

BALA MANDIR KINSHIP CARE IMPACT ASSESSMENT

PILOT REPORT – MAY 2025



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Summary

This pilot evaluation assessed medium-term outcomes of the Bala Mandir Kamaraj Trust's Kinship Care Program by comparing families enrolled for less than three months (control group) with those involved for 2–3 years (test group). **The study aimed to evaluate the program's impact on child education and emotional wellbeing, maternal psychosocial outcomes, and the influence of social worker support.**

Key findings reveal significant improvements among long-term participants of the program. Children in the test group demonstrated stronger academic performance, particularly from Grade 6 onwards, and exhibited significantly better reading fluency and comprehension skills ($p = 0.004$). A greater proportion (86%) were able to read and understand text compared to the control group (61%). However, no significant difference was observed in school attendance between the groups.

On behavioural outcomes, mother-reported Strengths and Difficulties Questionnaire (SDQ) scores indicated that children in the test group had significantly fewer emotional and behavioural difficulties ($p < 0.001$). In contrast, child self-reports from older children in the test group reflected more emotional and peer-related challenges—possibly indicating increased emotional expression and self-awareness as a result of safe, sustained support.

For mothers, those in the test group reported significantly higher empowerment ($p = 0.002$), lower depression ($p = 0.010$), and improved parenting skills ($p = 0.002$). They also scored significantly higher on self-efficacy, decision-making, and social connectedness measures. Multivariate analysis (MANOVA) confirmed a significant overall improvement in psychosocial wellbeing among mothers with longer program exposure.

Correlational analyses highlighted that greater social worker involvement was strongly associated with increased empowerment and better parenting ($\rho = +0.25$ to $+0.29$) and inversely associated with depression ($\rho = -0.24$). Path analysis aligned with Empowerment Theory, confirming that social worker support directly increases empowerment (path coefficient = +0.46), which in turn reduces depression (–0.28), suggesting empowerment as a key mediating factor.

Overall, the study provides preliminary yet encouraging evidence that long-term participation in the Bala Mandir Kinship Care Program leads to significant gains in both child development and maternal wellbeing. Findings reinforce the importance of sustained, relationship-based social work interventions and highlight the program's potential as a scalable model of Kinship Care support. Limitations include a modest sample size and reliance on self-report measures, which warrant cautious interpretation and call for longitudinal follow-up.

Report

Purpose

This report presents an evaluation of the Bala Mandir Kinship Care Program by examining differences in child and mother outcomes based on enrolment duration. The purpose of the study was to explore whether the program is making a measurable impact on mothers' psychosocial wellbeing and child's educational outcomes, and to contribute to evidence base on family-based kinship care interventions.

Background

In the wake of the COVID-19 pandemic, the Kinship Care Program was established by Bala Mandir in July 2021 to support children under the age of 12 who had lost one or both parents. With a long-term commitment to accompany these children through their schooling and higher education, the program currently reaches 1,450 children from 830 families across 14 districts, providing critical stability, care, and opportunity for some of the most affected by the crisis.

Since the Kinship Care Program has now been in operation for over three years, we sought to assess the impact it is creating among enrolled families and children. To do this, we planned a focused pilot study to capture medium term outcomes and emerging patterns. As no formal baseline data was gathered at the program's inception, families who were newly enrolled (three months or less) served as a comparison group to approximate baseline conditions. Outcomes for these newer families were compared with those of families who have been part of the program for 2-3 years. It is to be noted that the recent additions to the program were children who lost their parent(s) due to causes other than COVID-19.

Methodology

This was a pilot comparative analysis. The period of the study was from December 2024 to March 2025.

The sample of the study consisted of the Children and Mothers enrolled <3 months (n = 60, final size 54) as the Control group and Children and Mothers enrolled 2–3 years (n = 60, final size 59 and 50 respectively) as the Test group. The sources of data were Child and Mother surveys.

Measures Used

- Demographic Profile
- Strengths and Difficulties Questionnaire for children (parent report for children less 4-10 years) and Child Self Report version for children between 11-17 years.
- DASS-21 (Depression , Anxiety and Stress Scale)
- Empowerment Scale
- Parenting Skills Scale
- Social Worker Quality of Delivery
- Test of reading fluency and comprehension

Hypotheses

Primary Hypothesis

1. Children receiving support in Kinship care for 2-3 years demonstrate significantly better educational outcomes and emotional well-being compared to children enrolled for less than 3 months.

Secondary Hypothesis

1. Children in the program for 2-3 years will have higher school attendance rates and educational outcomes than those enrolled for less than 3 months.

2. Children in the program for 2-3 years show better peer relationship and social skills than those in the program for less than 3 months.
3. Children in the program for 2-3 years demonstrate improved emotional stability and reduced behavioural issues than those in the program for less than 3 months.
4. Mothers in the program for 2-3 years will report lower stress levels and improved emotional well-being than those enrolled for less than 3 months.
5. Mothers in the program for 2-3 years will report higher self-efficacy, decision making ability and social connectedness compared to those enrolled for less than 3 months.
6. Counselling and social worker visits positively influence mother's ability to provide emotional and material support to children.

Key Findings

Propensity Score Matching

The two groups were matched on various parameters such as the age of the mother, age of children, gender of children, education of the mother, occupation of the mother, family income etc. There was no significant difference found between these two groups in terms of these parameters. Thus the groups were as similar in their backgrounds as possible and were taken as the control and test group for the purpose of this study.

Demographic Profile

In both groups, the majority of children are aged between 8 and 11 years (48.1% in the control group and 52.5% in the test group), suggesting similar age profiles at intake and after two to three years. However, the test group includes slightly older children (12-14 years at 25.4% and 15-16 years at 5.1%), reflecting their progression in age during program participation. (refer to Figure 1). Education levels, however, reveal a difference: 42.6% of mothers in the control group are graduates or above, compared to 25.4% in the test group. Test group had more mothers with more secondary schooling (42.4%) (refer to Figure 2).

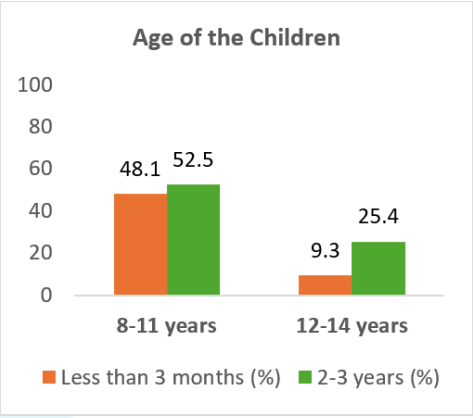


Figure 1

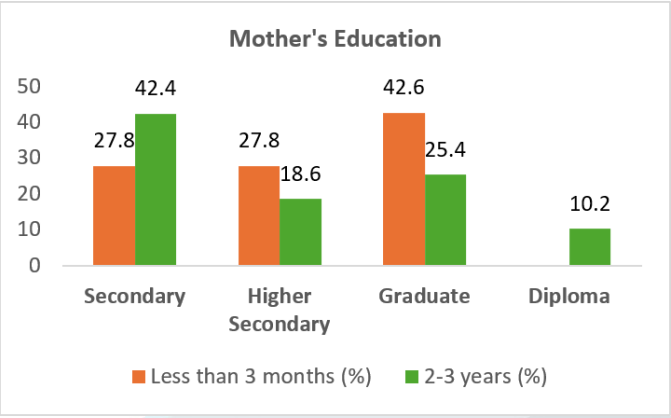


Figure 2

Employment patterns are similar, with salaried jobs being the main occupation. However, in the test group, there is a noticeable increase in self-employment and daily wage labour, indicating possible economic shifts over time. Occupational categories are broader in the test group, with more representation in tailoring, labour, and housekeeping compared to the control group's concentration in salaried teaching and service jobs.

The percentage of children receiving academic support (tutoring, coaching, etc.) changes from 35.2% in the control group to 55.9% in the test group. Age distribution of mothers is comparable in both groups, with a dominant 31–35 years age bracket. Monthly incomes largely remain within the ₹5,000–₹10,000 range across both groups, but 25.4% of test group mothers report earning ₹10,001–₹20,000, showing some upward economic mobility. The proportion of mothers with health issues is 16.7% in the control group and 27.1% in the test group. Common issues include back pain, thyroid disorders, blood pressure problems, and more serious chronic conditions like spinal disc issues and arthritis (refer to Figure 3).

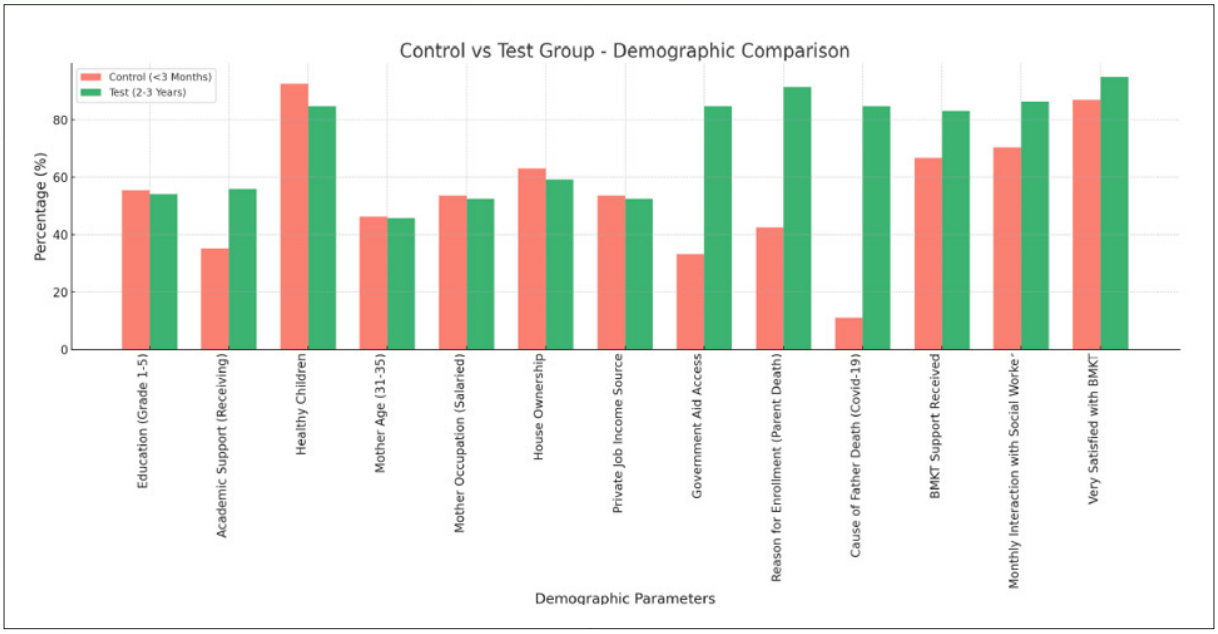


Figure 3

Household size remains consistent, with most families consisting of 3–4 members. Primary household income sources remain private jobs and daily wage labour, but small businesses emerge as a notable source for the test group (15.3%), indicating entrepreneurial growth.

Access to government financial aid significantly improves: only 33.3% of the control group receives aid compared to 84.7% in the test group. In the test group, the COVID-19 death fund combined with other supports like widow pensions and Magalir Urimai Thogai became more prevalent, reflecting greater integration into available social safety nets (refer to Figure 4).

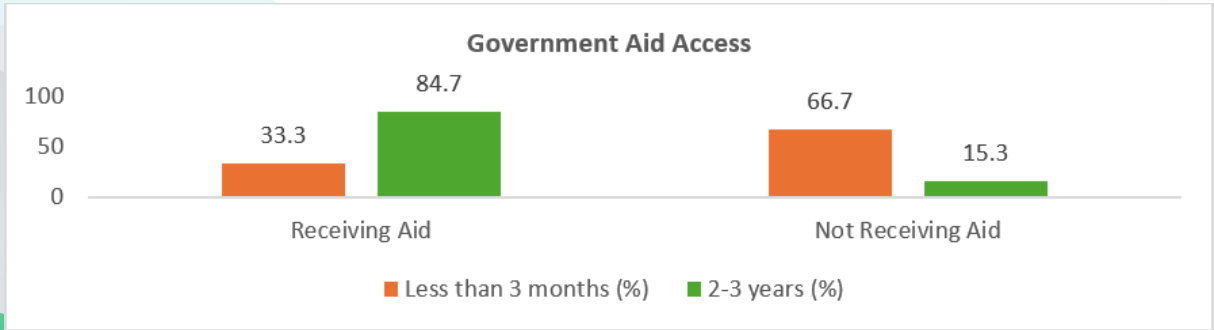


Figure 4

Support received evolves significantly: in the control group, 33.3% reported not yet receiving tangible support, while in the test group, 83.1% have received educational assistance (fees, books, materials), along with financial and other support.

Regarding interaction with social workers, monthly contact is most common in both groups, accounting for 70.4% of the control group and 86.4% of the test group. However, weekly interactions are slightly more common in the early phase (14.8%) compared to only 3.4% among long-term participants, indicating stabilization over time.

List of tests performed on the data collected

- **T-Test (Independent Samples):** Compares the average score of two different groups (e.g., short-term vs long-term families) to see if the difference is big enough to be meaningful and not just by chance.
- **Chi-Square Test:** Checks if two things are connected
- **ANOVA (Analysis of Variance):** Compares the average scores across more than two groups (not just two like in t-test) to see if there are any real differences.
- **Tukey Post-Hoc Test:** After ANOVA tells us "there is some difference," Tukey shows exactly which groups differ from each other.
- **MANOVA (Multivariate Analysis of Variance):** Instead of looking at just one outcome, it looks at several outcomes at once (e.g., depression, anxiety, stress) and tests whether groups differ overall.
- **Propensity Score Matching (PSM):** Tries to make two groups more comparable, like matching families based on similar characteristics, before comparing their outcomes.
- **Pathway Analysis (Structural Equation Modelling - SEM):** Maps out a full picture of how different things are related — not just whether A and B are related, but how A affects B, and B affects C.
- **Multiple Comparisons Correction (Bonferroni, FDR):** Makes sure that when you do lots of tests, you don't find "fake" significant results just by luck. Adjusts the rules to be stricter.
- p-value: A p-value tells you how likely it is that the difference you see between two groups could have happened just by random chance.
- Small p-value = unlikely it's random = real effect likely.
- Big p-value = could easily be random = no real effect.
- Significance level: If the p-value is less than 0.05 (5%), we will accept that the result is real, not random. 0.05 means there's a 5% chance that the result is just a lucky accident.

$p < 0.05$ – Significant

$p > 0.05$ – Not significant

For example, Mothers who stayed in the program longer have a $p = 0.002$ higher empowerment level. This means that there's only a 0.2% chance that this difference happened by luck.

Child Results

I. Academics and Comprehension Skills

Comparison of Academic Scores (based on report cards received so far):

The report card average collected so far (25) indicates that the children in the test group perform better than the children in the control group from grade 6 onwards.

S.No.	Grades	Total % less than 3 months group	Total % 2-3 years group
1.	1st to 3rd grade	79.86	79.89
2.	4th and 5th grade	75.83	67.92
3.	6th to 8th grade	73.26	82.11
4.	9th and 10th grade	71.33	84.93
5.	11th and 12th grade	55.1	78.8

Reading and Comprehension Skills:

Children who had been in the program for 2–3 years could read significantly more words correctly. 54% hit the top mark in the test group, vs only 41% in the control group. In middle and high school (6th–11th Std), the children were given comprehension passage along with questions to answer. The results revealed that students in the test group answered more questions correctly, showing stronger comprehension. The longer they stayed, the better they read and understood. This change is real and significant as confirmed by chi square test. The difference was statistically strong ($p = 0.004$). That means it's very unlikely this happened by chance.

Statistic	Value
Chi-Square Value (χ^2)	8.20
Degrees of Freedom (df)	1
p-value	0.0042
Significance Level (α)	0.05
Result	Statistically Significant

Summary of key differences between the performance of children in the two groups:

1. **Participation:** A greater proportion of test group children (86%) are able to read/understand compared to control group children (61%).
2. **Skill Level:** Across all grades, test group children perform better.
3. **Reading Proficiency (2nd–5th STD):** Higher number of students scoring near maximum words read correctly in the test group.
4. **Comprehension (6th–11th STD):** Test group students perform better in answering comprehension questions.
5. **Low Performers:** There are more low performers in the control group than in the test group.

II. Attendance Rates

The data collected showed that there was no difference between the two groups when it came to school attendance rate of children. Both the test and control group children were fairly regular in going to school. Being a part of Kinship program did not make a difference in how regularly the children went regularly to school. Children in the test group attended as often and regular as the children in the control group.

III. Emotional and Behavioural Parameters

Strengths and Difficulties Questionnaire

The Strengths and Difficulties Questionnaire was used to assess the social and emotional behaviour of children. The tool requires that in case of children less than 10 years of age-likely due to limited awareness and maturity- the questions be completed by a parent or caregiver. Children aged 11-17 years are considered capable of self-reporting and may complete the questionnaire themselves. Where the child answers the questions himself/herself, it is called child self-report and where the mother is the answering agency, it is termed mother's report in this report.

The results indicate that children's self-reports revealed significantly higher difficulties among those engaged longer (2–3 years). Mother reports painted an even starker contrast. Children under kinship care for 2–3 years showed lower total difficulties scores ($M = 4.68$) compared to those recently placed ($M = 12.22$; $p < 0.001$).

What this means in simple words is that in the case of child self-report, children in the test group reported significantly more emotional difficulties like hyperactivity, restlessness, problems with peers etc when compared to the children in the control group. At first glance, this might seem negative. But a possible explanation for this could be that exposure to social worker and counselling sessions have enabled them to name and express their feelings far better than children in the control group. This can be interpreted as a sign of trust. When children feel safe, they are more likely to stop hiding their struggles. A study by Dubowitz et.al. (1993) on "Behaviour problems in Kinship Care Children" indicated that 42% boys and 28% girls exhibited behavioural problems when compared to an expected 10% in the general population (though the western concept of Kinship care is different from this context).

The results of the mother reported child Strengths and Difficulties Questionnaire revealed the opposite of this trend. Mothers in the test group reported significantly better emotional behaviour, less peer problems, less conduct issues etc for their children when compared to the mothers in the control group. This gap between how children and mothers see things show that emotional growth is complex but evolving *(refer to the table Independent t-test results).*

Independent t-test results: (comparing average scores between groups to see if the difference is meaningful)

Child Self-Report SDQ

Scale	t-statistic	p-value	Significant
Emotional	**-2.37**	0.020	☑
Conduct	-1.48	0.143	☒
Hyperactivity	**-3.53**	0.001	☑
Peer	**-2.87**	0.005	☑
Prosocial	**-2.99**	0.003	☑
Total Difficulties	**-3.25**	0.002	☑

Mother's Report of the child SDQ

Scale	t-statistic	p-value	Significant
Emotional	**6.80**	<0.001	☑
Conduct	**3.17**	0.002	☑
Hyperactivity	**6.32**	<0.001	☑
Peer	**4.40**	<0.001	☑
Prosocial	**6.59**	<0.001	☑
Total Difficulties	**6.63**	<0.001	☑

To further verify the findings, a chi square test was performed for the mother reported SDQ. Based on the scores on the SDQ, the children were categorized into High risk and Low risk groups. This does not mean that the child has a diagnosis. This simply means that the mothers see a lot of struggles in the child's day to day behaviour and emotions. The chi-square test gave a result of $\chi^2 = 23.00$ with $p < 0.001$. This means that there is a strong difference between the groups. Children in the test group (2-3 years) are much less likely to be seen as in the high risk category than the control group children. The difference is meaningful (refer to Figure 5).

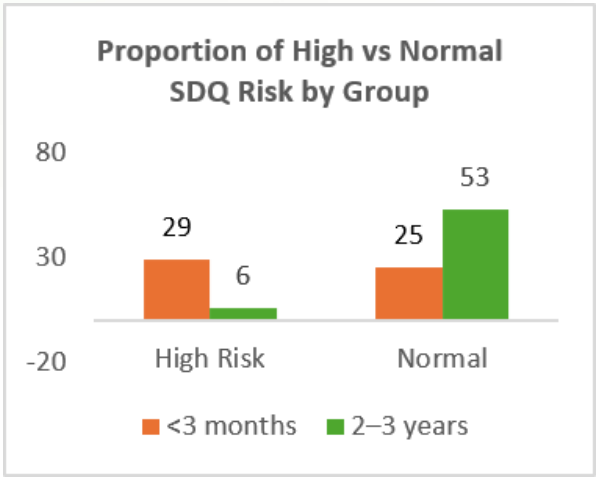


Figure 5

Similarly, for every difficulty subscale (Emotional, Conduct, Hyperactivity, Peer problems), children in the test group have lower mean scores than children in the control group. Thus, longer program engagement relates to better child behavioural outcomes which was also found in the Multivariate Analysis of Variance Test (refer to Figure 6).

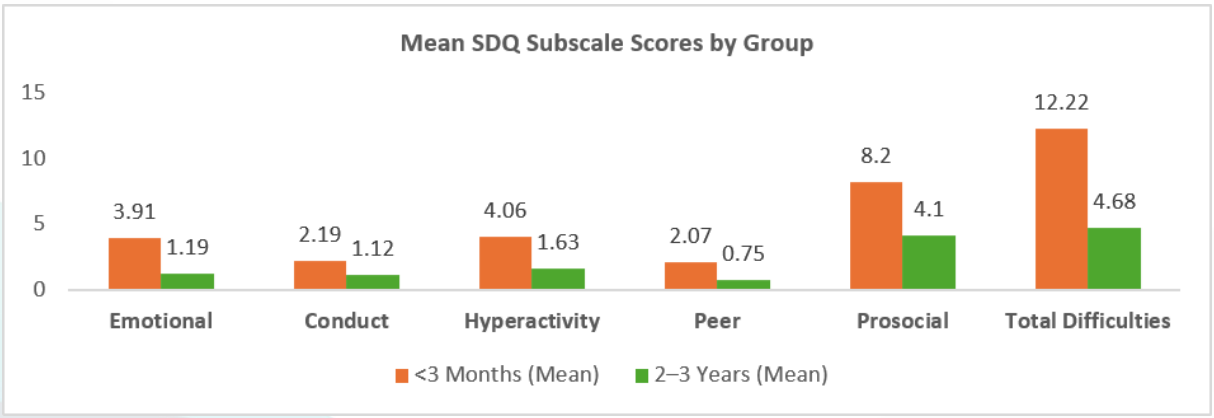


Figure 6

Overall Discussion on Children's Findings

The results show that children in the test group, enrolled for longer duration in the program showed better academic performance when compared to the children in the control group. They also showed better comprehension skills and reading ability when compared to the control group children. The findings from the Strengths and Difficulties Questionnaire (SDQ) offer meaningful insight into children's behavioural and emotional outcomes within the kinship care program. Mothers' reports suggest a significant reduction in child difficulties over time, with children in longer-term placements (2–3 years) rated as substantially less likely to fall in the "High Risk" category, indicating improved external functioning and behavioural

adjustment. However, children's self-reports reveal a more nuanced reality: those in test group described higher levels of emotional and peer-related difficulties, possibly reflecting greater self-awareness, the surfacing of earlier trauma, or developmental changes common in adolescence. These contrasting perspectives underline the importance of attending to both visible behaviours and internal emotional experiences in evaluating child wellbeing.

At the same time, several limitations warrant consideration. The overall sample size was modest (n = 59), which limits the generalizability of findings and may reduce statistical power to detect smaller effects. In addition, both mother and child data were based on self-report instruments, which are subject to bias — including underreporting or overreporting based on perception, mood, or social desirability. The cross-sectional nature of the design also prevents strong causal claims about the effects of program duration. Despite these limitations, the results provide valuable early evidence of the program's potential benefits while highlighting the continued need for emotional support services and more rigorous longitudinal follow-up to better capture child developmental trajectories in Kinship Care.

Mother Outcomes

It was hypothesized that the mothers in the Kinship program in the test group will show better emotional outcomes, better parenting, greater empowerment, and better decision making abilities, self-efficacy and social connectedness when compared to the mothers in the control group. This was based on the assumption that the longer duration of involvement in the program will empower them socially and emotionally. This was tested by measuring the mothers on the depression, stress and anxiety scale, empowerment scale, and parenting scale. The reliability of these scales were found to be 0.083 indicating good reliability.

To understand whether being in the Kinship Care program for a longer time makes any difference in how mothers are doing emotionally, and, in their parenting, we compared the test and the control groups using a test called the Mann-Whitney U test, which is helpful when the data doesn't follow a normal pattern. It's like a fair way of checking whether two groups have different results when things like stress or mood don't fit neat averages.

The results revealed that the mothers in the test group showed less depression and more empowerment. This suggests that staying in the program over time might help mothers feel more emotionally strong and capable. Interestingly, they also reported higher anxiety, which could mean that while they feel more confident and supported, they might also be more aware of their challenges or still carry worries about their children and family life. Stress levels and parenting skills, however, didn't show any major difference between the two groups. This could mean that some issues like daily stress or parenting styles might take longer to change or may need more focused support (refer to the table – T test for Mothers' Scales).

T test for Mothers' Scales: (comparing average scores between groups to see if the difference is meaningful)

Scale	Test Used	p-value	Significant	Direction	Effect Size	Control Mean	Test Mean
Depression	Mann-Whitney U	**0.024**	☑	↓ Test group lower	+0.25	12.02	8.24
Anxiety	Mann-Whitney U	**0.012**	☑	↑ Test group higher	–0.27	16.69	30.08
Stress	Mann-Whitney U	0.998	☒	No difference	0.00	207.37	208.08
Empowerment	Mann-Whitney U	**0.020**	☑	↑ Test group higher	–0.25	112.98	122.00
Parenting	Mann-Whitney U	0.304	☒	No difference	–0.11	61.78	63.66

To understand the impact of the program on mothers better, instead of looking at one outcome like depression, anxiety etc at a time, we tried looking at all the key outcomes together using multivariate analysis of variance test. The logic behind doing this was that, variables like depression, anxiety, stress etc are core **emotional distress indicators** and the variables like empowerment, parenting etc could be indicators of **coping abilities and functioning** in their role as the primary caregiver. Overall, these variables can be clubbed under psychosocial well-being of mothers. So, they can be treated as one group for the purpose of this test. The results revealed that the test and control groups show a statistically significant difference indicating that there is a real, meaningful difference between the two groups. Mothers in the test group seem to be performing better in terms of overall psychological well-being when compared to the control group (refer to the table MANOVA Results).

MANOVA Results (Multivariate Outcomes): Comparing multiple outcomes (Depression, Anxiety, Stress, Empowerment, Parenting) **simultaneously across groups**

Multivariate Test	Value	F	p-value	Significant
Wilks' Lambda	0.823	3.40	**0.004**	☑

One of the other hypotheses of the study was to examine whether there would be differences between mothers in the test and control groups in terms of self-efficacy, decision-making abilities, and social connectedness. The comparison of mean scores and t-test results revealed that mothers in the test group scored significantly higher in all three areas. This difference was statistically significant, suggesting that the interventions provided through the Kinship Care Program—such as counselling, support networks, and empowerment activities—may have positively influenced these aspects of the mothers' well-being (refer to the tables – Empowerment subscales).

Empowerment subscales

Mean Scores for Empowerment Subscales

Subscale	Control Group (<3 months)	Test Group (2–3 years)
Self-Efficacy	16.78	19.19
Decision-Making Ability	19.33	20.71
Social Connectedness	19.48	21.10

Independent T-Test Results for Empowerment Subscales (Control vs Test Group)

Subscale	t-Statistic	p-value	Significant?
Self-Efficacy	–3.27	**0.001**	Highly Significant
Decision-Making Ability	–2.18	**0.032**	Significant
Social Connectedness	–2.23	**0.027**	Significant

We conducted correlation test to explore how key variables such as depression, anxiety, empowerment, and parenting are related to each other. This was important to understand whether improvements in one area could be linked to positive or negative changes in another. The results showed a strong negative correlation between depression and empowerment ($\rho = -0.64$), indicating that higher levels of empowerment were associated with lower levels of depression. There was also a moderate negative correlation between depression and parenting ($\rho = -0.49$), suggesting that mothers experiencing more depression tended to report poorer parenting. Similarly, anxiety and parenting showed a moderate negative correlation ($\rho = -0.32$), meaning that higher anxiety levels were linked to slightly lower parenting quality. On the other hand, there was a moderate positive correlation between empowerment and parenting ($\rho = +0.51$), indicating that increased empowerment was associated with better parenting. These findings suggest that enhancing empowerment may play a key role in improving both mental health and parenting outcomes.

Spearman Correlation Matrix

Variable 1	Variable 2	Correlation (ρ)	Interpretation
Depression	Empowerment	–0.64	**Strong negative** (higher empowerment = lower depression)
Depression	Parenting	–0.49	**Moderate negative**
Anxiety	Parenting	–0.32	**Moderate negative**
Empowerment	Parenting	+0.51	**Moderate positive** (higher empowerment = better parenting)

Social Worker Scales

Social worker support scores were significantly higher among families engaged in the program for 2–3 years compared to those enrolled for less than 3 months. This strongly suggests that the longer families remain in the program, the stronger their relationship and engagement with social workers becomes. The large effect size further indicates that the difference is not due to random variation but reflects a meaningful and impactful progression in social worker support as program tenure increases.

Group	Mean SW Total Score
<3 Months	132.69
2–3 Years	139.88

Independent Samples t-test: (comparing average scores between groups to see if the difference is meaningful)

t-statistic	–3.62
p-value	0.00045
Effect size (Cohen's d)	- 0.68

When it came to the involvement of social workers and child behaviour, in mother reported SDQ, higher social worker support was significantly associated with lower child difficulties — especially for Emotional, Hyperactivity, Peer, and Total Difficulties scores. This suggests that stronger social worker engagement is linked to better child outcomes as perceived by mothers.

Mother Reported SDQ and Social Worker Total

SDQ Scale	Spearman ρ	p-value	Significant
Emotional Symptoms	**–0.256**	**0.006**	Significant
Conduct Problems	–0.172	0.069	Trend only
Hyperactivity	**–0.208**	**0.027**	Significant
Peer Problems	**–0.228**	**0.015**	Significant
Prosocial	+0.061	0.521	No
Total Difficulties	**–0.219**	**0.020**	Significant

Our final hypothesis was that counselling and social worker visits positively influence mother's ability to provide emotional and material support to children. Spearman correlation was performed to explore how social worker support is related to emotional and other outcomes of mothers. The results of the test revealed that when mothers receive more support, they tend to feel more empowered, show better parenting skills, and have lower levels of depression. However, the support didn't seem to make a difference in their anxiety.

Mother Outcome	Spearman ρ	p-value	Significant	Interpretation
Empowerment	+0.25	**0.009**	Yes	Higher SW support → Higher empowerment
Parenting Skills	+0.29	**0.002**	Yes	Higher SW support → Better parenting skills
Depression	–0.24	**0.010**	Yes	Higher SW support → Lower depression

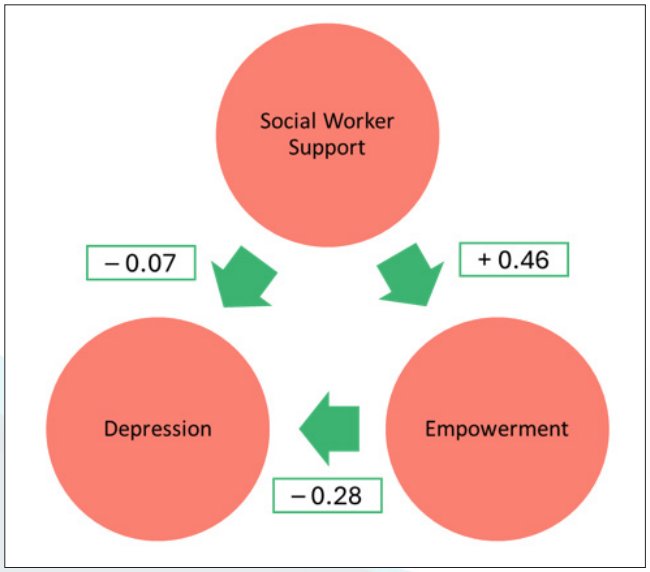
Though we found that more support was linked to less depression, it only told us that they are connected and not how or why. Although not part of original analysis plan, a path analysis was conducted after we came across Empowerment Theory – an approach applied in social work and community psychology- which aligned well with our findings. This theory, proposed by Julian Rappoport (1981) and expanded by Marc Zimmerman (1995), suggests that individuals, especially in vulnerable situations, can gain control over their lives, make meaningful choices, and influence the systems that impact them. In the context of Kinship Care, we saw social worker support as a key external factor that could empower mothers in this way. We therefore used this theory to explore how social worker involvement might enable positive changes in mother's well-being.

Path analysis confirmed the following relationship:

SW Support → Empowerment (positive path, +0.46)

Empowerment → Depression (negative path, –0.28)

Direct SW → Depression (weaker negative path, –0.07)



Social worker involvement is directly related to empowerment and indirectly related to depression. This fits into the Empowerment Theory Model that provides that external support leads to internal empowerment in turn leads to psychological outcomes.

So, this not only describes the what (support helps) but also the how and why (support leads to the empowerment of mothers which in turn lowers their depression levels).

Conclusion

This study assessed the effectiveness of the Bala Mandir Kamaraj Trust's Kinship Care Program by comparing families enrolled for less than three months with those engaged for two to three years as control and test groups respectively. Consistent with the study's hypotheses, families with longer program involvement demonstrated better outcomes across multiple domains. Mothers in the test group reported significantly higher self-efficacy and positive trends in decision-making and social connectedness, supporting the program's goal of enhancing mother empowerment.

Children in the program performed better in school, read and understood more confidently, and had fewer emotional and behavioural issues as seen by their caregivers. Mothers who had been in the program longer felt more empowered, were more confident in their parenting, and experienced less depression. One of the most important parts of this support seems to be the consistent involvement of social workers, who helped families build strength and stability over time.

However, the study's limitations must also be recognized. Small subgroup sizes constrained the statistical power of some comparisons, and reliance on self-report data introduced the possibility of bias. Moreover, despite extensive adjustments for multiple comparisons, the cross-sectional design means that causal claims must be made cautiously.

Overall, this study provides strong preliminary evidence that sustained participation in the Bala Mandir Kamaraj Trust Kinship Care Program strengthens mother's resilience, improves child adjustment, and enhances family stability. Looking ahead, it would be helpful to follow families over a longer period and include more in-depth conversations to understand how they're really doing. This study gives us valuable early insights and points to the power of steady, relationship-based support in helping families grow stronger after loss and hardship.

References

Dubowitz H, Zuravin S, Starr RH Jr, Feigelman S, Harington D. Behaviour problems of children in kinship care. J Dev Behav Pediatr. 1993 Dec; 14(6):386-93. PMID: 8126231.

Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. American Journal of Community Psychology, 23(5), 581–599. https://doi.org/10.1007/BF02506983

Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), Handbook of Community Psychology (pp. 43–63). Springer. https://doi.org/10.1007/978-1-4615-4193-6_2

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A research note. Journal of Child Psychology and Psychiatry, 38(5), 581–586. https://doi.org/10.1111/j.1469-7610.1997.tb01545.x

Lovibond, S. H., & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales (2nd ed.). Sydney: Psychology Foundation.- https://www2.psy.unsw.edu.au/dass/