

Key Characteristics of Children in Foster Care with Challenging Behaviour

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Abstract

Given the concern that foster care is ever more engaged in dealing with children and young people with special needs, particularly in relation to challenging behaviour, it is essential to gain a deeper understanding of the behaviour of the children, their placement history and current relationships in order to inform our thinking about fostering provision and support. The paper therefore examines children's characteristics as found in a total population of fostered children in four neighbouring Welsh unitary authorities who were considered to exhibit challenging behaviour. It seeks to contextualise selective features of the children in relation to (mainly) UK research by presenting findings on: information about the children given to carers by authorities; levels of child disability; placement history; contact with family; participation outside the home; perceived challenging behaviours and carer morale and stress. In doing so, the paper outlines the very different behaviours and difficulties perceived by carers. In conclusion, it is mooted that the term 'challenging behaviour' may lend itself too readily to explain difficulties in placements and thereby obscure the complex interplay of other possible causes such as carer capacity, training, support and care management.

Keywords: Foster care, foster children, foster carers, challenging behaviour, Wales

Introduction

Political and professional interest has risen in recent years as fostering has assumed greater importance in dealing with increasing demands for placements from increasingly difficult children and youngsters. As residential provision reduces across the UK for a variety of reasons, so fostering is assumed as the preferred alternative for many children. Foster care now comprises a major resource in child and family welfare and provides for an increasing proportion of all children who are looked after. At March 2003 some 68,000 children were looked after, two per cent more than the year before, the percentage of all looked after children in foster care was 68 per cent (41,100), this is 14 per cent more than in 1999 (DfES, 2004). In Wales, there has been a year on year reduction since 1970 in the number of children being looked after by local authorities, though recently the rate of reduction has slowed. However, this decrease masks the fact that more children than before are looked after for relatively short periods in anyone year. Placement pattern also continues to change. In 1980 at any one time, similar numbers of children were accommodated with foster carers as were in residential care (Welsh Office, 1997). By 2000 there were around nine children in foster care for every one child in residential care, some seven per cent of placements were provided by the independent sector (Pithouse *et al*, 2000).

Services for children in need and their carers are

now delivered in a fast changing and diverse policy context that reflects different emphases and priorities in a devolved, and still devolving, UK (see NCB, 2003). However, across the UK professionals are likely to share many of the concerns raised by the Victoria Climbié tragedy as expressed more latterly in the Green Paper *Every Child Matters* (DfES, 2003), where it is asserted that placements should provide safe and positive care for their duration and in some cases the duration of childhood given recent trends towards seeking permanence for children in need of family care (see also Monck *et al*, 2003). The need for effective attachment to well trained carers who can help promote resilience in children who need to cope with adversity and not adopt dysfunctional ways to respond to abuse or neglect is perhaps the single biggest challenge to contemporary fostering. This has been an area of some research and conceptual activity (Schofield, 2001) and connects closely to issues of recruitment and retention of carers and their professional development. The Green Paper recognises the resource implications of providing foster carers with specialist skills in order to cope with troubled children and youngsters (Paton, 2003), additional support is expected to arise through existing policy frameworks and strategic change-drivers such as *Choice Protects* (DoH, 1998) in England and *Children First* (Welsh Office, 1999) in Wales. The importance of research, practice and theory seeking closer alignment in order to keep pace with the ambitions set out in the Green Paper for fostering and adoption cannot be overstated.

The ambitions of the Green Paper notwithstanding,

most carers in the UK remain volunteers and receive an income to cover expenses and most children enter short-term care and return home quickly (Bullock, 2002). A trend towards fee paying in the statutory and particularly independent sector has developed in recent years and a more 'professionalised' approach has been taken towards the role and identity of carers and their relationships with agencies (Sinclair *et al*, 2000a). Fostering deals increasingly with children whose needs are very different from those of the general population of children and young people (Keane, 1983). Their mental and physical health and educational attainment typically requires a more treatment-oriented intervention, which in turn, calls for additional skilled support from carers if it is to be effective (see Hutchinson *et al*, 2003).

In summary, fostering, whether for brief or extended periods, is increasingly viewed as a skilled and effective intervention, but has yet to be properly funded, supported and researched. Research, as one means by which we can promote best practice in fostering, has not kept pace with the full agenda of contemporary out of home care. There are particular areas where it remains relatively undeveloped, such as the everyday experience of providing and receiving foster care, notably in relation to behaviour problems particularly in adolescents; maintaining contact with birth parents and siblings; sustaining a child's education and meeting other social, cultural and health needs (see Berridge, 1999). The recruitment, retention, and training of carers demand constant mobilisation of resources and the deployment of effective training methods if carers are to respond to the significant demands upon them by children who are often very troubled or troublesome. However, if the move towards a more professional foster care is to succeed, we need to know more about the characteristics and behaviours of those children deemed to be challenging, which as Wilson *et al* (2000) ably demonstrate, is an area of some complexity in which many variables can intervene toacerbate or moderate the demands made on carers by fostered children.

The paper presents findings on all fostered children considered to exhibit challenging behaviour living in four neighbouring authorities in

South Wales. The data are derived from an earlier study by the authors into the outcomes of challenging behaviour training, the results of which have been published elsewhere (Hill-Tout *et al*, 2003; Pithouse *et al*, 2002). We do not cover the same ground here, instead we examine in more detail the data gathered on the characteristics of the children and also their behaviour as perceived by their carers. In doing so we appraise the congruence of the data with what we already know about fostered children and hopefully we can add to what is a relatively slender UK knowledge base on the meaning and impact of challenging behaviour in foster care.

Sample and Methods

Our original study required that key social services personnel in four neighbouring unitary authorities in South Wales identify all the children on their records who presented severe challenging behaviours and were currently placed with foster carers. To aid appropriate identification, a definition of challenging behaviour was drawn up, based on that developed by Qureshi and Alborz (1992). Children were eligible for the study if their behaviour met any one of the following criteria:

- has at some time caused more than minor injuries to themselves or others
- has at some time resulted in the destruction of their immediate environment
- behaviour occurring at least weekly which either:
 - i. places them or others in physical danger
 - ii. requires intervention by more than one adult for control
 - iii. causes damage which cannot be rectified by immediate carer
 - iv. causes at least one hour's disruption
 - v. has caused disruption lasting for more than a few minutes at least daily
- has resulted in the child being excluded/threatened with exclusion from a public facility because either:
 - i. a ban has been/will be imposed by the facility
 - ii. carers are reluctant to accompany the child

- iii. adequate supervision requires more than one adult
- has resulted in the child being apprehended by the police on more than one occasion.

In total, 114 children who met the criteria were identified by social work staff at the four authorities. This represents around 28 per cent of all children fostered by the four authorities who were living within their shared boundaries. While it is not possible to determine if this percentage is representative of other looked after populations across England and Wales, the study by Pithouse *et al* (2002) reported estimates from local authorities in Wales that between 20 and 60 per cent of the children placed were considered as having special needs by dint of emotional and behavioural problems. Such estimates will vary with the sample studied and methods used; a range of between one and two thirds of a looked after population having behaviour problems has been suggested elsewhere (see Quinton *et al*, 1998).

Data gathered through child profiles were augmented by interviews with the foster carers and children's social workers. All interviews were conducted by members of the research team. Child profiles comprised information on age, gender, ethnic origin, diagnosis, health, the natural family, current, and previous placements, participation outside the home, behaviour problems, and sources of professional support.

Participation outside the home was measured by a modified version of the Index of Community Integration (Raynes *et al*, 1989) extended to incorporate items relevant to children and young people, and an exclusion rating. It comprised a list of 17 types of community facility.

Carers were asked how often the child had used each facility in the previous month and to what extent the child's behaviour limited access. The assessment of behavioural problems was based on a modified version (Lowe *et al*, 1996) of a section in the Disability Assessment Schedule (Holmes *et al*, 1982). The original list comprised thirteen behaviours, modified to give separate ratings on the frequency of occurrence and severity of management problem for each behaviour presented. This list was extended to 48 behaviours, to include the wide range of behaviours cited for

the children during initial identification. Carer stress and emotional response to challenging behaviour were assessed using the Malaise Inventory (Rutter *et al*, 1970) and a 15-item scale developed by Hastings and Remington (1994).

The foster carers of these 114 children were invited to participate in the study. The number of carers agreeing to participate was 115 because, in some households, two carers participated in the study and, in others, carers were fostering more than one participating child. The importance of carers to outcomes in fostering is of course crucial and much depends upon their warmth towards and interaction with the child (Sinclair and Wilson, 2003). Likewise, much depends upon the attitude and motivation of the child and whether they are considered to be 'difficult' (see Schofield *et al*, 2002). First, we briefly identify key characteristics of the carers in order to offer some context for our discussion of the background and conduct of the children.

Findings

Headline characteristics of the carers

In the UK, the social characteristics of carers has remained in large part fairly constant with proportionally fewer lone carers than couples, fewer working women, fewer families with children under five, and fewer black and minority ethnic carers. Women are more likely than men to be the registered carer (see Triseliotis *et al*, 2000; Sellick and Connolly, 2002). However, this obscures considerable variation within and between local authorities, and between independent agencies (see Sinclair *et al*, 2000a; Waterhouse and Brocklesbury, 1999).

Demographic characteristics of the foster carers

The South Wales population of 115 carers shared many of these general characteristics. As with other studies (see McNeish *et al*, 2002) the majority lived with a partner or spouse (90%). Other researchers have found much higher proportions of UK carers who are single (see Waterhouse and Brocklesbury, 1999). The average age was 45 years, with the majority (54%) in their 40's, 26 per cent in their 50's, 14 per cent in their 30's, and smaller proportions in either their 20's or their 70's.

In Wales, there are proportionately very few black or ethnic minority carers and there are sometimes difficulties in matching for children who are unaccompanied asylum-seekers; there are also problems in attracting sufficient Welsh speaking carers (see Perez del Aguila *et al*, 2003). Over 95 per cent of the carers in our study could be described as white European (unlike some carer populations elsewhere in the UK, see Sinclair *et al*, 2000), with most being Welsh people speaking English in the home. Nearly three-quarters (74%) were female. Over half (57%) had no other paid employment, while 24 per cent worked part-time and 20 per cent full-time. A minority (9%) had degree level education or equivalent, while just under a third had school level qualifications; 60 per cent had no formal academic qualifications. Under a fifth (18%) had professional qualifications in a related field, such as teaching or nursing. Just over a quarter (26%) had professional qualifications in fields unrelated to the caring profession, and over half (56%) had no professional qualifications at all.

Experience and training in foster care

As with other carers (see Wilson *et al*, 2004), the vast majority (90%) had experience in rearing their own children. Carers' households comprised five people on average, usually including an adult male partner whose positive potential in a foster care household was not overlooked (see Gilligan, 2000; Sellick and Connolly, 2002). Over half (56%) lived in households of four or five people, 36 per cent in households of six or seven, and seven per cent in smaller households of two to three people. Just under half lived in terrace or link houses, a third in semi-detached homes, just under a fifth in detached houses, very few (4%) in large detached properties.

The greatest proportion (32%) had been fostering for between two and four years, 29 per cent between five and ten years, 24 per cent over ten years, while 15 per cent had less than two years experience. Thus, they were a fairly durable and experienced population who by their estimation had previously cared for an average of 14 children with challenging behaviour. As with other studies (Sellick and Thoburn, 2002) they drew on considerable experience, notwithstanding that experience by itself is no predictor of effective fostering (Gorin, 1997) and other qualities are

needed to manage difficult behaviour (see Wilson *et al*, 2004). A minority (23%) of carers however claimed limited experience of caring for such children. During the course of their fostering career, two thirds had received some form of training in challenging behaviour, while 35 per cent had received no such training. Over half (57%) had received an average four days training in challenging behaviour during the three years prior to the study, while as many as 43 per cent had received no such training during that time. For the most part, carers were unable to recall much detail about the content of the training received or who had delivered it. Nonetheless, the vast majority (81%) believed the training to be very or fairly useful. While behavioural interventions are thought to be effective in moderating and/or managing some behaviours (Macdonald, 2002; Sinclair and Wilson, 2003) the positive impact of challenging behaviour training in UK foster care as discerned in recent studies (see Minnis and Devine, 2001; Pithouse *et al*, 2002) suggest that training *per se* is no guarantee of good outcomes in foster care (Sinclair *et al*, 2000b).

The children: key findings

Of the 114 children identified, 60 per cent were male, and the average age was 11 years 1 month. As with other studies, older age children tended to predominate amongst those considered to have difficult behaviour (Berridge and Cleaver, 1987; Berridge, 1997), thus nearly a half (47%) of those identified were aged between 11 and 15 years. Just over a third (36%) were aged between five and ten years. A tenth were aged below 5 years and seven per cent were 16 years or older. As reported elsewhere in Wales (Pithouse *et al*, 2000), the vast majority (98%) were of white British origin.

Health and disability

Foster children tend to be less physically healthy than their peers. They often shown signs of chronic conditions and their dental care is sometimes overlooked. This would typically pre-date entry to care and in some cases continue to be overlooked in care (Williams *et al*, 2001).

As with other studies (Morris, 1998; Sinclair *et al*, 2000b), our sample contained a sizeable number with (according to case records) a disability. Just over 40 per cent had a learning disability (12%

mild, 19% moderate and 10% severe). In addition, 18 per cent had a physical disability and 11 per cent a sensory impairment. Under half (48%) were rated as having no form of disability. However, the vast majority (92%) were rated as in good health.

The birth family and contact

For 78 per cent of the children in our study both the birth parents were known to be still living, and for one per cent both were deceased; for eight per cent, one parent was deceased. Most of the children (94%) had at least one sibling, with 60 per cent coming from relatively large families of 4 or more children. Nearly two-thirds (65%) had siblings who were also placed in foster care. Children looked after still accord significance to family members even if they have not seen much of them (notably fathers). Siblings also engender much relevance for a looked after child's sense of family membership, and sense of rejection too for some in care whose siblings remain at home with parents (see Heptinstall, 2001; Shaw, 1998; Sinclair *et al*, 2000b). Contact, required by the *Children Act 1989*, is often assumed to have a positive impact around aspects of attachment between family members (Sanchirico and Jablonka, 2000). It is possible that contact can also be distressing as well as associated with abuse in some instances (Cleaver, 2000; Quinton *et al*, 1997; Sinclair *et al*, 2000b). In our study, the vast majority (90%) had some form of contact with at least one member of their birth family, but for only around half was the frequency of this contact as much as weekly or more. Separation from significant adults and infrequent contact can lead to placement disruption (see Schofield *et al*, 2002). Thus, it was notable that a fifth (21%) had contact on a monthly basis, while 18 per cent had contact around four times a year or less. No contact with either birth parent occurred for 29 per cent of the children. Only a quarter of the children had any contact with fathers, with only 13 per cent having contact on a weekly or daily basis. Around 70 per cent had contact with the mother, with a third having contact on a weekly or daily basis, 17 per cent on a monthly basis and a fifth four times a year or less.

Placement history

As with other research (Farmer and Parker, 1991; Sinclair *et al*, 2000b; Ward and Skuse, 2001), for a majority of children this was not their first

experience of care. For many there had been several trials at home and for a minority there appeared to have been a great deal of movement between home and care. For 13 per cent of children this was the first time they had been in care; 31 per cent had experienced one previous placement. A further 32 per cent had experienced two or three previous placements, 19 per cent between four and seven, and 5 per cent between 10 and 17. As with other foster research (Harwin and Owen, 2002), there were many children in this study who appeared frequently on the move and unable to develop lasting attachments, continuity of schooling and friendships. On average, the children had experienced around 3.3 placements prior to their current situation. For 32 per cent of the children, the current placement was expected to be long-term, lasting until transition into adulthood, for 36 per cent it was short-term. For a further 32 per cent the placement length was unspecified; this would seem unlikely to lend a sense of clarity around aims and relationships likely to promote stability and attachment (see Farmer, 2002). In 90 per cent of cases, this was the first time the child had been placed with the current foster carer. Placements with more disruptions are, *inter alia*, likely to reflect inadequate information provided to carers, poor preparation for placements and limited participation in planning and reviews (Aldgate and Hawley, 1986; Berridge, 1997; DoH/SSI, 1996; Farmer, 2002). Encouragingly, a clear majority of carers in this study (66%) stated they knew quite a lot of detail about the child's previous placement history; 25 per cent believed they had incomplete information and 9 per cent stated they knew very little.

Participation and behaviour outside the home

A major factor in placement stability is the extent to which the social environment beyond the foster family can offer the child opportunities for growth and development rather than risk and adversity (Haggerty *et al*, 1996; Whittaker and Maluccio, 2002). In order to explore whether our child population had capacities and support to enable them to engage with others beyond the foster home we asked carers to what extent the child had used different community facilities in the past month or so and whether or not the child's behaviour had presented any problems in this respect. The facilities used by 90 per cent or more of children

were local shops, schools, cafes and main shops. Over half (50%-58%) had used a cinema, leisure centre and a restaurant. Just under half had used a hairdresser and around a third (31%-38%) had seen their GP, participated in sport, attended a disco, library, pub and youth club. Just under a quarter had been to a spectator sport or attended an evening class. Although not a community facility as such, four per cent were in paid employment.

Problems over participation outside the home and behaviour in different settings, particularly in education, often pre-date foster care, but high achievement at school is often associated with happiness at school, placement stability and carers who value education (Jackson and Martin, 1998; Jackson, 2002). In our study, behaviour was cited as presenting some degree of problem for 72 per cent of children with respect to schools. More generally, pro-social behaviour is often associated with placement stability and quality of relationship with a carer that can inhibit difficult behaviour (Fenyo *et al*, 2000). In our population, there were behaviour problems for 41 per cent in relation to local and main shops, with limitations on use or exclusion as a result. Behaviour problems were rated for between 12 per cent and 22 per cent of children in relation to cafes, leisure centres, cinemas, restaurants, pubs and GP surgeries. Behaviour appeared to present the least problems in sports, youth clubs, discos, libraries, evening classes and hairdressers, rated for a tenth of children or less. On average, behaviour was cited as a problem in 2.5 facilities per child.

At this point it is important to note that none of the authorities fostering these children offered highly specialist and intensive therapeutic support schemes that might help promote resilience in fostered children and their carers, in order to sustain placements in the community (see for example, Hilpern, 2003; Rees, 2002). Thus, it may be that the child's own characteristics and relationships in care and at school and home (see Daniel *et al*, 1999; Fenyo *et al*, 2000) provided sufficient resilience to offset maladaptive responses thereby allowing a majority of them to participate in the community without too much difficulty. Similarly, the carers may, like others (Flynn, 2001) have capacities, skills and warmth to engender such relatively trouble-free attendance at local facilities.

In any event, some 24 per cent of children who were originally identified for the study as having severe challenging behaviour were not cited as a problem in relation to any of the community facilities, and a further 24 per cent were seen as having problems in relation to one facility only. Behaviour was cited as a problem for 20 per cent of children in relation to two or three facilities, for 11 per cent in relation to four, and for just over a fifth of the children (21%) in relation to five or more facilities. While we must interpret these broad findings with some caution, it is notable that almost a half of the population had either no difficulties or difficulties in relation to one facility. This does not suggest they did not display behaviour that was difficult in or out of the foster home. Yet it clearly raises interesting questions about the frequency and nature of such behaviour in relation to caring for children in the community and the extent to which attributions such as 'challenging' behaviour' can impart meaningful distinctions about children's conduct and the task of foster care - a point we return to later.

Behaviour problems

Children with challenging behaviour often come from families with parents whose own psychopathology and environmental circumstances create multiple problems in parenting effectively (Quinton and Rutter, 1988). There have often been changes of family and domicile, children are likely to have been maltreated and be doing badly at school (Francis, 2000; Sinclair and Gibbs, 1998; Triseliotis, 1989). It is not surprising therefore, as has long been observed by Keane (1983), that foster children are often emotionally disturbed and that behaviour problems cause many fostering breakdowns. However, not all breakdowns are caused by difficult behaviour which may or may not be present and other factors such as support systems and carer capacities will intervene (see Gorin, 1997). Placements become more vulnerable to breakdown with increased age and increased behavioural or emotional difficulties. By adolescence, the attrition rate can be as high as 60 per cent (Strathclyde, 1991; Triseliotis *et al*, 1995). Yet, we still know relatively little about the typical types of problem behaviour and their frequency which cause difficulties for carers. Our own research found some similarity with the carer experiences reported by Keane (1983). Her study

of 139 long term foster parents revealed that 92 per cent could recall having to face behaviour problems at some stage of the placement: 'Temper tantrums, enuresis, lack of concentration, destructiveness and above all stealing were much more prevalent among the group than among children in the general population' (Keane, 1983: 62).

Our 115 carers were asked to rate each child on a list of 48 types of behaviour problem (see Lowe *et al*, 1996), and to indicate how often each had occurred in the past month and the degree of management problem presented. An average of 21 behaviours per child were cited (range 4 to 42). The main behaviours cited for three-quarters and more of the children were stubbornness, ignoring rules and instructions, non-compliance, temper tantrums, lies, and attention seeking. Cited for around two-thirds were noisiness, confrontation, verbal abuse and moodiness. Behaviours cited for around half were storytelling or fantasising, bullying, sulking, physical aggression, damage to property, hyperactivity or restlessness, manipulative, making false allegations, threatening others, wandering away and inappropriate eating patterns. Around a quarter children were said to engage in intentional self-injury, stealing outside the home, sexually inappropriate or provocative behaviour, begging or demanding money, ritualistic behaviour and bed wetting. Fewer children, around 15 per cent were said to misuse substances, abscond, be promiscuous, smear faeces, be incontinent, and threaten suicide. Fire setting was reported for six per cent.

Such behaviours need to be understood in relation to their frequency and severity. Those rated as occurring frequently for the greatest proportion of children (40% to 43%) were attention seeking and telling lies. Six other behaviours (temper tantrums, ignoring rules and instructions, confrontation, stubbornness, hyperactivity and fantasising) were rated as frequent for around a third of children. A further seven behaviours (verbal abuse, non-compliance, bullying and inciting others, noisiness, moodiness and inappropriate eating patterns) were rated as frequent for around a quarter of children.

When asked which behaviours created the most severe management problems some twelve

behaviours were rated for around 50 per cent of the children (verbal abuse, temper tantrums, non compliance, lies, bullying and inciting others, ignoring rules, confrontation, attention seeking, noisiness, moodiness and stubbornness). Four behaviours (lies, ignoring rules, confrontation and attention seeking) were rated as presenting a severe management problem for between 20 per cent and 24 per cent of children. Whilst we cannot infer some measure of carer experience from their ratings, we can note from the above that not all behaviours are frequent and that severity of management problem varies considerably across the population. Thus, as we note below, it is perhaps not surprising that measures of carer stress and responses to such behaviour vary markedly.

Challenging behaviour and carer responses

Common stressors cited by foster carers are the behavioural, emotional and health problems of the children (Buehler *et al*, 2003). Given that our population of children were deemed to present some degree of challenging behaviour and would likely generate stress for carers, we therefore asked carers to complete the short Malaise Inventory (Rutter *et al*, 1970), to assess the presence of stress symptoms. The symptoms rated as occurring by the greatest proportion of carers were worry (37%), waking unnecessarily early (27%), backache (26%) and headaches (25%). Over two-thirds (69%) had low scores, indicating the absence of significant stress, with 23 per cent rating themselves as experiencing none of the listed symptoms. We also examined carers' emotional responses to challenging behaviour and these were assessed on a short 15-item scale developed by Hastings and Remington (1994). Between 38 per cent and 64 per cent of carers indicated that, at times, they felt shocked, betrayed, guilty, hopeless, incompetent, helpless, disgusted, nervous or resigned. The majority of carers (over 80%) indicated that, at times, they felt angry, sad or frustrated, with the latter two emotions being those experienced most frequently by 26 per cent of carers. Such emotional responses are not untypical of carer reactions elsewhere and reinforce the need to provide support mechanisms that offer frequent contact with key professionals, appropriate levels of pay, regular training and supportive contact with other individual carers or carer groups (see Rhodes *et al*, 2001; Sinclair *et al*, 2000a). Thus, most

carers did not claim symptoms of marked stress and the most frequent experience for 26 per cent of carers was feeling sad and frustrated about the perceived behaviour of fostered children.

Discussion

This study provides a snapshot of all the looked after children with challenging behaviour in foster care in four neighbouring unitary authorities in South Wales. Data were successfully collected on all 114 children who met the study criteria. The likely representativeness of this sample can best be assessed by comparison with other studies, as establishing prevalence, per se, was beyond the remit of the study. Nearly half of children were aged between 11 and 15 years, with just over a third aged between 5 and 10 years and few below 5 or over 16 years of age. There was a 60:40 split between males and females. This is in line with other studies that suggest behavioural problems are usually first noticed once the child starts primary school and peak between the ages of 8 and 15, and that a higher prevalence of behaviour problems are reported for males than females (McGee in Gaoni *et al*, 1998). The children were considered to present with a high level of behavioural challenges, with lies, ignoring rules, confrontation and attention seeking presenting the most prevalent severe management problems.

That said, some of the findings reported in this paper raise interesting questions about the presence and nature of challenging behaviour and about the capacities of carers to cope and agencies to expedite effective plans. While a large number of characteristics are cited across the child population it seems evident that a combination of frequency and severity of management problems was not a majority aspect but did reside around a significant proportion of the study population -some 40 per cent. Stress and carer emotional responses to challenging behaviour also suggested that it was a minority of carers who suffered the more severe symptoms and reactions.

The findings offer some small insight into the perceived behaviours of children and the difficulties faced by carers but at the same time indicate the dangers of attributing any singular meaning to or experience of 'challenging

behaviour'. However, we were unable to explore the data further in order to detect any associations between carer characteristics and perceived behaviours. While we have no direct evidence from our study we would hypothesise that there may possibly be an unrecognised but convenient strain towards viewing some children and young people as 'challenging'. Such a portmanteau term has wide currency among carers and other professionals and can camouflage a range of largely unanalysed conduct and influences, as well as help 'legitimise' and obscure the complex interplay of other factors around placement instability, such as carer capacity, training, support and effective care management -which we comment briefly on as follows.

In respect of care management we may note that behaviour problems in foster children are more prevalent than amongst children in the general population, and the greater the number of placements experienced, the more likely children are to display behavioural problems (Keane, 1983). The vast majority (87%) of children in our study had already experienced at least one previous placement, with over half having experienced two or more. For a third of the children, care management had not resulted in any specified length of time being indicated for the current placement, a situation likely to exacerbate feelings of uncertainty and vulnerability.

In respect of effective carer support, we know from research that this can result in less placement disruption (Berridge and Cleaver, 1987; Strathclyde, 1988). Other studies have indicated that many social workers appear to lack time and relevant skills in handling behavioural problems (DoH, 1985; Cleaver, 1996), it is also known that fostered children want to see more of their social workers (Grant, 2000; Schofield *et al*, 2002). Given the nature of this study population -children with perceived severe challenging behaviour and carers working in relative isolation, the most striking result was the paucity of contact with specialists in behaviour management. Very few children in this study (less than 8%) had any recent contact with professionals such as educational psychologists who might be able to effect better outcomes (see Sinclair and Wilson, 2003:883). It has long been known that looking after emotionally

disturbed children can impose heavy burdens on carers and their families (Aldgate and Hawley, 1986; Berridge and Cleaver, 1987; Minty and Bray, 2001) and, although the majority of foster carers in this study seemed to be relatively free of stress symptoms, some degree of stress was indicated for a third of them. Indeed, the absence of appropriate support has long been identified as a factor most likely to affect recruitment, retention and quality of foster carers (Audit Commission, 1994).

In regard to carer capacity and the current emphasis on the 'professionalisation' of foster caring we can note that while some carers held full or part-time jobs, over half had no other paid employment, and 82 per cent had no formal qualifications in any profession allied to the caring field. The lack of alternative paid employment may, at first sight, suggest that fostering was viewed as the main occupation, however less than a quarter indicated that supplementing their income was an important aspect of their role as foster carers, this would indicate that the carers tended not to view themselves as 'professional' fosterers. That said, as with other carers (Ramsay, 1996; Colton and Williams, 1997) an element of financial reward played an important part in attracting them to fostering and by extension allowed them the financial freedom to put into practice their wish to contribute to the care of the children. Most had experience in rearing their own children and many, although not all, had gained experience in fostering over relatively lengthy periods. Thus, the carer population while mature and long serving, were not part of any highly trained specialist teams or schemes and few had any formal qualifications in respect of looking after children. In this context their abilities were largely based upon experience of fostering and few had additional capacities via any formal and accredited knowledge base about behavioural techniques and the care of troubled or troublesome children.

To repeat, fewer than a fifth of the foster carers in this study had any professional qualifications in the caring field, which indicated that at least four-fifths had received no formal specialised training prior to fostering. Given this, the general paucity of training provided to the carers has to be viewed as a matter for concern, as elsewhere (see Triseliotis *et al*, 1995; Berridge, 1997). Over a third of the

carers had received no training in challenging behaviour; while 57 per cent had received some form of training in the past three years this amounted to only about four days in total. Gorin (1997) identified behaviour management as the training topic most requested by carers and, indeed, the carers in this study who had received such training clearly viewed it favourably. The study population of children also revealed a high level of disabilities, with just over half having some form of additional disability, learning disability being the most prevalent form of impairment. This is likely to have implications for the nature and type of support and training required by carers, very few of who claimed any dedicated training in relation to disability.

Training and good inter-agency support while necessary may not always be sufficient to generate effective foster care and positive outcomes for children. Training foster carers in managing challenging behaviour while often effective (see Macdonald, 2002) has not always proved to have the desired impact upon skill enhancement in carers nor upon conduct modification in children (see Minnis and Devine, 2001; Pithouse *et al*, 2002). In short, we need to take cognisance of a range of emotional and practical supports that Quinton (2004) delineates comprehensively and which, when tailored to the needs of adults and children, can assist carers to parent effectively. Likewise, in respect of fostered adolescents, Farmer *et al* (2004) illuminate the complex weave of effects deriving from children's behaviour and characteristics, carer skills in parenting and quality of support from services. In doing so, they note the likely factors that influence outcomes, particularly training for a professional fostering task that can engage with the adolescent's emotional age, their inner feelings and their past and present family relationships. Particular importance is claimed by Farmer *et al* (2004) for training around clarity of responsibilities so that carers know, for example, if they are to monitor fostered children's activities outside the home and how to do this. Carers need to have training in responsibilities around any involvement with school, similarly they need to know how to teach fostered children life skills and how they should approach intimate aspects of personal development. Effective training and good quality tailored support are of course undeniable

imperatives and while they may not guarantee desired outcomes their absence will increase the chances of placement instability and breakdown.

There is substantial evidence that the children being looked after in foster care now are very different from those of 25 years ago (Bebbington and Miles, 1989; Berridge, 1997). Many children now considered for foster care display behavioural and/or emotional problems and a significant proportion of placements are frequently stressed and prone to failure (Emans and Robbroeckx, 1997: 39). This will inevitably make further demands on the experience, caring and treatment skills of foster carers. Indeed, a number of studies provide evidence about the scarcity of foster carers with the necessary skills to take on specific tasks, especially in relation to adolescents and teenagers (Triseliotis *et al*, 1995; Walker *et al*, 2002). These studies suggest that social workers are often using the first available placement, with the idea of matching carers' skills to children's needs taking lower priority. Such difficulties will impede the way we meet the needs of children and it is possible that difficult behaviour while not always frequent or severe (as for many children in this study), may come to be seen as the 'problem' and in doing so mask other deficits in carer capacity, training, support and care management. Thus we need to know much more about why some carers and professionals attribute 'challenging behaviour' to some children and whether or not this perceived conduct and its labelling has its roots in other anterior and complex factors including resource scarcity and quality. Such a working hypothesis is mooted as a concluding note and as a topic of fruitful future research which may help identify more clearly the complex interplay of elements that can undermine or sustain foster placements.

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