PROBLEMATIC BEHAVIOUR IN FOSTER CARE: INSIGHTS FROM FOSTER CARERS AND CARE CENTRE STAFF IN LITHUANIA

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Abstract: Children's problematic behaviour is a common issue in care that must be recognised and understood to be effectively addressed. This study explores how foster carers and care centre staff identify and manage internalising and externalising behaviour problems in children. A quantitative study was conducted in Lithuania using a questionnaire administered to 54 care centre staff and 67 foster carers. The results indicate that foster carers feel more capable of recognising problematic behaviour than care centre staff do, and that staff struggle more with decision-making in cases of internalising problematic behaviour. However, staff feel more capable of directly helping children than supporting foster carers. While foster carers can seek additional help for children, they are less likely to do so for themselves, despite knowing where to find it. The study highlights the need to strengthen staff's ability to identify internalising behaviour, support foster carers, and determine necessary interventions. Additionally, foster carers should be encouraged to seek help for themselves when managing children's behavioural challenges. It is anticipated that attention to these areas would enhance care quality and caregiver well-being.

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The aim of child care is to ensure that a child has a safe, age-appropriate, living environment in which to grow and develop. Foster carers have additional duties: they must help the child who cannot live in the parental home survive the trauma he or she has suffered, restore and maintain the child's relationship with his or her parents and other relatives, prepare the child for return to the family or for transition to another foster or adoptive family, and prepare him or her for an independent life. The proper organisation of this service is the responsibility of state and local authorities, but the foster carer is responsible for its quality. The state therefore seeks to provide the necessary assistance to foster care providers to enable them to ensure the child's safe and harmonious living and development conditions (LR Vaiko teisių apsaugos kontrolierius, 2023). The state's responsibility to provide support is also enshrined in the Convention on the Rights of the Child (Vaiko teisių konvencija, 1995), which requires states to provide parents and legal guardians with the support necessary for the proper upbringing of children.

According to data from 2024, the largest number of children placed in foster care in Lithuania belonged to the 10 to 17 year age group, accounting for 72% of all children placed in foster care (Valstybės vaiko teisių apsaugos …, 2025). This is the most vulnerable age for the emergence of problematic behaviour: children in this age range often display externalising behaviour (e.g., aggression, hyperactivity) and internalising behaviour (e.g., depression, social withdrawal) due to trauma, attachment issues, or low self-esteem (González-García et al., 2017; Horwitz et al., 2012). Datta and colleagues (2018) found that behavioural challenges were more common in children without parental care than in those living with their biological parents. Similarly, the meta-analysis by Dubois-Comtois et al. (2021) found that, compared to specific groups of children not placed in care, youths in foster care were more likely to exhibit mental health problems. Overall, the findings suggest that, despite being removed from potentially harmful environments, children in foster care remain particularly vulnerable to mental health and behavioural issues. The extensive scoping review by Leloux-Opmeer et al. (2016) demonstrated that, statistically, children placed in residential care exhibited significantly more behavioural problems than those in foster care; however, reliable studies comparing these groups with children living in biological families are lacking. Based on these findings, it can be assumed that foster care, in terms of behavioural problems, falls somewhere between residential care and living with biological families.

Foster carers face significant challenges in addressing the complex behavioural and adjustment needs of children in their care, often without adequate support (Murray et al., 2011; Paine et al., 2021). The Lithuanian child care system faces challenges in supporting carers and care centre[1] staff to address children's problematic behaviour. According to the State Audit Office (Valstybės kontrolė, 2022), 34% of care centres did not carry out annual surveys to determine the need for

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[1] In Lithuania, when a child's family cannot provide care, a foster care centre (or simply "care centre") is appointed as the child's legal guardian. The child is then placed with a "carer" in a foster family. In exceptional cases, a child can be placed under guardianship in a children's care institution.

services for foster carers, and 21% did not provide services to foster carers when there was a need. Moreover, there was a lack of psychiatrist and psychotherapist services. Foster care centres are mandated to organise mutual support groups for foster carers at least once every 2 months, but 50% organised them less often and 7% did not organise any. The State Audit Office's audit *Ensuring the Rights and Interests of the Child in Fostering and Adoption of Children* (Valstybės kontrolė, 2022) shows that 46% of the foster carers and adoptive parents interviewed knew how many and what services were available to them, and which ones are they were entitled to, while 9% indicated that they did not know because foster care centres did not clearly provide this information. The Ombudsperson for Children's Rights of the Republic of Lithuania (Valstybės vaiko teisių apsaugos ir įvaikinimo tarnyba, 2023) also highlights the lack of self-help groups for carers who are confronted with children's behavioural problems. Research conducted in Lithuania reveals that there is a lack of information about services available to foster carers and care centre staff (Genienė & Nedvecka, 2021), and a lack of support in solving problems related to child care (Mikalauskienė & Zukauskienė, 2021). In this regard, Lithuania does not stand out from other countries, as research on child care abroad also reveals that caregivers find it challenging to address children's problematic behaviour (Octoman et al., 2013; Vanderfaeillie et al., 2020), and that they would like more training in recognising and correcting such behaviour (Hebert & Kulkin, 2018; Ranzato et al., 2021).

The gap between the provisions enshrined in legal documents and their implementation in everyday practice poses a topical scientific problem. Children's problematic behaviour is a common occurrence in foster care, and the ability to recognise and understand it is essential if effective help is to be provided. The aim of this paper is to highlight the opinions of care centre staff and carers about recognising and addressing internalising and externalising behaviour problems of children in care. This article represents a continuation of a previously published preliminary analysis in the Lithuanian language (Pivorienė et al., 2024), extending the research findings to an international audience and offering a more comprehensive and in-depth examination of the topic.

Child Care in Lithuania

In 2024, UNICEF (2024a) reported that approximately 337,287 children across 36 European countries were living in residential care facilities, including large-scale institutions. This equates to about 277 children per 100,000, nearly three times the global average (UNICEF, 2024b). In Lithuania, children under guardianship accounted for 1.2% of all children in 2024 (1.4% in 2022 and 1.2% in 2023; Valstybės vaiko teisių apsaugos …, 2025). In 2024, as in previous years, the most common reasons for entering the child care system were lack of care or interest from one or both parents, neglect, inadequate upbringing, or use of physical or psychological violence, any of which can be a threat to the child's physical, mental, spiritual, and moral development, as well as their safety (Valstybės vaiko teisių apsaugos …, 2025). Different European countries use different systems of child care, but all — Lithuania included — share certain features: children can be placed in foster families, in children's institutions, or in specialised foster care, and care professionals or

foster carers becomEe the children's temporary or permanent carers, with the responsibility of ensuring their best interests.

Child care as an organised form of protection for children without adequate parental care has a long history in Lithuania. For many years, institutional care, often in large institutions, was the usual form of care for these children. The reform of the child care system in Lithuania started with the adoption of the Strategic Guidelines on Deinstitutionalisation by the Ministry of Social Security and Labour in 2012 (Order No. A1-517, 2012) and the Transition from Institutional Care to Community-Based Services Programme in 2014 (Order No. A1-83, 2014). Even more proactive actions and measures to promote family- and community-based care started in 2019, after a new law was approved (Lietuvos Respublikos, 2018).The strategic goal of the reform was to create a system that encompasses a comprehensive range of services that would allow each child and their family or carers to receive individual services and community-based support according to their needs. Although the process has faced many contradictions and challenges (Pivorienė, 2020), family- and community-based care are prioritised in Lithuania as a measure to prevent children from being placed in institutional care (Minister of Social Security and Labour of the Republic of Lithuania, 2014).

In Lithuania, guardianship is divided into permanent and temporary guardianship. Permanent guardianship is established for children without parental care who cannot return to their biological family under existing conditions: their care, upbringing, representation of rights and legitimate interests, and their protection is therefore entrusted to another family (e.g., relatives or friends), a foster family, or a children's care institution. Permanent guardianship is established by a court order on the basis of a petition from either the state authority for the protection of the rights of the child or the public prosecutor. In contrast, temporary guardianship is established by order of the director of the municipal administration (Valstybės vaiko teisių apsaugos …, n.d.-a), with the ultimate goal of returning the child to the family. It involves the care, upbringing, and representation and protection of the rights and legitimate interests of a child who has temporarily been deprived of parental care. It takes place in a family, a foster family, a foster care centre, or a children's institution. At the end of 2024, a total of 5,984 (6,848 in 2022, 6,400 in 2023) children were under either temporary (1,315 children) or permanent (4,669 children; 5,005 in 2022, 4,795 in 2023) guardianship; possible reasons for the decreasing number of children in care are the demographic situation of the country, declining birth rate, and strengthening of family- and community-based services (Valstybės vaiko teisių apsaugos …, 2025).

Due to the reform, in addition to changes in institutional care, new family- and community-based services were developed to support care in the family, in the foster family, and in the foster care centre. Foster care centres provide family- and community-based services to children under guardianship, adopted children, children looked after by guardians on duty, members of foster families, employees of community children's homes, carers with and without kinship ties, adoptive parents, and guardians on duty (Valstybės vaiko teisių apsaugos …, n.d.-a). In 2024, there were 66 foster care centres in Lithuania. There is at least one foster care centre in each municipality

(Valstybės vaiko teisių apsaugos …, n.d.-b). Approximately one in five children in care is involved with a foster care centre, and family- and community-based services are growing faster than institutional care. In 2024, 17% of children were placed in foster care centres, compared to 8% in 2022 and 14% in 2023 (Valstybės vaiko teisių apsaugos…, 2025). As previously mentioned, the largest proportion of children in care are between the ages of 10 and 17, a group that is particularly vulnerable to displaying problematic behaviour.

Internalising and Externalising Problematic Behaviour in Children in Care

Research shows that foster carers face complex behavioural and adjustment problems when responding to the needs of children in care (Paine et al., 2021), and often do not receive the support they need to bring up children with complex issues (Murray et al., 2011).

Children growing up in care are more likely to experience hostility and violence from peers and adults and they are at greater risk of a range of psychological problems such as depression, anxiety or post-traumatic stress disorder, learning difficulties, and social adjustment problems due to the trauma and feelings of insecurity they experience (Baldwin et al., 2023). Studies in different countries show that children in care often have behavioural problems (González-García et al., 2017; Horwitz et al., 2012) that make the transition to independent living in adulthood more difficult (Gypen et al., 2017).

Children may exhibit externalising problematic behaviour and internalising problematic behaviour. Internalising behaviour may manifest itself in a variety of symptoms such as sadness, hopelessness, guilt, helplessness, social withdrawal, and complaints about physical health without a medical cause; the reasons for such behaviour can include traumatic experiences, feelings of insecurity, attachment disorders, and low self-esteem (Baldwin et al., 2023). Externalising behaviour may manifest itself in aggression, hyperactivity, defiance, impulsivity, or destructive behaviour (Baldwin et al., 2023).

Identifying and correcting problematic behaviour in care is the responsibility of caregivers and care workers, but research evidence shows that they face significant challenges (Hoffman et al., 2016; Mathews et al., 2017; Perez et al., 2019). The ability to recognise and understand the causes of problematic behaviour is crucial to successfully supporting children in care. Foster carers and staff should have knowledge of child psychology, the impact of trauma, and behavioural disorders. Training is a crucial tool to help foster carers and staff develop the ability to recognise problematic behaviour and apply appropriate intervention strategies. Training can cover communication techniques with children, positive behaviour support strategies, and conflict resolution techniques. Training has multiple benefits for foster carers and staff working with children in care: it helps them to better understand the causes of problematic behaviour and develop the skills needed to use effective intervention strategies, as well as improving relationships between foster carers, staff, and children, and reducing stress for foster carers and staff (Eisenberg, 2023; Redfern et al., 2018).

Method

The research presented in this paper was commissioned in 2023 by the non-governmental organisation "Adolescent Aid Initiative" and was a part of the Erasmus+ project "Empowering Foster Parents" (No. 2021-1-LT01-KA220-ADU-000028356). Vrije Universiteit Brussel developed the study's methodology and conducted the comparative analysis across the three countries; they also designed a three-part online questionnaire specifically for this research. Double translation and a member check (a respondent validation method) were used to ensure the validity of the questionnaire. This paper presents a description of the questions from one part of the questionnaire, which focused solely on the Lithuanian national data. This set of questions was about the ability of care centre staff and foster carers to recognise and correct internalising and externalising problematic behaviours of children in care. In this study, internalising problematic behaviour is understood as behaviour directed towards the self, such as anxiety, depression, or feelings of worthlessness; externalising problematic behaviour is directed towards the environment, such as disobedience, shouting at others, or hitting them.

The sample was formed using a non-probability sampling method, by sending the questionnaires to all 66 care centres and inviting the staff working in the care centres to fill in the questionnaire and send it to their coordinated carers. In this way, it was hoped to reach the maximum number of respondents in both groups. The samples comprised 54 care centre staff and 67 carers. SPSS software (version 23.0) was used to process the data. Descriptive statistics methods were applied to analyse the national quantitative data, presenting the results in percentages.

The research was approved by the coordinating University Ethics Committee (B.U.N: 1432023000033) in 2023. The questionnaire cover letter informed respondents in both samples of the purpose of the study, and explained that the data collected would be used only for the purposes of the study. It offered them the opportunity to withdraw from participation at any stage of the questionnaire, and assured them of anonymity.

Description of the Respondent Groups

The vast majority of respondents in both groups were women: 96.3% in the staff group and 94.0% in the carers group. The average age of staff and carers was similar, with the majority of carers in the 38 to 58 age range and staff in the 35 to 53 age range. The youngest foster carer was aged 20 and the oldest 66. The average number of years of activity of the foster carers was slightly longer than that of the employees of the care centre, but this difference was not statistically significant. The longest period of fostering was 22 years, and the shortest less than a year. The longest duration of employment of a worker in a care centre was 15 years. On average, foster care staff coordinated 20 children (maximum 55), while foster carers took care of 2 children (maximum 8). Staff in care centres are required to have a higher level of education than foster carers, in

keeping with the demands of the job. Approximately two thirds of care centre staff had a bachelor's degree. One fifth of foster carers had a post-secondary degree, a bachelor's degree, or a master's degree.

The Ability of Care Centre Staff and Foster Carers to Recognise and Correct Children's Problematic Behaviour

The respondents were asked questions about the recognition of internalising and externalising problematic behaviour in children, and their ability to provide extra support to, and make decisions regarding, the child, carers (in the case of staff), or themselves (in the case of carers). The questions were answered on a Likert scale ranging from 1 (*not at all*) to 5 (*extremely*).

The results of the survey are shown in Table 1. A majority (53.7%) of staff of the care centres felt moderately able to recognise internalising problematic behaviour, and a similar proportion (57.4%) felt very well able to recognise externalising problematic behaviour, of children in care. To about the same degree, they felt moderately able to provide additional support to children in care with both internalising and externalising problematic behaviour (59.2% and 63.0% respectively), and to provide help for foster parents/carers who were dealing with internalising (57.4%) and externalising behaviour (53.7%). The data show that care centre staff felt more able to provide extra support for children and carers than to make decisions regarding such support when addressing internalising and externalising problematic behaviour.

The survey data shows that foster carers feel very good in recognising both internalising (47.8%) and externalising (52.2%) problematic behaviour in the children in their care. They also feel able to find extra support very much for the foster children in the case of internalising (46.3%) and externalising (50.7%) behaviour, however, they feel less confident in deciding on extra support (37.3% in the case of internalising and 41.8% in the case of externalising behaviour). Respondents stated that they feel that they can find additional help for themselves when the children in their care display internalising or externalising problematic behaviour (in both cases the answers are the same, with 47.8%). However, when asked about decisions for taking additional help for themselves as carers when children in their care display internalising or externalising problematic behaviour, the percentages are much lower, the dominating answers are very much in the case of internalising behaviour (32.8%) and moderate (26.9%) in the case of externalising behaviour.

The survey data does not show differences in the way that care centre staff decide on additional support for children in care with internalising (53.7%) and externalising (55.6%) problematic behaviour and for carers to deal with internalising (55.6%) and externalising (57.4%) problematic behaviour in their care. In summarising the data, there is a trend to find decision-making more difficult with regard to supporting children and carers when the problematic behaviour is of the internalising type.

Table 1. *Ability of Care Centre Staff and Carers to Recognise and Correct Children's Problematic Behaviour (%)*

To what extent do you …	Not at all		Slightly		Moderately		Very		Extremely	
	Staff	Carer	Staff	Carer	Staff	Carer	Staff	Carer	Staff	Carer
feel able to recognise IPB in children[a]	0.0	0.0	9.3	3.0	53.7	43.3	37.0	47.8	0.0	6.0
feel able to recognise EPB in children	0.0	0.0	3.7	1.5	35.2	35.8	57.4	52.2	3.7	10.4
feel able to provide extra support to children showing IPB	1.9	1.5	9.3	10.4	59.2	28.4	27.7	46.3	1.9	13.4
feel able to provide extra support to children showing EPB	0.0	0.0	7.4	10.4	63.0	26.9	29.6	50.7	0.0	11.9
feel able to provide extra support to parents[a]/yourself (carer) in addressing the IPB their children show	0.0	1.5	7.4	13.4	57.4	26.9	35.2	47.8	0.0	10.4
feel able to provide extra support to parents/yourself (carer) in addressing the EPB their children show	0.0	0.0	7.4	11.9	53.7	29.9	38.9	47.8	0.0	10.4
decide on the extra support for children showing IPB	0.0	4.5	11.1	13.4	33.3	17.9	53.7	37.3	1.9	26.9
decide on the extra support for children showing EPB	0.0	3.0	9.3	11.9	33.3	17.9	55.6	41.8	1.9	25.4
decide on the extra support for parents/yourself (for carer) in addressing the IPB their children show	0.0	7.5	9.3	23.9	33.3	28.4	55.6	32.8	1.9	7.5
decide on the extra support for parents/yourself (for carer) in addressing the EPB their children show	0.0	11.9	11.1	25.4	29.6	26.9	57.4	25.4	1.9	10.4

Note. IPB = and internalising problematic behaviour; EPB = externalising problematic behaviour.

[a] In this table, the words "children" and "parents" refer to foster children and foster parents.

Both groups of respondents were asked to what extent recognising internalising and externalising problematic behaviour of children in care and providing additional support to children in care and to carers or to themselves is part of their job or commitment to care. Although the percentage was slightly higher for care centre staff, both care centre staff and foster carers agreed that recognising internalising and externalising problematic behaviour in children in care, as well as providing additional support to children in care and to foster carers or themselves, is part of their job or commitment to fostering.

Discussion

According to the Lithuanian State Child Rights Protection and Adoption Service (Valstybės vaiko teisių apsaugos …, n.d.-b), care centres must ensure that all children who have lost parental care, adopted children, and children under the care of foster or on-call foster parents, as well as their foster parents or family members, are provided with any necessary consultation, and any psychosocial, legal, or other assistance, in order that all children can be properly educated and raised in a family-friendly environment. Vanderfaeillie et al. (2020) emphasised the need for additional support and training for caregivers, particularly in recognising and addressing internalising problematic behaviour. However, externalising problematic behaviour is also relevant here, as Van Holen et al. (2017) suggested that interventions targeting externalising behaviour can also help reduce the occurrence of internalising problems.

Although recognising and correcting a child's problematic behaviour is not always formally identified as the responsibility of foster carers, foster carers often consider themselves expert in recognising such behaviour (Shdaimah & Rosen, 2020; York & Jones, 2017). This agrees with the findings of the present study, which indicate that foster carers feel able to recognise both externalising and internalising problematic behaviour in the children they care for. In contrast, care centre staff report being able to identify externalising behaviour more readily, suggesting that they may find it more challenging to detect and respond effectively to internalising problems. This aligns with previous research showing that externalising problematic behaviour is generally easier to identify (Conn et al., 2016; Strijker et al., 2011). Recognising internalising behaviour often relies on informal, experience-based understanding of children's behaviour (Schofield & Beek, 2009), which foster carers are more likely to develop than care centre staff. Foster parent sensitivity is linked to greater attachment security in children, and associated with fewer internalising behaviour problems (Oosterman & Schuengel, 2008). Moreover, higher-quality interactions between foster carers and children correlate with fewer externalising and internalising problems (Dubois-Comtois et al., 2015). These findings suggest that foster carers may be better equipped than care centre staff to recognise and respond to internalising behaviour due to closer, more sensitive relationships with the children.

Carers are able to recognise when children in their care need extra help with problematic behaviour and know how to obtain it, but find it difficult to seek the help they themselves may

need in recognising and correcting the problematic behaviour of the children in their care. This aligns with research from other countries suggesting that foster carers are often the ones who make decisions about specialised support for the children in their care (Breg et al., 2020). However, foster carers, left on their own, find it difficult to find the support they themselves need (Murray et al., 2011; Schneiderman & Villagrana, 2010), and their need for additional support is higher when their access to specific services is difficult or absent (Hayes et al., 2015). The challenges of the support system are confirmed by other studies carried out in Lithuania. Mikalauskienė and Žukauskienė's (2021) study states that foster and adoptive parents lack support and assistance in dealing with parenting difficulties, psychological problems, and social exclusion, while Genienė and Nedvecka's (2021) study reveals that there is a lack of information on the services provided by foster care centres, and a lack of a common platform to find the necessary information about all the services available to families. Such a platform could be used both by the staff of the care centres when deciding on support for children and foster carers, and by the foster carers themselves.

According to the findings of this study, there is a potential to strengthen the abilities of care centre staff in the following areas: recognising children's internalising problematic behaviour; helping caregivers to deal with internalising and externalising behaviour of the children in their care; and deciding on additional support for children and caregivers in cases of internalising problematic behaviour. Foster carers are most in need of help when it comes to obtaining additional help for themselves when children in their care display internalising or externalising problematic behaviour. According to foreign authors, investment in support and training for foster carers and staff can have a positive impact on both the well-being of children and the quality of foster carers' work, as well as on their decision to remain involved with caregiving (Eisenberg, 2023; Redfern et al., 2018).

Limitations

This study has three main limitations. First, in spite of attempts to minimise the methodological implications of translating the questionnaire, challenges remained. The complex linguistic construction of some of the questions may have contributed to the incomplete responses to the questionnaires. Second, the return rate of the questionnaires (159 from staff, 236 from carers) was relatively low. The third problem is that the low return rate limited the possibilities for statistical analysis.

Conclusion

The study revealed that foster carers and care centre staff have different needs for support in recognising and correcting internalising and externalising problematic behaviour in children in care. Foster carers are more likely than care centre staff to be able to recognise internalising and externalising problematic behaviour in children in care; care institutions should therefore respond differently to the needs of these two groups by diversifying the training, supervision, and psychosocial support provided to them in their work and care processes. In the context of the

research data, there is a present need for the staff of care centres to be able to make decisions on how to help children and caregivers cope with problematic behaviour, whether externalising or internalising.

Analysis of the care centre staff and foster carers' ability to recognise and correct children's problematic behaviour showed that care centre staff feel more able to help children than foster carers do. This indicates a need for care centre staff to take a more active role and strengthen their competence in assisting foster carers. The study shows that foster carers feel able both to decide on and to find the necessary additional help for the children in their care when they display problematic behaviour. However, regarding self-directed support, foster carers reported that even when they recognise a need for additional assistance and are aware that such support is available, they often do not seek it.

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