Gerard McCarthy, Janet Janeway and Angus Geddes investigate the way in which the lives of looked after children and their carers are affected by the emotional and behavioural problems that these children and young people often experience. Starting from a sample of 115 children looked after by one English local authority, their study assessed the level of social impairment and distress experienced by looked after children with behavioural disorders. It also examined the duration of these difficulties and the impact of these problems on the carers. The carers, who completed the Strengths and Difficulties Questionnaire (n = 70), reported very high levels of social impairment in the areas of home life, peer relationships and learning. Fifty-nine per cent of looked after children had an overall impact score of 2 or more, thus indicating the presence of a child psychiatric disorder. Forty per cent had significant problems in three or more key areas of their lives: home, learning, peers and leisure. Where significant problems were identified by carers, 65 per cent reported that the problems had existed for over a year. Almost half the sample revealed that the children’s problems were imposing a significant burden on families or other carers, and the level of conduct problems reported was found to be a significant predictor of whether a carer expressed feeling burdened. Some clinical and service implications are discussed.

Introduction

A growing body of research has documented high levels of emotional and behavioural disorders and mental health problems in children looked after by local authorities in the UK (Rowe et al., 1984; McCann et al., 1996; Mather and Humphrey, 1997; Mather, 1999; Ward and Skuse, 1999). However, less is currently known about the way in which these emotional and behavioural difficulties impact on the lives of looked after children and their carers. First, little is known about the levels of social impairment and distress experienced by looked after children. Research indicates that parental reports of emotional and behavioural symptoms alone are not a good guide to the presence or absence of significant psychiatric disorder in children and adolescents (Bird et al., 1990). Evidence from epidemiological studies suggests that defining significant disorder solely in terms of constellations of emotional and behavioural problems can result in implausibly high rates of psychiatric ‘caseness’ (Simonoff et al., 1997). Current operational diagnostic criteria for most child psychiatric disorders stipulate that a diagnosis cannot be made unless the relevant symptoms result in the child or young person experiencing significant social impairment or distress (American Psychiatric Association, 1994; World Health Organisation, 1996). These findings suggest that in addition to establishing overall rates of difficulties in samples of looked after children, it is important to study more precisely the impact of emotional and behavioural difficulties on the everyday lives of looked after children and their foster families. In order to address this issue the current study aimed to assess the way in which the emotional and behavioural problems of looked after children are impacting on their functioning in a number of key areas: behaviour at home, learning, leisure activities and peer relationships.

Second, the study aimed to investigate the impact of the emotional and behavioural problems of looked after children on their carers. Given that children and adolescents in the care system are known to experience high levels of behavioural and mental health problems (McCann et al., 1996; Dimigen et al., 1999), it was predicted that a high proportion of carers would report experiencing significant levels of burden caring for looked after children. Previous research has estab-
lished that the strain that a young person’s health problems impose on the family is a powerful predictor of whether the individual will be referred to services for children and adolescents with emotional and behavioural difficulties (Angold et al., 1998). Little is also currently known about whether particular aspects of a child’s behaviour in foster care are linked to carers experiencing high levels of burden. The study therefore aimed to also investigate potential links between the presence of particular types of emotional and behavioural problems (eg conduct problems, hyperactivity and prosocial behaviour) and the level of burden experienced by foster carers. Identifying such associations may be useful in devising interventions aimed at reducing such strain.

Finally, evidence from a number of sources suggests that some of the emotional and behavioural problems that looked after children experience may be long-standing. Research indicates that looked after children with significant mental health problems often do not receive appropriate psychiatric and psychological treatment (Hunter, 1993; Association of Metropolitan Authorities, 1994). Previous reports also suggest that many local authorities have concerns about their links and referral procedures with child and adolescent mental health services (Kurtz et al., 1994). The study therefore aimed to investigate the duration of the child’s current symptoms.

**Methods**

**Sample**

As part of a survey into the health needs of children looked after by one local authority, questionnaires were sent to 115 carers of children aged 5–16 years. An accompanying letter explained that the information would be used to help plan future service developments. At the time of the survey, 103 children were being looked after by foster carers and 12 children were in residential provision. Seventy completed questionnaires were returned, a response rate of 61 per cent. The mean age of the sample was 12.1 years (SD 3.2). Forty-five per cent (31/70) of the sample were girls, and 55 per cent (39/70) were boys.

**Questionnaire**

The Strengths and Difficulties Questionnaire (SDQ) is a widely used instrument to screen for emotional and behavioural problems in children and adolescents (Goodman, 1997). It is one of the eight questionnaires and scales which accompany the Department of Health’s Framework for the Assessment of Children in Need and their Families (Department of Health, 2000). These questionnaires and scales are intended to provide a clear evidence base for judgements and recommendations regarding the needs of children. The SDQ incorporates five scales which assess hyperactivity, emotional problems, conduct problems, peer problems and prosocial behaviour. An extended version of the Questionnaire has also been developed which contains an impact supplement (Goodman, 1999). The supplement asks whether respondents think the child or young person has a problem and, if so, further enquires about the level of distress and social impairment experienced by the child, the chronicity or duration of the problem and the level of burden experienced by the carer.

The distress question asks whether the difficulties upset or distress the child, and the rating is scored 0 = not at all/only a little, 1 = quite a lot, 2 = a great deal. The questions on social incapacity ask about whether the difficulties interfere with the child’s everyday life in the areas of home life, friendships, classroom learning and leisure activities. These ratings are scored in the same way. The overall impact rating is derived from adding the distress item plus the four social incapacity items. The total impact score therefore runs from 0 to a maximum score of 10. The chronicity question asks how long the difficulties have been present and the rating is scored as 1 = less than a month, 2 = 1 to 5 months, 3 = 6 to 12 months, 4 = over a year. Finally, the burden question asks whether the child’s difficulties put a burden on the carer or the carer’s family as a whole. The burden rating is scored on a 4-point scale where 0 = not at all, 1 = only a little, 2 = quite a lot, 3 = a great deal.
Results
Social impairment
Very high rates of social impairment were found in this sample of looked after children. Fifty-one per cent (35/69) of carers reported that the child or teenager was experiencing ‘quite a lot’ or ‘a great deal’ of impairment in their home life. Forty-nine per cent (34/69) of carers reported that the child or teenager was experiencing quite a lot or great deal of impairment in their friendships. Fifty-seven per cent (39/69) of the sample were experiencing impairment in classroom learning and 39 per cent (27/69) were experiencing problems in leisure activities.

Forty per cent (28/70) of the sample were rated by carers as experiencing significant impairment in three of the four areas outlined above: home life, friendships, learning and leisure activities. Fifty-three per cent (37/70) had significant impairment in two of the above four areas of functioning.

Overall impact scores
More than half of the looked after children had impact scores of 2 or more (59 per cent [41/69]). Prior research indicates that an impact score of 2 or more is a good predictor of the presence of a child or adolescent psychiatric disorder. For example, in a community sample of children and teenagers 13.5 per cent of community subjects had an SDQ impact score of 2 or more, whereas 88 per cent of the children and teenagers attending a child psychiatric clinic had an impact score of 2 or more (Goodman, 1999).

The mean impact score for the looked after children was 3.2 (sd=3.0). Data from the National Survey of Child and Adolescent Mental Health (Meltzer et al., 2000), which used the SDQ to screen for child and adolescent emotional and behavioural problems, showed that the mean impact score in the national community sample was 0.4 (sd=1.1). Thus, as expected looked after children were found to have significantly higher impact scores than the community group (t=22.5, p<0.001).

Chronicity
Where the respondent reported a perceived difficulty, 65 per cent (43/66) of carers stated that the child or teenager had been having problems for more than a year, six per cent (4/66) cited problems for 6–12 months, and 17 per cent (11/66) reported a duration of one to five months.

Burden
Just under half the carers (47 per cent [32/68]) reported that the young person’s difficulties were placing ‘quite a lot’ or a ‘great deal’ of burden on them. Fifty-three per cent reported that they were ‘not at all’ burdened or ‘only a little’ burdened in this way.

A further statistical analysis was used to examine whether carer reports of the child or young person’s levels of hyperactivity, emotional symptoms, conduct problems, peer problems and prosocial behaviour predicted the level of burden experienced by carers. For the purpose of the analysis, carers who reported being burdened ‘only a little’ and ‘not at all’ were taken as not experiencing significant levels of burden. Carers who reported ‘quite a lot’ or a ‘great deal’ of burden were seen as experiencing significant levels of burden in the placement. Children’s scores on the five variables outlined above were entered into a logistic regression analysis and only the presence of conduct problems was found to be a significant predictor of whether the carer perceived the child’s difficulties to be placing a significant burden on the family or organisation (see Table 1). The results indicated that the carers’ perception of feeling burdened was very much related to caring for a child who was reported to be displaying high levels of behaviour problems.

Discussion
Previous studies have identified high rates of emotional and behavioural disturbance in samples of looked after children and findings from this study help to identify more precisely the impact of these difficulties on the lives of these children and their carers.

Findings on the nature of the social impairments experienced by this group highlighted home life, peer relationships and learning as being three areas where children in the care system are...
experiencing particular difficulties. These results are in line with a growing body of research on the psychological functioning of looked after children. This work has documented both the educational difficulties of children in the care system (Aldgate, 1990; Fletcher-Campbell, 1997) and the considerable difficulties that many looked after children experience in being able to establish secure relationships with carers and peers (Stovall and Dozier, 1998; Howe, 2001). It seems likely that a significant proportion of children in the care system would benefit from interventions that aim to improve their functioning in one or several of these three key areas. Overall, 59 per cent of the sample received an overall impact score of 2 or more and previous work indicates that an impact score of 2 is a good predictor of clinical status (Goodman, 1999). An impact score of 2 or more on the SDQ is thought to correspond to a score of 60 or less on the Children’s Global Assessment Scale (Shaffer et al., 1983), and this level has been shown to be a good indicator of the presence of psychiatric disorders in children and adolescents (Bird et al., 1990). Findings from the current study are in line with results from previous research into the prevalence of psychiatric disorders in adolescents in the care system, which found that 57 per cent of children in foster care had psychiatric disorders (McCann et al., 1996).

Of particular concern was the finding that 40 per cent of the sample were experiencing significant difficulties in three of the following four key areas of their lives: home life, friendships, learning and leisure activities. Given that a high proportion of looked after children are experiencing significant problems in several areas of their psychological functioning, it also seems likely that these children will require multiple strategies of treatment targeted at a range of developmental domains (Cicchetti and Toth, 1998). Research from the field of developmental psychopathology also indicates that children and young people with multiple adjustment problems are at high risk of developing a range of very negative psychosocial outcomes in later adolescence and early adulthood (Rutter, 1989; Magnusson and Statin, 1998) whereas single individual adjustment problems have limited negative impact on future psychosocial development (Magnusson and Statin, 1998). This suggests that local authorities may be advised to use the SDQ to routinely screen their population of looked after children to try to detect those children experiencing multiple problems and then attempt to offer appropriate interventions. Rather worryingly, where problems were identified, foster carers reported that for over 60 per cent of the children or young people the symptoms had been present for over a year. This raises the possibility that many of the emotional and behavioural problems of looked after children are becoming firmly established and possibly entrenched. It seems likely that the longer symptoms persist the harder it may be to bring about positive changes. The chronic and enduring nature of many of the psychological problems experienced by children in the care system suggests that clinicians working with looked after children may need to adopt a longitudinal perspective. In order to try to promote more positive developmental pathways for looked after children, clinicians may need to employ a series of interventions extending over long periods of time (Cicchetti and Toth, 1998). In practical terms this means that for looked after children to receive coherent packages of long-term therapeutic support it is clearly important that local authorities do all they can to ensure that children in the care system experience high levels of stability in their placements. It seems likely that if children

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***p<.001
experience frequent moves in the care system it will be more difficult for local agencies to co-ordinate and deliver effective long-term interventions.

Finally, given the high levels of social impairment and distress found in this study it is perhaps not surprising that almost half of the carers reported that the child or young person was imposing a significant burden on those caring for the children. These results clearly indicate that many foster carers are themselves likely to require a range of services to support them in caring for looked after children (Wolkind and Rushton, 1993).

The main predictor of whether a carer reported feeling burdened was the level of conduct problems displayed by the child or young person. Interestingly, behaviour problems are known to be a risk factor for placement breakdown (Rowe et al, 1989; Fratter et al, 1991). Levels of hyperactivity and prosocial behaviour were also found to be moderately significant predictors of levels of burden experienced by carers. This finding suggests that carers are likely to benefit from specific training and ongoing support in the management of conduct problems, such as temper tantrums, disobedience, bullying, lying and stealing, and in managing hyperactive and inattentive behaviour. Given that many carers report significant levels of strain, some carers may benefit from practical and emotional support to help them better understand their own psychological responses to caring for looked after children (Stovall and Dozier, 1998).

This study has a number of limitations. First, approximately 40 per cent of carers failed to complete the questionnaire and this raises the issue of whether the findings reported here are representative of the total sample of children cared for by the local authority. For example, it is possible that foster carers who are experiencing significant problems looking after children in care may be more motivated to complete and return questionnaires, thus leading to an over-estimation of emotional and behavioural difficulties in the current study. We were not able to address this issue in the current study and the findings need to be replicated before the conclusions can be more firmly accepted. Secondly, research suggests that using the SDQ to screen for child psychiatric disorders in community samples is best achieved when all possible informants have completed SDQs, ie parents, teachers and young people themselves from the age of 11 onwards. Parents and teachers provide information of roughly equal predictive value, although their relative value appears to depend on the type of disorder (Goodman et al, 2000). Future studies are likely to benefit from a multi-informant approach.

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