‘One in, one out’? The dilemma of having multiple children in foster placements

Practitioners in a specialist service for looked after children and their carers have indicated a tendency for children to be placed in households where there are multiple foster children. This has led to concern that previously settled children's placements were disrupting following the introduction of a new child into the household. A file audit was conducted to gather information regarding the incidence of disruption and the contributing factors, as reported in clients’ files. While the study reported here by Germaine Ingley and Louise Earley did not show a high rate of movement into placements, it did indicate that when a new child was moved into the home of an already 'established' child, the 'established' child's placement often disrupted. In addition, qualitative information obtained from files and letters revealed that conflicts with another child in placement, either a sibling or unrelated child, was the most frequently cited factor associated with disruption. Attachment literature and ideas from the study of adoptive families and sibling relationships in birth families are drawn upon to explain these findings, and recommendations are made to lessen the potential difficulties associated with the multiple placements of children in foster homes.

Introduction
The factors associated with the disruption of foster placements have been the subject of research interest for the past 20 years and many studies have attempted to understand better the complex processes involved (Triseliotis, 1989; Newton et al, 2000; Smith et al, 2001). Broadly, these factors have been considered across three main areas: issues relating to the child’s presentation and history; issues relating to the carers’ skills and level of support; and the degree of match between these two factors (Sinclair and Wilson, 2003). In this article, data from our agency’s service’s files are used to explore another factor – the impact of a child coming into the household. We draw upon relevant theories to explain the findings and provide recommendations to reduce the potential difficulties associated with placement breakdown.

The Sustain service
Sustain is a specialist therapeutic service which is jointly funded by health and social services. It was established in 2001 with the aim of helping looked after and adopted children develop positive relationships with their carers/parents and make sense of their past experiences with a view to preventing unnecessary placement breakdown. The service is based across three localities in Staffordshire and comprises eight workers from a range of disciplines; they include clinical psychologists, family therapists, a social worker and a clinical nurse specialist, all of whom are health service employees. Sustain provides therapy to children and families and case consultation and training to professional colleagues in mainstream Child and Adolescent Mental Health Services (CAMHS), social services and education departments on a range of issues relating to fostering and adoption, including attachment difficulties and developmental trauma.

Disruptions of foster placements
Practitioners within this specialist service for looked after children have raised concerns that previously settled children’s placements are disrupting following the introduction of a new child into the household. This is a significant concern as most foster homes now have several children in placement and the phenomenon of breakdown is all too common. Reports from other local authorities and the Commission for Social Care Inspection reflect the ever-increasing pressure on foster placements, with evidence of around a quarter of all looked after children being placed out of the area in expensive private agency placements. However, the
effects are not only financial: children are removed from their local community and culture and potentially distanced from their social worker and support systems (cited in Gillen, 2005). These private agency arrangements, although not ideal, are increasingly being considered due to the heavy pressure upon placements, where children are often already living in households with several others in foster care.

The tendency for some children to experience multiple moves has been the subject of much research. Significant risk factors for placement instability are commonly cited as being dependent upon the extent of the child’s behaviour difficulties and the age of the child at placement, with older children having more experience of breakdown (Pardeck et al., 1985; Holloway, 1997). Further studies have explored factors relating to the carers’ parenting ability (Quinton et al., 1998) and the level of support they receive (Farmer, 2005). Farmer’s study indicated significantly higher disruption rates for carers who saw themselves as suffering strain, with excessive stress being associated with an increase in behavioural difficulties within the placement and an inability to contact the child’s social worker.

The significance of context
In addition to the above dynamics, further complexities arise when the organisational context is considered. The UK has insufficient foster carers to accommodate the ever-increasing number of children with complex needs requiring placement. Given the difficulties in finding appropriate situations for children, it is a matter of concern that evidence from our agency shows that, as a result of being psychologically unable to contend with the change when a new child moves in, those who have been doing well in their placement could be at increased risk of disruption and entering a cycle of multiple moves. We acknowledge that placement options are sometimes severely limited and that pragmatic decisions are often necessary. However, this concern calls for greater analysis of how to use limited foster placements to best advantage. When a placement is appropriately planned, with the complications associated with placement breakdown borne in mind, the cycle of hard-to-place children moving around placements, with resultant damage to their own and their carers’ well-being, might be avoided.

Theoretical framework
One overarching consideration when trying to understand issues relating to placement stability is the child’s ability to form a trusting emotional connection with their caregiver. Attachment theory (see Howe, 1991) has provided the predominant theoretical framework for understanding the needs of children who have experienced neglect, rejection, and physical and sexual abuse, and who subsequently have chronic difficulties in relating to those who attempt to care for them. Bowlby (1969) proposed that human beings are equipped with behavioural mechanisms designed to ensure survival. These behaviours are clearly seen in infants when they are frightened or distressed and include crying and clinging. These ‘attachment behaviours’ facilitate the caregiver to respond and offer emotional soothing. If the quality of caregiving is poor, however, the child experiences high levels of unregulated distress due to the psychological loss of the parent. Researchers (Schore, 1994) have identified long-term detrimental implications for both the child’s neurological functioning and their social and emotional development as a result of the chronic lack of care experienced as infants.

The application of this theory to therapeutic work with children and their carers has been expounded by clinicians such as Hughes (1997) and Delaney (1991). They propose that children’s difficult behaviour can be seen as ‘survival strategies’ that aim to enable them to keep control within relationships and thus avoid future rejection and potential harm. In order for the child to ‘let go’ of these problematic behaviours, they need, it is proposed, to build a
relationship of trust with their carer. It has been suggested that:

... close caregiving relationships are where things tend to go wrong for these children and therefore close caregiving relationships are where things are likely to be put right. (Howe and Fearnley, 1999, p 24)

The presence of a safe, containing, predictable environment is crucial for the successful parenting of traumatised children.

Given that the majority of children in foster care will have experienced poor early parenting and will be presenting a range of difficulties in relating to their new carers, it is possible that children who have engaged with a carer long enough to begin to make progress could be easily seriously affected by the untimely placement of another foster child.

In addition to the attachment literature, the research on sibling relationships in birth families helps explain how conflict might arise between children in a household, thus creating increased behavioural difficulties and problems in the security of the placement. For example, Stoneman (2001) suggests that individual family members influence one another and, drawing upon family systems theory, explains that if one member of a family is affected in some way, it affects all the others. They cite evidence that maternal responsiveness and good parenting positively influence the sibling relationship, with a negative family climate and poor parenting being associated with sibling conflict. Other authors (eg Kazdin, 2000) have linked similar findings to theories of modelling and social learning as well as attachment theory. The first two theories suggest that children learn through observing their parents’ relationships and replicate this in their own behaviour. Attachment theory, as previously explained, argues that children develop a map or ‘internal working model’ of how to relate to others and that this begins to develop in the first few months of life, very much reflecting how they are cared for as infants.

As the children in our service have all had fractured early relationships involving poor parenting, inadequate role modelling and limited attachment experiences, it is likely that they will face considerable difficulties in relating to ‘new, reconstituted siblings’ in a foster household.

At Sustain we were so concerned about children’s ability to manage these ‘new sibling relationships’ that we decided to conduct an audit of our clinical notes to investigate further.

**Methods**

An audit of clinical notes was carried out on all open files at Sustain (N = 49) during July 2005. A form was developed to capture demographic information detailing the child’s age, time in placement, the number of other children in placement and the type of placement (ie ‘task-focused/short-term’). The form also collected information on placement disruptions. It was recorded whether the household had taken a new child into the placement prior to any breakdown and the time between a new child being placed and a disruption occurring. A record was made of whether it was the incoming child, a pre-placed child or both children whose placements disrupted during the study period.

Qualitative information was also collected from letters and clinical notes contained in the files detailing the reason for placement breakdown. A content analysis, which is a research tool used to quantify and analyse the presence and relationships of concepts, was performed on the information contained therein (Nevendorf, 2001). Sustain’s service files include records of clinical therapy sessions with the clinicians, letters relating to the case, disruption meetings and social services case conferences. Key themes associated with placement breakdown and derived from the files were listed, and drawn into eight broad categories:
1. conflicts with another foster child;
2. challenging behaviour;
3. conflicts with birth siblings in placement;
4. aggression towards foster carer(s);
5. conflicts with carers’ birth/grandchildren;
6. allegations made against carer/other;
7. school-based problems;
8. any other issues.

Out of the 49 children’s files, six were in adoptive placements and one was in a residential placement. As these seven cases did not meet our criteria, the sample was reduced to 42. All 42 children were looked after and had a history of abuse and/or neglect. They were aged between three years one month and 16 years nine months (mean = 9 years 7 months), with a disproportionate number of males to females (27/15 respectively). Of the 42 children, 21 were in permanent fostering (allocated the placement until they are 16) and 21 in task-focused fostering (temporary placement until a permanent placement is found) and their time in placement ranged from two to 11 months (mean = 26 months).

### Reasons for placement breakdown

From the audit it was found that, out of the 42 files reviewed, there was a total of 62 placements (some children having more than one) and 43 placement moves. As it was our intention to discover the reasons for breakdown, we focused on these. Of the 43 placement moves, 12 were recorded as planned (a move to an adoptive or permanent placement) and 31 as disrupted (a move due to placement collapse).

Table 1 displays the results of the content analysis and the eight categories that were found to be the reason for disruption in the 31 (disrupted) cases.

<table>
<thead>
<tr>
<th>Reason recorded for disruption</th>
<th>Explanation of categories</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflicts with another foster child</td>
<td>Physical/verbal aggression, envy or intense competition for the carers’ affection</td>
<td>8</td>
</tr>
<tr>
<td>Challenging behaviour</td>
<td>Lying, stealing, property damage, running away from home</td>
<td>8</td>
</tr>
<tr>
<td>Conflicts with birth siblings in placement</td>
<td>Aggression, competition for carers’ affection and attention as well as carers’ concerns for the children’s safety</td>
<td>6</td>
</tr>
<tr>
<td>Aggression towards foster carer(s)</td>
<td>Physical assault</td>
<td>2</td>
</tr>
<tr>
<td>Conflicts with carers’ birth/grandchildren</td>
<td>Aggression, competition for carers’ affection and attention as well as carers’ concerns for the children’s safety</td>
<td>4</td>
</tr>
<tr>
<td>Allegations made against carer or other</td>
<td>Allegation of abuse (hitting, sexual abuse)</td>
<td>3</td>
</tr>
<tr>
<td>School-based problems</td>
<td>Exclusion, behaviour difficulties</td>
<td>1</td>
</tr>
<tr>
<td>Any other issues</td>
<td>Any other reason not mentioned</td>
<td>2</td>
</tr>
</tbody>
</table>

Note: More than one category could be detailed for any one disruption.
attention focused on finding the reasons behind this phenomenon and so further analysis was carried out.

**Further analysis of disruptions**

More analysis was undertaken to clarify the processes that resulted in the established child leaving the placement in the nine out of ten cases. Three additional factors were considered: the child’s attachment development to the carer and its development; the input into the case by Sustain; and the cited reasons for disruptions. Table 2 shows the ten cases where a child moved in and the factors surrounding the placement.

It can be seen that among the ten cases there were nine males and one female, with ages ranging from 3 years 8 months to 13 years 7 months (mean = 9 years 3 months). There were seven children in permanent placements and three in task-focused. Time until a disruption occurred following an introduction of a new child ranged from two to 11 months, with a mean of six months. By looking at these ten cases, it can be seen that over half reported difficulties between the children. The remainder reported issues with the carer and the child’s behaviour and requested moves. Table 2 also shows that out of the ten cases, six were stated to have disrupted due to another child (see Child 1, 3, 4, 6, 7, 9), with jealousy, aggression and envy among the reasons recorded. Early reports in the files show that five out of these six cases had a positive relationship with their carer prior to the new child arriving (see Child 1, 3, 4, 6, 9). Additionally, five of these six cases were in permanent placements (see Child 1, 3, 4, 6, 9). Finally, out of the six cases where a disruption was attributed to an incoming child, five disrupted within four months after the new child had been placed (see Child 1, 3, 4, 7, 9).

Although causal connections cannot be assumed from these findings, and it is recognised that the numbers in our study were very small, it is significant that, of the ten placements that had experienced the introduction of a new child, in nine cases it was the ‘established’ child’s placement that broke down.

**Discussion on the ‘one in, one out’ phenomenon**

The scenario of conflict with other children in the household being the most frequently cited reason for placement breakdown appears to have been given little consideration in the fostering literature. Given this dearth of information, we have had to draw upon literature on sibling relationships in birth and adopted families, while acknowledging that there will be inherent differences between these groups.

It is relatively well known that the presence of a birth child in a foster family is a risk factor for placement breakdown (Berridge and Cleaver, 1987). Similar risks apply in adoption, as in a longitudinal study of 61 families where 30 single children joined families where there was already a child living at home; such changes were associated with poor outcomes and conflict between the incoming child and resident child or children. Placement stability was higher when the adoptive child was youngest by 36 months but even when resident children were much older, placement outcomes were still poor (Quinton et al, 1998).

The authors found two factors to be strongly associated with placement difficulty: a history of scapegoating in the birth family and the development of a poor relationship with the ‘new sibling’. These difficulties were evident despite the relative ages of the new and established children or the family structure. Quinton and colleagues suggest that this may be explained by the child’s experiences of rejection in their birth family, leading to difficulties in developing new relationships, including rivalry between children.

In a study of adolescent sibling narratives in adoptive families, Berge et al (2006) suggest that the potential for poor relationships between adopted children might be increased by differ-
### Table 2
Breakdown of the ten cases where a new child moved in

<table>
<thead>
<tr>
<th>Child</th>
<th>Gender</th>
<th>Age</th>
<th>History of neglect or abuse</th>
<th>No. of previous placements</th>
<th>Full length of time in placement (mths)</th>
<th>Type of placement</th>
<th>No. of children in placement prior to new child being placed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>12y7m</td>
<td>Neglect – physical and emotional abuse</td>
<td>5</td>
<td>33</td>
<td>Permanent</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>F</td>
<td>7y1m</td>
<td>Neglect – witnessed drug use and domestic violence</td>
<td>2</td>
<td>16</td>
<td>Task-focused</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>M</td>
<td>11y11m</td>
<td>Neglect – physical and emotional abuse</td>
<td>3</td>
<td>9</td>
<td>Permanent</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>M</td>
<td>7y2m</td>
<td>Physical and emotional abuse</td>
<td>6</td>
<td>26</td>
<td>Permanent</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>M</td>
<td>6y2m</td>
<td>Physical, sexual and emotional abuse</td>
<td>1</td>
<td>24</td>
<td>Task-focused</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>M</td>
<td>13y7m</td>
<td>Physical and emotional abuse</td>
<td>2</td>
<td>21</td>
<td>Permanent</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>9y2m</td>
<td>Physical abuse and witnessed domestic violence</td>
<td>4</td>
<td>5</td>
<td>Task-focused</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td>M</td>
<td>13y7m</td>
<td>Neglect – physical and emotional abuse</td>
<td>6</td>
<td>36</td>
<td>Permanent</td>
<td>1</td>
</tr>
<tr>
<td>9</td>
<td>M</td>
<td>8y9m</td>
<td>Physical and emotional abuse</td>
<td>7</td>
<td>30</td>
<td>Permanent</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>M</td>
<td>3y8m</td>
<td>Early trauma and neglect</td>
<td>1</td>
<td>82</td>
<td>Permanent</td>
<td>4</td>
</tr>
<tr>
<td>Initial relationship between the child and carer prior to the new child arriving</td>
<td>Age of the new child</td>
<td>Time from when a child was placed until disruption (mths)</td>
<td>Sustain’s input</td>
<td>Reason for disruption</td>
<td></td>
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<tr>
<td><strong>Positive</strong>&lt;br&gt;‘Foster carers are empathic’&lt;br&gt;‘X trusts foster carers’&lt;br&gt;‘X says she is going to stay with foster carers forever’</td>
<td>10</td>
<td>3</td>
<td>Therapy and consultation with child and carer</td>
<td>Conflict with another child ‘Child/ren are often in tears because of X’s aggressive and bullying behaviour’&lt;br&gt;‘X is very jealous of anything (other child) is getting in the placement’</td>
<td></td>
<td></td>
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<tr>
<td><strong>Positive</strong>&lt;br&gt;‘X crying more and has allowed foster mother to comfort her’&lt;br&gt;‘It is an important and meaningful relationship’</td>
<td>Not known</td>
<td>10</td>
<td>Therapy and consultation with child and carer</td>
<td>Child’s request ‘Met with X’s birth father and says he now wants X to live with him’&lt;br&gt;‘Planning for introducing X to father . . . to see if long-term placement may be viable’&lt;br&gt;‘Things between X and foster dad are difficult; they could see X was not happy’</td>
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<tr>
<td><strong>Positive</strong>&lt;br&gt;‘I want to stay with foster carers’&lt;br&gt;‘Foster carers and X are really close’</td>
<td>14</td>
<td>2</td>
<td>Therapy and consultation with child and carer</td>
<td>Conflict with another child and carer ‘X lies about other child and other child feels worried and upset’&lt;br&gt;‘Concerned about his anger’&lt;br&gt;‘Others tease him . . . brings out his temper . . . Embroiled in confrontation’</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Positive</strong>&lt;br&gt;‘I want to stay with foster carers’&lt;br&gt;‘Foster carers and X are really close’</td>
<td>12 &amp; 7</td>
<td>4</td>
<td>Therapy and consultation with child and carer</td>
<td>Conflict with another child and behaviour ‘Others tease him . . . brings out his temper . . . Embroiled in confrontation’&lt;br&gt;‘Concerned about his anger’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Negative</strong>&lt;br&gt;‘Feel unable to work in an active attachment way’</td>
<td>4 &amp; 5</td>
<td>11</td>
<td>Therapy and consultation with child and carer</td>
<td>Not stated File closed then re-opened (disruption occurred during this time).&lt;br&gt;Was noted that X’s behaviour was ‘difficult’ prior to the file being closed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positive</strong>&lt;br&gt;‘They clearly have a good relationship with one another’</td>
<td>8</td>
<td>8</td>
<td>Therapy and consultation with child and carer</td>
<td>Conflict with another child ‘X lost it with new child and hit him’&lt;br&gt;‘Concerned about his anger’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Negative</strong>&lt;br&gt;‘Foster parents repeating old patterns from X’s past’&lt;br&gt;‘Had a honeymoon period, then X became difficult’</td>
<td>6</td>
<td>3</td>
<td>Meeting with professionals and consultation with carer and child</td>
<td>Conflict with another child ‘Since X moved in, X has become very difficult towards her . . . aggressive and jealous’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positive</strong>&lt;br&gt;‘Settled well. X is doing well in this placement and seems relaxed and confident’</td>
<td>Not known</td>
<td>10</td>
<td>Therapy and consultation with child and carer</td>
<td>Conflict with carer ‘Stealing from foster carer’&lt;br&gt;‘Foster carer feeling intimidated by X’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positive</strong>&lt;br&gt;‘Both affectionate and rude to foster mother’&lt;br&gt;‘Foster mother sits in on lessons if X desires’</td>
<td>Not known</td>
<td>3</td>
<td>Therapy and consultation with child and carer</td>
<td>Conflict with another child ‘Envy of other child’s relationship with the foster carer’</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Positive</strong>&lt;br&gt;‘Very positive relationship . . . Cuddles, play, bonding, etc’</td>
<td>8</td>
<td>5</td>
<td>Therapy with carer</td>
<td>No disruption for established child ‘Carer involved in therapeutic work . . . very committed’</td>
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</tbody>
</table>
ences in contact with the birth family, in biological relatedness and in physical appearance. These factors could also be relevant in fostering households where children are more likely to have different arrangements for contact and permanency plans. If these differences are not dealt with sensitively, they could be one source of tension between children within the foster home.

The finding in this study that in all ten cases where a new child had moved into the placement a disruption occurred, and that it was usually the ‘established’ child who moved out, is curious and does not seem to be readily explained by ideas relating to differences in the child’s arrangements or learned styles of behaviour. We therefore undertook further analysis to investigate how these ‘established’ children were managing in placement prior to the new child’s arrival to try and illuminate the processes involved.

Of the sample of children (see Table 2) who disrupted following a new child’s introduction, all had a history of multiple abuse in their birth families, including sexual, physical and emotional abuse and neglect. All were receiving a service from Sustain that generally involved therapy for the child and additional support to the foster carer. From our records it appears that these children were widely reported to be making good progress in their placements prior to the introduction of a new child (children 7 and 5 in Table 2 were the exception), although it must be borne in mind that these reports are secondary information recorded by the Sustain therapist and may have come from a variety of sources, including the carer and social worker’s verbal accounts. The reason stated for disruption clearly indicated that conflict with another child in the placement was directly implicated in six of the nine cases (in the remainder, one had no reasons stated, in another the child had requested to leave and finally one detailed increased carer conflict). This supports the finding from the study of the 31 disruptions, which suggests that conflicts between children were the most commonly reported reason for placement breakdown. Closer scrutiny revealed increased jealousy, scapegoating and aggressive behaviour, combined with conflict with the foster carer. It is disturbing that previous reports had suggested that these children were managing in the placement and developing positive relationships with their carers and that the period before problems escalated was short, ranging from three to eight months, with 3.8 months being an average. Moreover, six of the disrupted children affected were in permanent placements.

We examined theories that might help us to understand these phenomena. Perspectives from social learning theory which suggest that birth family siblings experience conflict as a result of copying the behaviour of their parents would imply that either child, newly placed or established, might be just as likely to display difficulties in relation to another child and experience breakdown. Differences in the carer’s behaviour towards each child, which has also been associated with conflict in birth families (Kazdin, 2000), does not help us to understand why it is the more established child who is disrupted rather than the relative newcomer. To the contrary, one might expect that a new child would be more easily singled out as the cause of a difficulty. The finding may point more towards issues of timing or the processes a child may be undergoing at a particular stage in the placement than to any inherent characteristics of the child or carer.

The process of attachment development in infant and birth mother dyads is well documented (see Fahlberg, 1994 for an overview of the development of attachment between parent and child) and children are expected to progress through a series of stages of attachment development. By eight months of age, the child is expected to show attention-seeking attachment behaviours that aim to keep the parent close to them. Over the first year of life the attachment between mother and child grows while
the dependence on the mother lessens. This necessitates a period of insecurity, where the child may demonstrate clingy behaviour and struggle on separation until she or he is securely attached and confident of the mother’s return. Similar processes have also been documented in adopted families (see Levy and Orlans, 2003). Our clinical observations have suggested that foster children also pass through similar stages of attachment development when forming relationships with their foster carer. It seems, therefore, that delicate and complex relationship processes are involved in a child settling into a placement. It can be envisaged that a new child’s introduction at such a critical time may lead to an increase in anxious behaviours and/or acting out as the established child’s attachment behaviours are activated.

It is well known that in birth families, the arrival of a sibling often leads older siblings to display aggression and higher levels of anxiety. Children have been found to show regressive behaviours and difficulties with sleeping and toileting (Teti, 1992). These behaviours have been linked to a decrease in the birth mother’s attention towards the first born and to increases in her negative interactions with the first born as she responds to growing demands in the home (Teti et al., 1996). It seems that the introduction of a new child into an established placement could jeopardise the tentative, fragile bonds developing between a foster carer and an established child, and set in motion a chain of events that could lead to the ‘established’ child’s behaviour escalating to an extent that they are unable to manage within the placement.

Children with attachment difficulties have a heightened sensitivity to rejection and the presence of a new child could reactivate old attachment patterns and survival strategies. This could lead to the carers experiencing an upsurge in difficulties as a rejection of their efforts to care and a downturn in the progress they have previously made, at a time when there may be increased demands upon them due to a new placement.

This heightened strain in foster carers has been found to have considerable risks with respect to placement breakdown (Farmer, 2005).

Of the 31 disruptions studied, conflict with another foster child in placement was the most frequently cited factor implicated in placement breakdown (8 out of 35). However, when the figures for ‘conflicts with birth children’, ‘foster children’ and ‘the child’s siblings’ are combined, conflict with another child in the household accounts for 18 out of the 37 reasons recorded for disruption in our files. One explanation for this comes from the previously mentioned study by Quinton et al. (1998) who proposed that ‘new siblings’ compete to eject one another from the home. It was also found that these negative interactions between children in the household appear to put additional stress upon the caregivers and are a source of disharmony in the family. A similar scenario seems likely in fostering, perhaps compounded by the probability of there being a number of children with significant and varied needs in the placement.

Literature from sibling studies suggests that negativity from birth parents can also play a role in conflict. One possibility is that an increase in ‘strain’ may result in increased negativity in the household and towards the child/children. In this study, conflict with the foster carer was commonly reported along with conflicts between children. Looked after children are likely to find it difficult to cope with negative messages or responses from a foster carer as it may reactivate previous trauma and rekindle the memory of earlier experiences of rejection, abuse and abandonment. Delaney (1991) discussed the phenomenon of re-enactment in foster homes, where a child’s challenging behaviour can pull the foster carer into negative responses to the child that create a downward spiral of mounting difficulties. Parental responsiveness and parenting are linked to sibling conflict in birth families and it is feasible that this phenomenon could lead to
spiralling difficulties between the foster children as well.

Figure 1 illustrates a proposed model for considering the possible psychological impacts of the introduction of an incoming child. It demonstrates the potential for some children in care to be caught in a spiral of placement moves. Figure 1 illustrates the cycle of disruption. An attachment relationship will be developing between the carer and child (A). Upon the introduction of a new child (B) this relationship can be put at risk. Feeling and behaviours can be activated in the established child and carer, resulting in negative responses towards the child that awaken past trauma responses (C). Such behaviour, with an increase in carer ‘strain’, can lead to the placement disrupting (D). This disruption will initiate feelings of failure and rejection in both the established child and the carer (E). The child is then moved into a new placement while the carer is left with the strain of breakdown and the anticipation of having a new child placed (F). Once moved on, the child starts to develop a relationship with their new carer; similarly the old carer will start to form relationships with their newly placed child, and the cycle repeats.

A way forward
Maintaining foster placements is one of the core principles of psychological recovery for looked after children but breakdown rates are often high. The
reasons are varied and complex, but our audit has shown that the movement of children into placement and the relationships that develop between them is an area that requires more consideration. Currently, little work is being done to create and maintain these ‘new sibling’ relationships. Grotevant et al (2005) discuss the concept of ‘adoption kinship networks’, which include an appreciation of the relationships among birth family members, adoptive family members and the adoptive child. Similarly, a consideration of the looked after child as part of a ‘foster kinship network’ to include birth family, foster parents and other children in the household might help to promote greater consideration of the complexity of relationships in his or her life. Such an approach might help to facilitate work directed to establishing children’s relationships within a placement and to understand their behaviour in the context of relationships that are wider than the didactic carer–child relationship that appears to have been the main focus of attention and research to date.

One suggestion our findings point towards is to identify more closely the processes of attachment development for the established child at the matching stage and when planning the introduction of a new placement into the home. Another factor that may require closer consideration is the psychological resources of the established child to cope with the emotional demands posed by a new member of the household. For example, the child’s ability to express their feelings and emotions and to empathise with another’s perspective are important skills that children in the looked after system struggle with. The presence of some of these abilities might indicate the level of a child’s emotional maturity and provide them with coping strategies to deal with feelings generated by the household change. Similarly, foster carers might usefully be helped to encourage open dialogue with the child about their feelings relating to the new arrival and be helped to anticipate any intense feelings this might generate. Drawing upon ideas utilised with birth families, such as involving the child who is ‘established’ with the household preparation for a new child, may also be helpful. With these approaches in mind, the introduction of a new placement could provide a useful opportunity for emotional sharing and increased connection between child and foster carer.

As mentioned previously, it is not always the child’s presentation and history that contribute to breakdown; it is also the carers’ skills and levels of support (Sinclair and Wilson, 2003). Carers may benefit from increased support to help them hold realistic expectations of themselves in relation to the number and complexity of the children they care for, along with professionals facilitating time for recovery and reflection if a child has disrupted. It seems important that agencies acknowledge that the introduction of a new child is likely to be a time of transition for the whole household.

Sinclair and Wilson (2003) emphasise matching. They suggest that when ‘chemistry’ between a child and their carer occurs, a child should remain where the relationship has clearly developed. Similar ideas should be considered when thinking about introducing a new child, as this ‘chemistry’ could be altered on the arrival of an untimely placement and subsequently the relationship could break down. Within this preparation, there also needs to be a consideration of a child’s previous experiences of sibling relationships and conflicts in families, as this may help to predict possible pitfalls at the matching stage.

At Sustain we have re-examined our traditional focus, which centred upon the development of a didactic parent–child attachment to incorporate an awareness of the development of relationships within the whole household, including ‘new sibling’ relationships. This acknowledges and addresses the day-to-day rivalries and conflicts as they arise between children. It also allows them a safe place to express and make
sense of their sometimes intense feelings towards other children and enables therapeutic links to their past feelings of rejection, scapegoating and abandonment fears to be acknowledged and the origins of these to be explored.

Interventions targeted at developing sibling relationships in other contexts can also be usefully considered. Studies of siblings where one child has a disability have suggested that helping parents to increase social interactions between siblings or intervening to help the child with social skills have been found to extend to the home setting and improve sibling relations generally (Stoneman, 2001). Celiberti and Harris (1993) focused upon teaching siblings how to initiate interactions and use communication skills with a decrease in negative interaction. The development of social skills and emotional literacy is often an important area for intervention for children in the care system and this study suggests that one benefit of ‘foster sibling’ relations is the opportunity to practise the development of new social and emotional skills.

Limitations

It needs to be acknowledged that although the original sample for this study contained 62 cases, ultimately the focus upon placements where children had moved in reduced the sample size considerably. Also the children in our study had all had contact with a specialist service and may therefore have already been experiencing difficulties or have particularly complex needs. These factors limit the generalisability of the study to the wider looked after population.

Our study has also relied upon retrospective accounts contained within our files. This may have resulted in a bias, as the reports have all been recorded by a Sustain clinician from secondary accounts derived from a range of sources, including the foster carer and social workers.

Thirdly, we cannot infer that moving children into placement has been a causative factor in breakdown, as there may be a number of confounding factors that have also had influence and that were not reported to us, eg wider issues relating to school, birth family and contact. In addition, it was beyond the scope of this study to look at the child’s birth family history or previous placement history in any depth, despite the fact that these may also be relevant. Other factors such as the age and gender of established and newly placed children could also be important but limited sample size prevented such analysis.

Conclusion

Although placement breakdown is widely researched, there has been surprisingly little attempt to evaluate the impact of dynamics between children in the household and the effects of introducing new children into placement. Practitioner experience combined with qualitative and quantitative data from Sustain suggest this deserves greater consideration. Further research and monitoring of the patterns and processes of disruption are needed to gain a fuller picture of the complex factors involved in placement breakdown. To date, the emphasis upon didactic carer–child relationships seems to overlook the commonly experienced difficulties between the children themselves. Although the numbers involved in our study were small, it is of concern that children who were reported to be succeeding in placement are experiencing breakdown following a new child’s introduction, with potentially costly implications for all. Studies focusing upon first-hand accounts from foster carers and family transitions on the introduction of a new child into the home, and its impact upon them and any children already present, may help to illuminate this important yet little studied phenomenon.

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