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# HEALTH AND SCHOOL DIFFICULTIES OF CHILDREN IN FOSTER CARE IN THE EXPERIENCE OF THEIR FOSTER PARENTS

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**Key words:** *health problems, mental health, foster care, school, schoolchild, school obstacles*
**Ключові слова:** *проблеми зі здоров'ям, психічне здоров'я, прийомна сім'я, школа, дитина шкільного віку, шкільні труднощі*

**Abstract. Health and school difficulties of children in foster care in the experience of their foster parents. Faltová B., Mojžíšová A., Holá J., Shuranová L., Čermák Z.** *The period of compulsory school attendance is a mentally very challenging period for children in foster care, which can be impacted by complex developmental trauma stemming from the child's experience in foster care with cumulative and chronic traumatic events in his/her biological family. These events have taken place over a long period of time in interpersonal relationships usually related to caregivers, in the form of abandonment of the child by the caregiver, changing caregivers, lack of safe space and necessary support for the child from the family and school, and/or deficiencies in the provision of coordinated health and social care for both the child and the foster parents. The paper presents research findings supported by a statistical analysis of health and school difficulties in children in foster care related to their school attendance. The purpose of the research was to support the quality and coordination of services of non-profit organizations providing social, health and educational services to foster families and their children during school attendance to support the school success and well-being of children. The study was implemented as part of a dissertation at the University of South Bohemia in České Budějovice in the Czech Republic on the topic of promotion of the health, social and psychological well-being of school-aged children in the context of their school and family environment. The authors carried out a questionnaire survey in the Czech Republic among a selected sample of respondents, who were foster parents of children aged 6 to 15 attending primary school in the Pardubice Region. In a total sample of 102 respondents, we identified two different groups. One group – 64 respondents with healthy children and another group – 38 respondents with children with health difficulties. The aim of the research was to compare the assessments of the intensity of school difficulties of children in foster care in groups of respondents with or without a child with health difficulties or mental illness in their foster care. The hypothesis of a difference in assessments of school difficulties in children with/without health difficulties was formulated and statistically tested ($H_0$: ratings of the intensity of difficulties are the same in both groups). Statistical testing of the hypothesis utilised the non-parametric Mann-Whitney test with the test results being significant at the level of significance $p<0.05$. Correlation was observed for each difficulty and exploratory cluster analysis shows their interrelationships. The study results according to the foster parents' assessment show a high intensity of difficulties of school-aged children in foster care in their inclusion in the classroom in establishing relationships with classmates (p-value =0.9), in a negative attitude towards learning and lack of*

*motivation to learn (p-value =0.7) experiencing nervousness, internal tension and staying focused when learning. In addition, when comparing the groups of respondents with healthy children and children who have health difficulties/mental illness, there was a statistically significantly higher intensity of difficulties in the group of respondents with children with health difficulties when doing prep work for the classes (p-value =0.00075).*

**Реферат. Труднощі зі здоров'ям та навчанням дітей, які перебувають під опікою, з досвіду їхніх прийомних батьків. Фалтова Б., Мойжишова А., Гола Я., Шуранова Л., Чермак З.** *Період відвідування школи є психологічно дуже складним періодом для дітей у прийомних сім'ях, на який можуть вплинути складні травми розвитку, які виникли в результаті перебування дитини в прийомній сім'ї, а також кумулятивними та хронічними травматичними подіями в біологічній сім'ї. Ці події відбуваються протягом тривалого періоду у взаємостосунках, зазвичай пов'язаних з опікунами, у формі залишення дитини опікуном, зміни опікунів, відсутності безпечного простору та необхідної підтримки дитини з боку сім'ї та школи, та/або недоліками в наданні узгодженої медичної та соціальної допомоги як дитині, так і прийомним батькам. У цій статті наведено результати дослідження, підкріплені статистичним аналізом проблем здоров'я та шкільних труднощів дітей, які перебувають у прийомних сім'ях, пов'язаних з їх навчанням у школі. Метою дослідження була підтримка якості та координації послуг, що надаються неприбутковими організаціями, які надають соціальні, медичні та освітні послуги прийомним сім'ям та їхнім дітям під час навчання в школі, задля сприяння шкільним успіхам та благополуччю дітей. Дослідження було підготовлено в Університеті Південної Чехії в Ческе-Будєйовіце в Чехії в рамках дисертації з теми підтримки здоров'я, соціального та психологічного благополуччя школярів у контексті їхнього шкільного та сімейного середовища. Автори провели анкетне опитування в Чеській Республіці з відібраною групою респондентів, які були прийомними батьками, що мають дітей у віці від 6 до 15 років, які відвідують початкову школу в Пардубицькому краї. Із загальної кількості – 102 респонденти – було виділено дві різні групи респондентів. Одна група – 64 респонденти зі здоровими дітьми та інша група – 38 респондентів з дітьми з проблемами здоров'я. Метою дослідження було порівняти оцінку інтенсивності типів шкільних труднощів дітей, які перебувають під опікою, у групах респондентів, які мають здорову дитину або дитину з вадами здоров'я чи психічними захворюваннями в прийомній сім'ї, та в групах дітей, які перебувають під опікою. Установлено та статистично підтверджено гіпотезу про різницю в оцінці шкільних труднощів у дітей з/без проблем зі здоров'ям ($H_0$: оцінка інтенсивності труднощів однакова в обох групах). Для статистичної перевірки гіпотези використовувався непараметричний критерій Манна-Вітні, і результати тесту є значущими на рівні значущості $p<0,05$. Спостерігалася взаємна кореляція для окремих труднощів, а пошуковий кластерний аналіз показав їх взаємозв'язки. Результати дослідження за оцінкою прийомних батьків свідчать про високу інтенсивність труднощів у дітей шкільного віку, які перебувають під опікою, під час зарахування в клас, у налагодженні стосунків з однокласниками (р-значення =0,9), негативне ставлення до школи та низьку мотивацію до навчання (р-значення =0,7), а також проблеми з нервозністю, внутрішнім напруженням та утриманням уваги під час навчання. Крім того, при порівнянні груп респондентів зі здоровими дітьми та дітьми з проблемами здоров'я/психічними захворюваннями, спостерігається статистично достовірно більша інтенсивність труднощів у групі респондентів з дітьми з проблемами здоров'я в підготовці до уроків (р-значення =0,00075).*

Foster care faces various challenges in meeting the needs of vulnerable children such as improving their health care, well-being and education [1, 2]. Children in foster care exhibit a high incidence of problems also with a correct or early diagnosis of their mental and physical difficulties because health care providers and foster parents may not have sufficient knowledge of the child's medical and psychosocial history, including possible previous treatment. The consequences of these problems often persist into the child's adulthood [3, 4, 5]. The behaviour and conduct of school-aged children growing up in foster homes are significantly limited by complex developmental trauma stemming from the child's experience of chronic traumatic events developed from failed relationships usually tied to caregivers [6, 7]. Most schools are unable to provide a sufficiently safe environment for traumatised children in foster care [8]. Complex developmental trauma in children in foster care can be observed through brain imaging when early traumatic experiences affect the development and final structure of the brain as well as the way in which stimuli from outer environment are processed and evaluated, especially neuroception [9]. Based on the theory of survival system activation or survival circles, children who have undergone complex developmental trauma have a more active amygdala and thalamus, which register threat and activate defensive behaviours such as fight, flight, or freeze, whereby this rescue system takes over the control of the whole body in priority over all its other self-regulatory systems [10]. Only after the activation of the rescue system, the thalamus, with a delay, activates the higher cerebral cortex, which, on the basis of available experience, assesses the degree of threat, sends a signal to the amygdala and, as a result, can stop, modify, and/or encourage a reflex response to develop further, both at the behavioural and autonomic level [11]. A child with such dispositions may present himself/herself at school as behaviourally disturbed,

attention-deficit disordered, hyperactive, and with limited mental capacity [12]. There is still lack of information on a trauma-informed approach in schools and school counselling services, which can lead to a misunderstanding of the child's needs [13]. The purpose of our research was to improve counselling services of non-profit organizations providing social, health and educational services to foster families to support the school success and well-being of their children.

**MATERIALS AND METHODS OF RESEARCH**

Scientifically relevant data describing the health difficulties of children in foster care were used to provide the theoretical background for this study, with an emphasis on the traumatic experiences of these children resulting from dysfunctional relationships, limited psycho-social support, and difficulties linked to compulsory school attendance. Empirical quantitative research methods were used to meet the study objectives. An electronic questionnaire survey was administered to a purposeful sample of respondents (n=102) over a three-month period from August 2023 to October 2023 using the LIME SURVEY® program available in the university environment. An electronic link to the questionnaire was distributed to selected respondents with a request for completion and a description of the research intent. The interviewed respondents (186 in total) were foster parents working with a non-profit organisation specialising in health and social support for foster families in the care of their fostered children aged 6 to 15 attending primary school in the Pardubice Region in the Czech Republic. The study intent was also to provide these cooperating non-profit organisations with the collected and analysed data to improve their services to foster families and to support the coordination of services linking health, social and educational areas given that, for example, Brueckmann [14] includes self-education among the important competencies of foster parents to adequately address the wide range of needs of children in their foster care. The NGOs guaranteed the credibility of the respondents as well as their cooperation in completing the questionnaires. The researchers ensured that respondents were anonymised, which was also a condition of respondents' consent to participate in the research. In a total of 102 fully completed questionnaires, two distinct groups of respondents were identified. The first group comprised of 64 respondents with healthy children and another of 38 respondents with children with health difficulties (ADHD, mental illness, depression, anxiety, trauma, self-harm and physical disabilities). The questionnaire was drawn up based on a literature search on health, social and educational issues for children and adolescents in foster care as outlined in the introduction to this paper. The questionnaire was validated for clarity and relevance by the researchers by means of NGO representatives and five selected cooperating foster parents.

The research was conducted in accordance with the principles of bioethics set out in the WMA Declaration of Helsinki – "Ethical principles for medical research involving human subjects" and "Universal Declaration on Bioethics and Human Rights" (UNESCO).

Standard methods of descriptive statistics and exploratory analysis (correlation and cluster analysis) were used to analyse data [15, 16, 17, 18]. The non-parametric Mann-Whitney test was used to test the hypothesis [17, 19]. The data were processed in the statistical program TIBCO STATISTICA version 14.0.0.15, the multi-license of which is regularly updated by the University of Pardubice in the Czech Republic [20].

**RESULTS AND DISCUSSION**

Table 1 shows a subjective rating of the intensity of each school difficulty by all foster parent respondents who used a 1-10 scale (1-minimum, 10-maximum) for their subjective expression of the difficulty intensity. The mean and median ratings are shown for comparison of individual difficulties, as well as the overall total. The deviation shows the degree of opinion consensus. Respondents agreed on the difficulty of staying focused during class to be of the highest intensity, and, on the contrary, rather rarely mentioned truancy. These research findings are consistent with author Tordön [21] who list the most common mental health diagnoses for the foster care population, such as attention deficit/hyperactivity disorder, behavioural disorder, anxiety, and depression. Ng et al. [22] emphasise that mental health and behavioural problems are significant health concerns for most children in foster care. Koslouski et al. [8] point out that in relation to the assessment and performance-based educational system, a traumatised child can instantly be ranked as at risk of school failure, not coping with school problems, and unsuccessful in a peer collective, and all this can lead to the school environment gradually becoming intolerably threatening to the child.

Figure shows a significant correlation in the ratings of the degree of each difficulty. This tree diagram (dendogram) is a result of a cluster analysis revealing relationships and structure between individual variables based on Euclidean distance measurements [18]. It divides the variables into more or less related groups and shows another way to explore their relationship. For example, staying focused during the class is associated with high intensity of experiencing nervousness and tension in class as well as with relationship problems in the classroom collective. In their study, Bergin et al. [12] explain these school

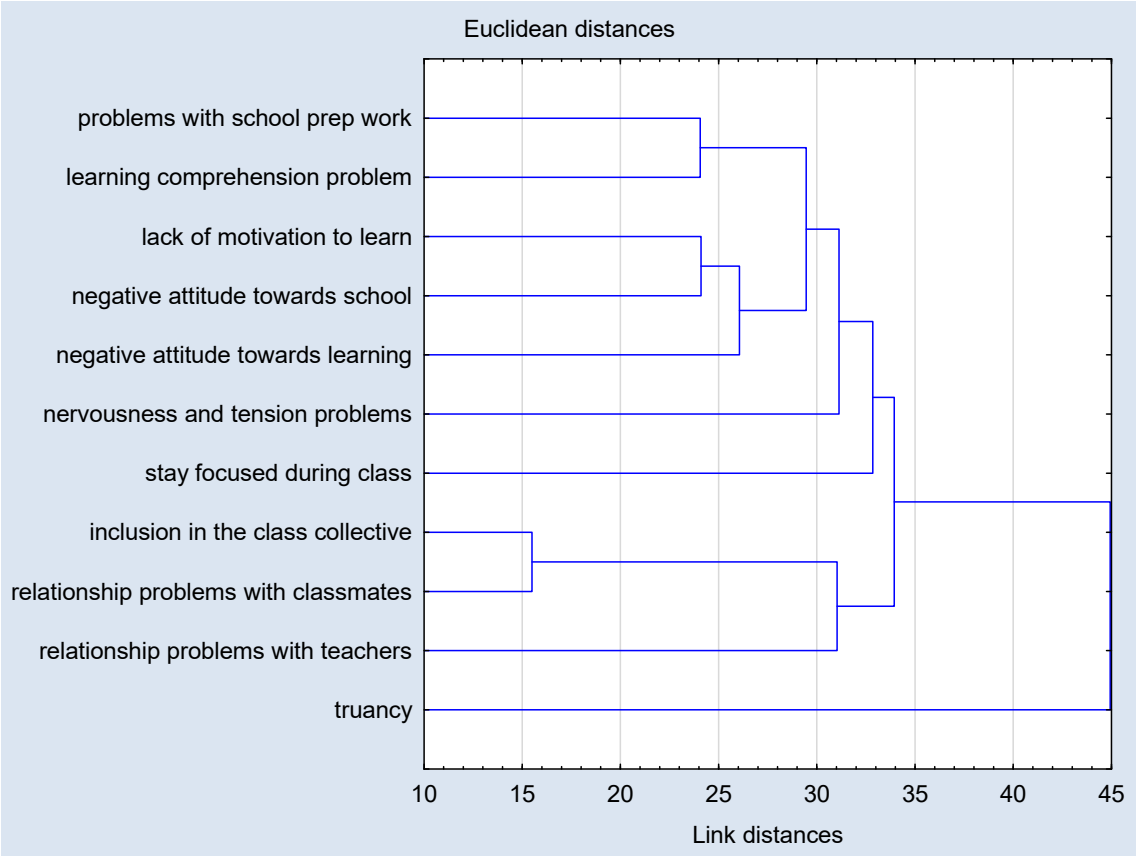
difficulties of foster children by their traumatic and insecure relationship experiences from dysfunctional family backgrounds with the absence of emotional experiences of successful and secure relationships that help to overcome barriers for establishing healthy relationships. According to Bergin et al. [12], these very insecure school-aged children have lower verbal, reading and mathematical skills, have a comprehension problem, exhibit ambivalent and conflicting relationships, experience intense fear or hypervigilance, have lower overall school achievement, and show less motivation and curiosity than relationally securely attached children. According to Saxe et al. [23], people have different predispositions for how they respond to threat-related situations, as well as different skills to self-regulate emotions, which can be greatly influenced by a traumatic experience. If a child is exposed to a stimulus reminiscent of a traumatic experience, there is a higher probability that a reflexive defence mechanism will be triggered [11]. Thus, unintegrated traumatic memories can make it difficult to evaluate everyday life experiences and, secondarily, one's own self-concept and self-esteem, which can bias the perception process so that the affected person evaluates situations as risky even where there is no risk and responds reflexively accordingly [9].

*Table 1*

**Statistics description: variables (obstacles of school success)**

| Variables (obstacles of school success) | Statistics description | | | | |
|---|---|---|---|---|---|
| | N | mean | median | total | standard deviation |
| Problems with school prep work | 102 | 4.725490 | 5.000000 | 482.0000 | 3.086723 |
| Comprehension problem | 102 | 4.715686 | 5.000000 | 481.0000 | 2.919302 |
| Lack of motivation to learn | 102 | 4.323529 | 4.500000 | 441.0000 | 3.348302 |
| Negative attitude towards school | 102 | 3.588235 | 3.000000 | 366.0000 | 3.339986 |
| Negative attitude towards learning | 102 | 3.882353 | 3.000000 | 396.0000 | 3.219046 |
| Staying focused during class | 102 | 5.588235 | 6.000000 | 570.0000 | 3.313199 |
| Inclusion in the class collective | 102 | 4.215686 | 4.000000 | 430.0000 | 3.511304 |
| Relationship problems with classmates | 102 | 4.215686 | 4.000000 | 430.0000 | 3.384962 |
| Relationship problems with teachers | 102 | 4.068627 | 4.000000 | 415.0000 | 3.453395 |
| Nervousness and tension problems | 102 | 4.294118 | 4.000000 | 438.0000 | 3.189054 |
| Truancy | 102 | 0.715686 | 0.000000 | 73.0000 | 2.410281 |

Table 2 confirms the relationship – the correlation between ratings of individual difficulties, or their intensity. Statistically significant relationships according to the size of the correlation coefficient are the relationships between problems with school prep work and comprehension, problems with motivation to learn and attitude towards learning, and between children's inclusion in a peer collective and establishing relationships with classmates. Similar difficulties are described by Rice [24] in children in foster care. There is a high incidence of learning disabilities, comprehension problems with limited cognitive skills, behavioural problems, attention deficit hyperactivity disorder, hearing, and vision problems.




**Tree diagram of school difficulties (obstacles of school success)**

We refer to difficulties in children in forming relational attachments that are activated in attachment (extreme) situations when a child feels threatened as reactive attachment disorders in the form of pathological behaviours. In the tenth revision of the International Classification of Diseases and Related Health Problems (ICD 10) [25] we have found two subtypes of reactive attachment disorders. The first is associated with general decline (F 94.1) and the second with extreme activation (F 94.2) of attachment behaviour. The first type of disorder is manifested by the children's reduced ability to relate to adults, where they show ambivalence or fear towards their significant other, keep distance, are extremely cautious, and have a reduced ability to engage in joint interactions and play. In the second type of extreme attachment activation disorder, children do not differentiate between attachment to different adults and approach them without limits relating to whomever is available and around. These children have difficulty in relationships with their peers and may suffer from major behavioural swings and in the expression of emotions depending on external conditions. Porges [26] explains neurophysiological reactions manifested in the behaviour of a traumatised child according to the Polyvagal Theory with a vagus nerve playing a key role in regulating the autonomic nervous system. The vagus nerve has two branches, that is, the social communication system branch, which is activated when a subject feels safe, and the autonomic vagus that triggers the oldest response system to stress by freezing. Saxe et al. [23] point out that children in foster care, based on their traumatic experiences with their primary caregiver, may behave in a defensive-reflexive manner, which can be confusing to caregivers and educators. For example, when they lie, they show aggression or freeze up; they are essentially unable to respond appropriately and, because they have no control over their behaviour in such situations, may be misperceived as mean, wilful, manipulative, liars, incompetent, etc. According to van der Kolk [7], these children have problems in staying focused during the class as they are always in neurotic tension, in regulating their own emotions over which they have no control, in self-concept and self-esteem, where they perceive themselves as rejected children; they have disturbed relationships with other people and also a distorted image of the world, which they are unable to perceive as a safe and good place to live; they have somatic problems, psychosomatic difficulties, etc. These characteristics correspond with the statistical findings in our study.

Table 3 shows the statistical significance of the difference in ratings of some difficulties between a group of foster parents with healthy children and those with children with health difficulties. Respondents with children with health difficulties consider the prep school work of their children, the inclusion of children in the classroom collective, problems in relationships with peers, and staying focused during the class to be high-intensity school difficulties. According to Forkey et al. [27], paediatricians can play a key role in supporting foster families with children by providing the necessary services and can support foster parents in recognising and managing their children's mental, behavioural, and developmental problems. Bombèr et al. [28] emphasizes the fact that still the most important healing factor for a traumatized child is healthy family environment, which brings children an understanding of their needs and ensuring well-being.

*Table 2*

**Correlations in respondents' ratings of school difficulties in children in their foster care**

| Variables | Problems with school prep work | Comprehension problem | Lack of motivation to learn | Negative attitude towards school | Negative attitude towards learning | Staying focused during class | Inclusion in the class collective | Relationship problems with classmates | Relationship problems with teachers | Nervousness tension problems |
|---|---|---|---|---|---|---|---|---|---|---|
| **Problems with school prep work** | **1.00** | **0.68*** | **0.57** | **0.55** | **0.60** | **0.49** | **0.38** | **0.37** | **0.48** | **0.34** |
| **Comprehension problem** | **0.68*** | **1.00** | **0.48** | **0.42** | **0.51** | **0.46** | **0.35** | **0.34** | **0.47** | **0.50** |
| **Lack of motivation to learn** | **0.57** | **0.48** | **1.00** | **0.77** | **0.70*** | **0.59** | **0.32** | **0.28** | **0.50** | **0.31** |
| **Negative attitude towards school** | **0.55** | **0.42** | **0.77*** | **1.00** | **0.67*** | **0.44** | **0.40** | **0.36** | **0.49** | **0.35** |
| **Negative attitude towards learning** | **0.60*** | **0.51** | **0.70*** | **0.67*** | **1.00** | **0.53** | **0.32** | **0.35** | **0.48** | **0.40** |
| **Staying focused during class** | **0.49** | **0.46** | **0.59** | **0.44** | **0.53** | **1.00** | **0.39** | **0.38** | **0.45** | **0.47** |
| **Inclusion in the class collective** | **0.38** | **0.35** | **0.32** | **0.40** | **0.32** | **0.39** | **1.00** | **0.90*** | **0.61*** | **0.34** |
| **Relationship problems with classmates** | **0.37** | **0.34** | **0.28** | **0.36** | **0.35** | **0.38** | **0.90*** | **1.00** | **0.58** | **0.29** |
| **Relationship problems with teachers** | **0.48** | **0.47** | **0.50** | **0.49** | **0.48** | **0.45** | **0.61*** | **0.58** | **1.00** | **0.30** |
| **Nervousness tension problems** | **0.34** | **0.50** | **0.31** | **0.35** | **0.40** | **0.47** | **0.34** | **0.29** | **0.30** | **1.00** |

**Note.** * – the correlation values at the p<0.05000 significance level.

*Table 3*

**Results of testing for differences in ratings of intensity of difficulties between the two groups of foster parents (Mann-Whitney Test)**

| Variables | Mann-Whitney labelled test experience with child's disabilities Labelled test are significant at significance level p<0.05000 | | | | |
|---|---|---|---|---|---|
| | order total | order total | U | Z | p-value |
| Problems with school prep work | 2,444.500 | 2,808.500 | 728.500 | 3.370693 | 0.000750 |
| Learning comprehension problem | 2,293.000 | 2,960.000 | 880.000 | 2.322110 | 0.020228 |
| Lack of motivation to learn | 2,374.000 | 2,879.000 | 799.000 | 2.882738 | 0.003943 |
| Negative attitude towards school | 2,234.000 | 3,019.000 | 939.000 | 1.913751 | 0.055653 |
| Negative attitude towards learning | 2,261.000 | 2,992.000 | 912.000 | 2.100627 | 0.035675 |
| Stay focused during class | 2,334.500 | 2,918.500 | 838.500 | 2.609345 | 0.009072 |
| Inclusion in the class collective | 2,341.000 | 2,912.000 | 832.000 | 2.654334 | 0.007947 |
| Relationship problems with classmates | 2,313.500 | 2,939.500 | 859.500 | 2.463997 | 0.013740 |
| Relationship problems with teachers | 2,154.000 | 3,099.000 | 1,019.000 | 1.360043 | 0.173817 |
| Nervousness and tension problems | 2,015.500 | 3,237.500 | 1,157.500 | 0.401438 | 0.688098 |
| Truancy | 2,092.500 | 3160.500 | 1,080.500 | 0.934381 | 0.350108 |

**CONCLUSION**

1. The two groups of respondents, both with healthy children and with children with health problems showed the highest degree of consensus in their ratings of the intensity of the children's difficulties in staying focused during the class, nervousness and internal tension, negative attitudes towards learning, lack of motivation to learn, and inclusion in the classroom collective together with poor establishing of relationships with classmates.

2. Foster parents with children with health difficulties compared to foster parents with healthy children showed higher intensity of difficulties with school prep work, comprehension, staying focused during the class, and with establishing relationships with peers. To overcome these obstacles, a comprehensive coordination between health care services, social services and the educational institution is needed to identify health difficulties and to set up an individual educational procedure in each child's case according to his/her specific needs.

3. Non-profit organizations not only provide health and social counselling to foster parents, but also support their self-education and, according to the findings of this study, with which the non-profit organizations have been gradually familiarised, they can focus on knowledge-enhancing topics to overcome the identified difficulties related in particular to mental health and school attendance of foster children.

4. Traumatic experiences of children in foster care permeate their education, and non-profit organizations must be able to work with children applying a trauma-informed approach. We have demonstrated that even though a child's trauma problem is not apparent at first glance, children's difficulties related to traumatic relationship experiences are intensely present in foster parents' assessments.

5. Systemic promotion of educators' knowledge of developmental trauma and attachment disorders, in conjunction with the implementation of coordinated health, education and social care interventions, is a must to promote the healthy growth of children in foster care and their future life prospects leading to a quality life and well-being.

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## REFERENCES

1. Font SA, Gershoff ET. Foster Care: How We Can, and Should, Do More for Maltreated Children. Social policy report. 2020;33(3):1-40. doi: https://doi.org/10.1002/sop2.10

2. Miller H, Bourke R, Dharan V. Fostering success: young people's experience of education while in foster care. International Journal of Inclusive Education [Internet]. 2023 [cited 2024 Jan 12];27(6):689-703. doi: https://doi.org/10.1080/13603116.2020.1867378

3. Villegas CG. Foster Care in America: A Reference Handbook. California: USA: ABC-CLIO; 2022.

4. Ausburn D. Raising Other People's Children: What Foster Parenting Taught Me About Bringing Together A Blended Family. NY: Hatherleigh Press; 2021.

5. Doughty J. Adoption from care: international perspectives on children's rights, family preservation and state intervention. Journal of Social Welfare and Family Law [Internet]. 2022 [cited 2024 Mar 24];44(1):137-9. doi: https://doi.org/10.1080/09649069.2022.2035971

6. Matoušek O. [The intimately traumatized child: a manual for professionals and families]. Praha: Portál; 2020. 208 p. Czech.

7. Van der Kolk BA. [The Body Adds Wounds: How Trauma Affects Our Minds and Health, and How to Heal From It]. Brno: Jan Melvil Publishing; 2021. 496 p. Czech.

8. Koslouski JB, Stark K, Chafouleas SM. Understanding and responding to the effects of trauma in the classroom: A primer for educators. Social and Emotional Learning: Research, Practice, and Policy. 2023;1. doi: https://doi.org/10.1016/j.sel.2023.100004

9. Baylin JF, Hughes DA. He Neurobiology of Attachment-Focused Therapy: Enhancing Connection and Trust in the Treatment of Children and Adolescents. New York: W.W. Norton and Company; 2016.

10. Hofman MA, Falk D. Evolution of the Primate Brain: From Neuron to Behavior. San Diego: Elsevier Science & Technology; 2012.

11. Picci G, Christopher-hayes NJ, Petro NM, Taylor BK, Eastman JA, Frenzel MR, et al. Amygdala and hippocampal subregions mediate outcomes following trauma during typical development: Evidence from high-resolution structural MRI. Neurobiology of Stress [Internet]. 2022 [cited 2023 Dec 10];18. doi: https://doi.org/10.1016/j.ynstr.2022.100456

12. Bergin C, Bergin D. Attachment in the Classroom. Educational Psychology Review [Internet]. 2009 [cited 2023 Dec12];21(2):141-70. doi: https://doi.org/10.1007/s10648-009-9104-0

13. Brummer J, Thorsborne M. Building a Trauma-Informed Restorative School: Skills and Approaches for Improving Culture and Behavior. London: Jessica Kingsley Publ; 2020.

14. Brueckmann AM. The Educational Experience of Children in Foster Care. [dissertation]. Southeastern University: ProQuest LLC; 2023.

15. Weinberg SL, Abramowitz SK, Harel D. Statistics Using Stata: An Integrative Approach. 3rd ed. Cambridge: Cambridge University Press; 2023.

16. Scott Jones J, Goldring J. Exploratory and descriptive statistics. SAGE Publication; 2022.

17. Heumann C, Schomaker M, Shalabh. Introduction to statistics and data analysis: with exercises, solutions and applications in R. 3nd ed. Switzerland: Springer; 2022.

18. Sumathi S, Rajappa SV, Kumar LA, Paneerselvam S. Machine Learning for Decision Sciences with Case Studies in Python. Boca Raton: CRC Press Taylor & Francis Group; 2022.

19. Bürkner P, Doebler P, Holling H. Optimal design of the Wilcoxon-Mann-Whitney-test [Internet]. 2022 [cited 2023 Dec 02]. doi: https://doi.org/10.48550/arXiv.2211.12556

20. TIBCO STATISTICA Software©. Data Science Workbench, Product Version 14.0.0.15 [University program-Statistica.pro]; 2020. Licenced to TIBCO number: JPZ009K288211FAACD-Q.

21. TordönR. Health, Experienced Support and School Performance among Children in Out-of-home care. Linköping: Linköping University Press; 2020.

22. Ng WYK, Canetti A, Leung D. Clinical Considerations in Child and Adolescent Mental Health with Diverse Populations. Child and Adolescent Psychiatric Clinics of North America [Internet]. 2022 [cited 2024 Mar 24];31(4). Available from: https://linkinghub.elsevier.com/retrieve/pii/S1056499322000864

23. Saxe G, Ellis BH, Kaplow JB. Collaborative Treatment of Traumatized Children and Teens: The Trauma Systems Therapy Approach. New York: Guilford Press; 2006.

24. Rice L. The Ethics of Protection. Minneapolis: Fortress Press; 2023.

25. Chapter V Mental and behavioural disorders (F00-F99): Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98). International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10)-WHO

Version for; 2019-covid-expanded. ICD-10 Version: 2019 (who.int) [Internet]. 2019 [cited 2024 Mar 24]. ICD-10 Version: 2019 (who.int) Available from: https://icd.who.int/browse10/2019/en#/F90-F98

26. Porges SW. Polyvagal Theory: A biobehavioral journey to sociality. Comprehensive Psychoneuroendocrinology [Internet]. 2021 [cited 2023 Dec 15];7(100069-). doi: https://doi.org/10.1016/j.cpnec.2021.100069

27. Forkey HC, Griffin JL, Szilagyi M. Childhood Trauma & Resilience: A Practical Guide. American Academy of Pediatrics; 2021.

28. Bombèr LM, Golding KS, Phillips S, Hughes D. Working With Relational Trauma in Schools: An Educator's Guide to Using Dyadic Developmental Practice. London: Jessica Kingsley Pub; 2020.

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