FOSTER FAMILY RENEWED HOPE AND A NEW LIFE

A STUDY ON THE PRACTICE OF FOSTER CARE FOR CHILDREN IN INDIA

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"Together we have the power to make a positive impact on the
lives of millions of children and families around the world.
**As foster parents, social workers, advocates,
teachers and friends,**
we can light the path and create a brighter
future for those we serve."   **– Mark Anthony Garrett**

Dedicated to

*All the Children
who are Deprived of Parental Care and
Foster Families
who Open Their Heart and Their Home*

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Foreword

Children are the most vulnerable section of a society. The right to a family is one of the most basic rights of every child and the natural environment for a child to grow up in, is a nurturing family. When seen within a "Right Based Framework", the challenge before every society is ensuring the child right to survival, protection, development and participation. Child protection constitutes intervention programmes, policies and legislations to prevent the neglect, abuse, violence and exploitation of children. The current paradigm shift in the area of child protection is the development of a preventive, community oriented and family based approach. The United Nations Guideline for Alternative Care for Children is a response to enhance the implementation of the United Nations Conventions on the Rights of Children [UNCRC]. The guidelines define children without parental care as "All Children, not in the overnight care of at least one of their parents, for whatever reasons and under whatever circumstances" and alternative care refers to a spectrum of services available to children, whose parents are no longer able to provide adequate care. The Integrated Child Protection Scheme [ICPS] of the Government of India incorporates this alternative care approach and includes programmes like Adoption, Foster Care, Sponsorship and After Care for the vulnerable children.

BOSCO is committed to the issue of child protection, through intervention programmes for vulnerable children in Bangalore. Foster care is the new initiative of BOSCO in response to the national efforts to promote Alternative Forms of Child care in India. This project was initiated in January 2012 and as one of the pioneering efforts the First National Consultation in Foster care was organized. This provided a platform to NGOs, academicians, policy makers, practitioners to deliberate and discuss the concept and practice of Foster Care in India. It was an opportunity for partnership between the Government and civil society organisation to converge and dovetail their efforts in promoting Foster Care in India.

Even though the Foster Care Scheme was introduced in India in the early sixties, it did not become an effective National programme. In the Indian socio-cultural context, family ties being strong, the practice was more of an informal "Kinship Care". The plurality of Foster Care practices included short term and long term Foster Care, in related and unrelated families; it included foster care for children awaiting adoption, as also pre adoptive foster care. There were many lessons learnt and experiences to be documented in the area of foster care.

BOSCO needs to be commended for filling this void and undertaking the National Research on Foster Care. It will contribute immensely to knowledge building, policy development and improvement of child protection practices in the country. I congratulate "Team BOSCO" for this tremendous effort towards researching and documenting the foster care practices in India. A time has come for all of us to commit ourselves to the protection of children, so that we can assure Every Child a childhood, in a nurturing Family Environment.

Dr. NILIMA MEHTA
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A big thank you to the entire foster care team especially Ms. Milan Mandanna, the Project Coordinator, Ms. Ann Mary George and Ms. Bakyalakshmi .T the Counsellors, Mr. Shapi Jalalpasha and Mr. Raju .K.N the Field Staff who toiled day and night in visiting various foster homes and recording their field experience and best practices. The entire BOSCO family has been a source of strength for us throughout our study and has supported us in all the activities we have undertaken. We would like to acknowledge their support and constant help.

Above all, we express our heartfelt gratitude to GOD for putting in our heart the desire to do this study and for giving us the strength and courage to do the study till its completion.

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Thank You...

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Place: Bangalore

Fr. George P. S.
Executive Director
BOSCO

BOSCO in Perspective

The Society of the Salesians of Don Bosco is a large family of Catholic Priests and Brothers who have followed the footsteps of their role model **Don Bosco** (1815- 1888) and worked to empower the youth of our country, especially the poorest of the poor for the past one hundred years. The Society traces its roots back to Turin (Italy) which Don Bosco took upon himself to help the migrant, destitute children and youth in the aftermath of the Industrial Revolution.

The Salesians could be called the pioneers of the work among the street children in India. It was in Cochin in 1974 that the Salesians made their foray into the work of rehabilitating street children by starting **"Sneha Bhavan"** a home for street children and street youth in collaboration with the Municipal Corporation of Cochin City. The spirit of this work has caught on and spread to more than 72 cities across the Indian subcontinent where the Salesians and their collaborators work with the young at risk. **BOSCO** Bangalore is a branch of this national network. Moved by the deplorable conditions of thousands of destitute children and youth on the streets of Bangalore, a group of Salesian students from Kristu Jyoti College, Krishnarajapuram led by Fr. Roy and his team made their first contacts with the street children at the City Railway Station, City Bus Stand, K R Market and on the streets in other parts of the city. These contacts grew with Fr. George Kollashany and became more frequent and regular and **Bangalore Oniyavara Seva Coota (BOSCO)** came into existence in the year 1980. It became a full-fledged project by the year 1984.

Today BOSCO is a vibrant organisation at the service of the young at risk collaborating and networking with many Governmental and Non-Governmental Organisations. We are involved in protection and care, shelter, advocacy, counselling, home placement, tracing the missing children and their restoration, non-formal and formal education, skill training and job placement, health care, CHILDLINE 1098 service, Special Juvenile Police Unit, child rights education in schools, foster care, trainings etc.

The initial experiences of involvement were integrated to reflection process. Those reflections led to further innovations in the form of action research keeping in mind the need and rights of children for family care to and deeper involvements in expanding its frontiers beyond institutional care, biological family reintegration and informal kinship care to alternative family based care through formal and structured foster care services. This research study movingly testifies the practices and initiatives undertaken by Governmental as well as Non-Governmental Organisations in providing a child with a right to a family. The book records experiences and learnings and the way forward which every parent, every educationist and social worker can learn and implement for the best interest of the child. We wish that this research would help in befriending the children in need of care and protection to self reliance and good citizenship and above all right to a family.

LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immuno Deficiency Syndrome
ACA	Adoption Coordinating Agency
AFC	Alternative Forms of Care
BSY	Balsangopan Yojna
BOSCO	Bangalore Oniyavara Seva Coota
CWC	Child Welfare Committee
CCI	Child Care Institutions
CARA	Central Adoption Resource Authority
DWCD	Department of Women and Child Development
DCPS	District Child Protection Society
FC	Foster Care
HIV	Human Immunodeficiency Virus
ICPS	Integrated Child Protection Scheme
IFCO	International Foster Care Organisation
JJ	Juvenile Justice
NGO	Non Governmental Organisation
PO	Probation Officer
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Emergency Fund
YaR	Young at Risk

DEFINITION OF TERMS

Abandoned: Abandoned child means an unaccompanied and deserted child who has been declared as abandoned by the Child Welfare Committee after due inquiry. (http://adoptionindia.nic.in/guideline-family/Overwiew.html)

Adoption Agency / Specialized Adoption Agency: To facilitate the placement of orphaned, abandoned and surrendered children for adoption, the Juvenile Justice (Care and Protection of Children) Amendment Act, 2006, empowers the State Government to recognize one or more of its institutions or voluntary organisations in each district as Specialized Adoption Agency. (Integrated Child Protection Scheme)[1]

Adoption: It refers to the process through which an adopted child, permanently separated from his / her biological parents, becomes the legitimate child of his / her adoptive parents with all the rights, privileges and responsibilities that are attached to the relationship.(http://www.adoptionindia.nic.in/article.htm)

Adoption Coordinating Agency (ACA): As per Integrated Child Protection Scheme, ACA popularizes the concept of adoption for wider acceptance in Indian society and promotes in-country adoption for the permanent rehabilitation of orphaned, abandoned and surrendered children in a family environment. ACA is an agency in a state / region set up by the State Adoption Resource Agency (SARA) and recognized by the Central Adoption Resource Authority (CARA).

Alternative Care : A formal or informal arrangement whereby, a child is looked after; at least overnight, outside the parental home either by decision of a judicial or administrative authority, duly accredited body or at the initiative of the child, his/her parent(s) or primary care givers, or spontaneously by a care provider in the absence of parents. (Better care network tool kit)[2]

Biological Parents: The family into which the child is born. In this context means both parents if they are togeter, or the mother, or the father. (Guidelines for Foster Care, IFCO)

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[1] ICPS – Integrated Child Protection Scheme, under the Ministry of Women and Child Development, funded by the Central Government.

[2] Better Care Network Toolkit - http://www.bettercarenetwork.org

Central Adoption Resource Authority (CARA): An autonomous body under the Ministry of Women and Child Development, Government of India, which functions as the nodal body for adoption of Indian children and to promote and regulate in-country and inter-country adoptions. (http://www.adoptionindia.nic.in/)

Child Care Institution (CCI): All institutions whether State Government run, like observation home, special home or children's home, or those run by voluntary organisations for children in need of care and protection. The home must be certified or recognized and registered under the Juvenile Justice (Care and Protection of Children) Amendment Act, 2006, in such a manner as may be prescribed.

Child Care: Child care may be defined as child care services that provide a responsive, developmentally appropriate environment for young children. (http://www.ces.ncsu.edu/depts/fcs/pdfs/fcs 460.pdf)

Child Headed Household: A household in which a child or children (typically an older sibling), assumes the primary responsibility of siblings, remain together in a household without adult care for the day to day running of the household, providing and caring for those within the household. The children in the household may or may not be related. (Better care network tool kit)

Child Study Report (CSR): The process of building an understanding of the problems needs and rights of a child and his/her family in the wider context of the community. It covers the physical, intellectual, emotional and social need and development of the child.(Better care network tool kit)

Child Welfare Committee (CWC): Child Welfare Committee is the final authority to dispose of cases for the care, protection, treatment, development and rehabilitation of children in need of care and protection and to provide for their basic needs and protection of human rights (Integrated Child Protection Scheme).

Competent Authority: As per the provisions laid down under the Juvenile Justice (Care and Protection of Children) Act, 2000 and its amendment Act 2006, Child Welfare Committee (CWC) is the Competent Authority to deal with the matters concerning children in need of care and protection.

Family Day Care Centre: It is a related service to foster care where the child is placed in a substitute family only during the day or night, as in the case of working mothers or single parents, for the time they are at work. (Child Protection and Juvenile Justice System for children in need of care and protection, Dr. Nilima Mehta)

Fit institution: It is a government or a registered non- governmental organisation or a volunteer organisation prepared to own the responsibility of a child and such organisation is found fit by the competent authority.(JJ Act, 2000)

Fit Person: A person being a social worker or any other person, who is prepared to own the responsibility of the child and is found fit by the competent authority to receive and take care of the child. (JJ Act, 2000)

Foster care for Children Awaiting Adoption: A temporary placement of a child, who awaits adoption, in a home until a suitable adoptive family is found for him/her.

Foster Care:

1) Foster care: 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. (UN Guidelines on alternative care)

2) As per Juvenile Justice (Care and Protection of Children) Act 2000, "In foster care, the child may be placed in another family for a short or extended period of time, depending upon the circumstances where the child's own parent usually visits regularly and eventually after the rehabilitation, where the children may return to their own homes."

Foster Carer's Assessment: The report prepared by child welfare officer / social worker which comprises of the prospective foster parents' social and economic status details, family background, description of their home, standard of living, relationship with spouse, if any, and other family members, health status, etc. assessing the ability to foster children for a given period of time.

Foster Child: A child without parental support and protection; placed with someone who is not the child's natural or adoptive parents, to be cared for, usually by local welfare services or by court order. (Dictionary by Farlex)

Foster Parent: A person who acts as parent and guardian for a child in place of the child's natural parents but without legally adopting the child. (Dictionary by Farlex)

Group Foster Care: Placement of a child in an intimate or homelike setting in which a number of related or unrelated children live for a varying period of time with a single set of house parents or with a rotating staff of trained care givers. (Karnataka draft guidelines for foster care scheme)

Individual Care Plan: A comprehensive development plan for a child, based on age specific and gender specific needs and the case history of the child, prepared in consultation with the child, in order to restore the child's self-esteem, dignity and self-worth and nurture him/her into a responsible citizen. (Juvenile Justice Act Rules, 2007)

Integrated Child Protection Scheme (ICPS): Integrated Child Protection Scheme of the Ministry of Women and Child Development is a holistic intervention and approach towards child protection and rehabilitation.

Kinship Care: A family-based care within the child's extended family (relatives like an aunt, uncle or grandparents) or with close friends of the family known to the child, whether formal or informal in nature (UN guidelines on alternative care).

Pre – Adoption Foster Care: Pre- adoption foster care is when the custody of a child is given to prospective adoptive parents (parent eligible to adopt a child as per the Act) with a view to adopt the child.

Sponsorship Care: Financial support is given to the economically vulnerable parents to support the education and for other essential services like health, training etc. for their child. This helps the child to remain with his/her family.

Vacation Placement: Children who live in an institution like child care centre or home for destitute are placed with a family for a very short duration, like the school vacation.

Chapter I
INTRODUCTION

India, a developing country, is home to 1.27 billion people which make it the second most populous country in the world. As per the 2013 census 50% of the current population is between the ages of 0 – 25 years. These figures show that India represents almost 17.31% of the world's population, which means one out of six people on this planet live in India. Every year, an estimated 26 million children are born in India. The "Children in India 2012", a report published in October, 2012 by the Ministry of Statistics and Program Implementation, Government of India, states that one third of the total population of the country consists of children.

India has made some significant commitments towards ensuring the basic rights of children. There has been progress in overall indicators: infant mortality rates are plummeting, child survival has improved, literacy rates have increased and school dropout rates have fallen. But the issue of child rights in India is still caught between legal and policy commitments to children on the one hand, and the fallout of the process of globalization on the other.

Over the last decade, countries across the world have been changing their existing economic models in favour of one driven by the free market, incorporating the processes of liberalization, privatization and globalization. The direct impact of free trade on children may not leap to the eye, but we do know that globalized India is witnessing worsening levels of basic health, nutrition and shelter. Children are suffering as a result of social sector cutbacks/policies and programs and development initiatives that deprive communities and families of access to and control over land, forest and water resources which they had traditionally depended on.

The negative fallout is visible: children are being deprived of even the scarce social benefits once available; they are displaced by forcing and economic migration, increases the number of children subsisting on the streets, children without parental care, more and more children are being trafficked within and across borders and rising number of children are engaged in part- or full-time labour. 'Status of children in India' - Info Change News & Features, June 2007

Change, however trivial, affects children in a big way. And when this change presents itself in mammoth proportions, often leading to life changing consequences, it has a profound impact on children, irrespective of their place of residence, economic status or social conditions.

The most adverse change comes in the form of separation from one or both parents severing the child's first and primary source of protection and care. Illness, split-up, death or imprisonment of parents, parting due to relocation or conflict in the child's best interests, removal from the family due to neglect or abuse, detention of the child or the child's own initiative to leave home are some of the major reasons that deprive a child temporarily or permanently from parental care.

In fact, there is a large population of children who grow up without one or both of their parents. Children without parental care face a very high risk of abuse, exploitation and neglect. Majority of the children who end up on the streets are those children who face endearing problems associated with their family and upbringing, deprived of parental care.

Fortunately, things are slowly beginning to change and the scenario is promising. Today, thanks to alternate family-based care / non-institutional care, hapless children – not only deprived of parental care but also rendered vulnerable due to poverty, illness, unsafe environment, inadequate schooling facilities, lack of access to education etc. – are all given a second and a better chance to safe, loving, caring and affectionate family life.

With the breaking up of the traditional family care system and the gaps in the modern nuclear family based care system, there has been a dramatic increase in the number of children seeking and entering the institutional system. Parents, in spite of being the primary care givers often easily pass on the responsibility to institutions to substitute family care or to give better facilities. Growing up without the right social stimulation, interaction and support of a family not only affects children emotionally but also damages brain development resulting in poor physical development, language skills and intelligence.

It is here that an alternative family-based care like foster care gains significance. According to David Quinton, Professor of Psychosocial Development, University of Bristol, "Residential care is now seen as an unsatisfactory long-term option when children cannot be looked after by their own parents. Stable placement through adoption or fostering is much preferred in order that a child may have a chance to form the long term affectionate relationships that are now generally seen as important for normal social development."

A child's right to a family is preserved by giving alternate family care for him/her. If the birth family is not able to provide the required care and protection that the child needs, then adoption is the best option for legal orphans. In situations where adoption is not possible and when he/she cannot live with his/her biological parents either temporarily or permanently, a child can get family-based care in foster care.

Foster Care

Foster family care is a form of rights based approach to child welfare, which provides a planned period of alternative family care for a child, who has been deprived of his or her birth family, either temporarily or permanently, due to crisis or problem. It offers to a child protection and a nurturing environment in a family atmosphere, which is conducive for the healthy, normal growth of the child.

Foster care is ideal in situations where children are placed by the competent authority for the purpose of alternative care in the domestic environment of a family that has been selected, qualified, approved and supervised for providing such care as laid down in 'UN Guidelines for Alternative Care for Children'. Placing a child in foster care gives the child a safe place to grow, either until the family circumstances improve enough to reunite the child with the parents or till a permanent rehabilitation is done for the child.

Children are usually sent to foster care when they are deprived of family care due to various reasons. The target group (children) and the kind of foster care they require differ according to the child's need in that juncture, country legal framework and culture. There are a diverse range of foster care models practiced, that work differently in each country according to their respective policies on foster care. Individual foster care, respite foster care, therapeutic care, kinship care, group foster care, child headed household, vacation foster placement, foster day care are the different global contemporary models of foster care. In India too, organisations practice different models of foster care according to the children's situations and needs.

Global Perspective on Foster care

The foster care system in the modern sense had its beginnings in 1853 in both the United Kingdom and the United States. In UK, Rev. John Armistead removed children from a workhouse in Cheshire, and placed them with foster families. The local council was legally responsible for the children and paid the foster parents for their maintenance. In the United States, the Children's Aid Society founded by Charles Loring Brace started the Orphan Train Movement to help get orphaned, abused and neglected children off the streets of New York City, and afterwards other overcrowded cities on the East Coast to be sent via train to foster homes

across the United States. Eventually, foster care was accepted and practiced as the best alternative option for family care of a child.

The following are the international instruments namely.

I. **Geneva Declaration of the Rights of the Child (1924)**

II. **Universal Declaration of Human Rights (1948)**

III. **Declaration of the Rights of the Child (1959)**

IV. **The Declaration on Social and Legal Principles relating to the Protection and Welfare of Children, with Special Reference to Foster Placement and Adoption Nationally and Internationally (1986)**

V. **The UN Convention on the Rights of the Child (1989)**

VI. **UN Guidelines for Alternative Care of Children (2009)**

Which regulate the rights of a child with due importance to biological family care and alternative family based care for children. In this research study few article directly pertaining to foster care will be explained in detail from above mentioned international instrument.

The Declaration on Social and Legal Principles (1986)

The above declaration was brought out to reiterate the 'principle 6 of the Declaration of the Rights of the Child (1959)' which states that the child shall, "wherever possible, grow up in the care and under the responsibility of his/her parents and, in any case, in an atmosphere of affection and of moral and material security". The first 9 articles of the above Declaration relate to the importance of family care including adoption and foster care, for the welfare of the child. Articles 10 – 12 are formulated exclusively to regulate the foster care for children. Article 4 of the declaration, mentioned below, is about the need of the child for an alternative family care in the birth family.

Article 4:

When care by the child's own parents is unavailable or inappropriate, care by relatives of the child's parents, by another substitute – foster or adoptive – family or, if necessary, by an appropriate institution should be considered.

The UN Convention on the Rights of the Child (1989)

United Nations Convention on the Rights of the Child (UNCRC), which came into force in September, 1990 is the first legally binding international instrument to incorporate the complete range of human rights - civil, cultural, economic, political and social rights for children. In its preamble and articles, UNCRC positions the need of family care for children as follows:

Preamble:

"Convinced that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community."

"Recognizing that the child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding."

UNCRC has 54 Articles which are divided into three parts, Part I (Article 1 to 41) for specific child rights, Part II (Article 42 – 45) for monitoring and implementation mechanisms, Part III (Article 46 – 54) for ratification arrangement and optional protocols. The articles relevant to this research are given below:

Article 5:

State Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognized in the present Convention.

Article 18:

1.(….) Parents or, as the case may be, legal guardians, have the primary responsibility for the upbringing and development of the child. The best interests of the child will be their basic concern.

Article 20:

1. 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.

2. States Parties shall in accordance with their national laws ensure alternative care for such a child.

3. Such care could include, inter alia, foster placement, kafalah of Islamic law, adoption or if necessary placement in suitable institutions for the care of children. When considering solutions, due regard shall be paid to the desirability of continuity in a child's upbringing and to the child's ethnic, religious, cultural and linguistic background.

Hague Convention on Protection of Children and Co-operation in Respect of Inter country. Adoption (1993) came as an international instrument to implement the alternative family care for children mentioned in the Declaration on Foster care and Adoption (1986) and article 20 of the UNCRC (1989).

UN Guidelines for Alternative Care of Children (2009)

"Considering, the UN Guidelines for the Alternative Care of Children, (….) set out desirable orientations for policy and practice with the intention of enhancing the implementation of the Convention on the Rights of the Child and of the relevant provisions of other international instruments regarding the protection and well-being of children deprived of parental care or who are at risk of being so."

Principles:

11. Decisions regarding children in alternative care, including those in informal care, should have due regard for the importance of ensuring children a stable home and meeting their basic need for safe and continuous attachment to their caregivers, with permanency generally being a key goal.

13. Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible durations (……..)

Apart from these principles, one of the primary cares enumerated under formal alternative care for children is the foster care; with paragraphs 117 to 121 have clauses pertaining to it specifically.

Being the international standard for the protection of child rights in different countries, the above six documents pressed for a national legal framework to protect the rights of the child in line with UNCRC. India, being a signatory, made all efforts to protect and respect the rights and welfare of children by articulating legal mechanisms in the country.

The Indian Context

Contrary to what we see today, India has had a strong tradition of joint family system since ages. Orphans, widows, single women, destitute and the elderly were all provided shelter, care, love and due protection in one united large family. The social fabric and cohesion was such that no member was left on the road to defend for oneself. Hence kinship (foster) care is nothing new to Indian culture.

However, due to rapid modernization, the joint family system gradually disintegrated into smaller individual households. Since nuclear family has become the common norm now in India, caring for their children has become an increasing burden for working parents.

According to UNICEF studies in India, over 31,000 children were orphaned in 2009 alone. With no other alternative, these children end up living in large government-run orphanages or small private facilities.

Foster care in India has a history spanning across five decades. In 1964, The Central Social Welfare Board initiated the foster care program as a pilot project in the third five-year plan as part of its 'family and child welfare plans'. The first non-institutional scheme for children was introduced in 1972 by the state of Maharashtra. The guidelines for this scheme was first framed in 1975 and later revised in 2005, before finally renaming it as 'BalSangopan Scheme – Non Institutional Services'. Thanks to the BalSangopan Scheme, several children from 18 organisations in Maharashtra are now reaping the benefits of foster family care.

Similarly, foster care model laid out in BalSangopan Scheme was successfully implemented at Latur and Osmanabad during the Latur earthquake in 1993. During the aftermath of this disaster, around 200 orphaned children benefited through this program as they were rehabilitated with their relatives or neighbours in the community. The scheme was also made functional during the 2001 earthquake in Gujarat, where around 350 children benefited from it.

More notable developments in the field of foster care happened in 1996 when the Karnataka State Council initiated programs to de-institutionalize the children through family and group foster care after the initiation of Foster care Scheme in the same year. Though this scheme was implemented as a pilot project by a few organisations in Karnataka, it did not gain enough momentum or achieve the expected outcome, as a result of which it was eventually scrapped.

Other notable milestones in India's foster care journey include the Juvenile Justice (Care and Protection of Children) Act, 2000 and Integrated Child Protection Scheme (ICPS) which promote family based services for children. This scheme's main concern and an important objective was to make institutionalisation the last resort of alternative care, after all other more feasible options had been considered. Hell-bent on achieving this goal, the scheme strives to widen the scope of intervention to go beyond institutionalisation of children and include more family and community based care.

The Juvenile Justice (Care and Protection of Children) Act, 2000

This Act was enacted keeping in mind the standards for child protection provided by the UN Convention on the Rights of a Child (UNCRC). The chapters within the Act that deal with the child in need of care and protection stipulate that foster care is required for children deprived of family care.

Sections 40 to 45 of Chapter VI of the Act – Rehabilitation and Social Reintegration stands for the family-based rehabilitation of children including Adoption, Foster care (Section 42, Chapter VI), Sponsorship and After care Organisations.

Section 42, Foster Care:-

(1) Foster care may be used for temporary placement of those infants who will eventually be given for adoption.

(2) In foster care, the child may be placed in another family for a short or extended period of time, depending upon the circumstances where the child's own parent usually visits regularly and eventually after the rehabilitation, where the children may return to their own homes.

(3) The State Government may make rules for the purposes of carrying out the scheme of the foster care program for children.

The Juvenile Justice (Care and Protection of Children) Rules 2007 (Model Rules):

Three sections – 34, 35 and 36 describe foster care, criteria for selection of families for foster care and pre-adoption foster care respectively. In sub section (2) of section 34 it states that, "Every State Government shall design its own foster care program so as to reduce institutionalisation of children and enable a nurturing family environment for every child." Section 35 puts down 11 criteria and 2 sub clauses that a potential foster care family should satisfy to be eligible for being an authorized foster parent and the Child Welfare Committee should declare the parent fit person before placing the child in foster care.

Integrated Child Protection Scheme (2009)

The Ministry of Women and Child Development, Government of India, through its Integrated Child Protection Scheme (ICPS) affirms the rights of the child to grow up in a family. Stated below are the highlights from the Focus, Guiding Principles and the Approach of ICPS with regard to Foster care and other family based care for children.

Focus of ICPS

"To promote and strengthen non-institutional family-based care options for children deprived of parental care, including sponsorship to vulnerable families, kinship-care, in-country adoption, foster care and inter-country adoption, in order of preference".

Guiding Principles

3.2 "Loving and caring family, the best place for the child: Children are best cared for in their own families and have a right to family care and parenting by both parents".

3.6 "Institutionalization of children, the last resort: There is a need to shift the focus of interventions from an over reliance on institutionalisation of children and move towards more family and community–based alternative forms of care. Institutionalization should be used as a measure of last resort after all other options have been explored".

ICPS Approach

4.2 "Promotion of Family-based Care: The scheme would pursue a conscious shift to family-based care including sponsorship, kinship care, foster care and adoption. Periodic review of children in institutional care for restoration to families would also be undertaken".

BOSCO's Initiative as a Researcher

BOSCO (Bangalore Oniyavara Seva Coota) has been a non-institutional model of child care and rehabilitation, since its inception 33 years ago. Family reintegration is a 33 year old practice of BOSCO, professed and practiced considering the best interest of the child, not structured as per the dictum of national instruments of child rights. BOSCO's services were largely in house while its biological family rehabilitation or kinship care was more of a welfare based approach.

At BOSCO, we believe that family care is the best for the development of children. In accordance with this belief, it is ensured that the beneficiaries are always successfully reintegrated into their biological or extended family every day. But children who are orphaned or do not have responsible parents remain in the family simulated short stay home for years until they leave to lead an independent life. BOSCO enlarged the rehabilitation process of these children so as to include other alternative family based care, especially foster care.

At this juncture a case which came as an eye opener to the organisation was of an orphan, Srinivasa. Once a street child who was deprived of parental care, he used to make his living by doing petty trades on the street. Then one day, about 22 years ago, BOSCO contacted Srinivasa in order to help him with his daily struggle to live and to off the street. He later became a coolie porter at the Bangalore bus stand. He got married to Geetha and had four children. When the youngest child was around 5 years old, Geetha expired. After her death, Srinivasa did not feel the need of keeping his children together with him. He enrolled his four children into three different institutions according to his convenience and situation. Srinivasa loves his children a lot but still works and lives on the street.

BOSCO realized that such approach is not always attentive to the deeper needs of a child for personal attention and affection and the need to interact with society as normally as possible. Hence, there has been a paradigm shift in the field of

rehabilitation by looking at non- institutional strategies that respect the child's needs seriously by utilizing community resources.

BOSCO has now identified the gap in the continuum of service offered to vulnerable children. In an attempt to bridge this gap, BOSCO wanted to pilot and include foster care as one of the major components of its services to the young at risk. Through this, BOSCO aims at providing foster care for insecure and vulnerable children who are not under the custody of their biological parents or primary caregivers but working and living on the streets, slums and pavements of the city of Bangalore.

As foster care is not a well-accepted and digested idea in the Indian scenario and in the State of Karnataka, BOSCO wants to work both at the service level and at the policy level, to make it available for the people, so that they learn about, understand and accept foster care and other forms of family-based care for children.

Before making the foster care service available to the children, it was imperative to study the existing foster care services in India and identify the best feasible forms of foster care provided by different social organisations. Thus, BOSCO initiated a study on foster care systems in India in 2012.

Need of the Study

Keeping in mind the need and the rights of children in family care, BOSCO foresees expanding its frontiers beyond institutional care, biological family reintegration and informal kinship care to include alternative family based care through formal and structured foster care services. Even though foster care services are provided in different parts of India, there is no concrete data available about the foster care organisations that exist here and the various models of foster care that they practice. As said earlier, India has legal instruments vouching for foster care as a form of alternative care for the child. Yet, there is not a single and common scheme/framework/policy on foster care procedures or foster care implementation models till date. Therefore, this study was primarily conducted in order to provide an outline of the foster care practices by different organisations on a national scale.

This research largely depended on the interview technique to gather information. We interviewed representatives of several social organisations to know and understand the core aspects related to the subject like – the target group (children), foster families, process and procedures followed, legalization, networking, and government contribution in the implementation and best practices followed in foster care. BOSCO strongly believes that an understanding of these facets would definitely help reduce and replace institutionalized care with a stable and more predictable family care.

Our initial inquiry revealed that there are many agencies/organisations practicing foster care in different forms and styles in India. The study intended in identifying the different organisations and regulatory framework pertaining to foster care practice in India. However, being spread across the length and breadth of this vast and diverse country of ours, not all of these programs have been successful. Like any other social welfare initiative, the foster care program in India too has had its share of successes and failures.

Therefore, this study – an attempt to present an impression of foster care in its manifold appearance in the Indian context – is founded on the data collected from nine Indian states, namely Karnataka, Andhra Pradesh, Tamil Nadu, Kerala, Orissa, Maharashtra, Goa, Delhi and Rajasthan implementing foster care. Further, the research comprehends the concept of foster care on the basis of the factual situation in implementing foster care by 33 organisations in the above mentioned nine states, followed by an analysis of the process and procedures of foster care in the Indian milieu. BOSCO's representatives personally visited these organisations to study their methods and models including process and procedures involved along with the advocacy mechanisms to scale up the foster care services in providing alternative family care for vulnerable children. This helped BOSCO to learn from its study rather than reinventing the wheel of foster care in providing alternative family care for vulnerable children. This study is a systematic exploration in understanding foster care practices to promote and spread the concept.

In the light of the UN Convention on the Rights of the Child, the Juvenile Justice (Care and Protection of Children) Act, 2000 and other relevant international and national standards for the protection of children, this study intends to explore foster care in India as an alternative form of care for children without parental care. The findings and recommendations of the study will benefit child care practitioners and policy makers alike. Through this research, BOSCO aims to promote certain promising practices in the field of foster care.

The background of foster care in India which refers back to decades is narrated here, contextualising it to the need of the study in this juncture. The study, in a systematic way, tries to find answers for the questions arising here through the following chapters - literature review, research methodology, data analysis and findings. In the Second chapter, Literature review we have tried to bring in the findings around foster care practice in the country and worldwide to set the context for the study on foster care in India.

Chapter II
LITERATURE REVIEW

At this stage in the research process a secondary data analysis of available information already published in some from is captured in this chapter. The research extensively surveyed the research studies already conducted in the fields of issue in question and existing literature on the research objectives to collate information on various factors involved and their impact on children. The conceptual and empirical literature review helped in establishing the rationale and credibility of the study. This includes explanation of various concepts involved in the study based on the theories and information published in some form and a brief review on some of the previous research studies which are closely related to the particular research area and throws light on the knowledge base already built in this area. Hence, a major aim of this chapter is to look into the divergent conclusions that have been drawn from evidences available. Much of the literature review discussed in this section is an attempt to provide valuable insights into the effectiveness of foster care programme around the globe.

Foster care in Global Context

Institutional Vs Foster Care - Impact on the development of children

Almost all the studies hitherto conducted as well as existing works on foster care uphold one common point – foster care is the ideal alternative to institutional care as it provides children deprived of parental care, a positive, safe and secure environment for their physical, mental and emotional growth and development.

John Williamson and Aaron Greenberg (2010) opined, "Provided that foster placements are well-planned and monitored, this can be a very appropriate form of care because it provides the cultural and developmental advantages to children of living in a family environment pending family reunification or long-term placement". This was the view of the staunch supporters of the concept of foster care as an alternative to institutional care.

In fact, what Williamson and Greenberg said further strengthens a very established view among child care researchers which is that, the higher the quality of care

a child receives, the better is his/her development. A child growing in a family environment is far better than a child in an institutional care.

Nelson, C., N. Fox, C. Zeanah and D. Johnson, [2007] in their longitudinal study as part of the Bucharest Early Intervention Project (BEIP), found that young children who were shifted from an institution to supported foster care before age 2 made dramatic developmental gains across several cognitive and emotional development measures compared to those who continued to live in institutional care and whose situation worsened considerably.

This very sentiment was echoed by several foster care facilitators when BOSCO interviewed them as part of this study. Ms. Mary Paul, The Director of Vathsalya Charitable Trust specially pointed out that those children who were fostered before adoption were more successful at adjusting well with their adoptive family than children who experienced foster care prior to adoption.

There have been previously conducted studies that provide ample proof to the fact that foster care program positively impacts not just his/her social, emotional and physical development but also has a crucial role to play in deciding a child's brain development including his/her Intelligence Quotient. Bucharest Early Intervention Project [2009], the first scientific study comparing the developmental capacities of children raised in large-scale institutions with non-institutionalized and fostered children found that as compared to children raised at home or in foster families, the institutionalized children were far more physically stunted. For every 2.6 months spent in a Romanian orphanage, a child falls behind one month of normal growth, they had significantly lower IQs and levels of brain activity – particularly children who entered institutions at a young age and children in institutional care were far more likely to have social and behavioural abnormalities such as disturbances and delays in social and emotional development, aggressive behaviour problems, inattention and hyperactivity and a syndrome that mimics autism.

Another study (2008), "A meta-analysis of 75 studies" (more than 3,800 children in 19 countries) by Van Ijzendoom, H. Marinus, Maartje Luijk and Femmie Juffer, found that children reared in orphanages had, on average, an IQ 20 points lower than their peers in foster care".

Our interactions with foster care facilitators revealed that while they all agreed that adequate and effective foster care does play a pivotal role in affecting a child's brain development including his/her IQ, they were unable to provide any scientific data (pertaining to their periphery in particular and Indian context in general) that would substantiate their thoughts.

Further, Van Ijzendoom, H. Marinus, Maartje Luijk and Femmie also stress that there is a pressing need for replacement of institutional care with foster care. According to them, "Placing a child within a substitute family avoids many of the risks of harmful institutionalisation, and it potentially offers individual care and love from a parent figure, opportunities to experience family life, and the chance to be involved with normal activities within the community and wider society. These all make it more likely that the child will enter adulthood better equipped to cope practically and emotionally with independent life".

Ms. Padhmavathi, a social worker with Navajeevan, Vijayawada shared the same above sentiment and believed that children living in individual foster homes and group foster home has a great advantage of living normal in a community setting.

Foster Family Selection

Having stressed that foster care is the best alternative to institutional care, an important aspect of the foster care program is the selection of right foster families that are willing to take a foster child under their care and provide him/her with love, care, protection and create a conducive environment for his/her growth.

Orme G J; Buehler C; Rhodes W K; Cox M E ; Mc Surdy M ; Cuddeback G (2006) examined if and how psychosocial problems, income, education and race of foster families are related to the approval of families to foster children. The study found out that families who were approved and who had a child placed had fewer problems and higher incomes than families who were not approved and who did not have a child placed. However, income increased the probability of placement for families with many problems but not for families with few problems. Race and education were not related to approval or placement, nor were there curvilinear effects on approval or placement.

Wolins' study (1963) examined the ideal characteristics of foster parents or families identified by the case workers. It identified eleven "positive" characteristics that differentiated foster families rated as "superior," "adequate" and "inferior" by the workers. In families rated more highly, fathers had at least a high school education and regarded children as distinct individuals; mothers were farm-reared, younger than 46, and not excessively ambitious, possessive, or self-sacrificing; both parents were flexible in the means and pursuit of goals; and, the family had two or three biological children

Another study that strengthens Wolins' findings is that of Cohon and Cooper's (1993). This study compared applicants who were selected (n = 16) to those who were rejected (n = 13) to foster medically complex infants. Tests and observations

revealed that there were no differences in demographic characteristics or in the Maternal Attitude Scale but when Rorschach test was applied, the results indicated that applicants who were rejected, as compared to those who were selected, had more difficulty modulating their emotions and developing interpersonal ties, and were more likely to look to others instead of themselves to solve problems. This indicates that the well being of foster parents is also extremely critical to the success of any foster care placement.

Importance of Training Foster Parents

Undoubtedly, foster parents play a very crucial role in the success of a foster care placement. Their preparedness to take on the challenges of becoming a foster parent is quite overwhelming. The new role will test a prospective foster parent's ability at effective parenting. It will also challenge them to demonstrate their capabilities in understanding a foster child's state of mind and the right ways and means they use to settle a foster child within their family.

Put simply, being a foster parent is not easy, especially if it is for the first time. Therefore, foster parents too require appropriate training in all aspects of foster care to equip and enable them to discharge their duties of a foster parent.

Pasztor, E. M. (1985) discusses the changing role of foster parents in regards to permanency planning. In an elaborative article, he describes the Foster Parent Project from Nova University; initiated specifically focusing on recruitment, selection, training and retention of foster parents.

The training component of the Nova model includes an orientation meeting, followed by six sessions (approximately three hours each and including up to 30 participants) to combine foster parent pre-service training with the home study process. Session content includes: 1) foster care program goals and agency strengths and limits in achieving those goals; 2) foster parent roles and responsibilities; and 3) the impact of fostering on foster families and on children and parents who need foster care services. Learner centered, nondirective teaching methods are used to help prospective foster parents assess their own strengths and limits in working with children and parent who need foster care services. Role playing and guided imagery are heavily utilized the training resulted in statewide fell of placement disruption from 280 to 168.

Fees B. S., Stockdale D. F., Crase, S. J. Riggins-Caspers, K., Yates, A., & Lekies, K. S. (1998) in a descriptive study examined whether demographic characteristics, pre-service training, and prior experience with children and families impacted the satisfaction level among foster parents an year after completion of pre-service training. The participants of this study were individuals who had undergone extensive 12 hour pre-service training in foster care, attained the licensure for becoming a foster parent and had also accepted foster children within 12 months after training.

The study specifically pointed out that the participants reported higher satisfaction with role demands of foster parenting and felt pre-service training was extremely useful to them.

Non - relative Foster Care and Kinship Care

While both kinship care (relative care) and non-relative foster care are two commonly practiced forms of foster care, the former gets precedence over the latter because kinship care involves extended family members and other people who are familiar to a child as against non-relative foster care where the child is in the company of people entirely outside of his or her family.

Family – immediate or extended – has a sense of security and many commonalities attached to it. Since a non-relative foster care lacks this characteristic, many foster children in non-relative foster care have trouble adjusting with their foster family.

Report published in (2007), Kinship Care – Providing positive and safe care for children living away from home by Save the Children, UK says "Kinship care is recognized as providing a host of benefits for children over other forms of alternative care such as orphanages. Primarily, it enables children to remain with familiar carers, reducing the need for separation from loved ones, and preserving attachments and a sense of identity. Children themselves identify care by close family and friends as preferable (…….) A number of benefits are common to both formal and informal kinship care. In principle, the advantages include:

- Preservation of family, community and cultural ties

- Reinforcement of a child's sense of identity and self-esteem, which flows from knowing their family history and culture

- Avoidance of distress resulting from moving in with strangers (……)"

Le Prohn (1994) conducted a comparative study on relative foster parents (kinship care)with traditional foster parents (non-relative foster care) and found that the relatives identified more strongly with all five of the foster parent roles of (1) parenting, (2) birth-family facilitator, (3) spiritual support, (4) social/emotional development, and (5) agency partner. Le Prohn also concluded that relative foster parents feel they should play a more active and influential role in the lives of their foster children and feel more responsible for the health and happiness of the children in their care than the non relative foster parents.

Prohn's opinion soon found support in Glehart (1994) who said that adolescents in a kinship care were less likely to have a serious mental health problem when compared with children in traditional foster care or non relative foster care.

Report published in (2007), Kinship Care – Providing positive and safe care for children living away from home by Save the Children, UK says "While kinship care is the most common form of out-of-home care, it is also the care option least systematically recorded, monitored or supported. Given that most carers in developing countries are likely to be struggling with poverty, the lack of support is alarming. This is a recurring theme in a wide range of contexts, for example:

In India, there is no legislation or government policy to support kinship carers. Most government support goes to institutional care and there is no agency or monitoring mechanism in place (……)"

Substantiating the above statement Ms. Saroja, Director, Chiguru Bala Mane, Bangalore says monitoring of kinship foster care by the organisation has increased the quality of care given to the children by the relatives.

Children's Behaviour in foster care: (Kinship care vs Non Relative foster care)

Ehrle. J, Geen. R (2002) suggests that kinship foster parents face numerous challenges that most nonkin foster parents do not encounter. These challenges suggest that kinship foster caregivers may require additional supports to ensure the healthy development of children in their care. This study provides evidence to encourage the placement of children with willing and available kin, they found that placement stability improves behavioural outcomes of the children. Children in kinship foster care have better developmental outcomes than children in non-kin placements.

Berrick (1998) too found that children placed with kin were more likely than children in other settings to indicate they were "happy" or "very happy," suggesting that kinship placements can provide a safe emotional environment.

Foster parents Incentives

Some studies relating to the effectiveness of foster care placements have also examined if positive support to the to-be foster parents in the form of incentives are decisive to the success of the foster care program. Rhodes, K.W.; Orme, J.G.; & Buehler, C. (2001,) believe that the reasons for quitting includes lack of agency support, poor communication with case workers, less post licensure training, lack of day care, transportation, no help to meet the health-care costs and difficulties with foster children's behaviour.

Gibbs, D. (2005) used applying data management and analytic methods to explore foster parent retention. He concluded that increased foster parent reimbursement was linked to increased foster parent retention.

IFCO Informer, A Special Jubilee Issue for IFCO's 25th Anniversary Edition, The foster family may work with the foster child and support his own family to enable him to return home, they may offer respite care to the overburdened parents of a handicapped child, they may specialise in short-term crisis placements, in adolescents or working with delinquents adolescents and so on ad infinitum. In these placements the emphasis is on the work to be done, i.e. it is task-centred. It is therefore legitimate to pay fees or extra allowances for this work, which may sometimes replace a career outside the home. It is of course necessary to work out appropriate scales of payment as some tasks are simple and relatively undemanding, whereas others require a high degree of skill and energy.

Giving incentives to foster parents is an opportunity for the placement authorities or organisations to be involved with the foster family even after the placement and monitor the placement was a statement made by an organisation during the study.

Foster Care in Indian Context

Till date, there has been only few existing literature on foster care in an Indian context in spite of the fact that foster care is being practiced in India for the past five decades.

Unfortunately, not much study has been undertaken in this nor are there noteworthy research papers presented to capture the foster care practices in India. The information available on alternatives to institutionalisation is limited and the majority of child care institutions consider institutionalisation of children as the best options and they have not considered the option of family based care alternative like foster care, community based alternatives.

Barring a few stray references to foster care in the media, majority of the studies on foster care in India have also been conducted by foreign researchers and organisation/network like the International Foster Care Organisation.

Throwing light on the state of foster care in India is a newspaper article in the Indian Express quoted that The National Commission of Protection of Child Rights (NCPCR) as recommending "non-institutional" care options for children in conflict with law and children in need of care and protection. The newspaper article highlighted that terming institutional care as the "last resort" for these children; the NCPCR has suggested "foster care, kinship care and supervised and assisted living" for them.

This goes on to prove that even in India, foster care is widely considered as the best alternative to institutional care.

International Foster Care Organisation (IFCO) (2006) after an exhaustive study on alternative care for children without parental care in rural India concluded that foster care, in particular group foster care was the best option for such children. The study noted, "Group foster care for the differently-abled children is a better alternative to institutionalisation. Institutions provide training and other facilities for the children to cope with day-to-day activities but are ill-equipped to attend to their emotional needs. Group foster care provides care, protection, rehabilitation and training to the less-abled children in a family type home. Their rights to survival, protection, participation and development are upheld."

Family foster care is a better alternative to institutional care. It provides a substitute family for children unable to be raised in their birth family. It is community based and family focused as it mobilizes families in the communities to provide alternative care for needy children. It supports the right of every child to grow up in a family. It assures individualized and more personal care for the child. Family foster care is best for the physical and psychosocial development of the children as it allows them to develop their distinct identity, strong socialization and communication skills. It can be short or long term depending on the situation and need of the child. (Good practices for alternatives to care in institutional settings for children without parental care in rural settings in India. A working document by International Foster Care Organisation)

Another prominent study that examined the prospects for implementing foster care as an alternative to the dominant system of institutional care available to orphaned and abandoned children in India and found that while people are receptive to the idea of foster care as an alternative to institutional care, they still also perceived barriers to implementing systematic foster care, particularly with regard to family recruitment due to problems securing family and community support for participation. The results are discussed in light of governmental calls for non-governmental organisation and other stakeholders to institute alternatives to foster and adoptive care.

Our interactions with CWC members, social workers and representatives of social organisations promoting foster care revealed that poor support from the state and central governments, lack of adequate financial funding and moral appreciation for foster parents and most importantly the absence of a concrete mechanism to implement and monitor foster care placements were the most difficult challenges in India.

Mr. Rajendra Mehar, YCDA, Orissa said; "The hostels or orphanages are not adequate to accommodate the needs of the child and more likely to have negative effects on child's development, no matter how well they are." Similarly, Ms. Padmaja, CWC Chairperson, Cochin, shared that if they had an organisation and staff to support the CWC then they could implement the foster care programme more effectively.

A review report published in the (2006), Rapid assessment of children affected and vulnerable to HIV/AIDS in Maharashtra: Foster Care: Issues, Concerns and Lessons Learned, prepared by POLICY Project in collaboration with Nandita Kapadia-Kundu, for the United States Agency for International Development (USAID) pointed out that Group foster homes provide a more humane and family like environment compared to institutional/orphanage placement. The concept of 'homes'" with a surrogate mother and siblings fosters a family like environment.

To conclude this section, the literature review makes clear the amount of knowledge base that exists in this area. These studies give a very good idea about the concept of foster care and its practices and therefore the findings of such studies present the facts and insights on Foster Care practices around the globe. Hence this literature review would contribute a lot to the change in the perception of organisations, government departments, public on how foster care can certainly change the lives of children deprived of parental care. It is to be noted that though family based care is far more beneficial than institutional care, and with all the state mechanisms like Juvenile Justice Act and ICPS in place there aren't much studies undertaken in India which only point towards further research studies having a closer look at foster care within the country in the changing times.

METHODOLOGY

Title

A study on the practice of foster care for children in India

Motivation for the Study

When BOSCO decided to widen its scope of protecting children's rights and introduce foster care service as part of its child care and protection initiatives, it was in search of a holistic foster care model which they could either replicate or to collate the practices into complete set of standard operating procedure for foster care. Unfortunately, to our dismay and disbelief, it was found that there were very little resources available in India to guide us in this endeavour. This led us to pioneer a holistic study on the current situation of foster care in India.

Apart from this, BOSCO intended to address the problem of lack of reference material and supporting documents on foster care, by presenting a preliminary research paper on foster care practices in India. This research paper, we hope would serve as a reference for social organisations like BOSCO, government departments or organisations working for child welfare, future social researchers and the general public who want to study in depth or simply want to better understand foster care, its importance and uses to children deprived of parental care and protection.

Significance of the Study

This study, a first of its kind in the country as far as we could ascertain, focuses on the foster care services provided by various organisations and institutions in India.

The significance of the study lies in the fact that it provides factual information on the existing foster care practices in India and from there on extends the knowledge base on the existing foster care system in the country. In India, the concept of foster care is relatively new to a majority of the social organisations, government departments and the general public.

Therefore, this study will help raise awareness among those who are unacquainted with the benefits of foster care in the areas of child care and protection. The findings

from the study will serve as the basis for the future plan of actions at BOSCO and impact the government policies and schemes on family-based alternative care which are endorsed by Integrated Child Protection Scheme and Juvenile Justice System. Furthermore, this study will serve as a model for further research of similar nature.

General Objective

To study different models of foster care for children practiced by social organisations in India.

Objectives of the Study

• To identify the different organisations practicing foster care in India

• To know the regulatory framework pertaining to foster care practice in India.

• To understand the different methods and models so far developed in the effective implementation of foster care in Indian context.

• To examine the process and procedures followed by organisations during foster care placement.

• To highlight the promising practices and identify gaps in providing quality family placement services – foster care – for children.

• To learn the advocacy mechanisms to scale up the foster care services in different states.

• To frame proposals and recommendations for an improved and standardized system of foster care in Karnataka by forming a manual / hand book on foster care.

Research Design

The research design used for the study is exploratory in nature. This stems from the fact that the chosen field of study has not been hitherto explored or researched upon before in Indian context. Therefore, the researcher (BOSCO) wants to explore and develop a holistic understanding of the contemporary foster care models and contribute to the policy formulation on the same. In this research design, the researcher, using the interview method, has probed those social, political, economic and domestic conditions and state of affairs of different individuals and organisations in myriad settings and in different places so as to derive deep, insightful information on the practice of foster care in India.

Universe for the Study

The universe for this study comprise of 50 Organisations from nine states of India. The state wise list of the number of organisations studied is given below:

Table 3. 1. Number of Organisations Studied from Various States

Sl. No.	States	No. of Organisations Studied
1	Andhra Pradesh	7
2	Delhi	1
3	Goa	4
4	Karnataka	10
5	Kerala	14
6	Maharashtra	8
7	Orissa	2
8	Rajasthan	1
9	Tamilnadu	3
	Total	**50**

Research Sampling and Sampling Procedure

Though the universe for this study comprises of 50 chosen organisations spread across nine states of the country (Table 3.1.), it is important to mention here that this list may not be an exhaustive list. The listed organisations are only those that were learnt about through child care providing services. This study has employed the 'purposive sampling' method. The samples were selected intending to follow the inclusion criteria, organisation practicing different types of foster care / family based alternative care for children.

Tools and Methods of Data Collection

Due to the absence of a complete list of organisations practicing foster care in the country, the first step of the study was to prepare such a list. The researcher initiated the search with Google search engine and found that very few organisations had mentioned foster care in their list of services. Hence, the team made telephonic calls to the identified organisations to verify their work in foster care and also asked them to provide references of other organisations known to them as working on foster care in their respective state or elsewhere.

Furthermore, the researcher also asked the child protection specialists and consultants working on the similar issue to share the list of organisations working on foster care. A website, 'Better Care Network' (http://www.bettercarenetwork. org) provided information about the organisations offering child care services under alternative forms of care.

After the preparation of the list of organisations, the team telephoned or mailed the organisations to confirm and to take an appointment for an interview of the Director or the representatives from the organisation. The research team members also visited those organisations that had foster care program in the past but were no longer operational to glean information for the present study.

Questionnaire-schedule was the tool used for data collection; the schedule was prepared based on the objectives of the study. Meanwhile, BOSCO's foster care team members were trained in data collection using the research's questionnaire. These team members then visited all the 50 organisations and found that only 33 organisations among them were working on foster care (Refer Annexure 2 for the list of organisations) and others are functioning in child care. The team members visited the Director/representatives of the organisations and briefed them about the purpose of the study before engaging them in a face-to-face conversation. Based on the replies given by the respondents, the research data was compiled. The conversations generally lasted between 2 to 3 hours and helped greatly in identifying issues that otherwise might not have come to light. Wherever possible, the researcher also interacted with the foster families. In some instances, interactions were also carried out with the foster children.

Data Analysis

The data gathered was edited and then classified in order to help the interpretation. It was later coded and tabulated with the help of software, SPSS in order to facilitate data analysis. Information collected from the 33 Organisations has been further analyzed to understand the different practices and effective methods used in the implementation of foster care in India.

Limitations of the Study

- Lack of understanding about foster care and its identification on par with adoption was a major obstacle.
- A large number of organisations do not have any written documentation to support the queries on foster care.
- The research team spent lot of time and energy in finding out the published and unpublished books, journals or relevant materials on foster care practices in the Indian context.
- The lack of previously conducted research on foster care system from an Indian context was a significant barrier in preparing the checklist to interview the Directors or other representatives from the organisations.

Chapter IV
ANALYSIS AND INTERPRETATION

This chapter focuses on interpretation and analysis of the data collected from 50 different organisations spread out in nine states of India. The interpretation will streamline the data collected using questionnaire schedule to an intelligible form by giving a common pattern to comprehend each organisation's approach. UNCRC and UN Guidelines for Alternative Care for Children, The Juvenile Justice (Care and Protection) Act, 2000 and Integrated Child Protection Scheme have been taken as the background; for they emphasise on the family based alternative care for children. To make it simple, the data is divided into six constituent parts.

Tables and graphical expressions have been used to interpret and analyse the available data. A few 'Promising Practices' have also been highlighted here, which otherwise a quantitative research would not capture. The researcher has attempted to interpret the research results, and study them for their meaning and implications.

Organisation Profile

As discussed in the previous chapter, BOSCO's research team visited 50 organisations working in child care across nine states in the country; all 50 organisations working in child care sector.

It must be noted here that every organisation which has a child care institution is recognized as 'Fit Institution' by the Department of Women and Child Development, State Government by means of a certificate that it issues on the recommendation of the competent authority as per clauses (h) of section (2) of The Juvenile Justice (Care and Protection of Children) Act, 2000 which states " 'fit institution' means a governmental or a registered non-governmental organisation or a voluntary organisation prepared to own the responsibility of a child and such organisation is found fit by the competent authority".

All the foster care organisations that BOSCO's researcher visited during the study were found to be 'fit institutions' except for those organisations without institutional care for children.

Table 4.1. Family based Alternative Care for children

Alternative Care Practiced			No. of Organisation	
Yes			40 (80)	
No			10 (20)	
Types of Family Based Alternative Care for Children				
	Adoption	Foster Care	Sponsorship	Other forms of care[#]
Yes	10 (20)	33 (66)	30 (60)	4 (8)
No	40 (80)	17 (34)	20 (40)	46 (92)
Total	50	50	50	50

[#]other forms of care are vacation placement, family day care.
(Numbers in parenthesis are percentage of organisations)

As per the data of the study, 40 out of the 50 organisations are promoting or practicing one or more alternative family based care[1] for children, like adoption, kinship care, foster care and sponsorship care[2]. Further inquiries about the type of alternative care provided by the organisations revealed that 10 organisations have adoption facilities, 30 organisations are providing sponsorships, and 4 organisations are promoting other forms of care. A large number of organisations not involved in adoption are into other forms of alternative care for children.

Findings from 33 Organisations Promoting/Practicing Foster Care

Of the 33 organisations selected for the detailed study, we found that 31 organisations are providing foster care services. The remaining two organisations – Children's Rights in Goa (CRG and Foster Care India[3] from Udaipur, Rajasthan are only promoting foster care services. However, promoting foster care here only limits to conducting research and documenting, formulating guidelines, policy advocacy, evaluation and awareness generation on foster care among people and government departments.

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[1] Alternative forms of care means various forms of social integration process of an abandoned child, like adoption, foster care, sponsorship care etc. Alternative to biological family care for children.

[2] Sponsorship care, financial support is given to the economically vulnerable parents to support the education of their child. This helps the child to remain with their family.

[3] Foster Care India from Udaipur, Rajasthan has conducted a path-breaking study on understanding the perception of people about foster care.

In the 50 child care organisations considered for study from nine different states only 33 organisations are promoting and/or practicing foster care. The other 17 organisations, though not practicing foster care like Don Bosco (Goa), Navajeevan (Hyderabad) and St. Christina Home (Kerala) etc. are aware of foster care and have included foster care services in their future plan but have not initiated any activity relevant to foster care yet.

Table 4.2. Operational Area of Organisations

Operational area	Number of organisations
Rural	4 (12.1)
Urban	13 (39.4)
Both	14 (42.5)
NA	2 (6.1)
Total	33

BOSCO found that there are four organisations focusing their work only on rural areas. A total of 13 organisations are exclusively functioning in urban areas and an almost equal number 14 organisations are functioning in both urban and rural areas.

Foster Care as a Family Based Alternative Care for Children

UN Guidelines for the Alternative Care of Children, Paragraph 70 states that all State entities involved in the referral of, and assistance to, children without parental care, in cooperation with civil society, should adopt policies and procedures which favor information-sharing and networking between agencies and individuals in order to ensure effective care, after care and protection for these children (…..).

The above guideline by the UN clearly spelt out the need for government policies and procedures for the assistance to children without parental care. Accordingly, BOSCO found that three of the nine states chosen for this study have a comparatively higher number of organisations implementing foster care. This indicates that the state governments and statutory bodies (CWC) of these three states were proactive in considering family based care as the right of every child.

Table 4.3. State – Wise Status of Foster Care Practice

States	Name of the Scheme	Foster Care Initiation Year	No. of Agencies Interviewed
Maharashtra	Bal Sangopan Yojana - 1995	1995	6
Karnataka	Scheme of Foster Family Care services for destitute children – 1996-97	1996	8
Kerala	Proactive State Statutory Body – CWC	2004	8
Goa	Proactive State Statutory Body – CWC	2007	3
Rajasthan	PalanharYojana - 2005	2005	1
Delhi	No Foster Care Scheme available	2002	1
Andhra Pradesh	No Foster Care Scheme available	1995	1
Tamil Nadu	No Foster Care Scheme available	2003	3
Orissa	No Foster Care Scheme available	2010	2

As seen from the table above, Maharashtra has the longest history of implementing foster care and sponsorship programme, Bal Sangopan Yojana, from 1995. Karnataka too had a scheme of foster care services for destitute children from 1996. Kerala and Goa though they do not have a foster care scheme, their government statutory body proactively abides by the principles of Integrated Child Protection Scheme ICPS and Juvenile Justice (Care and Protection) Act , 2000 to rehabilitate a child through alternative family based care.

> **Promising Practice 1: Bal Sangopan Yojana - 1995**
>
> *In India, the Central Social Welfare Board initiated the foster care programme in the year 1964 as a pilot-project in the Third Five Year Plan for the welfare of the family and child. In February, 1995 with the joint initiative of the Maharastra State Government and UNICEF introduced Bal Sangopan Yojana (BSY) scheme to prevent institutionalisation care and to promote deinstitutionalisation of children.*
>
> *BSY recognizes that the best rehabilitation for children is not possible in an institution rather in a family. Presently, Maharashtra is the only state implementing BSY in the country. The Government has allocated a sum of Rs. 500/- per month per child and grant for maintenance stipend to parents.*

Written Policy on Foster Care

All agencies and facilities should have a written policy and practice statements, consistent with the present guidelines, setting out clearly their aims, policies, methods and the standards applied for the recruitment, monitoring, supervision and evaluation of qualified and suitable carers to ensure that those aims are met. (UN Guidelines for the Alternative Care of Children, Art, 106)

A written down policy / guidelines document on foster care will help in the smooth implementation of foster care in the long run. A written down policy / guidelines can be solely that of the organisation exclusively for foster care or a general policy, scheme or guidelines constituted by the state for implementation of foster care. Surprisingly, not all the organisations that practiced foster care had a laid down policy to guide them.

Table 4.4. Written Down Policy/Guidelines on Foster Care

Policy/ Guidelines	No. of organisations
Yes	8
No	23
NA	2

With regard to a written and laid down policy or guidelines on foster care, only eight organisations claimed to have one. These eight organisations have been working in the field of foster care for more than six years. The remaining 23 organisations, although implementing foster care, did not have a written down policy document during this research. However, one organisation, said that in the absence of a specific written guidelines and policy document for foster care, they follow the CWC norms and guidelines.

Alternative Family Based Placement Services for Children

Karnataka rules of Juvenile Justice Act, 2002 states that, "Foster care is preferred as an alternative to institutional care, as a family environment offers encouragement for the overall growth and development of the child. It can be short term, long term or group foster care."

From the above statement, it is understood that other than individual foster care, group foster care is also considered as a family based alternative care to institutional care. Group foster care is preferred for older children in need of foster care who find it difficult to integrate into a family on their own. Foster care is intended to be a short term solution until a permanent placement can be made. Kinship care, pre-adoption foster care, child / sibling headed household, foster day care are other few types practiced by the organisations visited during the study.

Generally the first choice for foster parents is a family member who is a relative such as an aunt, uncle, grandparent or a distant relative. This is one of the most favourable alternative care environments for children, which ensures continuity in their upbringing being in the similar and accustomed values, culture and religious practices.

When there are no relatives coming forward to take care of children and if the situation permits child headed household model is also practiced by organisations. On child headed households, UN guidelines for Alternative Care for children states, "Siblings who have lost their parents or caregivers and choose to remain together in their household; the elder sibling both willing and deemed capable takes charge of the household and other siblings." This model is executed in due (appropriate) consideration of the UNCRC Article 18, which states that, ‒"No child should be without the support and protection of a legal guardian or other recognized responsible adult or competent public body at any time."

There are few other models of foster care evolved as per the need of the child in different circumstances. Pre-adoption foster care, described by the Juvenile Justice (care and protection) Act, 2000 as the "Temporary placement of those infants who will ultimately be given for adoption rather than keeping them in institutional care." The children considered for Pre-adoption foster care are fostered either by the prospective adoptive parents or by unrelated foster families.

In case of poor parents whose travel to work places is inevitable, sometimes even to distant places, there needs to be a set up to ensure that the younger children are taken care of. They usually choose to leave their small children either alone in the house or under the care of a neighbour, older siblings or elderly parents. Such a situation puts the children at risk of institutionalisation and improper care, often subjecting them to physical and emotional insecurity. Many a times, this situation also forces older siblings (mostly girls) to stop their schooling and remain at home to take care of their younger siblings. In order to facilitate such poor parents, foster day care is provided, where the children are kept with a neighbourhood family during the day, till the parent returns from their work.

Table 4.5. Types of Foster Care Services for Children

Types of Foster Care Services	No. of Organisations
Individual	20
Group	8
Kinship Care	15
Pre-adoption	6
Child / sibling Headed Household	2
Foster Day Care	2
NA	2

Above table shows the number of organisations practicing different types of foster care services for children; it was observed that, few organisations practiced more than one model. Of the 33 organisations practicing foster care as mentioned in Table 4.1, 20 organisations are practicing individual foster care. Individual foster care, where one child is placed with a foster parent fully promotes a child's individual capabilities and potential, as given in the principles of UN Guidelines for the Alternative Care of Children, 2009. This type of arrangement permits the child to be in a supportive, protective and caring family environment which allows him/her to bond with the foster parent.

Promising Practice 2: Group Foster Care

We discovered that SnehaSadan (Mumbai) and Navajeevan (Vijayawada) are two organisations which have a more convincing model of group foster care.

At both these organisations, after identifying and assessing prospective parents for group foster care, foster children are placed with house parents and their children in a community setting. These group homes consisting of an average 15 children ranging from the age 6 – 18 years have no artificial setup which distinguishes them from other families in the community. The group parents are not recruited but paid an honorarium and the foster children are supported in kind.

In fact, group foster parents of SnehaSadan get retirement benefits and provident fund. Both the organisations practice group foster care as an alternative to institutional care.

Eight organisations practice group foster care wherein a group of children are placed with a foster parent. This type of arrangement provides a child with all the essential and expected social company of other children. Generally foster parents opting for group foster care are supported economically by the government or non-government organisations. Among the eight organisations providing group foster care, six have either a single house father or mother or trained staff to take care of the foster children.

Of the total 33 organisations, 15 organisations provide Kinship Care Services, where a relative of a child is responsible for taking care of the child. If necessary, the organisation economically supports the kinship care provider to help in the upbringing of the child.

Out of the ten specialized adoption agencies (SAA) in the study, six organisations have encouraged foster care for keeping the children under the care of a family before permanent adoption.

During the study, BOSCO came across two organisations that were promoting child-headed house hold model wherever the situation permitted. These organisations gave responsibility to one of the neighbours to supervise the children in the household. This helps children to remain in the familiar environment without interrupting the continuity in upbringing.

Promising Practice 3: Child Headed Household

Youth Council for Development Alternatives (YCDA) in, Orissa promotes alternative care and child-headed household/supervised independent living arrangement as stated in the UN guidelines. Child-headed household is one where there is no adult presence and the children live on their own, with an older child acting as a guardian and taking care of other siblings.

The concept of child-headed foster care came into practice when an older child who was not willing to go into an individual foster care. Group living was promoted where the siblings stay together and a family within the community supports and supervises them.

Promising Practice 4: Foster Day Care

Family Service Centre (FSC), Mumbai, offers Foster Day Care programme which responds to the needs of single parents who are unable to care for their children during the time the parent is at work. FSC asked such parents to identify a familiar and trustworthy foster family who is also equally responsible towards the child. Financial assistance is provided to the foster family by both the organisation and the foster child's parents. FSC finds their own source to support the foster day care families. By promoting foster day care, the centre prevents the risk of child being institutionalized, especially in the case of a working parent.

Promising Practice 5: Foster Care for the Child with Special Needs

Vathsalya Charitable Trust (VCT), Bangalore is committed in finding families for homeless children so that they can experience love and care on an individual basis until a permanent family is found. VCT has a unique case where a child with special needs – microcephaly (condition of abnormal smallness of the head. Microcephalic individuals are usually severely retarded both mentally and developmentally). With severe cerebral palsy (a group of neurological disorders characterized by paralysis resulting from abnormal development of or damage to the brain either before birth or during the first years of life) –was placed with a foster family for 12 years. Finding a foster family for children with special needs is extremely challenging because it demand special care and attention for children round the clock.

Mridula, born on 23 January, 1999 was in VCT's care for about 2 years before moving into a family. VCT realized that she was microcephalic with very severe cerebral palsy and had mental challenges too. Pamila, Foster mother who took her into her home in 2001 was a child care giver at the centre but took this step keeping Mridula's best interests in mind. She was with this family for 12 years before she breathed her last on the 10th of June, 2013. Pamila, along with her family, provided Mridula with a loving home; giving her round the clock attention. Pamila and her family felt that Mridula was a blessing to them and not the other way around. With deep humility and love they served little Mridula believing that God had given them an opportunity to lend a hand to a deserving child.

Long and Short Term Foster Care

The study found that organisations interviewed facilitate both short term and long term foster care placements. Here the perception of the organisation is considered for defining short and long term. There are some organisations which places children only on a short term basis whereas other organisations place children under long term foster care.

Table 4.6. Long term and short term Foster care

Term for Foster Care	Number of Organisations
Short-term	5
Long-term	12
Both	14
NA	2
Total	33

Interestingly, 46% (14) of the organisations had adopted both short and long term in their foster care placements. Short term foster care was given to children whose families were currently in crisis. They will be reintegrated with their biological families as soon as the family circumstances improve.

However, there exists a mighty challenge here. The research team observed that finding families for short term foster care placement of children is a herculean task for many organisations. According to the organisations interviewed, the parents who volunteer for foster care mainly look for a life time commitment with the child and the idea of separating from the child after a few years is not accepted by the volunteering parents or family. This indicates why the number of organisations doing short term foster placement (05) was way less than those involved in providing long term foster placement (12).

Process and Procedure of Foster Care Placement

Child in need of Foster Care / Identification of Children for Foster Care

BOSCO found that organisations providing and/or facilitating foster care identify children who need foster care through different sources – individuals, social work agencies, hospitals and even communities.

Illustration 4 .1 F Identification of children for foster care
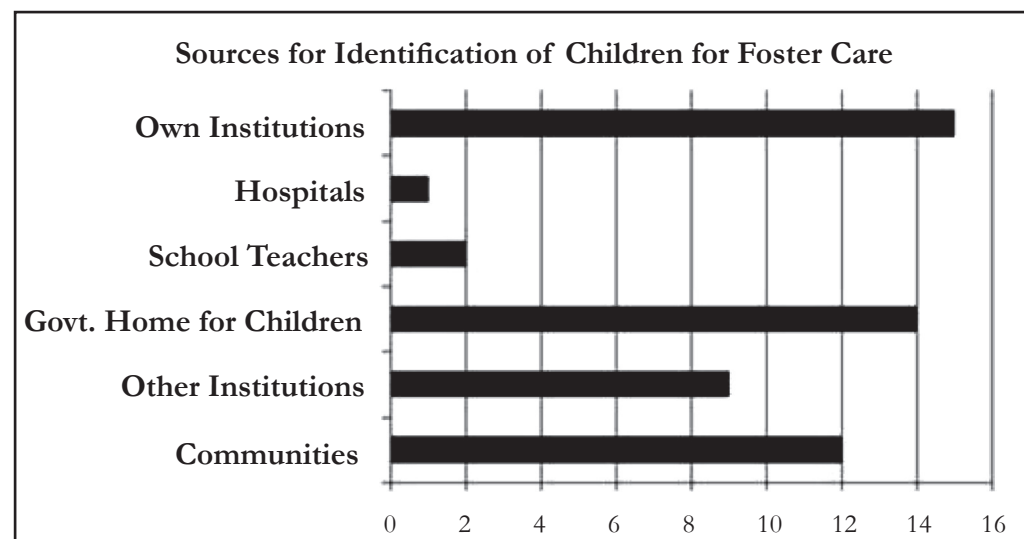
We found that 14 organisations place children in foster care from government homes while 15 organisations collected information independently, with the help of their staff and from their own institutions or operational area. We also identified that there were 12 organisations that received information from a member of the community in which the child is residing.

This study recognised nine foster care organisations which received information through adoption agencies. The adoption agencies identify children deprived of parental care and inform the foster care organisations about the same. Two other organisations obtained information through schools and one organisation from

hospital. This scenario indicates that there is no proper, systematic data base that lists the number and identities of children requiring foster care either with the government or with the competent authority.

Criteria to Select a Child for Foster Care

This research found that of the 33 organisations studied, 31 organisations followed a set of guidelines and standards to decide if a child should be placed in foster care or not. 28 organisations considered "being an orphan or destitute" as the most important criterion for considering a child for foster care. 19 organisations considered "abandoned children/children disintegrated from a family or children at a risk of abandonment" as reasons enough to place children under foster care.

Other important considerations include children whose families are in crisis and are incapable of caring due to conditions like, single parent, parents in prison, mentally ill parents, low economic background (13 organisations) and children in need of care and protection (09 organisations). The following table gives an indicative list of all the criteria that organisations considered while selecting a child for foster care.

Table 4.7. Criteria for selection of children for foster care

Organisations have criteria to select a child for foster care	
Yes	31
No	2
If yes, what are those criteria?-	
Abandoned children/children disintegrated from a family or children at a risk of abandonment	19
Older Orphan Children whose adoption options are minimal / Destitute Children	28
Children whose families are in crisis and are incapable of caring	13
Those children who are ineligible for adoption	1
Children who are awaiting adoption	1
Children whose parents are alive but are not in contact with the child or cannot be traced	5
HIV infected children	2
Children in need of care and protection (includes abused and neglected children)	9

Child's Case Study and Social Inquiry/Home Enquiry Report

Case study and home enquiry of a child (who is considered for foster care placement) are extremely important steps to be able to understand the child and provide assistance to his or her rehabilitation process. The organisations that were studied, maintained an exhaustive documentation of case details right from the time, when a child is under the follow up of these institutions.

Table 4.8. Child Case Study and Home Enquiry

Child Case Study and Social Inquiry / Home Enquiry Report	
Yes	31
NA	2

All the 31 organisations prepared the child study report which included the details about the child, date of birth, social background, care given et al. The organisation / Probationary Officer prepared home inquiry report or home visit reports to substantiate the child case study. The 31 organisations practicing foster care mentioned in Table 4. 8 prepared home visit or inquiry reports with the help of probationary officers, before giving the placement order.

Medical Examination Report Card

Along with the case study report and home visit reports, it was found that organisations prepare and maintain a medical examination report of the child identified for foster care. As most of the organisations worked with the unrelated foster families, a well documented medical examination report gurantees the safety of both the child and the foster family.

Table 4.9. Medical Examination Report of the Child

Medical Examination Report card of the child identified for Foster Care	
Yes	24
No	7
NA	2

This study found that 24 of the 33 organisations studied prepared medical examination reports of every child, while 07 organisations did not follow this practice.

Child's Consent for Foster Care Placement

Taking the child's consent before he/she is placed in foster care is an important aspect of the foster care process that ensures prevention of possible undesirable events like the child turning away from the foster care home or showing disinterest in the foster care arrangement.

Table 4.10. Child's Consent for Foster Care placement

Child Consent taken into Consideration before Placement	
Yes	27
No	4
NA	2

In the organisations interviewed, it was found that twenty seven organisations mandatorily took the child's consent before placing them in foster care. But, 04 organisations do not follow this practice as they send children into group foster care or the children are infants sent for foster care while awaiting adoption.

Family's Consent for Foster Care Placement

If taking the child's consent before placing him/her in foster care is important, it is also equally important to take the consent of his/her immediate family (parents or extended family members) for the same reason that would enable them to keep a good bond with the child during foster care placement.

Table 4. 11. Consent of the Child's Parent/Extended Family Members

Consent of the Child's Parent/Extended Family Members	
Yes	21
No	10
NA	2

The study revealed that out of 21 organisations 20 recorded the family's consent in writing before placing their child in foster care while 1 organisation relied on oral consent. The study also came across 10 organisations which never took family's consent. The reason for this being –

a)   Either the children identified for foster care are orphans with no known extended family members identified either and/ or

b) The children are going to be placed in group foster care home instead of institutional care.

Preparing the Child for Foster Care

While charting an individual care plan for every child going into foster care is important, it is also equally important to prepare the child for his/her onward journey to join a new family.

Illustration 4.2.F. Preparing the child before foster care placements
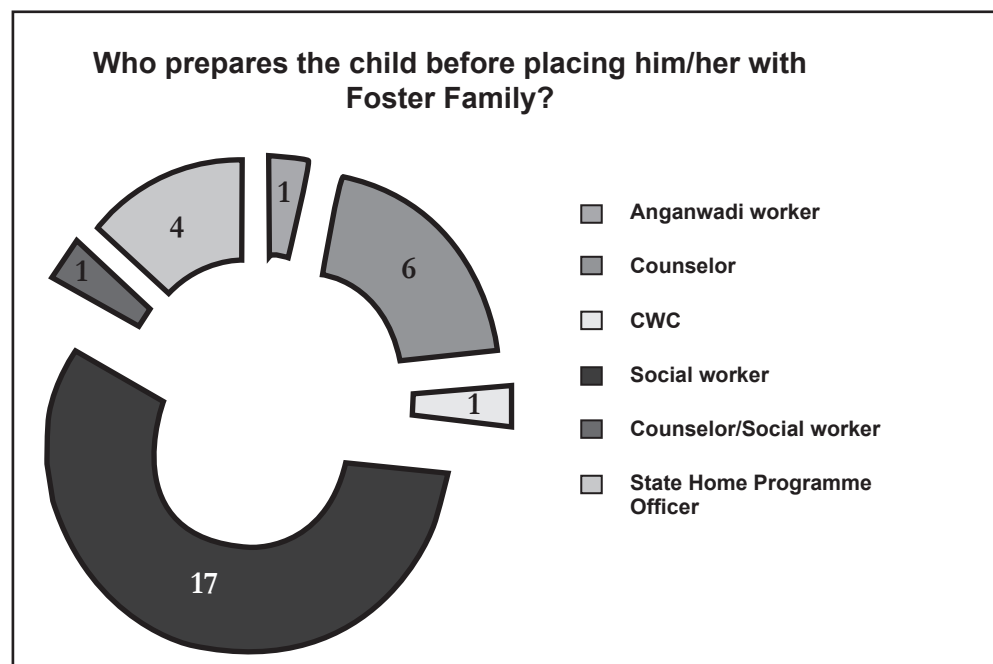
This study found that 17 organisations had trained social workers to prepare the child for his/her future life in foster care. There were 2 organisations where this responsibility is on a CWC representative or an Anganwadi worker. 6 organisations took the services of a counsellor for this purpose while there was 1 organisation that relied either on a counsellor or a social worker. Further, there were 4 organisations that asked a state home Programme Officer to perform this important task.

Individual Care Plan

In congruence to the statements in ICPS which states, "For each child in family based non-institutional care an individual care plan shall be developed", BOSCO believes that an individual care plan for every child identified for foster care is not only essential but extremely important too. The foster care placement has a purpose and the individual's developmental needs will not take place naturally and therefore

it has to be planned. This has been further emphasised in the section 50 (12) of Model rules 2007 of Juvenile Justice (Care and Protection) Act, 2000.

Table 4. 12. Individual Care Plan of Children for Foster Care

Yes	21
No	10
NA	2

On probing the organisations during the study, it was found that a healthy number of organisations – 21 (68%) of them had a detailed, well-charted individual care plan for every child identified for foster care. However, 10 organisations did not have any such arrangement.

Gender Study of Children in Foster Care and Expanse of Foster Care

This study also attempted to understand the gender scenario vis-à-vis children given for foster care and the reach of foster care across the country through the numbers of successful and unsuccessful foster care placements. If the below numbers explain the success of foster care placements, it must be observed that many organisations involved in this initiative have always had to face an uphill task. Though these organisations do their best to place a child with the best suited foster family, there still were ample cases where a child or children in foster care ran away and returned to the parent organisation.

Table 4. 13. Statistical Data of the Foster Care Placement

Children Placed in Foster Care			Returned from Foster Care	
Total *	Number of boys*	Number of girls*	Number of boys	Number of girls
10761	1183	979	64	8

*Not all the organisations are able to give the gender bifurcation. Therefore, total of boys (column 2) and girls (column 3) do not match the total number of children placed under foster care (column 1).

During the study period, the data collected showed that 10761 children had been placed with foster families. Statistics derived from the data provided by 28 organisations further confirmed the above number. Of this, a large proportion – 8332 (77.4%) placements – had been possible due to the long, diligent and

dedicated efforts of five organisations working under Maharashtra's BalSangopan Yojana for many years. One of the reasons for this large number is the fact that the scheme, BalSangopan Yojana includes kinship care, foster care, and sponsorship for children of single parent.

Apart from this, there are 6 organisations involved in offering group foster care for 914 children in different states. The remaining 1525 placements included individual foster care, kinship care and pre-adoption foster care that are being offered by 22 organisations.

However, it must be noted here that many organisations were unable to give accurate data based on gender bifurcation[4] . The 10 organisations which provided data of boys and girls are given below. Data collected from organisations showed that about 64 boys (5.4% of 1183 boys) and 8 girls (0.8% of 979 girls) had left their foster families and returned to the parent organisation that placed them in foster care.

Reasons for Failures

In this study, 13 out of the 33 organisations shared their stories of failures in foster care placement.

**Table 4.14. Reason for Failure of Foster Care Placement**

Not able to adjust with Foster family	8
Child was made to do household work	3
No proper assessment of the foster carer	2
Verbal abuse	1
Sexual abuse	1
Separated siblings	1
Lack of proper follow-up mechanism	1

From the above table, it is evident that the adjustment between the foster parent and the child is one of the major challenges for the success of the placement. Though failure of foster care placement due to the verbal and sexual abuse, separated sibling and lack of follow up mechanisms is comparatively less in frequency, the gravity of the failure is high.

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[4] Udayan care, St. Vincent, CWC (Trivandrum, Kollam, Calicut&Malapuram), AINA, Chigaru, Matruchaya, Indian Association for Promotion of Adoption and Child Welfare, and Family Service Center were able to give the number of children placed under foster family but they were not able to give the gender bifurcation.

A majority, that is, 8 organisations cited the inability of the children and parents to adjust with each other as a reason for failure. 3 organisations also revealed that the foster child was made to do household work by the foster family. 3 have also been instances of sexual harassment (01 case) and verbal abuse (01 case) for which the foster placement was terminated.

Illustration 4. 3.F (Table 4.14).
The Reason for the Failure of Foster Care Placements
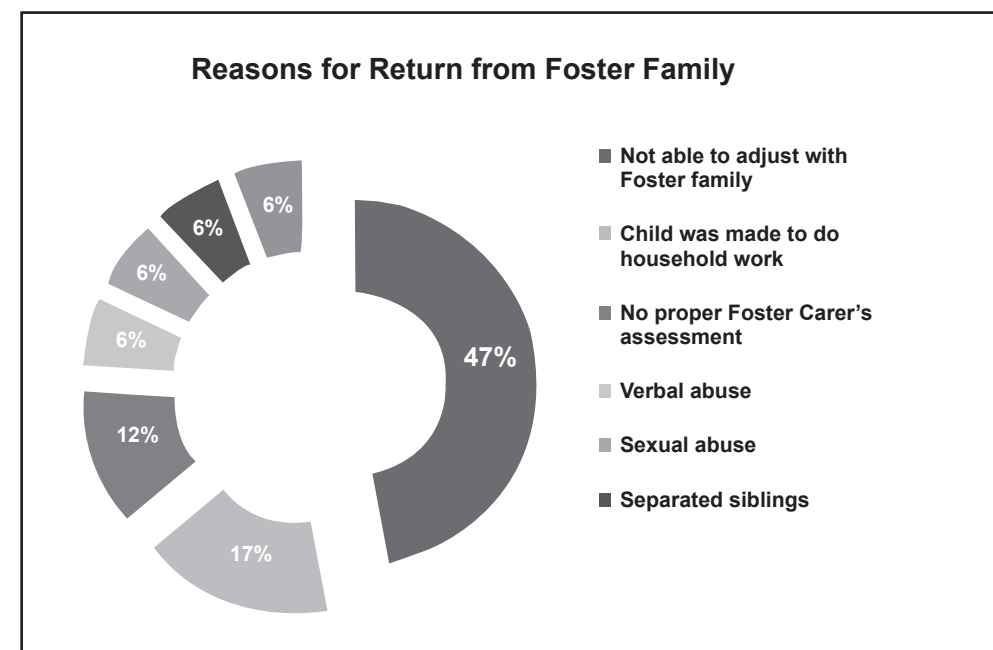
Children with Special Needs

The study also tried to understand if the organisations visited placed HIV/AIDS affected and infected children for foster care. The importance of foster care for the children infected and affected by HIV/AIDS has been emphasised in the UN guidelines for Alternative Care. Children affected and infected by HIV/AIDS can be extremely vulnerable and therefore need extra care. They are often abandoned by birth families or the infected or affected parents due to deteriorating health and their inability to provide proper care. Those orphaned by AIDS were often looked after by the relative in kinship care with support from Foster care agencies. The proportion of the HIV infected and affected children in foster care in unknown. The children placed with the unrelated foster families are very few and the agencies

described the difficulties in finding foster families for children infected or affected by HIV/AIDS.

Table 4.15. Foster Care Placement of HIV Infected / Affected Children

HIV infected/affected children placed in foster care	
Yes	7
No	24
NA	2

It was found that only 7 of the 33 organisations have so far placed HIV/AIDS affected and infected children in foster care while the remaining 24 organisations have never attempted this. The study revealed that the HIV infected and affected children were either placed in individual foster care or kinship care The spread of foster care placement of HIV infected/affected children limited to some states and where there is a foster care scheme by the state, the frequency is comparatively higher than the states without a scheme. Around 42% of the total number of agencies doing foster care for HIV infected / affected children is from the state of Maharashtra which has its own foster care scheme in place.

Promising Practice 6: Children with Special Needs

When Mrs. Soorya Gajendran from Chennai offered to foster Shubha, an HIV infected child, she faced much scepticism and discouragement from all quarters, even from the AIDS orphanage that was trying to find homes for its charges. Yet, she braved all odds — poor economic condition and social stigma and went ahead with her decision to foster Shubha. She considered Shubha as her own daughter and knew that if there was anything that the young child needed then, it was only unceasing motherly love and attention from a caring family. And Mrs. Gajendran provided just that to Shubha.

Today Mrs. Gajendran has become a role model in the battle against HIV-related discrimination by taking an HIV infected / affected infant in to her family and was bestowed with 'women with substance' award.

Foster Care Parents or Foster Family

As mentioned earlier, choosing a compatible foster family for a child identified for foster care is decisive to the future well being of the child. This study examined in depth the process and criteria involved in selecting a foster family.

Table 4.16. Criteria for Selection of Foster Parents

Criteria followed for the selection of Foster Families	
Yes	29
NA	4 (2 are practicing kinship care)

From the discussion with the organisations it was observed that majority of the foster parents are from middle class family. With regard to the organisation visited a total of 29 organisations follow certain basic criteria for selecting a foster family. Those organisations that are part of the state-run foster care scheme follow the criteria notified and made mandatory by the scheme; whereas all other agencies follow the criteria mentioned in the Juvenile Justice (Care and Protection of Children) Rules, 2007 (Section 35).

2 organisations facilitated only kinship care. The criterion for selecting a foster family here was that the family had to be blood relatives of the child.

Processes Followed Before Placing the Child with Foster Family

The study further tried to understand the basic steps and process followed before placing a child with the foster family. The table below explains the process followed by different organisations. These steps were jotted down from different documents pertaining to the process of declaring a family fit to foster a child. There are 9 major steps towards this, which are mentioned below in a sequence. As emphasised in UN Guidelines for the Alternative Care of Children few steps like assessment of foster parents, of family members and neighbours are of great importance during the time of processing. The foster parents should be actively encouraged and trained regularly in this crucial aspect in order to ensure the success of the foster care placement.

Table 4.17. Process Involved to Declare a Family Fit for Foster Care

	No. of Organisations
Application letter by potential Foster care parents	27
Assessment of foster care parents	29
Consent of other family members of Foster care family	14
Reference letter from neighbours and relatives	14
Police clearance of foster care family	3
Medical Certificate of foster care family	21
Preparation of the Foster care family before placing the child in Foster Care	29
Training programme for foster care parents	21

Only 14 organisations make it a point to take the consent of the other members of the potential foster family. 3 organisations make an effort to take a police clearance report of the foster family before placing the child with them.

As far as training the foster family is concerned 21 organisations train the foster parents before placing the children with them. Most often, the training was given by the organisation's staff and sometimes by the experienced foster parents. We found that only two third of the total number of organisations do this.

Source of Funding to Support the Foster Families

Foster families that take on the responsibility of supporting a foster child require financial support by foster care agencies or government organisations. Here, financial support means ensuring monetary resources required for the foster family for the service they do as well as to take care of the foster child's everyday needs pertaining to his / her education, health, nutritious food, clothing and general well being.

According to the Integrated Child Protection Scheme (ICPS), "the quantum of foster care will be of Rs. 750/- per month per child" subject to the conditions laid down in the ICPS Implementation Manual to be prepared by the Ministry of Women and Child Development. Unfortunately this has not been implemented.

Table 4.18. Source of Funding to Support Foster Families

Source of Funding	Number of Organisations
Government	7
Non- Government	10
No	14
NA	2
Total	33

The study found that 7 organisations received funding support from the government because they implemented a state funded foster care scheme, whereas 10 organisations find their own sources that include local funds, funding agencies etc to support the foster families.

A good number of organisations (14) provide no financial support to the foster care families. 95% of foster care placements have been done by those organisations which receive funds to support the foster families while agencies that get no support for foster placements have been successful in making only 5% of the total foster care placements in the country. Interestingly one organisation links the foster parents to certain Income Generation Activities and also integrates with various existing government schemes like sponsorship scheme which indirectly supports the foster parents.

This is proof enough to strongly advocate financial support for foster families which we believe is essential, as most of the foster families hail from middle class strata. Financial support is a decisive factor that ensures the success and sustainability of the foster care placements as well as the well being of both the foster child and the foster family.

Legal Procedures Involved in Foster care

"States should ensure that all entities and individuals engaged in the provision of alternative care for children receive due authorization to do so from a competent authority and are subject to regular monitoring and review (...)", UN Guidelines for the Alternative Care of Children, paragraph – 55.

The legitimacy of foster care placements were assessed by looking into the method (formal & informal) of placements. In India, there are instances of both types of placements. Also, it has been observed that in many cases, organisations involved in foster care often take the support of CWC before placing a child in foster care. Making the foster care placement a legal and formal procedure reduces the risk of the child being neglected or abused in foster care. The ICPS emphasizes the same when it says, "The Child Welfare Committee either by itself or with the help of SAA, shall identify suitable cases or order placement of the child in foster-care. Once the Child Welfare Committee orders the placement of the child in foster care, a copy of the order shall be marked to the DCPS for release of funds and to SAA for follow up and monitoring. The SAA shall periodically report about the progress of the child to the Child Welfare Committee and DCPS[5]".

Table 4.19. Method of Foster Care Placements

Method	Number of organisations
Formal	20
Informal	11
NA	2
Total	33

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[5] DCPS – District Child Protection Society is the fundamental unit for the implementation of the Integrated Child Protection Scheme and shall coordinate and implement all child rights and protection activities at district level.

The study found that 20 organisations followed a formal placement process that is also authorized, monitored and reviewed by a competent authority (CWC). However, 11 organisations conducted the placement process informally keeping in mind the individual needs of a child. Of them, 03 organisations practiced group foster care which, despite being an alternative to institutional care for children, is not yet legalized. The remaining 8 organisations are from states which do not have an active scheme for foster care at present.

An important part of making the foster care placement process legal is getting a written document from CWC declaring that a child is free and eligible for foster care. However, our study found that this practice is not adhered to by many organisations. In fact, just 11 organisations actually took the trouble of collecting such a document while 18 other organisations completely ignored it.

Table 4.20. CWC Declaring a Child Legally Free for Foster Care

CWC Declaring a child legally free for foster care	
Yes	11
No	18
NA	4 (two are practicing kinship care)

Apart from this, several other Para-legal formalities are undertaken by the organisations. These are also largely important for the correct execution of the foster care placement process. The following table provides details of those processes and status compliances.

CWC's Order of Foster Care Placement & Supervision Order (form VIII) as per Model Rules 34 (1) of Juvenile Justice Act says, "For children who cannot be placed in adoption, order shall be issued by the competent authority in form 17 for carrying out foster care as given in Juvenile Justice Act and rules, under the supervision of a probation officer/ case worker/ social worker, as the case may be, and the period of foster care shall depend on the need of the child".

CWC gives the order declaring a child legally free for foster care (Karnataka State Rule 37(5) (a), Form 28), on the basis of the home enquiry report of the Probation Officer. Children above seven years who can understand and express their opinion are counselled and their consent is taken for granting them foster care.

According to the undertaking by the parent or a fit person to whom the child will be restored {[Rule 29(13), 31(2)], Form 16}, the foster parents agree to take charge of the child under the orders of the CWC, abide by the conditions and are responsible for the welfare and education of the child.

Table 4.21. Legal Requirements Pertaining to Foster Care Placement

Legal Orders	No. of Organisations
Order of foster care placement	16
Bond is signed by foster care parents about the responsibility towards the foster child	22
Supervision order	14

The study found that only 16 organisations actually procured the CWC's order declaring a child eligible for foster care before initiating the foster care placement. 22 organisations made the foster care parents sign a bond which guarantees that they will discharge their duties towards the foster child appropriately, adequately and with full responsibility. Only 14 organisations rely on supervision orders.

Unification of Foster Parents and Child

When a child is in need of parental care and is referred to foster care, all efforts should be made to match the child with a foster family so that there is acceptance from both the parent and the child. Acceptance is the underpinning factor for a resilient and sustainable relationship. The children are matched with the foster parents based on the given criteria rather than foster parent choosing the children they like. One of the primary considerations is to match the need and aspirations of the foster family as well as the child.

The competent authority or agency should devise a system, and should train concerned staff accordingly to assess and match the needs of the child with the abilities and resources of potential foster carers and to prepare all concerned for the placement... (UN 2009, Art 118).

Illustration 4. 4.F. Criteria for Matching Child with Foster Parent

Table 4.22. Criteria for the Matching of Child and Foster Care Parents

Criteria	No. of Organisations
Age	9
Background of the child and foster care family	8
Religion	6
Sex	5
Interest of child and parents	4
Attitude and sensitivity to the needs of the child	3
Colour	1
Language	1
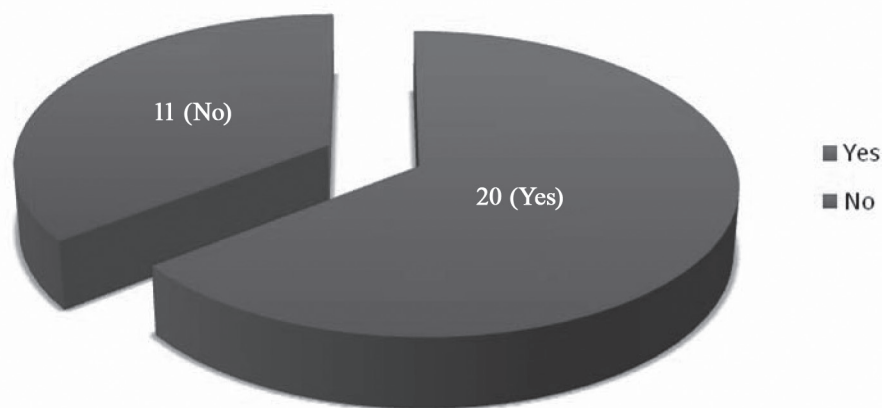
The study reveals that 20 organisations have a set of criteria based on which the child is placed with a foster family, with the criteria varying from one organisation to another. 11 organisations revealed that they do not have any such set of written criteria. But it must also be noted here that these 11 organisations are either involved in group foster care or kinship foster care identified in communities where matching of foster parent and child is not mandatory. The remaining two organisations are not practicing foster care services.

Criteria for Matching Foster Child and Foster Parents

As emphasised in the guidelines for the alternative care, it is vital that children are matched with the foster parents who can meet their needs before placing the child in the foster care. More than half of the organisations do the matching before the foster care placement. The study on the criteria for matching a foster child with his/ her potential foster family revealed insightful information on this process. It was found that the criteria followed by such organisations largely revolved around the child's interest, socio-economic condition of the family and child, age range (older child with elderly parents), religion, culture and adaptability of the family and child.

It was found that 9 organisations prioritized age as the critical factor for this process while 8 organisations laid stress on the family background. 6 organisations considered religion to be an important factor and almost an equal number of organisations considered sex of the child to be an important factor while choosing a foster family. Very few organisations considered attitude and sensitivity of the foster family to the needs of the child as an important aspect. Similarly, conditions such as socio-economic situation of the family, adaptability, and cultural aspects are considered important only by very few organisations. The other criteria or conditions considered important while placing a child in foster care are also detailed in the above table.

Declaring the Child's History to the Foster Family

Along with all the other fundamental and mandatory processes involved while placing the child with a foster family, majority of the organisations declare the child's history with the future foster family. A reason why they do this was mentioned as it helps in easy acceptance and assimilation of the child with the family.

Table 4.23. Child's History Declared to Foster Family

Is the child's history declared to the Foster family?	
Yes	26
No	3
NA	4

The study found that 26 organisations shared the child's history with the foster family. In fact, these organisations pointed out that there had been unpleasant instances in the past because they did not share the foster child's background and history details with the foster family, resulting in the failure of foster placement. The organisations have learnt from their mistakes and now make it a point to share every detail about the foster child with the potential foster family.

However, the research team came across three organisations which did not share the history especially when the child is an orphan or abandoned, where the child's history is not available. For 2 organisations the question is not applicable because they practiced kinship care in which the foster parents already knew the case details of the child.

Weaning Period

Weaning Period is not just an important process but also a primary requirement before placing the child in foster care that ensures that the child gets an opportunity to meet his/her potential foster parents and become familiar with them .

Before placing the child with the foster family, organisations and its social worker make pre-placement arrangement such as interactions with the foster parent, visit by the child to the foster home and a requisite number of counselling sessions, all of which prepared the child to get adjusted with a family that was hitherto unknown to them. This phase or period is called as the 'weaning period'.

Illustration 4.5.F. Organisations Following Weaning Period and its Length
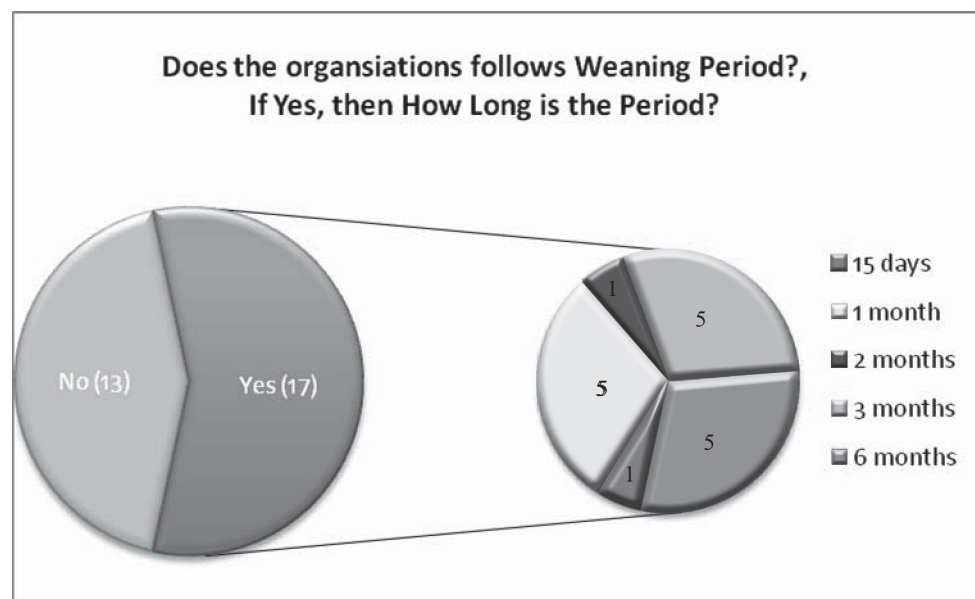
The study data shows that 17 organisations facilitates the foster child to go through weaning period before placing him/her with the identified foster family. These organisations are mainly involved in individual foster care placement where the necessity and importance of the weaning period to build a strong and sustainable relationship is undoubtedly greater than other types of foster care arrangements. The 13 organisations do not initiate a weaning period because they are either practicing group foster care or kinship care, where in the child is completely familiar with his/her extended family members (kins).

The study also delved with the length of weaning period and found that different organisations followed different duration of weaning periods in terms of days or months. 5 organisations had a weaning period as long as 5 months while one organisation had a limit set to just 15 days before placement. 6 organisations claim that they insist on a weaning period of about 1-2 months which clearly indicates that there does not seem to be any thumb rule or structured rubric available for the time frame for the weaning period.

> **Promising Practice 7: Weaning Period**
>
> *There are organisations that have developed their own mechanisms for weaning a child before placing him/her with a foster family.*
>
> *One model that was appealing in to the research team is elaborated here – after matching a foster child with a potential foster family, the child and the parents have a short meeting followed by an outing. This is followed by child's visit to the foster family's home to meet all the remaining family members accompanied by the social worker/counsellor. In a few days or weeks time, the child is encouraged to stay overnight at his/her foster family. This is followed up by a weekend stay.*
>
> *This process of weaning generally happens across 60 days time before the placement. Finally, the placement process is completed by evaluating the compatibility of the parent and the child after every meeting.*

Follow Up and Monitoring

States must ensure through their competent authorities that accommodation provided to children in alternative care, and their supervision in such placements, enable them to be effectively protected against abuse(…) (UN Guidelines for the Alternative Care of Children – paragraph, 92).

Monitoring is an important and very essential aspect of foster care. Every foster care placement must compulsorily be followed by adequate follow up sessions to

ensure two things – one, that the foster child is coping well in the new environment of his/her foster family and two, that the foster parents are receiving the right support in their new endeavour of looking after a foster child. Since continuous assessment of the child's well-being is the primary concern of these monitoring sessions, it requires the involvement and participation of different stakeholders including the community, school teachers, social worker, CWC, NGOs etc.

Table : 4.24. Foster Care Placement Follow Up and Monitoring

Follow Up and Monitoring	No. of Organisations
Yes	31
NA	2

This study found that a large number of organisations claim to monitor the foster care placement. Each organisation has its own monitoring mechanism to monitor the safety and well-being of the child. The social workers visit the foster family and interview the parents, speak to the child privately and to the school authorities. Through these regular follow up and monitoring visits, the organisations try to offer unceasing support and assistance to the foster parents in providing quality care for the child. The 31 organisations practicing foster care placements diligently do the follow-up and monitor the progress of foster care process was a very positive trend.

Promising Practice 8: Foster Care Monitoring and Follow Up

The study team observed active community participation in the foster care placement process. This consisted of initiating a village level monitoring committee comprising of an Anganwadi teacher, school teacher, village head and the Panchayat Raj institutions, who together, periodically review the foster care placement by interacting with the child and the family members. The monitoring is done not only to review the foster care placement but also to gain acceptance of the child in the wider community and to create a support network for the foster family and the child consisting of Anganwadi teachers,

Exit Strategy for Foster Child

If the identification of a proper family is important on one hand, then, equally important is to have a well-defined exit strategy for the foster care placement process to work effectively.

Though a new rule called Juvenile Justice (Care and Protection of Children) Karnataka Rules 2010 has come into force, the Juvenile Justice (Care and Protection of Children) Karnataka Rules, 2002 says, "The period of temporary foster care can be extended and the total period shall not exceed 5 years. After five years, if the child cannot return to the biological family, the child shall be given in adoption to the foster family".

Table : 4.25. Exit Strategy for Children in Foster Care

Any Exit strategy followed?	
Yes	20
No	11(two are practicing kinship care)
NA	2
What are they?	
Adoption	10
Reintegrated with the biological family	7
Child lives with the family till the age of 18	3

In tandem with this rule, it could be seen that 20 organisations had proper exit strategies, while 10 organisations did not have exit strategy. However, 7 organisations which are part of the state foster scheme tried to reintegrate the child with his / her biological family as has been specified in the guidelines for exit strategy in the state scheme. 3 organisations usually ensured that a foster child stays with the foster family up to the age of 18 years.

Networking and Lobbying for Foster Care

The role of a Foster Care Network is to support the agencies working for foster care, advocate for the rights of the foster children and foster families and liaison between the government and foster care agencies.

Table: 4.26. Organisations Part of the Network on Foster Care

Is your organisation a part of the larger network?	
Yes	10
No	20
NA	3

The study revealed that only 10 organisations were part of any larger networks of NGOs and other stakeholders. This highlighted the pressing need for streamlined and concerted efforts by like-minded NGOs, CWCs, and other stakeholders in order to promote and strengthen the non institutional approach for child care as emphasized in the Juvenile Justice Act and Integrated Child Protection Scheme.

> **Promising Practice 9: Foster Care Network (Taskforce)**
>
> *Taskforce is a body promoting non-institutional forms of child care systems which came into existence in the state of Orissa in March 2009. It started its Karnataka operations in February, 2012. Taskforce was developed through active involvement of likeminded organisations, focusing and implementing programmes on alternative care for children to form a close knit foster care network. Taskforce initiates advocacy at the state level to lobby with key stakeholders towards effective partnership, coordination and convergence to strengthen the alternative care system for children deprived of parental care.*

Challenges Faced by the Organisations

The foster care programme is designed to ameliorate adverse family and environmental conditions that may interfere with typical child development. With all the good social agenda, the organisations (civil society organisations) engaged in extending foster care services in the country faces an array of challenges. Such challenges not only impact the functioning of the organisations but also the child in need of care and protection suffers in the entire process.

The following sections highlight the challenges faced by NGOs/CSOs working in the domain of foster care. The details mentioned in these sections are based on the interaction of the research team with different organisations across India.

1. The state holds the biggest resources both in terms of infrastructure as well as finance. In spite of very progressive scheme and subsequent structures proposed in the policies, the state machinery and service provider therein fail to deliver the deliverables. Many organisation met by the research team mentioned that they face a major challenge while dealing with the state machinery and/or CWC by way of delay in sanction order, delay in the release of funds and very slow in networking. The organisations revealed that it is very difficult to mobilize different stakeholders of the state to come together and make concerted efforts. The organisation promoting and practicing foster care continue to work with either less or no financial support from the state to implement foster care programme. In many states with a foster care scheme the budget allocated is meagre, where as in other states neither the foster parents nor the foster care organisations are supported financially by the state.

2. Though the UNCRC and all other child laws emphasized that the siblings should be enabled to grow together, unless separation is in their best interest, the organisations find it difficult to find the foster parents who are willing to take the siblings especially large group of siblings under foster care.

3. As part of the larger processes, the NGOs said that there is an overall lack of awareness among public about foster care and the associated "greater good" of the same. Even those few families who have basic orientation to foster care principles, it is seen that they lack adequate and appropriate understanding of the domain.

4. The other challenge faced by the organisations was the difficulty in preparing a child for placement in a new family; especially preparing older children with long term institutional care, for placement in a foster family considering the fact that a certain level of socialization processes has already happened with the child and adjusting to another, altogether unknown family would be a daunting challenge for the young and sensitive children.

5. Another biggest challenge is to locate good human resource – trained and experienced enough to work in the domain of foster care. For example – it is very difficult to find trained social workers, case worker or well-trained house mothers for group foster home.

6. They also highlighted that there are few processes a NGO/CWC must adopt structurally such as regular follow up and monitoring, capacity building of parents and families and post-placement parent network meetings etc. However, there are neither personnel nor organisations to support the CWCs in the process of assessment, monitoring and follow up placement etc.

7. The NGOs also felt that there is a huge gap in networking between like-minded NGOs as well as the different departments of the state which fails to address the issues of child in need of Foster Care.

8. Besides the above mentioned challenges, the NGOs/CSOs also have to deal with the dynamic nature of the society. The discussions with the NGO representatives reveal that the biggest challenge is to find foster parents for children with special needs like HIV infected/affected, older children, children from streets since the foster parents often do not want to risk having teenagers with emotional baggage in the family. They are also reluctant to take them

in foster care for a fear that they may exhibit behaviours that are difficult and challenging. Not supporting the foster parents with sufficient financial resources to ensure quality care for the children makes it difficult to motivate a family to foster a child.

9. Though the criteria for matching foster parents and children varied amongst organisations, one common problem that they all shared was matching the right foster parent with the right child based exclusively on the needs of the child and other related factors like language, religion, age etc. Since none of the organisations had a data bank of foster parents, they all faced the same difficulty in matching the child with the right parent.

10. For children who have once had a bad experience with foster care, it is extremely difficult to get over the daunting experience and go back into that same set up again, for a second time.

11. A few organisations also shared that neighbours of the foster family can sometimes indifferent, thereby creating undue nuisance in the success of the foster placement.

12. In spite of intensively training the foster parents, especially the group foster parents on foster care essentials and quality child care etc., the organizations often find it difficult to sustain the foster parents either because of financial constraints or personnel turn over.

Chapter V
FINDINGS AND SUGGESTIONS

Major Findings

This study relied on data collected from 50 organisations working in the field of child care from 9 different states. Of these, 40 organisations practice one or more forms of alternative family based care for children while 33 organisations are specifically into foster care.

Organisation profile

For an in-depth study on the foster care scenario in India, only 33 organisations practicing or promoting foster care were considered. The study found that those organisations practicing foster care with institutions like child-care institutions are all certified-fit institutions. Other organisations – those that do not work in association with institutions – work along with communities, and a fit institution certificate is not applicable for them.

This shows that organisations providing child care are well recognized by the Department of Women and Child Development but foster care practice has not yet gained the desired importance.

82% of organisations have their functional area in the urban setting against 55% working in rural setting (this includes 46% of organisations working both in rural and urban setting). The higher percentage of organisations working in urban setting is an indication that there are more children in need of foster care in the urban areas.

Foster Care Scheme

There are three states (Maharashtra, Rajasthan and Karnataka) with government enabled foster care schemes. These states also have the highest number of organisations involved in foster care service. The state of Maharashtra has the longest history of foster care service.

Except for Maharashtra where there is a state scheme on foster care, other states lack detailed information regarding the exact number of children under foster

care; making it difficult for the local child welfare committee and other concerned departments to monitor the progress of children cared for outside of their biological families.

A very low percent (24%) of organisations rely on written down foster care policies (either of their own or that of the state government) while 70% of the organisations functions without any such policies or directives. It was also found that if the state had a government run scheme on foster care, then the number of foster care placements was high and systematic.

Alternative Family Based Care – Foster Care Model

The 33 foster care agencies considered for the study offer different types of foster care services. 20 organisations are involved in individual foster care and 15 organisations in kinship care. Though the study was focused on foster care, a very dominant trend of kinship care was seen in these organisations. 5 out of 8 organisations are practicing group foster care do not have other institution or homes for children. This is remarkable as they make institutional care the last resort and increase the opportunity of foster care for children. The other 4 organisations have implemented two atypical models like foster day care and child headed household; thereby going out of the way to ensure that family like care is available to children based on the requirements and the situations.

Foster care is usually known to be a short term solution until a permanent solution is found for rehabilitation of children in need of family care. Though foster care is normally chosen over institutional care, in India, most of the organisations favor long term foster care due to the unavailability of parents for short term fostering. This is in fact a tough challenge for organisations providing foster care service. Lack of benefits or returns in the form of monetary support, recognition in the society etc. impede families from taking in foster children.

The agencies involved in implementing foster care currently identify only those children who are from their own institutions or government homes for children and for communities geographically within their areas of function. They are unable to extend their services to similar children in other areas beyond their intervention. It is unfortunate that though it is an utmost necessity, foster care service is unavailable in all parts of the country but is only concentrated in a handful of areas. A large number of children living without essential parental care is an alarming situation which calling for immediate attention. Therefore, there is a pressing and immediate need for scaling up alternative forms of family based care like foster care.

Procedures for Foster Care Placement - Child

The results of the analysis show that none of the organisations make a detailed study of the child's history and home enquiry before placing him / her in foster care. However, a majority of the organisations ensure to take several other equally important measures while preparing the child for foster care placement. They ensure that the child is prepared for foster placement by a responsible person like a counselor, social worker or CWC member who is also a part of this process. The study also found that a large number (21) of organisations prepare an individual care plan for the child but it is less likely to find an exit strategy in many of the agencies that provide Foster Care services.

21 organisations offer training to foster families on various topics which indicates that training even after the placement is a significant component for the success of a foster care program.

Not all the foster care placements are successful and devoid of issues. There are cases where children placed in foster care are neglected, abused or put to work which lead to the termination of foster placement. The most frequent reason for failure is the inability of the child to adjust with the foster family. Other reasons include forcing the foster child into child labour (performing household chores) and improper assessment of the foster parents. There were also cases of failure when siblings were separated from each other and placed with different foster families.

Procedures for foster care placement - Parents

The study indicates that 17 organisations financially supported the foster families for the wellbeing of the child. It is no surprise then that 95% of foster care placements have been done by those organisations (government or non – government) which receive funds to support the foster families while agencies without support for foster placements have been successful only 5% of the total foster care placements.

Procedures for foster care placement - CWC

Majority of the organisations make foster care placements under the authorization of the competent authority but there are also a good number of organisations which place the children informally, primarily because of the lack of active foster care schemes and guidelines that would help the organisation in formalizing the placement.

Though 66% of the organisations formalize the foster care placements, only 33% of organisations get the order from the competent authority declaring that a child is legally free for foster care before placing him/her in foster care.

48% of the organisations get the order of foster care placement; 66% sign the bond with the foster parents about the responsibility towards the foster child and 42% of organisations get the supervision order from the competent authority at the time of formalizing the placement and placing the child with foster family. This only indicates that the orders received by each organisation vary and there is no one standardized procedure which all foster care organisations follow.

More than half of the organisations make it a point to match the needs of the children to be placed in foster care with that of the capabilities of eligible foster parents instead of allowing interested foster parents to randomly choose the child they like. Two primary factors that organisation considered very important while matching a child with foster parents are the age of the parents and their family background.

Before the child is placed in foster care, the foster parent and the child are given sufficient time to know each other. This weaning period differs from organisation to organisation with a varying duration of 15 days to five months.

Monitoring and follow up

The study indicates that all the 31 organisations have their own mechanisms to monitor their foster care placements; varying from organisations doing at their level to involving the community to review the foster care placement periodically. Majority of the organisations have a centralized monitoring system for foster care placements, wherein the organisations themselves perform this duty because other competent authorities failed to fulfill this responsibility.

Networking and lobbying

It is notable that in a few states the organisations working on foster care have come together to support and form a network on alternative care. These network groups meet regularly and discuss issues concerning them. One organisation has formed a district level care givers association which meets from time-to-time, reviews the foster care situation and also works as a pressure group in providing quality care for children placed in alternative care.

Suggestions

1. The legal frameworks on alternative forms of child care advocates for family-based care and institutional care must be the last resort in child rehabilitation. Hence, this study strongly recommends a gate keeping system to evaluate the level of necessity of institutional care for each child that enters a child care institution. Only after all other alternate family- based forms of child care viz., sponsorship to be in the biological family, kinship care, adoption, guardianship, foster care et al. are completely ruled out, must institutional care be considered for a child.

2. It is suggested that many more organisations must initiate work in the field of foster care implementation as there is a need for foster care both is an urban or rural areas. The Child Welfare Committees being the competent authority for foster care placements, a proactive CWC that exist in all the districts can resolve the situation to a great extant.

3. This study found that the most number of foster care placements have taken place in states which had an effective foster care scheme in place, thus suggesting that foster care implementation if backed by a proactive government will definitely be more successful. A state scheme will authorize, systematize and standardize the implementation procedure and detailed guidelines with appropriate mechanisms regarding foster placement of children like that of adoption [CARA] to ensure a quality care for children without parental care. This also can help in the availability of more precise and accurate data on the children placed in foster care. Hence, this study suggests that it is high time that state and central governments along with their respective child welfare departments work towards formulating and implementing State backed foster care schemes.

4. Different types of foster care exist now in India; the types can be customized to fit the Indian culture and the needs of the children in different societies and situations. Group foster care, for example, involves a foster family for a group of children in a normal community setting. Though extremely beneficial than a make-believe family where the parent/ parents are paid staff of the organisation, group foster care is not practiced by many organisations. This study suggests that all different types of foster care options must be explored and tested to suit the individual needs of children living in our diverse Indian society amidst different social and economic backgrounds.

5. It is also suggested that awareness building campaigns regarding the needs for de-institutionalizing children be initiated on a large scale. This can also rectify the scarcity of parents who opt to take care of children for a short term.

6. Currently, only those children living in government run children's home or private child care NGO are identified and picked for foster care. However, the fact of the matter is that there are children outside of these child care facilities too who are in dire need of foster care. Hence, efforts must be made to include these children for foster care placements. The need of the hour is to create comprehensive data banks of children requiring foster care and also prospective foster parents. This way, even matching foster children with the appropriate foster families becomes extremely efficient and easy.

7. For the safety of the child and also to avoid confusions at the time of any health complications in the future, medical examination should become a mandatory procedure for every foster child's placement with a foster family and it is also recommended that the cost to be the integrated in the foster care fund laid down in the ICPS.

8. One of the major reasons for failure of foster care placement is reportedly the inability of the child to adjust to the new foster family. Therefore, BOSCO suggest that child is to be prepared in accordance with the situation of the matched foster care family before placing him / her in foster care. Complete care must be taken to ensure that preparing the child for the future must be done slowly, over a period of time and with utmost care; preferably by a professionally qualified counsellor. Methods like a short term group foster home stay can also be availed to bridge the child's differences in the behaviour attained as a result of long term institutional care.

9. Make foster care parents' (both new and existing foster parents) training a compulsory part of the program. It should be a mandate that a parent who enters foster care should go through such a training program. This study also suggests that the organisation develop a training module on foster care for the foster parents and the organisation staffs involved in the program.

10. Ensure that foster parents are provided with adequate financial support for the work they do, for the child's maintenance such as education, health, nutritious and other expenses involved in the well-being of the child. Financial assistance to foster parents is a social protection mechanism for both the foster parents and foster child that will help the parent in caring for the child and also sustain themselves. In fact, it would be better if the foster parents can also be linked to the IGP and other social protection schemes available in the respective states.

11. Once the competent authority declares the potential foster parent fit to take a child under foster care, the organisations / competent authorities must match the children with the parent who can meet their needs. While matching the child and the parent it is important to consider the capacities of the foster parent, the needs and requirements of the child. Equally important is considering their religion and language(s) spoken by them.

12. It is suggested that all the foster care organisations prepare an individual care plan for every child that enters foster care with a clear entry and exit strategies. It is also important that such a written plan must be documented and reviewed with appropriate time scales.

13. The competent authority or department should develop a system such as electronic / web based data bank on the children in need of family based care and also on the children placed in foster care. It is also excellent to have the resource materials and directory updated on the same Management Information System (MIS).

14. A proper monitoring mechanism must be put in place with proper checks and balance that prevents the children from abuse in the foster care. The competent authority should compulsorily have regular reviews and follow up sessions after the foster care placement. This study insists that the children in foster care should be provided adequate space and opportunities to share and report their grievances including abuse or discomforts in the foster care placement. It is also important the individual care plan to be reviewed regularly.

15. Encourage the formation of Foster Care Networks which can provide support, contribute to quality care of children in foster care and also positively influence specific policy developments in this field. Foster Parent Associations, an important institution of support to fellow foster parents and their foster children must also be established and encouraged so that foster parents can discuss and find solutions to problems or difficulties of rearing a foster child by them.

16. Encourage community involvement in the foster care program especially in identifying and assessing the prospective foster parents and also in monitoring the children in foster care. The community and the foster parent must work in tandem to spread the concept of foster care and encourage more individuals to become foster parents.

17. Foster care to be accepted in India on a large scale requires massive awareness on this topic. Hence, individuals, groups, organisations working in this area must relentlessly and effectively spread a positive message about foster care among individuals, local communities, faith based group and other spheres of public domain.

CONCLUSIONS

While this study was undertaken with the objective of documenting the status and scope of foster care in India, our primary concern was to thoroughly understand in every detail the different models and methodologies of foster care, processes and procedures of foster care implementation, best practices commonly followed, regulatory frameworks, advocacy mechanisms and overall functioning of foster care organisations across the length and breadth of the country.

Through our extensive research we found that foster care as an alternative to institutional care though well accepted and practiced extensively in the west, is still in its nascent stage in India; waiting for more profound acceptance by the social organisations and general public alike. Probing the reasons behind this scenario, our study found that it was the acute lack of awareness about foster care and its valuable benefits was the main deterrent factor preventing the widespread acceptance of foster care.

However, we cannot undermine the efforts of a handful of organisations scattered across a few parts of the country that have been relentlessly supporting and practicing foster care for the past several years. While they have been largely successful in providing a better life to children deprived of parental care through their foster care programs, their efforts have been largely limited to the geographical boundaries of their operation and have not really made an impact on other parts of the country. A general trend is also seen in the society that families from a middle class economic stratum come forward to foster children.

Our study has been successful in throwing adequate light on the most commonly practiced processes, methods and regulations of foster care implementation in India which we hope will serve as a future reference and resource for the entire foster care fraternity.

Having said that, this study reiterates the fact that the foster care program in India is still in its infancy. Though it will be a while before it is firmly established and adopted as alternative to institutional care in India, foster care programs can be a definite success in the Indian society. However, this goal can be achieved only when government bodies, social organisations, individuals and communities, all streamline their resources and energy towards this immensely important issue and work diligently towards providing unceasing love, care and protection through foster care for children deprived of parental and family care in India.

A proper and disaggregated database of the existing foster care placements was missing even with the competent authority or concerned department during the study. While this study was an attempt on the part of BOSCO to understand foster care program in India, we are of the opinion that there is still a lot to be explored and understood with regard to this field.

We hope that further research studies will take a closer look at foster care in India; succeed in revealing many more aspects of this noble practice and let people know how foster care can positively transform the lives of children yearning for genuine parental love and care.

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ANNEXURE I
INTERVIEW SCHEDULE

A Study on the Practice of Foster Care and other
Family Based Alternative Care for Children in India

Name of the Organisation:

State:

Districts Covered:

1. Area of Operation:

   ☐ Rural area ☐ Urban area

2. Working in the field of child care?

   ☐ Yes ☐ No

3. Do you have a certificate of 'fit institution?

   ☐ Yes ☐ No

4. Are you providing alternative forms of care?

   ☐ Yes ☐ No

5. If yes

   ☐ Adoption ☐ Foster care ☐ Sponsorship

6. Are you providing foster care services?

   ☐ Yes ☐ No

7. If yes, tick the relevant type of foster care services:

   ☐ Individual ☐ Group care ☐ Kinship care ☐ pre – adoption

   ☐ child headed ☐ Vacation Placement ☐ Foster Day Care

   ☐ Formal ☐ Informal ☐ Both

   ☐ Short Term ☐ Long Term ☐ Both

8. Does your state have a foster care scheme?

   ☐ Yes ☐ No

9. Where do you get the funding for foster care services from?

   ☐ Government ☐ Non Government [Funding agencies] ☐ Individuals

10. Where do you identify the children from?

☐ Our institution(s)   ☐ Other Institutions   ☐ Community   ☐ State Home

11. Where do you keep the children before placing them under foster care?

☐ Institution   ☐ Transit Home   ☐ Community

12. Is there a criterion to select a child for foster care?

☐ Yes   ☐ No

13. If yes, what are they?

A

B

C

D

E

14. Do you have criteria for matching the child and foster care parents?

☐ Yes   ☐ No

15. If yes, what are the criteria?

1

2

3

4

5

16. What is the eligible age group for children to be placed in foster care? (E.g. 6-12, 0-6, 0-18 etc.)

17. Is there a weaning period before the placement?

☐ Yes   ☐ No

18. If yes, generally how long is the weaning period?

19. How many children are identified and placed under foster care?

Boys: Girls:

20. How many children have returned from their foster families?

Boys: Girls:

21. What are the reasons for the children to return from foster care?

A

B

C

D

E

22. Have you also placed HIV/AIDS infected /affected children under foster care?

☐ Yes   ☐ No

23. CHILD DETAILS [PLEASE TICK IF IT'S APPLICABLE TO YOU]

☐ Is there any written down policy for foster care?

☐ Is the Initial Case Details of the Child is done?

☐ Do you take the consent of the child for foster care placement?

☐ Social inquiry/ home inquiry report of the child is done by the Organisation

☐ Take the Consent of the child's parents / extended family member

☐ Medical report of the child

☐ Individual care plan

24. Who prepares the child for foster care placement? (E.g. Social worker, children's home, DPO)

25. FOSTER PARENTS [PLEASE TICK IF IT'S APPLICABLE TO YOU]

☐ Is the child's history is declared to the foster parent?

☐ Is there is a criteria to select a Foster parents?

☐ Application letter for potential Foster parents?

☐ Foster carer's assessment

☐ Consent of other family members

☐ Reference letter

☐ Police clearance of FC parents

☐ Medical certificate of FC parents

26. CWC:

☐ Do you declare the willingness of the institution before placing the children under Foster care?

☐ Do you prepare the foster parents for their responsibilities after placement?

☐ Are the foster parents financially supported by the organisation?

☐ Do you give any training to foster parents?

☐ Does CWC declare a child legally free for foster care?

☐ Does CWC give an Order of foster care placement?

☐ Does a parent sign a bond during foster care placement?

☐ Supervision Order by CWC

27. FOLLOW UP:

Follow up and monitoring   ☐ Yes   ☐ No

How many times the foster placement is monitored in the first year?

28. Is there any exit strategy?   ☐ Yes   ☐ No

If yes, what are the exit strategies?

29. Are you part of any foster care network? ☐ Yes   ☐ No

30. Challenges faced by the organisations –

A

B

D

E

Sl.No.	Organisations Practicing Foster Care	State
1	Don Bosco Anbu Illam	Tamil Nadu
2	Anbu Illam Coimbatore	Tamil Nadu
3	Community Health Education Society	Tamil Nadu
4	Navajeevan	Andhra Pradesh
5	Youth Council for Development Alternatives	Orissa
6	Taskforce	Orissa
7	Family Service Center	Maharashtra
8	Shelter Don Bosco	Maharashtra
9	Indian Association for Promotion of Adoption and Child Welfare	Maharashtra
10	Bharatiya Samaj Seva Kendra	Maharashtra
11	Sneha Sadhan	Maharashtra
12	Shishu Adhar	Maharashtra
13	Vathsalya Charitable Trust	Karnataka
14	Matruchaya	Karnataka
15	Karnataka Health and Promotion Trust	Karnataka
16	Chiguru	Karnataka
17	AINA	Karnataka
18	Prajna Counselling Centre	Karnataka
19	SOS Children's Village	Karnataka
20	Association for Promoting Social Action	Karnataka
21	Children Rights Goa	Goa
22	Jan Ughai Trust	Goa
23	Child Welfare Committee, South Goa	Goa
24	Child Welfare Committee, Malapuram	Kerala
25	Child Welfare Committee, Cochin	Kerala

26	Child Welfare Committee, Calicut	Kerala
27	Child Welfare Committee, Kottayam	Kerala
28	Child Welfare Committee, Kannur	Kerala
29	Child Welfare Committee, Trivandrum	Kerala
30	Child Welfare Committee, Kollam	Kerala
31	St. Vincent Home	Kerala
32	Udayan Care	Delhi
33	Foster Care India	Rajasthan
Sl.No.	**Organisations working in Child Care**	**State**
34	St. Christina's Home	Kerala
35	Navajeevan	Andhra Pradesh
36	Divya Disha	Andhra Pradesh
37	Amman Vedike	Andhra Pradesh
38	M.V. Foundation	Andhra Pradesh
39	Sri Krishna Chaitanya VidyaVihar	Andhra Pradesh
40	Share and Care	Andhra Pradesh
41	Tata Institute of Social Science	Maharashtra
42	Deep Graha	Maharashtra
43	Anatha Shishu Nivas	Karnataka
44	Makkala Ashraya Kendra	Karnataka
45	Don Bosco	Goa
46	Free birds	Kerala
47	Rajagiri	Kerala
48	Dreams	Kerala
49	Sneha Nikethan Foundering Home	Kerala
50	Kolathur Educational Social and Cultural Organisation	Kerala

CASE STUDY
KID KINDA LOST . . .

Shiva [Name Changed] and his family moved from Thiruvanamalai to Bangalore a city that has never said no to anyone who comes for their living. The change of place does not really help Shiva to change his life style. It was just the same and they started to do the same rag picking work here in Bangalore as well.

Rag-picking wasn't an easy job for someone like Shiva who wants to study and live a dignified life. But it became worse after the death of this father. Life completely changed and they were in a state of disarray and decided to relocate and moved to Thirupathi, another pilgrim town in the neighboring state. His mother Shanti was addicted to alcohol and their life was starting to move into a different direction altogether. Shiva now had to face another challenge in this small age of 8. His mother married a man by name Chinnathambi and she started a new life; not for good but for the worse.

Both of them now started drinking together and all the money that was earned spent in alcohol. The current situation forced them to earn more money and had choice other than to send her son Shiva to beg on the streets. As he is young he does not know how to take decisions and he did what he felt was right. He decided to run away from his family without thinking about what is going to come next. Suddenly he saw himself standing on the streets and does not what to do next.

Shiva's life was is a state of complete turmoil, and suddenly he hoping for something good in his life when CWC Thirupathi found him on the streets and took him with them to rescue him. After he went there he started seeing glimpses of luck in this favor. But he was again shifted to CWC Bangalore, and he did not understand whether this is going to help in anyway and get what he wanted.

Shiva always wanted to study and he was looking out for this opportunity and he was now pretty sure God is definitely showing some mercy on him. Being a fit institution BOSCO was contacted by CWC, Bangalore for Shiva's care and protection. In BOSCO, he was enrolled under the SSA program (Government scheme for main streaming the school drop outs. Shiva was so happy to be part of this whole new transformation that was happening in his life and he was enjoying every bit of it. But time to time he felt that something is missing in his life. He was longing for love and care; the parental care and affection.

BOSCO does not provide just education but also tries to understand the behavior and attitude of the children. BOSCO could understand the emotions that Shiva was going through and decided to find a solution for him. With whatever background information they had they started an investigation on the whereabouts of Shiva's Family. Shiva had also mentioned about a person whom he calls 'uncle' living in Bangalore, this uncle's name is Velmurugan.

So the team was also aware of this uncle Velmurugan and now will have to work a strategy on how to reintegrate him in to the family. Though the investigation was up and running, they had enough challenges on the ground to find their parents. It was not an easy thing to find someone like Shanti and Chinnathambi who are rag pickers and always move place to place. During the process of investigation, we came to know that Shiva's mother now have a new girl baby from her second marriage. She doesn't even care about her five children from her first marriage and their only desire is to just drink and enjoy the life. These were some of the statements given by the co-workers in the places where they stayed. Finally after searching in about 4 different locations they finally reached where they were living with the help of the last owner they worked for. The living condition was so poor; the house was withered and in a very bad shape. Shiva's parents were asked to summon before CWC to take a decision. To put an end to all anxiety of Shiva, the parents especially step father-who didn't even recognize him-was not willing to take him back in the family. The decision disappointed Shiva but eventually he did not know what good is going to come for him because of this decision. So now BOSCO had to find a better solution for him in the best interest of the child. Now BOSCO decided to approach the Uncle whom Shiva was talking about.

The so called Uncle, Velmurugan employed as a security lives in Bangalore with his wife Usha and 2 kids Pooja and Prasanth who are in the school. When BOSCO approached uncle regarding Shiva's future, they were happy to know that Shiva is in the safe hands and he was completely against sending him back to his parents because life will become worse for him. Velmurugan and his family whole heartedly were willing to take responsibility of Shiva. Now the BOSCO and CWC were to decide on how to take this forward and decided to put him in Foster Care. For this it is critical that his mother has to accept and sign the consent form, which we got it done with no much difficulty. The consent of the child was taken and prepared him to go in to a new family. Mean while the home study of the foster care family was done by visiting them, taking consent of every family member. His uncle Velmurugan and family was oriented in this Foster care system, they were also prepared to take in Shiva through counseling. The neighbours were also spoken to in this regard to the placement of Shiva in the family. Then the foster carer's assessment and the case details of the child was presented before CWC for a fit person certificate and child's foster care placement order. We received the required document for placement and placed Shiva in kinship care. He was also enrolled to a new school near his new residence.

Finally everything fell in place and the most important part of this whole struggle is just to satisfy one single child Shiva, which we were able to achieve. Shiva has no words to express his joy, but it was so obvious in his face that he was so happy. However, in Shiva's case, the end of this phase marks a beginning of a new life. After 4 months of institutional care, Shiva found his 'home'. He was wholeheartedly welcomed into the home and lives in his Uncle's family. His smile talks for him as he finally finds a deserving place amidst his loved ones.

A "KID KINDA LOST", but his hopes and belief got him back a better life than he expected. Everyone's life trasnforms when they meet the right people in their lives.