

Breaking placements – when it seems impossible to stay

by Dr Jane Herd

Synopsis

Complex processes come into play when a child must leave their foster home, particularly when this comes to pass because the foster carers feel they can no longer manage to maintain the child in their care. This article offers a tool for considering presenting behaviours in a more nuanced way, a discussion of contextual factors which influence 'placement stability' and an understanding of the various processes behind much of the acting out which foster carers experience. There is an exploration of rarer situations where a child may try to 'force' a move, but the overall argument is that pressures on carers and their families are rarely produced by foster children as a deliberate attempt to leave their foster family.

The discussion in this article is based on many years of discussions with foster carers in trainings and consultations and the examples given are all real. Personal details have been changed where necessary to protect confidentiality.

Introduction

It is obvious but important to note that, unlike any other role or job, the work of foster carers is undertaken in their own home and within the parameters of their own family. In asking what foster carers can manage, we are not asking what people are able to tolerate as part of their work, but instead what they can mediate and manage every single day, all day, within all aspects of their lives. I am constantly amazed and humbled by the generosity of foster carers in containing and working with manifestations of distress from their foster children which are broad in possibility and sometimes extreme or shocking in nature. I have been surprised on many occasions by foster carers' determination to stick with and continue to look after children who bring their own harm, pain, and hurt into their households, where it leaks or launches forth into their caring environment.

Given this, I have become curious about the circumstances under which foster carers

say, “no more”, and ask a child to leave. It is not necessarily the ‘worst’ behaviour or riskiest situation. Sometimes I have known the same carers maintain situations which to me seem more difficult or concerning, but ask a child to move on for something which to me seems less serious. This article is therefore an attempt to understand the extremities of what carers must deal with, what supports or undermines the continuation or ending of a child’s stay with a foster family, and how one might understand and work with occasions when foster children seem to be deliberately trying to end placement and move on.

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A note about language

I am personally concerned about the use of professional language as it pertains to children who are looked after by the State. Therefore, I use the term ‘placement’ advisedly in the title. I would normally use the language of ‘home’ or ‘family’ and I would not use the word ‘placement’ to describe a foster child. We can sometimes use language defensively to protect us from the pain of the experience that children bring with them, and which systems can magnify. It may feel easier to ask a ‘placement’ (foster child) to leave a ‘placement’ (a foster home) than to ask a named child to leave your home and family. So in using the word placement I am recognising its use and meaning in a professional and psychological context.

Placement breakers – where is your line?

Situations, events, or behaviours which lead to a foster child leaving a foster home are multitudinous. Carers and families have different capacities to manage a range of circumstances and something that may be straightforward for one carer may push another to the edge. The following table includes a list of behaviours which resulted in discussions about whether the child would be able to stay in the foster home. Some did and some did not.

Table 1. Placement Breakers?

House smells constantly of urine	Threatens you with a knife	Deliberately damages your car
Holds you hostage	Sets a fire in your home	Believed to be carrying a gun
Brings a quantity of drugs home	Constantly 'running away'	Bites your child leaving a deep wound

All behaviour is not the same

Foster carers will have different positions about what they can allow in their home and manage as carers, however, I would suggest that not all behaviour is the same and it is useful to consider the level of harm or risk potentially created by outward manifestations of distress, as indicated in Table 2.

Table 2. All behaviour is not the same

Dangerous
Destructive
Socially unacceptable
Not to child's advantage
Does it really matter?

Some of the behaviour in Table 1. could be termed 'dangerous' such as, threatening with a knife, setting fire to the home, holding you hostage, or possibly carrying a gun. Such behaviours will almost always lead to multi-disciplinary conversations about whether a child is safe to remain within a family. 'Destructive' behaviours may include causing damage to property such as your car or home, or damage to relationships, such as biting your child or constantly running. Over time, the accumulation of such experiences may erode the carer's capacity to look after a child. The next two categories of 'socially unacceptable' or 'not to child's advantage' may depend on context. Behaviours such as being rude, shouting, bullying, or constantly interrupting may lead to quite serious difficulties in school or with friendship groups but may be easier to manage in the foster home. However, the repercussions on the foster home of repeated calls from school or short-term exclusions may put significant practical and emotional

pressures on the foster carers. Lastly, 'does it really matter?', refers to things that carers may be able to just let go of, though personal limits may vary hugely, so one carer may find a child constantly picking and eating bodily fluids revolting and another hardly notice. The tool in Table 2. can help in considering how serious a behaviour is, distinguishing between practical risk and emotional impact, and considering why something is impactful, and how it can be best managed.

Factors contributing to a child leaving their foster home

Certain types of children's behaviour, particularly those which are high risk and destructive, can threaten the stability of placement. However, there are many further contextual or cumulative factors which impact on how such behaviours are experienced and managed.

Unrealistic expectations/limited skills/understanding

These factors can be particularly significant for new carers, although this can sometimes also apply to more experienced carers. My experience has been that, despite fostering agencies carefully preparing carers for the struggles they may face, carers often think that this will not happen to them, perhaps because they are a good carer or parent already, or they find it hard to believe that children might do some of the things given as examples. I talked with a shocked first-time carer recently who talked about "not getting what she ordered", which she could acknowledge sounded rather like internet shopping, in that you say you want a certain type of child, and when the difficulties are more obvious or extreme than you expected, you want to send them back. Training and consultation are very important for new carers, to help them with their expectations and the shock of what they may encounter.

Lack of suitable support for carers

Agencies need to provide regular training, consultation and reflective spaces for carers and think about the needs of carers within a Therapeutically Informed Foster Care Model (Herd, 2021). The emotional impact of the work and the secondary trauma experienced by carers require particular attention.

Poor fit between child and carers

The foster carer who spoke of "not getting what she ordered" may have some validity in her position, in that she didn't receive clear enough information about the child's needs,

which led her to think that the child would fit into her family. Foster carers constantly complain of getting very little information, or inaccurate or partial information about a child. There is a suspicion that the placing authorities may play down a child's difficulties in order to make them more appealing to carers. Sometimes the mismatch is glaring, such as in the case of the carer who worked full time not being told that the child who came to live with her was 'on a tag' and thus could not go out after 5pm, which made matters practically impossible.

Multi-disciplinary differences and conflict

It is not unusual for carers, schools, the child's social worker and the fostering agency to have different ideas about a child's needs and how these are best met. I have on occasion observed hard-working foster carers being criticised or questioned by those in the professional network who see the child's difficulties as somehow a result of flaws in the care-giving, to the extent that children have even been moved – only for their difficulties to re-emerge in a new home. It can be that the troubles of the child and their birth family get repeated or acted out in the network. Regular meetings and reflective spaces are important in considering the thoughts and feelings of all of those involved with a child, so they are not unwittingly acted out.

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Most children are not trying to end their placement

Most difficult behaviour in placement is a manifestation of previous trauma and harm (Hughes, 2006), it is not a deliberate attempt to move on. Though it may feel to carers that a child does not like them or does not want to be with them, it may be that the child finds it difficult to relate to or be with anyone. There are a variety of behaviours which may be felt as undermining of a child's placement but which could be understood in other ways.

1. Communication of distress. A key concept in Therapeutic Caring is 'behaviour as communication' (Elliott, 2013). A child's overwhelming feelings or responses are often

on an unconscious or unknown level. They do not know how to put these into words, so they simply act them out.

2. Triggers. This is a specific way of understanding some behaviours, in which a child is prompted by something that reminds them of an earlier experience that was threatening. This makes them feel frightened in the here and now and their more primitive 'fight or flight' responses are suddenly triggered into physical acting out (de Thierry, 2017). It's helpful to understand that a child does not have cognitive control over such behaviours but can be helped to manage them better over time.

3. Windows of tolerance. This is related to triggers. Foster children, certainly when new in placement and sometimes continually, have a very narrow tolerance for any relational, sensory, or emotional stimulation which they can experience as threatening and which can trigger an instant reaction (de Thierry, 2021).

4. Social/relational/emotional immaturity. Foster children often have different levels of maturity in various aspects of their interacting with the world and others. They may be cognitively or linguistically quite developed, and people may base their expectations on this or on their chronological age. However, emotionally, children frequently act the age of a few years old by, for example, needing to be the centre of attention, not being able to share, and not being able to see or understand others' positions or even that these could be different to theirs. All these ways of being may leave a carer feeling frustrated or undermined but they are not usually an indication that a child does not want to be with a carer, and rather may indicate a need for increased care and attention.

5. Exploitation. Foster children are often vulnerable to social pressures and can be deliberately targeted by 'friends' and exploitative adults to engage in activities to others' advantage, from the boy who sets off the school fire alarm having been asked to by others in his class to do so for a laugh, to adults using children for 'county lines' (where gangs and organised crime networks use vulnerable children to sell drugs on their behalf), to sexual exploitation. Exploited children may frequently abscond, carry knives, or bring drugs into the foster home, placing strain on the placement. Children who have been unsettled in the care system for an extended period may be particularly vulnerable when offered an alternative 'family' and not especially concerned about whether this might lead to yet another end of placement.

6. Learnt behaviour. Foster children may come from families with very different expectations, rules, or context. It may be usual to shout and swear, eat with your fingers, wear dirty clothes, sleep on the floor, or hit and hurt. Arriving in a foster home can be like landing on Mars. Children do not understand why the house is so quiet, why people aren't shouting, why the foster carer is unhappy when they put on clothes that have some food on them, and so on. Such cultural disparities can be understood and negotiated over time but can seem strange and unwelcome to both parties at times.

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Deliberately breaking placements – adolescents

A more recent phenomenon I've noticed is that a small number of children, all adolescents, have made deliberate attempts to end their placement, sometimes successfully. These teenagers have been in the placement for a relatively short period of time and may be in care for the first time. Less frequently, they have been in placement a year or two.

What seems to be the unifying factor for these children is that they have existing parental relationships that they want to 'force' a return to. I am reminded of the idea that the strength of an attachment is in no way an indication of the health of an attachment. Children may manifest a very strong attachment to a parent, but relationships may be significantly hostile or the parent may experience substantial difficulties in caring for the child (Maeja Raicar, 2009; Golding et al, 2012). What seems to be driving the inability of such children to settle in placement is a fantasy that they can force a return home. The fantasy of Social Care services seems to be that if a child is removed from their birth family, usually at their parent's request because they 'can't cope' with the child's behaviour, and the child lives with foster carers for a short period, relationships will be repaired. Such an idea is not usually accompanied by any active or skilled work with the family. That is why I consider the belief that simply putting a child somewhere else will repair broken relations to be a fantasy. The child, in turn, appears to have an opposing fantasy, that if they can engineer a return home relationships will magically improve.

The result of these potent fantasies is that the child will initiate action to break the placement in order to get home. They are often knowledgeable about what things will almost guarantee an end of a placement. These appear to be fire setting or threatening to set fires, making an allegation, threatening with knives, hostage taking, and there may be others I have not come across. These are often accompanied by repeated absconding, not running 'away' but rather running 'to', usually to the parents with whom they want to live. One must say that the end of a placement is usually successfully achieved, and a return home is sometimes the consequence.

Addressing placement breakers

One needs to start by recognising that the child is trying to 'find a family', but not the foster family in which they are residing. Often, carers try and say that they want the child with them and to make them feel welcomed and wanted. A better starting place may be uncomfortable: to recognise that the child simply does not want to be with you. This can form the basis for conversations based on reality. Otherwise the foster carer adds another fantasy to the mix: that if they are nice and kind people the child will want to stay with them. It may be possible to eventually get to that place but there needs to be an understanding of the child's position as a starting place. As part of developing such an understanding, the escalation in behaviours and its intended consequences need to be acknowledged, which is that it seems that the child is wanting to end the placement because they want to go home. Behaviours and threatened behaviours need to be risk assessed as to the likelihood of fruition and harm.

Professionals need to work with the child, birth family and foster carers to unpack the fantasies of what the child and professionals hope for and to consider what is possible. This may include the painful task of recognising how broken family relationships have become, or what the parents' real capacity to care for the child is at that time. Imaginative plans may be devised which allow the child more connection with their birth family or provide a pathway to enable this to be mapped out.

Conclusion

Most behaviours of foster children are not intended to bring about an exit from the care of their foster carers. They may make carers feel that this is the intention, and that they are exhausted by it. Carers may feel that the risk is high enough that they cannot go on,

but in many cases, an exit is not what the child is trying to achieve. It may be that they find all close relationships scary and unbearable and find it very difficult to settle into the care of anyone. Some older children, who have, for whatever reason, never found a stable home in the care system, may have lost the hope of the possibility of ever being part of a family. They will act in such extreme ways that it seems that they do not care about the outcome, but this can often be based on the belief that no one cares about them. However, the situation does seem to arise with some adolescents, where placement breakdown is the goal. This is usually to force a return to the birth family where there is still a recent and strong sense of attachment. This needs to be thought about differently from all perspectives. It may be particularly important to unpick the opposing fantasies: for the social care system that a 'break' will make everything fine, and for the child, that if they can only get home, all will be well.

About the author

Dr Jane Herd is a consultant social worker with 35 years' experience in children's services in social care, health, education and the third sector as a clinical practitioner, director, and senior lecturer. She has a professional doctorate from the Tavistock and Portman NHS Foundation Trust in respect of the internal working model and social context of hard-to-reach adolescents. She is founder and CEO of Orb8, a social enterprise providing transformative teaching, learning, consultation, and developmental opportunities for anyone working with traumatised children and young people. Much of Orb8's and Dr Herd's current work is within the fostering sector and Dr Herd is an international speaker and consultant in Therapeutically Informed Foster Care.

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