The impact of abuse and trauma on the developing child
An evaluation of a training programme for foster carers and supervising social workers

Jeanette Allen and Panos Vostanis describe the set-up and preliminary evaluation of a seven-week training programme for foster carers and supervising social workers based on attachment theory. It has long been recognised that parenting children with complex and challenging needs in a family setting is extremely demanding, with research indicating that foster carers’ lack of confidence in managing such demands is a significant factor in placement breakdown. This study suggests that attachment theory provides a useful model to help carers understand and respond to the complex difficulties presented by children with a history of abuse and trauma, and that the provision of a conceptual framework may be a significant factor in improving foster carers’ confidence to manage the difficulties presented by the children in their care. The clinical implications of this evaluation are discussed.

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Introduction
Children come into local authority care for a variety of reasons. However, it is increasingly common that children entering the care system have been the victims of abuse and neglect (Quinton et al., 1998). Schofield et al. (2000), in a study of 58 children in long-term foster care, found that 90 per cent had a history of abuse or neglect, with 81 per cent having experienced three or more types of abuse. Research has consistently shown that these children have significantly higher rates of mental health difficulties than children in the general population (McCann et al., 1996) and an especially high incidence of disruptive behaviours (Dimigen et al., 1999). Over the last decade, there has been a considerable shift in the policies regarding the provision of care for children within the local authority, with a move away from residential into foster care placements. Hence some of the most vulnerable children are now cared for in family placements by foster carers.

Sinclair et al. (2000) suggest that the two most common causes of placement breakdown are difficult behaviour of the child and the foster carer’s lack of confidence to manage him or her. Improving the skills and confidence of foster carers to manage the complex difficulties of children in their care can therefore be seen as fundamental to placement stability and positive care outcomes (Hill-Tout et al., 2003). Training for foster carers is considered to be an important part of preparing them for and supporting them with the task of fostering (Sellick and Thoburn, 1996). However, the value of parent training programmes with foster carers has not been extensively evaluated.

There have been a number of parent training programmes developed for birth parents of children displaying problematic behaviours. These have been systematically and comprehensively evaluated as demonstrating positive lasting effects. There is, however, very limited evidence that such training programmes have any such effect in families where there is a risk of abuse (Webster-Stratton, 1997). Children who are being cared for by the local authority typically have a history of abuse and trauma and therefore such parent training programmes may not be effective for the needs of foster carers and the children in their care. The evidence for the generalisability of these parent training programmes to this population is scarce, with available studies reaching inconclusive findings.

Minnis and Devine (2001), in a randomised control trial of 121 foster families, found no clear evidence of the impact of carer training programmes on foster children’s emotional and behavioural functioning. They did, however, report that the training was perceived as a
positive experience by foster carers. Likewise, Hill-Tout et al. (2003) concluded that, although foster carers reported being highly satisfied with the training, there was no clear evidence that it produced change. Pallett and colleagues (2002) recounted more promising results from a ten-week cognitive behavioural group for foster carers, finding significant improvements in carer–child interaction and in the child’s emotional well-being. However, there was no clear evidence of improvement in the child’s conduct problems. Other programmes have targeted carers (foster, adoptive or residential) looking after children with attachment difficulties by helping them improve children’s sense of loss, self-esteem, social functioning and related behaviours (Juffer et al., 1997; Marvin, 1999).

Typically, parent training programmes have been heavily based on techniques underpinned by social learning theory. However, it is well recognised that traditional parenting skills may need adapting in order to meet the needs of children with attachment difficulties consistent with a history of abuse and trauma (Fahlberg, 1994; Hughes, 1997; Howe and Fearnley, 1999). Golding (2003) reported on parent training programmes with foster carers in which the traditional approach was extended and adapted to explore issues relevant to caring for looked after children, in particular issues surrounding the impact of trauma and of attachment. The evaluation of this foster care training programme revealed that carers felt that, following the training, they had a better understanding of the child’s difficulties and a better relationship with him or her. In addition, foster carers reported the child to be less difficult and displaying fewer conduct problems (Golding and Picken, 2004).

There are clearly areas of significant overlap between a parent training programme underpinned by social learning theory and one underpinned by attachment theory. Both approaches would advocate consistent, calm and sensitive responding, without hostility to the child’s problematic behaviour. The principles relating to the positive parenting approach to behaviour management are also likely to foster warmth and attachment between the carer and the child. This may account for the conflicting evidence for the effectiveness of using parent training programmes initially devised for birth parents with foster carers. Recent research provides some, albeit limited, evidence that foster care training primarily from an attachment perspective, which would also incorporate the principles of positive parenting, may be more effective in meeting the needs of foster carers and the children in their care.

In the current article, the use of attachment theory-based training with foster carers is explored further. We describe the set-up and evaluation of a seven-week training programme for foster carers. This explored the impact of abuse and trauma on the developing child and the practical implications for foster carers in terms of the day-to-day parenting of children with attachment difficulties.

Method

Aims of the training programme

The primary aim of the training programme was to provide a conceptual framework in order to help foster carers and supervising social workers (SSWs) understand and parent/support children with complex difficulties consistent with a history of abuse and trauma, i.e. to equip them with an understanding beyond behavioural techniques. It was hoped that if foster carers and SSWs had a greater understanding of the difficulties presented by children with a history of abuse and trauma, this would help them feel more confident about their own ability to care for these children. It was also hoped that the model of providing the training programme jointly to foster carers and SSWs would improve the degree to which foster carers felt supported. At this stage, children and young people were not involved in the programme, although future extended programmes may run such parallel groups.

Content and structure of the training programme

A training pack was written (Allen, 2002) based on the ideas of a number of researchers, authors and therapists (Schore,
The training pack covered the background to attachment theory and the development of attachment styles. The development of different attachment styles was presented as adaptive to early care environments. Bowlby (1988) claimed that infants construct internal working models (referred to as ‘blueprints’ in the training pack) based on their experiences with their earliest attachment figures. Internal working models are theorised to contain core beliefs about the self, others and relationships, and as such provide templates that set the boundaries determining how relationships with other people are perceived and managed. Video clips and case material were used to encourage participants to consider how the internal working models of children would differ significantly, depending on their early care experiences, and how these children would consequently vary in how they perceived relationships and the intentions and motives of others.

The training pack also covered child development, with an emphasis on the crucial role of the attachment figure in providing experiences necessary for healthy development. Video clips and case material were used to encourage participants to explore how trauma and neglect affect child development, particularly the development of emotional regulation and reflective function.

Delaney (1998) describes a cyclical relationship response between the child and the foster carer. Delaney suggests that the continuing difficulties and conduct of children with a history of abuse and trauma can be confusing and bewildering. Foster carers may then begin to feel that their parenting strategies are ineffective, leading them to doubt their own abilities as carers. Such systematic undermining of the confidence and ability of the carer can lead the carer to emotionally or even literally reject the child, thus confirming the child’s internal working models (Hughes, 1997; Sinclair et al, 2000). Group discussions and exercises were used to encourage foster carers to reflect on the emotional impact of caring for children with complex difficulties and how they could manage their own emotions. In response to the data obtained from the pre-training programme focus group, the pack was amended slightly to provide a greater emphasis on this section. Two additional optional exercises were added: foster carers were encouraged to write their own autobiography in order to reflect on their own experience of being parented and how they felt this influenced their values, beliefs and expectations as carers; foster carers were then asked to use this information to reflect on their own emotional response to the behaviours of children in their care.

The remainder of the training programme looked at the practical implications for parenting children with a history of abuse and trauma. The model of parenting used is that suggested by Hughes (1997). The main areas covered were providing a positive family atmosphere, building a positive relationship with children in which missed developmental experiences can be provided, responding to difficult behaviour and managing the child’s rage. There is a particular emphasis on emotional attunement. Also stressed were discipline with empathy and an attitude to parenting that is conducive to the development of secure attachments, ie playfulness, acceptance, curiosity and empathy. A combination of teaching, role-play, group discussion and group exercises was used.

The training programme was also accessible to SSWs so that they could accompany their carers and provide ongoing support to them in the implementation of this parenting approach after completion of the training programme. The model of providing training for foster carers alongside their SSW has been recommended by Hill-Tout et al (2003) and has been used by clinicians working with foster carers (Golding, personal communication). The training programme ran over seven sessions, each lasting two-and-a-half hours. As it was the first training programme run by the team, two clinical psychologists and two primary mental health workers facilitated. Subsequent programmes have been run by one facilitator from each discipline.
Attendees
A total of 25 places were offered for the training programme – 19 to foster carers and six to SSWs. Unfortunately, five foster carers did not attend, leaving a total of 17 foster carers and six SSWs. Foster carers attending the training programme were fostering in three local authorities. Four male and 13 female carers participated. Experience of fostering ranged from less than a year to 35 years. The majority of foster carers were experienced, with 53 per cent having at least three years experience and 18 per cent at least ten.

The types of placements being offered by foster carers included emergency, short-term, long-term and contract care placements. The majority of foster carers (70 per cent) were offering long-term placements to children, with seven carers providing more than one type of placement. The ages of the children to whom the foster carers were offering placements ranged between two to 18 years, with the majority aged between nine and 13. The average number of children being fostered by carers at any one time was two but this ranged from one to four children. The average attendance rate for the sessions was 80 per cent.

Evaluation
Focus groups were used in order to evaluate the training programme. The focus group method is a forum in which to explore people’s opinions, experiences, values, beliefs and understanding of certain issues (Millward, 2000). The use of focus group discussions generates data that are richer and deeper than information elicited from a questionnaire (McDougall and Fudge, 2001). This makes them particularly suited to exploring varied experiences. The focus groups were held twice as part of the evaluation, once prior and once following completion of the training programme. Researchers who were independent to the running of the training programme facilitated the post-training focus groups.

The aim of the pre-training focus group was to explore participants’ experiences of caring for (supporting carers of) a child with an abusive/traumatic history and their understanding of the child’s difficulties. The purpose of this focus group was to ensure that the emerging themes were consistent with those that would be predicted by the literature and to allow the expression of a range of opinions and experiences that might exceed those initially anticipated. This was necessary to inform the evaluation of the relevance of the training material. The aim of the post-training focus group was to explore participants’ experiences of attending the training programme and their views on the impact it had on their understanding and management of the child’s difficulties.

A systematic review of focus group research suggests an ideal focus group size of approximately nine participants (Millward, 2000). Participants were therefore divided into three groups: one of supervision social workers and two of foster carers. Foster carers were allocated randomly to the two groups. The same groups were used for the post-training focus groups. The discussions were audio-taped and transcribed verbatim. The analytical method used to make sense of the data was a thematic qualitative analysis in which transcripts are read and key themes emerging from the discussions identified. The transcripts were analysed by the two authors independently to ensure a level of inter-rater reliability. The data obtained from the pre-training focus groups were made available to the training programme facilitators prior to the completion of the programme.

Results
The themes that emerged from the pre-training focus groups are presented in Table 1 and discussed below.

Pre-training focus group: foster carers

1. Emotional impact on carers
The emotional impact of caring for children with a history of abuse and trauma was an overarching theme evident throughout the entire discussion.

i) Sense of disillusionment and despair
Foster carers talked about their hopes and expectations of fostering and how its
reality had left them feeling as if they had achieved little success in terms of improving children’s lives. Although this was a common theme, foster carers tended to assume that they were unique in this experience:

“You do put in all your hopes and expectations. You know, ‘We’re going to get somewhere and change this child’s life, we’re going to make this really unhappy child into a really nice happy child’, and in our case, and I am sure we are the exception to the rule, we haven’t experienced that.”

ii) Self-doubt and self-blame
Foster carers often questioned their parenting ability and tended to attribute the lack of progress seen in the child to their own perceived personal failings, as in ‘I feel like I’ve failed.’

iii) Feeling emotionally overwhelmed and unprepared
Although foster carers talked about being intellectually aware of the experiences that the children coming to live with them would have had, there was a real sense of them feeling emotionally overwhelmed and unprepared for how this would affect children. Carers talked about the behaviour of children, both with a real sense of confusion and sadness: ‘I was not prepared for what actually happened.’

iv) Lack of reciprocal attachment from the child
Foster carers, particularly long-term carers, clearly developed very strong feelings about children in their care, relating the intensity of these to how they would feel towards a birth child. There was a sense of carers feeling rejected by the lack of genuine reciprocal emotion in the child and despondency that, despite the emotional investment they had in the child, her or his ‘loyalty’ seemed to remain with their birth family, frequently the perpetrators of the abuse:

“They can be so cruel to their children and so neglectful, but if they have known their parents for any length of time . . . [sigh] . . . if someone came up to him tomorrow and said, ‘Get your cases, you’re going back to mummy’, he’d be in that car and barely bother waving goodbye.”

2. Complexity and severity of child’s difficulties

i) High level of emotional and behavioural disturbance
Foster carers clearly had a concept that the high level of behavioural disturbance presented by the children was related to emotional distress, identifying emotions such as anger and insecurity. However, foster carers primarily talked about
children’s behaviour in terms of being learnt from their parents:

It’s certainly learned behaviour from the aggression between the parents.

ii) Lack of progress (longevity of difficulties)

Many carers said that they saw little or no improvement in the children’s presentation. This theme was strongly linked to the previous theme of self-doubt and self-blame and a sense of disillusionment and despair:

We’ve been looking after a little boy for three years, long-term fostering, and the behaviour we have been experiencing... [there’s been] no real improvement for the last three years.

3. Meeting the needs of the child

i) Feeling unable to meet children’s emotional needs

Foster carers talked about feeling uncertain about how to respond to children whom they perceived as having a high level of emotional disturbance. Once again, their lack of confidence was often interpreted as a personal failing and, at times, of letting the children down:

Because I thought, here’s this poor little child damaged, you know, by whatever’s gone on. She doesn’t ever disclose anything... we don’t know... and then... she’s just... [sighs] I don’t know... I just thought I am doing it all wrong because she didn’t seem to get anywhere for a start.

ii) Lack of effective behaviour management strategies

Foster carers talked about numerous behavioural management strategies that they had tried and it was clear that generally the group were very experienced and resourceful in this area. However, there was a sense of considerable frustration that many of these strategies appeared ineffective, which, at times, led them to resort to more and more desperate measures:

We’ve tried everything – star charts, reward charts, ignoring behaviour, rewarding behaviour, everything you could possibly think of. I’ve even lost it with him and smacked him. I’ve done everything... I’ve even given him up. We said, ‘I can’t live like this, he’s destroying my life. He’s destroying my marriage’, but because I love him I couldn’t give him up.

4. Hopes and expectations of the training programme

i) Reassurance

Given the nature of the themes that emerged from the focus groups, it is perhaps unsurprising that, above all else, carers wanted reassurance. Foster carers spoke about their uncertainty in their ability to meet the children’s needs and fear that, if they were responding inappropriately, they could be causing further damage:

Help to know what you are doing is right, ‘cause you don’t want to be sort of going through a child’s problem and you’re doing the wrong thing. That’s going to cause other problems.

ii) Support from other carers

Participants talked about the training programme providing an opportunity to receive support from other carers. Implicit in some of the statements relating to this area was the assumption that other carers in the group would be more experienced and knowledgeable and would be achieving more ‘success’ than they were:

Listening to others, you can get some help from what other people are telling you.

iii) Behaviour management advice

Despite being a very resourceful group in terms of behavioural management strategies, foster carers talked about wanting alternative strategies to add to their repertoire.

iv) Understanding the child’s difficulties

Carers said they often felt that they had little insight into the children’s inner lives and wished to have a greater understanding:
What I am hoping to get out of this training is to be able to help that child contain the things that she has seen that I have not seen, and see the way she understands them in a way I don’t understand at the moment.

Pre-training focus group: SSWs
Throughout the focus group, SSWs talked predominantly about foster carers, with very little direct reference to the children. Any discussion about the needs of the child tended to be in the context of their impact on the carer. Although discussed from more of a ‘third-party’ stance, very similar themes emerged. Once again, the overarching theme was that of the emotional impact on carers.

1. Emotional impact on carers
SSWs said that they found supporting carers to manage their emotions the most difficult part of their role. Implicit in many of their statements was the subsequent emotional impact this had on them as workers. The emotional effect on SSWs frequently mirrored the emotions experienced by the carers, raising issues of transference.

i) Sense of disillusionment and despair
SSWs talked about how the reality of fostering was, for many carers, very different from what they had hoped and expected. Trying to support carers to come to terms with the reality of fostering was identified as a source of considerable frustration:

Sometimes for me that’s about a foster carer’s own beliefs about the level of success she would get and how they should be getting this child to change the behaviour . . . That’s probably the biggest frustration for me.

ii) Self-doubt and self-blame
SSWs said that carers frequently question their own parenting ability, doubt their effectiveness in managing the children and blame themselves for the ongoing difficulties of children in their care.

iii) Emotional impact on carers and placement stability
According to the experience of the social workers, it was the negative emotional impact on carers that often resulted in placement breakdown. Supporting carers to try and ensure that their emotional distress was tolerable was therefore seen as fundamental to placement sustain-ability:

It affects them [foster carers] emotionally and I find that is when carers get into trouble; that’s when placements break down.

2. Complexity and severity of child’s needs

i) Children’s emotional needs
SSWs discussed the emotional needs of the children in terms of the distress it caused the foster carers. They clearly empathised with their carers and talked with compassion about the position they were in:

I find it heartbreaking that you’ve got a four-year old little girl who will just sit there . . . and this little girl looks at you, ‘You don’t like me, nobody likes me. I’m horrible. I’m bad’, and she goes on and on . . . What can you do? . . . and the foster carers live with that 24 hours a day.

ii) High level of behavioural disturbance
SSWs talked about the overwhelming nature of the extreme behaviours displayed by some of the children. This was discussed in the context of emphasising the difficulties faced by foster carers:

Deliberate soiling and smearing, fire-setting, aggression, maliciousness towards other children and animals, sexual abuse to animals, deliberate destruction of videos, televisions, computers, anything that they can take apart . . .

3. Meeting children’s needs

i) Emotional needs of foster carers
Managing the emotional impact on the carers was seen as fundamental to meeting the emotional needs of the children
and the two were often discussed as interlinked:

It’s having to support the carers because the relationship with the child is so strained . . . which is a big job.

ii) Behaviour management
SSWs also spoke about the lack of effective behavioural management techniques and identified their lack of confidence in some of the advice they gave:

Although we come out with the trite, ‘Try . . . kind of . . . choose your battle grounds’ and, you know, ‘Take a deep breath and walk away’, they’re still living with them and it is an impossible situation.

4. Hopes and expectations of the training programme

i) Behaviour management techniques
Despite identifying the provision of emotional support to foster carers as their key role, fundamental to placement stability, SSWs predominantly talked about wanting practical behaviour management strategies. This suggested that they often saw it as part of their role to offer solutions and is consistent with comments about their lack of confidence in some of the advice they gave.

ii) New approaches
The social workers also spoke more generally about wanting to reflect on approaches to working with children with abusive and traumatic histories:

It’s been close on seven years since I have done any training on working with very, very damaged children. So it is an absolute joy to have this opportunity to just update on practices, look at new ideas on working with children directly and offer that to carers.

iii) Developing a ‘team’ approach
SSWs reported valuing the opportunity to work alongside carers and spoke about the ‘team’ approach being a way to show support and solidarity with them:

It’s like, let’s explore a new way of doing this together really. I mean, that’s wonderful in a lot of ways.

The themes that emerged from the post-training focus groups are presented in Table 2 and discussed below.

Post-training focus group: foster carers

1. General views of the training

i) Managing their emotional response
The impact of the training on foster carers’ emotional response was the overarching theme. Foster carers generally talked in very positive terms about how the training programme had made them

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feel. They reported that they were more confident and less emotionally overwhelmed and that the training had helped them to have more realistic expectations, thus implying a release from self-blame for the rate of progress made by the child:

*I think it has helped me to take things a lot more lightly. Not to expect too much and try to be a lot more relaxed about things, not to get upset.*

**ii) Conceptual framework**

Foster carers clearly identified that the training programme had provided them with a conceptual framework to understand children’s difficulties and that this had been a significant factor in reducing the negative emotional impact on them. Their conceptual framework had clearly changed, with carers stating that they now understood why children might present the way they do and why their difficulties may persist:

*If you don’t understand what is happening, you get so frustrated . . . it’s understanding what’s happening that helps.*

**iii) Placement stability**

Several foster carers discussed how having an understanding of the child’s difficulties helped them to persevere during times when they might have previously considered giving up:

*We used to reach a certain stage between me and my husband when we were saying, ‘We have to give these children back’ . . . but at the moment I am able to say to my husband, ‘It’s the blueprint!’ . . . [Laughter] it helps us to get over that hour and look ahead a little bit more.*

**iv) Application of parenting approach**

Foster carers gave mixed views about the application of the parenting approach discussed in the training programme. Although some reported that they found applying the material relatively straightforward, many carers said that they found the approach quite difficult to put into practice day to day. Foster carers were able to identify ways in which they had tried to change their parenting approach and, although some felt that it was not their automatic way of responding, they generally felt that the approach was successful when they had used it:

*In a family situation, when you have got six, eight kids, it’s just normal life, isn’t it? But then when I stood back and thought, ‘I’ll handle this differently’, it worked. But none of us are saints, are we?*

**2. Process**

**i) Self-reflection**

Some carers acknowledged that they had used the opportunity to write their own autobiography to reflect on their own attachment histories and how this influenced their parenting. The general view was that this had been very useful and was seen as a significant factor in helping them to manage the negative emotional impact of caring for a child with a history of abuse and trauma:

*And also to see the things that trigger my anger, me personally. To some people it may be a lie, to others it’s the child winding you up, and for me to be able to look at myself . . . to manage that and still work as a person . . .*

**ii) Emotional impact**

Foster carers reported finding some of the training programme content distressing. Comments about the emotional impact were made exclusively about the material relating to the impact of abuse and trauma from the child’s perspective. Although some had clearly found the material upsetting, all comments were made in the context that this was a necessary and useful part of the programme.

**iii) Sharing experiences/ideas**

Foster carers said that they valued hearing, and learning from, the experiences and views of other carers. Implicit in many of their comments was a sense of commonality and recognition that other foster carers were in the same position. Carers reported feeling that their views were valued by the group facilitators and
related this to a sense of not feeling patronised.

3. Future training needs

i) Follow-up sessions
Foster carers identified their need for continuing support in the application of the parenting approach in ‘follow-up’ sessions. A variety of views were expressed about their frequency and format. However, generally foster carers were requesting regular but relatively infrequent sessions, where any issues or difficulties in the day-to-day application of the approach could be discussed informally:

I wish we were just coming here once every month and talking it over and going away.

ii) Training for other foster carers
Participants felt strongly that all foster carers should be given the opportunity to attend such training. There was a general consensus that, in order to benefit fully from the training, foster carers needed some experience of caring for children with a history of abuse and trauma to relate to the material discussed:

When you’re taught in the early stages . . . you haven’t had the experience, so you can’t put it into practice. Whereas I found on the course that they were saying things, and I’d go, ‘Oh yeah, that child.’

iii) Training for other professionals involved with looked after children
Carers discussed their view that other people involved in the care of looked after children needed this or similar training, as they felt that a shared understanding of the child’s difficulties would result in improved consistency and better care planning:

If only the OP worker [Child Care Operations Social Worker] knew about the blueprint!

Post-programme focus group: SSWs

1. General views of the training

i) Relevance/generalisability
The general view of the training programme was very positive, with SSWs talking enthusiastically about how they could apply this in their practice. They felt that they had something very practical that they could take out to the other carers with whom they were working and which was highly relevant to the bulk of their work:

I was trying to recollect a course that I have done in the last 25 years that’s given me such amazing material to use with foster carers . . . I can’t wait to allow my foster carers to have access to this.

ii) Conceptual framework
SSWs identified that the training programme had provided them with a conceptual framework for understanding the children’s difficulties and helping them provide advice to their carers.

2. Process

i) Emotional impact
The majority of comments concerned the emotional impact on carers. However, some statements also acknowledged a parallel process for themselves:

It’s been painful as well, certainly for some of my carers who’ve endured a difficult time anyway. It’s brought it all home to some of them, I think.

ii) Self-reflection
This was offered predominantly from a ‘third-party’ stance on how the training encouraged self-reflection in the carers by helping them think about their own attachment history and expectations of parenting. It was perceived as key to helping carers understand and manage their emotional response to the children in their care. In turn, this helped SSWs reflect on their clinical practice and how they would support carers differently.
iii) Sharing experiences and ideas
SSWs said how useful they felt it was for foster carers to meet up with other carers. They also reported that they found working alongside foster carers a useful model in terms of developing the supportive relationship between them and their carers:

I’ve been travelling with a carer and talked non-stop really, both ways, about her child and I think the course has helped both of us have a deeper understanding.

3. Future training needs

i) Follow-up sessions
SSWs identified the need both for themselves and for their foster carers for ongoing support and consultation in the application of the parenting approach. The general consensus was for an open drop-in ‘surgery’. SSWs did not make any discrimination between their continuing support needs and those of their carers, but rather seemed to be viewing this as a service they would access with their carers:

I would really, really like to see some opportunity where we can carry on this work, but maybe in a sort of open surgery, where SSWs can come along with their carers sometimes and explore using this material.

ii) Training for other foster carers
SSWs identified the need for the training to be repeated so that other foster carers could have the opportunity to attend. There was debate as to the best time for foster carers to attend, with some feeling it should be offered either as part of the assessment process for approval or very shortly after carers had been approved, while others suggested that carers needed to have some experience of fostering before they would be able to relate to the material:

I think it’s so significant that this training is offered to foster carers, maybe as part of their assessment, you know, put them on it straight away... so that the foundation stuff is there in the beginning.

iii) Training for other professionals involved with looked after children
Consistent with the views of foster carers, SSWs felt that a shared understanding of the child’s difficulties would result in better outcomes. It was clear that some of the social workers who had attended the training programme were already sharing this material with other professionals and felt that it had encouraged better working practices. Child care operations social workers were identified as key figures in the care planning, but it was also considered important to include other professionals, especially those with decision-making powers:

I think it is important... to share some of these concepts with some of the people who are making these decisions, and that includes the judiciary... all those who are involved in child care really.

Discussion

This paper has described the set-up and preliminary evaluation of a training programme for foster carers and supervising social workers which aimed to provide a conceptual framework for understanding and managing the complex difficulties presented by many children with a history of abuse and trauma. This framework was based on an attachment perspective.

The foster carers who attended the training programme were, in general, a very experienced, resourceful and skilled group. The data obtained in the pre-training focus group suggested that their lack of confidence in their parenting ability was not necessarily related to their parenting skills but rather came primarily from a lack of understanding as to why children’s difficulties persist, leading carers to ultimately blame themselves and doubt their own parenting ability. Previous foster care training programmes have focused on providing skill-based training to foster carers (Hill-Tout et al, 2003) and

In many ways, I think more experienced carers perhaps benefit more because they’ve got experience to draw on in a sense and it may become more meaningful.
perhaps, in doing so, have not necessarily addressed other factors contributing to carers’ lack of confidence. It is now well recognised that traditional parenting skills may need to be adapted in order to meet the needs of children with attachment difficulties. The provision of skill-based training is therefore, almost certainly, one element towards improving the confidence of carers and those supporting them. However, this study suggests that, perhaps more importantly, it is the provision of a conceptual framework to understand the challenges presented by children with attachment difficulties that produces most benefit.

The training programme was set up to encourage participants to reflect on their own attachment histories and emotional responses to children in their care. The feedback suggested that this was considered to be valuable by many of the carers. However, a limitation of this study was not identifying how many of the carers actively engaged in this process and if any found it unhelpful or even distressing. This raises fundamental questions about the implications of working with foster carers in this way, in terms of the parameters of this context and how additional support or therapeutic help can be accessed for carers in their own right, should it be deemed necessary. Attachment theory provides a useful model to address the emotional needs of the child and carer but there are obvious service delivery and resource issues to be considered.

One of the aims of including SSWs in the training programme was to improve the degree to which foster carers felt supported. While carers did not comment directly on this, the model of working with foster carers alongside their SSWs appeared useful. Within the group sessions, discussion was generated between foster carers and their SSWs about the children in their care and SSWs talked about taking more of a ‘team-work approach’ in meeting the children’s needs. Group work is not only an efficient use of limited resources but it also provides the opportunity for participants to support one another. Prior to the training, carers tended to emphasise their difference from other carers and to assume they were unique in their ‘failure’. This was not evident at all in the discussion following the training programme; rather there was an emphasis on group cohesion and similarity of experiences.

In keeping with previous evaluations of programmes for foster carers, this study reported a high level of satisfaction. Whereas it is important not to minimise the significance of participant satisfaction, previous research indicates that satisfaction in training does not necessarily mean that the training is effective in producing change (Hill-Tout et al, 2003). Both foster carers and SSWs reflected on how they felt the training had changed their practice and quality of care. However, they also indicated that they needed further support in order to apply the strategies on a day-to-day basis and to ensure that these changes were sustained. In response to this, a six-month follow-up evaluation has recently taken place and follow-up sessions have been planned.

Outcomes of training programmes usually include participants’ satisfaction, improved knowledge and understanding and generalisation of such skills in everyday life. As a preliminary evaluation exploring the usefulness of this model when working with foster carers and their SSWs, no outcome measures for the child were included, and indeed it was not predicted that there would be any measurable changes in the child over the seven-week period. However, it is clearly important that the outcomes for the child (in relation to behaviour, attachment relationships, family life and social functioning) in the longer term be considered in future research.

This study was clinically based and, although it was strengthened by the support of researchers independent to the training process, there remain weaknesses in the research design inherent in clinical practice. The participants were all self-selecting and may not therefore be a representative sample. The evaluation was based on a relatively small sample size and time did not allow for evaluation of those who dropped out. As stated earlier, outcome measures should ideally have included impact on children. In addition,
evaluating any intervention without the use of comparison or control groups makes it more difficult to draw conclusions about its effectiveness. However, the aim of the current evaluation was to explore the use of attachment theory-based training with foster carers and their SSWs. The evaluation suggests that attachment theory provides a useful model to help carers understand and respond to the complex difficulties presented by children with a history of abuse and trauma. The findings also suggest that providing carers with a conceptual framework to understand the child’s difficulties might be a significant factor in improving foster carers’ confidence to manage the difficulties presented by the children in their care. In that respect, similar programmes may be useful for practitioners working with and supporting foster carers and could be extended for other groups such as residential and adoptive carers.

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