

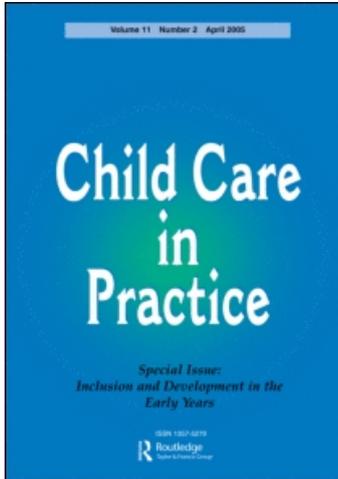
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Investigating the Effectiveness of the Incredible Years Basic Parenting Programme for Foster Carers in Northern Ireland

Benny McDaniel, Hannah Jane Braiden,
June Onyekwelu, Mary Murphy & Hassan Regan

Children who are looked after experience significantly higher levels of social, emotional and behavioural difficulties than children who live with their family of origin. Such difficulties tend to be pervasive and can have detrimental consequences for placement stability, and ultimately for the child's ability to reach their potential. Government documents such as Care matters highlight the importance of providing ongoing training and support to foster carers to equip them with the necessary skills to manage the complex needs presented by children who are looked after. The nature of this training and support is often debated. With this in mind, Barnardo's Professional Fostering Service piloted the Incredible Years Basic Parenting Programme with 13 foster carers. The 12-week programme was evaluated using the Eyberg Child Behaviour Inventory pre and post intervention. Results provide a promising insight into the potential of the Incredible Years Basic Parenting Programme as a method of training and supporting foster carers.

Background Information

Barnardo's was established in 1867 and today is one of the United Kingdom's leading children's charities, supporting over 110,000 children, young people and their families through 394 projects in England, Northern Ireland Scotland and Wales. Although every Barnardo's project is unique, all share a common belief in the

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potential of every child and young person no matter who they are, what they have done or what they have been through. Barnardo's vision is that the lives of children and young people should be free from poverty, abuse and discrimination. Barnardo's has been working in Northern Ireland for over 108 years. Today, in 44 services, Barnardo's NI reaches out to more than 5,000 children, young people and their families every year. One such service is Barnardo's Professional Fostering Service.

Barnardo's Integrated Service, residential childcare for primary school-aged children and a Professional Fostering Service, was established in Northern Ireland in 2003. The residential service was tagged to an already well-established professional fostering service that has been operational since 1979.

Children living in the residential service are prioritised for fostering within a process of careful matching, child-specific training to potential carers, planned moves and an after-care service from the residential team to support the placement. The Professional Fostering Service provides family placements for children and young people in partnership with the Health and Social Care Trusts.

The key aim of the service is to provide long-term quality placements for children, who, for a variety of reasons, are unable to live with their birth families. This is achieved through robust recruitment, comprehensive fostering assessments, ongoing support and training.

Recently the service has implemented the Incredible Years Basic Parent (School Age) Programme (IYP) to existing approved foster carers. While the IYP has an extensive research base with biological parents, preliminary findings from our work also provide evidence of favourable outcomes for foster carers and children.

Introduction

Children who are looked after are among the most vulnerable and disadvantaged members of society. A significant proportion of these children have experienced abuse and neglect. Additionally, their experiences and frequent mobility within the care system have been associated with a range of negative consequences. Living in foster care can be stressful for children, as they find it difficult to trust and often appear to invite carers to reject them (Golding, 2003). Children may present with angry, aggressive and controlling behaviours, often hiding internalised feelings of anxiety and fear. Children who have difficulty giving and receiving love and affection, who are non-compliant and aggressive towards carers, can place severe strain on the foster family (Levy & Orlans, 1998).

Children who are looked after experience significantly more mental health diagnoses and social, emotional and behavioural difficulties (SEBD) than children living within their family of origin. Meltzer, Corbin, Gatward, Goodman, and Ford (2003) found that 45% of children who are looked after in England had at least one mental health diagnosis compared with 8% of children in private households. McCann, James, Wilson, and Dunn (1996) found 67% of looked-after adolescents had mental health difficulties, with those in residential care experiencing a rate of disorder almost twice that of those in foster care (96% vs. 57%). Sempik, Ward, and

Darker (2008) adopted a less stringent approach than Meltzer et al. (2003), where SEBD, as opposed to diagnoses *per se*, were investigated; and found that 72% of children who are looked after experienced concerning SEBD, which would suggest that the rate of emotional and behavioural *problems* among children who are looked after may be higher than that of *disorders*.

Caring for Foster Children

It is generally accepted that all families are experiencing an increasingly complex set of responsibilities and demands (Quinton, 2004). Parenting Support Guidance (Department for Education and Skills, 2006) highlights that 75% of parents reported times in their lives when they would have appreciated support. Meeting parents' needs for universal and/or targeted, specialised parenting support is a key government aim (Department for Education and Skills, 2003).

Given the aforementioned research findings, it could be argued that foster families are faced with a particularly difficult parenting task. Research consistently demonstrates that the behaviour of the child, particularly externalising behaviours, is the strongest predictor of placement disruption and is cited as one of the most common reasons for foster carers to request the removal of a child (Newton, Litrownik, & Lansverk, 2000). The second most common predictor is the foster carer's lack of confidence in managing externalising behaviours (Sinclair, Gibbs, & Wilson, 2004). SEBD, overall, significantly increases the risk of placement disruption (see, for example, Ward & Skuse, 2001).

Hayden, Goddard, Gorin, and Van Der Spek (1999) indicate that foster placement stability and quality may, in part, be compromised by the expectation that carers can cope with children with a range of needs without sufficient knowledge and training.

The *Care matters* White Paper highlights a range of proposals to improve the outcomes of children in care (Department for Education and Skills, 2007). This document clearly highlights the need for local authorities to improve the skills of foster carers by ensuring access to specialised support and training. It is through such training and support that authorities can be sure that foster carers are properly equipped to meet the needs of children who are looked after. This is likely to play a key role in preventing placement disruption; such disruption is often related to carer stress and the necessity of dealing with challenging behaviours.

Although ongoing training is clearly required, the nature and type of training that provides optimal benefit is debatable. Nevertheless, there is some evidence that parenting interventions that emphasise nurturing, positive and responsive care can partially remediate early deficits (Dozier, Albus, Fisher, & Sepulveda, 2002). However, the amount of literature regarding evidence-based interventions and training for foster carers is limited.

The Incredible Years Programme

The IYP originally developed for use with biological parents is founded on social learning theory. The programme is a manual-based structured therapeutic

intervention with detailed session protocols and home activities. However, its success is dependent on skilled group facilitators who are able tailor it to the specific needs of families.

The programme promotes parenting skills within a collaborative model in which the facilitator and foster carers work together to consider how to adapt and use parenting techniques. The programme, based upon the concept of a pyramid, builds sequentially on a foundation of positive relationships with children.

The efficacy of the IYP has been demonstrated through a large published research literature, including several randomised controlled trials in the United Kingdom (Gardner, Burton, & Klimes, 2006; Hutchings et al., 2007). Results show significant increases in positive parent–child interactions and communications, a reduction in parental depression and child behaviour problems. The long term efficacy of the IYP has been demonstrated through maintenance effects at one-year follow-up (Webster-Stratton, 1985), two-year follow-up (Reid, Webster-Stratton, & Hammond, 2003), and three-year follow-up (Webster-Stratton, 1990). A more recent study explores effects 8–12 years later (Webster-Stratton, Rinaldi, & Reid, 2009).

In the United Kingdom, the IYP is one of two programmes recommend by National Institute for Health and Clinical Excellence for the treatment of conduct disorders.

The Incredible Years Programme and Foster Carers

The IYP has been delivered to various parenting populations; however, published evidence of its utility with foster carers is limited. Such research is necessary given the different experiences and challenges inherent in providing placements for children. Of the research that does exist (for example, Henderson & Sargent, 2005; Linares, Montalto, Li & Oza, 2006; Nilsen, 2007) results have been positive—indicating that carers feel significantly less stressed and more competent. Behavioural outcomes for children have also been noted (e.g. a reduction in externalising behaviour).

Bywater, Hutchings, Tudor-Edwards, Daley, and Russell (2008) investigated the IYP's effectiveness with 29 foster carers. Participants reported significant improvement in hyperactivity, depression and problem intensity. This study highlighted that the IYP could assist foster carers in understanding the needs of children who are looked after and enhance placement stability.

In light of the previous evidence suggesting that the IYP may be an effective method of empowering foster carers to meet the challenges of caring for foster children, Barnardo's Professional Fostering Service decided to pilot the IYP as a method of assisting foster carers to manage child behaviour, and therefore indirectly promote placement stability.

Methodology

Key Aim

Barnardo's Professional Fostering Service aimed to test the efficacy of the IYP in increasing foster carers' skills in managing child behaviour.

Methods/Design

A single-group pre-test and post-test design was used. Assessments were carried out prior to the group (baseline) and immediately after the group.

Participants

Detailed demographic data are not presented to maintain confidentiality. Thirteen fee-paid foster carers from voluntary agencies (five male, nine female) completed the IYP. Foster carers were in the age range of 34–54 years, with a mean age of 44 years, and had experience of foster care ranging between one years and 15 years, with a mean four years of experience.

Carers had a range of educational experiences; however, all had completed post-primary education. All carers were approved to provide long-term placements.

Participants were invited to participate in the IYP as part of their ongoing foster carer support package. Inclusion criteria involved having a school-aged foster child between age six and 12 who has been in the placement for a minimum of six months. In terms of a sampling procedure, the pool of available foster carers who meet the aforementioned criteria was relatively small and therefore all were invited to participate. For a small minority of carers, the practicalities of the group (i.e. the timing) precluded participation.

Carers were provided with full information about the IYP and the outcome measures being used. Carers were advised that the outcome measures were for evaluation and research purposes and to determine future level of need with respect to their individual young person. The results provided by carers are independent of future service provision.

The children's ages ranged from eight to 13 years, with a mean age of 11 years. Children had been placed with their current carers for between one and five years, with a mean length of placement of two years. Children had between one and 27 moves while in care, with a mean of seven placement moves.

All participants completed at least nine of the 12 sessions offered.

Facilitators

The IYP intervention was delivered, with fidelity, by two practitioners with extensive experience of working with children who are looked after and with foster carers. Both facilitators are qualified social workers with postgraduate diplomas in Social Learning Theory in childcare, in addition to IYP group facilitator training.

Instruments

The Eyberg Child Behaviour Inventory (ECBI) (Eyberg & Ross, 1978; Eyberg & Pincus, 1999) is a self-report parent rating scale designed to measure the degree to which children aged two to 16 years exhibit conduct and externalising behaviour management problems. The ECBI consists of 36 items, each of which is scored in two

ways. First, the items are scored on a seven-point Likert-type intensity scale (i.e. from never to always). This scale indicates the frequency with which the behaviours occur. Second, each of the items is scored on a yes/no problem scale. This scale highlights whether or not the parent/carer considers a behaviour to be a problem. Generally, higher scores on the scale are indicative of a greater level of problematic behaviour and a greater impact upon the parent or carer. This measure was selected because it has been widely used in studies of parenting programmes, and additionally it is useful for practice, as it is relatively short and scoring presents few problems.

Foster carers also completed weekly IYP evaluation sheets and an overall satisfaction questionnaire at the end of the IYP intervention. These measures are integral to delivery of the IYP and yield some important qualitative data.

Ethics

This evaluation forms part of ongoing service evaluation and as such was not subject to a formal ethics committee. Nevertheless, the intervention and evaluation was implemented with a high degree of integrity and followed internal ethical protocols and standards. This included obtaining fully informed consent from participants, ensuring confidentiality and appropriate storage of data. In addition, participants were invited to attend the intervention, but understood that this was voluntary and they could withdraw at any stage without any consequence to the care and support they would otherwise receive from the service.

Results

Outcome Measures

Descriptive statistics indicate that 76.9% of foster carers reported an improvement in the intensity of child behaviour. Forty-six per cent of foster carers reported a decrease in the extent to which carers perceived child behaviour as problematic.

Wilcoxon signed-ranks tests indicate that parental reports of the intensity of child behaviour problems decreased (Figure 1) from pre-testing (mean = 136.31; standard

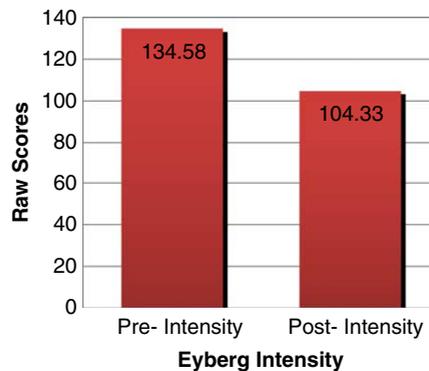


Figure 1 Pre-test and Post-test IYP Eyberg Intensity Scores.

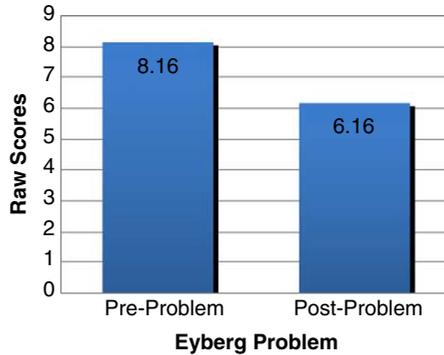


Figure 2 Pre-test and Post-test Eyberg Problem Scores.

deviation = 36.81) to post-testing (mean = 107.85; standard deviation = 31.59). This decrease was statistically significant ($z = -2.669$, $P = 0.08$).

Foster carers' perceptions of child behaviour as problematic also decreased (Figure 2) from pre-testing (mean = 9.0; standard deviation = 7.48) to post-testing (mean = 7.23; standard deviation = 7.05). While this decrease was not statistically significant, the direction of change was positive.

Clinical Significance

At pre-test, 61.5% of foster carers rated the intensity of their foster child's behaviour within the clinical range (131+); at post-testing, this figure fell to 30.8%. Similarly, at pre-test 23.1% of foster carers' perceptions of child behaviour as problematic fell within the clinical range (15+); at post-testing, this remained at 23.1% (Figure 3).

Foster Carer Satisfaction

Carers were asked to complete the Incredible Years Parental Satisfaction Questionnaire that is integral to the programme. Each item is scored on a scale of one to

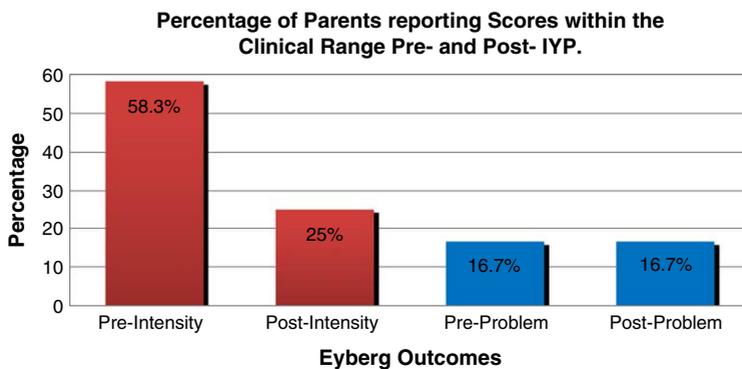


Figure 3 Pre-test and Post-test Clinically Significant Scores.

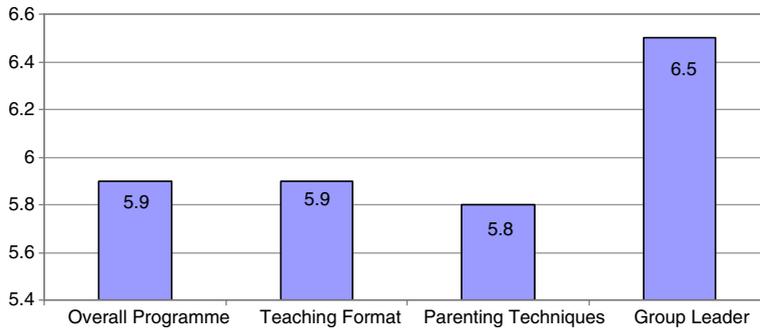


Figure 4 Satisfaction Rates.

seven, with one indicating the lowest levels of satisfaction and seven indicating the highest. As can be seen in Figure 4, carers' overall satisfaction rates were high, particularly the rating of the group leaders. Within the ratings of the overall programme, the highest scores (a mean of 6.6) were given to carers' rating of their confidence about managing both current and future behaviour and the likelihood that they would recommend the programme to a friend.

Discussion

The results presented here indicate a significant decrease in the intensity of looked-after children's SEBD as reported by their foster carers. Additionally, results suggest a decrease (albeit not significant) in the extent to which carers view their foster child's behaviour as problematic. The latter finding is particularly interesting. It was hypothesised that foster carers would report a significant decrease in the extent to which they perceive behaviour as problematic. Descriptive statistics and trends in the data indicate that there was in fact a decrease; however, this decrease was not statistically significant. This may be for several reasons. For example, inspection of the data indicates that the average pre-IYP problem score did not fall within the clinical range and therefore the decrease is relative to the initial pre-intervention score. Initial pre-scores perhaps reflect the fact that the carers involved in this evaluation were all approved fee-paid carers, receiving ongoing intensive support, and there is an expectation that they can manage children with challenging behaviour. Overall, results support previous research, thus providing additional evidence that the IYP is an effective intervention with this particular parenting population.

These findings are encouraging in several respects. First, as it is understood that foster child behaviour is often a significant contributing factor in the disruption of foster placements, if disruption occurs this can serve to further perpetuate the difficulties presented by children who are looked after. Ultimately, placement disruption can leave children with uncertainty about the future, while a further placement is sought. This is expensive both financially but, more importantly, in terms of child wellbeing. As these results indicate that the IYP can reduce reports of

the intensity of child behaviour difficulties, it may therefore be hypothesised that this will reduce the risk of placement disruption. A longitudinal study investigating this would prove particularly interesting. It is important to note that Barnardo's foster carers have access to specialist support from within the organisation. One may hypothesise that the results of the IYP might be even more significant were this not the case.

A second reason why the findings of this evaluation are encouraging is that the IYP is a manualised approach. Often such approaches can be criticised under the guise that one size does not fit all. Indeed, the authors agree with this proviso. However, these results suggest that a well-developed manual, delivered sensitively to the population, while maintaining fidelity, provides a replicable intervention that can be implemented by other fostering agencies. Understanding and implementing training approaches that have an evidence base is necessary to afford children who are looked after the best chance at achieving their potential. This is timely, given the ongoing debate around how best to support and train foster carers.

Decisions about how best to support foster carers are often made based upon research findings and resources available within an organisation. However, a further consideration should be the extent to which participants find the intervention beneficial. The current evaluation had high retention rates and high degrees of satisfaction with the intervention, both providing indicators for the benefits of the programme to this group.

It is vital that fidelity is maintained when implementing the IYP with any population, in order to achieve positive results. Within the current evaluation, fidelity was ensured through several measures, all of which are integral to successful implementation and highlighted throughout much of the IYP guidance literature. This included following the recommended session protocols and activities.

Given the nature of the group and the fact that foster carers will naturally have different issues from biological parents achieving fidelity was, on occasion, challenging. Adaptation and fidelity are often considered polarised terms (Webster Stratton & Reid, 2010). Achieving the balance between adaptation and fidelity is a key competency requiring significant levels of practitioner skill.

Each implementation of the IYP should be responsive to the unique set of strengths and difficulties experienced by the participants. These adaptations reflect expressed carer and child need, and so may facilitate an understanding of the current findings. The following paragraphs aim to achieve this.

A key issue in working with this particular group of carers was the automatic assumption that the carers, in a paid professional role, would have an existing level of professional knowledge and skill. However, given the nature and extent of the difficulties experienced by the children in their care, the necessity to go back to basics was clear. Therefore it was important to understand that while carers were intellectually well informed, they were often emotionally overwhelmed.

This learning also provided a new dimension in that it helped the agency to understand how the carers were managing in their role. However, it was important to acknowledge that the status of the participants as professional carers also could have

inadvertently compromised the extent to which carers felt they could be open and honest about the difficulties they were experiencing. This was addressed through the collaborative relationship and development of a shared understanding of the challenges of being a foster carer.

Although managing child behaviour within the foster child population follows the same theoretical principles as behaviour management with biological children, the parameters may be seen as somewhat different. First, behaviour management often includes developing an understanding of the factors that may trigger a negative reaction. However, understanding the triggers or antecedents to a negative behaviour requires knowledge about the child's previous experiences. While carers have a degree of knowledge about their child's prior experiences, this knowledge is often not comprehensive. Children who are looked after often have large gaps in their family, educational and developmental histories. It can therefore be more difficult for foster carers to anticipate factors that may trigger behaviour. Facilitating carers to develop an awareness of this while simultaneously understanding how to manage child behaviour required additional time and effort.

A further mechanism through which behaviour management can be made more difficult with this particular child population is foster carers often having to attempt to manage a range of situations that are often outside of their control. For example, foster carers cannot manage a child's behaviour during family contact. A different approach to behaviour management may cause setbacks both for the child and for the foster carer who has worked hard to consistently implement new skills. It is an understandable fear that some of this good work may inadvertently be compromised. Moreover, carers often spend considerable time engaging in social and emotional coaching, the effects of which may be diluted by a stressful contact. Such events mean that implementing the IYP within the home requires additional time and effort.

In keeping with this it was important to assist carers in developing a realistic set of expectations and goals. Children who are looked after often do not progress at expected rates. There can be no quick-fix solutions to these very complex situations. Acknowledging the need for repetition and perseverance helped to emphasise this.

Difficulties with relationship formation and maintenance span relationships with siblings and peers. Sibling relationships within a foster family can be very difficult, and may lead to tension. Most notably, biological children can find difficult behaviour hard to manage and withstand. The levels of attention foster children's behaviour often demands can be difficult to accept and can make biological children feel isolated. Carers may feel guilt and anguish over the stress placed upon biological relationships. The necessity of self-care was very evident throughout the group. Providing a foster placement for a child can be a particularly stressful experience. Highlighting strategies for self-care, most notably positive self-talk, and the benefits of implementation cannot be underestimated.

Being a foster carer is a role that not only requires a practical compromise but also requires an alignment of often very distinct worldviews, norms and values. A child who is looked after may, by virtue of their experiences, have a different worldview in comparison with their foster family. Often children who are looked after have

experienced trauma and can view the world as a dangerous place. They can feel very insecure and vulnerable. An understanding of this has important implications for delivery of the IYP in several respects. First, because additional emphasis and time needs to be spent on special time and developing a relationship with the child. The IYP curriculum, with its focus on consistency and predictable routines, assists with this. Related to this is the fact that, throughout a family lifecycle, families often develop a set of rules or norms that reflect their experiences and values. These rules are often implicit. However, a foster child will not have this shared experience. Rather, they will have their own set of rules and norms reflecting their view of the world. Assisting a carer to be flexible and to achieve a compromise on family rules and norms requires additional time and support.

Finally, it is understood throughout practice and research literature that children who have been subject to neglect and abuse are often developmentally immature by comparison with their peers who have not shared similar experiences. Often children who are looked after are observed to have a significant gap between their chronological age and their developmental age. Based on this understanding, some children in the current sample were at or just above the upper age threshold for an IYP intervention, but were nevertheless still included. The decision to include children outside the recommended age range was based on the child's developmental needs. The value of play and special time had to be highlighted in the context of an understanding of developmental age. Results suggest that, with appropriate adaptations, a developmental view of age may be more appropriate for children who are looked after.

Methodological Shortcomings and Future Directions

It is necessary to view methodological shortcomings with an understanding of the context in which this evaluation took place. The Professional Fostering Service comprises a group of expert practitioners striving to contribute to evidenced-based practice in a busy applied setting. Therefore, while a control group would have greatly added to the scientific value of this evaluation, it was not possible given the practicalities of the clinical context. In addition, the lack of a control group and therefore the lack of any randomisation meant that selection bias was a possibility; the foster carers who chose to attend the IYP may represent a highly motivated group of individuals who were actively seeking support and therefore arguably more likely to experience positive change. A further methodological shortcoming is the small sample size. While a larger sample would have been useful, this was a pilot study with the primary aim of determining efficacy. The results of this pilot study will enable future groups to be implemented, thus enhancing the overall sample size. In addition, it may prove useful for future groups to incorporate additional outcome measures. This may include the Parenting Stress Index as a measure of carer outcomes. Finally, a follow-up questionnaire, perhaps at six months post intervention, would prove useful in determining whether the positive effects are maintained. With this in mind all conclusions must be interpreted with caution. Wider-scale provision accompanied by research using a randomised controlled design is necessary.

Conclusion

This evaluation highlights the potential benefits to implementing the IYP within Barnardo's Professional Fostering Service. While the results are preliminary and should be interpreted with the methodological shortcomings in mind, they provide a sound base from which to deliver future groups and therefore contribute to the evidence base about effective practice with foster carers. While contributing to evidence-based practice is something that Barnardo's strives to achieve, ultimately supporting stable, safe and secure foster placements and contributing to the wellbeing of children who are looked after is the foremost aim, something that the service continues to make every effort to achieve.

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