

## Group work for foster carers caring for children with complex problems

Group work provides foster carers with an important means of receiving support and psycho-education. It gives them opportunities to explore different ways of understanding and managing foster children. **Kim Golding** and **Wendy Picken** describe the use of

two different types of groups developed by the Primary Care and Support Team in Worcestershire. The first is based on a parent-training programme. Group facilitators help carers to consider different management techniques and think about their use with the complex children they are looking after. Within these groups considerable interest was shown in attachment theory as a way of understanding the often perplexing behaviour displayed by the children. This led to the development of a second group focused specifically on their attachment needs. Routine, practice-based evaluation has been carried out and is reported here. The limited evaluation suggests that group interventions can help carers to increase their understanding of the needs of foster children and their skill in managing these children on a day-to-day basis.

are also successful for clinic populations but adequate training and supervision are felt to be important elements of this success (Scott, 2001). Training is least successful for families where there is increased stress and deprivation and where the risk of abuse is high (Webster-Stratton, 1997). Thus for children with severe attachment difficulties parent training may be less useful. Studies support this assumption. For example, where parents have unresolved issues regarding past trauma or loss, and are therefore less able to foster a secure attachment in their child, child outcomes are less positive following parent-training interventions, at least for adolescents (Routh *et al*, 1995). Sutton (2001), however, raises the possibility that parent training can lead to healthier attachment behaviours in young children. Programmes have also been developed that focus specifically on helping parents to increase the attachment security of their children. Using a combination of parent education and psychotherapy the initial results suggest that parents can be helped to develop more sensitive parenting with a greater ability to reflect on the child's behaviour (Marvin *et al*, 2002).

Children in foster care typically demonstrate complex and challenging behaviours including attachment difficulties. Training for carers is seen as an important part of preparing them for and supporting them with the task of fostering (Triseliotis, 1988; Sellick and Thoburn, 1996). Martin (2000) identifies group training with a focused skill-building approach as particularly effective for foster carers post placement. Hart and Thomas (2000) suggest that indirect work with parents may be more effective than direct work with children where attachment issues are paramount. It would therefore seem important within support services for carers to provide some group work that offers a training and a support element. Managing the difficult

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### Introduction

Research has demonstrated the links between parenting practice and child behaviours (eg Patterson, 1986) and the effects of one on the other (O'Dell, 1974; Kazdin, 1997). Such research has led to the development of parent training programmes often delivered in a group work context for parents of children displaying problematic behaviours. A number of these programmes have been extensively evaluated demonstrating lasting effects for two-thirds of families treated and up to four years following (Dadds, 1995; Webster-Stratton, 1997). Scott (2001) points out that evaluation tends to be of parenting programmes delivered under research conditions with selected populations and high levels of supervision and training for the group facilitators. There is some evidence that these interventions

behaviour of these children would be an important focus of such group work.

There has been little systematic evaluation of group work for foster carers. Minnis and Devine (2001) carried out a randomised control trial of 121 foster families who participated in three days of training or received a standard service. They concluded that while the training was a positive experience for the carers it was insufficient to address the massive needs of the children. Hill-Tout *et al* (2003) similarly found high levels of satisfaction but no evidence for a measurable effect on the children. Neither of these programmes continued over more than three days. The successful training programmes for use with biological families usually continue for at least ten weeks (eg Webster-Stratton, 1997). Pallatt *et al* (2002) evaluated a ten-week cognitive behavioural group for foster carers based upon the *Incredible Years Parent-Training Programme* (Webster-Stratton and Hancock, 1998). Carers found the training to be relevant and useful and reported increased confidence and self-efficacy. There were related improvements in the child's emotional and behavioural well-being and in the interactions between child and carer. However, the lack of a control group means that although the results look promising, conclusions about the efficacy of the group work cannot be drawn.

In the current paper the use of group work for foster carers is explored further. Two groups are described. The first looks at the use of a parent-training programme. The second focuses on the children's attachment difficulties and helping carers, alongside their support workers, to understand and adapt their parenting to respond to these problems.

### **A support service for foster carers**

Consultation is the starting point for an inter-agency service for carers, children and young people and other professionals involved with the Worcestershire looked after system. One of the needs of foster carers frequently highlighted at consultation is the need to better understand and manage the complex and difficult behaviours presented by the children in their

care. It was therefore decided to develop group work as a vehicle to provide support, combined with a mechanism to help them to increase their understanding of the children and their skills as foster carers. The aims of this group work was to:

- improve the degree to which carers feel supported;
- help foster carers to feel more confident in their fostering of difficult children;
- increase knowledge and understanding of the difficulties presented by the foster children;
- increase the skill of the foster carers in managing the children.

There were two groups, each run by a clinical psychologist and a social worker.

The foster carers attending the groups were all fostering in Worcestershire for the local authority. They ranged in age from 30 to over 50 years with the majority in the 40- to 49-year age group. They had a range of educational experiences, with the majority having taken college courses. As is typical for this county, the carers were all white-British. Within Worcestershire only eight per cent of looked after children are from black or mixed race families of origin. Experience of fostering ranged from less than a year to more than ten years, the majority being experienced foster carers with at least four years of fostering practice.

#### *1. A parent-training and psycho-educational group*

This group provides foster carers of children in the 5-12-year age range with an opportunity to explore different ways of understanding the challenging behaviours frequently displayed by the children, along with various strategies for managing these.

The *Incredible Years Parent-Training Programme* (school-aged version) was used as the basis for the parent-training element of the group (Webster-Stratton and Hancock, 1998). The full programme was followed but practical constraints meant that not all the video vignettes were able to be shown.

Originally developed for use with biological parents, this programme has also been successfully used with adoptive (Gilkes and Klimes, 2003) and foster parents (Pallett *et al*, 2002). It promotes parenting skills within a collaborative model in which therapist and carers work as partners to consider parenting techniques and how they might be adapted and used in individual situations. Based upon a parenting pyramid, the first part of the course focuses on building positive relationships with children. Non-aggressive disciplinary techniques can then be developed upon this foundation of positive parenting skills. This programme provided a framework for the group. Video vignettes were used to stimulate discussion and role-play to provide opportunities for thinking about how the ideas might work in practice. Proposals for trying out different strategies at home were suggested each week and opportunities to discuss how these went were provided at the beginning of each session. In order to increase further the knowledge and understanding of the carers, a psycho-educational component was added to the programme tailored to the special area of understanding children with a history of abuse, neglect and inadequate parenting. We did not plan for any specific topics. Instead, we let issues emerge as we explored the techniques with the carers. In this way we hoped to facilitate the development of foster parenting skills and to increase the understanding of the children being cared for.

We have run three groups during the daytime. Sessions lasted two-and-a-half hours each and the groups ran for nine consecutive weeks. A further group was convened in the evening to allow foster fathers who were working in other employment during the day to attend. This group ran fortnightly.

Forty-one carers attended these four groups and 39 carers completed them. Two carers stopped coming when they ceased fostering for personal reasons. Of the 39 carers, 75 per cent attended all sessions while others missed the occasional one. Eight were couples and the remaining 23 were women on their own. The participants were a mixture of long-

and short-term carers. All had at least one child between the age of five and 12 years. As the programme is aimed at this age group, these children were the main focus of discussion and were used as the target children for the evaluation. Twenty-five of them were boys and 19 were girls. Twenty were in short-term placements, the remaining being in long-term or pre-adoptive placements. All of the children had experienced abuse or neglect and were presenting challenging behaviour. At the pre-group evaluation, 67 per cent of the children scored in the abnormal range for total difficulties on the Goodman (1997) Strengths & Difficulties Questionnaire (SDQ). All but one of the remainder were within the borderline range. Between them, these carers were fostering 65 children and a further 17 children were adopted or placed for adoption.

## *2. Fostering attachments: attachment theory and intervention group*

While sharing the same general aims of increasing support, confidence, understanding and skills for foster carers, this group had a particular focus on helping the carers to develop specialised skills for children with attachment difficulties. A manual was written (Golding, 2001) based on the ideas of a number of authors (Fahlberg, 1996; Hughes, 1997; Delaney, 1998; Howe *et al*, 1999). The group began with a four-week course explaining attachment theory and the development of different attachment patterns. These were illustrated with video clips. Carers were encouraged to consider these patterns as adaptive to the child's early environments, ie s/he continues to display behaviours that helped to maintain a feeling of security and safety when living within an adverse environment. Crittenden's dynamic-maturational model suggests that children who are not safe learn to behave in ways that will increase their feeling of safety. This may take the form of eliciting adult protection or reducing the possibility of adult threat (Crittenden *et al*, 2001). Discussion and group exercises helped the carers to link this theory to their own foster children, enhancing their understanding of the particular behaviours and emotions displayed.

Following on from this course, the group met on a monthly basis. Using teaching, role-play and discussion, participants explored different ways of fostering as suggested by attachment theory. The parenting model employed was that proposed by Dan Hughes (1997) whereby carers are encouraged to provide a positive family atmosphere where they control the emotional rhythm of the house. They explore ways to avoid being drawn into confrontation that resembles the child's early experience. In this way, they learn how they might establish a secure base within which the child can develop emotional regulation and reflective function. There is a particular emphasis on emotional attunement and providing discipline with empathy. While much of the group discussion focused on looking after the child, some attention was also given to carers looking after themselves. This included considering their own experience of being parented and how this might impact on their fostering.

One attachment group has been completed to date. This consisted of 18 two-hour evening sessions and carried on for 18 months. It was aimed at carers offering medium- to long-stay placements. The family placement workers (social worker linked to the foster carer) were invited to attend the group with the foster carer they were linked to. In this way the family placement worker could support the foster carer in applying ideas gained from the group in between sessions. Thirteen carers began this group (four couples and five female carers). All were offering long-term placements to a foster child aged five to 15, most being between seven and eleven years. Eleven of these children were boys and two were girls. All children had experienced abuse or neglect and displayed challenging behaviour. At the pre-group evaluation, 12 of them scored in the abnormal range for total difficulties on the SDQ.

Three of the original group of carers subsequently transferred to a daytime group that, at the time of writing, is still running. Of the remaining ten carers, one stopped attending after six months and three more ceased after nine months. Six carers have continued to the end. Five

social workers have attended, four of whom completed the course. Of the carers contributing to the final evaluation, two attended five to six sessions and one attended nine. The remaining carers participated in 14 to 16 sessions.

## Evaluation

The group work was not set up as a formal research project as resources only allowed limited evaluation. This combined qualitative evaluation based upon the feedback from the facilitators and the carers, with quantitative evaluation using a number of questionnaires. The questionnaires were all completed anonymously, but were collected by the group facilitators. The end of group discussion was held with a member of the team who was independent from the running of the groups for the initial parent-training group. Resources did not permit this for later groups.

### *1. The intervention questionnaire*

This self-report questionnaire was devised by the project team. Respondents are asked to rate aspects of their care of and relationship with the child at the beginning and end of the group. The questionnaire generates:

- a) a score for how difficult the carer finds the child (range 1-5);
- b) a combined score (range 5-50) based upon ten ratings of:
  - how well they understand the child
  - how well they respond to the child
  - how rewarding they find the child
  - how confident they feel in caring for the child.

The reliability of combining these ratings is 0.74 (Cronbach Alpha reliability analysis)

### *2. The Strengths & Difficulties Questionnaire*

This is a brief behavioural screening questionnaire completed at the beginning and end of the group. It assesses the level of behavioural difficulty presented by the

child in four areas (emotional, conduct, hyperactivity and peer relationships), as well as the level of pro-social behaviour displayed. This assessment is widely used and has proven reliability and validity (Goodman, 1997). Furthermore, it has been used with a similar population (eg Minnis and Devine, 2001; Pallett *et al*, 2002).

### *3. Knowledge quiz (parent training group only)*

This consists of ten questions generated by the group facilitators, each with four multiple choice answers designed to test the respondents' knowledge based upon the content of the group, at the beginning and end.

### *4. Pen portrait and symptom checklist (attachment group only)*

The group facilitators designed a questionnaire that presents four pen portraits of children. Carers are asked to select one of the pen portraits that most closely resembles their child. The portraits are based on the attachment patterns (secure, ambivalent, avoidant, disorganised). To complement this, a questionnaire was drawn up listing different behaviours. The behaviours represent the range most commonly seen in children with attachment difficulties. Carers are asked to say whether each behaviour is always present, sometimes present or not present.

### *4. Participants' satisfaction questionnaire*

Respondents are asked to rate the usefulness of the group for themselves on a number of questions covering:

- whether they felt change had occurred for themselves or their foster child as a result of attending the group;
- how helpful the group has been in increasing understanding and confidence.

### *5. Qualitative evaluation*

At the end of each group, a discussion took place to allow the carers to talk about what was useful and not useful about the group. From these discussions themes were noted and explored. This, combined with the group facilitators' own reflections of the groups and comments

carers added to their questionnaires, has provided qualitative information to inform the evaluation.

## **Results of evaluation**

### *1. Quantitative evaluation*

Thirty-one carers completed the parent-training group questionnaires (80 per cent response rate). Of the ten carers invited to contribute to the evaluation of the attachment group, seven carers completed the questionnaires (70 per cent response rate). (The three carers who transferred to the second group will be included in the evaluation upon completion of this group.)

*The intervention questionnaire* Carers reported improved understanding, confidence and ability to relate to their foster child upon completion of the groups (combined score). Additionally, carers rated the difficulty of the child as less. These are reflected in statistically significant changes in scores, which show a moderate effect size or improvement (see Table 1) for the parent-training group and a large effect size or improvement (see Table 2) for the attachment group.

### *The Strengths & Difficulties Questionnaire*

There were no significant differences in pro-social behaviours or emotional problems for either group. In the parent training group there were no significant differences for hyperactivity problems, peer problems or total difficulties. Conduct problems were significantly less. This is revealed in a small to moderate effect size (see Table 1). For the attachment group there were no significant differences in conduct problems. (Emotional problems and conduct problems both reduced but the changes did not reach statistical significance.) Peer problems, hyperactivity problems and total difficulties were significantly less following the group. This is revealed in moderate to large effect sizes (see Table 2).

*Knowledge quiz* Respondents demonstrated increased knowledge following the parent-training group. The results show a large effect size or improvement (see Table 1).

Table 1

## Parent-training and psycho-education group: carer ratings for self and child

| Measure  | N  | Mean score (Standard Deviation) |            |             |   |
|--|----|---------------------------------|------------|-------------|---|
|  |    | Before                          | After      | Effect size | Significance of change (P value) 1-tailed |
| Combined score (intervention questionnaire)      | 22 | 40.9 (3.4)                      | 42.6 (2.6) | 0.67        | 0.0025                                    |
| Difficulty of child (intervention questionnaire) | 24 | 3.2 (1.2)                       | 2.7 (1.1)  | 0.56        | 0.005                                     |
| Conduct difficulties (SDQ)                       | 18 | 4.9 (2.5)                       | 4.1 (2.5)  | 0.43        | 0.04                                      |
| Quiz   | 14 | 7.5 (1.2)                       | 8.3 (1.2)  | 0.81        | 0.005                                     |

NB Effect size = change in mean size divided by SD (see Pallett *et al*, 2002)

Table 2

## Fostering attachments group: carer ratings for self and child

| Measure  | N | Mean score (Standard Deviation) |             |             |   |
|--|---|---------------------------------|-------------|-------------|---|
|  |   | Before                          | After       | Effect size | Significance of change (P value) 1-tailed |
| Combined score (intervention questionnaire)      | 7 | 31.3 (2.8)                      | 37.7 (5.6)  | 1           | 0.02                                      |
| Difficulty of child (intervention questionnaire) | 7 | 1.9 (0.9)                       | 3.6 (1.6)   | 1           | 0.02                                      |
| Peer difficulties (SDQ)                          | 7 | 4.6 (2.3)                       | 3.3 (2.2)   | 1.35        | 0.005                                     |
| Hyperactivity (SDQ)                              | 7 | 6.7 (2.1)                       | 4.9 (2.4)   | 0.66        | 0.05                                      |
| Total difficulties (SDQ)                         | 7 | 18.9 (5.8)                      | 14.1 (6.6)  | 0.96        | 0.02                                      |
| Symptom checklist                                | 7 | 21.6 (9.7)                      | 17.3 (13.1) | 0.38        | 0.18 (NS)                                 |

*Participants' satisfaction questionnaire*

The majority of the respondents found that attending the groups was very helpful and reported at least some increase in understanding and confidence. A smaller majority felt that they were now coping better with the child, with some improvement in him or herself (see Tables 3 and 4).

*Pen portrait and symptom checklist*

(attachment group only) The pen portraits were completed for one child per carer. At the beginning of the group the portrait suggesting a secure pattern of attachment behaviour was selected for two children. The majority of carers selected the portraits suggesting organised insecure patterns of attachment (four selected the ambivalent pattern and one the avoidant pattern). Three carers selected the portrait evoking a disorganised pattern of attachment behaviour. A similar spread of portraits was selected at the end.

The checklist gave us another indication of the level of difficulty presented by these children. A score of 1 was given if behaviour was sometimes present and 2 if it was always present. This gives a possible range of 0 to 58. A group of parents completed these checklists for their own biological children (N = 13). A mean score of 4.1 was found. The scores for the seven carers who completed the checklist at the beginning and end of the group can be compared. Scores were high (mean of 21.6 at the beginning and 17.3 at the end). A small effect size is seen. There is an improvement in the behaviour reported by the carers although the change does not reach statistical significance (see Table 2). The high scores recorded suggest that this group of children continue to demonstrate many behaviours that are indicative of attachment difficulties.

Table 3

## Parent-training and psycho-education group: participant satisfaction

| Measures                     | % Respondents rating top 2 points of 5-point scale |                |       |
|------------------------------|--|----------------|-------|
|                              | Very/a lot   | Quite/a little | Total |
| Overall helpfulness          | 84   | 10             | 94    |
| Increased understanding      | 55   | 39             | 94    |
| Increased confidence         | 48   | 42             | 90    |
| Coping better with child     | 42   | 42             | 82    |
| Change has occurred in child | 36   | 52             | 88    |
| Behaviour improved in child  | 29   | 42             | 71    |

Table 4

## Fostering attachments group: participant satisfaction

| Measures                     | % Respondents rating top 2 points of 5-point scale |                |       |
|------------------------------|--|----------------|-------|
|                              | Very/a lot   | Quite/a little | Total |
| Overall helpfulness          | 60   | 40             | 100   |
| Increased understanding      | 50   | 50             | 100   |
| Increased confidence         | 50   | 40             | 90    |
| Coping better with child     | 17   | 50             | 67    |
| Change has occurred in child | 50   | 17             | 67    |
| Behaviour improved in child  | 33   | 33             | 66    |

## 2. Qualitative evaluation

*Group facilitator feedback* The content of the parent-training programme was readily applicable for foster carers of emotionally damaged children. Nevertheless, it was important that the facilitators had experience and knowledge about looked after children. They needed to provide teaching and facilitate discussion concerning how to understand the behaviour being displayed. For example, attachment theory provided an important framework for understanding some of the children's behaviour. Additionally, facilitators needed to be skilled at adapting the behavioural ideas to the special needs of these children. For instance, it is recognised that distancing techniques (eg sending a child to their room) and treats and rewards are less successful with many children who have suffered abuse and neglect (see Fahlberg, 1996). We also found that a large number of the foster carers had their own history of being

abused and neglected, as well as experience of being in care. It is a measure of the trust and support provided by the group that carers felt free to share these experiences. The impact of this on their parenting skills was fruitfully discussed and explored within the sessions.

All the group sessions were well attended with a high degree of participation. Discussion was lively and free flowing. The role-plays were a lot of fun and highly productive. The video vignettes were least popular with participants but the facilitators found them to be very useful in keeping an easily sidetracked group on task, though it was hard to fit in the full range of vignettes.

The group facilitators had to ensure that the groups stayed on task, kept to time and did not allow some group members to dominate at the expense of others. Issues of particular relevance to looked after children arose within each session and the discussion, teaching and role-play were used to consider these in relation to the behaviour management techniques being explored.

Topics discussed included:

- play and friendship – the development of play skills in relation to looked after children, problems with developing friendships;
- rewards – why looked after children find rewards and treats difficult;
- distancing techniques – why they need adapting for looked after children;
- the influence of own childhood experience on being a carer;
- the link between behaviour and how children feel about themselves and others;
- the link between behaviour and anxiety;
- coping with very controlling behaviours and rejection from the foster children;
- attachment difficulties;
- the impact of trauma;
- moral development and looked after children;
- moving children on in placement;

- special problems such as eating difficulties, fire-setting behaviours.

Overall the collaborative and experiential approach worked very well, allowing carers to feel listened to, understood, valued and appreciated – all attributes which are important in helping carers to feel supported (Triseliotis, 1988).

The fostering attachment group sessions generated a lot of participation and group discussion. The participants readily related what was being discussed to the children they were caring for or supporting. The video clips brought this to life in a way that was relevant and thought provoking. Role-play was less easy to get started compared to the parent-training group. Although thinking about strategies was an important part of the group, we did spend less time on this than in the parent-training group. When role-play was used, however, it was very powerful.

A group for carers that explores attachment inevitably provokes reflection of the carers' own childhood. We encouraged some reflection on attachment histories but were also aware that this was happening in sessions where it was not planned. This has left us wondering whether we needed access to a therapist who could offer individual therapy to carers with unresolved attachment issues. More explicit discussion of the impact of own history on caring for children with attachment difficulties would have been useful. We were also aware that sessions focusing on difficult issues of abuse and trauma could leave carers feeling sad at the end of some sessions. Involving their family placement workers was important in terms of ensuring that carers had support in between sessions if necessary.

The long-term nature of the group had a lot of advantages. It allowed the facilitators to go at the group's own pace without pressure to get through a certain amount of material in one session. We could stay with a topic that generated a lot of interest and we could re-visit ideas from earlier sessions; participants had time to try out ideas and bring this back to the group for further discussion. There was also time for participants to bring

experiences with the children to the group that could then be related back to the theory. The monthly sessions additionally acknowledged that children with attachment difficulties do change slowly. The group was important as a support for carers who continued to manage children with a range of difficulties. There were also disadvantages. Inevitably over 18 months, circumstances change and life events occur. This meant that the group reduced in size over time as carers stopped attending or transferred to a different group. It also made evaluation more difficult. Only one of the four carers who stopped attending returned the questionnaires. Furthermore, the foster children changed in some placements making pre- and post-evaluation based on a particular child more difficult.

#### *Group participant feedback*

A number of themes emerged from the final group discussions.

#### ● *The group as supportive*

Carers attending the parent-training groups reported that these helped them to increase confidence, improve their skills and feel supported. It highlighted their need for help and encouraged some group members to admit that they did have problems at times. Carers were reassured that we all get it 'wrong' occasionally. They also reported that the group support helped to reduce feelings of stress, allowing people time to 'off-load'. This was compared to phone support that could increase feelings of stress.

Carers found the attachment group supportive in helping them to understand the child's difficult behaviour. For example, one carer felt she could now understand why the child was more difficult with her than with other people, relating this to his fear of intimacy. The group helped some carers to cope better in meetings because they now 'knew what they were talking about'. Having previously struggled to get their points across, they felt confident in what they were saying. Couples liked being able to think through things together between groups. However, not

having both partners there was identified as a problem. This can create conflict as they may view the difficult behaviour very differently.

- *Content of the group*

The carers in the parent-training groups appreciated the opportunity to explore different problems and solutions. They felt that the group had provided them with new techniques that helped in the day-to-day management of the child. The 'when-then' technique was often mentioned as particularly helpful. In addition they liked the examples and explanations provided by the group facilitators without 'jargonistic' language and in response to their discussion. They felt that this offered them a different perspective on problems 'as they were happening'. The video vignettes were generally felt to be unreal, not comparable to their own situations, while the role-plays were either loved or hated. In the earlier groups, participants felt that some discussions of how the previous week had been went on for too long.

Participants of the attachment group commented that the content was 'brilliant' and that the group should be compulsory. They felt that carers needed to understand attachment theory as it helped them understand where the behaviour was coming from. One carer found the theory hard to grasp at times, but generally everyone felt that they had gained insight from the group. It helped them to stop and think 'Why are they doing that?', allowing them to approach problems differently. Participants also commented on the usefulness of the facilitators linking examples raised in the discussion back to the theory.

- *Length and frequency of the group*

Some carers attending the parent-training group found the regular commitment was difficult. They felt guilty when they could not make a session. Guilt was also experienced when missing a child's activity because of the group, and meetings sometimes

clashed with social service reviews. However, the carers also reflected the desire for the group sessions to be longer, allowing more time for discussion. There was a feeling that the group had only just scratched the surface. Participants of the attachment group liked it being monthly as this gave them time to go away and think. The group running over 18 months provided opportunities for everyone to speak and meant that ideas could be returned to a number of times. At the end of the group some participants could have kept going, though others felt ready to stop.

- *The group as involving carers and family placement social workers*

All participants attending the attachment group liked the mix of social workers and foster carers. Social workers felt that they had increased their understanding of the day-to-day living and frustrations of fostering. Carers liked being able to talk with their social worker in between group sessions and commented that the social worker could 'jog their memory' about relevant aspects of the group.

## Discussion

An evaluation carried out as part of day-to-day practice and without a research team to support it is fraught with difficulty. Using the group facilitators as researchers leads to potential bias and the evaluation of an intervention based on an opportunity sample, without the benefit of control or comparison groups, is not ideal. Measures were devised without the opportunity fully to test validity and reliability. Moreover time did not always allow evaluation with those who dropped out of the group – although it is important to find out the reasons for this. Larger samples would also have been helpful, allowing consideration to be given to different effects for different age groups, type of placement, length of placement and background experience. However, routine evaluation is important and does provide clues as to whether an intervention is useful or not.

Quasi-experimental research can

provide effective pointers to areas that can be fruitfully researched and as this type of practice-based research increases, more methodologically sound measures will be produced. For example, since the evaluation reported here, Minnis and colleagues (2001) have produced a relationship questionnaire that provides a better researched measure of attachment difficulty. Considering the self-report of carers, both prior to and after the intervention, can allow us to develop and refine the interventions we are providing and can give us confidence in their usefulness. This practice-based evidence is often all we have to follow until a researched evidence base with the same population is available.

Group work with foster carers is an efficient use of limited resources. It allows us to provide support to a number of carers at the same time while also giving them opportunities to learn and support one another. Group work can combine psycho-education with opportunities to learn or develop management strategies, enabling carers to increase their understanding, confidence and ability to cope with and manage the children in their care. Our findings suggest that we have been successful in these aims. Nevertheless, it needs to be reiterated that the evaluation was carried out within severe resource constraints and, as such, it is explorative rather than conclusive. Bearing this in mind, however, and in line with previous studies (Minnis *et al*, 1999; Pallet *et al*, 2002; Hill-Tout *et al*, 2003), the carers have been highly satisfied with the group work they have received. We have explored the provision of group work over a longer time period in other reported studies, with an added focus on the difficulties of being looked after and involving the social work support network via the foster carer's link worker.

In this section the success of these groups will be explored along with quotations from the questionnaires completed by the carers to illustrate participants' experiences of the group work.

### *1. Does group work help carers to feel more supported?*

It is well recognised that caring for disturbed children requires extra support, and that carers who are prepared, trained and supported are more likely to succeed (Triseliotis *et al*, 1995; Hill, 1999). The group members reported feeling supported through attending the groups and that this increased their confidence and ability to cope with the children. While some caution is needed in interpreting these results, in that carers were reporting these feelings directly to the group facilitators to whom they had some prior loyalty, many participants' reluctance for the group to end is some testament to the support it provides:

*You get so low and then I think, but you've got new ideas to try, and if it doesn't work or if you're having a bad day I just think of what somebody else said. I wonder how X is coping, and actually she is coping so I'm going to cope.* (Foster carer, Webster-Stratton group)

*This session tonight has helped me to restore some faith in myself and what I am doing.* (Foster carer, attachment group)

However, it is also important to acknowledge that aspects of this kind of work can be difficult to think about. This was especially true of the attachment group where the different topics could lead us to think about the impact of adverse experience on children and how this continues to exert its effects when they move into more auspicious environments:

*I felt reassured that other people feel so frustrated and despondent at times. It was a session that provoked sadness in me and I felt quite low at the end.* (Foster carer, attachment group)

### *2. Does group work help carers to feel more confident?*

Both formal and informal feedback suggested that carers felt more confident after attending the groups. This confidence extended beyond caring for the children to being able to cope better with all aspects

of fostering including attending meetings and putting your own point across:

*Gives confidence in what we are doing and strength to carry on. Brilliant discussion and empathy with the group. My night out!* (Foster carer, attachment group)

*I find these sessions give me confidence. It is very positive, trying out different ideas.* (Foster carer, attachment group)

Carers need access to further training and opportunities to talk to other carers. This gives them a chance to confirm their own experience as being within or outside of the 'normal range'. It provides reassurance concerning their handling of the children and offers ideas about alternative ways of tackling problems. All these elements allow them to feel more confident in their role as foster carers (Quinton *et al*, 1998).

### *3. Does group work increase knowledge and understanding?*

Participants reported high levels of satisfaction and a better understanding of the children in their care. This was reflected in increased scores on the quiz at the end of the Webster-Stratton group and in the participants' growing ability to discuss the children's difficulties in terms of attachment theory:

*I feel calmer and less helpless knowing that I can try lots of different ways to help us both. I feel that I understand her feelings better and try not to take things personally.* (Foster carer, Webster-Stratton group)

*I think it is so important to try and get some understanding of children with attachment difficulties. So many of the children placed with the carers I support show clear signs of the difficulties, so hopefully I can share the knowledge I am getting.* (Family placement worker, attachment group)

*Definitely got a better understanding now and I feel a lot more confident.* (Foster carer, attachment group)

This matches other experiences of running groups with foster carers. For example, Minnis *et al* (1999) evaluated a training programme for seven carers. These carers felt that the combination of being listened to, reflecting on their own experiences and factual information had increased their understanding of the children's behaviour.

Questions are left unanswered however. For instance, will the understanding and acquired knowledge generalise to new children who come into their care? Do the carers need continuing support and training to sustain the benefits of this group?

### *4. Does group work increase the skills of the participants?*

The discussions within the group sessions reflected good understanding and an ability to use the ideas and techniques that were being explored. We witnessed carers developing skills within the role-plays and heard about their attempts to use these when they got home. While we do not have objective measures of skill levels, carers reported high levels of satisfaction and views that they were coping better with the children:

*I found it very useful discussing things in a group. I've had lots of different ideas on solving problems from other carers. I have also learned to stand back from situations and to think more of how to handle this and to actually look at myself dealing with this.* (Foster carer, Webster-Stratton group)

*Interesting as usual and full of ideas to go home and try out.* (Foster carer, attachment group)

### *5. Does group work lead to beneficial changes in the children being cared for?*

Whereas this was not an explicit aim of the group work, it is useful to consider whether the benefits for the carers can translate into changes in the children. Improvements in the children were reflected in changes on the Strengths & Difficulties Questionnaire for both groups, and in small improvements on the symptom checklist for the attachment group. A

different pattern of changes was evident on the SDQ for the two different groups, suggesting that the carers may be learning different skills within the different settings. Pallet *et al* (2002) report a similar use of the Webster-Stratton training for foster carers. They also found improvements in the children following the training. However, this was not a controlled trial. More elaborate research programmes will need to explore whether these changes would have occurred anyway or were an effect of the group input.

We have compared the results of this evaluation with a comparison group of ten children in the 9–12 year age range (five boys and five girls). The carer for these children completed an SDQ at two intervals between 14 and 31 months apart. During this time carers received a routine service with no group training. These questionnaires showed small improvements in pro-social behaviours and peer difficulties. Total difficulties did not change and conduct problems worsened. No differences reached statistical significance. This lends some support to the group training having a beneficial effect for the child, over and above the benefit of a stable placement:

*I'm sure the help the group gave me helped to hold the placement together. He is now very different to how he was in those days. His behaviour, apart from a few minor blips, is no more than I would expect from any 13-year-old boy.* (Foster carer, attachment group)

*There's been allowed time to ask lots of questions and get the feedback, and it's given me confidence to put it into practice – what I've learnt, coming back to the group, feeding it back. And I've seen a great improvement in my son.* (Foster carer, Webster-Stratton group)

### Conclusion

Group work for foster carers provides important opportunities to deliver training that helps carers increase their understanding of the needs of children and young people and also their skill in managing them. At the same time, they receive support from one another and the

group facilitators. The two types of groups reported here were both successful. The first helped carers to focus on developing behavioural management skills within the context of understanding the particular needs of the looked after child. This group is similar to those described in published research studies (Minnis *et al*, 1999; Hill-Tout *et al*, 2003), some based on a well-researched programme (Pallet *et al*, 2002).

The second provided a more explicit focus on understanding and managing children with attachment difficulties. Carers developed an understanding of attachment theory and how this related to the children in their care. This was followed by opportunities to develop their fostering skills to manage the children's behaviour while at the same time encouraging the development of more adaptive attachment behaviour in the child. This group is substantially different to those featured in other published studies, both in its exclusive focus on attachment theory and intervention, and in the 18-month period over which it ran. In addition, as recommended by Hill-Tout *et al* (2003), it provided joint training for foster carers alongside link social workers.

The regular attendance, high level of participation and positive feedback suggest to us that the group interventions have been successful, a view indicated by the evaluation described. However, experimental research is needed to explore how far these interventions can lead to improvements within the child, particularly as there were indications in this study that difficult behaviours did reduce following the group interventions.

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