



# PROJECT

## „CONSCIOUS PARENT ACADEMY – REPLACEMENT PARENT URGENTLY NEEDED!”

Project „Conscious Parent Academy – Replacement parent urgently needed!”, number: 2020-1-PL01-KA204-082283 is funded by the Erasmus + program.

The foster care-themed project will help to raise public awareness of foster care and encourage people to consider becoming a foster family. The project will help build positive values that will contribute to the chances of children finding a safe and loving home.

## Title: Caring and working with children with adverse and traumatic experiences.

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**Portugal**

## Children in dangerous situations

### ***Danger situations typology***

Several types of dangerous situations contribute to the temporary or definitive distancing/removal of children from their biological family, in promotion and protection processes. In 2021, there were 69.727 children with a promotion and protection process due to a dangerous situation. These situations were categorized into neglect situations, exposure to domestic violence, dangerous behaviors in childhood and youth, violation of the right to education (e.g., school absenteeism), physical maltreatment, psychological maltreatment, abandonment, sexual abuse, and child exploitation. It should also be mentioned that children might have experienced more than one situation of danger, from the identified categories (Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens [CNPDPJ], 2022).

Regarding the specific situations that led to the placement of children in out-of-home responses, the most prevalent is neglect (70%), such as lack of family supervision and support, neglect in terms of child education and health, exposure to deviant parenting models, and risk behaviors from the child/teen. This is followed by situations categorized as diverse (13%), which include, for instance, the temporary absence of family support, deviant behaviors, abandonment, unaccompanied children/youth, orphanhood, begging/homelessness, suspected victims of human trafficking, and child exploitation, among others. This category is followed by psychological maltreatment (11%), such as exposure to domestic violence, active rejection of the child, abusive exercise of authority, depreciation, and humiliation, actively ignoring the child, threats, social deprivation, and physical maltreatment (4%). Lastly, there are the situations of sexual abuse of children (3%), such as verbal/physical exposure to sexual language or behavior, sexual grooming, rape, child prostitution, and pornography (Instituto da Segurança Social [ISS], 2022).

**1.**

**Characterization  
of foster care  
situation in every  
country.**



**Portugal**

## **1. Characterization of foster care situation in every country**

### ***Typology of Child's Promotion and Protection measures applied***

Several measures can be applied in the scope of a promotion and protection process, which aims to:

- a) Remove the children from dangerous situations.
- b) Provide the conditions that protect and promote the child's security, health, education, well-being, and integral development.
- c) Guarantee the physical and psychological recovery of children and youth, victims of any type of exploration or abuse.

These measures are based on the implementation of several actions and tasks, constructed jointly with the child, family, and other entities or parties considered to be relevant, aiming to remove the danger and recover the family balance and stability.

In 2021, support for the parents consisted in 85% of the measures applied, followed by support for other family members (8.6%), residential care (4.5%), confiding the child to a trusted person (1.1%), support for life autonomy (0.4%), and foster care (0.3%) (CNPDPJC, 2022).

### ***Total number of children in alternative care***

In 2021, there were 8.583 children cared for in out-of-home placement measures, such as residential homes, foster families, and other responses (ISS, 2022).

### ***Typology of foster/residential care responses that exist in the country***

In 2021, there were 357 residential homes, 154 foster families, and 94 diverse responses, that represent therapeutic communities, shelter homes, residential centers, life autonomy apartments, and special education schools, among others (ISS, 2022).

### ***Number of children cared for in each response***

Of the 8.583 children, 7.277 children (84.8%) were cared for in residential homes, 1.041 children (12.1%) were cared for in diverse responses of alternative care (e.g., shelter homes, residential centers, life autonomy apartments), and 265 children (3.1%) were cared for in Foster Families. In this specific measure, there was an increase of 11%, compared to 2020 (ISS, 2022).



# 1. Characterization of foster care situation in every country

### **Total number of foster families, children in foster care, and their general characteristics**

In 2021, 154 Foster Families cared for a total of 265 children, of which 41 ceased/terminated foster care (ISS, 2022).

In the following sections, we will address the characteristics of the 224 children still in foster care, by 2021, November 1st (the last data available).

There were 132 boys (59%) and 92 girls (41%) in this type of care (ISS, 2022). Regarding children/youth's age, there is a higher expression of younger children, from 0 to 5 years old in foster care ( $n = 66, 29.5\%$ ), followed by youth between 18 and 20 years old ( $n = 42, 18.8\%$ ), 15 to 17 years old ( $n = 39, 17.4\%$ ), 12 to 14 years old ( $n = 30, 13.4\%$ ), 6 to 9 years old ( $n = 22, 9.8\%$ ), 10 to 11 years ( $n = 17, 7.6\%$ ) and lastly, youth, from 21 years and older ( $n = 8, 3.6\%$ ) (ISS, 2022).

In terms of education, 191 children/youth (85.3%) were attending educational responses (from kindergarten to university, including professional education, and special education), 20 children (8.9%) between 0 and 17 years old were not attending school, and 13 youths (5.8%) finished school and were looking for a job or were working already (ISS, 2022).

Children were placed in foster care mainly due to neglect situations (27% of the cases related to the lack of supervision and accompaniment, and 11% due to neglect of health issues). Situations of sexual abuse accounted for 7% of the children in this measure (CNPDPJC, 2022).

### **Special characteristics of the children**

Of 224 children cared for in foster families, 88 have a clinically diagnosed deficit or disability, representing 39.2% of all children cared for in this measure. In terms of behavioral and cognitive development, 22 children had behavioral problems (9.8%), 13 had a clinically diagnosed cognitive deficit (5.8%), and 26 had a clinically diagnosed cognitive disability (11.6%). Regarding physical development, 13 had a clinically diagnosed physical disorder/disease (5.8%) and 13 had a clinically diagnosed physical disability (5.8%). Only one child had a clinically diagnosed mental health disorder (0.4%).

Also, 161 children benefited from psychological or psychiatric support, representing 71.9% of all children in foster care. Fifty children benefited from regular psychological counseling (22.3%), 41 children (18.3%) benefited from pedo-psychiatric counseling, and 13 children (5.8%) benefited from both types of counseling, but not regularly. Lastly, 38 children (17%) benefited from pedo-psychiatric pharmacotherapy/medication. The remaining children ( $n = 19, 8.5\%$ ) benefited from other specialized medical care (e.g., development or genetic appointments) (ISS, 2022).



**Portugal**

**1.**

**Characterization  
of foster care  
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country**

***Life projects***

Regarding children's life projects, 217 out of the 224 children in foster care benefited from an established life project, with the autonomy of life being the most expressive one, representing 33.9%. It is followed by reintegration into the biological and nuclear family (24.1%), adoption (18.3%), permanent care in foster care or other care responses (12.5%), integration of children in the extended family (5.4%), and civil sponsorship (2.2%) (ISS, 2022).

***Foster care duration and previous reallocations of the children***

In terms of the time children spent in foster care, 90 children (40%) were fostered for six or more years, 43 children (19%) were fostered for less than a year, 35 children (16%) were fostered for two to three years, 34 children (15%) were fostered for a year, 22 children (10%) were fostered between four and five years (ISS, 2022).

***Termination of foster care***

In 2021, 41 children ceased/terminated foster care. Of these children, 12 returned to their biological parents, 11 changed to living arrangements with a trusted person, family, or tutor, 10 went to an adoptive family within the pre-adoption evaluation period, and eight moved out of the foster family to an independent living arrangement (ISS, 2022).

## Children in dangerous situations

**Poland**

### ***Danger situations typology***

Several dangerous situations contribute to the temporary or definitive distancing/removal of children from their biological families. In 2017, these situations were parental addiction (41.7%), helplessness in care and upbringing matters (28.1%), half-orphanhood (7.3%), other situations (6.7%), orphanhood (4%), violence in the family (3.8%), disability of at least one child in the family (2.9%), long or serious illness of at least one parent (2.8%), stay abroad for work purposes of at least one of the parents (2.2%), inadequate housing conditions (0.3%), and poverty (0.1%) (Wise Europa, 2018).

### ***Typology of Child's Promotion and Protection measures applied***

In strengthening the caring functions of the family, day support centers play a significant role. There were 2.725 centers operating in 2020 (in 2019, there were 3.164).

These centers (care, specialist, run in the form of backyard work, combined forms) were used by 87.400 children and youth in 2020 (in 2019, were used by 111.300 and children and youth).

Besides day support facilities, other significant elements of the family support system were family assistants and supporting families. In 2020, over 3.800 family assistants were employed, and there were also 67 supporting families (Statistics Poland, 2021).

### ***Total number of children in alternative care***

In 2021, there were a total of 72.300 children in alternative care.

### ***Typology of foster/residential care responses that exist in the country***

In 2021, there were 35.915 Foster Families, from which 64.2% were related families (that is, family members other than parents), 29.9% were non-professional families, and 5.9% were professional families.

There were 724 family children's homes (family orphanages) and 1.273 institutional foster care facilities.

Institutional foster care facilities divide into 1.260 care and education facilities (organized as follows: 777 socialization-type facilities, 219 family-type facilities, 51 intervention-type facilities, 31 specialized and therapeutic facilities, and 182 combined forms facilities), 10 regional care and therapy facilities, and three intervention pre-adoption centers (Statistics Poland, 2021).

### ***Number of children cared for in each response***

In 2021, there were 56.400 children in family foster care, and 15.900 children in institutional care (Statistics Poland, 2021).

## **1. Characterization of foster care situation in every country**

## Children in Foster Care

### Poland

#### 1. Characterization of foster care situation in every country

##### **Total number of foster families, children in foster care, and their general characteristics**

There are two forms of foster care: family foster care (foster families and foster homes), and institutional foster care.

In 2021, regarding family foster care there were 35.915 foster families, which were divided into related (64.2%), not professional (29.9%), and professional families (5.9%). There were also 724 foster homes.

Foster families were constituted of married couples ( $n = 18.983$ , 53%), and singular people (16.932; 47%). Most people are aged between 51 and 70 years old (53.6%). Foster homes were run by 619 married couples (85%) and 105 singular people (15%), with ages varying mostly between 41 and 60 years old (78.5%). Although it is legally possible to be a foster family from the age of 18, people between 18 and 21 years old did not foster any child. Most families fostered one child (72.6%), 18% fostered two children, 5.5% fostered three children, and 3.7% fostered four or more children.

There were 72.300 children in foster care, completely or partially deprived of the care of their biological family. Of which 56.400 were integrated into a foster family and 15.900 were in institutional foster care. Compared to 2020, the number of children in this measure increased by 1.1%.

Specifically, regarding family foster care, from the 56.357 children in this response, 5.108 of them were in foster homes (9.1%). Foster families and foster homes placed children mostly from 7 up to 13 years ( $n = 19.518$ , 34.6%). Children under 1 year old were the least represented group in family foster care ( $n = 892$ , 1.6%).

Nearly 17% of children were admitted for the first time into family foster care ( $n = 9.664$ ).

Concerning institutional foster care, there were 1.273 institutional facilities, which include education and care facilities (socialization centers, family centers, intervention centers, specialist therapy centers, and tasks combining centers), regional care and therapy centers, and intervention pre-adoptive centers.

Integrated into these institutions were 15.931 people. Children between 14 and 17 years old constituted the major group ( $n = 7.154$ , 44.9%), followed by children from 10 up to 13 years old ( $n = 4.018$ , 25.2%), children from 7 up to 9 years old ( $n = 1.577$ , 9.9%), adults with 18 years old and more who continued their education ( $n = 1.514$ , 9.5%), children between 4 and 6 years old ( $n = 970$ , 6.1%), children between 1 and 3 years old (540; 3.4%), and the smallest group was the children under the age of 1 year old ( $n = 158$ , 1%) (Statistical Office in Kraków, 2022; Statistics Poland, 2021).

***Other characteristics of the children***

In family foster care, approximately 11% of children ( $n = 6.309$ ) were diagnosed with a moderate or severe disability. Orphan children accounted for 4.7% ( $n = 2.627$ ).

In institutional foster care, around 12% of the residents had some disability (Statistical Office in Kraków, 2022).

***Life projects***

In Żory, in 2022, there were 150 children in foster families. Regarding their life projects, 16 children become independent, four children were adopted, and two children returned to their biological families.

***Foster care duration and previous reallocations of the children***

Each institution organizer of foster care keeps individual statistical data on the duration of children's stay in foster care.

In Żory, at the end of 2022, there were 128 children in foster care families, from which:

- 9 children were in this response around 3 months,
- 15 children from 3 to 6 months,
- 13 children from 6 to 12 months,
- 17 children from 1 to 2 years,
- 12 children from 2 to 3 years,
- 62 children stay longer than 3 years.

***Termination of foster care***

In 2021, 6.933 children up to the age of 18 left family foster care: 31.3% returned to their biological family or family of origin, 18.6% ( $n = 1.292$ ) were adopted, 27.5% ( $n = 1.905$ ) were placed in other forms of family foster care, 13.1% ( $n = 909$ ) moved to institutional foster care, and 0.6% ( $n = 39$ ) were transferred to a social assistance house. The remaining data were not available.

Out of 3.980 adults (older than 18 years old) who left family foster care, 2.052 started their independent life and set up their households (51.6%), 174 returned to their biological family or family of origin (4.4%), and 1.485 left foster care but did not start an independent life (37.3%). The remaining data were not available.

With regards to institutional foster care, 4.530 children terminated this placement due to the return to the biological family or family of origin (35.9%), the transfer to other types of institutional foster care (25.4%), the placement in family foster care (22.3%), and to adoption (7%). The remaining data were not available. Out of 2.043 adults (older than 18 years old) who left the facilities, 1.104 started their independent life and set up their households, and 721 returned to their biological family or family of origin. The remaining data were not available (Statistical Office in Kraków, 2022).

## Children in dangerous situations

Lithuania

### 1. Characterization of foster care situation in every country

#### ***Danger situations typology***

According to Social Support Information System (SPIS), in 2021, were registered 2.935 cases of possible violence against children, and 2.594 children were allegedly subjected to violence (corresponding to 0.52% of all children living in Lithuania,  $n = 497.154$ ).

The number of violence cases and the number of children possibly exposed to violence has increased compared to last year's data: there were 58 more cases of possible violence against children and 108 more cases of potentially victimized children.

In 2021, physical violence corresponded to 55% of all possible cases of violence against children ( $n = 1.619$  cases,  $n = 1.538$  children). Out of the 1.619 cases of physical violence, 8% ( $n = 124$  cases) were regarding corporal punishment, in which 123 children were possibly injured.

There were 1.561 cases of violence against 1.384 boys, and 1.374 cases against 1.210 girls. Most cases (39%) report to ages between 10 and 14 years old ( $n = 1.132$  cases,  $n = 1.004$  children).

Children were mostly abused by family members ( $n = 1.837$  cases,  $n = 1.609$  children, corresponding to 63% of all cases of violence against children). This trend is particularly evident in cases of neglect ( $n = 855$  cases,  $n = 710$  children, i.e., 98% of all cases of neglect), and physical violence ( $n = 705$  cases,  $n = 676$  children, i.e., 44% of all cases of physical violence). Sexual violence was mostly perpetrated by unrelated people, representing 174 cases, and affecting 165 children (73% of all cases of sexual violence) (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

#### ***Typology of Child's Promotion and Protection measures applied***

In 2018, were constituted Mobile Teams (hereinafter referred to as MK) that work under the guidance of the Ministry of Social Security and Labor.

MK work with the family and/or the child, after determining if the child needs protection (i.e., if there is a real danger to the child's physical or mental safety, health, or life, or a danger that may cause significant harm to the child's health) when the child is temporarily cared for in the family or the family of a natural person, or the child is temporarily accommodated in the family of a natural person.

Mobile Teams provide intensive support to families in their homes or other settings when agreed with the families.

These teams provide, mostly, information and motivational assistance. During 2021, MK motivated families by encouraging family members to accept help and change their behaviors (8.612 times) and providing information (8.467 times).

Psychologists provided 4.702 consultations and other MK specialists helped families and/or children manage a crisis (4.615 times), develop safe environments for children (4.613 times), and develop parenting skills (4.604 times).

In 2021, MK's specialists met with family members 12.244 times in family residences or other settings, representing an increase over previous years (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

**Total number of children in alternative care**

In 2021, there were 6.296 children in alternative care (e.g., kinship care, foster care, residential homes), a small decrease compared with the previous year ( $n = 6.818$ ) (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

**Typology of foster/residential care responses that exist in the country**

Alternative care is organized into four responses: foster families, child guardianship in guardianship centers or guardians on duty, social families, and institutional care or community-based children's homes.

Foster families provide a natural family environment. These families can foster up to three children, however, the total number of children in a family with their own children cannot be higher than six.

Child guardianship in a guardianship center or guardians on duty refers to professional childcare provided by a guardian on duty under the mutual agreement between the guardianship center and the guardian on duty. The guardian on duty is a person who meets the requirements to be a guardian (carer) set in the Civil Code of the Republic of Lithuania. This person has to attend training for guardians and adoptive parents, as well as counseling courses for guardians. To perform this role, there must be an agreement of cooperation and service provision with the guardianship center. After this agreement, the guardian on duty can take care of children left without parental care, children experiencing social risk, with whom he/she is not related by family ties, or in specific cases defined in the contract, provide other assistance to the child's parents to enable the child's return to the family. The guardian on duty must have a certificate of individual activity.

Social families are a form of custody that provides a family environment, and the legal person (or family) can take care of four or more children. The total number of children in a family with their own children cannot be higher than eight children. Institutional care or community-based children's homes are alternatives that place children in an institution.

**1. Characterization of foster care situation in every country**

## Children in dangerous situations

### Lithuania

#### ***Number of children cared for in each response***

When it comes to social families, at the end of 2021, 64 social families were taking care of 279 children. In the previous year, 318 children were placed with 62 social families.

Regarding child guardianship in guardianship centers or guardians on duty, there are 66 guardianship centers in Lithuania. At the end of 2021, there were 219 active cooperation and service provision contracts between care centers and guardians on duty (an increase compared with 2019 – 201 contracts, and 2020 – 204 contracts), and 210 children were placed in this type of alternative care (an increase compared with 2020 – 198 children).

Concerning institutional childcare, there is a decrease in the number of children under this form of alternative care. In 2021 there were 1.390 children (547 girls and 843 boys) in this response, corresponding to 22% of children in out-of-home placement (2019 – 1.954 children, corresponding to 26%; 2020 – 1.656 children, corresponding to 24%).

At the end of 2021, 1.212 children were placed in permanent care in a childcare institution, and 178 children were placed in temporary care (a decrease, compared with the previous years: 2019 – 1.660 children in permanent care and 294 children in temporary care; 2020 – 1.450 children in permanent care and 206 children in temporary care).

During 2021, 953 children lost parental care (2019 – 1.306 children; 2020 – 877 children), but there were 963 cases of establishing custody (2019 – 1.346; 2020 – 898), of which temporary custody was established 921 times (2019 – 1.312; 2020 – 864), and permanent guardianship was established 42 times (34 times both in 2019 and 2020).

Lastly, in 2020, there were 4.644 children in foster care, and in 2021, the number decreased to 4.417 children (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

### 1.

#### **Characterization of foster care situation in every country**

## Children in Foster Care

**Lithuania**

### **1. Characterization of foster care situation in every country**

#### ***Total number of foster families, children in foster care, and their general characteristics***

There are four forms of foster care: regular foster care, professional foster care, family-based foster care facility, and community-based children's care home. Besides, foster care can be temporary (short-term) or permanent (long-term) childcare.

At the end of 2021, 4.417 children (70% of the children in alternative care) were in foster care. There is a trend that over the last year, the number of fostered children in families is increasing (in 2020 there were 4.644 children in foster care, corresponding to 68% of children in out-of-home placement).

Placed in temporary care were 543 children, and in permanent care were 3.874 children.

Most children in foster care were girls ( $n = 2.314$ , 52%), and there was a prevalence of children over 10 years old ( $n = 1.590$ , 36%).

Since relatives can foster children of their own family, 2.858 children (65%) were fostered by someone from their biological family, other than their parents, corresponding to 3.454 carers. In 2019, 3.272 children were fostered by relatives, and in 2020, 3.032 children were placed with other members of their families (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

#### ***Special characteristics of the children***

In 2021, out of 953 children who lost parental care, 42 children have a disability (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

***Life projects***

The Multidimensional Family Therapy Program (hereinafter referred to as the MDFT Program) is a comprehensive, family-oriented behavior change program for youth whose behavior is markedly different from the usual age, cultural, and ethical norms, and is socially unacceptable, delinquent, aggressive, and provocative. This program is also directed to children and youth that have emotional difficulties or for those whose intervention in general education settings is not effective. The implementation period of the MDFT Program is from 2020, February 24<sup>th</sup> to 2023, June 30<sup>th</sup>.

It is directed to youth from 11 to 17 years old and involves parents, permanent guardians, or other legal representatives.

The MDFT Program provides training, familiarization visits, conferences, and other events.

Other forms of support are provided by municipalities and there are also services provided by non-governmental organizations or other organizations working in the social system.

***Foster care duration and previous reallocations of the children***

Child Temporary care can last from 12 to 18 months and is set up by municipality administration, by decision of the State of Child Rights Protection Services, or is determined by Court decision, by request of the State of Child Rights Protection Services. In 2021, the total number of children in Institutional Care decreased by 2% compared with the previous year.

On the other hand, there was an increase of 8.6% of children placed under temporary guardianship (care), compared to 2020 (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

***Termination of foster care***

Analyzing the data of the last three years (from 2019 to 2021), we can observe that the number of children in family care is consistently increasing (more than 2% in 2020 and 4% in 2019) and the child's guardianship is most often attributed to a foster family than to an institution.

In 2021, the number of children in Foster Care that reached adulthood or were emancipated increased.

However, in most situations, Foster Care ceased because the child returned to the parents (State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor, 2022).

## What should I consider, when caring for a new foster child? Especially one who has been exposed to negligence, physical, psychological, or sexual abuse?

### ***Previous experiences and exposure to trauma***

Most children in foster care have been exposed to more challenging, dangerous, and difficult situations when compared to children outside of this context, and these situations can often result in trauma. Children who are exposed to dangerous situations are constantly scared that their needs won't be met, don't grow up, and don't develop their bodies and brains in the same way as children that live in adequate environments. They tend to focus their energy on the danger that surrounds them and how they can learn to deal with fear and uncertainty (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019).

The prolonged exposure to adverse situations affects their development due to toxic stress. This type of stress is implicated in situations of physical and psychological abuse, parental substance abuse, and institutionalization, which are situations that induce fear. Fear can make children feel like they need to freeze, run, fight, or be submissive to stay safe (Townsend, 2019). Their brains register this information and apply it to all contexts of their lives, which is why the child might still perceive danger and feel fearful although he or she is in a safe environment (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019).

It is also necessary to consider what the child might have learned about relationships in the context of previous relationships. Contrary to others, children who have been exposed to abuse and/or neglect construct their views of relationships, what to expect from them, and how to satisfy their emotional needs in the context of disruptive and dysfunctional relationships and harmful environments. This often means that they learn they can be hurt or abused in close relationships and acquire (often, inappropriate) coping mechanisms and strategies, to avoid abuse and protect themselves, both physically and mentally (Kelly, 2017).

## **2. Common questions that foster families might have**

## ***Consequences of the exposure to trauma – Physical, cognitive, emotional, psychological, and developmental consequences***

The exposure to stress and trauma, and the constant feeling of being afraid can cause children to have difficulties in sleeping, eating, concentrating, and paying attention in simple tasks, have big tantrums and meltdowns, zone out, and fight a lot. These behaviors are the result of their brains and bodies reacting more rapidly to fear and because of their continuous state of alert. There's also difficulty in "turning off" and resting the brain and body, making it hard for the child to sleep, learn and play. The child learned these behaviors from previous experiences, which serve to protect him/herself when scared (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019).

It is important to keep in mind that these behaviors were a way for your child to deal with the situations and were also mechanisms that helped him/her to be safe. Also, the child might not recognize that he/she is safe, and still act upon fear and negative representations of the foster caregivers and others.

This might lead to the feeling that the child is "misbehaving" or being intentionally "bad". In this context, it is fundamental to consider the adverse situations that the child has been exposed to and, if you have this knowledge, it might be easier for you to help your child (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Kelly, 2017). Also, lack of knowledge about this can lead you, as a caregiver, to feel that you are inadequate, or that you are harming or incapable of caring for the child you're fostering and managing their challenging behaviors, which can lead to high levels of frustration and withdrawal (Kelly, 2017).

Beyond these characteristic behaviors, children exposed to trauma can also develop some deficits and disorders that are more severe, such as Attention Disorder/Hyperactivity (ADHD), learning difficulties, aggression or anger problems, depression, sleeping disorders, anxiety and nervousness, withdrawal, anti-social behavior, and attachment disorders (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Kelly, 2017).

## **2. Common questions that foster families might have**

## What are the most common challenges, that I (as a caregiver) can expect from fostering a new child?

When children are placed in a new home and family, they may exhibit some behaviors and have some characteristics that most foster carers may find challenging. Some of those are associated with the lack of information about the history and past experiences of the child (Kelly, 2017). In these situations, foster carers have difficulty interpreting the child's behaviors, because they don't have information regarding their past adverse experiences. This is also a challenge concerning the management of the child's complex behaviors, which most likely stem from attachment disruptions and past traumas they have experienced (Schofield & Beek, 2014). Another difficulty the caregivers can find is related to identifying trigger factors for the challenging behaviors that the child manifest, which might lead to the feeling that your foster child's behavior is random and can't be understood and, as such, you will not be able to modify it (Kelly, 2017).

Another common struggle is the feeling of impotency in helping and managing the child's behaviors and feelings, which may lead you to think that you are inadequate to take care of the child. Also, there might be feelings of frustration and uncertainty regarding the child's behavior. When these feelings emerge, it might lead to hesitation and a slight distance between the foster carer and the child, which in turn leads to the child signaling their needs in a more demanding, urgent, and distressing way – resulting in a negative cycle in the child-foster carer relationship and ambivalent attachment patterns (Kelly, 2017).

These events can make the fostering process more difficult for foster carers, which is why you, as a foster carer, should always try to gather as much information as possible about your foster child, while also trying to analyze the situation from the child's perspective and acknowledging that your child went through tougher and harder situations and experiences than most children (American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Schofield & Beek, 2014).

### 2. Common questions that foster families might have

## What are the most common challenges that my foster child may experience when adjusting to a new foster family/caregiver?

Children placed in the new foster family also have challenges of their own. Some of them relate to the effects and consequences of previous abuse and/or neglect such as PTSD - Post-traumatic stress disorder, depression, anxiety, low emotion regulation, externalizing/deviant behaviors (e.g., meltdowns, aggression, lying, stealing, and drugs consumption) and other difficulties and disabilities (e.g., ADHD) (American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Kelly, 2017).

There, also, might be an overall resistance and distrust towards you, as their new caregiver. Children may feel uncertain and fearful of the unpredictability of your behavior as a caregiver (American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019). This is associated with negative expectations toward future caregivers, due to the learnings acquired in the context of previous relationships with the biological family (Kelly, 2017; Schofield & Beek, 2014).

Children may fear being abandoned or punished by you after exhibiting unwanted behaviors (Kelly, 2017).

Lastly, the transition itself to foster care might be tough because it implies separation from the biological family, and therefore be a traumatic event for the child (Mitchell, 2016).

## 2. Common questions that foster families might have

### How can I provide the best care for my foster child/children?

In the next sections, we will provide you with some information regarding behaviors and challenges that foster children exhibit, as well as practical strategies and exercises you can do with the child to help manage difficult behaviors and promote your child's development. These exercises are based on previous research conducted with fostered children.

Being informed and seeking more knowledge about ways in which you can help your child deal with previous trauma is a great way to start providing meaningful, helpful, and affectionate care.

## Sensitive Care in helping children and caregivers adjust to fostering:

### ***How can I help the transition of my foster child to my home/family?***

Children that are exposed to trauma tend to have a harder time dealing with changes and the transition itself to foster care. So, this transition might be a stressful event for the child (Mitchell, 2016).

Usually, when changing to a new family, these children seem peaceful and do not exhibit a lot of emotion, at first. This can be seen as a good sign by the families, that the child is peaceful and content, but, on the contrary, this might indicate that the child is very anxious, nervous, and uncertain about their new family (American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019).

Most likely, during this period, the child is trying to learn the new routine and rules of the home and might be safeguarding him/herself, due to the previous scary and traumatic experiences with other caregivers, while also trying to cope with other losses, such as of the biological family or other significant people in his/her life (American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Mitchell, 2016).

### ***How can I help my foster child have a smoother and easier transition to my family?***

***What should or can I do on a day-to-day basis?*** are some of the questions that foster carers/caregivers have, regarding this topic. And to answer them, first, you need to make the child feel safe and secure in the new environment, and on a day-to-day basis, you can do this by:

- Talking to the child and explaining to him/her the changes that are occurring, whether they are good or bad, and that you will be there if he/she ever needs help.
- Allowing your child to have some “transition” or “comfort” objects, such as photos, a blanket, or a stuffed animal, can help the child feel safe and comforted.
- Giving the child a tour of every space of the new home can help the child feel more comfortable and at ease and make him/her feel like he/she has his/her own place.
- Giving the child some time to adjust to the new environment and family, while reassuring them and making them feel comfortable, by saying that they can take all the time that they need, and they can ask anything regarding the new house, family, and respective rules and rights.

## 2. Common questions that foster families might have

## 2. Common questions that foster families might have

### **How can I help the child build trust in me as a caregiver?**

To establish trust, there is a need to consider what the child expects from adults and how you, as a caregiver/foster carer, can show that you will not abandon or hurt him/her. This can be done by paying attention to the child's needs, signals, and behaviors, and by demonstrating (verbally and non-verbally) messages of availability to satisfy those needs. This provides children with a strong sense of being safe, and of being important to you, while also teaching them that they can explore, and later come back for help and support if needed. It also helps children learn that other people can be trusted. Previous experiences might have taught them that if they are needy, they will be met with unpredictable anger and/or frightening aggression, which might result in feelings of fear, panic, confusion, and helplessness when manifesting their needs (Schofield & Beek, 2014).

As a caregiver or parent, you need to be, not only physically but emotionally available and understanding. Helping children trust you can be done by showing availability in a way that is comfortable and acceptable to the individual child, such as knowing when to move closer to them or when to give them space and let them make the first move. You should also consider "flexible theories" regarding the reasons the child is behaving in that way. For instance, if the child is having a tantrum, can this be triggered by an experience? A bad day at kindergarten? Or both? This can help you map the child's behavior, while also providing different approaches to how you should act. When you can do this, children learn that their needs will be warmly and consistently met and that they can trust you as a provider for safety and care (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Beek & Schofield, 2014; Schofield & Beek, 2014).

### ***How can I effectively teach the child to trust me? What should or can I do on a day-to-day basis?***

These are some of the questions that foster carers/caregivers have, regarding this topic. To answer them, here are some specific strategies that you can adopt and integrate into your daily caregiving routine to promote their trust. So, you can:

- Establish a predictable daily routine (for example: have a scheduled time to eat, sleep and wake up). This routine should be explicit to the child and talked through with him/her, in advance,
- Use a calendar or picture chart to mark events, so that they are predictable and anticipated by the child,
- When the child is particularly vulnerable (for example, ill, sad, hurt, or tired) make sure they feel especially cared for and nurtured. For instance, you can make them their favorite food or play with them for a longer period,
- Offer verbal and non-verbal support for safe exploration. For instance, when the child is making a puzzle or other task, compliment her/him on how good he/she is doing and tell them that you are available if he or she needs help,

## 2. Common questions that foster families might have

- Try to respond to the child's signals for support, comfort, or reassurance as quickly/soon as possible. In the case of younger children, if they signal, they are distressed, try, as soon as you can, to pick them up or reassure them by saying "I'm right here, what do you need?". In older children, if you cannot respond right away, say to them that you're just going to quickly finish what you are doing, and will come to help them right away,
- Adapt to the child's cues and signals. Your response should match the child's signal. For example, if the child is hurt, you should comfort him/her, as soon as possible, but if the child needs help with the homework and is expressing frustration, you can provide help, while also giving them space to try for themselves. (AAP & Dave Thomas Foundation for Adoption, 2019; Beek & Schofield, 2014; Schofield & Beek, 2014).

You should also consider implementing some strategies for when you and the child are apart, such as:

- Trying to manage separations carefully. Some children react badly to being separated from their caregivers once the relationship is established. You can try and manage these situations by providing information previously, about why it is happening, how long you will be apart, and by saying clear "goodbyes" and "hellos",
- Making sure the child knows he or she can always contact you when you are apart,
- Allowing the child to take a small comfort item (e.g., stuffed animal) or photo from home to school or another place,
- With older children, you can also use your phone to text or call them and tell them you are thinking about them. You can place a small surprise (a candy or a toy) in the child's bed when you are apart (for example when they go to school). And when they arrive, tell them you have done that because you thought about them during the day.
- You can place a small surprise (a candy or a toy) in the child's bed when you are apart (for example when they go to school). And when they arrive, tell them you have done that because you thought about them during the day.

(American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019); Beek & Schofield (2014); Schofield & Beek (2014)).

## 2. Common questions that foster families might have

### **How can I help the child manage his/her feelings?**

To help your foster child understand, express, and manage their feelings appropriately, you need to be sensitive and think flexibly about what the child might be thinking and feeling and how you can reflect this on the child. If this strategy is applied properly, the child will learn to think about and value his/her thoughts, ideas, and feelings, as well as those of other people. This strategy helps children to also reflect on, manage and regulate their feelings, contributing to the management and regulation of his/her behaviors (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Beek & Schofield, 2014; Schofield & Beek, 2014).

Children with previous experiences of adversity, abuse, or neglect may have lacked the opportunity to have their thoughts and feelings acknowledged by their caregivers. They might have been in situations where no one was available to help them deal with feelings such as anger, despair, fear, or panic, or the caregivers themselves were not able to manage and regulate their own feelings. Also, other caregivers might have denied and rejected the feelings that the child expresses, leaving them confused. All these situations mean that the child did not have the opportunity to learn in a safe environment how to express and manage their feelings (Schofield & Beek, 2014).

Without a safe, nurturing, and stable adult to help manage their feelings, children might develop inadequate coping mechanisms. This means that the child might express their feelings excessively, use their feelings to control others, withdraw from demonstrating any, or even deny that feelings exist. These strategies are difficult to manage in a foster family, where feelings need to be communicated openly, and managed in a regulated way to allow for trust in the relationship to settle in (Schofield & Beek, 2014).

***How can I help the child feel like their feelings are validated? How can I help him or her manage those feelings? What should or can I do on a day-to-day basis?*** To answer these questions, there are some specific strategies you can integrate

into your daily caregiving routine to help your child managing their feelings. So, you can:

- Avoid situations that might cause confusion and distress for the child, by anticipating them (if possible).
- Demonstrate interest in the child's thoughts and feelings, to a degree that is comfortable for the child.
- Include shared and pleasurable activities in your daily life and comment on how you and the child felt when doing them.
- Encourage the child to think before reacting to situations.
- Help the child recover from situations after he/she loses control over her/his feelings and praise him/her for doing this.
- Name and talk about feelings in everyday situations, e.g. „I had a good day at work and I'm happy. How about you?“.
- Discuss mixed feelings and feelings that change over time with the child, so that he/she knows that these feelings are normal. (AAP, Dave Thomas Foundation for Adoption, 2019; Beek & Schofield; 2014 ; Schofield & Beek (2014).

## 2. Common questions that foster families might have

### ***How can I help the child build his/her self-esteem?***

To promote the child's self-esteem, you need to be accepting and convey to the child that he/she is unconditionally accepted and valued for who he/she is, no matter his/her difficulties and strengths. This is the foundation for positive self-esteem, for the child to feel good about him/herself and to learn that they are worthy of receiving love, help, and support, and can deal with adversity and setbacks (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Beek & Schofield, 2014; Schofield & Beek, 2014).

This needs to be based on the previous areas worked with the child, so the child needs to trust in the caregiver and be able to manage feelings, as well as to believe in the caregiver's intentions (praise, care, affection). Most children in alternative care placements feel that they are worthless and exhibit low self-esteem, due to previous experiences with parenting and caregiving that have lacked warmth and acceptance or even to their perceptions that negative experiences are their responsibility and that they only deserve punishment or rejection. Children with these experiences have a hard time facing situations and experiences with confidence. They may not have learned that they can be good and bad, and yet be valued and accepted by the people that care for them (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Schofield & Beek, 2014). When they believe that they can't be good, then children will decide that they will need to be the worst, leading to a negative cycle in which the child expects to be rejected and abandoned when behaving (aggressively or badly), while involving themselves in situations that might produce those outcomes (Schofield & Beek, 2014).

The goal of this strategy for caregivers is to make the child feel accepted, while also helping him/her change behaviors that can threaten their acceptance by others.

## 2. Common questions that foster families might have

***“How can I help the child feel more positively about him/herself? How can I help him/her have positive self-esteem? What should or can I do on a day-to-day basis?”*** These are some of the questions that foster carers/caregivers have, regarding this topic. To answer them, there are some specific strategies that you can integrate into your daily caregiving routine to help promote your child’s self-esteem. So, you can:

- Praise the child for achieving small tasks and responsibilities.
- Give toys and games that stimulate a sense of achievement and confidence.
- Use positive language. For example, "Hold the cup tight. Good, well done" instead of "Don't drop the cup,,
- Explain to the child why the behavior is not acceptable and explain what he/she should do instead. For example: "If you shout it's hard for me to hear what you want to say. I want to be able to hear you, so please talk in an ordinary voice."
- Model within the family that it is OK not to be perfect, that "no one is good at everything, but everyone is good at something".

(American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019); Beek & Schofield (2014); Schofield & Beek (2014).

### **How can I help the child to feel more effective and autonomous?**

To help the child gain autonomy and become competent and effective, you need to establish a relationship based on cooperation. Most fostered children may have adverse experiences when it comes to having autonomy and cooperating with the biological parents, hindering their efforts to become effective and independent. The biological parents of the children might have been over-controlling, intrusive, or harsh with the children, inhibiting their opportunities to develop autonomy and promote their competency as independent individuals. So, these children might not have developed a sense of themselves as competent and autonomous and might also not see adult caregivers as cooperative partners in exploration and solving problems and difficulties (Schofield & Beek, 2014).

So, foster carers need to teach the child that it is rewarding and important to be active in completing tasks, solving problems for themselves, and making choices, by structuring the environment to promote competence and offer choices and opportunities for children to feel effective and independent. However, it is also important to keep a balance between providing appropriate independence while maintaining the appropriate dependency of the child so you should negotiate, within firm boundaries, to allow for autonomy within reasonable limits and compromises. You should also promote a positive cooperative relationship with adults, in a way that is enjoyable for the child. If you manage to do this, your child will learn that sharing and working together can be rewarding and fun (Beek & Schofield, 2014; Schofield & Beek, 2014).

## 2. Common questions that foster families might have

**“How can I help the child feel more autonomous and effective? How can I help him/her become more independent and cooperative with others? What should or can I do on a day-to-day basis?”** To answer them, there are some specific strategies that you can integrate into your daily caregiving routine to help promote your child's autonomy and cooperation with others. So, you can:

- Minimize dangerous objects and things that the child can't touch, so that they can explore the environment without you interfering, whenever he/she wants and is ready to.
- Give the child opportunities to make choices within reasonable negotiations, such as the cereal he/she wants to eat, what movie to watch, or what clothes to wear to go to school.
- Make sure that your daily routine has an established time for you to share pleasurable and cooperative activities with your foster child, such as making a puzzle or playing a game that the child likes.
- Use cooperative language whenever you can. For example, "Would you like to watch a movie, after you have finished your homework?" instead of "You have to finish your homework before we watch a movie".
- Introduce toys that when the child acts upon them, there is a rewarding reaction or result (mostly for younger children). For example, if the child pushes a button, the toy lights up or plays some music.
- Start to introduce small tasks and responsibilities that the child can do, within their competency and capabilities. When they execute it successfully, praise and reward the child. For example, you can establish that the child must clean up his/her room or make the bed, and every time he/she is successful have a point on a chart, which then leads to rewards, such as eating ice cream or going to the movies. With older children and teens, you can adapt this strategy to bigger tasks, such as studying for tests, getting good grades, or looking for a job. When they do this, you can reward them with more autonomy, by letting them for instance, go to the mall, to the beach, or dine out with their friends.
- Intervene if some of the tasks become a problem, helping and cooperating with the child to do them. This can also be an opportunity to show them that you are available to help, whenever needed.
- Introduce shared activities between you and the child, that result in a clear and pleasurable outcome, such as baking cakes or making a meal. This is also an opportunity to start acquiring life skills needed for independence, such as cooking.
- Identify a desire, target, or goal that the child would like to achieve. Discuss with them, what they can do and establish relevant and achievable steps that they can take to make it happen. You can represent this by drawing a staircase and writing each task on the steps of the staircase. Then set a time to review the progress and think about further steps needed. (AAP, Dave Thomas Foundation for Adoption, 2019; Beek & Schofield (2014); Schofield & Beek (2014).

## 2. Common questions that foster families might have

### **How can I help the child feel like he/she belongs in the foster family?**

To help your child feel like they belong in the foster family, you need to provide a relationship and family environment that is emotionally warm, physically comfortable, accepting, and supportive towards the child, while setting clear and reasonable expectations for shared living as a member of the family. Also, you need to consider that most of these children were separated from their birth and biological family and that they have been through several experiences that influence what they expect from the new family environment. So, you need to promote in the child, a sense of stability and family, so that you can provide an anchorage and reassurance of physical, psychological, and emotional support throughout their lives, to promote their identity and personal development (Schofield & Beek, 2014)

Also, you need to include the child, socially and personally, as a member of the family, in ways that are adequate to the life plan of the child. If the child is in long-term care or a permanent placement, then you need to be the primary source of a sense of belonging in the foster family, while, if possible, maintaining a sense of connection to the biological family, when the quality of the relationships and contact allows it (Schofield & Beek, 2014). However, if the child is in short-term care and is expected to go back to the biological family, the predominant need is to promote an appropriate sense of connection to the birth family.

Also, you need to consider that these children have been through separations, which implies more challenges to adapt to the family. They have been through losses of either family members, pets, or friends, which might result in higher uncertainty and anxiety regarding the foster family (Kelly, 2017; Mitchell, 2016; Schofield & Beek, 2014). The child might question him or herself about how long he or she will stay in the foster family, and if the family really wants them, and about their safety and sense of belonging. The inclusion of the child in the daily routines and plans of the family, whether their life plan is to go back to the biological family or not, is of utmost importance to consolidate the messages of acceptance and belonging and to reduce the child's anxiety and promote their self-esteem (Schofield & Beek, 2014).

### ***How can I help promote a sense of inclusion in my family?***

### ***How can I help them build an affectionate relationship with my biological children?***

### ***And how can I help the child feel like they still belong in the biological family (in those cases)?***

### ***What should or can I do on a day-to-day basis?***

There are some of the questions that foster carers/caregivers have, regarding this topic. To answer them, there are some specific strategies that you can integrate into your daily caregiving routine to help to promote your child's sense of belonging to your family while promoting a sense of connectedness to their biological family.

## 2. Common questions that foster families might have

### **To make them feel like they belong in the foster family, you can:**

- Take time to explain to the child how the family works, regarding your routines and expectations.
- Tell them specific things about the family, such as favourite foods, television programs, and family activities that you, as a family, usually do, so that the child can see how they can fit in.
- Consider adapting those routines, when and where it is possible and reasonable, to the child's habits, to help them feel more at home. For example, you can adjust the mealtimes or bedtime according to the child's previous habits.
- Integrate special places and objects for the child. For example, display pictures of him/her, establish a place at the table, or have their bedroom decorated (posters, objects...) according to his/her interests and age.
- Organize family time and activities, such as mealtimes and fun activities (e.g., going to the pool, movies, and bowling...) where the child can feel like a member of the family.
- Make sure that other family members (e.g., extended family) and friends welcome, accept, and treat the child as a family member.
- Have the pictures of the child on the display in the house, alongside photos of other children that have moved out or grown up in your family.
- Make an album of family experiences that include the child to help him/her reflect on family life and if they return to their biological family, they can take them home or even to a new placement.
- Make sure that the school knows that he/she is your responsibility and that you need to be informed about any concerns or achievements to celebrate.
- Promote activities between your foster child and other biological children you may have, that can be enjoyable, such as playing board games or having a movie night with popcorn.
- Allow your biological children to teach your foster child some things about family routines or other skills to strengthen the bond between them and include your biological children in the fostering process.

(Schofield & Beek (2014); Targowska, Cavazzi, & Lund (2015)).

## **2. Common questions that foster families might have**

### **To make them feel like they belong and are connected to the biological family, you can:**

- Provide the opportunity for the child to have photos of the biological family and ask about where they would like to put them.
- Always be especially careful regarding conversations about the biological family, so the child does not have to deal with negative, contradictory, or idealized ideas about biological family members.
- Be actively involved in the contact between your foster child and their biological family. Make sure to help with the planning and facilitate the contact safely, which assures the child's well-being and security and promotes their connection with their roots and identity.
- Talk to other professionals, such as teachers regarding possible family issues that might arise during the classes.
- Also, keep in mind possible dates that might make mixed feelings arise (e.g., Mother's/Father's days) and talk with the child about those feelings and how it is ok to express them.
- Talk to the child about the good things and the challenges of having two families, so the child knows what to expect and how to manage the feelings associated with it.

(Schofield & Beek (2014).)

## 2. Common questions that foster families might have

### **How can I help support the child's cultural identity?**

To help promote the child's cultural identity, you need to consider, first, that children in foster care might come from different cultural and ethnic backgrounds than yours. If the child is placed with a family from different cultural or ethnic identities, they might feel very different, alone, and like they don't belong, which is why it is fundamental to promote an appropriate connectedness to the child's cultural and ethnic origins (American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Beek & Schofield, 2014; Schofield & Beek, 2014).

### ***How can I help promote, encourage, and support the child's cultural identity? What should or can I do on a day-to-day basis?***

These are some of the questions that foster carers/caregivers have, regarding this topic. To answer them, there are some specific strategies that you can integrate into your daily caregiving routine to help incorporate the cultural identity and differences of the child in your household. So, you can:

- Encourage the child to talk about their feelings regarding their differences in the household, in terms of culture, race, or ethnicity,
- Be more physically and emotionally available to deal with various types of prejudice, such as racism, and to help the child deal with it too,
- Be sensitive about the fact that the child might feel culturally uprooted or might not have information about their cultural background and heritage,
- Provide dolls, toys, games, and books that promote a positive sense of the child's ethnic, religious, and cultural background.
- Make sure that the child's ethnic, religious, and cultural background is respected, accepted, valued, and celebrated in the household. For instance, you can celebrate special holidays/cultural days and integrate cultural objects in your home or cook specific cultural foods, to provide the child with a greater sense of cultural identity.

(American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019); Beek & Schofield (2014); Schofield & Beek (2014)).

## **2. Common questions that foster families might have**

### **How can I manage the challenging behaviors of the child?**

To manage and contribute to the alteration of your child's challenging behaviors, you must consider, first, that children exposed to adverse experiences tend to react to events and day-to-day inconveniences more intensely or overreact, due to the previous trauma. They may have more difficulty in dealing with their feelings, especially negative ones, like anger and frustration when compared to other children (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family, 2019; Schofield & Beek, 2014).

After the children feel safe and have adjusted to the new family and household, some behaviors might start to manifest, as if he/she is "acting out". This can be a difficult period for foster families since the child is now expressing their feelings and healing from the previous trauma. The child might try to push your boundaries and test your limits (AAP & Dave Thomas Foundation, 2019). As a foster carer, you should consider that your foster child might need more support from you when compared to other children (Schofield & Beek, 2014). Also, he/she might need more help in dealing with feelings, and you may need to help him/her regulate their emotions while remaining calm and not taking these behaviors personally. You can also help by talking about the feelings that the child is experiencing and how to deal with them appropriately. You should reassure them that those feelings do not change your love and care or their place in the family, although some of the behaviors are not allowed (AAP & Dave Thomas Foundation, 2019; Schofield & Beek, 2014).

## Infants challenging behaviors

### **What should or can caregivers do on a day-to-day basis, regarding crying and difficulties in sleeping and eating:**

Infants placed in foster care might cry more than babies who had consistent care before. These babies might need more help from the foster carer to learn how to calm themselves. As a foster carer and caregiver, you may need to help them calm down, which might be a challenging task. You may need to wrap them in a soft blanket, rock them and reduce external stimulus, such as light and sounds to soothe them.

Also, these babies may have difficulties in calming down to eat and sleep, and you may need to help them calm down by swaddling them and by turning off the lights and loud sounds or comforting them before trying to feed or getting them to fall asleep. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019))

## **2. Common questions that foster families might have**

## Toddlers and preschoolers' challenging behaviors

Toddlers and preschoolers can exhibit the same challenging behaviors as infants, regarding intense crying, and you can adjust some of the strategies to these older children. However, there are other challenges associated with caring for a toddler or preschooler placed in foster care, which we will address next.

### ***Intense Tantrums***

These children might not be able to calm down by themselves during a tantrum. You, as a foster carer, might need to physically calm the child, by, for instance, holding their hand, holding and comforting them, by picking them up if the child feels comfortable with your closeness and touch.

You can also rock the child and quiet them with directions and a soft voice while avoiding raising your voice or yelling. You should also verbalize what you think that the child is feeling, for example by saying “you are mad, because... or you are sad because...”. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019).

### ***Self-soothing behaviors***

They might manifest self-soothing behaviors such as rocking or banging their head in objects, to calm down. This means that the child will need your help to learn appropriate ways to soothe themselves because he or she might not be able to do it on their own appropriately.

You, as a foster carer, in these situations, must physically contain the child, by hugging them and preventing them from harming themselves, in the first place. Then, you can physically and verbally comfort the child, by hugging them and reassuring them that everything is/will be okay and that you are there with them through it all.

You should also provide and show other ways for the child to comfort themselves, such as holding a toy/stuffed animal or a blanket they find comforting. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019).

### ***Over-Eating and Hiding Food***

These children might also exhibit challenging behaviors regarding eating, because they may worry that they won't get food when they need or want to. So, they may hide the food, over-eat, or say they don't feel full after a meal. You, as a foster carer, can help ease these behaviors by, for example, always having a box with healthy food and snacks available and by distracting the child once the meals are done, by playing with them or diverting their attention to other tasks. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019).

## **2. Common questions that foster families might have**

## 2. Common questions that foster families might have

### ***Difficulties in sleeping***

They might manifest difficulties in sleeping, due to their brains being kept in a constant alert state. You, as a foster carer, might need to establish a bedtime routine that calms the child and that they get used to and becomes an expected ritual before bed. You can also make sure that the room they sleep in, is seen by the child as only for sleeping at that time of the day (e.g., have the toys in another room or stored in a box) and limit their access to TV and electronic devices before bedtime. They might have difficulty sleeping alone, because of fear of the dark or of a new place or even fear that you will abandon them.

You, as a foster carer, can start by laying or sitting next to the child in bed, if he/she is comfortable with that, and hold their hand if they need to. Then, gradually increase the distance, by sitting in a chair next to them, then across the room and afterward, outside the room. To help with this process, you can give the child a soft blanket or stuffed animal/toy for comfort. You should also consider making bedtime a comforting and calming time for the child, and you can do this by introducing an activity such as reading a story or exploring a book with the child, for example. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019).

### ***Acting out***

Another challenging behavior that these children can exhibit is acting out. When these behaviors occur, consider that using a loud or stern voice might make the child feel scared of you or might have the opposite effect and lead to more acting out. So, you as a foster carer, should use a quiet voice and tell them that they need to stop and explain why the behavior is unacceptable and what is the right thing to do, while also reassuring them that you love them, but you will not tolerate that behavior and that you will help to change them, by establishing clear and firm limits.

Also, the child might act younger for some time, and, in this regard, you as a foster carer, should allow it and as the child gets more adjusted to the family, try to alter this pattern of behavior. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019).

## School-aged children Challenging behaviors

Older children manifest challenging behaviors like younger children in terms of eating, sleeping, and acting out, and in this context, you can adapt the strategies from the previous topic to your child, as it applies to several age groups of children.

Other situations might be the ones that follow:

### ***Challenging Emotions such as Anger and Frustration***

There are some specific behaviors associated with school-aged children, namely, dealing with more challenging emotions such as anger and frustration.

Your foster child might not be able to regulate their own emotions, and you might need to teach the child how to use their words to express how he or she is feeling and to learn what they are feeling and how to tell others the feeling that they are experiencing. If the child cannot do this, it might make them feel frustrated.

As a foster carer, you should pay close attention to when the signs of frustration start to emerge. Then, you can show the child appropriate ways to use his or her body to calm down, such as doing breathing exercises. Also, teach him or her about other ways to demonstrate and express anger, for instance drawing a picture to show how they feel. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019)).

### ***Feelings of Confusion and Disorganization***

To help children feel safe, organized, and know what to expect on a day-to-day basis regarding people and routines, you, as a foster carer should let him/her know what to expect from you.

You can do this by setting up ways to keep things, events, and appointments organized, such as charts, reminders, and establishing predictable routines.

These children might also need extra reminders and more specific and direct instructions to execute tasks, for example, when asking the child to organize their school backpack ask him/her "Can you prepare your backpack for school? Remember to put the pencil case, books and notebooks for the subjects you will have tomorrow" instead of just "Prepare your backpack for school". (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019)).

## 2. Common questions that foster families might have

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### ***Depression, Anxiety and/or Withdrawal***

At this age, children might start to exhibit clear signs of depression, anxiety, and/or withdrawal from interactions. When these children feel sad, express frustration, or withdrawal from interacting with you, you should keep in mind that this may be happening due to thoughts or reminders of past experiences. You, as a foster carer, can help by telling the child to use his or her words to try and say how and why he/she is feeling that way.

Talk to him or her about things that can make them feel better. If the child is feeling nervous or anxious, first, try to find out why and talk about why that situation makes the child feel anxious. After that, talk to him or her about appropriate ways to feel better, for example, breathing deeply exercises, relaxing by doing something that they like, or thinking about funny things. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019)).

### ***Complaints about Physical Aches and Pains***

Children can also have complaints about aches and pains in their bodies. If this occurs and children have been seen by a doctor who has certified that everything is alright with the child, you should consider that this might be happening due to reminders of the trauma that the child went through. You, as a foster carer, can help to soothe these aches, by giving affection to the child and helping them calm down, through breathing, relaxation, and massages, talking about those feelings, or redirecting him or her to enjoyable and comforting activities. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019)).

## Adolescents and young adults' challenging behaviors

In this section, we will address what should or can caregivers do on a day-to-day basis, regarding some adolescent or young adult's specific behaviors.

### **More intense emotions that mismatch the situations**

Teens who have been through trauma may exhibit stronger emotions beyond what would be expected from the situation they experience, due to past negative events that he/she associate with the current situation. These teens might need more help with calming down and adapting their emotions to the intensity of the present experience.

You, as a foster carer, can help your teen calm down by talking about the situation and showing comprehension regarding the adolescent's frustration, and giving a new perspective on the matter. Another way to help the adolescent is to redirect him/her to the five senses (sight, sound, smell, touch, and taste) to help him/her relax. You can also suggest some relaxing and distracting activities, such as listening to music, watching a movie, playing a board game, going on a walk, or making a snack together.

Consider that when your teen reacts intensely, it is not directed at you, the anger or frustration is most likely associated with a past negative experience. Try to stay calm and do not take it personally. After the adolescent calms down, talk about how to spot clues that their emotions are getting out of control and how to stay calm and control his/her emotions. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019)).

### ***Impulsive reactions and behaviors***

These teens might have more impulsive reactions and behaviors than other teens. They may not be able to associate their behavior with the consequences.

You, as a foster carer, can lead them to understand that every behavior and decision they take, have consequences for themselves and in some cases for others. In mild cases, for example, when breaking their favorite item when they are angry, you can let them live with the result of not having that item back. This can be a way for them to understand that impulsive actions and reactions have consequences.

You can also use examples of bad choices around you, such as decisions that people make in movies and series to exemplify why it is important to think before acting and, provide other options of how he or she could have reacted. (American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019)).

## 2. Common questions that foster families might have

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### **Self-reliance attitude and behaviors**

Some adolescents in foster care might manifest behaviors characterized by self-reliance, that may lead to resistance towards new caregivers and foster carers. The belief that they can and should take care of themselves, that they don't need anyone else, and that others may hurt them might contribute to more challenging and resistant behaviors towards you that are also meant to test if you still like them. These behaviors often lead to hurtful interactions with others, disappointing relationships for the teens, and can make them feel like they are isolated and disconnected from others.

You, as a foster carer, can actively help them internalize positive self-images and enhance their self-esteem by promoting the idea that the teen has support from you and is worthy of care and of establishing a meaningful relationship (for more strategies, see section „Sensitive care in helping children and caregivers adjust to fostering“). However, you should also promote their self-reliance and efforts to become increasingly more independent, by teaching concrete skills and providing opportunities for your teen to learn how to perform certain tasks on their own.

(American Academy of Paediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family (2019)).

### ***Drug and Narcotics Consumption***

Another challenging behavior is associated with the fact that adolescents in foster care may consume alcohol and marijuana at higher levels when compared to other adolescents outside of foster care. Teens in foster care who skip school and have friends that use these, and other substances, have a higher risk of consuming addictive substances. These can come as a result of teens being left unsupervised when they skip school and are more vulnerable to the influence of their friends that use these substances. By skipping school, they are also less likely to receive education regarding substance abuse.

In this regard, you, as a foster carer, can help prevent these behaviors by engaging your teen in school. These efforts to engage them more in school can distance your teen from their negative or risky social networks and may approximate them from new social networks of peers or other social activities.

Consider adopting a reward system for when your child attends school. By giving them rewards that are meaningful for them, you can reinforce the engagement and the positive attitudes towards school, while also showing appreciation for the behaviors and attitudes that are adequate.

You can also consider enrolling your teen in tutoring or connecting him/her to a supportive figure at school, such as a sports coach. You can collaborate with your teen's teachers by communicating these situations to extend the adolescent's out-of-home supervision. (Thompson & Auslander, 2007).

### ***Run-away tendencies***

Some youth in foster care tend to run away from their foster homes frequently, and this behavior can have serious consequences for both their safety and the stability of their foster care placements, which can lead to more restrictive placements and an interruption of learning opportunities in school. Some of the reasons for these behaviors are to stay connected with the biological family and to find a sense of safety, comfort, connection, and normality or even to assist their parents and siblings.

You, as a foster carer, can either prevent or try to control these behaviors, by making more available activities that your teen enjoys, such as allowing them to play video games, sports, or music to engage them more in your family environment.

Also, you can allow them to have other activities, such as letting them attend sports events or concerts, to motivate them.

Another strategy you can implement is creating and establishing a “behavioral contract” so that your teen is rewarded for the appropriate behaviors, such as requesting permission to go out, reporting their whereabouts, going consistently to school without skipping, completing their homework, and not running away.

Additionally, given that some teens run away to meet their biological family, you can establish safe visitations arrangements with their preferred people (e.g., biological parents, siblings, or other family members) to provide your teen with contact with these people, without having to run away to see them (if this is safe and the technical team approves).

Moreover, you can establish allowances for when your teen assumes responsibilities at home. (Clark et al. (2008); Courtney et al. (2005)).

## **2. Common questions that foster families might have**

## Sexually abused children challenging behaviors.

Children who have been sexually abused imply more complex behaviors needs, and characteristics. Not only have they been physically and sexually abused, but also emotionally abused by being left available and vulnerable to the perpetrator. It is important to understand the circumstances in which the abuse occurred and if the perpetrator might have used threats or bribes to secure the child's silence and compliance, which resulted in the child experiencing fear, a lack of trust, and distortion of what is normal and is expected from them in relationships with adults (Hardwick, 2005).

These children, also pose more challenging behaviors to the foster carer and family, ranging from:

- Anger-related behaviors (e.g., aggressive language or physical aggression, such as hitting, kicking, spitting, stamping, grabbing, or throwing things at other people),
- Traumatized behavior (e.g., cutting things, destroying property, lying, wetting, soiling them selves and wanting to run away from the foster family),
- Inappropriate sexualized behaviors and possibly sexually abusive behaviors (e.g., masturbating in public, causing a physical injury resulting from compulsive masturbating, exposing themselves, inappropriate touching or playing with other children, sexual advances towards adults or sexualized language).

These behaviors need to be managed and modified, to help the child, achieve a sense of what is normal, expected, and healthy for their further development (Hardwick, 2005).

You, as a foster carer, should consider, first, that the trauma that these children were exposed to implies well-informed and sensitive responses from both caregivers and professionals that work or come in contact with them.

Then you should seek and develop your understanding of sexual abuse and how it can affect your child's self-esteem and general functioning.

Try to gather as much information as possible regarding any incident of abuse, proven or not, with details about who perpetrated it, where, when, and how, and the implications it had in the functioning of normal life as a family, such as implications for bath time, bedtime, giving presents to the child and other common events.

Explore and deal appropriately with your feelings and potential misconceptions about sexual abuse, so you can manifest and model behaviors that are adequate and appropriate to the child.

## 2. Common questions that foster families might have

Beyond this, you can create an environment that is appropriate to the child's needs and develop strategies for dealing with the behaviors that stem from the sexual abuse, by:

- Establishing what is called „loving boundaries“. These include establishing clear limits regarding the personal space of either the child or other foster family members, which you can apply by making a list of situations in which their personal space should be granted.
- Establishing strict rules about what behaviors are acceptable and which are not. You can apply this by, for instance, making a chart about which parts of the body can be touched in public and which can only be touched in private and only by the child.
- Seeking professional therapeutic counselling to alter behaviors that hinder the normal functioning of the child and the family. (Hardwick; 2005).

## **2. Common questions that foster families might have**

## How can I care for and help my foster child if he/she has disabilities?

Children with disabilities in foster care are particularly vulnerable and most likely to experience more adverse situations when compared to other fostered children, such as less probability of achieving permanence in the family, being adopted, or having more placements disruptions (United Cerebral Palsy [UCP] & Child Rights [CR], 2006; Lightfoot, 2014). Also, most of these children, either have been maltreated and abused due to their disability or they have a disability that results from that maltreatment and abuse, which makes them an even more vulnerable group in foster care. And most of the children have more than their disability, they may have emotional and behavioral problems associated, which pose a much more challenging foster situation (UCP & CR, 2006; Lightfoot, 2014).

For children who have disabilities associated with emotional and behavioral problems, some of the strategies discussed previously might be helpful to implement and facilitate your job as their foster carer/caregiver. Nevertheless, other children with severe disabilities might need more of your attention, time, and availability. So before fostering a child with a disability or special needs, you should consider and discuss with your partner and family if you possess the physical, emotional, psychological, and time-wise availability to take care of them. Also, discuss with your caseworker the details of this child, their background story, and their disability, so you can make an informed decision about if you are the right fit for this child (Lightfoot, 2014; McAuliffe, 2020)

If you do, indeed, decide to foster the child, consider enrolling in training programs related to your child's disability (UCP & CR, 2006). And, most importantly, you will need to be the advocate for your child. This means you will have an extra responsibility to learn about their health condition and special health care needs by researching additional information about your child's condition and by going to meetings and talking to their doctors and therapists (McAuliffe, 2020).

Regarding practical strategies to care for children with disabilities, you should discuss them with the team responsible for the foster care process of your child. Given that every child is different, the strategies should be adapted to their needs and specific characteristics, rather than following general guidelines.

### 3.

## How can I care for and help my foster child if he/she has disabilities?

## REFERENCES

1. American Academy of Pediatrics, Dave Thomas Foundation for Adoption & Jockey Being Family. (2019). Safe and Sound: Responding to the Experiences of Children Adopted or in Foster Care. A Guide for Parents. <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Safe-and-Sound.aspx>
2. Beek, M., & Schofield, G. (2014). *Attachment for Foster Care And Adoption: A training programme*. London: British Association for Adoption and Fostering (BAAF).
3. Clark, H. B., Crosland, K. A., Geller, D., Cripe, M., Kenney, T., Neff, B., & Dunlap, G. (2008). A Functional Approach to Reducing Runaway Behavior and Stabilizing Placements for Adolescents in Foster Care. *Research on Social Work Practice, 18*(5), 429–441. <https://doi.org/10.1177/1049731508314265>
4. Comissão Nacional de Promoção dos Direitos e Proteção das Crianças e Jovens. (2020). Relatório Anual de Avaliação da Atividade das CPCJ 2019. <https://www.cnpdpcj.gov.pt/documents/10182/16406/Relat%C3%B3rio+Anual+de+avalia%C3%A7%C3%A3o+da+atividade+das+CPCJ+do+ano+de+2019/e168c7fb-ddc8-4524-ba20-9511d8a5ae27>
5. Courtney, M. E., Skyles, A., Miranda, G., Zinn, A., Howard, E., & Goerge, R. M. (2005). Youth who run away from substitute care. Chicago, IL: Chapin Hall Center for Children, University of Chicago.
6. Hardwick, L. (2005). Fostering Children with Sexualised behavior. *Adoption & Fostering, 29*(2), 33–43. <https://doi.org/10.1177/030857590502900205>
7. Instituto da Segurança Social I. P. (2019). *CASA 2019 - Relatório de Caracterização Anual da Situação de Acolhimento das Crianças e Jovens*. Lisboa: Instituto da Segurança Social, I.P. <https://www.seg-social.pt/documents/10152/17405298/Relat%C3%B3rio%20CASA%202019/0bf7ca2b-d8a9-44d2-bff7-df1f111dc7ee>
8. Kelly, W. (2017). *Context of Foster Care*. In W. Kelly (Ed.), *Understanding children in foster care: Identifying and addressing what children learn from maltreatment* (pp.3–24). Springer. Palgrave MacMillan.
9. Kools, S. (1999), Self-Protection in Adolescents in Foster Care. *Journal of Child and Adolescent Psychiatric Nursing, 12*(1) 139–152. <https://doi.org/10.1111/j.1744-6171.1999.tb00063.x>
10. Lightfoot, E. (2014). Children and Youth with Disabilities in the Child Welfare System: An Overview. *Child Welfare, 93*(2), 23–45.
11. McAuliffe, S. (2020). Foster Care of Children with Special Needs. Medical Home Portal. <https://www.medicalhomeportal.org/living-with-child/after-a-diagnosis-or-problem-is-identified/caring-for-children-with-special-health-care-needs/foster-care-of-children-with-special-needs#d96953e267>

## REFERENCES

12. Mitchell, M. B. (2016). *The neglected transition: Building a relational home for children entering foster care*. Oxford University Press.
13. Schofield, G., & Beek, M. (2014). *The Secure Base model: Promoting attachment and resilience in foster care and adoption*. London: British Association for Adoption and Fostering (BAAF). <https://ueaeprints.uea.ac.uk/id/eprint/43104>
14. State Office for the Protection of the Rights of the Child and Adoption – Ministry of Social Security and Labor. (2022). *Veiklos ataskaita – 2021*. [https://vaikoteises.lrv.lt/uploads/vaikoteises/documents/files/Administracin%C4%97%20informacija/Ataskaitos/Metin%C4%97s%20veiklos%20ataskaitos/2021%20m\\_%20veiklos%20ataskaita%20.pdf](https://vaikoteises.lrv.lt/uploads/vaikoteises/documents/files/Administracin%C4%97%20informacija/Ataskaitos/Metin%C4%97s%20veiklos%20ataskaitos/2021%20m_%20veiklos%20ataskaita%20.pdf)
15. Statistical Office in Kraków. (2022). *Foster care in 2021*. <https://stat.gov.pl/en/topics/children-and-family/children/foster-care-in-2021,1,6.html>
16. Statistics Poland. (2021). *Pomoc społeczna i opieka nad dzieckiem i rodziną w 2020 roku*. <https://stat.gov.pl/obszary-tematyczne/warunki-zycia/ubostwo-pomoc-spoeczna/pomoc-spoeczna-i-opieka-nad-dzieckiem-i-rodzina-w-2020-roku,10,12.html>
17. Targowska, A., Cavazzi, T., & Lund, S. (2016). Fostering Together-The Why and How of Involving and Supporting Biological Children of Foster Carers. *Children Australia*, 41(1), 29–38. <https://doi.org/10.1017/cha.2015.17>
18. Thompson Jr, R. G., & Auslander, W. F. (2007). Risk factors for alcohol and marijuana use among adolescents in foster care. *Journal of substance abuse treatment*, 32(1), 61–69. <https://doi.org/10.1016/j.jsat.2006.06.010>
19. Townsend, H. (2019). *What survival looks like at home*. Inner Work World & Beacon House Therapeutic Services & Trauma Team. <https://beaconhouse.org.uk/wp-content/uploads/2019/09/What-Survival-Looks-Like-At-Home.pdf>
20. United Cerebral Palsy & Child Rights. (2006). *Forgotten Children. A Case for Action for Children and Youth with Disabilities in Foster Care*. Centre for Child Welfare. [http://centerforchildwelfare.fmhi.usf.edu/kb/ChildDev/forgotten\\_children\\_children\\_with\\_disabilities\\_in\\_foster\\_care\\_.pdf](http://centerforchildwelfare.fmhi.usf.edu/kb/ChildDev/forgotten_children_children_with_disabilities_in_foster_care_.pdf)
21. Wise Europa. (2018). *Postępy deinstytucjonalizacji pieczy zastępczej w Polsce*. [https://wise-europa.eu/wp-content/uploads/2018/06/raport\\_deinstytucjonalizacja.pdf](https://wise-europa.eu/wp-content/uploads/2018/06/raport_deinstytucjonalizacja.pdf)

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