

# Intensive Foster Care

Claire Sammut

Research has been carried out on foster care to assess whether intensive foster care helps foster carers to take care of children and adolescents who have specialised needs due to their emotional and behavioural problems. This paper tries to answer the following question, "If children and adolescents manifesting emotional and/or behavioural problems are placed in intensive foster care, as opposed to the existing foster care placements, will the former give them a better chance of adjusting in society?" The paper will outline various evidence-based studies which showed that giving intensive training and support to foster carers will help prevent breakdown of foster placements, thereby giving a better chance to these children to adjust better in society. The paper also concludes by giving two examples of intensive foster care which have been implemented to help children and adolescents with emotional and behavioural problems.

## Introduction

Children can be considered as a vulnerable group in society who need older people to take care of them and guide them. Although usually children would have their natural families to take care of them, yet there a number of children need to be cared for by other people. Until some time ago, these children were automatically placed in residential homes, or whenever possible, they were placed with relatives. More recently, due to the growing concerns that might arise if children are not given a family environment, foster care emerged to provide these children with a possibility of living in a family environment.

Foster care, which can be carried out either by relatives or unrelated families, helps to cater for the children's needs on a more individual basis compared to residential homes. This service provides a number of types of fostering depending on the needs of the children, for example, short-term fostering, respite fostering, or long term-fostering if the possibility of the children to return back home is very minimal.

"These foster homes are of very different types and cater for children in a range of circumstances. Some will admit children at very short notice in the midst of emergencies or to provide a period or respite to them and their families. Others offer long-term or permanent homes to children who are unable to return to their own families...Foster carers may be relatives or unrelated and contact may or may not continue with birth families"

(Berridge, 1997, pp. 7–8)

It is important to have an understanding of the children who enter into foster care. Without understanding the children's background and how this background is affecting their present well being, it is very difficult for the people working with these children to cater for their individual needs. A number of these children have been abused and people who work with them, including foster carers, must be equipped to understand why they might be behaving in a particular manner, for example by exhibiting challenging

behaviour. In a study conducted by McCann et al (1996), it was found that 57% of children in foster care had psychiatric disorders. In order to offer a family environment to these children, foster carers must be equipped to cater for the children's intensive needs, which must include much more than intrinsic motivations and having raised children of their own.

It is important to remember that these children are very often removed from their natural families all of a sudden, after having been abused by their own families. Foster carers need be able to help the children settle down and integrate in the family environment.

"The children, already traumatized by abuse, have been expected to adjust to the dramatic changes in their life, often with little preparation for these changes and perhaps little continuity with their life prior to placement and again, when they are returned home. Often the foster carers have few supports and are expected to manage children who may be displaying disturbed behaviour and may also have particular needs."

(National Child Protection Clearing House, Brief No. 6, p. 114)

### **Looked After Children and Adolescents**

Looked after children experience a number of disruptions and traumas in their lives (Sargent & O'Brien, 2004); these adverse experiences affect children, as they grow older, notwithstanding the fact that some were placed in foster care. "The growing individual is in a complex interaction with the environment. Through the process of mutual attunement and adaptation, each changes the other forever" (Cairns, 2002, p.46). What happens when the process of mutual attunement and adaptation does not occur properly, due to the parent's inability to offer a secure environment to the children? Unfortunately there is a lot of evidence which suggests that violent behaviour is fundamentally linked to children having been abused and neglected during the first two years of life (Karr-Morse & Wiley, 1997). During these early years, babies are completely dependent on the main caregivers. Although usually the caregivers would respond to the babies' needs, yet looked after children usually would not have had such intensive attention, and this affects the type of attachment style which babies would develop. Perry (1999), who looked at the effects of traumatic events on children, found that dissociative responses or hyperarousal might occur as a result of unmet needs. These types of behaviours, used by children in stressful situations, will continue to shape the children's behaviours even when they grow older and are removed from the abusive situations. In fact, various studies found a high rate of mental health problems in children who are being looked after by authorities. Meltzer (2003) conducted a survey of 2,500 looked after children and found that 42% of children aged between 5 to 10 years old and 49% of 11 to 15 years old have some kind of mental disorder compared with 8% and 11% in the wider population. He also explained that 40% of these children were living in foster placements.

When children exhibit challenging behaviour it is very important that these are seen not only within their present context, but one must also take into consideration the children's past experiences. This was also emphasized by the National Institute of Mental Health (2000) who explained that "the development of serious behaviour problems is best understood as a

predisposition and various influences on children's lives that change over critical period of development" (p. 9). Sometimes people who live with these children find it very hard to understand why although they are given a stable and warm environment, yet these children still engage in challenging behaviours. They seem to find it very difficult to link the past experiences which these children have been through with their present behaviours. Although children are removed from abusive environments, yet the probability of developing challenging behaviour is still very high. Clarke (1998) found that children between seven and twelve years of age may develop challenging behaviour especially if they have been exposed to abusive and stressful situations.

Although some children engage in challenging behaviours from childhood, for example stealing things from school or engaging repetitively in compulsive lying, others seem to engage in such behaviours only once they reach adolescence. Although some children are labelled as 'problem children' since they are young, yet there are other children who do not seem to engage in inappropriate behaviour before they reach a certain age. There exists a difference between 'early on-set trajectories', where children commit their first serious violent acts before puberty, and 'late-onset trajectories', where youths start to commit violent acts during adolescence. Various researchers such as D'Unger et al (1998) found that between 20 and 45 percent of boys who were serious violent offenders by age 16 or 17 started to show these traits in childhood. Most adolescents who commit violent acts, and who continue their violent behaviour beyond adolescence, begin during childhood.

When looking at children's behaviours, it is important to take into consideration the onset of challenging behaviours. Although as research suggests, there is no single risk factor to explain the development of challenging behaviour which might lead to antisocial behaviour, yet looking at children's past experiences to understand the onset of such behaviours would definitely help to understand these children better. The more risk factors children are exposed to, through abusive and stressful situations, the greater the likelihood that they will exhibit antisocial or criminal behaviour (Bond et al.2000; Loeber and Farrington 2000). Similarly, the greater the number of protective factors these children have, the greater is the probability that they manage not to engage in such behaviours (Howard and Johnson 2000). Therefore, the risk of children engaging in challenging behaviours appears to be dependent upon the balance of risk and protective factors in their lives (Loeber and Farrington, 2000).

Children who are removed from the abusive homes and are placed in foster care are given the opportunity to live in an environment which helps to equip them with protective factors in order to minimise as much as possible the probability of engaging in challenging behaviours. Through creating stable and warm environments, foster carers help foster children to engage in appropriate relationships thereby forming healthy attachments. This was also found by Beck & Schofield (2000) in their longitudinal study. They concluded that the foster carers ability to "tune into the children's inner worlds and to respond sensitively ensured that both their physical and their emotional needs were being met" (p. 18). When children are placed in foster care, the foster carers have a lot of responsibility to offer such a conducive environment. The following section will discuss what research has found to be useful in helping foster carers take care of foster children with challenging

behaviours, in a manner which helps minimise the possibility of foster placement breakdown.

### **Intensive Foster Care**

Once children are removed out of their homes, the authorities concerned have the responsibility to see that these children are provided with a safe environment. They must be given the opportunity to have their basic needs met. One of these needs entails creating security in the children's lives. In order for the children to feel secure, they must not live in constant fear that they might be removed from their present placement and sent into another, if they do not 'behave' appropriately. Research by Rowe et al (1989) and Fratter et al (1991) has found that behavioural problems are considered as risk factors for placement breakdown. Unfortunately looked after children often go through a number of different placements. Berridge (2001) also expressed great concern about fostering older children, particularly adolescents who pose behavioural difficulties, due to discontinuity in placements. In a study conducted by McCarthy, Janeway & Geddes (2003) with a sample of 115 looked after children, it was found that there was a high rate of social impairment affecting the children's home life, peer relationships, learning and leisure activities whilst these were placed in care.

When children with behavioural and emotional problems are placed within a family, it is very important to assess whether the foster carers have the ability to meet the children's needs, which needs may be quite demanding considering the child's past experiences. Abusive situations do affect every aspect of the children's lives and if these aspects are not tackled properly by foster carers, then the placement will be at great risk of failing. Sargent & O'Brien (2004), state that "emotional and behavioural problems affect every area of a child's life. Foster carers need to be able to cope with a wide variety of mental health issues, ranging from the mild and moderate to the extreme. The impact of caring for these children on foster carers can be considerable as they are providing a home for children whose behaviour is at times likely to be both disturbed and disturbing" (p. 32).

Research has also been conducted into the motivation of foster carers. It has been shown that foster carers may decide to foster children due to intrinsic motivations. Delfabbro et. al (2002) found that foster carers in South Australia foster children mainly for the children's well being and for wanting to give them love. In fact, the foster carers who participated in the study and reported how difficult it was for them to see the foster child leave their home, were motivated by a desire to assist the children's well-being ( $r(48) = 0.32$ ). Notwithstanding this, due to the complexity of behavioural and emotional problems which foster children bring with them in these new families, foster carers need to be equipped with the necessary specialized tools in order to be able to offer an appropriate environment to deal with such intensive situations. In fact, various countries today are recognising the importance of including specialized or intensive fostering which is much more tailored to help foster carers take care of children with behavioural and emotional problems (Paton, 2003).

A specialised foster care service would help to give additional tools to the foster carers. Although research highlights the importance that foster carers

be given a lot of training, yet there are certainly varied results. A number of authors explained that attending specialised training helps the foster carers to be able to understand the children's behaviours, and enables them to develop the capacity to look beyond the manifest behaviour. The need to gain an in-depth understanding into the children's behaviour was also expressed by the foster carers in a study conducted by Sargent & O'Brien (2004). They explained that although training which the foster carers had received helped them to look after children with emotional problems, behavioural disorders or mental health issues, yet they suggested that it would also have been beneficial if the causes which lead to behavioural difficulties would have been discussed. The foster carers believed that it would help them to link cause with effect and also to be able to develop possible strategies to manage such behaviour. Learning what to do with such behaviour in order to help the children develop appropriate behaviour is also very important since the final aim should not be to stop the maladaptive behaviour at that time only but also to help the children develop adaptive strategies (Butler, 1999). Countries such as the United Kingdom are recognizing the importance of having specialised foster carers. Specialised training courses, such as the ones offered by Open University, help the foster carers to acquire professional training in order to be in a better position to take care of foster children. A study carried out by Minnis et al (2001) found that carers have reported substantial benefit from the training programme and they also said that they felt the children were now learning to behave more appropriately. Hill-Tout, Pithouse & Lowe (2003) conducted a two-year semi-experimental investigation in order to assess the impact of training foster carers new techniques to manage challenging behaviour. 93% of the foster carers who participated in this study found that the training was useful, whilst 96% said that they intend to apply the techniques which they have learnt in practice.

If foster carers receive such specialised training, they would be in a position to understand much more why foster children might exhibit challenging behaviour. This would help foster carers to build healthy attachments with the children, as a result of their professional understanding. In this manner, children will receive an important message from their foster carers, that is that notwithstanding the challenging behaviour, the foster carers will still remain there for them. Pithouse, Lowe & Hill-Tout (2004) emphasized the importance of foster carers to help foster children form healthy attachments with them. Training would put the foster carers in a position to promote resiliency in children.

It is important to point out that although various research speaks positively about the importance of foster carers attending training, yet Minnis & Devine (2001) found that although the foster carers who took part in their study believed that training did improve their relationship with the foster children and better equipped them to take care of them, yet the results showed otherwise since the findings were not statistically significant. Also it resulted that there was a substantiated significant difference ( $p = 0.03$ ) in the foster children's self-esteem in the following nine months after the extra training was delivered. Although such research showed that training did not improve the children's challenging behaviour problems, yet the fact that the foster carers felt much more equipped to take care of the children and the fact that the children's self-esteem increased will still help to prevent breakdown of foster placements.

Besides receiving intensive training, foster carers should have a lot of support from other professionals who are working with the foster children. Sellick & Thoburn (1996) explained that it is imperative for foster carers to be trained and supported whilst fostering, due to the complex and challenging behaviours and attachment difficulties which these children bring with them in the placements. Various studies found that foster carers did not feel supported enough in taking care of these children. Although contact is kept with the social worker from the fostering unit, yet foster carers feel that much more support is needed especially when children with emotional and behavioural problems are placed with them (Delfabbro et. al, 2002; Triseliotis et al, 2000). Foster carers need to feel that they are part of a working team and that they can count on somebody when children exhibit challenging behaviours that they cannot handle at the time. It is also important that foster carers' opinions are taken into consideration about the children's well-being and that their concerns about the children are listened to. Berridge (2001) summarized the importance of supporting the foster carers by explaining that "support to carers, practical and personal, plays an important part in delivering effective foster care – both in terms of sustaining placements and helping to retain families...Feeling involved and consulted in planning and decision making are also important, as is efficient and frank communication from social workers and line workers" (p. 250). If foster carers do not feel supported, there is a higher probability that they will not feel in a position to take care of these children, putting at risk the children's placement. In a study conducted by Sinclair et al (2000), they found that foster carers rely on external support in order to continue to foster these children and that good quality support can prevent foster carers from ending the children's placements despite the difficulties they might be facing with the children.

Continuous support and intensive training have been shown to increase the possibility of maintaining children with behavioural problems within foster families. Various countries have introduced these specialised services. Intensive foster care services can either provide intensive foster care on a long-term basis, or else provide short-term intensive foster care as an alternative to rehabilitative programmes. The following section will illustrate some practical example of specialised services provided on a long-term basis, which are presently running in various countries.

### **Examples of Intensive Foster Care**

Agencies in various parts of the world are recognizing the importance of investing more resources and efforts in foster care services, to help children and adolescents with emotional and behavioural problems better adapt in society. 'Future families' have included a specialised programme called 'intensive treatment foster care program (STEP)' where children who have significant emotional problems are placed with foster carers who receive more specific training, services, support and funding. Such services are being offered in the San Jose and Aptos regions. The goal of this service is to enable children who are at risk of growing up in residential care due to emotional problems, to be placed in specialised foster care placements in order to help them adjust more successfully in life.

'Olive Crest', within the U.S.A, is another agency which offers such specialised services. Basically this service caters for children who are between 2 to 17 years of age and who have serious emotional problems with accompanying maladaptive behaviours. These children might either be coming from residential homes or from group homes and are referred by the county referral agency. Once a child is identified, an Inter-Agency placement review team is set up in order to match the child with the respective foster family. Depending on the intensity of the child's problems, a support counsellor will work both with child and the foster family from 8 to 114 hours per month. They will also receive individual, group, family or multi-family group therapy if necessary both for the foster family and for the natural family. In order for foster carers to be able to work within this service they must attend 60 hours of pre-certification training on particular topics.

## **CONCLUSION**

With the help of foster carers, children are provided with an opportunity to live in a family environment which can help them grow and develop adequately. Children born to parents who either cannot take care of them or else who abuse them, must be given all the possible opportunities to live in a safe place to make up for the lack of caring from their parents.

Foster carers accept to include in their lives children who have a lot of unmet needs and distressing feelings, notwithstanding the risk that these children will bring all this instability into their own families ((Beck & Schofield, 2004). Society owes not only to the children, but also to these foster carers who dedicate themselves 24 hours a day, 7 days a week with these children. Society must see that these foster carers are supported in the best possible manner with the appropriate services which need to be subjected to scientific scrutiny in order to make sure that they are helping foster carers take care of these vulnerable children (Minnis & Devine , 2001).

Giving training and support to these foster carers is not something which cannot be done, especially after research has shown that giving adequate preparation, training and continuation of support to foster carers will minimise the possibility of children moving from one placement to another (Fisher & Chamberlain, 2000). Its importance was stated by Keane (1983), who argued that the greater the number of placements experienced, the greater the possibility of children exhibiting behavioural problems.

Working together as a team with these children and with the foster carers will help to provide the best care plan for these children. It is imperative that these children, who would have passed from traumatic experiences in their lives, are given the best services to help them cope in society. These children must not be continuously disappointed all throughout their lives due to inability to provide appropriate services.

Children can be injured with wounds beyond healing. And when the community cease to understand or to care, when services are reduced and facilities are withdrawn, then even the healing which might have been possible may be taken away.

(Cairns, 2002, p. 33).

By providing intensive foster care, society is only providing an appropriate means which has also been proven with research to help these children function adequately. Unless such service is provided, they will never have the opportunity to succeed in life, they more likely risk being moved from one foster home to another. Adequate training and support provision to foster carers will help carers to look at the pain of these children and lead them to be more sensitive towards these children. They definitely deserve a chance!

## References

- Beck, M. & Schofield, G. (2004). Providing a secure base. Tuning in to children with severe learning difficulties in long-term foster care. Adoption and fostering, 28, 2, pp. 8 – 19.
- Berridge, D. (2001). Work with fostered children and their families. In M. Hill (Ed.). Effective ways of working with children and their families, pp. 240 – 255. London: Jessica Kingsley.
- Bond, L., Thomas, L., Toumbourou, J., Patton, G. & Catalano, R. (2000), Improving the lives of young Victorians in our community: A survey of risk and protective factors. Parkville: Centre for Adolescent Health.
- Butler, M. (1999). Challenges facing residential care services. Journal of Family studies, 5, 1, pp. 116 – 120.
- Cairns, K. (2002). Attachment, trauma and resilience. Therapeutic caring for children. London: British Association for Adoption and Fostering.
- Clarke, R. (1998). Whose children? A review of the substitute care program. Department of Education and Community Services.
- Delfabbro, P., Taplin, J., & Bentham, Y. (2002). Is it worthwhile? Motivational factors and perceived difficulties of foster caring in South Australia. Adoption & Fostering, 26, 2, pp. 28 – 37.
- D'Unger, A.V., Land, K.C., McCall, P.L., & Nagan, D.S. (1998). How many latent classes of delinquent / criminal careers? Results from mixed poisson regression analysis. American Journal of Sociology, 103, pp. 1593 – 1620.
- Fisher, P., & Chamberlain, P. (2000). Multi-dimensional treatment foster care: a programme for intensive parenting, family support and skill building. Journal of emotional and behavioural disorders, 8, 3, pp. 155 – 164.
- Fratter, J., Rowe, J., Sapsford, D & Thoburn, J. Permanent family placement. London: British Association of Adoption and Fostering.
- Future families. The programs. <http://www.futurefamilies.org>.
- Hill-Tout, J., Pithouse, A., & Lowe, K. (2003). Training foster carers in a preventive approach to children who challenge. Adoption and fostering, 27, 3, pp. 47 – 56.
- Howard, S. & Johnson, B. (2000), Resilient and non-resilient behaviour in adolescents. Canberra: Australian Institute of Criminology.
- Hutchinson, B., Asquith, J., & Simmonds, J. Skills protect. Towards a professional foster care service. Adoption and fostering, 27, 3, pp. 8 – 13.

- Karr-Morse, R., & Brazelton, T.B. (1997). Ghosts from the nursery. Tracing the roots of violence. New York: Atlantic Monthly Press.
- Keane, A. (1983). Behavioural problems among long-term foster children. Adoption and fostering, 7,3, pp. 53 – 52.
- Loeber, R. & Farrington, D. P (2000), Young children who commit crime: Epidemiology, developmental origins, risk factors, early interventions and policy implications. Development and Psychopathology, 12, pp.737-762.
- McCarthy, G., Janeway, J., & Geddes, A. (2003). The impact of emotional and behavioural problems on the lives of children growing up in the care system. Adoption and fostering, 27, 3, pp. 14 – 19.
- Melzer, H. (2003). The mental health of young people looked after by Local Authorities. London: Office of National Statistics.
- Minnis, H., & Devine, C. (2001). The effect of foster carer training on the emotional and behavioural functioning of looked after children. Adoption and fostering, 25, 1, pp. 44 – 54.
- Minnis, H., Pelosi, A. J., Knapp, M., & Dunn, J. (2001). Mental health and foster carer training. Archives of Disease in Childhood, 84, pp. 302 – 306.
- National Child Protection Clearing House. Alternative care: Shifting demands on voluntary foster care. Brief No. 6 <http://www.aifs.gov.au/nch>
- National Institute of Mental Health. (2000). Child and adolescent violence research. Bethesda: Department of health and human services.
- Olive Crest. Intensive Treatment foster care programme. <http://www.olivecrest.org/intensive-treatment.html>
- Paton, L. (2003). Every child matters: summary and analysis of the Green paper. Child right, pp. 3 – 8.
- Perry, B. (1999). Effects of traumatic events on children: <http://www.childtrauma.org/ctamaterial/effects.asp>
- Pithouse, A., Lowe, K., & Hill-Tout, J. (2004). Foster carers who care for children with challenging behaviour. A total population study. Adoption and fostering, 28, 3, pp. 20 – 30.
- Rowe, J., Hundleby, M & Garnett, L. (1989). Child care now: A survey of placement patterns. London: British Association of Adoption and Fostering.
- Sargent, K., & O'Brien, K. (2004). The emotional and behavioural difficulties of looked after children. Adoption and fostering, 28, 2, pp. 31 – 37.
- Sellick, C., & Thoburn, J. (1996). What works in family placement. Ilford:

Barnado.

Sinclair, I., Wilson, K., & Gibbs, I. (2000). Supporting foster placements. York: University of York.

Smith, D.K. (2004). Risk, reinforcement, retention in treatment, and reoffending for boys and girls in Multidimensional Treatment Foster Care. Journal of Emotional and Behavioural Disorders, 12, 1, pp.38 – 49.

Taylor, C. (2004). Social work and Looked-after children. In D. Smith (Ed). Social work and evidence-based practice, pp. 127 – 142. London: Jessica Kingsley.

Vassallo, S., Smart, D., Sanson, A., Dusseger I., McKendry, B., Toumbourou, J., Prior, M., & Oberklaid, F. (2002). Patterns and precursors of adolescent antisocial behaviour. Australia: Australian Institute of Family Studies & Crime Prevention Victoria.

Walker, M., Triseliotis, J. (2002). Testing the limits of foster care: Fostering as an alternative to secure accommodation. London: BAAF.