

Interventions to Promote Child Development and Attachment in Foster Care

1.The Integrated Model of Family Foster Care – MIAF

2. Family to Family Transition Model: From the Foster Family to the Adoptive family

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Acknowledgments:

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The Integrated Model of Family Foster Care - MIAF

1. Development & Implementation

2. Research: Validation

3. Dissemination



All4Children Project

(Funded by FCT2022.03592.PTDC)



2020

2023

MIAF | Principles

To assure quality foster care to promote child development and well-being



Child-centered



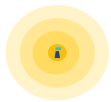
Integrated into the Child Protection System



Triangulation Science-Law-Practice

MIAF | Principles

To assure quality foster care to promote child development and well-being



Child-centered

Integrated into the Child Protection system

Triangulation Science-Law-Practice

- Prioritize the best interest of the child, considering his/her needs, interests, and rights.
- Provide a safe, stable environment that offers emotional and physical support, respecting child's developmental stage.
- Address previous adverse experiences sensitively, promoting an environment that prevents retraumatization.
- Foster secure and stable relationships with caregivers, promoting emotional and social well-being.
- Ensure the child's right to participate in decisions that affect him/her.

MIAF | Principles

To assure quality foster care to promote child development and well-being



Child-centered

Integrated into the Child Protection system

Triangulation Science-Law-Practice

- Collaborative, coordinated, and complementary inter- and intra-sectoral actions, with shared responsibility among the various services and professionals involved (e.g., health, education, social, and justice) to ensure a comprehensive and effective temporary implementation of foster care
- Proximity response, accessible and immediate, to meet the needs of the child and families, promoting active participation and involvement of the child, foster family, and birth family as well as their support networks

MIAF | Principles

To assure quality foster care to promote child development and well-being



Child-centered

Integrated into the Child Protection system

Triangulation Science-Law-Practice

- Based on scientific evidence and the best national and international practices.
- Involving active collaboration among professionals from various fields, ensuring a comprehensive and consistent approach of the Law in regard to Foster Care
- Monitoring and evaluation to ensure the quality and sustainability of Foster Care Services

MIAF | Objectives



Child, foster family and birth family

- Ensure child's safety, well-being, and stability
- Promote child's adaptive developmental pathways in a stable family environment
- Support the multiple interactive relations between the child, the foster family, the birth family, and the professionals.
- Support and strengthen the multidimensional co-parenting and multi-parenting skills of foster families, and family resilience.
- Empower the birth families and promote active involvement in the foster care and family reunification

MIAF | Objectives



Professionals and institutional/organizational practices

- Create a common language and shared understanding of best practices in foster care
- Implement a conceptual model and rigorous, evidence-based processes for each phase - recruitment, training, evaluation, selection, and support to foster families - as well as the evaluation and intervention with the child and his/her birth family
- Contribute, through professional training and supervision, to the development of an integrated profile of technical and relational skills associated with the effectiveness of foster care

MIAF | Objectives



Portuguese Child Protection System

- ❖ Promoting the (re)qualification of the Child Protection System and Foster Care in Portugal
 - MIAF as guide of good practices in *Quality Foster Care* informed by scientific evidence and resources that support the conceptualization, planning, evaluation, and intervention, thus ensuring child's well-being and safety, as well as the satisfaction and retention of foster families and the establishment of a genuine foster care culture.

VALIDATION OF MIAF

Process and Outcome Evaluation : *The All4Children Project* (FCT 2022.03592.PDC)

PROCESS EVALUATION

- Analyze whether MIAF is implanted with fidelity
- Identify enablers and barriers to the implementation of MIAF

OUTCOME EVALUATION

- Analyze the impact of MIAF on the well-being of foster families and on the quality of care
- Analyze the impact of MIAF on child safety, stability, and well-being
- Analyze whether MIAF moderates the possible effects of early risk factors involving the child (e.g. emotional /behavioral problems at entry) and the family (e.g. early stress levels), on his/her functioning

Instituição proponente Instituição Participante Instituições Colaboradoras

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Prochild
laboratório colaborativo

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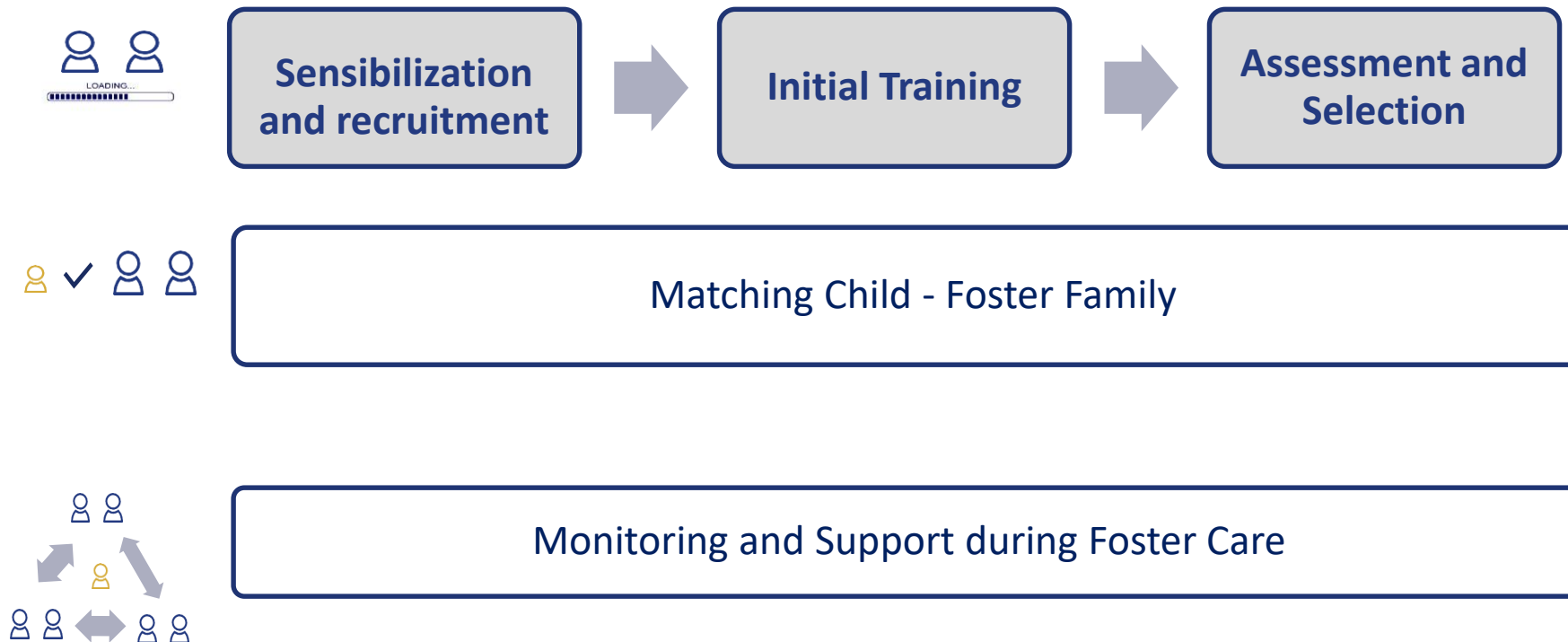
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For Quality Foster Parenting : Sensitive and Responsive, Nurturing, Protecting and Repairing Care



For Quality Foster Parenting: Sensitive and Responsive, Nurturing, Protecting and Repairing Care



To establish and retain a pool of foster families, both in size and quality.

- Multiple profiles
- *Parenting Plus* (Berrick & Skivenes, 2012)
 - sensitive parenting towards child trauma and developmental needs
 - ability to integrate the child into a new family
 - management of the triadic relationship: child - foster family - birth family
- Focus on 3 key-domains



Candidates' assessment and selection: *Comprehensive Family Study*

Candidates' resources and competencies, risks and vulnerabilities using a multimethod and multi-informant approach:

- Initial interview
- Psychological and social assessments
- Complementary interviews

Family Readiness and Resilience



Comprehensive Family Study : Key-domains and dimensions

Domain 1: Motivation and Perception of Being a Foster Parent

1.1. Reasons for foster care

- a) Child-centered
- b) Self-oriented
- c) Social/community-based or charitable

1.2. Beliefs and expectations regarding foster care

- a) Profile of the child to be fostered
- b) Temporality and unpredictability
- c) Biological family
- d) Impact on family routine and dynamics

Domain 2: Structural and Social/Community Resources

2.1. Living conditions and surrounding environment

- a) Housing space
- b) Sanitary
- c) Safety
- d) Accessibility

2.2. Economic conditions

- a) Compatibility
- b) Stability

2.3. Formal and informal support networks

- a) Structure and organization
- b) Functionality
- c) Perceived utility and satisfaction

Domain 3: Personal and Family Resources

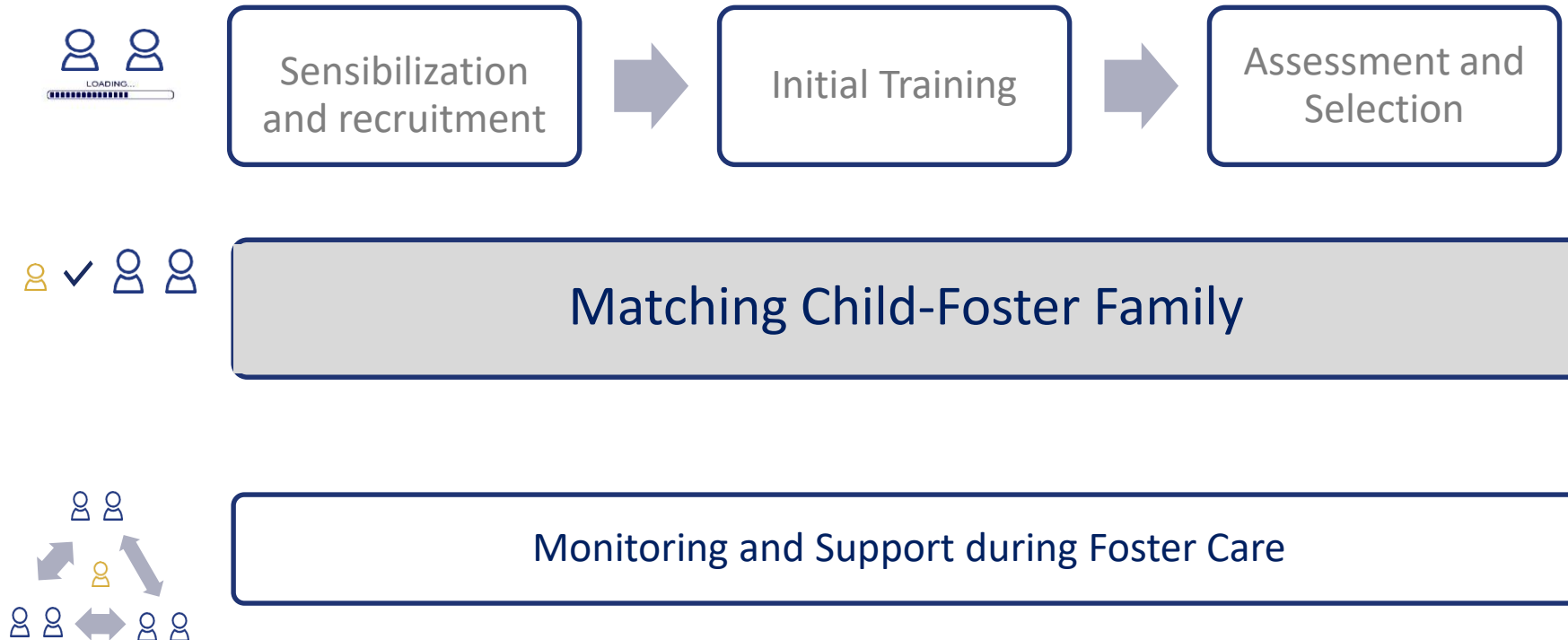
3.1. Family resources

- a) Availability
- b) Family functioning
 - i. Cohesion, adaptability/flexibility
 - ii. Quality of family relationships (marital, parental, and co-parenting)

3.2. Personal resources

- a) Personality and other personal characteristics
- b) Physical and mental health and personal well-being
- c) Coping, resilience, and stress management
- d) Sensitivity to trauma and to multiculturalism

For Quality Foster Parenting : Sensitive and Responsive, Nurturing, Protecting and Repairing Care





Matching Child - Foster Family: *maximize the likelihood of successful foster care*

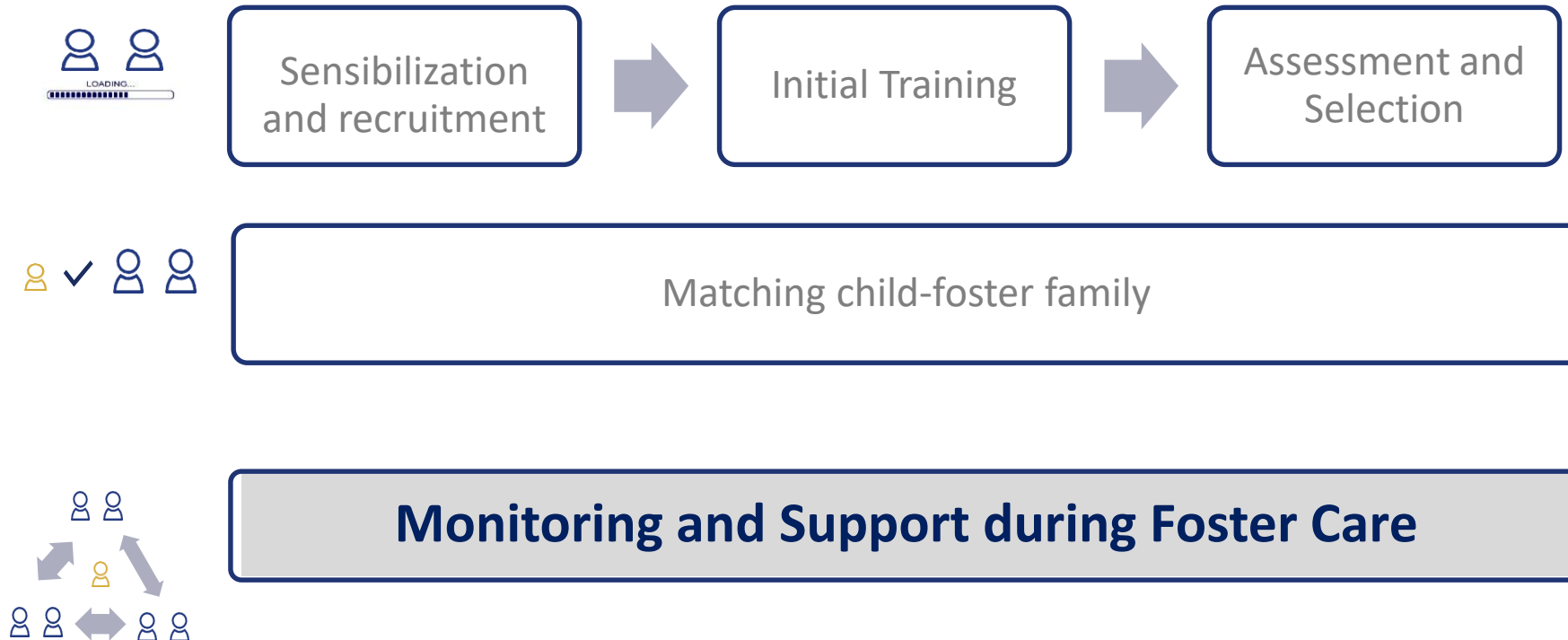
Decision-matching process aiming to identify the foster family whose profile presents the best ***viable compatibility*** with a specific child to be placed in foster care

- **Fit** between the **child's profile** (e.g., characteristics, preferences, needs, etc.) **and the foster family's profile** (e.g., characteristics, resources, etc.)

PRINCIPLES

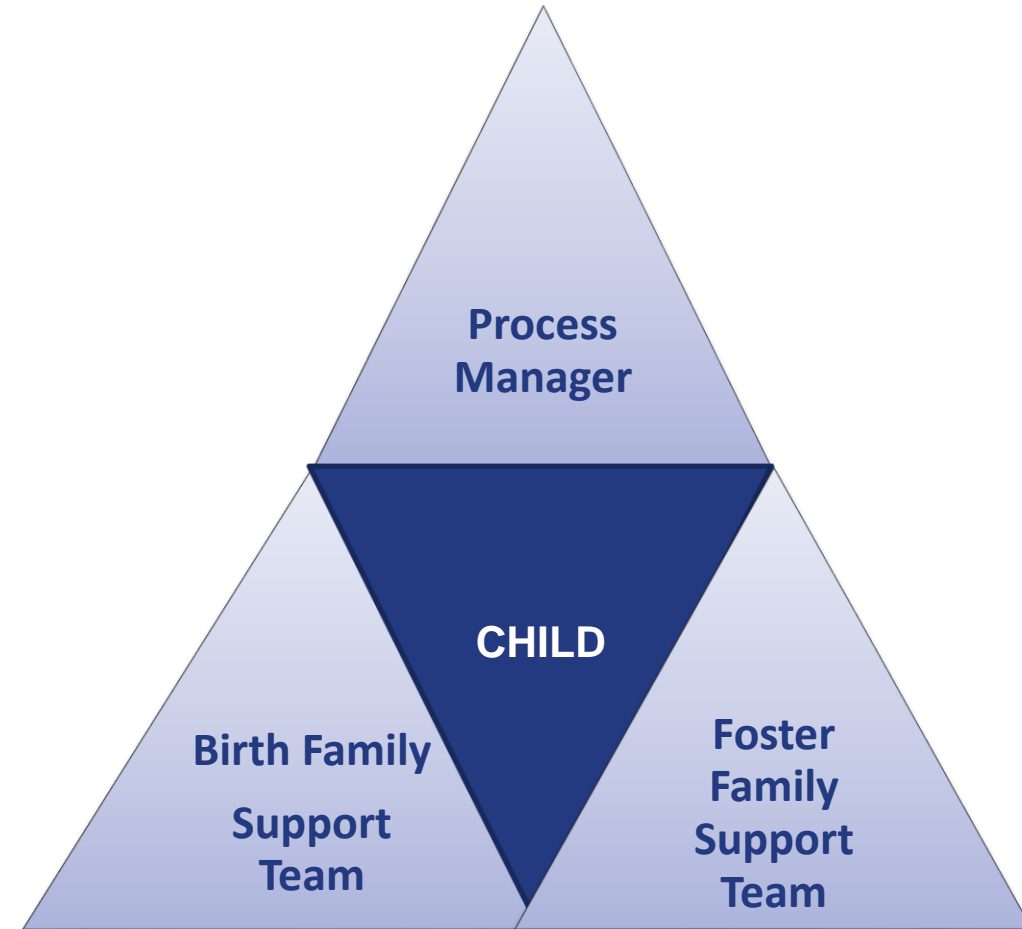
- Child-centered
- Participatory
- Multiple sources/informants and methods
- Effective and fluid communication between the involved participants

Quality Foster Parenting : Sensitive and Responsive, Nurturing, Protecting, and Repairing Care



Objetives

- Assure the continuity between the child's life contexts;
- Foster the child's sense of familial belonging to his/her foster family;
- Promote the quality and stability of the triadic relationships between the child, the foster family, and birth family;
- Support the development and provision of *sensitive and responsive, nurturing, protecting and repairing care* to the child.



Contacts between Professionals-Foster Family during Child's placement

1st phase

From Day 1 to 1st Month

- ❖ *After 48h*
Foster Home visit
- ❖ *1st week*
Daily phone calls
- ❖ *1st/4rd weeks*
Regular Foster Home visits and phone calls

2nd phase

After the 1st Month/...

- ❖ *2nd and 3rd months*
Bi-weekly Home visit, if possible
- ❖ *From 4th to 12th months*
1 Home visit per month
- ❖ *From 1st year onwards...*
1 bi-monthly Home visit
- ❖ *Contacts before and after child-birth family meetings*

Follow-up

After the cessation of Foster Care

- ❖ *During 6 months, at least*
- ❖ *Professional Team maintains contact with the Foster Family, supporting the separation process and considering other FC in the next future*

Assessment of child and family needs and Intervention

Comprehensive Assessment of Needs at Foster Care

- Child
- Foster Family



- Individual
- Family Relations and Care
- Social Support
- Community Services

Planning and Intervention

- ❖ **Home Intervention:** During home visits, to support the caregivers in responding more effectively to the child's needs through psychoeducation or behavioral modeling, among other strategies.
- ❖ **Psychosocial intervention:** In small groups addressing specific topics relevant for foster parents within a supportive environment
- ❖ **Specialized intervention:** Community services addressing specific needs of the child or the family (e.g., psychotherapy, speech therapy, occupational therapy).

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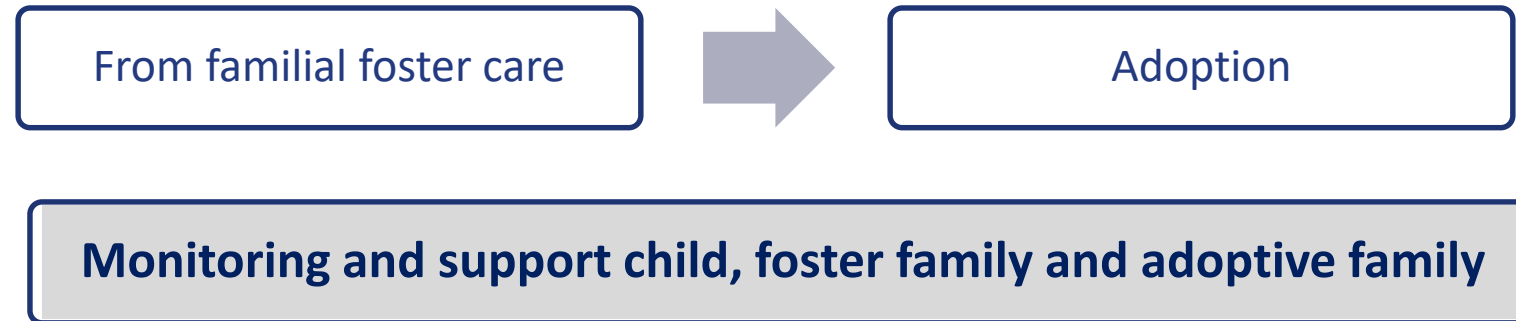


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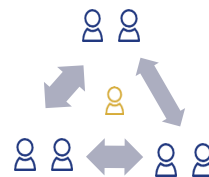
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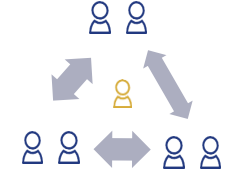
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2. Family to Family transition model



Family to Family (F-to-F)





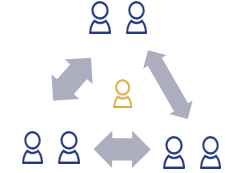
F-to-F | Introduction



Central Assumption and Professional's Questions

Yesterday, as today, there is a need to take good care of children's transitions between different family contexts.

- How do we make the transition of a child who is in a protective and secure family (foster) to another equally protective and secure family (adoptive)?
- How can we do it so that the child doesn't feel this experience as an abandonment or a rupture?

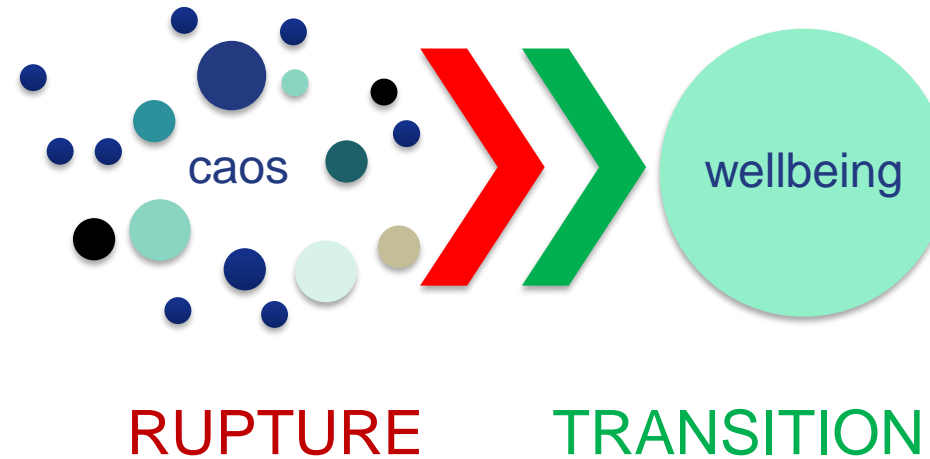


F-to-F | Introduction

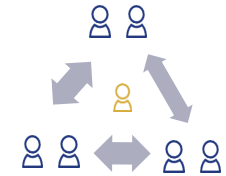


Theoretical basis

- Avoid ruptures in the child and in his/her developmental trajectory
- Assure good and smooth transitions
- The *Family to Family Transition Model* was theoretically inspired by the Secure Base model of therapeutic care developed by researchers in the care area, Gillian Schofield and Mary Beek from the University of East Anglia, UK (Schofield & Beek, 2014)



- Interrupting processes of adaptation and exploration of the family and extra-family environment, focussing on the child's needs to 'survive' the abrupt change;
- Great turbulence in the course of their development and adaptation in extra-family contexts;
- Vulnerability to the emergence of an emotional adaptation disorder in the child;
- Transition means a passage that involves a progressive transformation, evolution;
- Possibility of integration in the new life stage, life contexts, and exploration activity;



F-to-F | Introduction



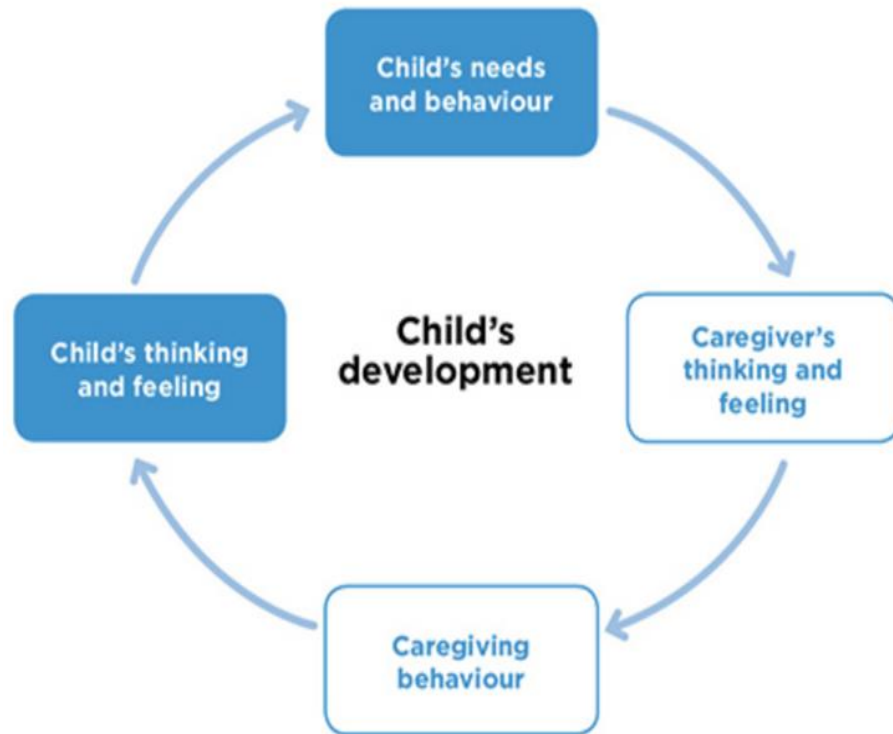
Theoretical basis

Good Transitions

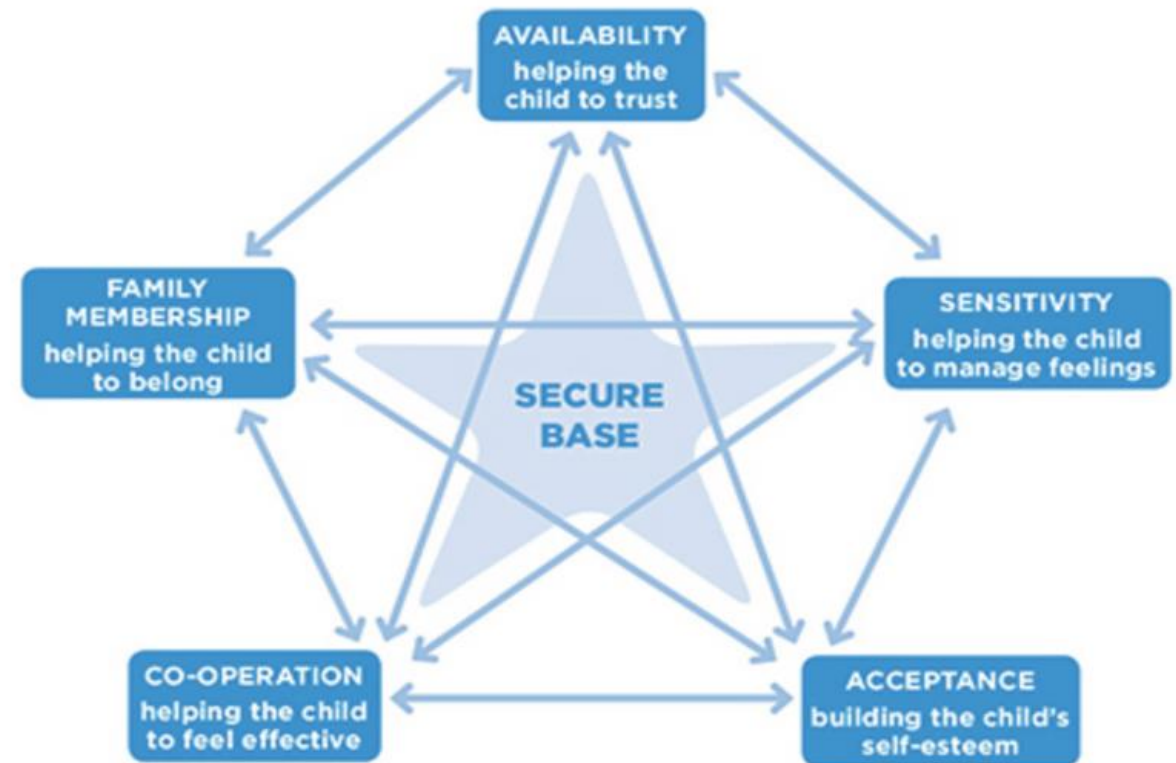
- As long as it is handled with sensitivity, the continued presence of an attachment figure, remaining available and continuing to play a supportive role, can reassure and help children instead of increasing their confusion. It can also reduce the trauma of sudden and inexplicable loss (Bowlby, 1980; Robertson and Robertson, 1989).
- Boswell and Cudmore (2014) state that the mourning process of foster caregivers and being consoled will be invaluable in helping the child develop closer and more affectionate relationships with their new parents.

Theoretically inspired by the Secure Base model of therapeutic care developed by Gillian Schofield and Mary Beek from the University of East Anglia, UK (Schofield & Beek, 2014)

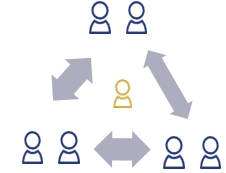
The caregiving cycle



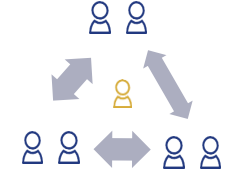
The Secure Base model



F-to-F | Objectives

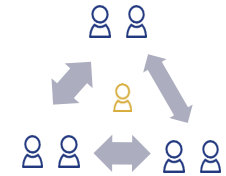


- The aim is to promote transitions centered on the child's emotional needs while supporting foster family and adoptive family



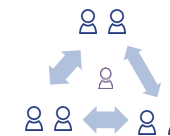
F-to-F | Development Model Process

- This model was developed and tested based on cases and through the joint work between foster care professionals, adoption professionals, and academic researchers.
 - 11 months: 4 months with weekly meetings, 3 months twice per month, and 4 months monthly meetings, following step-by-step a set of cases
- Building the program by matching theory and practice:
 - Logic Model (McLaughlin, J., & Jordan, G., 2010)
 - Linking activities-research products
 - Multi-method approach
 - Agile Methodology in Software Engineering (Beck, K. et al, 2001)
 - Plan – Design – Develop – Test – Review - Launch

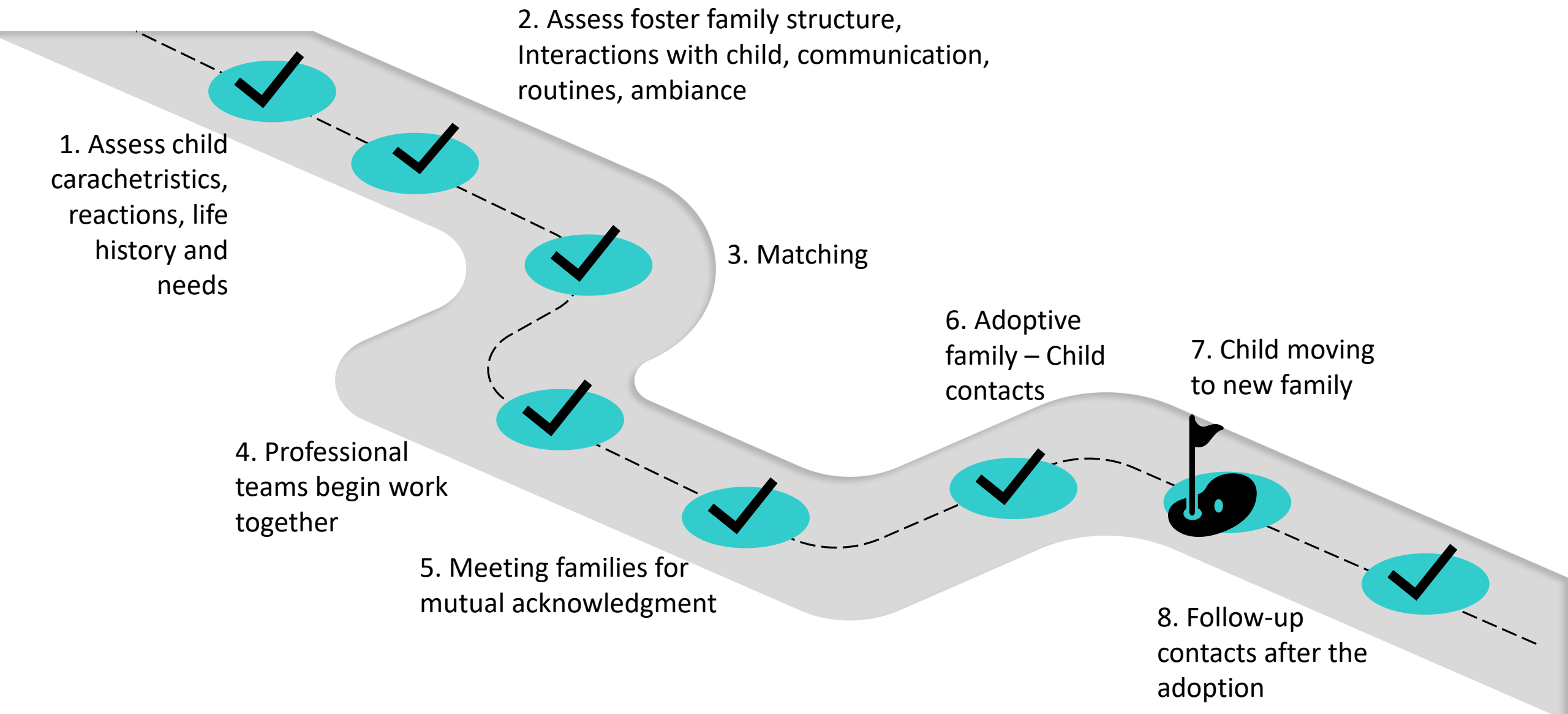


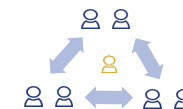
F-to-F | Key Points

- The continuity of the child's relationships and family environment
- Fluent communication between all professionals involved in the process
- Flexible planning, built among all the adults
- Guarantee of a progressive and safe transition for the child between family contexts (around 2 weeks)

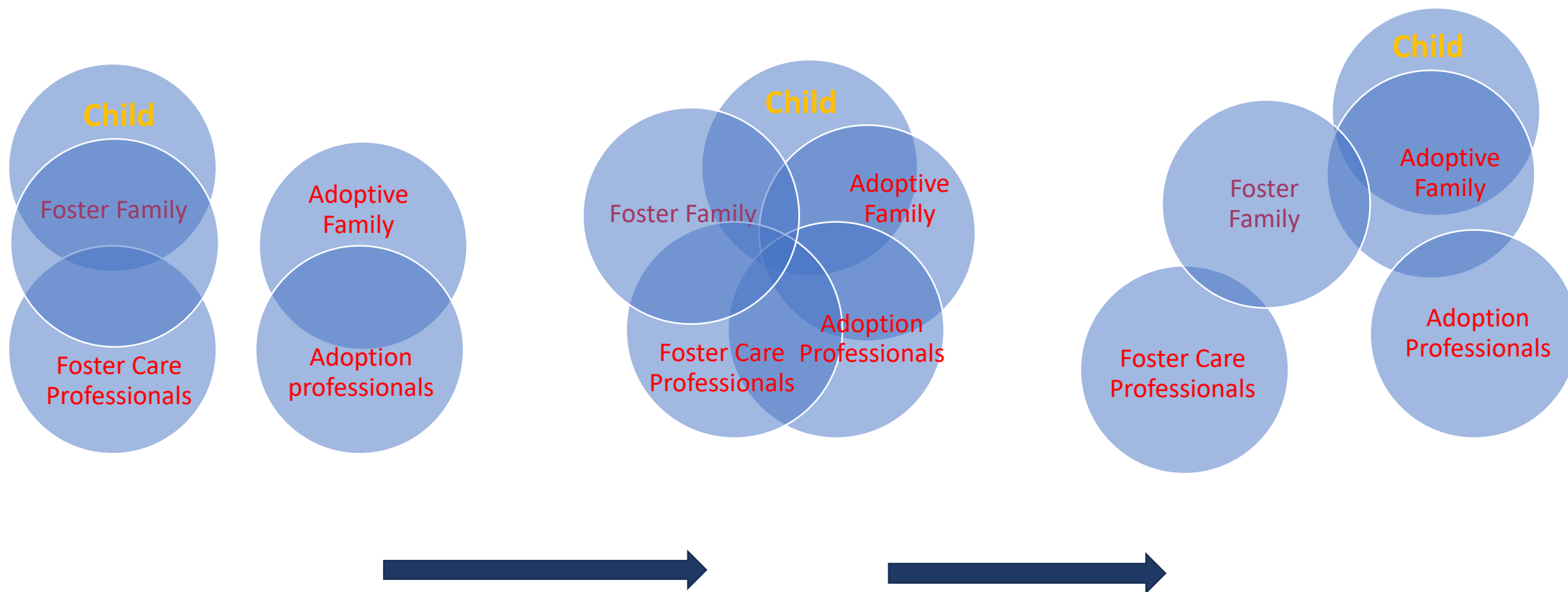


Family to Family Implementation Road Map





Movement of relationships throughout the transition



F-to-F | 1. Getting to know the child

- pregnancy and childbirth data
- health and development data
- baby's temperament and interaction behaviors
- self-regulation, sleep, and eating routines
- baby's adaptation to the foster family
- (...)

Two case studies

John, 8 months.

Physical Percentis in the mean (50); Development level in the norm for the age.

Easy to eat and to sleep:

Very happy and active; like the interaction and follow the adult stimuli.

Yara, 3 Y, has black ethnicity, good development, language above her age, and is very expressive. Difficulties: not eating alone, not falling asleep alone, lots of tantrums, lots of crying, lots of opposition. Problems arose a year earlier, after visits with the biological mother ended (by adoption decree), with whom she had a very strong emotional relationship.

F-to-F | 1. Getting to know the foster care family

- The family structure;
- Housing typology and context, such as the place of residence, urban or rural environment, and community resources;
- Family relational climate - the quality of interpersonal relationships within the family;
- Adult–child interaction modalities: communication and affective interactions; physical interaction, discipline; etc.

John, 8 months

Heterosexual couple, with an 11-year-old daughter. The woman did not work outside the home, so she was the one who took care of João.

The man played with him a lot and the home environment was calm and organized, with well-established routines.

Yara, 3 Y, was there for two years.

Heterosexual couple with two children, boys aged 17 and 15, both of whom had some difficulties relating to others; cohesive environment, all very focused on Yara and lack of openness in communication; they wanted to adopt the girl and were, initially, very reluctant to the child preparation for adoption and the transition.

F-to-F | 1. Matching criteria

- baby characteristics and needs;
- similarities between family environments (cognitive stimulation, emotional support, and physical environment);
- geographic proximity;
- availability for a gradual transition period (not less than 15 days);
- availability to keep the relationship with the foster family after the transition period;

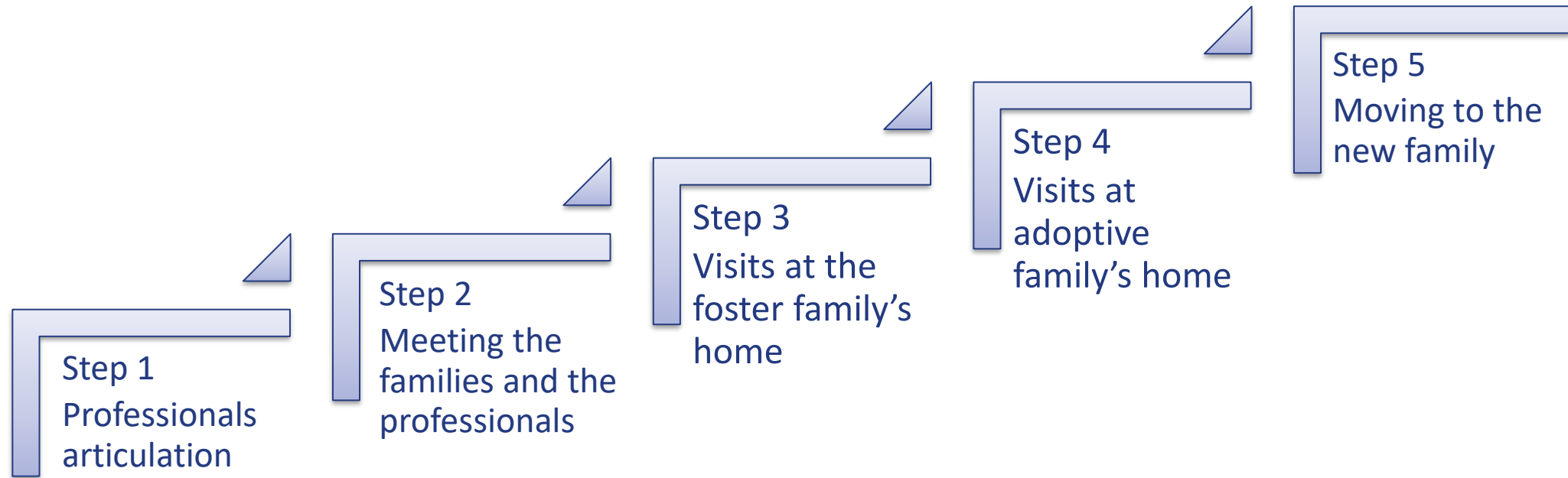
John, 8 months

An adoptive family is a heterosexual couple, without children, due to a history of oncological problems in the man. The home environment is calm and organized. He greatly valued the baby being in a foster family and the family's dedication to their son.

Yara, 3Y

Adoptive family composed by two fathers, without kids, but the same socio-cultural level and living in the same city. They were totally available for a long transition, at the child's pace, and were very understanding of the host family's difficulty in separating from the child.

Transition model Steps



F-to-F | 1st. Phase – Professionals articulation

Several meetings between professionals to:

- Build a common and shared vision among the various professionals;
- Share expectations and reflections about transition (including previous experiences and usual ways of conducting transitions);
- Building together the transition plan;
- Plan the follow-up

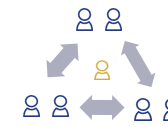
John, 8 months

The teams are absolutely convergent in their perspective about the importance of a progressive transition, although the adoptive team didn't know the program and asked for more time to be familiar with the all the proposals of the foster family professional team.

Yara, 3 Y

The collaboration of the foster family team in preparing lara and in the process was very difficult, as they felt it would have been a better decision for her to be adopted by the foster family. They didn't want to be involved in the child's preparation. They showed a lot of mistrust in their colleagues' work. Finally, they agreed on a joint agenda.

Transition Model Steps



1st

- establishment of relationship between adoption professionals and adoptive parents

2nd

- establishment of relationship between foster parents and adoptive parents

3rd

- establishment of relationship between adoptive parents and the child, focused on playful interactions

4th

- caregiving by adoptive parents in a family context for the child from the foster care home

5th

- caregiving by foster parents in the context of the adoptive home

6th

- progressively longer time at the adoptive family's home, including overnight stays

7th

- occasional visits from the foster family to the child, at the adoptive family's home

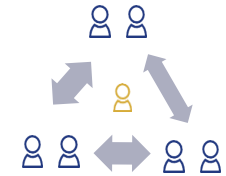
8th

- visits from the foster family to the adoptive family, focused on conversations with the adults

F-to-F | 2st. Phase – Meeting the families and the professionals



Getting to know and to promote an attitude of respect, empathy, and trust between them.



Two meetings

1st – the foster family introduces the baby and shares the baby's reactions to the stimuli given by the adoptive family (lullabies, photos, and videos, for example). On the other hand, the adoptive family can ask practical questions.

F-to-F | 2st. Phase – Meeting the families and the professionals

2nd Meeting – both family members are invited to reflect, with the professionals, on the proposed Transition Plan and its suitability. What are the most delicate situations, expected difficulties, and ways to overcome them? They are also encouraged to make suggestions or proposals.

Detailed calendar and for each event record

- Day and time and duration of the meeting
- Location
- Who will be present
- Goals
- Main activities

John, 8 months

From the very first meeting, the couples were very comfortable, showing great friendliness and identifying with each other. The foster family spoke a lot about João and even wanted to show him on the video conference for a few moments.

Iara, 3 Y

The foster family was very afraid that Iara would not be able to move quickly and suggested a month instead of 15 days. They all agreed on 3 weeks and, if the child showed the need, a few more days.

F-to-F | 3rd. Phase – Visits at the foster family's home

- In this phase, the child will meet his/her new adoptive family at the foster family home, where he/she feels more comfortable.
- The adoptive family starts by observing the care provided to the baby by the foster family and gradually begins to take care of the baby, such as holding the baby, changing the diaper, giving the bottle, playing;
- This takes place in the presence of the foster family and the professionals.

John, 8 months

Great harmony between the families, the adoptive parents were very observant and attentive to João's toys, to the details of the routines and very focused on learning how the foster parents looked after João.

Iara, 3 Y

The foster family welcomed the adoptive parents into their home. Iara was increasingly receptive to playing with her parents and would talk about them in their absence.

F-to-F | 4th. phase: Visits at adoptive family's home

- This stage aims to continue the transition of the baby between families.
- Gradually, the trusting relationship between the baby and the new adoptive family becomes stronger and more secure.
- The gatherings take place at the adoptive family's home in the presence of the foster family so that the baby can gradually become familiar with his new context.
- The professionals are also present.

John, 8 months

The adoptive parents had arranged for João to have things at home that were the same as those he had with his foster family, the same colour of blanket, rug and activity toys; they were always very interested in the suggestions given by the foster family. João easily passed from one person to another.

John, 7 months

Physical Percentis in the médium (50);
Easy to eat, not so easy to sleep:
Very happy and active; like the interaction and follow the adult stimula

F-to-F | 4th. phase: Visits at adoptive family's home

- The baby visits the different spaces of the adoptive family's home;
- The baby starts doing his usual routines, like being changed, eating, sleeping, and bathing.
- This should happen progressively over several gatherings.
- Initially, the foster family begins taking care of the child, and gradually, care is provided fully by the adoptive family.


John, 8 months

João stayed at his adoptive family's house for a few moments during the day, but when his foster family returned, he immediately smiled broadly and showed a desire to go to his foster mother's lap.

Iara, 3Y.

After being separated from her foster family, she cried but then she was fine;
Like to be at adoptive home, play a lot with the fathers, accept them and don't look for the foster family to the routines.

F-to-F | 5th phase: Moving to the new family

- Schedule the day of change house
 - first, overnight stay  The foster family visits the baby immediately after the 1st night, ideally the next morning;
- The baby starts to live with the adoptive family from the first overnight stay in the new house;

John, 8 months

João slept very well all night long, he didn't find the routines strange and when the foster family arrived he seemed happy but no longer asked to be held. The families continued to talk a lot among themselves, they praised each other for the care they had taken of João and they created a WhatsApp group just for them, at the request of the foster family, to ask questions and send photos of João.

Iara, 3Y.

She slept all night alone in her room, ate at the table, and reacted very well to the new routines and to meetings with her extended family.

F-to-F | 5th phase: Baby stay in the adoptive family

- Foster family visits start to happen with decreasing frequency
 - 1st visit - one day apart;
 - 2nd visit - two days apart;
 - 3rd visit - three days apart;
 - 4th visit - one week apart, etc.
- The foster family has long-term contact with the baby

John, 8 months

After one week without seeing the foster family, João was very serious when the foster family arrived, but he went into their arms easily and then returned to his mother's arms very well.

Iara, 3Y.

Meetings with the foster carer were very difficult because they created a bubble between them and the child and left the adoptive family out; in the end, everyone cried and the child too; the foster carer wanted to be there every week and help with routines, but the parents didn't want to because they still wanted to be Yara's parents; so they reduced the frequency of meetings, but currently (1.5 years after the transition) they still meet occasionally on festive occasions.

F-to-F | Process Evaluation – Professionals' assessment

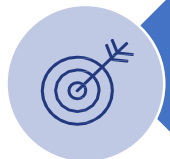
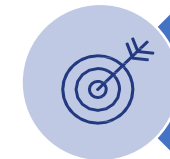



- The objective is to follow the process that ensues in the child's well-being and good adaptation in the adoptive family based on child signals, the flow of the interactions, and the feelings and reflections of the adoptive family.
- It implies:
 - the direct observation of the baby's reactions;
 - the observation of interactions;
 - the caregivers' report;
- Formal instruments for development assessment, when necessary

John, 8 months

After six months in the adoptive family, João had developed very well, was very active and well stimulated; with no signs of health problems; the families continued to live together and it had even happened that the foster family stayed to take care of João when the adoptive parents needed to leave.

Iara initially talked a lot about her foster parents and asked to be taken there to see them, but her parents talked about it and then she felt fine; she also started talking about her biological mother and her parents followed the child's interest, showing her photos of her mother and talking about her past history. She continues to grow and develop well, her tantrums and opposition have disappeared, she shows the autonomy expected for her age and she has finished her follow-up with the psychologist.

F-to-F | Ongoing empirical study on the assessment of transition by Families

-  Written history to explain the transition process to the child
-  Narrative about the personal experience during the transition
-  Gathering detailed information on communication between families
-  *World Café* and interviews to reflect on professional practices, highlighting what went well, and suggestions for areas that could still be improved
-  Assessment of the child's physical growth, development, attachment, and interactions with family members

My Thanks to:

- ❖ Children who did this travel with us during the process of program development, e.g.

João

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José Emanuel

Tomé

Filipa

Mateus

João Francisco

- ❖ Colleagues from professionals teams, my faculty, and from ProChild, e.g.

João / Ana / Ana / Isabel / Rita / Mariana / Sílvia / Margarida / Florbela / Paula / Isabel /
Madalena





AGAINST CHILD POVERTY AND SOCIAL EXCLUSION

Placing Children First,
Building Stronger Families and
a More Equal Society

Thank You!



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