

INTERVENTIONS TO PROVIDE SOCIAL SUPPORT

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Nº25 – Mentalization in foster care through structured interactions: A pathway to reduce distractive phenomenon

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Objective

While children in foster care are at risk of developing pathological behaviours, few studies have looked at how their behaviour interacts with the parent or caregiver ones.

The purpose of this study is to explore the Emotion Regulation Strategies (ERS) of children in foster care and to highlight those most used in family and placement contexts. The adults' ERS are also analysed to understand the co-regulatory processes at work.

Method

An in-depth analysis of adult-child interaction sequences was performed. 3 data collection times were included in the observation protocol, spaced across a period of 6 months (t1, t2, and t3). Each observation, recorded using a video camera, comprised 45 minutes of free time and 15 minutes of structured tasks inspired by the work of Blandon, Calkins & Keane (2010). This period comprised: (a) free play aimed at developing joint attention, (b) a frustrating event, limited to 3 minutes, such as tidying up of games, and (c) a learning task designed to encourage cognitive reappraisal and language-use. Careful transcription and coding of ERS were performed for each sequence. Both children's and adults' ERS were coded. The children were preschoolers ($M_{age} = 48$ months, $SD = 10.47$ months, range = 39-66 months). All of the mothers of the participating children were present ($M_{age} = 28.75$ years, $SD = 7.13$ years, range = 22-41 years) as were 7 of the fathers ($M_{age} = 31.29$ years, $SD = 4.96$ years, range = 21-36 years). For the entire sample of children, foster carers were also included in the data collected ($M_{age} = 47.5$ years, $SD = 7.21$ years, range = 38-58 years). The data collection occurred before the Covid-19 pandemic and was not affected by the lockdown and exceptional measures related to this crisis.

Results

Children tended to be readily distracted when interacting with adults. The distraction was more frequently observed with parents than with foster carers. While they tended to display relatively normative processes with a foster carer, they turned to pathological avoidance mechanisms such as physical venting or self-stimulation during their interactions with parents, which highlighted the child's disorganized behaviours in a family context. Observations of interactions during structured tasks showed a significant reduction in distraction processes in adult-child relationships. The results of the qualitative behavioural analyses indicate that the processes of mental elaboration on cognitions and emotions in the interaction helped to reduce avoidance attitudes, frequently observed in parent-child interactions. In the structured observations, the adult-child dyads had to pursue a specific goal: to complete a task. Adults who may have shown difficulties in controlling and adjusting emotionally to the child during free observations, engaged in more satisfactory cooperation, where joint attention was more deployed to succeed in the task and achieve problem-solving.

Conclusion

This study highlights the prevalence of distraction behaviour in foster children during their interactions with caregivers. It provides insight into how structured interactions create a containing framework that mitigates children's avoidance attitudes and enhances adult-child collaboration. A process of mentalization of emotions could be activated due to the cognitive mobilization and deployment of attention on the internal states of the adult and the child to succeed in the exercise. Mental elaboration during a task also seems to improve the quality of adult-child interactions by promoting the use of language processes. Due to the health risks associated with the Covid-19 pandemic, we can consider that special online interventions based on mentalization processes might have help reduce adverse interactions in foster care.

Recommendations

- The distractive phenomenon is dramatically reduced using a structured interaction model
- Foster children may use various types of distractive processes during the interactions with caregivers
- Cognitive emotion regulation strategies provide a containing framework to develop joint attention and reduce emotional outbursts.

Nº38 – Dimensions of adaptation in out-of-home care: support needs of children and families

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Objectives

Children in out-of-home care typically have a history of adversity that involves adaptation challenges requiring attention and support both for themselves and their families. In this presentation we outline the main results of our research in some of the most relevant dimensions of socio-emotional, cognitive and relational adaptation for children placed in protection measures, in this case, in foster care: attachment representations, executive functions, mental health and caregiver-child interactions. Our aim is to identify the main needs in relation to these dimensions, as well as the possible supports that both the children and their foster families may require.

Method

The sample consisted of 51 children between 4 and 9 years old ($M= 7$; $SD= 1.6$) and their non-kin foster families from Seville and Cadiz (provinces in Andalusia). 27 were girls (53%) and 24 boys (47%). Children had lived in their current foster placement between 5 months and 8 years ($M= 2.24$ years; $SD= 2$). A community group of children with a similar age ($M = 6.26$, $SD = 1.22$) with no known history of child protection ($n = 58$, 29 girls) is also included for comparison. The measurement approach was multi-informant and multi-method, including interviews, narrative measures, questionnaires, and observation.

Results

Our results indicate that the foster children presented some difficulties in the studied dimensions that require specific supports. Thus, in terms of attachment representations, the foster children showed less security and more avoidance than the community comparison group, as well as more disorganization, particularly in those who suffered more severe maltreatment. Regarding executive functions, 26% of the foster children showed difficulties

within the clinical range in self-regulation in daily life. Similarly, the prevalence of mental disorders was high (49%), the most frequent problems being separation anxiety (33%) and posttraumatic stress (27%). Finally, observations showed that the quality of interactions between foster children and their caregivers decreased the more parental stress experienced by the caregivers. For the foster families in the study, the most requested supports were psychological help for the children and for themselves, more training and follow-ups by caseworkers, more contact and social support from other foster families, as well as more school support for the children.

Conclusions

A significant number of children in foster care may present adaptation difficulties that require specialized attention and support from foster care professionals or other programs and services (e.g., mental health). However, our data suggest that some of these needs are not identified and, consequently, are not adequately addressed, as it appears from foster carers' demands. It seems that the intensity of the intervention and the supports received by foster children and their foster families do not match the adaptation challenges and difficulties that they are facing.

Keywords

Foster care, adaptation, support needs.

Nº14 – Youth with Behavioral Problems - Systemic Intervention as an Index for Increased Support

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Adolescent in care with significant behavioural issues may put themselves or others at risk and test the commitment of their caregivers (Smyth & Erickson, 2009). Because connecting with these youth is considered difficult, working with them can be particularly challenging (Smyth & Erickson, 2009) and the great difficulty caregivers have in dealing with youth behavioural problems thus sometimes leads to displacement (Hartnett et al., 1999). However, in Montreal area (Canada), an intermediate option exists: Time-out placements (TOPs). TOPs are very short-term placements (average of 4 days) whose main objective is to provide a temporary break between the context in which the youth is acting and his or her environment, while avoiding a permanent move to another resource. The use of TOPs occurs when all other interventions have been tried and failed. This allows a respite to reassess the youth's situation and intervention strategies (Bergeron, 2006). But do TOPs really support the youth with behaviour problem and those who take care of them?

Objectives

- Compare adolescents who have had at least one TOP with those who have not, a) on indices of behavioural severity; b) on their propensity for instability in their trajectory.
- Document the experience of practitioners who must decide to use the TOPs.

Method

Using a propensity score matching method on administrative data, we matched each youth with a TOP to a youth without a TOP on a set of characteristics (n=12) describing their trajectory as children (0 to 12 y.o.). This allows the formation of two groups (n=2 X 1067) with comparable characteristics between which the placement trajectory at adolescence can be compared. Thus, using a binary logistic regression, the two "equivalent" groups has been compared on variables characterizing their behaviour and their trajectory in adolescence. We also met with 20 practitioners in focus groups to explore their experience on deciding to use TOPs.

Results

Youth placed with TOPs differ from other youth on indices of behavioral severity (restraint, runaways). But beyond these behavioral indices, these youths are also significantly more likely to have a trajectory marked by a significant number of placements. Focus groups allowed us to understand that severity of situation is evaluate through effects on a) the rehabilitation of the youth; b) the group of youth in the residential setting and; c) the group of workers.

Conclusions/Recommandations

Our study contributes to the improvement of clinical practices in rehabilitation centers. This leads us to propose 3 recommendations:

- First Time-out placement should be a pivotal moment to establish not only a behavioral management plan, but also a stabilization plan to support adolescents in residential care.
- Time-out placements should also be an indication that the intervention team is in pain and need support to help this specific youth.
- Reflection on the use wall-to-wall of principle of gradation of interventions is necessary since in some cases, youth could experience several trials/relocations before being able to be adequately supported in the regulation of their behavior.

Nº34 – Inter-sectoral collaborative practices between child protection and mental care delivered in residential child care (RCC) institutions

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Background

Many children taken into foster care tend to be in need of psychiatric treatment as well as child protection services, thus the professional expertise of both systems must be coordinated in their care. Across countries and welfare systems there are differences within and in how resources for RCCs are distributed to promote good care for these children and youth with *multiple clienteles*. The challenge in inter-sectoral collaboration is the complexity of the service system, which brings a variety of professionals with a variety of treatment, educative and therapeutic approaches together, disputing who is the coordinator and who is in charge. There are available systematic reviews on interventions and methods in residential childcare (RCC) but not much on the inter-sectoral collaborative practices or interprofessional co-working between residential childcare and mental/psychiatric care staff delivered in residential facility everyday life 24/7.

Objectives

To assess the evidence of inter-sectoral collaborative practices between child protection and mental care systems delivered in residential childcare (RCC) institutions and to investigate the barriers and good co-working practices for working together.

Method

A systematic review of publications was conducted in 7 chosen scientific databases using 3 keyword combination. Reviewer authors assessed abstracts of chosen electronic database references identified by the search strategy. In the second phase the reference lists of included abstracts were screened and assessed for eligibility. Then the review authors

assessed separately the eligibility of the selected studies, and any disagreements were discussed until a consensus was reached. The Critical Appraisal Programme (CASP) checklist tool was used to become familiar with the included studies and assess the methodological rigor of the qualitative studies. Review authors met regularly to resolve any queries and to see how to work with final full text double-screening. Corresponding author with one review author assessed each included full text.

Results

Despite of obvious need for developing the inter-sectoral collaboration there were only seven papers related to inter-sectoral collaboration or/and interprofessional co-working delivered in residential facilities. The results suggest that more studies are needed to evaluate the inter-sectoral collaborative practices for the systems being better able to incorporate the limited resources, variety of skills of professionals and multiple knowledge into high quality integrated residential childcare. Indeed, this is need from the child protection and residential childcare (RCC) point of view that is often invisible in research reports.

Nº42 – The opinion of non-kinship care families and children about their formal and informal social support

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Presentation	Gemma Crous

Theoretical background

Social support has been studied for a long time from different disciplines and perspectives. From the social work perspective on the study of foster care families, social support is the process by which social resources are provided by informal and formal networks. Families seek help from these networks to cope from day to day, even when in a crisis situation (Lin & Ensel, 1989). It is known that foster care families are exposed to stressful situations and formal and informal social support can help them to reduce their vulnerability and promote resilience (Fuentes-Peláez et al., 2014).

Objectives

The main aim of the study presented is to identify the types of formal and informal social support received by non-kinship care families and children from Catalonia (Spain), considering both perspectives. Are there differences between which elements are social support networks for families and for children?

Methodology

A qualitative study was carried out with non-kinship care families and children. Interviews with children and also with families have been carried out. In total, 17 children and teenagers participated in the interviews. Eight of them were boys and nine were girls, aged from 6 to 17 years old. Considering families, a total of 29 families (47 carers) participated in the interviews. From these, 15 had a boy fostered, and 14 a girl. And taking into account, the age of the children in non-kinship care, 10 families with children from 0 to 5 years old collaborated (34.5%), 12 families with children from 6 to 11 years old collaborates (41.4%) and 7 families with children from 12 to 17 years old collaborates (24.1%).

A semi-structured interview was planned, with questions about different areas of their life. The interview was different for families and children. The one specific for children and teenagers was carried out using the Play&Talk tool.

A content analysis was used to analyze data from the transcriptions of the interviews, codifying the information taking into account the formal and informal social supports.

Results

In interviews with the non-kinship care families, half of them (14 families) comment on having help and support from the foster care organization or the referral person. In terms of formal support, the families stated that they received support from different professionals and resources or services: psychologist, speech therapist, dentist, osteopath, homeopath or visits to a specialist if the child needed it. There are 5 foster families who have commented that they have not needed any support so far, and there are 3 foster families who say they have not asked for support despite needing it.

Participating families mention less informal than formal support. Informal supports include meetings with other families, extended family or close friends, documentary resources, leisure activities, the former emergency foster family, and pets.

In interviews with children, they were asked about the referrals of the foster care organization. More than half of the participants (12 out of a total of 17) mention that their relationship with the referents is neutral or good. There were 3 children who mention receiving help from a psychologist, some talk about a good relationship with teachers (2) or revision teachers (3). When asked for help when they need it, most of them say they can ask the non-kinship care family for help.

In terms of informal support, children express help from relatives (grandparents, aunts, cousins, etc.) and also from friends.

Conclusions

Formal and informal social supports are important elements in the life of both foster care families and children. However, some differences have been found and some questions arise

from the results. For example: should the social support of the non-kinship care families that offer to children be considered a formal or an informal support?