Looked after children with a history of maltreatment and abandonment are prone to develop high rates of mental health difficulties. They tend to suffer from multiple impairments, sometimes involving cognitive deficits and extremes of antisocial behaviour. Foster carers’ management skills and emotional resources are tested to the limit. A further concern is the contribution of challenging behaviour to the unplanned termination of foster placements. Carers, if they are not to feel deskillled by the increasing numbers of children with special needs placed with them, require a more focused preparatory and follow-up training than they usually receive.

A study by Martin Herbert and Jenny Wookey questioned whether a broadly based cognitive behavioural programme could, by increasing carers’ behaviour management skills and self-assurance, reduce the challenging behaviour of looked after children and the resultant instability of placements. The answers were sought from a randomised controlled study of foster carers attending the parent training Child Wise Programme (CWP) designed by the authors. The programme combines course leaders’ professional experience of working with challenging children and parent groups, and foster carers’ personal expertise based on living with and caring for challenging children.

The intervention, with an experimental group of 67 foster carers and a comparable waiting-list control group of 50 carers, succeeded in meeting just over half of its key aims. An increase in the confidence of the carers was a significant gain. Also positive was the majority of personal reports indicating improvements in looked after children’s behaviour, changes generally attributed to the acquisition of new behaviour management skills. Although some of the statistical comparisons were disappointing in their failure to reach significance levels (eg in a reduction in placement breakdowns), they provided useful information about ways of improving the training. Qualitative methods were used to explore the subjective responses of participants to the Webster-Stratton and Herbert (1994) collaborative style of training employed. These produced valuable insights into the personal and professional dilemmas of a foster carer’s role, as well as data which contributed to the evaluation of the training programme.

Introduction

Looked after children traumatised in early life are at risk of developing psychological disorders, among them psychiatric problems (eg anxiety, depression), developmental disorders (eg attention deficit hyperactivity, learning difficulties), conduct problems (eg oppositional defiant disorders, delinquent activity), physically abusive behaviour (eg bullying) and inappropriate sexual activity (eg abuse of younger children) (Keane, 1983; McCann et al, 1996; Wilson and Dunn, 1996; Minnis et al, 2001; Herbert, 2003).

Despite impressive resources of patience and tolerance, and a repertoire of usually effective disciplinary skills, foster carers often experience a sense of helplessness when confronted by the extremes of challenging behaviour that so often accompany these disorders. Some admit to a loss of self-esteem and a sense of shame for the rejection and hostility they feel towards a child they should ‘care for’.

Hilton Davis and his colleagues (2002) make the point that:

...parenting is a demanding, full-time job where there is rarely explicit preparation for the task, and opinions on how to do it are as numerous as the people involved.

A lack of immediate, direct and unambiguous feedback on one’s performance as a parent makes it all the more difficult to
know what is appropriate and effective.

(p 2)

Nowhere is this more pertinent than in managing children who are oppositional and defiant. When their social training (socialisation) falters or fails, the antisocial behaviour that so often follows is demoralising to caregivers and teachers, and places costly demands on social, educational, health and judicial services (Herbert, 1987, 2005; Sutton, Utting and Farrington, 2004).

The prevention and remediation of these behaviour problems are crucial, not only because of the disruption and worry they cause carers, but also because of their part in precipitating the unplanned breakdown of placements (Dozier et al., 2002). The unitary term 'placement breakdown' does not encompass adequately the diverse range of adverse consequences for children transferred involuntarily to new foster homes, among them the loss of hard-won attachments, the interruption of continuity in schooling and feelings of rejection. The unravelling of what is settled, familiar and secure may retard the development of emotional bonds and social skills necessary for lasting relationships such as friendships. Carers are also likely to feel undermined if they interpret the unplanned termination as a failure of their professionalism.

There is impressive empirical evidence that parent training combining developmental and social learning theory and cognitive behavioural methods encourages positive parenting, increases self-confidence and reduces challenging behaviour in children (eg Serketich and Dumas, 1996; Kazdin, 1997; Brestan and Eyberg, 1998; Bennett and Gibbons, 2000).

Studies conducted in similar vein with foster carers are relatively few in number. One of them, a two-year experiment designed by Pithouse, Hill-Tout and Lowe (2002), investigated the impact of training 53 foster carers to manage challenging behaviour using cognitive-behavioural methods. They were interviewed with a non-intervention control group before and after the programme using a range of measures. The training had limited impact on the children’s behaviour or caregivers’ capacity. Nevertheless, it was perceived very positively by foster carers, who reported that the training had been useful and that they put into practice what they had learned. Northey (2006) also found that an eight- to ten-week modification of the Webster-Stratton Incredible Years behavioural programme produced no evidence of significant behaviour change in the children. However, carers rated the programme itself and the understanding it provided as very useful and satisfactory.

Minnis et al. (2001) conducted a randomised controlled trial with immediate and nine-month follow-up, involving 182 children and their foster carers. Over 60 per cent of the children had measurable psychopathology at baseline. Families were either allocated to standard services alone or standard services plus extra training for foster carers on communication and attachment. The training was perceived as beneficial by participants. Despite being well received, the results were non-significant; training was not sufficient to make a useful impact on the high level of psychopathology.

The Child Wise Programme (CWP)

The main outcome variable of the present study was whether training foster carers managed the challenging behaviour of children in their care better as a result of attending the Child Wise course. The programme gives priority, on the basis of the maxim ‘knowledge is power’, to empowering caregivers by helping them develop a way of thinking about children and their behaviour, a conceptual framework which enables them to resolve problems for themselves (Herbert, 1995). As the CWP had not been validated in foster carers’ work setting, we were uncertain whether the positive results with birth parents could be replicated. Our research questions focused on whether CWP training would provide foster carers with:

- an understanding of behavioural principles;
- a familiarity with the theory and practice of cognitive-behavioural techniques;
• the skills to reduce or eliminate a range of challenging behaviours;
• confidence in their ability to manage difficult children;
• the increased professionalism to make unplanned placement terminations less likely.

The chosen experimental design was the so-called ‘gold standard’ (ie most reliable) method of evaluating the effectiveness of psychosocial interventions: a randomised controlled study in which participants in a trial are randomly allocated either to receive the intervention (the experimental group) or to a group that does not (the control group).

The experimental group
The participants in this study were 67 foster carers in six local authorities in the south west of England (52 females, 6 males, 9 couples). The sample size was based on an estimate of the numbers required to identify statistically significant changes at the .05 level. The ages of the participants ranged from 32 to 65 years, with a mean age of 45. The overall mean duration of experience of fostering was 8.68 years. Foster carers were randomly allocated to six experimental/training groups using a random numbers table. We set out initially to allocate 12 foster carer ‘units’ to each group, but in some cases we had groups that were larger because partners wished to accompany some of the allocated trainees. The programme consisted of four weekly five-hour sessions plus a follow-up session.

The control group
The 50 carers who participated in the waiting list control group (37 females, 6 males, 7 couples) continued to receive standard services. They met with the research associate on three separate occasions, completed questionnaires, answered questions and shared their views, even though training would be delayed.

Measures
Carers who participated in the training completed the following instruments before, during and after the course, depending on their purpose:

(i) The Knowledge of Behavioural Principles as Applied to Children (KBPAC), a 50-item multiple forced-choice instrument, designed to assess understanding of the application of basic behavioural principles with children (O’Dell, Tarler-Belolo and Flynn, 1979);

(ii) The Child Behavioural Checklist from the Manual for the Child Behaviour Checklist (4–18) and Profile (Achenbach 1991/1993), a clinical and research instrument widely used in the USA and UK;

(iii) An adaptation of the Foster Carer Satisfaction Questionnaire (Harris, Poertner and Sean, 2000), consisting of items covering different aspects of training and its impact;

(iv) The Course Task designed to test the extent to which foster carers understood and could apply material covered in the course. Carers chose children in their care about whom they were concerned, and were required to describe the problem in cognitive and behavioural terms, estimating its seriousness. Next, they formulated an ABC analysis in which they identified the Antecedent events leading to the challenging behaviour (and attitudes), the characteristics of the Behaviour itself and the Consequences (eg reinforcers) that followed it. On the basis of this and other information, they planned a formulation and initiated an intervention, followed by an evaluation.

(v) Evaluation of training seminars Each session of the training was evaluated by means of a numerical score (1 indicating ‘very poor’ and 5 indicating ‘very good’) in response to questions, among them the following:

• How well was the seminar organised?
• How well was the programme material presented?
• Were the topics covered in sufficient depth?
• How well were practical issues explained?
• How freely were contentious issues debated?
• How well did you feel supported by others in the group?
• To what extent do you feel you are making progress at this stage of the course?

The research associate collected the rating scales and analysed the data independently.

(vi) Homework Each participant foster carer was provided with a Course Handbook based on the CWP manual. It contained details of the content of each of the sessions. Participants were asked to read extracts as part of their homework. They could ask questions about the material and discuss any difficulties before the beginning of the training sessions.

The experimental investigation operated at two levels: strategic and tactical.

1. The strategic level
Calling the CWP programme a ‘course’ is something of a misnomer as it implies a hierarchical relationship between trainer (as expert) and foster carer (as student). In adopting a collaborative training style, course facilitators modelled an approach carers could themselves adopt when training (and managing) challenging children. The methods included:

• showing respect at all times;
• providing social reinforcement (ie by words of appreciation or by means of appropriate praise);
• induction methods (ie providing reasons and explanations);
• seeking and listening carefully to comment;
• modelling skills with role play and role reversal;
• discussing, debating and negotiating issues of concern to participants.

The need for a tolerant understanding of distressed young children and the means to communicate with them were explored during group discussions. Because children may find it difficult to express their innermost feelings, carers were shown how to listen with a ‘third ear’ to the subtexts of what was being said, and observe with an empathic ‘third eye’ the underlying meaning of their behaviour (see Gilligan, 1999). It was also suggested they give children clear messages about their own feelings (so-called ‘I’ messages) on matters of significance to them.

2. The tactical level

(i) Examples of cognitive themes and exercises
The following themes used in training sessions for discussion and debate were among items adapted from the CWP manual and ideas ‘brainstormed’ by the participants:

• identity and self-esteem;
• making sense of challenging behaviour;
• helping children to manage loss and new attachments;
• dilemmas when looking after (fostering) another person’s child;
• the impact on the family/one’s own children of a looked after child;
• looked after children’s needs, foster carers’ needs and how they can clash;
• the challenges of caring for children with special needs; so-called ‘disturbed’, ‘damaged’ or ‘emotionally frozen’ children. What do these terms mean, if anything?
• Is fostering a professional task? What special skills are required? What and when are the risks of ‘burnout’ or a placement breakdown?
• parents’ own experiences of being parented and of being children in their own right are discussed and related to their beliefs (attributions) about child rearing and their attitudes to their children;
• the influence of culture and ethnicity on child care;
• myths about the ‘perfect parent’ and ‘normal child’;
• ‘charters’ of carers’ and children’s rights (brainstorming exercise);
• learning from and dealing with failure;
• liaising with a ‘looked after’ child’s school.

(ii) Examples of behavioural methods and exercises
Foster carers’ own examples and personal experiences were referred to when illustrating how children learn both wanted and unwanted behaviours, and how behavioural techniques, based on reinforcement theory, can encourage the former or discourage the latter. They were introduced to the use of operant (reinforcement) procedures, desensitisation and relaxation techniques, social skills, role play and behaviour rehearsal. Topics for demonstration, discussion and role play included:

• the value and meanings of play;
• negotiating goals: rules, roles and limits;
• implementing brief, mild, non-physical sanctions, eg planned ignoring, time-out, loss of privileges and logical consequences; some of these methods (eg reducing pocket money as a penalty) may be restricted by ‘the rulebook’;
• empowering self-talk and self-reinforcement;
• stress management;
• how family members become embroiled in extended coercive hostile communications and how to escape from them;
• socially reinforcing feedback (eg praise) as a potent means of influencing behaviour, enhancing attachments, encouraging compliance, increasing self-esteem and elevating performance levels.

(iii) Examples of positive feedback procedures
A question put to us frequently during the course concerned the possibility of restoring relationships of affection and trust in looked after children when these vital necessities have been withheld or exploited at an early age. These concerns are particularly apposite for foster carers, given the histories of some of the children in their care. Among the most essential ingredients for psychologically healthy development and successful parenting are the emotional bonds which underpin alliances between children and caregivers (see Bowlby, 1988; Howe, 2006). When youngsters identify with their caregivers, they wish for their approval and are thus more likely to internalise the social rules and moral values they are taught. This developmental sequence is absent for many looked after children whose early attachments are impaired by parental indifference, outright rejection and impoverished communication. Hart and Risley (1995) discovered large differences in the amount of language used by disadvantaged children from the time they began to speak, notably in their verbal interactions with their families. There were dramatic differences in the frequency of encouraging or discouraging responses they received from the parents. Some children had much more experience than others with the parental encouragement that contributes to self-esteem, confidence and motivation. The amount of children’s experience with encouraging feedback was strongly associated with the magnitude of their accomplishments at age three and at age nine to ten. (p 247)

Unfortunately, many parents admit to therapists that that they find it difficult to give overt praise (Kazdin, 1997). Children, too, may find it difficult to receive overt praise, having been made cynical by the insincerity of what they experienced in the past. Perhaps there is an ‘antidote’. The development of positive emotional bonds between children and their carers may be facilitated gradually by words of approval (notably praise and encouragement), particularly if they arise from frequent ‘quality times’ together. Given such reservations, it is necessary to be
genuine and precise about using praise as positive feedback. The CWP suggests several ways of praising children. These, among others, were used spontaneously, but also role-played by carers during training sessions and rehearsed as homework exercises:

- Catch a child being good and praise what has been observed.
- Use praise consistently and generously, but don’t praise every little thing.
- Praise effort; don’t save praise for perfect behaviour alone.
- Praise with smiles, eye contact and (particularly) enthusiasm.
- Give positive praise; don’t undermine it by combining it with criticism.

**Results**

The test data were drawn, in part, from a ‘parent’ investigation, a large-scale study reported internally to South West Directors of Social Work by two of the members of the research team: fundholder and co-organiser, Geraldine Macdonald, and research associate, Ioannis Kakavelakis (Macdonald and Kakavelakis, 2004). The training was led by Martin Herbert, who also participated in planning the research project.

The research questions we asked earlier translated into five hypotheses predicting enhanced performances by the experimental group of CWP-trained foster carers, compared with the untrained control group.

**Hypothesis 1: Knowledge of behavioural principles**

Foster carers receiving the experimental training condition scored significantly higher than untrained members of the control group on the Knowledge of Behavioural Principles scale, measured at the beginning and end of the programme. Despite their increased knowledge of behavioural principles, carers in the training group did not generally use behavioural terminology more than controls when describing the strategies they used to manage behaviour.

**Hypothesis 2: The understanding and implementing of cognitive-behavioural techniques**

The Course Task was designed to assess carers’ skill in selecting and implementing cognitive-behavioural strategies. The training group was significantly more likely to use the ABC analysis than those in the control group, as measured post-test and follow-up. They were also more likely to use reinforcement (reward) tokens and ‘response cost’ (precise penalties as opposed to ‘grounding’) techniques. Many carers used the ABC analysis to advantage as it allowed them to ‘take a step back’, think, calm down and then act. One carer illustrated the ABC method as follows:

*I find myself automatically thinking ‘OK, what did we do?’ Half an hour ago this could have started it. And if it’s something I can pinpoint, I could then start to talk and say, ‘Well, that is what happened. Is that what caused it?’, and I can usually work out an answer for dealing with it then, depending on what the cause was.*

Not all of the carers undertook or completed the Course Task for a variety of usually good reasons, mostly to do with commitments. The evidence from the records kept by those who completed the exercise indicated a good grasp of relatively straightforward behavioural analysis. But this competence was not so evident in their understanding or implementation of cognitive theory and practice.

**Hypothesis 3: Predicted reduction in the range of problems carers found difficult to manage**

Participants in the training programme did not report a statistically significant reduction in the range of problems they found particularly challenging, compared with untrained members of the control group. Interpretation of this finding requires some reservations because several carers failed to complete the Child Behaviour Checklist, thus compromising the quantitative comparisons.

The results are somewhat ambiguous for a further reason. Interview data
indicated that the majority of trainees said that they had observed improvements in their looked after child’s behaviour. All but nine of the carers (87%) reported that the course had helped bring about these changes. Seventy-one per cent were either ‘optimistic’ or ‘very optimistic’ about the prospect of a satisfactory outcome for their children’s behaviour; 82 per cent felt very positive about the future, a majority stating they were either ‘confident’ or ‘very confident’ in their ability to manage behavioural problems by themselves, both now and in the future. All but five (93%) said they would ‘recommend’ or ‘strongly recommend’ the programme to other carers. One participant said:

The training was an eye-opener because it made you sit and think about situations as opposed to getting frustrated over them.

Another commented:

I think we should always be open to learning, open to new ideas and suggestions. Before I did the training programme I was quite ready for her [foster child] to go, but now I try to ignore some of the little things and deal with the bigger problems. I feel more in control and have a better relationship with her now.

Hypothesis 4: Foster carer satisfaction and confidence

All but seven of the 67 carers stated (on the Foster Carers’ Satisfaction Questionnaire) that they were either ‘satisfied’ or ‘very satisfied’ with the training they had received, and were of the opinion that the course had made them more confident to deal with difficult situations in the future. There are no comparable data from the control group.

Hypothesis 5: Prediction of fewer unplanned terminations of placements

The hypothesis that trainees in the experimental group would experience fewer unplanned terminations of placements (in which behaviour problems were implicated) than the controls was not supported.

**Evaluations of the collaborative teaching style**

The participants made helpful and sometimes critical comments on their evaluation forms at the end of each training session. These, with their interview-based reports, provided insights into our collaborative style of working. The feedback on the ‘democratic’ encouragement of participants’ opinions (given in answers to questions such as ‘How well do you feel your contribution was valued?’) was generally positive, notably the appreciation of open debates and freedom to express disagreement.

All but two of the 67 participants rated the teaching as ‘high’ or ‘superior’ in quality; 87 per cent thought the preparation undertaken by the trainers for each session was ‘high’ (72%) or ‘superior’ (15%). Ninety-two per cent of carers said they were either ‘very satisfied’ (48%) or ‘satisfied’ (44%) with the interest and concern shown by the trainers for their problems. Twenty-eight per cent of the carers thought them ‘helpful’ or ‘extremely helpful’ (66%); six per cent saw the trainers as only ‘slightly helpful’.

**Discussion**

The effectiveness of the CWP training for foster carers with challenging children was partially established, with just over half of the five experimental hypotheses confirmed. The training programme somewhat surprisingly (given the distractions due to carers’ commitments) was generally successful at increasing their confidence when managing difficult children and using behavioural methods. The course leaders achieved their aim of teaching a majority the application of the ABC method of assessing behaviour. This formulation emphasises the need for careful observations of what precisely occurs before and during challenging situations, and what consequences follow. The collaborative style of imparting such knowledge was generally well received.

However, there were failures. Carers did not attain a sufficient mastery of the cognitive aspects of cognitive-behavioural theory and practice. To reach an all-round standard of practice, carers require many opportunities to practise new skills.
implementing planned behavioural strategies, with feedback from an experienced supervisor, followed by an integration of what has been learned into future interventions. Some individuals failed to carry out the homework projects designed to facilitate this process, or found them too difficult to put into practice. The item ‘practising skills with trainers’ received a mixed evaluation from the carers, reflecting the course’s shortcomings in the area of providing direct supervision or formulating for more complex cases. Trainees who had chosen simple behavioural scenarios tended to show a firm grasp of the behavioural protocols.

The occasional absence of a minority of participants from teaching sessions meant a loss for them of the essential continuity of the learning process. The difficulties carers encountered ranged from necessary commitments to unavoidable events: a crisis with one of the children, the emergency placement of another child, doctor’s or dentist’s appointments and other pressures on scarce available time. Contracts are probably necessary in order to emphasise mutual responsibilities with regard to participants’ attendance and homework and trainers’ course preparation and delivery. Financial or other incentives may increase motivation and underline the rationale for serious training. What is required on the part of social services, if they value their foster care service, is to give the issue of training a high priority by protecting carers’ attendance at extended courses with temporary release from new or emergency duties.

The programme gave particular consideration to the context in which fostering takes place, especially the constraints and pressures of the wider administrative and regulatory systems. At the outset, it was agreed not to allow training sessions to degenerate into competitive ‘horror stories’ about manipulative children who have a ‘ship’s lawyer’ mastery of the rules, interfering birth parents or social workers who always seem to be unavailable at times of crisis. Despite the ban on repetitive complaints, major concerns soon emerged from casework discussions: delays in getting a child a social worker, bias towards the birth parents’ rights over the child’s welfare, an adversarial approach adopted by some social workers in their supervisory role, or reluctance to call in psychological help to diagnose clinical cases. Clearly, there is likely to be another side to these criticisms, but carers’ perceptions of local authorities and social workers varied from very positive to extremely disillusioned.

A pressing policy issue is the referral of children and adolescents with clinical disorders to non-specialist foster carers, a situation which often leads to placement breakdowns (see Meltzer, 2003). Interviews and observations at course sessions revealed that some carers were overwhelmed with behavioural problems that were clearly ‘clinical’ in nature (eg post-traumatic stress, conduct disorder, sexual precocity and self-harm). The baseline of behavioural disturbance in the children of participating carers (and controls) was undoubtedly high, making for an exceptionally challenging cohort. Many of their ratings on the Child Well-Being Checklist fell within the range of scores indicating ‘clinical problems’, or within the borderline category.

On several occasions at the end of sessions, carers asked for help from one or other of the trainers; given the technical nature of many of their more anxious enquiries, the possession of clinical as well as behavioural experience would be an advantage. Family placement workers are keen to support their carers but often lack essential expertise. Inviting social services staff to participate in training with carers on their team, or providing them with their own specialised programme, would be worth considering.

Gratitude was expressed by carers during a debriefing interview conducted independently by the research associate, for the training and support they received. Most viewed the course as having enhanced the development of their skills and as a significant source of advice and knowledge. Some suggested that the programme should be a requirement for all new foster carers. A course member made the following comment:
I’d never seen the behaviour this child was displaying before, especially the self-harming. I needed support because […] and I really needed someone to talk to me and not make me feel ignorant. But when we went to the course everything began to make sense; I talked to him [trainer] about lots of little things that she did and he made sense of that, and then I could look at it when she was doing it and understand it. So if you’ve got the support and people help you understand the behaviour, you can then work on that behaviour instead of going, as I did, for a drive in the car because I was so wound up and knew, if I’d stayed at home, I might have hurt her, which is not in my nature.

A majority of carers were of the opinion that training in general, as organised by social services, needed to be better developed, provided close at hand and arranged on a regular basis at more convenient times. They appreciated general support, but especially valued advice on specific difficulties, preferably from experts. The idea of a community-based ‘problems clinic’, where carers could call in to discuss their difficulties, was a popular suggestion. Some indicated they would like someone they could telephone for advice. Sutton (1995) showed experimentally that telephone counselling was effective for parents coping with behaviour management problems.

Caring for and managing foster children involves multiple skills which may have to be matched with multi-dimensional training opportunities: mixes of information sessions, dynamic theory groups discussing relationships and other personal issues, specialist (eg mental health) support meetings and parent training in behaviour management. Group-based interventions provide foster carers with shared opportunities to explore different ways of thinking about and coping with looked after children. Two studies carried out by the Primary Care and Support Team in Worcestershire (Golding and Picken, 2004) support this suggestion. In the parent-training group facilitators helped carers to consider different management techniques applied to challenging children in their care.

Considerable interest was shown in the advantages of attachment theory for understanding the puzzling behaviour often displayed by the children. The second group focused specifically on their attachment needs. An evaluation of the results indicated that these group interventions helped carers to increase their understanding of the needs of foster children, as well as their skill in managing them on a day-to-day basis.

Observations

The experience and privilege of working with foster carers, who shared many of their concerns with us, and our ‘hind-sight’ appreciation of flaws in the investigation, lead us to make the following observations:

(i) There was an imbalance between taught theory and supervised behavioural practice interventions which needs correcting.

(ii) The programme was too ‘crowded’ and therefore too rushed and intense at times.

(iii) More time was required to make space for several activities: reading the course book, receiving feedback about homework, writing formulations, rehearsing behavioural techniques, sharing in role plays, participating in debates and discussions and evaluating the programme. In the original Child Wise Programme the course consisted of three-hour sessions, phased over a ten-week period. Pallett et al (2002) also used these arrangements during a London-based study of a cognitive-behavioural approach to the management of challenging looked after children.

(iv) Membership of the groups was too large; ideally they should contain no more than eight to ten participants to ensure full participation in discussions and role play sessions.

(v) The level and appropriateness of course content are of vital concern. Some trainees experienced conceptual difficulties with the material. They might benefit, if insecure intellectually or socially reserved, from a one-to-one approach. Herbert and Wookey (2004) have pub-
lished an individual version of the Child Wise Programme for this purpose. The delicate matter of selection would then become necessary.

(vi) Contracts dealing with rules about attendance and homework, ending with a well-designed certificate of attendance or competence, should strengthen adherence to course requirements.

(vii) There was no formal back-up to the course. Family placement social workers (or their equivalent), with knowledge and skills in cognitive-behavioural work, could be an invaluable resource for foster carers seeking post-course assistance.

(viii) A community-based consultant in behavioural counselling methods, giving foster parents easy and prompt access, is highly desirable.

(ix) All new foster carers require preparatory induction training, with refresher courses and ‘booster sessions’ for more experienced individuals (see Sinclair, 2006).

(x) The referral of children and adolescents with clinical disorders to non-specialist foster carers is an undesirable and risky policy.

Conclusion
The ‘duty of care’ attitudes expected of foster parents should also apply to the ethos of the social workers and management staff who make up their support systems.

In order to provide the status and respect that foster carers so well deserve, there needs to be greater recognition from social services and the public of their heavy professional responsibilities as ‘frontline troops’ in the care system.

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