić, 2018; Syachdin et al, 2015; Tekin, 2015
10	Studies pertaining to mental health such as psychological stress, disorders, etc.	Amagai et al, 2016; Malhotra et al, 2009; Middleton et al, 2014; Sarkhel et al, 2006; Shastri, 2009; World Health Organization (n.d)
11	Social planning for children	Moro, 2013
12	Studies covering social reintegration parameters of children	Anthony et al, 2010; Pan et al, 2018
13	Researches covering trafficking:	Aba and Maria, 2018; Jones and

### 3.THEORETICAL/CONCEPTUAL FRAME WORK OF THE STUDY



Theories related to children living in the home (CCI's): Family Systems, Family Developmental,

#### 3.1.UNIVERSE/POPULATION OF THE STUDY

**Theoretical population:** the theoretical population consists of children residing and studying in CCIs in western region of Tamil Nadu State, India.

**Study population:** the study population are children staying or residing and studying in CCIs under the category of government homes, funded homes and non-funded homes with registration of Juvenile Justice Act, in western region of Tamil Nadu.

**Sample of the study:** The sample of the study are children who are selected based on the criteria from the category of government homes, funded homes and non-funded homes in Theories related to children living in the home (CCIs): Family Systems, Family Developmental.

Life Course, Social Exchange, Ecological, and Feminist. The family systems theory is a theory introduced by Dr. Murray Bowen that suggests that individuals cannot be understood in isolation from one another, but rather as a part of their family, as the family is an emotional unit.

CCIs, with registration of Juvenile Justice Act, in western region of Tamil Nadu.

S.No	District	Government homes		Funded homes		Non-funded homes		Total	
		No. of Homes	No. of universe	No. of Homes	No. of universe	No. of Homes	No. of universe	No. of Homes	No. of universe
1	Coimbatore			1		2			
2	Nilgiris			1		2			
3	Erode			1		2			
4	Salem			1		2			
5	Dharmapuri			1		2			
6	Namakkal			1		2			
7	Krishnagiri			1		2			
8	Tiruppur			1		2			
	Total (8 Districts)			8		16			

### 3.2. CRITERIA IN SELECTION OF THE SAMPLE

The researcher formulated and fixed the criteria based on the study objectives. The inclusive criteria are the children residing and studying in CCIs. Those children are staying as minimum three years in the same home and children belonged to the category of government homes, funded homes and non-funded homes in CCIs, with registration of Juvenile Justice Act.

### 3.3. SAMPLING FRAMEWORK

**Sampling method and techniques:** probability method, Multi stage sampling and lottery method.

**Tabal 2: Details of Home in Study Area, Tamil Nadu.**

## 4. RESEARCH DESIGNS

A research design is the set of methods and procedures used in collecting and analyzing measures of the variables specified in the problem research. Research design is the framework of research methods and techniques chosen by a researcher. The design allows researchers to hone their research methods that are suitable for the subject matter and set up their studies for success. Survey research designs are procedures in quantitative research in which investigators administer a survey to a sample or to the entire population of people to describe the attitudes, opinions, behaviors, or characteristics of the population. Survey Research is a quantitative research method used for collecting data from a set of panel or respondents. Survey Research is defined as the process of conducting research using surveys that are sent to survey respondents. The data collected from surveys is then statistically analyzed to draw meaningful research conclusions.





A sample (or samples) is drawn from the relevant population and studied once. Survey sampling describes the process of selecting a sample of elements from a target population to conduct a survey. The researcher followed survey research design to collect the data and analyze the data statistically.

#### **4.1. DESCRIPTION OF THE STUDY TOOLS**

A study tools interview schedule is more comfortable to achieve the research's objectives in the social work field. The researcher prepared and utilized the interview schedule for data collection purpose from the respondents. The **interview schedule** was administered among the respondents in this study.

#### **4.2. RELIABILITY AND VALIDITY**

Reliability is the degree to which an assessment tool produces stable and consistent results. Test-retest reliability is a measure of reliability obtained by administering the same test twice over a period of time to a group of individuals. Content validity is concerned with a test's ability to include or represent all of the content of a particular construct.

The researcher prepared the study tools based on the study objectives, reviews and research gaps. The researcher used his own content and words. The data collection was made properly. The contents were discussed with experts in the field of judicial and Social Work. The contents were validated through test and retest method in correction of the study tools (interview schedule).

#### **4.3. COLLECTION OF DATA**

The researcher is travelling in two tracks in his life, one was Social Work field and another one was working with background of social work in the child care institutions at state level. Therefore the research is having more comfortable in collection of data from the institutions or homes.

#### **4.4. PERIOD OF DATA COLLECTION**

After finalization of the interview schedule, the researcher validates it through pre-test. The data was collected in two months.

## 5. RESULTS AND DISCUSSION

Table 2: Statistical Analysis

o	Domain	Score obtained and Range	Mean	Standard Deviation (SD)	Low	Moderate	High
					Mean (Minus) S D	Between value	Mean (+) S D
	Physical	12 to 35	28.20	3.445	Below & 25	26 to 31	32 & above
	Psychological	7 to 30	22.81	3.462	Below & 19	20 to 25	26 & above
	Social Relationship	3 to 16	11.27	2.056	Below & 09	10 to 12	13 & above
	Environment	11 to 40	30.40	4.987	Below & 25	26 to 34	35 & above
	Total Quality of Life	42 to 112	92.67	10.38	Below 82	82 to 102	103 & above

The above table explains scoring details and standard deviation related to quality of life. The mean score was found with support of Range of the score. The standard deviation of quality of life is 10.38. The table gives value of low, moderate and high score of the quality of life and its domain in this study.

Table 4: Quality of life of the Respondents with all domains

S. No	Quality of Life	Male (N= 161)		Female (N= 254 )		Total (N=415)		Statistical values
		No	%	No	%	No	%	
1	Physical domain							
1.1	Low (25 and below)	31	19.3	43	16.9	74	17.8	$\chi^2 = 1.300$ df: 2; P =0.522 (NS)
1.2	Moderate (26 to 31)	109	67.7	168	66.1	277	66.7	
1.3	High (32 and above)	21	13.0	43	16.9	64	15.4	
2	Psychological domain							
2.1	Low (below and 19)	21	13.0	33	13.0	54	13.0	$\chi^2 = 0.598$ ; df: 2; P= 0.742 (NS)
2.2	Moderate (20 to 25)	104	64.6	172	67.7	276	66.5	
2.3	High (26 and above)	36	22.4	49	19.3	85	20.5	
3	Social Relationship domain							
3.1	Low (below and 9)	42	26.1	42	16.5	84	20.2	$\chi^2 = 5.923$ df: 2; P=0.052 (Sig.)
3.2	Moderate (10 to 12)	83	51.6	141	55.5	224	54	
3.3	High (13 and above)	36	22.4	71	28.0	107	25.8	
4	Environmental domain							
4.1	Low (25 and below)	23	14.3	30	11.8	53	12.8	$\chi^2 = 3.518$ ; df: 2; P= 0.172 (NS)
4.2	Moderate (26 to 34)	98	60.9	117	69.7	275	66.3	
4.3	High (35 and above)	40	24.8	47	18.5	87	21.0	
5	Total Quality of life							
5.1	Low (82 and below)	26	16.1	26	10.2	52	12.5	$\chi^2 = 7.674$ ; df:2 P= 0.022 (Sig.)
5.2	Moderate (82 to 102)	102	63.4	193	76.0	295	71.1	
5.3	High (103and above)	33	20.5	35	13.8	68	16.4	

**Physical domain:** the majority of the respondents (66.7%) are having moderate level of physical domain in quality of life whereas 15.4% are having high level. Similarly, 17.8% of the children are having low level of physical quality of life. Among the respondents, the male respondents (67.7%) are having more physical domain at moderate level than the female respondents in this study.

**Psychological domain:** About 66.5% of the respondents had moderate level of psychological quality of life whereas 20.5% are having high level of psychological domain. Remaining 13% of the children had low level of psychological aspects of quality of life. Among the respondents, the female respondents (67.7%) are having more psychological domain quality of life than the male respondents (64.6%).

**Social relationship domain:** While analyses of social relationship domain, half of the respondents (54%) are having moderate level of social relationship whereas, one fourth (25.8%) of the children are high level of social relationship. Even though, 20.2% of the respondents are having low level of social relationship in this study, there is a significant relationship between social relationship and gender of the respondents.

**Environmental domain:** About 66.3% of the respondents are having moderate level of environmental aspects in quality of life whereas 21% of the children are having high level of environmental domain. About 12.8% of the respondent's environmental domain was low in this study.

**Total quality of life:** The majority of the respondents (71.1%) are having moderate level of quality of life in study, whereas 16.4% are having high level of quality of life. In another side, 12.5% of the respondents are in low level. Moreover, there is a significant relationship between total quality of life and gender of the respondents ( $P=0.022$  significance).

#### **Key finding in quality of life among the Respondents:**

By and large, 71% of the respondents' level of quality of life is moderate level in this study. Besides, total quality of life and social relationship domain are significantly related with gender of the respondents in this study.

By and large, 66% of the respondents have moderate level of quality of life in all the domain of quality of life such as physical, psychological, social relationship and environmental aspects. Moreover, 12% to 20% of the respondents are low in the aspects of all the domains in quality of life. There is a need for a special and specific children-based intervention to enhance the quality of life among the respondents.

In general, the female respondents are having enhanced psychological, social relationship and environmental domains as well as total quality of life than the male respondents (children) in this study.

Besides, about 12% to 17% of the respondents have low in quality of life in all domains. There is a need for specific social work intervention to enhance their quality of life by means of supply of nutrients foods, motivational class and dignified treatment for psychological development, ensuring free of mobility and cordial interaction among wardens and inmates and ensuring pleasant environment for holistic development among the respondents.

**Statistical inference:** While doing statistical analysis, social relationship domain and total quality of life are significant at  $P=0.05$  level in this study. The social work interventions have to be enhanced to achieve the quality of life from low level to moderate and moderate level to high level for the welfare of the children in the homes.

Figure 3: Total Quality of Life among the Respondents

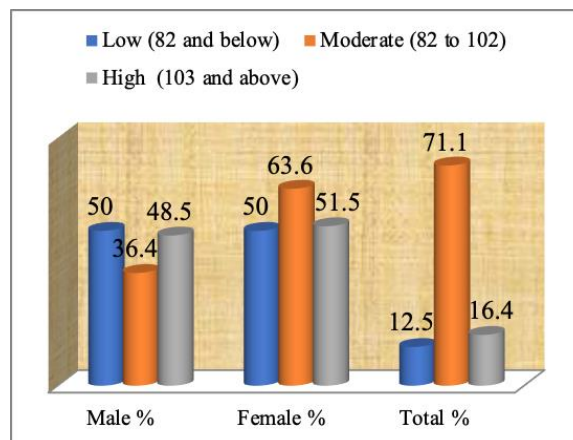


Table 5: Quality of Life with reference to all type of homes

S. No	Quality of Life	Government Home (N= 56)		Funded Home (N= 92)		Non Funded Home (N= 267)		Total (N= 415)	
		No	%	No	%	No	%	No	%
<b>1</b>	<b>Physical domain</b>								
1.1	Low (25 and below)	26	46.4	13	14.1	35	13.1	74	17.8
1.2	Moderate (26 to 31)	20	35.7	61	66.3	196	73.4	277	66.7
1.3	High (32 and above)	10	17.9	18	19.6	36	13.5	64	15.4
	$\chi^2=41.477$ ; df: 4; P= .000 (Sig.)								
<b>2</b>	<b>Psychological domain</b>								
2.1	Low (below and 19)	14	25.0	12	13.0	28	10.5	54	13.0
2.2	Moderate (20 to 25)	40	71.4	57	62.0	179	67.0	276	66.5
2.3	High (26 and above)	2	3.6	23	25.0	60	22.5	85	20.5
	$\chi^2=17.247$ ; df: 4; P= .002 (Sig.)								
<b>3</b>	<b>Social Relationship domain</b>								
3.1	Low (below and 9)	6	10.7	36	39.1	42	15.7	84	20.2
3.2	Moderate (10 to 12)	38	67.9	49	53.3	137	51.3	224	54.0
3.3	High (13 and above)	12	21.4	7	7.6	88	33.0	107	25.8
	$\chi^2 = 41.302$ ; df: 4 ; P= .000 (Sig.)								
<b>4</b>	<b>Environmental domain</b>								
4.1	Low (25 and below)	19	33.9	8	8.7	26	9.7	53	12.8
4.2	Moderate (26 to 34)	35	62.5	80	87.0	160	59.9	275	66.3
4.3	High (35 and above)	2	3.6	4	4.3	81	30.3	87	21.0
	$\chi^2 = 61.819$ ; df: 4; P= .000 (Sig.)								
<b>5</b>	<b>Total Quality of life</b>								
5.1	Low (82 and below)	15	26.8	13	14.1	24	9.0	52	12.5
5.2	Moderate (82 to 102)	41	73.2	73	79.3	181	67.8	295	71.1
5.3	High (103 and above)	0	0	6	6.5	62	23.2	68	16.4
	$\chi^2 = 35.522$ ; df: 4; P= .000 (Sig.)								

The above table denotes the analysis and interpretation between quality of life and type of homes. Three types of homes were analyzed with quality of life.

**Physical domain:** The majority of the Homes (66.7%) are maintaining moderate level of physical domain. Besides, the non-funded homes (73.4%) is maintaining physical health domain than the funded homes (66.3%) and government homes (35.7%) in this study. The physical domain quality of life is more significant with all type of homes (**P= .000 (Sig.)**).

**Psychological domain:** While analysis the psychological domain in the quality of life, the majority of the Homes (66.5%) are maintaining moderate level whereas 20.5% of the homes are having high level. About 13% of the home is low level score in psychological domain. There is a significant difference between psychological domain and types of homes in this study ( $P = 0.002$  Sig.). The government homes are maintaining psychological domain among the children than the other Non-funded homes (67%) and funded homes (62%).

**Social Relationship domain:** Half of the homes (54%) are having moderate level whereas one fourth of home (25.8%) have high score in social relationship domain. About 20.2% of the homes are in low level of social relationship domain. Here, majority of the government homes (67.9%) are maintaining moderate level of social relationship domain than the funded homes (53.3%) and Non-funded homes (51.3%). There is significance between social relationship domain and types of homes in this study ( $P=0.000$  Sig.).

**Environmental domain:** About 66.3% of the homes are having moderate level of environmental domain whereas 21% of the homes are having high score in environmental domain. Besides, 12.8% of the homes are in low level in environmental domain in this study. Here Non-funded homes (87%) are maintaining moderate level of environmental domain than the government homes (62.5%) and Non-funded homes (59.9%).

**Total quality of life:** The majority of homes (71.1%) are having moderate level of total quality of life whereas 16.4% of the homes are maintaining high level of total quality of life for their inmates. Though, 12.5% of the homes are having low level of total quality of life in this study, these homes should rectify its activities and care for the welfare of the children. Here Funded homes (79.3%) are maintaining moderate level of total quality of life than the government home (73.2%) and non-funded home (67.8). There is significance between total quality of life and types of homes.

**Statistical inference:** All the domains of quality of life and total quality of life are relatively significant with type of homes like government homes, Funded homes and Non-Funded homes. About 54% to 67% of the homes are having maintaining moderate level of quality of life. Moreover 13% to 20% of the homes are still having low level of quality of life in all domains.

## 6. CONCLUSION

The study focused on performing an exhaustive analysis of multiple factors associated to the care of children in CCIs in North West of Tamil Nadu using a standard questionnaire. It was evident that the physical, psychological, environmental and social dimensions of quality were assessed. Most of these were moderately satisfactory indicating the necessity for improvement, especially in non funded child care institutions.

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