HSR London International Conference on Multidisciplinary Academic Research
(HSR-ICMAR) 2026
https://houghtonstreetreview.com/index.php/conference

FORMS OF ALTERNATIVE CARE FOR CHILDREN DEPRIVED OF PARENTAL CARE (FOSTER FAMILY) AND PROBLEMS OF THEIR SOCIO-PSYCHOLOGICAL SUPPORT

Usmonova Firuza
English Language Teacher, Fergana City Technical School No. 2
https://doi.org/10.5281/zenodo.22166146

Abstract: This thesis examines the structural implementation and socio-psychological challenges associated with alternative care models for children deprived of parental care, focusing specifically on foster family dynamics. In the process of deinstitutionalizing child care, foster care has emerged as a key child-centric mechanism aimed at ensuring a family environment. However, significant structural, institutional, and psychological challenges persist in post-placement integration. Key issues include the psychological burnout of foster parents, inadequate professional support networks, attachment disruptions, and systemic gaps in inter-agency monitoring. The study analyzes modern organizational frameworks and highlights the necessity of structured socio-psychological support systems to ensure the mental well-being and social integration of vulnerable children.

Keywords: Foster family, child protection, alternative care, socio-psychological support, deinstitutionalization, attachment security, child welfare.

Introduction

Children deprived of parental care represent one of the most vulnerable social groups requiring specialized state protection and alternative placement mechanisms. Historically, institutional care (orphanages and boarding schools) served as the primary instrument for managing child welfare. However, extensive developmental and psychological research demonstrates that prolonged institutionalization leads to depersonalization, attachment disorders, cognitive delay, and social adaptation difficulties [1]. In response, global child protection reforms have shifted toward family-based alternative care models, among which the foster family system occupies a central position.

A foster family operates as a temporary or long-term care model where substitute parents are trained, licensed, and financially compensated by state authorities to raise children who cannot remain with their biological families [2]. While the foster family system fosters stronger emotional bonds and normative socialization compared to residential institutions, its operational effectiveness is hindered by complex psychological and systemic problems. The psychological adaptation of children, parental competency burnout, and the lack of comprehensive socio-psychological post-placement support remain critical challenges in modern child welfare frameworks [3].

Methodology

This research utilizes a multidisciplinary qualitative and analytical methodology to evaluate the operational dynamics and support systems of foster care mechanisms. The study relies on:

- **Systemic Literature Review:** Analysis of peer-reviewed scientific publications, legislative frameworks, and international child welfare guidelines (including UN Guidelines for the Alternative Care of Children).
- **Comparative Policy Analysis:** Assessment of national and international practices regarding foster parent accreditation, psychological screening, and post-placement monitoring.
- **Problem Identification Framework:** Categorization of structural barriers into psychological (attachment theory, trauma, burnout), social (stigma, integration), and administrative (inter-agency support, legislative gaps) vectors [4].

Results

The research highlights key insights regarding the placement efficiency and systemic challenges of foster care:

- **Placement Efficacy:** Family-based alternative care significantly reduces symptoms of institutional reactive attachment disorder (RAD) and enhances cognitive and emotional development compared to residential facilities [5].
- **Burnout Rates among Foster Parents:** Emotional exhaustion and role strain affect approximately 35–45% of foster parents within the first two years of placement, primarily driven by unmanaged behavioral issues of children and inadequate professional supervision [6].
- **Placement Breakdown:** Disruption rates in foster care range between 10% and 25%, depending on the age of the child at placement, prior trauma levels, and the immediate availability of emergency mental health support services [7].
- **Support System Gaps:** Standard social assistance models frequently focus on financial compensation while neglecting continuous, individualized psychological intervention for both the child and the substitute family [8].

Analysis and Discussion

The empirical and theoretical analysis reveals that the transition from institutionalization to foster care requires a robust socio-psychological infrastructure rather than mere administrative placement.

1. **Attachment Trauma and Child Adaptation:** Children entering foster care often carry severe developmental trauma, complex grief, and insecure attachment patterns resulting from abuse, neglect, or sudden separation from biological parents. Without tailored trauma-informed psychological therapy, these issues manifest as emotional instability, aggression, or social withdrawal, often exceeding the coping capacity of untrained foster parents [9].
2. **Socio-Psychological Preparedness and Burnout of Foster Parents:** Foster parents face unique stressors, including navigating complex legal boundaries, dealing with biological family visitations, and managing traumatized behaviors. The absence of systematic peer support groups, continuous training modules, and professional counseling accelerates burnout, leading to foster care disruptions [10].
3. **Institutional and Inter-Agency Gaps:** Socio-psychological support systems frequently suffer from fragmented coordination between guardianship agencies, educational institutions, healthcare providers, and psychological service centers. A lack of standardized diagnostic tools to monitor placement health leads to reactive rather than preventive intervention strategies [11].
4. **Integration of Comprehensive Support Models:** Mitigating these challenges requires establishing multidisciplinary mobile support units, mandatory post-licensure training programs, and structured psychological monitoring frameworks to ensure placement stability and long-term child well-being [12].

Conclusion

The foster family model represents a humanistic and developmentally superior alternative to residential institutionalization for children deprived of parental care. However, the success of foster care cannot rely solely on legal status or financial subsidies. Sustainable foster placement requires a fully integrated, state-supported socio-psychological monitoring system. Priority measures must include trauma-informed training for foster parents, continuous psychological monitoring for children, inter-agency service coordination, and targeted intervention strategies designed to prevent placement breakdown and ensure full social rehabilitation.

References

1. Bowlby, J. (2008). Attachment and Loss: Vol. 1. Attachment (2nd ed.). Basic Books, pp. 145–182.
2. Berrick, J. D. (2018). The Meaning of Child Protection: How Different Countries Protect Children and Support Families. Oxford University Press, pp. 89–112.

3. Schofield, G., & Beek, M. (2014). Providing a Secure Base in Foster Care: Research and Practice. Routledge, pp. 45–78.
4. Colton, M., & Williams, M. (2006). The World of Foster Care: An International Sourcebook. Ashgate Publishing, pp. 112–135.
5. Zeanah, C. H., Nelson, C. A., Fox, N. A., Smyke, A. T., Marshall, P., Parker, S. W., & Koga, S. (2005). Designing research to study the effects of severe early deprivation: The Bucharest Early Intervention Project. Development and Psychopathology, 17(4), pp. 865–889.
6. Miller, J. J., Cooley, M. E., & Owens, L. (2019). Identifying factors associated with foster parent burnout and turnover. Child & Youth Care Forum, 48(3), pp. 385–401.
7. Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A., & Boer, F. (2007). Disruptions in foster care: A review and meta-analysis. Children and Youth Services Review, 29(1), pp. 53–76.
8. Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth, R. P. (2018). The Child Welfare Challenge: Policy, Practice, and Research (4th ed.). Routledge, pp. 210–245.
9. Tarren-Sweeney, M. (2008). The mental health needs of children in foster care. Current Opinion in Psychiatry, 21(4), pp. 326–332.
10. Geiger, J. M., Piel, M. H., & Julien-Chinn, F. J. (2017). Retaining foster parents: Contextual factors associated with retention and turnover. Child Welfare, 95(5), pp. 85–110.
11. Bamba, S., & Haight, W. (2011). Helping maltreated children learn in foster care: The perspectives of foster parents and caseworkers. Children and Youth Services Review, 33(9), pp. 1530–1538.
12. Fernandez, E. (2013). Accomplishing Permanency: Outcomes for Children and Young People Leaving Care. Springer, pp. 167–194.