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Helping infants and toddlers in Foster family care

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Summary

SUMMARY

The main aim of this thesis was to examine the relationship between foster carers and foster infants and toddlers and address the question whether carers and children could benefit from an intervention that is intended to support the positive development of this relationship.

To make a foster care placement work, is a complex process for both the foster carers as well as for the foster child. Children who have been adopted or fostered are at risk of experiencing interpersonal difficulties and the placement may break down if these difficulties are not acknowledged and addressed. Breakdown can happen and this may be due to family changes and/or 'external events', it may be due to 'concerns about care provided' or may be attributed to child behaviour. An important factor in the child is traumatization prior to placement. Also loyalty conflicts resulting from the separation from the biological parents and being exposed to 'strange' foster parents may have impact. Very young children adapt to the new foster family with avoidance. Foster carers do not seem to recognise this kind of adaptation as problematic. We hypothesized that foster carers rely too much on their experience and skills as parents "as usual". Because they do not know the child well, they may easily think that the placement is a success. It is imperative that they become more aware of the specific features and vulnerabilities of the child placed in their family. We developed an intervention (the Foster carer-Foster child Intervention, FFI) for this purpose, targeting the needs of very young children placed in foster care. The intervention does not focus on possible attachment problems present in the child. It focuses on basic conditions required between carer and child, in order to optimize the development of secure attachment between foster child and foster parent.

Chapter 1 described the factors influencing the development of the child in a comprehensive model. The most important influence in earliest stages of life is the parent-child relationship. Children placed into foster care have to deal with two extra contextual elements: the loss of a familiar home situation and the introduction into the new home environment of the foster carer. This makes the developing relationship between foster carer and foster child a precarious relationship and extra support and attention are often badly needed.

In **Chapter 2** we looked into existing evidence-based interventions in foster care focusing on the relation between foster carers and young children.

We performed a meta-analysis of studies ($n = 19$) on the effectiveness of such interventions. We concluded no interventions existed for infants and toddlers being placed in foster care. Interventions supporting the emerging relationship between foster parent and foster child are needed and can be helpful in addition to interventions focusing on the management of foster children's behavioural problems.

Chapter 3 focuses on the possibility of using salivary cortisol as a possible biomarker in evaluating levels of stress and monitoring the effects of interventions on stress in young foster children. We concluded that age, time and duration of placement in foster care and also severity of maltreatment are important factors that influence the salivary cortisol levels. We also found a trend toward a positive effect of interventions on the stress system with normalisation of salivary cortisol rhythms and levels as a result.

In **Chapter 4** the Foster carer- Foster child Intervention (FFI) is described. Its structure and theoretical background are discussed. The intervention focuses on what is in play when developing a relationship between a foster carer and the foster child and it focuses on raising awareness to the different factors threatening this relationship once a child has been placed in a new foster home. The intervention aims at helping the foster carer to become more sensitive to the condition and the needs of the young child and to contribute to the success of the relationship with the child in foster care by enhancing the competencies in the foster carer that are essential to become an adequate carer for this particular child.

In **Chapter 5** we looked into the relationship between foster child/carers at the first measurement 6-8 weeks after placement in the new foster family. We found that the majority of infants/toddlers reacted in a “shut off” way to their foster carer. The majority of foster carers did not perceive stress in the relationship with their foster child. Often the stress in the child may go unnoticed and the child of this young age may only show maladaptive coping with avoidance behaviour towards the foster carer.

The study described in **Chapter 6** focused on a randomized controlled trial, carried out to investigate the effectiveness of the FFI. The study showed marked positive effects of the intervention on interactional outcomes measures in foster carers as well as in the children. The study underlines the importance of developing evidence-based interventions for children placed in foster care.

In **Chapter 7**, the general discussion, we summarized the results of the different studies and put the results in a broader context. We discussed strengths and limitations of the studies and gave recommendations for further studies.

This thesis focused on infants and very young children placed in foster care. Little is known about foster children of this age group, including what happens after they have been placed in care. It is a very vulnerable group with an age-specific way of coping with an unfamiliar situation, which is not easily acknowledged even by very committed foster carers. Our study revealed that very young children have a limited capacity to express themselves and tend show an avoidant behaviour that may be misleading as it is not perceived as an expression of a high level of stress. If foster carers succeed in developing meaningful interactions, despite this initial avoidance, our results also showed that this has a positive effect both ways: a “more attuned” parental attitude and enhanced responsiveness in the child. Finally, the thesis showed that the FFI has

significant positive effects on the new and budding relationship between foster carers and foster infants/ toddlers. It implicates the intervention is applicable in clinical practice in foster care. Possible clinical applications are discussed.

The concepts used to develop the FFI have been derived from Infant Mental Health research and may well work in every carer/child relationship. We support the idea to use the FFI to help older children placed in foster care. We also think the intervention is applicable to use in cases of replacement of the child to its original biological home.

