Practice models of foster care: An analysis

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Abstract

This study aims to identify the international models of foster care and tries to compare them with the existing Indian model. This also examines the possibility of incorporating the good elements of those practices in the Indian context. The article used secondary data for review. The empirical evidences from leading data bases such as SCOPUS, Web of Science, PubMed, etc. were used for review. Furthermore, the grey literature of various agencies such as UNICEF, websites of different government departments and International NGOs also were used for this study. The result of the study revealed that there are different models available globally; such as Competency-Based Model, Outcome-Based Model, Innovative Extended Family Model, Child Centred Model, and Parent and Baby Fostering Model. Most of these models are very essential components of foster care system. However, the policy decisions are inevitable for the wise use of these models in the Indian context will ultimately be resulted in better care for children in India.

Key Words: *Foster care, Kinship care, Deinstitutionalization, Alternative Care*

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Introduction

It is a well-known fact among the child protection professionals that the world is looking forward to the deinstitutionalisation of children rather than institutionalization (UNICEF, 2024) for their holistic growth and development. Article 20 of the United Nations Convention on the Rights of the Child (UNCRC) clearly states that "A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State. State Parties shall in accordance with their national laws ensure alternative care for such a child". To provide more clarity on that the United Nations framed another document called the United Nations Guidelines for Alternative Care in 2009. Foster care is considered a family-based alternative care method by these guidelines, and according to these Guidelines, Foster Care is "situations where children are placed by a competent authority for the purpose of alternative care in the domestic environment of a family other than the children's own family that has been selected, qualified, approved and supervised for providing such care" (UNICEF – White Paper, 2024).

Petrowski et al. (2017) in their study reported that approximately 2.7 million children in the age group of 0-17 years are in the alternative care system in 142 countries. The 2024 Child Statistics report of UNICEF accounts that 102 children in every 100000 population are institutionalised globally, and it is estimated that at present, there are two to eight million children in foster care worldwide (McCallum, 2024). However, clear statistics on child foster care in different countries are not available in most of the countries (Petrowski et al., 2017). According to the reports of the Australian Institute of Health and Family Welfare (AIHW, 2024), 46,000 children were living in out-of-home care in Australia, of which 36% (16,000) are in foster care, and the remaining 54% are in Kinship care (Mia et al., 2023, n.d.).

Countries like the United States, the United Kingdom, Australia, Netherlands, and other Countries of the European Union (EU) like Spain and France, are using foster care as the primary alternative care system for children in need (UNICEF-White Paper,2024). All these significant countries have framed and implemented their legal frameworks and protocols based on

international legal frameworks and operate accordingly. The prominent types of foster care in different countries are Long-term, Short-term, and Kinship care. Furthermore, there are many forms of short-term foster care that are used depending on the need of care: respite foster care, emergency foster care, crisis foster care, parent and baby foster care, and specialized therapeutic foster care (UNICEF-White Paper, 2024).

India has a vivid history of caring for a child in need by its extended or joint family system. The stories of the popular mythologies of India or the medieval and modern Indian history unveil the evidence for 'informal kinship care'. For example, the book 'Mahabharata' explains that Lord Krisha was born as a child of Devaki and Vasudev in jail; later, he was fostered by Yeshodha and Nanda. The ever-popular ruler of the medieval period, 'Akbar the Great' (Jalaludin Muhammad Akbar), was brought up at his paternal uncle's (Kamran Mirza and Aksari Mirza) house. 'Jhansi Ki Rani', a leading freedom fighter of India, was looked after by her uncle Bhaji Rao due to the death of her mother when she was four (Vasundhara et al., 2021). Foster Care including Kinship care, Sponsorship, and Adoption, are considered significant alternative care mechanisms in India (Mission Vatsalya, 2022). However, from the field realities and the statistics of the Ministry of Women and Child Development Department, Government of India, India's foster care system is still in the budding stage, and it needs a kick to grow and bloom. This study aims to identify the international practice models of Foster Care and compare them with the existing Indian model of foster care that can be adopted as best practices in India.

Methodology:

For the review purpose, the researchers used secondary data including empirical studies, Government reports, laws, policies, and programme notes of various governments/ departments. As the first step of the review, the researchers identified the empirical studies from the most prominent databases such as SCOPUS, Web of Science, Research Gate, and Pub Med using the keyword "Models of foster care". The search results include 23 studies from SCOPUS, four from Web of Science, one from Research Gate, and one from Pub Med. A detailed description of the inclusion and exclusion of articles is given in the next section. One research thesis from 'Shodganga' was also

identified for the review.

The researchers also used the grey literature of various sources such as the United Nations International Children's Emergency Fund (UNICEF), Different Government or Non-governmental agencies, Government Websites, legislations, Rules, and Guidelines for Foster Care in India and other leading countries with foster care systems.

Ethical Considerations:

This study is purely based on secondary data and the polices and guidelines of different countries. It analyses the existing systems and models based on empirical evidence, policies, and practices. Therefore, no face-to-face interview was conducted for the same. All the information collected from different sources were cited or acknowledged properly.

Results:

The data were analysed using the thematic analysis method, and a detailed description of the identified themes and the models is presented below. The PRISMA flow diagram model is used here to explain the inclusion and exclusion criteria for review.
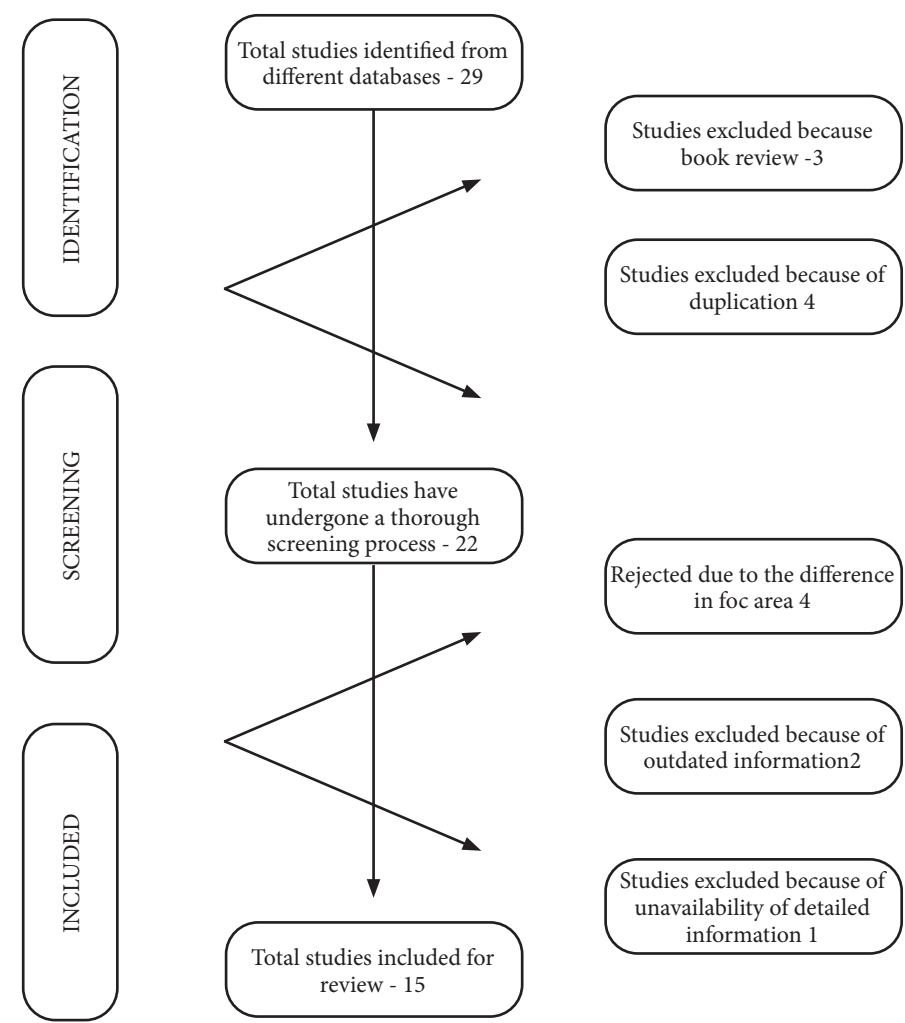
Description of the studies:

Fig.1. PRISMA flow diagram

IDENTIFICATION

Total studies identified from different databases - 29

Studies excluded because book review -3

Studies excluded because of duplication 4

SCREENING

Total studies have undergone a thorough screening process - 22

Rejected due to the difference in foc area 4

Studies excluded because of outdated information2

INCLUDED

Studies excluded because of unavailability of detailed information 1

Total studies included for review - 15

Table 1: Brief Description of the Study

S. No.	Authors	Year	Purpose / Objectives	Design & Methods
1.	Jones, M., Patmisari, E., McLaren, H., Mather, S., & Skinner, C.	2024	Assessing the experience of Australian Mockingbird family foster carers on social network	Mixed method approach and used the cross sectional explanatory sequential design. Social network tool to conduct a survey among 27 participants. Two FGDs were also conducted to understand their experience.
2.	Lanier, P., Chung, G., & Rose, R.	2022	The comparison of Intensive Alternative Family Treatment with traditional residential care for youth with psychiatric problems.	Quasi-experimental study
3.	Strickler, Amy; Trunzo, Annette C.; Kaelin, Michael S.	2018	Analyse the difference between parenting attitude, personal dedication, willingness and licencing rate for foster care by providing enhanced pre-service training instead of pre-basic training.	Quasi-experimental study. Secondary data was also used for this study. Measurements were done by using various scales such as the Adult-Adolescent Parenting Inventory (AAPI-2), Personal Dedication to Fostering Scale, and Willingness to Foster Care scale.
4.	Wang W.C., Mc Call R.B., Li J., Groark C.J., Zeng F., & Hu X.	2017	Evaluate the effectiveness of 'collective foster care' project in China	Quantitative Approach &Longitudinal Study With observation and FDGs. Interviewed 102 children in 24 families

5.	Brewer Kathryne B., Mac Kenzie Michael J., Ibrahim, Rawan W Schwalbe, Craig S.J., Batayneh, Jude Gearing, Robin E.	2017	To identify the role of foster care in reducing the stigma of adolescent pregnancies in the context of Arab countries.	Public survey method
6.	Bishop-Fitzpatrick, L., Jung, N., Nam, I., Trunzo, A. C., & Rauktis, M. E.	2015	To test the outcomes of the Treatment Foster Care model by using Structural Equation Modelling Path analysis.	Secondary data. Analysis of data of 612 youth completed care in a three years period by using SEM modelling path analysis.
7.	McMillen, J. C., Narendorf, S. C., Robinson, D., Havlicek, J., Fedoravicius, N., Bertram, J., & McNelly, D.	2015	Focuses on the development of treatment foster care model for older youth with psychiatric needs	Intervention method. Psychiatric assessments of the 14 youths by using quantitative measures and later qualitative interviews of stakeholders were carried out at different times.
8.	Jordanna J. Nash & Robert J. Flynn	2015	To evaluate the PRIDE model of pre-service training	Quantitative approach. Evaluation study with pre and post test for 174 participants. Study conducted in Canada.
9.	Nesmith Ande and Christophersen Kaitlin	2014	The assessment of utility and effectiveness of a foster care models, that engages the social network, relationships with adults, and highly focused youth empowerment, designed to improve youth transitions to adulthood.	A quantitative longitudinal study of 88 foster youth for three years.

10.	Marcellus Lenora	2010	Identify foster care model for infants with prenatal substance exposure	Qualitative study. The grounded theory approach was used, and resilience theory was used to the model.
11.	Megahead, H. A., & Cesario, S.	2008	Compare and contrast culturally acceptable approaches to caring model for abandoned infants in Egypt.	Comparative study
12.	Chamberlain, P., Price, J., Leve, L. D., Laurent, H., Landsverk, J. A., & Reid, J. B.	2008	To reduce child problem behaviour by strengthening parent skills.	The universal Intervention model KEEP (Keeping Foster Parents Trained and Supported) were tested on 700 foster parents.
13.	Messing Jill Theresa	2006	Descriptive analysis of kinship care from the perspective of the child.	Qualitative study. 40 children in kinship care + 8 FGDs
14.	Chamberlain, P.	2003	The effectiveness of Oregon Multidimensional Treatment Foster Care (MTFC) model was reviewed and discussed the limitation in its implementation.	Quantitative study on 79 boys and 61 girls with recidivism of offences.
15.	Brown, S., Cohon, D., & Wheeler, R.	2002	To examine the role of extended family in kinship care.	30 kinship households were reviewed.

Major Findings of the study:

From the analysis of the empirical evidence mentioned above, some themes emerged as foster care models. Different models have been adopted for foster parent selection, training, and child care in different countries, and they are being successfully used to address the needs and types of foster care. The following are the models identified in foster care practices worldwide from the studies.

1. Competency Based Programme Model

2. Outcome Based Model

3. Innovative Extended Family Programme

4. Kinship Care Model

5. Other models

Competency Based programme model:

There are three types of models in this category: the Parent Resources for Information, Development and Education (PRIDE) Model, the Oregon Multi-dimensional Treatment Model and the Treatment Foster Care (TFC) Model. A brief description of the models is given below.

Parent Resources for Information, Development and Education (PRIDE) Model:

Parent Resources for Information, Development and Education (PRIDE) is a competency-based programme with components of pre and in-service training developed and designed jointly by the Child Welfare League of America and the Illinois Department of Child and Family Services in 1993. It is a standardised programme for foster and adoptive parent recruitment, preparation, and selection in America. Recently, this programme has been adopted by 25 countries worldwide. This model is practising with five core competencies. They are - the protection and nurture of children, addressing their developmental needs and delays, encouraging relationships with birth families, working for permanency and working with a professional team. (www.cwla.org)

When the PRIDE training process was evaluated, the participants expressed a high degree of satisfaction with the instructions and thought they were of excellent quality. The participants' knowledge of the PRIDE skills taught by the program and their overall score on the critical end measure showed a significant pretest-post-test mean improvement ($d = 1.17$, $p < 0.001$). The quality of the training was a constructive and statistically significant forecaster of both increases in knowledge of the PRIDE skills and gratification with the training. The applicability in research and practice were discussed in its conclusion (Nash & Flynn, 2016). Another study on pre and post-analysis revealed that the

participants have not shown any significant change in the personal dedication or willingness in foster care. At the same time the changed parenting attitude and increased licensing are observed after pre-service training. (Strickler et al., 2018).

Oregon Multidimensional Treatment Foster Care (MTFC) model:

Another type of pre-service training for treatment foster parents is called Multi-dimensional Treatment Foster Care (MTFC). In the United States, the Oregon Multidimensional Treatment Foster Care (MTFC) model has replaced the group and residential care methods of child care for children with delinquency. It concentrated on kids who had severe behavioural and emotional problems (Chamberlain, 2003). Such parents who raise children with behavioural problems will inevitably require more specialized training. Children who are placed in foster care programs may have experienced abuse, neglect, or other mental, behavioural, or physical health problems in addition to being taken away from their original parents (Bruskas, 2008; Oosterman et al. 2007; Simms et al. 2000). The significant reduction is observed in the behaviour problems of child in the intervention condition compare to control condition and specific parenting practices were found to mediate these reductions, especially for high-risk children in foster families reporting more than six behaviour problems per day at baseline. (Chamberlain et al., 2008)

Treatment Foster Care Model:

As an alternative to traditional foster care, treatment foster care (TFC) can be used as an effective model, and the foster parents who receive such special training are called therapeutic or treatment parents. They can act as a treatment change agent and influence the behavioural modification of the child. (Strickler et al., 2018, Bishop-Fitzpatrick et al., 2015). The enhanced pre-service training for treatment parents can create significant changes in the parental attitude and licencing status, however, all the parents with or without such training have dedication. (Strickler et al., 2018)

Later, the MTFC model was replaced by the Treatment Foster Care model for older youth. The foster parents and other stakeholders require special training to address the emotional dysregulation issues of older youth. This regulation does not mean the locking of facilities to the youth. Further

refinement is needed to address the emotional regulation problems of youth. Psychiatric nurses and skill coaches are crucial to address psychiatric needs (McMillen et al., 2015). The results of the quasi-experiment carried out to understand the effectiveness of Intensive Alternative Family Treatment (IAFT) revealed that it can be used as an intensive therapeutic foster care model for children with psychiatric problems as an alternative to residential care (Lanier et al., 2022). The results of the SEM analysis carried-out on 612 case files of adolescents reported that a typical foster care model called Pressley Ridge Treatment Foster Care (PR-TFC) has a specific positive impact on the day-to-day functioning of the adolescents undergone through it and better discharge results. During the entry, adolescents with more significant clinical diagnosis, resulted in poor clinical diagnosis during discharge (Bishop-Fitzpatrick et al., 2015).

Outcome Based Model:

The CORE is the identified model in this category. This model is popular in the US and some other countries and focuses on the transition period of foster children from childhood to adulthood.

Creating Ongoing Relationships Effectively (CORE) Model:

After the completion of 18 years or the long-term foster care period, the future becomes a question mark for most of the foster care alumni if they are not adopted by the foster family or reunification with their biological family. In the United States, the government-initiated aftercare programmes for foster care alumni, which is absent in most countries. (Andersen, 2019) The impact and need for expansion of the Danish aftercare programme, which was launched in 2001 studied by this author. The underpinning of relationships, communication and social support is essential for the permanence and stability of foster care. (Carmel Devaney, 2019). The role of foster parents as father and mother rather than paid carers is essential for the permanency of the care and for better outcomes (Stacy Blythe, 2014).

Creating Ongoing Relationships Effectively popularly called as "CORE", is a youth-oriented model focusing on the outcome of the foster care programme. It is designed to address the socio-emotional needs of youths who are nearing transition to adulthood. It is developed by Family Alternatives, an agency at

Minneapolis in the US. This model provides training to the children on independent living skills and has a holistic approach by educating youth, foster parents and social workers involved eventually, the child will be ready for transition to an adult. The three important areas of the CORE model are building supportive relationships, youth empowerment, and trauma-informed practice (Nesmith & Christophersen, 2014).

The continuous evaluation of the 88 CORE trained foster adolescents for three years revealed that they have more power over their lives and they could have better control over their emotions than the comparison group. The CORE programme uses the youth to train foster parents. The transition of youth as educators from learners create youth empowerment (Jennings et al., 2006). Even though this model is not replicated anywhere in the world the empirical evidence revealed that this is a promised model for addressing the socio-emotional needs of foster children (Nesmith & Christophersen, 2014).

Innovative Extended Family Programme:

The mockingbird family model, and collective fostering model are known as innovative extended family programmes. This model focuses on the care networking, and the foster parents live nearby and share their experiences with each other, and seek technical assistance as and when required.

Mockingbird Family Model:

'The Mockingbird family' model was introduced in the USA by the Mockingbird Society in 2004. Later, it is adopted by different countries in their foster care programme. This is an innovative extended family model and the key elements of this model are sleepovers, peer support, training and development, social activities, support to permanence, sibling, and birth family contact (www.thefosteringnetwork.org.uk). In addition to strengthening the bonds between birth families, fostering services, carers, and children and young people, the program seeks to increase the stability of fostering situations. The Rees centre of Oxford university carried out an evaluation study by using quasi-experimental design on the Mockingbird programme model at UK in the year 2023 but the results are awaiting (whatworks-csc.org.uk). Jones et al. (2024) studied the Mockingbird model in Australia. Six to ten foster care households

are physically connected in a "constellation" under the model, with a central "hub home provider" responsible for offering respite care, support, and information. Foster parents were found to have social networks and support systems thanks to Mockingbird Family, demonstrating the model's ability to improve carers' support systems and, in turn, the immediate surroundings of children and youth in care (Jones et al., 2024).

Collective fostering Model:

In the project collective fostering model, the foster families live under a single roof near the institution and get supported. The results of the evaluation of this project revealed that there is a positive quadratic relationship between time and height(p=.002) when compared with institutional care. It is a widely used community foster care programme in China this model has a potential role in the development of children in foster care (Wang et al., 2017).

Kinship Care:

Kinship care is a kind of care that is provided to the grandchild or relatives or the child of family friends by a family. In Ghana Kinship care is used widely as the alternative care mechanism for children. The maintenance of family relationships and culture is considered inevitable by the people there. However, the absence of proper training for those kinship carers creates a negative impact on child care. (Ebenezer Cudjoe, 2019). The studies show that the population of kinship carers are gradually increasing in number in the United States but the level of stress and social support they experience is yet to be studied. (Elizabeth A Sharda, 2019). The kinship care provided by the grandparents is more effective and receives a greater amount of attention will be provided by grandparents (Ines Zuchowsku, 2019). A considerable decrease in institutional care has been observed in Australia through the legalisation of kinship care (Humphreys, 2017). Countries like Spain report that Kinship care has a significantly more favourable result than other care, and it is increasing there (Montserrat, 2014). The kinship foster care has its remarkable relevance because there are possibilities of disruption in care. It is mainly because the child has close contact with the kin prior to the formal placement. There will be more adaptability and flexibility than the other non-related family care (Brown et

al., 2002). Since extended family households are so common, it's possible that young people receiving kinship care won't find these arrangements unusual or upsetting. the family's adaptability and flexibility, and recognize that this adaptability frequently shields families from social and financial hardship. The continued idealisation of the nuclear family-including its use in the conceptualisation of foster care-may hinder service provision because it obscures the resources of extended families (Brown et al., 2002).

Other models:

Parent and baby fostering model:

It is another type of fostering prevalent in the world. This type of foster provides care to the adolescent pregnant and parenting girls and their children. This model of foster care reduces the stigma and social exclusion prevalent in society towards such girls and their infants when compared with the institutionalisation of such children (Brewer et al., 2017). This study, which used data from a public survey of Jordanian citizens, discovered that stigma was considerably reduced when the pregnant girl was portrayed as being in foster care as opposed to institutional care.

Child-centered foster care model:

The Polish foster care system observed that the adult model of childhood management is practised everywhere in the world. This has resulted in the instrumentalisation of childhood and the deprivation of a child's sense of agency. Therefore, they identified a child-centred foster care model in which the foster parents treat the child as a competent person which will resulted in an autonomous identity (Ornacka, 2022).

Discussion

The foster care system in the major countries is well-structured. Everything from the identification of children to the termination of foster care cases is well-planned and organised in these countries.

Children are placed in each care according to the requirements of the child and the best interest of the child. For example, even though respite foster care

is available in the UK, USA, and Australia it is permitted exclusively based on the interest of the child. This type of foster care can be adopted in Indian cities also.

"PRIDE" is a model (Nash & Flynn, 2016) prevalent in 25 countries which focuses on pre-service training for foster parents. However, the pre-service or in-service training for foster parents is not happening in India. The public private partnership is smoothly working in most of the countries. This can be adopted for the training of parents.

More specialised training is required for children those who have behavioural and emotional problems. The treatment foster care model provide more specialised pre-service training to such interested foster carers to secure expertise in dealing with children with emotional and behavioural issues. The specialised pre and ongoing training to parents will be very effective method for the reduction of problems in children. However, the foster care model guidelines have not included any such specialized training for foster parents in India. Children with any kind of physical and mental imbalance are not considered for foster care in India. Corresponding to remand foster care the incorporation of Child in Conflict with Law (CCL) in foster care as correctional method will be helpful to reduce recidivism. The incorporation of such idea in 'Kaval' project will be beneficial.

The transition from childhood to adulthood creates dilemma to the life of individuals. The ageing out is a crucial period for an individual who had undergone through foster care. Permanency through adoption or reunification or long-term foster care are very essential for such individuals to continue their life successfully. Here the "CORE" model addresses the socio-emotional problems of youth. The independent living skills of the adolescents can be developed through this training. Such training to the Indian foster children will be beneficial for them even if there are placement drift or disruption or instability happened.

The networking with individuals has similar experience will be useful to address many issues of individuals. Analogous to that the networking with foster parents in similar condition can easily deal with the problems. The Mockingbird foster care model helps to address the problems of foster parents. The positive interaction with persons with similar experience will enhance the

effectiveness of the programme. One experienced foster parent is the best guide for another foster parent. The collective foster care programme practicing in China also can be considered as a model for this. The foster carers meet each other once in a year when they gather for foster care meet organized by the District Child Protection Units in Kerala.

The parent and baby foster care can be applied to the children in Women and Children Home (previously known as "NIRBHAYA" Homes) which is observed as a best method to reduce stigma on such children.

The kinship care is considered as a method of foster care by some countries at the same time it is separate type of alternative care. The abovementioned studies in kinship care reported that the kinship care is one of the best methods of child care.

Implications for future research:

This study revealed that the in-depth understanding on the models of foster care is inevitable to develop and implement foster care models in Indian context. The competency-based model and the innovative extended model focuses on foster parents and the outcome-based model is for foster children. However, before adopting any of the models for a country the cultural context is very important. Therefore, empirical studies must be carried out to identify the efficacy of such models in Indian context is very essential. The role of professional social workers in each foster care model is to be studied thoroughly.

Conclusion:

In Conclusion, foster care is used as an alternative care method in India since 2009. It is still in the budding state and it requires a reformation holistically. Reduction of institutionalization is a major policy of the Government of India; however, the practice of deinstitutionalization has not been given sufficient attention due to various reasons. As mentioned above the models such as PRIDE, CORE, Parent and baby foster care model, Treatment Foster Care (TFC) model, Kinship care etc. can be adopted to the Indian system and well-trained professionals and foster parents are inevitable for the success of the system. The futuristic, flexible, and child-centred models can bring changes in the child protection system in India. At the same time, it is essential

that the cultural context and practicality of each model be assessed before the implementation of any model.

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