Adoption & Fostering

Delivering the Incredible Years parent programme to foster carers in Wales: reflections from group leader supervision
Judy Hutchings and Tracey Bywater

Delivering the Incredible Years parent programme to foster carers in Wales: reflections from group leader supervision

Judy Hutchings
Bangor University, Wales, UK

Tracey Bywater
Institute for Effective Education, York, UK

Abstract

Growing numbers of children in the UK enter the care system with significant emotional and behavioural problems. The recent increase in numbers of children and the reduction in residential children's homes have contributed to a growth in foster carer provision. As a result, carers are looking after more vulnerable children. Challenging child behaviours and carers' lack of skill in dealing with them are the two most common reasons for placement breakdown and foster carers need comprehensive support and additional training to avoid this happening. This article describes carer-specific issues discussed during group leader supervision during a small platform trial of the Incredible Years (IY) parent programme delivered to foster carers in three local authorities in Wales (Bywater et al, 2010). The positive trial results, which are summarised, included reductions in children's challenging behaviour and carer depression. Issues related to the specific challenges of looking after a fostered child, which were discussed by leaders in preparing for groups and raised by the carers attending, were explored and are presented here. The beneficial effects of the programme on child behaviour and carer mental health, coupled with carer and leader feedback, confirmed the relevance and effectiveness of the IY parent programme for dedicated foster carer groups.

Keywords

foster care, parenting, Incredible Years, behaviour problems, looked after children

Corresponding author:
Judy Hutchings, Centre for Evidence Based Early Intervention, School of Psychology, College of Health and Behavioural Studies, Bangor University, Nantlle Building, Normal Site, Bangor LL57 2PX, Wales, UK.
Email: j.hutchings@bangor.ac.uk

Introduction

This article reports on discussions arising during supervision with five group leaders who participated in a small platform trial of the Incredible Years (IY) group parent programme delivered to foster carers in three Welsh counties. Seven group leaders attended weekly supervision, five of them running two of the groups, with the first author. Carer-specific issues that arose in preparing for group sessions and during feedback from the previous session are described, along with a description of how the programme principles supported the carers. The outcomes from this successful trial have been previously reported (Bywater et al, 2010) and are summarised.

Looked after children[1] are highly vulnerable to poor outcomes. Many children entering the care system have experienced deprivation and disadvantage in addition to harsh parenting, physical punishment, lax supervision and inconsistent discipline. These are known risk factors for the development and maintenance of child behaviour problems (Hoeve et al, 2009). Early onset conduct problems can develop into conduct disorder (American Psychiatric Association, 1994), and the National Institute for Health and Clinical Excellence (NICE, 2006) reports it as the most prevalent child mental health problem that, without intervention, has a very poor long-term prognosis (Farrington, 1992; Patterson et al, 1998) and is costly for both individuals and wider society (Scott et al, 2001). The longer-term cost of crime attributable to antisocial behaviour is £65bn per annum across England and Wales (Sainsbury Centre for Mental Health, 2009).[1]

Thirty-seven per cent of children in care have identifiable conduct disorder (Department for Education and Skills, 2006), approximately three times that of children in the general population (Meltzer et al, 2003) and their school outcomes are poor, with only 12% gaining five GCSEs at grade C or above, compared to 59% of all children. They are two-and-a-half times more likely to be cautioned or convicted of an offence (Centre for Social Justice, 2007), and they represent 27% of the prison population (Social Exclusion Unit, 2002).

Recognition of the difficulty of providing adequate care in residential homes, as well as the exposure of abuse scandals such as *Lost in Care,* the North Wales Child Abuse Inquiry (Waterhouse, Clough and Fleming, 2000), have led to the closure of many residential care homes and contributed to the increase in numbers of children in foster care. Both the number of children in care and the proportion in foster care in England and Wales have risen steadily over recent years from 44,594 children in care in 2005, of whom 67% were in foster care, to 51,000 children in 2010, with 74% in foster care (Department for Education, 2010; The Fostering Network, 2010; Welsh Assembly Government, 2010). This represents an additional 7862 foster placements, an increase of 26% over five years.

Historically, foster carers provided a safe and secure home without the expectation that they would provide significant therapeutic support (Cain and Barth, 1990). Challenging child behaviours and foster carers' lack of skill and confidence in dealing with them are the two most common reasons for placement breakdown (Barber, Delfrabbro and Cooper, 2000; Sinclair, Gibbs and Wilson, 2000) and as many as 16% of looked after children experience three or more placements in one year (Department for Education and Skills, 2006). Placement moves can exacerbate the child's problems, as attachments are again disrupted and schooling may be interrupted (Newton, Litrownik and Landsverk, 2000).

Foster carers need comprehensive support and training to manage the complex difficulties of many children in care. Social workers provide the most immediate and easily accessible advice and support for foster carers, and most local authorities provide preparation and guidance in the form of booklets and classes for intending and newly recruited carers as well as ongoing support groups (The Fostering Network, 2010). However, training programmes vary considerably in their content. Many focus on the attachment problems that are the perceived root of many difficulties experienced by looked after children and provide carers with an understanding of attachment theory, as expounded by Bowlby (1982) (e.g. Golding and Picken, 2004; Kinniburgh et al, 2005; Laybourne, Andersen and Sands, 2008). Some programmes combine knowledge about attachment issues with behaviour management training (Allen and Vostanis, 2005; Holmes and Silver, 2010), which makes sense given the growing evidence of a relationship between early attachment problems and subsequent conduct disorder (Fearon et al, 2010; Fearon and Belsky, 2011). Other programmes focus primarily on behaviour management (Gilkes and Klimes, 2003; Pallet et al, 2002). Evidence for the effectiveness of these different approaches is mixed and hard to interpret, with many studies reporting mainly qualitative data, focusing on improvements in carer confidence and reductions in carer stress, with little robust evidence of any beneficial effects on children's behaviour.

The best known evidence-based behavioural parenting programme developed specifically for looked after children and their carers is Multidimensional Treatment Foster Care (MTFC; Chamberlain, 2003). This comprehensive approach provides support for both carers and looked after teenagers, including group meetings and daily phone calls to carers, as well as social and problem-solving skills training for the youngsters. It was developed specifically for teenagers who had committed serious law infringements and for whom out-of-home placements were legally mandated. Randomised Controlled Trials (RCTs) have shown it to be more effective in reducing a number of aspects of delinquency, including a reduction in problem behaviours, fewer failed placements and fewer disrupted days in care (Chamberlain, Moreland and Reid, 1992).

Although MTFC has good evidence to support it, it targets a specific subset of highly challenging adolescent youngsters and is costly. It is therefore not used extensively in looked after children (LAC) services. Another strongly evidence-based parenting programme for the prevention/treatment of conduct disorder is the Incredible Years (IY) group parent programme (www.incredibleyears.com). It is one of two recommended by NICE specifically for the treatment of conduct disorder (NICE, 2006) and has been shown to help foster carers and their placement children (Bywater et al, 2010; Linares et al, 2006; McDaniel et al, 2011). Developed by Webster-Stratton, over the last 30 years this programme has gained international evidence of its effectiveness as both a clinical and an early preventive intervention (Baydar, Reid and Webster-Stratton, 2003; Bywater et al, 2009; Drugli et al, 2009; Gardner, Burton and Klimes, 2006; Hutchings et al, 2007; Scott et al, 2001) and has been evaluated and widely disseminated in Wales (Hutchings, 2012).

In 2006/2007, a small platform trial of the basic IY parent programme with Welsh foster carers was funded by the Wales Office for Research in Health and Social Care (WORD). The second author was the principal investigator (Bywater et al, 2010).

Rationale for trialling the IY parent programme with carers

Several factors prompted the decision to trial the IY parent programme with dedicated foster carer groups:

- A trial with foster carers and biological parents had reported improvements in parenting for both sets of parents (Linares et al, 2006).
- The IY parent programme had been successfully delivered for some years within a North Wales Child and Adolescent Mental Health Service (CAMHS) to parents of five to 16-year-old children referred with a range of diagnosed conditions. These groups had occasionally included foster carers and, both anecdotally and in terms of pre- and post-group measures of child behaviour, the programme had been beneficial for these children and their carers.
- Positive outcomes had been achieved with the programme in Wales in an RCT with parents of children at risk of developing conduct disorder (Bywater et al, 2009; Hutchings et al, 2007). This had contributed to the Welsh Government's decision to fund programme leader training for staff across Wales as part of their Parenting Action Plan for Wales (Department for Training and Education in Wales, 2005). This meant that funded training and supervision were available to service providers.

The IY basic parent programme

This is a 12 to 14-session programme, delivered weekly in two-hour sessions with a major emphasis on strategies to strengthen attachment relationships with challenging children. It starts with sessions on play and special time activities, the key ingredient in establishing a more positive and trusting adult–child relationship. It then introduces strategies to coach children's academic, persistence, emotional regulation and social skills, all significant deficits for children with attachment and/or conduct problems. Subsequent sessions focus on praising and rewarding behaviours that parents wish to encourage. These components provide the foundation for later success with the discipline aspects of the programme. The latter part of the programme covers positive discipline strategies, including establishing household rules, giving clear instructions, ignoring, redirecting, distracting and time out, and consequences for problem behaviour (Webster-Stratton, 2011). Homework activities, discussion based on viewing video clips of parents and children, identification principles of effective parenting and role play/practice are key ingredients of effective parent programmes (Hutchings, Gardener and Lane, 2004).

The Welsh foster carer trial: summary of results (Bywater et al, 2010)

Forty-six carers from three authorities in Wales were recruited and allocated on a 2:1 basis either to the IY parent programme or to a waiting list control condition. Three intervention groups were delivered, one in each of the authorities. Foster carers' experience varied between one month and 30 years. Target children had been placed with the carers for between one month and seven years and were aged between two and 17 years.

Measures were administered at baseline and six months post-baseline, with the intervention being delivered in the interim. Waiting list carers were offered the programme after the six-

month data collection point. The 36-item parent-report Eyberg Child Behaviour Inventory (ECBI; Eyberg and Ross, 1978) was the main outcome measure. The intensity subscale analyses showed that at baseline 50% of intervention carers rated their looked after child as scoring in the clinical range; this reduced to 35% after intervention. Control group carers rated 25% of their children as in the clinical range at baseline, which increased to 30% at follow-up. A similar pattern was found for the Strengths and Difficulties Questionnaire (Goodman, 1997), with a reduction from 62% to 35% of children in the clinical range for the intervention group. Carer effects were assessed; based on self-reported depression, on the Beck Depression Inventory (BDI; Beck et al, 1961), intervention carers reported a 40% drop in depression levels with no change for those in the control group.

Trial participation conditions

In order to meet programme fidelity requirements, the trial was run using the same leader supervision schedule of weekly supervision as in the earlier successful Welsh Sure Start trial (Hutchings, Bywater and Daley, 2007). Services were provided with resources to run the programme, including books and resources for parents, and the three participating authorities agreed, as a condition of the research trial, that they would allow group leaders to attend weekly supervision. Although costly in terms of time, this was also seen as beneficial for the development of staff skills in collaborative group work. For one group, supervision was with an IY programme mentor who also co-delivered the programme. In the other two groups, supervision was with the first author. These latter supervision sessions were attended by five leaders, two from one group (attended by eight carers) and three from one group (attended by 11 carers) in which leaders alternated, with two leaders co-delivering each week. There were two kinship carers, both in the same group. Three leaders had prior programme experience and two (one in each group) did not. None of the leaders had previously delivered the programme to this target population and one group had an LAC service staff member as a group leader.

Method used to explore carer-specific issues

The issues explored in this article arose during the supervision by the first author of leaders from these two groups and are based on supervision notes recorded immediately after the session. Supervision was scheduled for two hours per week. Leaders video-recorded sessions and attended weekly supervision at which these recordings were reviewed. Leaders were requested to review tapes prior to supervision and to identify topics for discussion and rehearsal during supervision. Leaders also brought carer feedback from sessions and examples of carer home activity records for review. Supervision consisted of review of the prior session and preparation for the next.

Given relative leader inexperience with the programme, much of the supervision related to issues that would concern most group leaders. These included how to keep participants on track, how to manage more vocal parents within the group and how to set up and engage parents in role-play rehearsal. In addition, several carer-specific issues were discussed. Sometimes this was during preparation for the forthcoming session, where group leaders were able to predict and plan for issues, and sometimes arising from issues raised by carers during the supervision. The remainder of this article describes these issues and how the core programme principles address them. These are not modifications of the core programme;

rather, as with other populations, they are aspects of the programme that require additional emphasis for specific target populations and/or where further background information or constraints need to be considered. These include both programme/content-specific and service-specific issues. Webster-Stratton has made it clear that adaptations are required to meet the needs of both individual children and specific groups, as long as the essential content is delivered and collaborative delivery style is adhered to, to ensure programme fidelity (Webster-Stratton and Reid, 2008, 2010).

Addressing the specific needs of foster carers

There are advantages to delivering the programme to dedicated foster carer groups. Foster carers are bound by rules of confidentiality. It is their responsibility to ensure that information about the child, or their relatives, is not disclosed to any other person without the consent of the fostering service. A client-specific group enabled foster carers to share their experiences and difficulties without barriers. As reported by Bywater et al (2010), this was greatly valued by the carers.

Addressing attachment issues through child-led play. The early part of the IY programme is attachment focused, with three sessions on child-led play and relationship building. These not only served to strengthen the carer's relationship with the child but carers also reported that children were more likely to talk about difficult situations and feelings in play sessions, when not under pressure to do so. Learning more about their child's interests, abilities and developmental level during play sessions also helped carers to identify effective incentives and to have realistic expectations for their children, who were often both behaviourally and emotionally developmentally delayed. Although these are not carer-specific benefits, carers benefited from investing in play/special time in terms of the opportunity to learn about what their child could do, what they enjoyed and the opportunity it provided for the child to share difficult issues with them.

Coaching academic, social and emotional regulation skills. This component of the programme follows the 'play' sessions. Carers learn how to encourage children to persist with tasks that they find challenging and to label the associated emotions. Many looked after children have been discouraged by prior failure and carers found that acknowledging that a task was difficult was helpful for the child. This also reminded them of the extent of scaffolding that the child might need to be successful. Coaching involves describing what the child is doing, wrapping the child in language while encouraging persistence and self-regulatory behaviours, such as staying calm and trying again. Children often had lacked appropriate social models and coaching social skills through modelling during special time sessions begins to address this.

Providing appropriate praise for positive behaviour. The importance of praising desired behaviour in order to increase its frequency is emphasised throughout. There are barriers to implementing praise in any parent group, but particularly so for parents of very challenging children due often to lack of parental experience of praise. In the foster carer groups giving praise was not a barrier, but the rejection of praise by the children – for instance, by destroying a picture or model when a carer praised it – was. The programme principle that a child who rejects praise needs more praise was explored, bearing in mind the frequent

mismatch between the developmental and biological ages of looked after children. Carers discussed the need to establish self-care behaviours, such as washing and teeth cleaning, but also how to praise older children with great sensitivity. There was considerable discussion of subtle and less public ways of praising and of praising indirectly in order not to embarrass, especially older children, and help them learn to accept praise. The need to give attention to wanted/appropriate behaviour and, where possible, to remove attention from unwanted/inappropriate/anti-social behaviour was emphasised. Carers found it helpful to recognise that when a child is disregulated it is not the best time to discuss their response, and to rehearse possible responses, such as 'I'm sorry that you destroyed your picture as I thought it was very nice', and then walk away and not get drawn into lengthy debates.

Using incentives. For some resistant behaviours, those which are developmentally challenging or where consistency over time is needed, carers found it helpful to add a small incentive to praise. Suggested rewards/incentives are small and always accompanied by praise. This was particularly important for foster carers since when the child arrives in their home, they have no relationship with the carer/s and small incentives, paired with praise, help establish a positive relationship. The 'when . . . then' rule was found particularly helpful, for example, 'When you have done your homework then you can have time on your play station!' This provided the kind of predictability and consistency that many children had not previously experienced.

Some rules set by social services and advice given by supervising social workers made it difficult for carers to use strategies that involved reinforcing positive behaviours with small incentives. For example, some carers reported having been told that because pocket money was supplied by social services, they must give it to the child regardless of unacceptable behaviour, lack of co-operation with household chores or consideration of how the child would spend it, for instance, on alcohol or cigarettes. This often meant that carers had different expectations for their own children, to whom they might give additional pocket money for cleaning their bedroom or have limits on how it could be spent. This discussion followed through into the session on household rules, highlighting the need for an incentive programme to be discussed with the child's social worker. Acceptability and consistency of approach and an understanding of the underpinning philosophy of the programme by the LAC service is essential.

Establishing household rules. Household rules and routines, like eating together at a table, bathing on certain evenings, bedtime, etc., are foreign to many looked after children. In a foster placement these essential rules need to be explained at the start of the placement and will often be different from those previously experienced by the child, which may have been vague and inconsistently and/or punitively applied. Consequently, leaders and carers discussed some of these issues early in the programme. On reflection, the session on establishing realistic positive rules would probably benefit from being delivered nearer to the start of the programme. This would make it more similar to the structure of the IY Teacher Classroom Management programme (Webster-Stratton, 2003) where the first session is spent on relationship building and proactive discipline, including classroom rules.

Considerable discussion occurred around how many rules to have and which were really important and realistic. Another issue concerned the needs of the carers' own children, for whom there could be different expectations in terms of behaviour – 'Why do you not tell him

off when he swears? I would!' This prompted problem-solving around how to involve carers' own children, helping them to see themselves as models for cared for children and to support their parent(s)' efforts to attend to positive behaviour. Carers also discussed the importance of maintaining quality/play time with their own children and the challenges for biological children of having a fostered child in their home.

Limit setting. Carers talked about difficulties in setting limits, for example around the use of computers, play stations or the television. They reported being told, 'You can't take this from me because it's mine; my mum/dad gave it to me.' Carers explored whether and when it was acceptable to withdraw out-of-house time, set an earlier bedtime or reduce access to computers or television, either as a household rule or as a consequence of challenging behaviour. The presence of a LAC service staff member in one group was helpful, although even in that group it became clear that the agency 'rules' were not always clear and did not always support effective parent management strategies. Carers role-played and practised how to handle situations around limit setting with personal belongings such as play stations. The principle that the issue is not one of ownership but of rules about how/when an item is used was practised, for example: 'The rule in this house is that children can have half-an-hour each evening on their play stations.'

Several carers reported difficulties when their child returned from home contact. This was often expressed as concern that the child would have been allowed different limits in terms of bedtimes, television access and treats. Carers were encouraged not to get too involved in trying to find out what had happened in home contact (unless the child clearly wanted to talk about it) but to re-establish the house rules: 'It's good to see you back but remember tomorrow is a school day so bedtime is 8pm. What would you like to do now...before supper?' Carers found this particularly helpful. Consistency is a key programme theme, but encouragement to recognise that children adapt quickly to the expectations of different situations allayed carers' anxieties that their good work would be lost by the child spending time in a different situation. It was also helpful for them to discuss the challenges for birth parents during access visits, enabling them to empathise with them, which is especially important if return home is the placement goal.

Ignoring, distracting and redirecting. The programme promotes the use of the least invasive management strategy. This starts with ignoring, distracting or redirecting unwanted or inappropriate behaviour. Carers identified behaviours of which they wish to see less and were helped to identify and label the alternative replacement behaviours that they could reinforce with praise and incentives. The underpinning IY philosophy is that it is never acceptable to address problem behaviour without having a strategy in place to establish an alternative pro-social behaviour. Without this, problem behaviour can escalate and/or simply be replaced by another undesirable behaviour. Carers found it particularly helpful to explore the functions of problem behaviour and to identify them. While attention can be one function, others include avoidance of unpleasant, unachievable or anxiety-provoking tasks that may have been associated with previous failure or punishment. Other behaviour, like swearing, may have been modelled and/or reinforced in the child's home environment or the child may not have been taught or not have the developmental ability needed for the alternative behaviour, for example, sitting at the table throughout a mealtime. Learning to

recognise children's developmental level and to identify an achievable 'positive opposite' behaviour was particularly helpful.

Time out and consequences. Carers in one group had received conflicting advice about the use of time out. One person had been told by their supervising social worker, and most of the members of another group attending attachment disorder training had been told by their trainer that they should not use this tactic with their cared for child because of his or her 'presumed attachment disorder'. It became clear that there was widespread misunderstanding of the IY programme time out strategy. Television programmes on managing child behaviour, such as *Super Nanny*, have not helped by showing scenes of children being forced to sit on the 'naughty step'.

In the IY programme time out is a consequence of rule breaking, such as hitting or non-compliance, and is used sparingly. The rule for which the strategy is used is specified in advance. It is a structured 'ignore', or time away, for a brief period of up to five minutes, so that the child has time to reflect on the situation and calm down. There is no necessity for this to be out of the room and it is important that the carer monitors/supervises the child during time out, ensures that it is brief and that it ends with positive attention and praise. When used correctly, this is a non-punitive and effective way of dealing with the aggressive and destructive behaviours associated with placement breakdown. If the child refuses time out, they are given a choice of doing it or accepting a small consequence, such as loss of a short amount of television time. Once carers had learned and practised the strategy they recognised it as a valuable tool for occasional use. However, this highlighted the importance of ensuring consistency between different sources of advice and guidance. It is essential that carers adhere to the local authority or other agency regulations on the management of problem behaviour, but this needs to be a clear and evidence-based strategy if it is to avoid placement breakdown or loss of carers. For group leaders this involved work to ensure that all of the agency staff understood the programme and its rationale. This was particularly challenging for the group in which no LAC service leader was included. Ultimately, carers need effective non-aversive discipline strategies in order that placements survive, but they also need to operate within a system that supports consistent advice about the management of problem behaviour.

Leader knowledge of the care system and ethical issues. It became clear that it was important that group leaders were knowledgeable about local authority regulations, rules and legislation governing carers as this affected their use of specific parenting tools. In the group that had a facilitator who worked in the LAC service, contributions from this leader were especially helpful in discussion on issues such as incentives and discipline policies. Another advantage of having the programme delivered within the LAC service is that group leaders learn a lot more about the personal resources of the participants, which potentially provides useful information about the ability of carers to meet the needs of specific children. In a previous carer group, non-LAC service leaders had difficulty in deciding how to deal with their concerns about the suitability of one carer who had volunteered for the programme (these were not child protection concerns but rather a lack of sensitivity to a child's needs). Embedding of the programme within the LAC service facilitates knowledge transfer, meaning that what is learned about the personal resources and skills of carers is known to the service and can help to identify suitable placements.

Addressing the needs of the carers' own children. There was frequent discussion about the impact of fostering on the carer's own children. Preparing their own children for being part of a fostering household in a developmentally appropriate way takes time and the arrival of a child at short notice adds pressure. The child can be perceived as an intruder who takes up their parents' time and rules/expectations of behaviour that exist for them might not apply to the cared for child, which can seem unfair. Our carers shared these problems and learned the importance of giving their own children special/play time as well as coaching them in an understanding of the cared for child's developmental needs and challenges. Carers rehearsed how to talk to their own children about the needs of the fostered child. They practised how to help them to understand that expectations about language, table manners and self-care skills, for instance, were best learned by modelling.

Foster carer–agency staff relationships. The relationship between foster carers and social services agency staff was discussed in groups, but this was easier when a LAC service staff member was delivering the programme. This was a digression from the programme but was important, and group leaders needed help to decide when such discussion would benefit all of the participants and could be tied into the principles of the programme and when it needed to be dealt with outside the group. The aim of the group is to help carers understand the principles that they can use as a 'parenting tool kit' to deal with the many challenges they encounter, not just in relation to their looked after child. Group leaders helped carers to strengthen their relationship with social workers, to recognise the difficulty of the agency's task and to understand that longer-term decisions about the child's future may take time to emerge. This uncertainty also applies to the child and was another example of where the emotional regulation coaching component of the programme was helpful in enabling carers to empathise with children, and gave them the skills to talk about this without being able to provide a solution. When supervising social workers either attended sessions alongside the foster carer or received some training on the content of the programme, this allowed them to support the carer in using their 'parenting tool kit'.

When to deliver the programme. The programme was 'induction training' for some carers. It occurred relatively early at the start of the carer's relationship with a fostered child for some and for others provided support when a foster child had specific treatment requirements and/or a placement was at risk of breaking down due to problematic child behaviour. Carers had very varied experience and had been fostering for from one month to 30 years. The children were aged two to 17 years at baseline and had been in that placement for between a month and seven years. The needs of carers were consequently quite varied, but the programme ensures that individual carer needs are addressed and the extensive carer experience within the groups was valued and incorporated into many constructive problem-solving discussions.

Kinship carer needs. Another issue that was discussed in supervision was the relationship between the foster carers. Some kinship carers found it hard to fit easily into groups alongside professional carers because their issues about relating to the birth parent/s in their own family and around contact were different. However, this was known in advance and was an example of an issue that could be dealt with outside the group by consultation with their social worker.

Discussion

Benefits of delivering the programme to carers

There were clear benefits in delivering the programme to dedicated foster carer groups:

- It ensured confidentiality, which facilitated honest group discussion and problem-solving.
- Many of the issues outlined – carers/looked after child relationships, coping with access visits, rules about incentives, etc. – would not have been as relevant in another group.
- Foster carers have specific 'parenting' issues to address and group leaders need relevant background knowledge and the skills to guide discussion on how to tackle them using the principles of the programme.
- Carer groups should be led by people working within LAC services and others within that service, including supervising social workers, need to be aware of the programme content.
- LAC service rules around incentives and discipline strategies need to be clear to carers and group leaders.
- A high level of leader supervision of group leaders is required to ensure that they are supported in relating carer issues to the programme principles.

Limitations

The issues reported here, arising during supervision, and the way that the programme content addressed them, are drawn from notes kept by the first author and have been written up due to ongoing interest in delivering the IY parent programme to carers. This article is not a systematic exploration of the challenges of delivering to carers or a definitive review of all of the issues that might specifically concern them. A more systematic analysis of delivery of the programme to carer groups needs to be done to ensure that it covers all the topics necessary for meeting their needs.

Conclusions

The core effective components of the programme are well established and are essential for improving parenting skills. At the same time, delivering the programme successfully to parents/carers of children with different clinical conditions, ages and circumstances is a key leader collaborative skill (Hutchings, Gardner and Lane, 2004). Our own research has reported positive outcomes when delivering IY parent programmes to nursery staff (Bywater et al, 2011), to parents of high-risk one- and two-year-olds (Hutchings et al, in preparation), three- and four-year-olds with clinical levels of behaviour problems (Bywater et al, 2009; Hutchings et al, 2007), children at risk of ADHD (Jones et al, 2007) and high-risk eight to 13-year-olds (Hutchings et al, 2011) as well as foster carers (Bywater et al, 2010). This body of work demonstrates how, with appropriately skilled and experienced staff, training, supervision and resources, including adequate staff time, the IY parent programmes can accommodate the needs of these varied populations and enable them to fully engage with the programme.

The Bywater et al (2010) study demonstrated that the programme was both effective and supportive for foster carers and their looked after children, and this article provides details of some of the carer-specific issues that arose during the trial and how they were addressed. This small trial in Wales has demonstrated both the effectiveness and acceptability of the

programme with Welsh foster carers. There is now a need to take this to scale and undertake a larger RCT trial of its effects, to provide the evidence that would ensure the availability of this programme for carers wider afield.

Note

1. The term child/ren is used in its legal sense throughout to apply to children and adolescents for whom care is provided.

References

Allen J and Vostanis P (2005) The impact of abuse and trauma on the developing child: an evaluation of a training programme for foster carers and supervising social workers. *Adoption & Fostering* 29(3): 68–81.

American Psychiatric Association (1994) *DSM-IV*. Washington, DC: American Psychiatric Association.

Barber JG, Delfabbro PH and Cooper LL (2000) The predictors of unsuccessful transition to foster care. *Journal of Child Psychology and Psychiatry* 42(6): 785–790.

Baydar N, Reid MJ and Webster-Stratton C (2003) The role of mental health factors and program engagement in the effectiveness of a preventive parent program for Head Start mothers. *Child Development* 74(5): 1433–1453.

Beck AT, Ward CH, Mendelson M, Mock J and Erbaugh J (1961) An Inventory for measuring depression. *Archives of General Psychiatry* 4: 561–571.

Bowlby J (1982) *Attachment and Loss, Vol.1: Attachment*. New York: Basic Books.

Bywater T, Hutchings J, Daley D, Whitaker C, Yeo ST, Jones K, Eames C and Tudor Edwards R (2009) Long-term effectiveness of a parenting intervention in Sure Start services in Wales for children at risk of developing conduct disorder. *British Journal of Psychiatry* 195: 318–324.

Bywater T, Hutchings J, Gridley N and Jones K (2011) Incredible Years parent training support for nursery staff working within a disadvantaged Flying Start area in Wales: a feasibility study. *Child Care in Practice* 17(3): 285–302.

Bywater T, Hutchings J, Linck P, Whitaker CJ, Daley D, Yeo ST and Edwards RT (2010) Incredible Years parent training support for foster carers in Wales: a multi-centre feasibility study. *Child Care, Health and Development* 37(2): 233–243.

Cain C and Barth RP (1990) Health beliefs and practices of foster parents. *Social Work in Health Care* 15(2): 49–62.

Centre for Social Justice (2007) *Breakthrough Britain*. Available at: www.centreforsocialjustice.org.uk (Accessed 3 December 2012).

Chamberlain P (2003) *Treating Chronic Juvenile Offenders: Advances made through the Oregon Multidimensional Treatment Foster Care model*. Washington, DC: American Psychological Association.

Chamberlain P, Moreland S and Reid K (1992) Enhanced services and stipends for foster parents: effects on retention rates and outcomes for children. *Child Welfare* 71(5): 387–401.

Department for Education (2010) *Children Looked After by Local Authorities in England (Including Adoption and Care Leavers) – Year ending 31 March 2010*. Available at: www.education.gov.uk/ rsgateway/DB/SFR/s000960/index.shtml (Accessed 3 December 2012).

Department for Education and Skills (2006) Statistics of Education: Children Looked After by Local Authorities – Year Ending 31st March 2005, Volume 1: *National Tables*. London: DfES.

Department for Training and Education in Wales (2005) *Parenting Action Plan for Wales*. DfTE information document No: 055-05. Available at: http://wales.gov.uk/docrepos/40382/4038232/ 4038211/Guidance_and_Information/parenting-summary-e.pdf?lang=en, 2005 (Accessed 3 December 2012).

Drugli MB, Larsson B, Fossum S and Morch W (2009) Five- to six-year outcome and its prediction for children with ODD/CD treated with parent training. *Journal of Child Psychology and Psychiatry* 51(5): 559–66.

Eyberg S and Ross AW (1978) Assessment of child behaviour problems: the validation of a new inventory. *Journal of Clinical Child Psychology* 7: 113–116.

Farrington DP (1992) Criminal career research in the United Kingdom. *British Journal of Criminology* 32(4): 521–536.

Fearon RP, Bakermans-Kranenburg MJ, van IJzendoorn MH, Lapsley AM and Roisman GI (2010) The significance of insecure attachment and disorganization in the development of children's externalizing behavior: a meta-analytic study. *Child Development* 81(2): 435–456.

Fearon RP and Belsky J (2011) Infant–mother attachment and the growth of externalizing problems across the primary-school years. *Journal of Child Psychology and Psychiatry* 52(7): 782–791.

Gardner F, Burton J and Klimes I (2006) Randomised controlled trial of a parenting intervention in the voluntary sector for reducing child conduct problems: outcomes and mechanisms of change. *Journal of Child Psychology & Psychiatry* 47: 1123–1132.

Gilkes L and Klimes I (2003) Parenting skills for adoptive parents. *Adoption & Fostering* 27(1): 19–25.

Golding K and Picken W (2004) Group work for foster carers caring for children with complex problems. *Adoption & Fostering* 28(1): 25–37.

Goodman R (1997) The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology, Psychiatry and Allied Disciplines* 38(5): 581–586.

Hoeve M, Dubas JS, Eichelsheim VI, van der Laan PH, Smeenk W and Gerris JRM (2009) The relationship between parenting and delinquency: a meta-analysis. *Journal of Abnormal Child Psychology* 37: 749–75.

Holmes B and Silver M (2010) Managing behaviour with attachment in mind. *Adoption & Fostering* 34(1): 52–64.

Hutchings J (2012) From ABA to SPR: 30 years developing evidence-based services for the treatment and prevention of conduct disorder in Wales. *Journal of Children's Services* 7(2): 101–112.

Hutchings J, Bywater T and Daley D (2007) A pragmatic randomised controlled trial of a parenting intervention in Sure Start services for pre-school children at risk of developing conduct disorder: How and why did it work? *Journal of Children's Services* 2(2): 4–14.

Hutchings J, Gardner F and Lane E (2004) Making evidence-based interventions work in clinical settings: common and specific therapy factors and implementation fidelity. In: Sutton C, Utting D and Farrington D (eds) *Support from the Start: Working with young children and their families to reduce the risks of crime and antisocial behaviour*. Research Report 524. London: Department for Education and Skills.

Hutchings J, Bywater T, Daley D, Gardner F, Whitaker C, Jones K, Eames C and Edwards RT (2007) Parenting intervention in Sure Start services for children at risk of developing conduct disorder: pragmatic randomised controlled trial. *British Medical Journal* 334: 678–682.

Hutchings J, Bywater T, Williams ME, Whitaker C, Lane E and Shakespeare K (2011) The extended School Age Incredible Years parent programme. *Child and Adolescent Mental Health* 16(3): 136–143.

Hutchings J, Griffith N, Bywater T, Gridley N and Whitaker C (in preparation) Evaluating the Incredible Years Toddler Parenting Programme with parents of toddlers in Disadvantaged (Flying Start) Areas of Wales.

Jones K, Daley D, Hutchings J, Bywater T and Eames C (2007) Efficacy of the Incredible Years Basic Parent Training Programme as an early intervention for children with Conduct Disorder and ADHD. *Child Care Health and Development*. Available at: www.incredibleyears.com/library/paper.asp?nMode=1&nLibraryID=474 (Accessed 3 December 2012).

Kinniburgh JK, Blaustein M, Spinazzola J and van der Kolk BA (2005) Attachment, self-regulation, and competency. *Psychiatric Annals* 35(5): 424–430.

Laybourne G, Andersen J and Sands J (2008) Fostering attachments in looked after children: further insights into the group-based programme for foster carers. *Adoption & Fostering* 32(4): 64–76.

Linares LO, Montalto D, Li M and Oza VS (2006) A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology* 74: 32–41.

McDaniel B, Braiden H, Onyekwelu J et al. (2011) Investigating the effectiveness of the Incredible Years Basic Parenting Programme for foster carers in Northern Ireland. *Child Care in Practice* 17(1): 55–67.

Meltzer H, Corbin T, Gatward R, Goodman R and Ford T (2003) *The Mental Health of Young People Looked After by Local Authorities*. London: Office for National Statistics.

Newton RR, Litrownik AJ and Landsverk JA (2000) Children and youth in foster care: disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect* 24(10): 1363–1374.

NICE (2006) *Parent Training/Education Programmes in the Management of Children with Conduct Disorders*. NICE technology appraisal guidance 102. London: SCIE/NHS. Available at: www.nice.org.uk/TA102 (Accessed 3 December 2012).

Pallet C, Scott S, Blackeby K, Yule W and Weissman R (2002) Fostering changes: a cognitive-behavioural approach to help foster carers manage children. *Adoption & Fostering* 26(1): 39–42.

Patterson GR, Forgatch MS, Yoerger KL and Stoolmiller M (1998) Variables that initiate and maintain an early-onset trajectory for juvenile offending. *Developmental Psychopathology* 10(3): 531–547.

Sainsbury Centre for Mental Health (2009) *The Chance of a Lifetime: Preventing early conduct problems and reducing crime*. London: A Better Way.

Scott S, Knapp M, Henderson J and Maughan B (2001) Financial cost of social exclusion: follow-up study of antisocial children into adulthood. *British Medical Journal* 323: 1–5.

Sinclair I, Gibbs I and Wilson K (2000) *Supporting Foster Placements: Reports 1 & 2*. York: Social Work Research and Development Unit.

Social Exclusion Unit (2002) *Reducing Reoffending by ex-prisoners*. Available at: www.centreforsocialjustice.org.uk.

The Fostering Network (2010) *Statistics on Looked After Children*. Available at: www.fostering.net/about-fostering/statistics-looked-after-children.

Waterhouse R, Clough M and le Fleming M (2000) *Lost in Care: Report of the tribunal of inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1984*. London: The Stationery Office.

Webster-Stratton C (2003) *Teacher Management Program*. Seattle, WA: University of Washington. Available at: www.incredibleyears.com.

Webster-Stratton C (2011) *The Incredible Years Parents, Teachers, and Children Training Series: Program content, methods, research and dissemination*. Seattle, WA: Incredible Years Inc.

Webster-Stratton C and Reid MJ (2008) Adapting the Incredible Years child dinosaur social, emotional and problem-solving intervention to address co-morbid diagnoses. *Journal of Children's Services* 3(3): 17–30.

Webster-Stratton C and Reid MJ (2010) Adapting the Incredible Years, an evidence-based parenting programme, for families involved in the child welfare system. *Journal of Children's Services* 5(1): 25–42.

Welsh Assembly Government (2010) *Adoptions, Outcomes and Placements for Children Looked After by Local Authorities: Year ending 31 March 2010*. Issued by Statistical Directorate, Welsh Assembly Government, Cardiff. Available at: http://wales.gov.uk/docs/statistics/2010/100916sdr1452010en.pdf.

Judy Hutchings OBE is Director of the Centre of Evidence Based Early Intervention (CEBEI) at Bangor University. She undertakes research on early preventive work with parents, teachers and children and currently has research links with Cape Town University, South Africa, to develop parenting support in township communities and with Lesotho for teacher-based support.

Tracey Bywater is a Reader and Director of Graduate Studies at the Institute for Effective Education, University of York, Honorary Senior Research Fellow in the School of Psychology, Bangor University, and Chair of the Board of Trustees for the Children's Early Intervention Trust. Her area of interest lies in the design and implementation of randomised controlled trials of evidence-based parent and school interventions towards ultimately improving long-term behavioural and health outcomes for disadvantaged families.