Public Health Collaborating Centre

Review E2: The effectiveness of training and support for carers/professionals/volunteers working with looked after children and young people on the physical and emotional health and well-being of looked after children and young people

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1.1 About the ScHARR Public Health Collaborating Centre

The School of Health and Related Research (ScHARR), in the Faculty of Medicine, Dentistry and Health, University of Sheffield, is a multidisciplinary research-led academic department with established strengths in health technology assessment, health services research, public health, medical statistics, information science, health economics, operational research and mathematical modelling, and qualitative research methods. It has close links with the NHS locally and nationally and an extensive programme of undergraduate and postgraduate teaching, with Masters courses in public health, health services research, health economics and decision modelling.

ScHARR is one of the two Public Health Collaborating Centres for the Centre for Public Health Excellence (CPHE) in the National Institute for Health and Clinical Excellence (NICE) established in May 2008. The Public Health Collaborating Centres work closely with colleagues in the Centre for Public Health Excellence to produce evidence reviews, economic appraisals, systematic reviews and other evidence based products to support the development of guidance by the public health advisory committees of NICE (the Public Health Interventions Advisory Committee (PHIAC) and Programme Development Groups).

1.2 Contribution of Authors

Emma Everson-Hock was the systematic review lead and Emma Everson-Hock and Roy Jones were reviewers on the project. Louise Guillaume developed and undertook literature searches. Alejandra Duenas was the economic modeller. Elizabeth Goyder and Jim Chilcott were the senior leads.

1.3 Acknowledgements

This report was commissioned by the Centre for Public Health Excellence of behalf of the National Institute for Health and Clinical Excellence. The views expressed in the report are those of the authors and not necessarily those of the Centre for Public Health Excellence or the National Institute for Health and Clinical Excellence. The final report and any errors remain the responsibility of the University of Sheffield. Elizabeth Goyder and Jim Chilcott are guarantors.

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1 Executive summary

1.1 Background

In 2008, the Department of Health made a referral to NICE (National Institute for Health and Clinical Excellence) and SCIE (Social Care Institute for Excellence) to develop joint public health programme guidance on improving the physical and emotional health and wellbeing outcomes for looked after children and young people (LACYP). The present systematic review is the second in the series of three effectiveness reviews on this topic.

LACYP have long been recognised as a high-risk group for behavioural and emotional problems. Research has documented that LACYP are more likely to experience educational, behavioural, physical and psychological problems than the general population (Meltzer et al., 2003) and it has been suggested that additional training for foster carers may reduce foster children's behavioural problems (Golding, 2002; Walton, 1995). Research evidence has highlighted a need for additional training and support in foster carers (Golding, 2002) and residential care staff (Walton, 1995), and there are many other professionals and volunteers working with LACYP who may also benefit from training and support (e.g. social workers, health care professionals, doctors, nurses, therapists, psychologists, teachers, youth workers, independent visitors and mentors).

It is important to evaluate the impact of additional training and support for carers, professionals and volunteers on the physical and emotional health and well-being outcomes of LACYP. Therefore, there is a need to synthesise the available evidence on this subject.

1.2 Purpose of the review

The aim of this review was to identify and synthesise evidence that evaluates the effectiveness of additional training and support provided to approved carers, professionals and volunteers involved in the care of or working directly/indirectly with LACYP on the physical and emotional health and well-being of LACYP. The main outcomes under consideration were: physical health, emotional health, problem behaviours and placement stability. The following research question was addressed:

What is the effectiveness of additional training and support for approved carers, professionals/practitioners or approved volunteers on the physical and emotional

health and wellbeing of looked after children and young people, compared with usual care/training?

1.3 Methods

Fifteen key databases were searched by Janet Clapton using search terms drawn up by the ScHARR systematic reviewers and the ScHARR and SCIE information specialists (see Appendices 1 and 2). Once papers had met the inclusion criteria, the reference lists of these papers were searched by hand and citation searching was undertaken on all such papers. The Programme Development Group were also consulted for relevant literature.

Retrieved citations were screened according to the inclusion and exclusion criteria (i.e., studies reporting the effectiveness of training and support delivered to approved carers, professionals or volunteers working with/involved in the care of LACYP compared with usual/no training/support on the physical and emotional health and well-being of LACYP – see Section 3.1). Exclusion was undertaken initially at title and/or abstract and then full paper level. Overall, 3755 articles were rejected at the title stage, 290 articles were rejected at the abstract stage and 147 were examined for potential inclusion in the review. Of these, 139 were excluded at full paper stage and eight were included (see QUOROM diagram in Appendix 4).

Information was extracted and papers were classified according to the main variables analysed. Data were only synthesised if the outcomes defined were sufficiently similar across studies to make such a synthesis meaningful. Study quality was assessed using the checklists and guidance provided in the NICE CPHE Methods Manual (National Institute for Health and Clinical Excellence, 2006) and studies were graded with ++, + or – as recommended by NICE. Study quality did not determine inclusion into or exclusion from the review.

1.4 Results

From 147 potentially relevant papers, a total of eight studies were identified as meeting inclusion criteria: three US (Chamberlain et al., 2008+; Dozier et al., 2006+; Sprang, 2008-) and two UK (MacDonald & Turner, 2005-; Minnis et al., 2001+) randomised controlled trials (RCTs), one UK prospective cohort study (Pithouse et al., 2002-) and two UK non-comparative studies (Golding & Picken, 2004-; Warman et al., 2006-) . The characteristics of the studies are displayed in the evidence table

in Appendix 3 and full references for included studies and excluded studies are provided in Appendices 6 and 7, respectively.

The range of training/support components reported by each study varied considerably, as would be expected with the small number of studies reviewed. From the information provided, it is possible to define some of the commonalities, differences and details on delivery of the training and support under investigation. All of the studies examined the effectiveness of training or training with support; no studies focused exclusively on examining the impact of support alone.

The content and purpose of the training varied considerably across the eight studies reviewed. Only two US studies reported training that was similar, with both incorporating training to help caregivers to reinterpret the child's alienating behaviours, training to help caregivers over-ride their own barriers to providing nurturing care and training to help caregivers provide an environment that facilitates children's development of regulatory capabilities (Dozier et al., 2006+; Sprang, 2008-) as elements of the intervention. Other elements of training content, however, were only reported by one study, such as training to increase foster parents' positive reinforcement of child behaviour relative to punishment (Chamberlain et al., 2008+), training with a focus on improving the relationship between the child and the caregiver, training to promote the carer's self-confidence and self-efficacy for managing challenging behaviour (MacDonald & Turner, 2005-) and training to prevent problematic conduct through understanding and managing behaviour and a systematic approach to intervention though a focus on behaviour assessment and analysis (both of which included components of training to develop positive alternatives to inappropriate conduct, a preventative approach to managing behaviour and reactive strategies for emergencies) (Pithouse et al., 2002-).

As may be expected due to the small number of studies reviewed, there was no single unifying population or study characteristic across all eight included studies. Sample size varied from 53 children-carer dyads to 700 carers, although most studies' sample sizes were between 53 and 182 children. A variety of control or comparison conditions were used, including usual services or usual support (Chamberlain et al., 2008+; Minnis et al., 2001+), a waiting list control (MacDonald & Turner, 2005-; Sprang, 2008-) and a developmental education intervention that acted as a 'placebo' control, controlling for the amount of support received (Dozier et al., 2006+), with one study not reporting any details on the comparison condition (Pithouse et al., 2002-). Three studies examined interventions that considered a

broad age-range of LACYP (Chamberlain et al., 2008+; Minnis et al., 2001+; Pithouse et al., 2002-), with two studies examining interventions with infants and toddlers (Dozier et al., 2006+; Sprang, 2008-) and another not reporting the ages of the LACYP concerned (MacDonald & Turner, 2005-). The UK studies tended to report shorter-duration and less intense training programmes with only three to four sessions in total (MacDonald & Turner, 2005-; Minnis et al., 2001+; Pithouse et al., 2002-), whereas the training programmes in the US studies were of much longer duration and intensity, featuring 10-16 sessions (Chamberlain et al., 2008+; Dozier et al., 2006+; Sprang, 2008-). Most studies did not report a theoretical basis to the training programme and one study reported that the training was based on attachment theory (Sprang, 2008-). Measures of LACYP problem behaviours varied between studies, with only two studies reporting the same measure (MacDonald & Turner, 2005-; Sprang, 2008-) and two studies using apparently very similar measures (Chamberlain et al., 2008+; Dozier et al., 2006+). Length of follow-up also varied considerably between studies, with the shortest being immediately after training (Sprang, 2008-) and the longest being nine months after the completion of training (Minnis et al., 2001+). Generally, the UK studies appeared to have longer follow-up periods than the US studies.

As stated previously the studies included in this review consisted of three US and two UK RCTs, one UK prospective cohort study and two UK non-comparative studies. No studies were rated ++, three were rated + (Chamberlain et al., 2008+; Dozier et al., 2006+; Minnis et al., 2001+) and five were rated – (Golding & Picken, 2004-; MacDonald & Turner, 2005-; Pithouse et al., 2002-; Sprang, 2008-; Warman et al., 2006-) on the basis of the NICE CHPE checklists (National Institute for Health and Clinical Excellence, 2006). Although there was inconsistency in the quality of reporting and the methodological quality of the studies, some general trends were observed.

While evidence for the effectiveness of training and support for various types of carers, professionals and volunteers caring for or working with LACYP on the physical and emotional health and well-being of LACYP was sought, only studies concerning training and support for foster carers met the inclusion criteria for this review. Therefore, the reported findings focus on the impact of training and support for foster carers on the physical and emotional health and well-being of LACYP.

1.4.1 Evidence statements

Evidence statement 1:

There is evidence of mixed quality to suggest a mixed effect of training and support for foster carers on child problem behaviours. Three US RCTs reported that children looked after by carers who had received a training and support intervention had lower rates of problem behaviour at follow-up than children of carers who had not received an intervention, among the whole sample (Chamberlain et al., 2008+, $p<0.001$; Sprang, 2008-, $p<0.01$) and in older infants (Dozier et al., 2006+, $p<0.05$), however one UK RCT and one UK prospective cohort study reported no differences on child problem behaviours between children of carers who had and had not received a training and support intervention (MacDonald & Turner, 2005-; Pithouse et al., 2002-, not significant). One US RCT reported that the younger infants looked after by carers who had received a training and support intervention had higher rates of problem behaviours than children of carers who had not received an intervention (Dozier et al., 2006+, $p<0.05$). The findings of this review are moderately applicable to the UK care system, given that just over half of the studies reviewed were conducted in the UK and all were conducted in recent years.

Evidence statement 2:

There is evidence of mixed quality to suggest a mixed effect of training and support for foster carers on LACYP emotional wellbeing. One UK RCT reported no significant differences between LACYP whose carers had and had not received a training and support intervention on emotional wellbeing measured using strengths and difficulties questionnaire (SDQ) scores ($p=0.2$ to $p=0.4$), self-esteem ($p=0.6$) and attachment disorders ($p=0.3$) (Minnis et al., 2001+). Two UK non-comparative studies reported mixed effectiveness of three interventions on SDQ scores, with some training interventions producing a pre-post training LACYP improvement on some SDQ subscales in which other interventions found no difference (Golding & Picken, 2004-; Warman et al., 2006-). One US RCT found significantly lower (and more typical) levels of cortisol production in the morning and evening post-training in LACYP whose carers had received training compared with those whose carers had not (Callahan et al., 2004, $p<0.01$). The findings of this review are moderately applicable to the UK care system, given that just over half of the studies reviewed were conducted in the UK and all were conducted in recent years.

1.4.2 Applicability to the UK

Just over half of studies included in this review were conducted in the UK with the remainder conducted in the US, which may have implications for the applicability of the review findings to the UK context. Many of the studies had small sample sizes, which is a concern; as is the poor methodological quality of some of the studies, despite the use of RCT methodology. However, all studies included were conducted in recent years, with many (e.g. Chamberlain et al., 2008+; Dozier et al., 2006+; MacDonald & Turner, 2005-; Sprang, 2008-; Warman et al., 2006-) conducted in the last four years, which increases the applicability of the findings of this review.

1.5 Discussion

The two UK studies that examined problem behaviour in this review reported that training had limited impact on problem behaviour (MacDonald & Turner, 2005-; Pithouse et al., 2002-), whereas the US studies reported statistically significant benefits on this LACYP outcome. Whether this marked difference in results is due to the type of training or to differences between UK and US fostering services is unclear. There may also be differences between the carers (and the children they foster) recruited to the studies. The US studies tended to recruit carers of infants and toddlers (Chamberlain et al., 2008+; Dozier et al., 2006+; Sprang, 2008-), whereas the UK studies recruited a broader age range encompassing children and adolescents (where reported) (Minnis et al., 2001+; Pithouse et al., 2002-). Since there is a greater likelihood of placement breakdown or behavioural problems in older LACYP (Barber et al., 2001; Cooper et al., 1987; James, 2004; Oosterman, 2007; Strijker et al., 2005; Strijker & Zandberg, 2005; Webster et al., 2000; Wise, 2004), LACYP in the UK studies may have been more likely to have had more serious behavioural problems at the outset than those in the US studies.

The only study to measure the impact of training and support for foster carers on placement stability found no significant differences between foster carers who completed training with those who did not on unplanned placement breakdowns in LACYP (MacDonald & Turner, 2005-). It is possible that short-duration group training for foster carers is not sufficiently intense to impact on this outcome. Another possible explanation is that increased confidence in the carers as a result of the training may have led to them agreeing to more placements and those involving LACYP that presented a greater challenge, as suggested by the authors (MacDonald & Turner, 2005-). Finally, because of the close (bi-directional) association between placement stability and behaviour problems, it is possible that no effects on

placement stability were detected due to no evidence of effectiveness for training on problem behaviours based on this one study (MacDonald & Turner, 2005-).

Four studies (covering five interventions) examined the impact of training and support for foster carers on some aspect of the emotional wellbeing of LACYP, and the evidence was mixed. While evidence from two UK non-comparative studies appears to indicate that training for carers may have some benefit on LACYP's emotional wellbeing (Golding & Picken, 2004-; Warman et al., 2006-), it is unclear as to where the benefit may lie. It is possible that the nature of the training itself and the study design may have impacted on the discrepancy in findings between the UK RCT (Minnis et al., 2001+) and the UK non-comparative studies. Training was more intense (i.e., more sessions over a greater time period) in the non-comparative studies than the RCT (which reported no effect), which suggests that intense training for carers may be more likely to produce some benefit on the emotional health of LACYP. However, without a comparison condition, these studies are not able to account for the possibility that LACYP's emotional wellbeing may have improved over the timecourse of the training programme, regardless of any training effect. Finally, the findings of one good quality US RCT suggest that training may potentially impact on the emotional wellbeing of LACYP at a physiological level (Callahan et al., 2004), although further research would be needed to confirm this.

1.5.1 Conclusions

UK research suggests that training programmes for foster carers have limited impact on LACYP's behavioural problems. This is in contrast to the US studies, which have employed longer-duration programmes and aimed them at carers of younger children. It may well be that training programmes in the UK need to be of longer duration and greater intensity than at present, and there is a need to re-evaluate the impact of such programmes on LACYP of all ages. However, the wide-scale implementation of such programmes may be less affordable for local authorities than for shorter training programmes (Minnis et al., 2001+) and in addition carers may not have sufficient spare time to attend longer training programmes. The longer-term follow-up of short-duration courses indicating no effect suggests that refresher training or support may be needed in some form (e.g. post-training group discussion, leaflet, website, telephone support). No other elements of physical and emotional health and well-being were synthesised from the included studies, therefore it is not possible to report on the impact of training and support for carers on these outcomes.

It is clear that foster carers (and other professionals) recognise the need for and value of such training and support.

2 Introduction

2.1 Background

In 2008, the Department of Health made a referral to NICE (National Institute for Health and Clinical Excellence) and SCIE (Social Care Institute for Excellence) to develop joint public health programme guidance on improving the physical and emotional health and wellbeing outcomes for looked after children and young people (LACYP). In order to identify specific factors and outcomes of pertinence to LACYP in the literature, a correlates review was conducted, which led to the production of three effectiveness reviews focused on LACYP, examining the effectiveness of: (1) transitional support services; (2) training and support for carers, professional and volunteers; and (3) improving access to services, on the outcomes of LACYP. The present systematic review is the second in the series of three effectiveness reviews.

LACYP have long been recognised as a high-risk group for behavioural and emotional problems. Research has documented that LACYP are more likely to experience educational, behavioural, physical and psychological problems than the general population (Meltzer et al., 2003), which can impact on those who look after them. A recent UK study examining the extent of strain on the foster carers of adolescents found that problem behaviours from LACYP increased foster carer strain, which in turn led to significantly higher disruption rates (Farmer et al., 2005).

It has been suggested that additional training for foster carers may reduce foster children's behavioural problems. An audit of need reported that foster carers wanted a comprehensive service that met their needs for support, psychological advice, guidance and reassurance (Golding, 2002). In addition to foster carers there are many other professionals from a number of disciplines working with LACYP who may also benefit from increased training and support, including staff in residential units, social workers, health care professionals, doctors, nurses, therapists, psychologists, teachers, youth workers and volunteers (e.g. independent visitors or mentors).

While any of these professionals or volunteers would have completed training prior to working with LACYP, the potential impact of any additional training and/or support provided after they started working with LACYP on LACYP's outcomes is of interest. Of particular interest is the impact on physical and emotional health and well-being of LACYP and the impact, if any, on placement stability and reduction in the number of placements; for example, does extra training and support prevent or delay placement breakdown? Improved placement stability may in turn help to break the vicious circle

of placement moves and increased emotional and behavioural problems. Given the importance of this issue, there is a need to synthesise the available evidence on this subject.

Prior to being approved, foster carers undertake basic training. After that, they may elect to do further training that either covers an issue they require support and information about, or as part of their general development as foster carers. Basic and further training is provided by the local authority or independent fostering agencies (National Childrens Bureau, 2007). Until recently, there were no national standards for foster care training and support (National Childrens Bureau, 2007; Warman et al., 2006-). In 2007, the Children's Workforce Development Council (CWDC) launched the Training, Support and Development Standards for Foster Carers (Children's Workforce Development Council, 2007). These seven standards (Standard 1: Understand the principles and values essential for fostering children and young people; Standard 2: Understand your role as a Foster Carer; Standard 3: Understand health and safety, and healthy caring; Standard 4: Know how to communicate effectively; Standard 5: Understand the development of children and young people; Standard 6: Safeguard children and young people (keep them safe from harm); and Standard 7: Develop yourself) are a national benchmark for the continuing professional development and training, supervision and support of foster carers and since April 2008 all fostering services are expected to be implementing the standards.

2.2 Purpose of the review

The aim of this review was to identify and synthesise evidence that evaluates the effectiveness of additional training and support provided to approved carers (e.g. foster carers, residential child care workers, birth family members), professionals (e.g. teachers, social workers) and volunteers (e.g. independent visitors) involved in the care of or working directly or indirectly with LACYP on the physical and emotional health and well-being of LACYP. The main outcomes under consideration were: physical health, emotional health, problem behaviours and placement stability. The following research question was addressed:

What is the effectiveness of additional training and support for approved carers, professionals/practitioners or approved volunteers on the physical and emotional

health and wellbeing of looked after children and young people, compared with usual care/training?

3 Methods

3.1 Inclusion and exclusion criteria

The following inclusion criteria were applied to retrieved citations in order to identify relevant studies for inclusion:

Population

The population comprised carers (e.g. foster carers, residential carers, birth family members), professionals (e.g. teachers, social workers) and approved volunteers (e.g. independent visitors, mentors) involved in the care of or working directly or indirectly with LACYP. This included retrospective or cross-sectional studies with study populations of adults who were LACYP if information on training of their foster carer in childhood was collected.

Intervention

The focus was on training and support (including emotional support) delivered to carers, professionals/practitioners or volunteers working with and/or involved in the care of LACYP to enhance their skills. This was training and support that was delivered after the carers, professionals/practitioners or volunteers had been approved to care for/work with LACYP. Training and support services for birth families (e.g. kinship care) were also included. Treatment foster care (also described as therapeutic foster care) was not included.

Comparison

The comparison group comprised LACYP or former LACYP whose carers had received usual or no training/support.

Outcomes

Outcomes relating to the physical and emotional health and well-being of LACYP were examined. Also considered were longer-term outcomes in adult life and intermediate outcomes (including behavioural problems and placement stability), as reported by studies.

Study types

Study types to be considered were: randomised controlled trials, non-randomised controlled trials, case control studies, prospective cohort studies, retrospective cohort studies and non-comparative studies. Since this review is an effectiveness review,

qualitative studies have been excluded. Qualitative studies will be reported in a separate review, undertaken by EPPI-Centre.

Other

Only English language papers have been included.

3.2 Search strategy

The strategy adopted for this review combined systematic review searching undertaken by Janet Clapton, information specialist at SCIE with more targeted searches undertaken by ScHARR. This approach was considered to be appropriate because SCIE have considerable expertise in this area, having developed a database of records relating to LACYP. SCIE also have access to certain specialist databases that are not commonly available, most notably ChildData. In addition, SCIE have a great deal of knowledge and expertise around developing search strategies for social care literature, which the ScHARR review team were keen to utilise.

The substantive proportion of searches for this review, then, were carried out by information specialists at SCIE. Where appropriate, additional targeted searching was undertaken by the ScHARR information specialist.

3.2.1 ScHARR searching

In addition to the systematic search outlined in section 3.2.2 below, searches of reference lists and citation searches were conducted on all relevant papers included in a previous correlates review of factors associated with outcomes for looked after children and young people. Following the sift of references supplied by SCIE (outlined below), the reference lists of papers included in the review were searched by hand and citation searching was also undertaken on all included papers. Citation searching was undertaken in Web of Science Cited Reference Search and Google Scholar (which covered all papers) and was not limited by date, language, place of publication or study type. This process resulted in 32 retrieved citations, of which one was included.

3.2.2 SCIE searching

An extensive search for references relating to the population of LACYP was undertaken by Janet Clapton for this project (see Appendix 1). This search strategy

was externally validated by an independent information specialist (Alan Gomersall, of the Evidence Network).

Fifteen key databases were searched using terms relating to LACYP (the search strategies for each database with search dates are in Appendix 1). Searches were limited to 1990 onwards and were not restricted by language, study type or place of publication. Records were downloaded into Endnote (reference management software). The total number of records was approximately 20,000.

This Endnote population database of LACYP was then searched using terms relating to this review (see Appendix 2). The search terms for this review were drawn up by the ScHARR systematic reviewers and the ScHARR and SCIE information specialists based on the papers included in the correlates review and knowledge of the review area. Terms for staff were combined with terms for training and support. A search for terms relating to programmes was also undertaken (see Appendix 2).

The search output from the Endnote population database was supplied as an RIS (Research Information Systems) file, which was then imported into Reference Manager for sifting by the systematic reviewers.

3.2.3 Other search activities

Consultation with the Programme Development Group (PDG) was undertaken in order to identify key literature, with an emphasis on grey literature. References provided by PDG members were imported into Reference Manager and sifted by the systematic reviewers. Five additional papers were identified in this way, of which none met the inclusion criteria.

3.2.4 Inclusion and exclusion procedure

As described within the NICE methods for development of public health guidance (National Institute for Health and Clinical Excellence 2006), retrieved citations were screened according to the inclusion and exclusion criteria described in Section 3.1 above, in order to exclude irrelevant material. Exclusion was undertaken initially at title and/or abstract and then full paper level. Study selection was made by one reviewer, however a random selection of abstracts and full papers (92 records or 21% of the records whose abstracts were inspected) were sifted independently by two reviewers (ESEH and RJ). No differences were found between reviewers. Overall, 3755 articles were rejected at the title stage, 290 articles were rejected at the abstract stage and 147 were examined for potential inclusion in the review. Of these,

139 were excluded at full paper stage and eight were included (see QUOROM diagram in Appendix 4). A full reference list of included papers is supplied in Appendix 6.

A number of potentially relevant studies investigating the effects of training and support for carers, professionals and volunteers on the physical and emotional health and well-being outcomes of LACYP were excluded at the full paper review stage (of which there are 139 to date), for a number of reasons. Full details are available in the QUOROM diagram in Appendix 4. The reasons for excluding papers were:

1. No data were reported (51 studies)
2. No intervention was reported (35 studies)
3. The study did not report LACYP physical and emotional health and wellbeing outcomes (13 studies)
4. The study was qualitative (11 studies)
5. The studies examined treatment foster care (11 studies)
6. The paper reported a review (4 studies)
7. The population were not LACYP (4 studies)
8. The paper was unobtainable (3 studies)
9. The intervention reported was not training/support (2 studies)
10. The intervention reported was standard training (2 studies)
11. The same data were used as reported elsewhere (we chose the most comprehensive report) (2 studies)
12. The language was not English (1 study)

Studies obtained at full paper stage and then excluded are listed in Appendix 5 with the reason for exclusion, and a reference list of these papers is provided in Appendix 7.

3.3 Study quality

Study quality was assessed using the checklists and guidance provided in the NICE CPHE Methods Manual (National Institute for Health and Clinical Excellence, 2006), which assesses studies according to various aspects of design, sampling, measurement, analysis and reporting. Studies were graded with ++, + or – as

recommended by NICE (see Table 1). The checklist for randomised controlled trials (RCTs) was used to assess the quality of the RCTs and the checklist for cohort studies was used to assess the quality of the prospective cohort study. Greater consideration was given to the performance of the study on criteria fundamental to the robustness of the findings. Study quality did not determine inclusion into or exclusion from the review. Study quality was assessed by both reviewers and there was no disagreement on the grading of studies.

Table 1: Study quality

Grade	Criteria
++	All or most of the criteria have been fulfilled. Where they have not been fulfilled the conclusions are thought very unlikely to alter.
+	Some of the criteria have been fulfilled. Those criteria that have not been fulfilled or adequately described are thought unlikely to alter the conclusions.
–	Few or no criteria have been fulfilled. The conclusions of the study are thought likely or very likely to alter.

3.4 Data extraction and data synthesis

Initially relevant information was extracted and papers were classified according to the population trained and then the main variables analysed. Because of the variation in variables, methods and measures used, it was not possible to conduct meta-analysis. The ways that each study measured each outcome variable were compared across studies in order to identify the outcomes that were similar enough to be usefully combined within the review, as detailed in Table 5. Data were only synthesised if the ways of measuring each outcome variable were sufficiently similar across studies to make such a synthesis meaningful (highlighted in bold in Table 5).

3.5 Applicability to the current UK context

Country of origin of all included studies was noted, and applicability is discussed in section 4.6.

4 Results

4.1 Summary of included studies

From 147 potentially relevant papers, a total of eight studies were identified as meeting inclusion criteria: three US (Chamberlain et al., 2008+; Dozier et al., 2006+; Sprang, 2008-) and two UK (MacDonald & Turner, 2005-; Minnis et al., 2001+) randomised controlled trials (RCTs), one UK prospective cohort study (Pithouse et al., 2002-) and two UK non-comparative studies. The characteristics of the studies are displayed in Table 4 and in full in the evidence table in Appendix 3. Full references for included studies and excluded studies are provided in Appendices 6 and 7, respectively. Findings for the effectiveness of training/support on LACYP outcomes are presented in Section 4.3.

4.2 Intervention characteristics

The range of training/support components reported by each study varied considerably, as would be expected with the small number of studies reviewed. From the information provided, it is possible to define some of the commonalities, differences and details on delivery of the training and support under investigation (see Tables 2 and 3). All of the studies examined the effectiveness of training or training with support; no studies focused exclusively on the examining the impact of support alone.

Table 2: Intervention components by study

Component	US studies			UK studies					
				Comparative			Non-comparative		
	Chamberlain +	Dozier +	Sprang -	Macdonald -	Minnis +	Pithouse -	Golding -		Warman -
Mode of delivery							PTP	ATI	
Presentation	✓		✓		✓				
Group discussion	✓			✓	✓	✓	✓	✓	✓
Interactive sessions		✓	✓				✓	✓	✓
Home practice	✓				✓				✓
Materials from missed sessions delivered at home	✓								✓
Incentive									
Attendance rewarded with carer credit	✓	✓							
Attendance rewarded with money	✓	✓							
Content									
Training to increase foster parents' positive reinforcement relative to punishment	✓								
Training to help caregivers to reinterpret children's alienating behaviours		✓	✓						
Training to help caregivers over-ride personal barriers to providing nurturing care		✓	✓						
Training to help caregivers provide an environment that facilitates children's development of regulatory capabilities		✓	✓						
Focus on improving child-carer relationships				✓					✓
Training to promote carers' self-confidence and self-efficacy				✓					
Training to prevent problematic conduct through understanding and managing behaviour						✓	✓		
Provided a systematic approach to intervention through a focus on behaviour assessment and analysis/setting limits & managing conduct						✓			✓
Rewarding appropriate behaviour									✓
Collaboration between therapist & carer to consider							✓		

Component	US studies			UK studies					
				Comparative			Non-comparative		
	Chamberlain +	Dozier +	Sprang -	Macdonald -	Minnis +	Pithouse -	Golding -		Warman -
how parenting techniques may be used & adapted in different situations									
Psycho-educational component for understanding children with a history of abuse, neglect & inadequate parenting							✓		
Skills in fostering consistent with attachment theory								✓	
Carers encouraged to provide positive family atmosphere								✓	

Table 3: Training programme delivery personnel by study

Delivery personnel	US studies			UK studies				
				Comparative			Non-comparative	
	Chamberlain +	Dozier +	Sprang -	Macdonald -	Minnis +	Pithouse -	Golding -	Warman -
Trained facilitator & co-facilitator teams	✓							
Professional social workers		✓			✓		✓	
Professional psychologists		✓				✓	✓	
No detail reported on delivery personnel			✓	✓				✓

Group discussion was the most common form of delivery, being reported by six of the eight studies and seven of the nine interventions (also see Table 4) (Chamberlain et al., 2008+; Golding & Picken, 2004-; MacDonald & Turner, 2005-; Minnis et al., 2001+; Pithouse et al., 2002-; Warman et al., 2006-). Four studies reporting five interventions in total reported interactive sessions (Dozier et al., 2006+; Golding & Picken, 2004-; Sprang, 2008-; Warman et al., 2006-). Three studies reported that the intervention contained a presentation (Chamberlain et al., 2008+; Minnis et al., 2001+; Sprang, 2008-) and home practice (where the carers practiced at home what they had learned in the training) (Chamberlain et al., 2008+; Minnis et al., 2001+; Warman et al., 2006-) as a mode of delivery. Finally, two studies reported that materials from missed group sessions were delivered at the carer's home (Chamberlain et al., 2008+; Warman et al., 2006-).

Incentives for carers were only reported by two studies (Chamberlain et al., 2008+; Dozier et al., 2006+). Both studies reported that carers received a carer credit award with their agency or local authority and also a monetary award for attendance of $15 per session in one study (Chamberlain et al., 2008+) and $100 for the whole course in the other (Dozier et al., 2006+).

The content and purpose of the training varied considerably across the eight studies reviewed, as may be expected with the small number of studies reviewed. Only two US studies reported training that was similar, incorporating training to help caregivers to reinterpret the child's alienating behaviours, training to help caregivers over-ride their own barriers to providing nurturing care and training to help caregivers provide an environment that facilitates children's development of regulatory capabilities (Dozier et al., 2006+; Sprang, 2008-) as elements of the intervention. Three isolated elements of training content were reported by two different studies: training with a focus on improving the relationship between the child and the caregiver (MacDonald & Turner, 2005-; Warman et al., 2006-), training to prevent problematic conduct through understanding and managing behaviour (Golding & Picken, 2004-; Pithouse et al., 2002-) and a systematic approach to intervention though a focus on behaviour assessment and analysis (Pithouse et al., 2002-; Warman et al., 2006-). Other elements of training content, however, were only reported by one study, such as training to increase foster parents' positive reinforcement of child behaviour relative to punishment (Chamberlain et al., 2008+), training to promote the carer's self-confidence and self-efficacy for managing challenging behaviour (MacDonald & Turner, 2005-), training focusing on rewarding appropriate behaviour (Warman et al.,

2006-), a collaboration between the therapist and the carer to consider how parenting techniques may be used and adapted in different situations, a psycho-educational training component for understanding children with a history of abuse, neglect and inadequate parenting, skills in fostering with attachment theory and encouraging carers to provide a positive family atmosphere (Golding & Picken, 2004-). It should be noted that the latter four components related to two different interventions within the same study (see Table 2).

The studies reviewed also varied in terms of the personnel who delivered the training programmes (see Table 3). For example, in three studies training was delivered by professional social workers (Dozier et al., 2006+; Golding & Picken, 2004-; Minnis et al., 2001+) and professional psychologists (Dozier et al., 2006+; Golding & Picken, 2004-; Pithouse et al., 2002-), however training was also delivered by trained facilitator and co-facilitator teams in one study (Chamberlain et al., 2008+). Three studies did not report any detail on training programme delivery personnel (MacDonald & Turner, 2005-; Sprang, 2008-; Warman et al., 2006-).

There was no single unifying population or study characteristic across all six included studies (see Table 4), although this might be expected due to the small number of studies reviewed. Sample size varied from 53 children-carer dyads to 700 carers, although most studies' sample sizes were between 53 and 182 children. The mixture of defining sample size by children (who may have more than one carer) or carers (who may be caring for more than one child) complicates any comparison of sample size. A variety of control or comparison conditions were used, including usual services or usual support (Chamberlain et al., 2008+; Minnis et al., 2001+), a waiting list control (MacDonald & Turner, 2005-; Sprang, 2008-) and a developmental education intervention that acted as a 'placebo' control, controlling for the amount of support received (Dozier et al., 2006+), with one study not reporting any details on the comparison condition (Pithouse et al., 2002-). Three studies examined interventions that considered a broad age-range of LACYP (Chamberlain et al., 2008+; Minnis et al., 2001+; Pithouse et al., 2002-), with two studies examining interventions with infants and toddlers (Dozier et al., 2006+; Sprang, 2008-) and another not reporting the ages of the LACYP concerned (MacDonald & Turner, 2005-). The UK studies tended to report shorter-duration and less intense training programmes with only three to four sessions in total (MacDonald & Turner, 2005-; Minnis et al., 2001+; Pithouse et al., 2002-), whereas the training programmes in the US studies were of much longer duration and intensity, featuring 10-16 sessions

(Chamberlain et al., 2008+; Dozier et al., 2006+; Sprang, 2008-). Most studies did not report a theoretical basis to the training programme. One study reported that the training was based on attachment theory (Sprang, 2008-). Another study reported a focus on carers' self-efficacy, although no reference was made to self-efficacy theory or any related theoretical approach (Pithouse et al., 2002-).

Two studies recruited carers via the local authority (or US equivalent) (Chamberlain et al., 2008+; MacDonald & Turner, 2005-), whereas carers were recruited on the basis of the children in their care in two studies: in one case LACYP were screened for eligibility by social worker staff (Pithouse et al., 2002-) and in another the first 60 children to complete either condition of a RCT were included in the study (Dozier et al., 2006+). Finally, one study recruited from carer-child dyads presenting at a university-based assessment centre (with further detail not reported) (Sprang, 2008-) and another did not report their recruitment methods (MacDonald & Turner, 2005-). Rate of recruitment (where reported) varied greatly, as did rate of attrition, however more participants dropped out of the intervention than the control group in studies that reported attrition rate by group (MacDonald & Turner, 2005-; Minnis et al., 2001+; Sprang, 2008-). Length of follow-up also varied considerably between studies, with the shortest being immediately after training (Sprang, 2008-) and the longest being nine months after the completion of training (Minnis et al., 2001+). Generally, the UK studies appeared to have longer follow-up periods than the US studies.

Measures of LACYP problem behaviours varied between studies (see Table 5), with only two studies reporting the same measure (MacDonald & Turner, 2005-; Sprang, 2008-) and two studies using apparently very similar measures (Chamberlain et al., 2008+; Dozier et al., 2006+). Many justified their choice of measure as being appropriate, however it is difficult to infer the reason for differences in measurement tools. This could possibly be symptomatic of a lack of standardisation of ways of measuring child problem behaviours within the LACYP literature.

Conversely, measures of emotional health and well-being were similar in that three studies used the strengths and difficulties questionnaire, which measures emotional problems, hyperactivity, conduct problems, peer problems, prosocial behaviour and also total difficulties (Golding & Picken, 2004-; Minnis et al., 2001+; Warman et al., 2006-). However, other very different measures of emotional health and wellbeing were reported, for example, cortisol production (Dozier et al., 2006+), self-esteem and attachment disorders (Minnis et al., 2001+).

Only one study examined the impact of training and support for carers on placement stability among LACYP (MacDonald & Turner, 2005-). This was measured in terms of the number of unplanned placement breakdowns experienced by LACYP.

4.3 Effectiveness of training/support services on LACYP outcomes

While evidence for the effectiveness of training and support for various types of carers, professionals and volunteers caring for or working with LACYP on the physical and emotional health and well-being of LACYP was sought, only studies concerning training and support for foster carers met the inclusion criteria for this review. Therefore, the reported findings focus on the impact of training and support for foster carers on the physical and emotional health and well-being of LACYP.

Table 4: Population and study characteristics by study

Characteristic	US studies			UK studies				
				Comparative			Non-comparative	
	Chamberlain +	Dozier +	Sprang -	Macdonald -	Minnis +	Pithouse -	Golding -	Warman -
Year	2008	2006	2008	2005	2001	2002	2004	2006
Sample size	700 carers	60 children	53 carer-child dyads	117 carers	182 children	106 carers (103 children)	52 carers	87 carers (97 children)
Design	RCT (unblinded)	RCT (double-blind)	RCT (unblinded)	RCT (unblinded)	RCT (single-blind)	Prospective cohort study	Non-comparative	Non-comparative
Control condition	Usual caseworker services	'Placebo' control (developmental education intervention)	Waiting list with biweekly support group	Waiting list control (standard services)	Usual support from social work department	No details reported	N/A	N/A
Age range of LACYP	5-12 years	3.6-39.4 months	0-5 years	Not reported	5-16 years	4-18 years	5-12 years	2-17 years
Mean age of LACYP	8.8 years	16.7 months	3.5 years	Not reported	11.3 years	10.8 years	Not reported	9.3 years
Duration of training	Weekly 105-minute sessions over 16 weeks	Weekly over 10 weeks	Weekly over 10 weeks	Weekly 3-hour sessions over 5 weeks or weekly 5-hour sessions over 4 weeks	2 consecutive 6-hour day sessions followed by another 6-hour session a week later	Weekly 6½-hour sessions over 3 weeks followed by a follow-up 6½-hour session 3-4 weeks later	PTP: 2.5 hours weekly over 9 consecutive weeks ATI: 4-week course followed by 2-hour monthly meetings for18 months	Weekly 3-hour sessions over 10 consecutive weeks
Theoretical base	None stated	None stated	Attachment theory	None stated	None stated	None stated	PTP: None stated ATI: Attachment theory	Social learning theory

Delivery setting	Groups of 3-10	In foster parent homes	In caregiver homes	Groups (~11)	Groups (size not specified)	Groups (~15)	PTP: groups (size not specified) ATI: 1 group of 13	Groups of 7-10 carers
Recruitment	DHHS data systems	First 60 children to complete either condition	Carer-child dyads from a university-based assessment centre	Carers recruited by mail via local authorities	Exact methods not specified	Eligible children identified by social work staff	Exact methods not specified	Exact methods not specified
Length of follow-up	After end of training	1 month after training	After end of training	After end of training (T2) & 6 months after training (T3)	After end of training (T2) & 9 months after training (T3)	5-7 weeks after training	At end of training for both PTP & ATI	At end of training
Initial response / inclusion rate	62%	100% of completers	Not reported	Not reported	56%	90%	Not reported	Not reported
Rate of attrition at final follow-up	19%	Not reported (may not be applicable)	10% intervention & 7% control not received allocated intervention, 0% lost to follow-up	27% intervention 20% control	42% intervention 34% control	Not reported (may not be applicable)	PTP: 5% (2/41) ATI: 0% (0/13)	Not reported/ unclear

Table 5: Measurement used for outcomes by study

	US studies			UK studies				
				Comparative			Non-comparative	
Outcome	**Chamberlain +**	**Dozier +**	**Sprang –**	**Macdonald –**	**Minnis +**	**Pithouse –**	**Golding –**	**Warman –**
Placement stability				Number of unplanned placement breakdowns				
Behavioural problems	Child problem behaviours (mean number) as measured on the Parent Daily Report Checklist	Child problem behaviours (reported by carer) as measured on the Parents' Daily Report for Infants	Child behaviour problems (internalising and externalising) as measured on the Child Behavioural Checklist (CBCL)	Child problem behaviours (carer report) as measured on the CBCL		Child behavioural problems (frequency and severity) as measured on the Disability Assessment Schedule		
Emotional health and well-being		Cortisol production (stress hormone)			Emotional and behavioural functioning (hyperactivity, conduct problems, peer problems, prosocial behaviour) as measured on the strengths and difficulties questionnaire (SDQ); Self-esteem as measured on the Modified Rosenberg Self-esteem Scale;		Emotional and behavioural functioning (emotional problems, hyperactivity, conduct problems, peer problems, prosocial behaviour) as measured on the SDQ	Emotional and behavioural functioning (emotional problems, hyperactivity, conduct problems, peer problems, prosocial behaviour) as measured on the SDQ

	US studies			UK studies				
				Comparative			Non-comparative	
Outcome	**Chamberlain +**	**Dozier +**	**Sprang –**	**Macdonald –**	**Minnis +**	**Pithouse –**	**Golding –**	**Warman –**
					Attachment disorders as measured on the Reactive Attachment Disorder Scale			

Table 6: Summary of findings

Outcome	IG fared better than CG	No difference / no effect	IG fared worse than CG
Child problem behaviours	• Reported rates of problem behaviour were significantly lower in the IG (mean ±SD = 4.37 ±3.91) than in the CG (5.44 ±4.15) at T2 (*p*-value not reported, ES=.26; significant on path analysis: *Beta*=-.14, *t*=-4.36, *p*<0.001) (Chamberlain et al., 2008+) US) • Older infants in the IG (0.21 ±0.06) displayed fewer problem behaviours than those in the CG (0.32 ±0.05) at T2 (significant group x age ANOVA: *F*(1,42)=4.75, *p*<0.05) (Dozier et al., 2006+) US) • Children in the IG displayed fewer problem behaviours than those in the CG, in terms of both internalising (45.4 ±6.5 vs. 64.4 ±15.3, F(1,52)=9.72, p=0.01, Partial Eta Squared=0.44) and externalising behaviours (49.1 ±4.8 vs. 69.1 ±14.8, F(1,52)=17.09, p=0.001, Partial Eta Squared=0.51) (Sprang, 2008-) US)	• No significant differences between the IG and CG on child problem behaviours at either of the follow-up time points (specific data not reported, (MacDonald & Turner, 2005-) UK) • No significant differences between the IG and CG of across time on frequency (T1 means 23.1 vs. 21.8, T2 means 22.6 vs. 19.6) or severity (T1 means 36.4 vs. 36.0, T2 means 37.4 vs. 35.6) of child problem behaviours (Pithouse et al., 2002-) UK)	• Younger infants in the IG (0.38 ±0.05) displayed more problem behaviours than those in the CG (0.30 ±0.04) at T2 (significant group x age ANOVA: *F*(1,42)=4.75, *p*<0.05) (Dozier et al., 2006+) US)
Emotional health & wellbeing	• Children in the IG displayed lower levels of cortisol production than those in the IG in the morning (0.41 ±0.43 vs. 0.80 ±0.91) and evening (0.12 ±0.13 vs. 0.42 ±0.69) at T2 (*F*(1,46)=4.55, *p*<0.01) (Callahan et al., 2004) US) • Children in the psycho-educational IG displayed significant improvement from T1 (mean score=4.9) to T2 (mean score=4.1) on conduct difficulties (ES=0.43, *p*=0.04) (Golding & Picken, 2004-) UK, non-comparative)	• No significant differences between the IG and CG at T2 (means= 18 vs. 16, respectively) on emotional and behavioural functioning from carer report (*p*=0.4, (Minnis et al., 2001+) UK) • No significant differences between the IG and CG at T2 (means= 16 vs. 10, respectively) on emotional and behavioural functioning from teacher report (*p*=0.4, (Minnis et al., 2001+) UK) • No significant differences between the IG and CG at T2 (means= 15 vs. 12, respectively) on emotional and behavioural functioning from child self-report (*p*=0.2, (Minnis et al., 2001+) UK)	•

Outcome	IG fared better than CG	No difference / no effect	IG fared worse than CG
	• Children in the attachment theory IG displayed significant improvement from T1 (mean score=4.6) to T2 (mean score=3.3) on peer difficulties (ES=1.35, *p*=0.005) (Golding & Picken, 2004-) UK, non-comparative) • Children in the attachment theory IG displayed significant improvement from T1 (mean score=6.7) to T2 (mean score=4.9) on hyperactivity (ES=0.66, *p*=0.05) (Golding & Picken, 2004-) UK, non-comparative) • Children in the attachment theory IG displayed significant improvement from T1 (mean score=18.9) to T2 (mean score=14.1) on total difficulties (ES=0.96, *p*=0.002) (Golding & Picken, 2004-) UK, non-comparative) • Children in the IG displayed significant improvement from T1 (mean ±SD=2.5 ±2.4) to T2 (2.0 ±2.1) on emotional problems (ES=0.21, *p*<0.05) (Warman et al., 2006-) UK, non-comparative) • Children in the IG displayed significant improvement from T1 (mean ±SD=13.6 ±7.5) to T2 (12.3 ±7.2) on total difficulties (ES=0.17, *p*<0.05) (Warman et al., 2006-) UK, non-comparative)	• No significant differences between T1 and T2 in the attachment theory IG (means not reported) on conduct difficulties (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 and T2 in the psycho-educational IG (means not reported) on emotional difficulties (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 and T2 in the attachment theory IG (means not reported) on emotional difficulties (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 and T2 in the psycho-educational IG (means not reported) on hyperactivity (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 and T2 in the psycho-educational IG (means not reported) on peer relationship difficulties (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 and T2 in the psycho-educational IG (means not reported) on prosocial behaviour (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 and T2 in the attachment theory IG (means not reported) on prosocial behaviour (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 and T2 in the psycho-educational IG (means not reported) on total difficulties (Golding & Picken, 2004-) UK, non-comparative) • No significant differences between T1 (mean ±SD=3.4 ±2.5) and T2 (3.1 ±2.5) in the IG on conduct problems (ES=0.12, NS) (Warman et al., 2006-) UK, non-comparative) • No significant differences between T1 (mean ±SD=5.1 ±3.0) and T2 (4.8 ±2.9) in the IG on hyperactivity (ES=0.10, NS) (Warman et al., 2006-) UK, non-comparative) • No significant differences between T1 (mean ±SD=2.7 ±2.5) and T2 (2.5 ±2.1) in the IG on peer problems (ES=0.9, NS) (Warman et al., 2006-) UK, non-comparative)	

Outcome	IG fared better than CG	No difference / no effect	IG fared worse than CG
		• No significant differences between T1 (mean ±SD=4.6 ±3.2) and T2 (4.8 ±3.2) in the IG on prosocial behaviour (ES=0.06, NS) (Warman et al., 2006-) UK, non-comparative) • No significant differences between the IG and CG at T2 (means= 21 vs. 18 respectively) on self-esteem (*p*=0.6, (Minnis et al., 2001+) UK) • No significant differences between the IG and CG at T2 (means= 31 vs. 32, respectively) on attachment disorders (*p*=0.3 (Minnis et al., 2001+) UK)	
Placement stability	•	• No significant differences between the IG and CG (3.6% vs. 11.1% at T2, 8.2% vs. 10.0% at T3) on number of LACYP with unplanned placement breakdowns (MacDonald & Turner, 2005-) UK)	•

NS = not significant (statistically); IG = intervention group; CG = comparison group; ES = effect size measured using Cohen's d (a small effect is around .3, medium around .5 and large .8 or higher)

4.3.1 Training and support for foster carers

Five of the six studies reported the effect of training and support interventions for foster carers on child problem behaviours (Chamberlain et al., 2008+; Dozier et al., 2006+; MacDonald & Turner, 2005-; Pithouse et al., 2002-; Sprang, 2008-), and the findings show mixed evidence of effectiveness (see Table 6). Child problem behaviours might include physical aggression, anxiety/depression, criminal behaviour and screaming. Three US RCTs reported lower rates of problem behaviour at follow-up in the intervention group than in the control group in the whole sample ($p<0.001$, ES=.26, Chamberlain et al., 2008+; $p<0.01$, Sprang, 2008-) and in older infants ($p<0.05$, Dozier et al., 2006+). One UK RCT and one UK prospective cohort study reported no differences on child problem behaviours across time between the intervention group and control group (MacDonald & Turner, 2005-; Pithouse et al., 2002-). One US RCT reported higher rates of problem behaviours in the younger infants ($p<0.05$, Dozier et al., 2006+).

Only one study examined the impact of training and support for foster carers on placement stability, however it may be useful to consider their findings (see Table 6). This one study (a UK prospective cohort study) found no significant differences between foster carers who completed training with those who did not on unplanned placement breakdowns in LACYP (MacDonald & Turner, 2005-).

One UK RCT and two UK non-comparative studies reported the effect of training and support interventions for foster carers on LACYP's emotional wellbeing, as reported on the strengths and difficulties questionnaire (SDQ), and the findings indicate mixed evidence of effectiveness, with the better quality study indicating no evidence of effectiveness (see Table 6). The UK RCT found no significant differences between LACYP whose carers had and had not received training on carers' reported, teachers' reported and child's self-reported SDQ scores at follow-up (Minnis et al., 2001+). One UK non-comparative study examined the effectiveness of two interventions, a psycho-educational intervention and an attachment theory intervention, on SDQ subscale and total SDQ scores (Golding & Picken, 2004-). Children whose carers had received the psycho-educational intervention showed significant improvement from baseline to follow-up in terms of conduct difficulties, but no significant difference on any of the other subscales or the total score (see Table 6). Children whose carers had received the attachment theory intervention showed significant improvement from baseline to follow-up in terms of emotional difficulties, hyperactivity and total difficulties but no significant difference on any of the other

subscales (see Table 6). Lastly, another UK non-comparative study reported that children whose carers had received training showed significant improvement from baseline to follow-up in terms of emotional problems and total difficulties, but no significant difference on any of the other subscales (Warman et al., 2006-).

In terms of other measures of emotional well-being, one UK RCT found no significant differences between LACYP whose carers had and had not received training on the child's levels of self-esteem and on attachment disorders at follow-up (Minnis et al., 2001+). One US RCT found a beneficial effect of training on cortisol production in the morning and evening, in that LACYP whose carers had received training had lower (and more typical) levels of cortisol production than LACYP whose carers had not received training at both times of day (Callahan et al., 2004).

4.3.2 Training and support for residential carers

No studies were identified as meeting the inclusion criteria for the review that reported on the effectiveness of training and support interventions for residential carers.

4.3.3 Training and support for social workers

No studies were identified as meeting the inclusion criteria for the review that reported on the effectiveness of training and support interventions for social workers.

4.3.4 Training and support for other professionals

No studies were identified as meeting the inclusion criteria for the review that reported on the effectiveness of training and support interventions for other professionals.

4.4 Study quality

As stated previously the studies included in this review consisted of three US and two UK RCTs, one UK prospective cohort study and two UK non-comparative studies. No studies were rated ++, three were rated + (Chamberlain et al., 2008+; Dozier et al., 2006+; Minnis et al., 2001+) and five were rated – (Golding & Picken, 2004-; MacDonald & Turner, 2005-; Pithouse et al., 2002-; Sprang, 2008-; Warman et al., 2006-) on the basis of the NICE CHPE checklists (National Institute for Health and Clinical Excellence, 2006). Although there was inconsistency in the quality of reporting and the methodological quality of the studies, some general trends were observed. Most controlled studies addressed a clearly focused question, adequately

addressed randomisation to groups, reported that the intervention and control groups were similar at the start of the trial and measured outcomes in a standard, valid and reliable way, however most studies were either unblinded or single-blind (because of the nature of the research area), the groups often differed in ways other than due to the intervention under consideration (e.g. in terms of contact time), comparisons were not made across sites where the study was conducted at more than one site and only two studies reported analysis on the basis of intent to treat. Because of the nature of the majority of study designs, concealment was not applicable for consideration. Appendix 3 displays the included studies along with details of study quality.

4.5 Evidence statements

Evidence statement 1:

There is evidence of mixed quality to suggest a mixed effect of training and support for foster carers on child problem behaviours. Three US RCTs reported that children looked after by carers who had received a training and support intervention had lower rates of problem behaviour at follow-up than children of carers who had not received an intervention, among the whole sample (Chamberlain et al., 2008+, $p<0.001$; (Sprang, 2008-, $p<0.01$) and in older infants (Dozier et al., 2006+, $p<0.05$), however one UK RCT and one UK prospective cohort study reported no differences on child problem behaviours between children of carers who had and had not received a training and support intervention (MacDonald & Turner, 2005-; Pithouse et al., 2002-, not significant). One US RCT reported that the younger infants looked after by carers who had received a training and support intervention had higher rates of problem behaviours than children of carers who had not received an intervention (Dozier et al., 2006+, $p<0.05$). The findings of this review are moderately applicable to the UK care system, given that just over half of the studies reviewed were conducted in the UK and all were conducted in recent years.

Evidence statement 2:

There is evidence of mixed quality to suggest a mixed effect of training and support for foster carers on LACYP emotional wellbeing. One UK RCT reported no significant differences between LACYP whose carers had and had not received a training and support intervention on emotional wellbeing measured using strengths and difficulties questionnaire (SDQ) scores ($p=0.2$ to $p=0.4$), self-esteem ($p=0.6$) and attachment disorders ($p=0.3$) (Minnis et al., 2001+). Two UK non-comparative studies reported

mixed effectiveness of three interventions on SDQ scores, with some training interventions producing a pre-post training LACYP improvement on some SDQ subscales in which other interventions found no difference (Golding & Picken, 2004-; Warman et al., 2006-). One US RCT found significantly lower (and more typical) levels of cortisol production in the morning and evening post-training in LACYP whose carers had received training compared with those whose carers had not (Callahan et al., 2004, $p<0.01$). The findings of this review are moderately applicable to the UK care system, given that just over half of the studies reviewed were conducted in the UK and all were conducted in recent years.

4.6 Applicability to the UK

Just over half of studies included in this review were conducted in the UK, with the remainder conducted in the US, which may have implications for the applicability of the review findings to the UK context. Many of the studies had small sample sizes, which is a concern, as is the poor methodological quality of some of the studies, despite the use of RCT methodology. However, all studies included were conducted in recent years, with many (e.g. Chamberlain et al., 2008+; Dozier et al., 2006+; MacDonald & Turner, 2005-; Sprang, 2008-; Warman et al., 2006-) published in the last four years, which increases the applicability of the findings of this review. All of the UK research reviewed pre-dated the Training, Support and Development Standards for Foster Carers (Children's Workforce Development Council, 2007), therefore these standards will not have been reflected in the training packages evaluated in this review.

5 Discussion

A modest amount of evidence has been identified regarding the effectiveness of additional training and support provided to approved carers, professionals and volunteers on the physical and emotional health and well-being of LACYP. Some conclusions can be drawn from the findings of these studies, however because of the overall poor methodological and reporting quality and wide variation in services, interventions and outcomes reported the findings of this review must be interpreted with caution. Overall, the findings of this review suggest mixed evidence of effectiveness for the impact of training and support for carers on behavioural problems and emotional health and wellbeing among LACYP and no evidence of effectiveness for the impact of training and support for carers on placement stability among LACYP. Where mixed findings have been observed, the characteristics of the studies warrant consideration.

Parenting and caring for LACYP with complex and challenging needs within a family setting is an extremely demanding task for foster carers (Hill-Tout et al., 2003). Improving the skills and confidence of foster carers and other professionals and volunteers to manage the complex difficulties of the LACYP they care for or work with, can be seen as fundamental to placement stability and positive care outcomes (Hill-Tout et al., 2003).

5.1 Training for foster carers

The UK studies included in this review reported that training had limited impact on LACYP problem behaviour (MacDonald & Turner, 2005-; Pithouse et al., 2002-), whereas the US studies reported statistically significant benefits on this outcome (Chamberlain et al., 2008+; Dozier et al., 2006+; Sprang, 2008-). Whether this marked difference in results is due to the type or intensity of training or to differences between UK and US fostering services is unclear. The US studies tended to report more intense training, involving a greater number of sessions over a longer duration. None of the included studies reported on the usual training that the foster carers participating in the study received. Undoubtedly, there will be differences between the type of basic training foster carers receive, not only between the UK and US settings, but also within each setting. Within the UK the type of training varies between private fostering agencies and social services departments (MacDonald & Turner, 2005-).

There may also be differences between the carers (and the children they foster) recruited to the studies. In the US studies, one recruited a mixture of kinship and non-kinship carers of new foster children (either first time in care or moved from another placement) aged five to 12 years (Chamberlain et al., 2008+) and another two studies recruited carers of foster children that were under the age of five (Dozier et al., 2006+; Sprang, 2008-). All the UK studies recruited foster carers from local authorities, and although only one study gave an indication of the age of the foster child (mean age 11.6 years control group, 10.9 years intervention group) (Minnis et al., 2001+), it may be that the UK studies included carers of older LACYP than the US studies. Several studies have indicated that the older the child is when first taken into care, the greater the likelihood of placement breakdown or behavioural problems (Barber et al., 2001; Cooper et al., 1987; James, 2004; Oosterman, 2007; Strijker et al., 2005; Strijker & Zandberg, 2005; Webster et al., 2000; Wise, 2004). This suggests that the LACYP in the UK studies were more likely to have had more serious behavioural problems at the outset than those in the US studies.

In addition, the length of follow-up for measuring behaviour problems may have impacted on the findings of these studies and the overall review. It is possible that those with longer-duration follow-up periods may have been less likely to show an effect, as the potential benefit of training may be expected to decrease over time. The UK studies, which demonstrated little impact of training on LACYP's behaviour problems, had the longest follow-up periods.

It is also possible that the carer-report measures used for child behaviour problems may have confounded the findings. For example, carers who had completed training may have been more aware of certain behaviours following training than they were at baseline or than carers who did not complete the training would have been. Similarly certain behaviours may have been reinterpreted following training.

The theory behind the training given was not well reported. One study reported that the training was based on attachment theory (Sprang, 2008-). Another study reported a focus on carers' self-efficacy, although no reference was made to self-efficacy theory or any related theoretical approach (Pithouse et al., 2002-). Two studies briefly discussed attachment problems (Dozier et al., 2006+; Minnis et al., 2001+), one study discussed child management skills (Chamberlain et al., 2008+) and two studies discussed managing challenging behaviour (MacDonald & Turner, 2005-; Pithouse et al., 2002-).

5.1.1 Impact of training and support on other LACYP outcomes

Only one study measured the impact of training and support for foster carers on placement stability, and this UK prospective cohort study found no significant differences between foster carers who completed training with those who did not on unplanned placement breakdowns in LACYP (MacDonald & Turner, 2005-). It is possible that short-duration group training for foster carers is not sufficiently intense to impact on this outcome. Similarly, a longer duration of follow-up than six months post-training may be necessary to detect the effectiveness of training on placement stability. Another possible explanation is that increased confidence in the carers as a result of the training may have led to them agreeing to more placements and those involving LACYP that presented a greater challenge, as suggested by the authors (MacDonald & Turner, 2005-). Finally, because of the close (bi-directional) association between placement stability and behaviour problems (as outlined in the correlates review), it is possible that no effects on placement stability were detected due to no evidence of effectiveness for training on problem behaviours based on this one study (MacDonald & Turner, 2005-).

Four studies (covering five interventions) examined the impact of training and support for foster carers on some aspect of the emotional wellbeing of LACYP. A good quality UK RCT reported no evidence of effectiveness of carer training on LACYP's SDQ scores, self-esteem or attachment disorders (Minnis et al., 2001+). Two UK non-comparative studies (covering three interventions in total) reported some evidence of effectiveness on various SDQ subscales, there was inconsistency between which subscales were impacted on by different interventions (Golding & Picken, 2004-; Warman et al., 2006-). While this may indicate that training for carers may have some benefit on LACYP's emotional wellbeing, it is unclear as to where the benefit may lie. It is possible that the nature of the training itself and the study design may have impacted on the discrepancy in findings between the UK RCT and the UK non-comparative studies. Training was more intense (i.e., more sessions over a greater time period) in the non-comparative studies than the RCT, which suggests that intense training for carers may be more likely to produce some benefit for LACYP in terms of their emotional health. However, without a comparison condition, these studies are not able to account for the confounding factor of time. For instance, a LACYP's emotional wellbeing may have improved over the timecourse of the training programme, regardless of any training effect. Finally, one good quality US RCT identified a beneficial effect of carer training on a physiological measure of LACYP's emotional wellbeing. LACYP whose carers had received training had lower (and

more typical) levels of cortisol production than LACYP whose carers had not received training both in the morning and in the evening (Callahan et al., 2004), suggesting that training may potentially impact on LACYP at a physiological level, although further research would be needed to confirm this.

5.1.2 Foster carers' satisfaction with training/support

While not examined in this review, a number of UK studies reported that foster carers experienced some personal benefit from training (Allen & Vostanis, 2005; Golding & Picken, 2004-; Hill-Tout et al., 2003; Minnis et al., 1999), with one study reporting that the training was viewed very positively (Hill-Tout et al., 2003) and another study reporting that the training had improved foster carers' perceived ability to relate to the foster child (Minnis et al., 1999). However, neither of these studies produced any clear evidence that the training had any significant impact on the foster child's behaviour or the foster carer's capability. This view was supported by a qualitative study that examined a training programme for foster carers and supervising social workers (Allen & Vostanis, 2005). Another qualitative study that did not include any LACYP outcomes reported that foster carers felt that parent-training groups helped them to improve their skills, increased their confidence and they felt more supported (Golding & Picken, 2004-).

Feeling supported during the placement is important to foster carers. For example, a study funded by the Department of Health suggested that enhanced support can ease the strain foster carers experience, and strain on foster carers reduces their capacity to parent well and has an adverse impact on placement outcomes (Farmer et al., 2005). This study also found that placements of young people with conduct difficulties needed enhanced levels of support to succeed. Similarly, one US study suggested that providing additional training and support may ease some of the reported difficulties in recruiting and retaining foster carers (Hudson & Levasseur, 2002).

5.2 Training for residential carers

No studies reporting on the effectiveness of training and support interventions for residential carers were reviewed, because none were identified as meeting the inclusion criteria for this review. However, there is literature that describes some training and development programmes for staff in residential units in the UK (e.g. Walton, 1993b).

5.3 Training for social workers

No studies reporting on the effectiveness of training and support interventions for social workers were reviewed, because none were identified as meeting the inclusion criteria for this review. A recent (excluded) study aimed to include supervising social workers in a training programme for foster carers in order to improve the degree to which foster carers felt supported (Allen & Vostanis, 2005). According to this study, the supervising social workers felt that the training had changed their practice and quality of care, but that they needed further support to ensure the changes were sustained, although no study was identified that provided evidence of effectiveness to support their perceptions.

5.4 Training for other professionals

No studies reporting on the effectiveness of training and support interventions for other professionals were reviewed, because none were identified as meeting the inclusion criteria for this review.

5.5 Gaps in the evidence

There are groups of professionals working with LACYP that may be of particular importance, but for whom little data on training is available, such as teachers, health professionals, youth workers and volunteers. There is very little research specifically focusing on these groups regarding outcomes for LACYP, and certainly none that met the inclusion criteria for this review. While numerous training programmes have been developed by individual and private agencies, few have been evaluated and reported on (MacDonald & Turner, 2005-; Warman et al., 2006-).

5.6 Conclusion

UK research suggests that the training programmes investigated for foster carers have limited impact the behavioural problems of LACYP. This is in contrast to the US studies, which have employed longer-duration programmes and aimed them at carers of younger children. It may well be that training programmes in the UK need to be of longer duration and greater intensity than at present, and there is a need to re-evaluate the impact of such programmes on LACYP of all ages. However, potential barriers to the implementation of such programmes may include affordability and feasibility in terms of carers' spare time (Minnis et al., 2001+). The longer-term follow-up of short-duration courses indicating no effect suggests that refresher training or support may be needed in some form (e.g. post-training group discussion, leaflet, website, telephone support) and evaluation of such refresher training would also be

beneficial. At present, a predominantly UK evidence base indicates little good quality evidence of effectiveness of carer training on LACYP emotional wellbeing, although one good quality US study suggests a benefit of carer training on one LACYP physiological wellbeing outcome. In addition, the findings of one poor quality UK study suggest that training has little effect on placement stability. It is clear that foster carers (and other professionals) recognise the need for and value of such training and support.

6 Acknowledgements

The development of this review has been informed by the extensive scope development work already undertaken by colleagues at NICE and SCIE. Colleagues at NICE and SCIE provided extensive input both to the searching strategy and the identification of relevant evidence and to the development of this review through provision of feedback on earlier drafts. We would particularly like to thank Janet Clapton of SCIE for conducting an extensive search for references relating to this review. We would also like to thank colleagues at NICE for their guidance and feedback. We are also grateful to Jo Cooke of ScHARR for her advice and guidance.

Appendix 1: Search strategy for population

The following section provides information on the keywords and search strategy for each database and web source searched as part of the scoping study. All searches were limited to publication years 1990-2008, in English language only.

The keywords used in the searches, together with a brief description of each of the databases searched, are outlined below.

The following conventions have been used: (ft) denotes that free-text search terms were used and * denotes a truncation of terms. (+NT) denotes that narrower subject terms have been included (where available).

Applied Social Sciences Index and Abstracts (ASSIA)

(searched via CSA Illumina 27/08/08)

ASSIA is an index of articles from over 500 international English language social science journals.

#1 looked after child* (ft)
#2 child* in care (ft)
#3 foster care (+NT)
#4 adoption (+NT)
#5 kinship care (ft)
#6 (children (+NT) or adolescents (+NT) or young people (+NT)
#7 residential care (+NT)
#8 #6 and #7
#9 group homes (+NT)
#10 #6 and #9
#11 care orders
#12 special guardianship (ft)
#13 leaving care (ft)
#14 care leaver*
#15 secure accommodation
#16 unaccompanied asylum seeking child* (ft)
#17 placement (ft) and #6
#18 or (#1-#5) or #8 or #10 or (#11-#17)

Australian Family and Society Abstracts

(searched via Informit 13/11/08)

#1 child* (ft)
#2 adopt* (ft) or foster* (ft)
#3 #1 and #2
#4 residential childcare
#5 looked after children
#6 #3 or #4 or #5

British Education Index (BEI)

(searched via Dialog 11/11/08)

BEI provides information on research, policy and practice in education and training in the UK. Sources include over 300 journals, mostly published in the UK, plus other material including reports, series and conference papers.

#1 looked after children (ft)
#2 child* looked after (ft)
#3 child* in care (ft)
#4 orphan* (ft)
#5 orphans
#6 adopted children
#7 foster (ft)
#8 foster care or foster children
#9 residential child care (ft)
#10 residential care and (child* (ft) or children)
#11 care order* (ft)
#12 special guardian* (ft)
#13 care leav* (ft)
#14 leav* care (ft)
#15 secure accommodation (ft)
#16 unaccompanied asylum seeking child* (ft)
#17 placement* (ft) and (child* (ft) or children)
#18 (#1-#17)

Campbell Collaboration C2 Library

(searched 14/10/08)

The Campbell Collaboration Library of Systematic Reviews contains systematic reviews and review protocols in the areas of education, criminal justice and social welfare. The Education and Social Welfare sections were browsed but no relevant records were found.

CERUK Plus

(searched 11/11/08)

The CERUK Plus database provides access to information about current and recently completed research, PhD level work and practitioner research in the field of education and children's services.

#1 (looked after children) or (care leavers)

ChildData

(searched via NCB Inmagic interface, 01/09/08)

ChildData is the National Children's Bureau database, containing details of around 35,000 books, reports and journal articles about children and young people.

#1 children in care
#2 looked after child* (ft)
#3 child* looked after (ft)
#4 orphans
#5 foster care or foster carers or foster children
#6 kinship care

#7 adoption or adopted children
#8 residential care or residential care staff
#9 group home* (ft)
#10 children's homes
#11 care orders
#12 special guardianship
#13 leaving care
#16 care leaver* (ft)
#17 unaccompanied asylum seeking child* (ft)
#18 placement
#19 or (#1-#18)

Cochrane Library

(searched via Wiley Interscience 09/09/08)

#1 child, institutionalized (+NT)
#2 looked after child* (ft)
#3 child* in care (ft)
#4 child, orphaned
#5 orphanages
#6 foster home care
#7 kinship care (ft)
#8 adoption (+NT)
#9 residential child care (ft)
#10 group homes (+NT)
#11 care order* (ft)
#12 special guardianship (ft)
#13 care leaver* (ft)
#14 secure accommodation (ft)
#15 unaccompanied asylum seeking child* (ft)
#16 or (#1-#15)

Cumulative Index to Nursing and Allied Health Literature (Cinahl Plus)

(searched via EBSCO Host 29/08/08)

CINAHL Plus provides indexing for 3,802 journals from the fields of nursing and allied health.

#1 looked after child* (ft)
#2 child* in care (ft)
#3 "orphans and orphanages" (+NT)
#4 foster home care (+NT)
#5 kinship care (ft)
#6 adoption
#7 residential child care (ft)
#8 special guardianship (ft)
#9 leaving care (ft)
#10 care leaver* (ft)
#11 secure accommodation (ft)
#12 unaccompanied asylum seeking child* (ft)
#13 or (#1-#12)

EMBASE

(searched via Ovid SP 05/09/08)

The Excerpta Medica database (EMBASE) is a major biomedical and pharmaceutical database. There is selective coverage for nursing, dentistry, veterinary medicine, psychology, and alternative medicine.

#1 looked after child* (ft)
#2 child* in care (ft)
#3 orphanage (+NT)
#4 foster care (+NT)
#5 adoption (+NT) or adopted child (+NT)
#6 residential home (+NT) and (child* or adolescen* (ft))
#7 group homes (ft) and (child* or adolescen* (ft))
#8 children's homes (ft)
#9 care orders (ft)
#10 special guardianship (ft)
#11 leaving care (ft)
#12 care leaver* (ft)
#13 secure accommodation (ft)
#14 unaccompanied asylum seeking child* (ft)
#15 or (#1-#14)

Health Management Information Consortium (HMIC)

(searched via Ovid SP 03/09/08)

The Health Management Information Consortium (HMIC) database is a compilation of data from two sources, the Department of Health's Library and Information Services and King's Fund Information and Library Service. Topic coverage is on health services.

#1 looked after child* (ft)
#2 child* in care (ft)
#3 children in care
#4 orphans
#5 disabilities (+NT)
#6 (foster care or foster children or foster parents) (+NT)
#7 kinship care (ft)
#8 (adoption or adopted children or adoptive parents) (+NT)
#9 residential child care (+NT)
#10 children's homes (ft)
#11 care orders
#12 special guardianship (ft)
#13 former children in care or care leavers
#14 secure accommodation
#15 unaccompanied asylum seeking child* (ft)
#16 placement (ft) and children (+NT)
#17 or (#1-#16)

International Bibliography of the Social Sciences (IBSS)

(searched via EBSCO Host, 05/09/08)

#1 looked after child* (ft)
#2 children in care
#3 orphanages
#4 orphans
#5 (foster care or foster child* or foster parent) (ft)
#6 kinship care (ft)
#7 adopted children
#8 residential child care (ft)
#9 children's homes (ft)
#10 care order* (ft)
#11 special guardianship (ft)
#12 leaving care (ft)
#13 care leaver* (ft)
#14 secure accommodation
#15 unaccompanied asylum seeking child* (ft)
#16 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15

JSTOR

(searched 14/11/08)

JSTOR is an international archive of journal articles and grey literature.

#1 children in care (ft)

Medline

(searched via Ovid SP 27/08/08)

MEDLINE is the primary source of international literature on biomedicine and health care.

#1 looked after children (ft)
#2 child* in care (ft)
#3 looked after child* (ft)
#4 child, orphaned (+NT)
#5 orphanages (+NT)
#6 foster home care (+NT)
#7 kinship care (ft)
#8 adoption (+NT)
#9 residential child care (ft)
#10 special guardianship (ft)
#11 leaving care (ft)
#12 secure accommodation (ft)
#13 unaccompanied asylum seeking child* (ft)
#14 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13
#15 child (+NT) or adolescent
#16 group homes (+NT)
#17 #15 and #16
#18 #14 or #17

PsycInfo

(searched via Ovid SP 05/09/08)

PsycInfo contains more than 2.5 million records on psychological and behavioural science.

#1 looked after child* (ft)
#2 child* in care (ft)
#3 orphans (+NT)
#4 orphanages (+NT)
#5 foster children (+NT) or foster care (+NT) or foster parents (+NT)
#6 kinship care (ft)
#7 adoption (child) (+NT)
#8 adopted children (+NT)
#9 residential child care (ft)
#10 care orders (ft)
#11 special guardianship (ft)
#12 leaving care (ft)
#13 care leaver* (ft)
#14 secure accommodation (ft)
#15 unaccompanied asylum seeking child* (ft)
#16 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15
#17 child (+NT) or adolescent
#18 group homes (+NT)
#19 #17 and #18
#20 #16 or #19

Social Care Online

(searched 21/08/08)

Social Care Online is the Social Care Institute for Excellence's database covering an extensive range of information and research on all aspects of social care. Content is drawn from a range of sources including journal articles, websites, research reviews, legislation and government documents and service user knowledge.

#1 looked after children
#2 children looked after (ft)
#3 child* in care (ft)
#4 foster care (+NT)
#5 foster children
#6 adoption (+NT)
#7 adopted children
#8 residential child care
#9 care orders
#10 special guardianship
#11 leaving care
#12 care leaver* (ft)
#13 secure accommodation and (children or young people)
#14 unaccompanied asylum seeking child* (ft)
#15 placement and (children or young people)
#16 Or (#1-#15)

Social Services Abstracts

(searched via CSA Illumina 02/09/08)

Social Services Abstracts is an international database covering social work, social welfare and social policy.

#1 looked after child* (ft)
#2 child* in care (ft)
#3 orphans
#4 foster care or foster children
#5 adoption (+NT)
#6 adopted children (+NT)
#7 residential care (ft) and (children (+NT))
#8 children's homes (ft)
#9 special guardianship (ft)
#10 care leaver* (ft)
#11 secure accommodation (ft)
#12 unaccompanied asylum seeking child* (ft)
#13 placement and (child (+NT))
#14 Or (#1-#13)

Social Work Abstracts

(searched via Ovid SP 03/09/08)

Social Work Abstracts covers material published in primarily US-based journals with social work relevance.

#1 looked after child* (ft)
#2 child* in care (ft)
#3 orphan* (ft)
#4 foster* (ft)
#5 kinship care (ft)
#6 adoption (ft)
#7 residential child care (ft)
#8 children's homes (ft)
#9 care orders (ft)
#10 special guardianship (ft)
#11 care leaver* (ft)
#12 leaving care(ft)
#13 secure accommodation (ft)
#14 unaccompanied asylum seeking child* (ft)
#15 placement and (child* (ft))
#16 Or (#1-#15)

Zetoc

(searched via British Library 03/09/08)

Zetoc provides access to the British Library's electronic table of contents of journals and conference proceedings. This search interface which has quite limited functionality

#1 looked after children (ft)
#2 foster care (ft) and health (ft)
#3 adopted children (ft) and health (ft)
#4 residential child care (ft)
#5 children's homes (ft)

#6 special guardianship (ft)
#7 care leaver (ft)
#8 care leavers (ft)
#9 secure accommodation (ft)
#10 placement (ft) and children (ft) and care (ft)
#11 or (#1-#10)

Appendix 2: Training and support terms

Once the search outlined in Appendix One had been undertaken, this resulted in a database of approximately 19000 records. This database was then searched using the search terms below. Staff terms were combined using AND with the training/support terms to search the database. Then the programme terms were also used to search the database.

(Staff AND training/support) OR programmes

Staff Terms

Carer
worker
Care assistant
guardian
family
foster Mother
foster Father
foster parent
teacher
professional
volunt*
staff

Training/Support Terms

Training
Support
Competenc
Regist
Standard
skill
supervis
CPD
post qualification
NVQ

Programme Terms

“Training Foster Care”
“Treatment Foster Care”
“Therapeutic Foster Care”
“Parent Management Training”
“Social Work Support”
“Supporting Social Workers”
“Kinship Care”
“Family and Friends Care”

Appendix 3: Evidence Table

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
Authors: Chamberlain, Price, Leve, Laurent, Landsverk & Reid **Year:** 2008 **Citation:** Prevention of behavior problems for children in foster care: outcomes and mediation effects. *Prevention Science, 9*, 17-27. **Aim of study:** Investigate whether those in the experimental condition would: • Increase rate of positive reinforcement relative to discipline	**Source population/s:** All foster and kinship parents receiving a new child aged 5-12 from the San Diego County Department of Health and Human Services (DHHS) Child Welfare System (CWS) between 1999 & 2004. **Eligible population:** DHHS data systems were reviewed weekly to identify eligible children and families **Selected population:** Includes first placement, placement following disruption of previous placement and returning to	**Method of allocation:** Random assignment (exact method not specified) **Intervention/s description:** 16 weeks of training, supervision and support in behaviour management methods: • Groups of 3-10 foster parents • Conducted by trained facilitator & co-facilitator teams (interventionists with group experience, trained for 5 days) • Integrity of the delivery was checked against the manual by examining videotapes of sessions at weekly supervision meetings and feedback was provided to training staff • Focused on protective and risk factors identified as being developmentally relevant and changeable in previous research • Aimed at increasing foster parents' positive reinforcement relative to discipline used (specifically to attempt positive reinforcement four times for every one discipline) • 105 min session (90 min group meeting with 15 min	**Primary outcomes:** Child behaviour problems (measured using the Parent Daily Report Checklist), delivered by telephone – measuring problem behaviours over 24 hrs on three consecutive days **Secondary outcomes:** None relevant to the inclusion criteria of this review **Assessment points:** Baseline (T1) and termination (T2; after 16 weeks of training, 5 months post-baseline) **Methods of analysis:** path models, statistical comparison of means with effect sizes reported (statistical	**Primary outcomes:** At T2 reported rates of child problem behaviour was significantly lower in the intervention condition (mean=4.37, SD=3.91) than in the control condition (mean=5.44, SD=4.15) (*p*-value not reported, effect size *d*=.26). [There were no differences in baseline means between the intervention group (mean=5.92, SD=4.26) and control group (mean=5.77, SD=3.93).] This was significant on path analysis (*Beta*=-.14, *t*=-4.36, *p*<0.001). **Secondary outcomes:** None relevant to the inclusion criteria of this review **Attrition details:** 29% from T1 to T2 (136) of T1 participants did not provide T2 data.	**Limitations identified by author:** • Differences in characteristics of participating and declining families may have confounded findings • Measurement of child behaviour was self-reported by the foster carers **Limitations identified by review team:** • Both groups received differential amounts of contact time (i.e. intervention vs. usual care), which may have impacted on the findings • It should have been possible to blind investigators collecting data to the foster parents'

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
(carers); • Show greater reductions in problem behaviour (children); & whether: • Changes in positive reinforcement would mediate reductions in behaviour problems; • Initial behaviour problems would moderate intervention effects **Study design:** Randomised controlled trial (unblinded) **Quality score:** 1+ **Applicability:** US-based study, therefore may	care from another setting. In placement for ≥30 days. Not 'mentally fragile' (definition not given). 62% of eligible foster parents agreed to participate Reasons for declining were: too busy/too much work/too many children (50%), not interested (43%), family health problems (2%), concerns about participating in research (5%). Mean age of children was 8.9 and 8.7 years in the intervention and control groups respectively.	presentation, plus home practice assignment), once a week for 16 weeks • Convenient locations, childcare provided • Materials from any missed sessions were delivered at home at a convenient time (this comprised 20% of all sessions) • Attendance at training was rewarded with credit towards licensing requirements, $15 per session expenses and refreshments • 81% of the sample completed at least 75% of group sessions; 75% of the sample completed at least 88% of the group sessions (no relationship between attendance and outcomes) **Control/comparison/s description:** Usual caseworker services **Sample sizes:** **Total** n=700 foster families (n=564 at T2) **Intervention** n=359 **Control** n=341	test not specified) NB. Cohen's *d* effect sizes are given, where .3 indicates a small effect, .5 indicates a medium effect and .8 indicates a large effect		condition, however this was not reported **Evidence gaps and/or recommendations for future research:** Investigate interventions embedded within public agencies (including where agency employees and supervisors are trained to conduct the interventions and evaluations) **Source of funding:** Child and Adolescent Treatment and Preventive Intervention Research Branch, DSIR, NIMH, U.S. PHS; Prevention Research Branch, NIDA, U.S. PHS; Early Intervention and Epidemiology Branch, NIMH, U.S. PHS; Division of Epidemiology,

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
have limited applicability to UK context, however it is a recent study, which increases applicability					Services and Prevention Branch, NIDA, U.S. PHS.
Authors: Dozier, Peloso, Lindheim, Gordon, Manni, Sepulveda & Ackerman **Year:** 2006 **Citation:** Developing evidence-based interventions for foster children: an example of a randomized clinical trial with infants and toddlers **Aim of study:** To assess the effect of an attachment and biobehavioural catch-up	**Source population/s:** Foster families from two mid-Atlantic US states, infants and toddlers in foster care. **Eligible population:** The first 60 children to complete the experimental or control intervention. Foster families were referred to the study at the time of initial placement, and consent was required prior to the intervention (86.6% consented). **Selected population:** Same as eligible	**Method of allocation:** Random assignment (exact method not specified) **Intervention/s description:** Attachment and biobehavioural catch-up intervention • 10 weekly sessions, individually administered (videotaped) • In foster parent homes • Delivered by professional social workers or psychologists with at least five year's clinical experience • Fidelity of delivery to the manual was assessed by examining videotapes of sessions • Interactive sessions, where foster parents discuss concepts, practice with their baby and discuss successes and failures in the use of concepts from previous weeks • Targets three specific issues: (1) helping caregivers to reinterpret children's alienating behaviours;	**Primary outcomes:** Cortisol production (morning and evening) in children, obtained by saliva samples over a two-day period. Time of opening was verified by a tracking cap on the saliva sample vials. Problem behaviours were measured using the Parent's Daily Report for infants, measured daily for three days. **Secondary outcomes:** None relevant to the inclusion criteria of this review **Assessment points:**	**Primary outcomes:** There was a significant main effect of group for cortisol ($F(1,46)=4.55$, $p<0.01$), such that those in the attachment and biobehavioural catch-up (experimental) group had lower values than those in the developmental education (control) group at 1-month post-intervention. Mean (SD) cortisol values were 0.41 (0.43) ug/dl in the experimental and 0.80 (0.91) ug/dl in the control group in the morning and 0.12 (0.13) ug/dl in the experimental and 0.42 (0.69) ug/dl in the control group in the evening. There were no group or age main effects for problem behaviours, however there was a significant group x age interaction ($F(1,42)=4.75$, $p<0.05$) in that younger children in the attachment and	**Limitations identified by author:** • Small sample size • Brief time frame **Limitations identified by review team:** • Exact numbers in each condition and attrition details were not reported. **Evidence gaps and/or recommendations for future research:** Examine conditions under which the intervention is most and least effective **Source of funding:** NIMH (two grants to first author)

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
intervention (relative to an educational intervention contact control) on problem behaviours and morning and evening cortisol production 1 month after the completion of the intervention. (Investigation of short-term preliminary evidence for effectiveness.) **Study design:** Randomised controlled trial (double-blind) **Quality score:** 1+ **Applicability:** US-based study, therefore may have limited applicability to UK context, however it is a	population. Aged 3.6 to 39.4 months, male and female. Ethnicity: African American (63%), white (32%) & biracial (5%). Mean age was 19.0 and 16.3 months in the intervention and control groups respectively.	(2) helping caregivers over-ride their own issues that form barriers to providing nurturing care; (3) providing an environment that helps children develop regulatory capabilities • Training sessions include directly (following child's lead, touching & holding child, responding to child's negative emotion) and indirectly targeting regulatory capabilities (providing nurturance when child pushes away, providing nurturance when difficult for the parent, reducing parent's frightening behaviour) • Completion of training was rewarded by $100 payment and parent training credit hours from their child welfare agency **Control/comparison/s description:** Developmental education intervention • 10 weekly sessions, individually administered (videotaped) – i.e. same duration and frequency as the attachment and biobehavioural catch-up intervention • Designed to enhance cognitive (especially linguistic)	1 month after completion of the intervention **Methods of analysis:** Repeated measures ANOVA used to analyse cortisol production between the two groups at both morning and evening at 1 month post-intervention follow-up. Between-subjects ANOVA was used to examine the effect of intervention type and child age (as there was doubt over whether or not the concept of problem behaviours was meaningful for infants) on behaviour problems across conditions.	biobehavioural catch-up (experimental) group displayed more problem behaviours (mean (SD)=0.38 (0.05)) than those in the developmental education (control) group (0.30 (0.04)), whereas older children in the attachment and biobehavioural catch-up group displayed fewer problem behaviours (mean (SD)=0.21 (0.06)) than those in the developmental education (control) group (0.32 (0.05)). **Secondary outcomes:** None relevant to the inclusion criteria of this review **Attrition details:** Not reported (may not be applicable as the study sample comprised the first 60 families to complete the intervention)	

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
recent study, which increases applicability		development • Components involving parent sensitivity to child cues were excluded from this version of the training to remain distinct from the experimental condition • Completion of training was rewarded by $100 payment and parent training credit hours from their child welfare agency **Sample sizes:** **Total** n=60 **Intervention** n=not reported **Control** n=not reported			
Authors: Golding & Picken **Year:** 2004 **Citation:** Group work for foster carers caring for children with complex problems. *Adoption and Fostering, 28*, 25-37. **Aim of study:** To evaluate the	**Source population/s:** Worcesershire, LACYP in the area are mainly white-British (8% black or mixed race origin) **Eligible population:** Local authority foster carers in Worcestershire. No detail on recruitment provided. **Selected**	**Method of allocation:** Not reported. **Intervention/s description:** Parent training and psycho-educational group • 3x daytime groups of 2½ hour sessions over 9 consecutive weeks & 1x evening group held fortnightly • For carers of LACYP aged 5-12 years • Delivered by a clinical psychologist and a social worker • Explored ways of understanding and managing the challenging behaviours frequently displayed by LACYP	**Primary outcomes:** Behavioural difficulty presented by LACYP was measured using the Strengths and Difficulties Questionnaire (SDQ), measuring total, emotional, conduct, hyperactivity and peer relationship difficulties, as well as prosocial behaviour. **Secondary outcomes:** None reported.	**Primary outcomes:** LACYP whose carer/s attended the parent training and psycho-educational group demonstrated significant improvements in conduct difficulties on the SDQ from before (mean score=4.9) to after (mean score=4.1) training (ES=0.43, *p*=0.04) but on no other scale of the SDQ. LACYP whose carer/s attended the attachment theory and intervention group demonstrated significant improvements in peer difficulties on the SDQ from	**Limitations identified by author:** • Potential for bias by using group facilitators as researchers • Opportunity sampling • No comparison group • Reliability and validity of some measures was not fully tested • No evaluation of dropouts • Small sample size

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
effect of two different foster carer group training programmes (parent training and psycho-educational group; attachment theory and intervention group) on LACYP outcomes **Study design:** Non-comparative study (two intervention groups, before and after study) **Quality score:** - **Applicability:** This study was conducted in the UK and was published five years ago, which suggests high applicability	**population:** Method of selection not specified. Foster carers selected were aged 30-50 years (majority aged 40-49 years), all white-British ethnic origin, experience in fostering ranged from <1 year to >10 years (majority had >4 years). Sources of bias could reflect methods of selection of participants.	• Parent training element based on the *Incredible Years Parent-Training Programme* (school-aged version) – parenting skills – collaboration between therapist and carers to consider how parenting techniques may be adapted and used in different situations • Psycho-educational component for understanding children with a history of abuse, neglect & inadequate parenting – emergent issues Attachment theory and intervention group • 4-week course followed by monthly meetings (18 2-hour evening sessions over 18 months) • Delivered by a clinical psychologist and a social worker • Particular focus on helping carers to develop specialised skills for children with attachment difficulties • Attachment theory & development of different attachment patterns (inc. Crittenden's dynamic-malnutritional model) was explained in detail & carers were	**Follow-up periods:** At the start (T1) and end (T2) of the group (no specific time periods specified, likely to have differed between the two intervention groups) **Methods of analysis:** One-tailed statistical comparison between pre- and post-intervention scores (precise statistical tests used not reported). Effect sizes were reported but the specific effect size statistic was not reported.	before (mean score=4.6) to after (mean score=3.3) training (ES=1.35, p=0.005), hyperactivity on the SDQ from before (mean score=6.7) to after (mean score=4.9) training (ES=0.66, p=0.05) and total difficulties on the SDQ from before (mean score=18.9) to after (mean score=14.1) training (ES=0.96, p=0.002). The means of non-significantly different SDQ scales were not reported. **Secondary outcomes:** None reported **Attrition details:** 4% (5% of parent training and psycho-educational group; 0% of attachment theory and intervention group)	(which also precluded subgroup analysis) **Limitations identified by review team:** • Possibility of sampling bias (little detail on recruitment and selection of participants was provided) **Evidence gaps and/or recommendations for future research:** Experimental research into the effects of these interventions on LACYP **Source of funding:** None reported

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
		encouraged to make links between theory and LACYP in their care • Skills in fostering consistent with attachment theory were developed using teaching, role-play & discussion • Carers were encouraged to provide a positive family atmosphere where they control the emotional rhythm of the house to provide a secure emotional base for the LACYP **Control/comparison/s description:** No comparison group **Sample sizes:** **Total** n=52 **Parent training & psycho-educational intervention** n=39 carers **Attachment theory intervention** n=13 carers **Comparison** n=N/A (non-comparative)			
Authors: Macdonald & Turner **Year:** 2005 **Citation:** An	**Source population/s:** Foster carers from six local authorities in the south-west of England (UK).	**Method of allocation:** Random assignment (exact method not specified) **Intervention/s description:** Cognitive-behavioural training: • Group training, six groups were	**Primary outcomes:** Child behaviour problems were measured using the Child Behavioural Checklist (CBCL) by carer report	**Primary outcomes:** There were no significant interaction or main effects for the CBCL scores over time (T1 to T3) between groups. (Specific data not reported.)	**Limitations identified by author:** • Training in planning and implementing behavioural change strategies was not

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
experiment in helping foster-carers manage challenging behaviour. *British Journal of Social Work, 35*, 1265-1282. **Aim of study:** Examine the impact of cognitive-behavioural training on: • Carers' knowledge of behavioural problems • Carers' skills for managing behavioural problems • Children's behavioural problems (frequency and severity) • Carer's confidence in ability to cope with/manage children with	**Eligible population:** Foster carers within each local authority were sent information about the study via their local authority. **Selected population:** Interested foster carers registered their interest for participation (percentage not reported). A questionnaire requesting demographic information was sent to carers (percentage of responders not reported). Ineligible carers (e.g. those engaged in respite care) were excluded, and some carers withdrew following confirmation of the training dates and following allocation (numbers not	conducted altogether • The first two groups received 3-hour weekly sessions over five weeks • The next four groups received 5-hour weekly sessions over four weeks (in order to accommodate larger study groups) • No detail provided on who delivered the training • Based on training for parents facing difficulties with their birth children • Importance of child's history (learning, attachment, early experiences, significant events) was emphasised • Experience of foster carers and quality of carer-child relationships was also a focus • Promoting self-confidence and self-efficacy within the carers was a central aim of training • Foster carers were encouraged to apply behavioural and cognitive principles to analysing their own learning and responses to situations and reaffirming their endeavours, to promote self-confidence and self-efficacy **Control/comparison/s**	(obtained at T1 and T3 – see below). Placement stability was measured using interview data (obtained at T1, T2 and T3 – see below) on the number of unplanned placement breakdowns. **Secondary outcomes:** None relevant to the inclusion criteria of this review **Assessment points:** Before training (T1), after training (T2) and six months after training (T3) **Methods of analysis:** Repeated measures (group x time) ANOVAs were used to analyse data from the CBCL. Analysis method not specified for unplanned placement breakdown.	No significant differences were reported in unplanned placement breakdowns between the groups at any time point. There were 2 unplanned placement breakdowns (n=55) at T2 and 4 at T3 (n=49) in the training group and 5 unplanned placement breakdowns at T2 (n=45) at T2 and 4 at T3 (n=40) in the control group. **Secondary outcomes:** None relevant to the inclusion criteria of this review **Attrition details:** Not overtly reported for the whole sample, other than to comment that the dropout rate was greater in the control condition. For placement breakdown, data was obtained from 55 training (82%) and 45 control (90%) group participants at T2 and from 49 training (73%) and 40 control (80%) group participants at T3. This suggests attrition rates of 18% and 27% in the training group at T2 and T3 respectively, and attrition rates of 10% and 20% in the control group at T2 and T3 respectively, at least relating	provided in as much detail as originally planned; correspondingly few carers had sufficient understanding of cognitive-behavioural interventions to be able to use them effectively • Some behaviour management techniques were impossible to implement as they clashed with guidelines (e.g. withholding pocket money) **Limitations identified by review team:** • Detailed attrition rates not provided for all variables • Statistical analysis methods for unplanned placement breakdown were

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
behavioural problems **Study design:** Randomised controlled trial (non-blinded) **Quality score:** 1- **Applicability:** UK data makes it applicable to the UK context and it is a recent study, which also increases applicability	reported). Ages not reported.	**description:** Waiting list control, who continued to receive standard services and were assured that they would receive the training in the future if it proved useful. **Sample sizes:** **Total** n=117 foster carers **Intervention** n=67 foster carers **Control** n=50 foster carers		to the outcome variable placement stability.	not specified **Evidence gaps and/or recommendations for future research:** Refine the intervention (lengthen the training programme, reduce group size, raise the importance of attendance and homework, e.g. by offering cash incentives to carers and invite family social workers to participate) and repeat the study **Source of funding:** Not specified
Authors: Minnis, Pelosi, Knapp & Dunn **Year:** 2001 **Citation:** Mental health and foster carer training. *Archives of*	**Source population/s:** All foster carers from 17 council areas in Scotland (UK), caring for children aged 5 to 16 who were likely to be in placement for a further year.	**Method of allocation:** Random assignment (using random permuted blocks of 12). Investigators were blind to condition. **Intervention/s description:** Training programme for foster carers focusing on communication skills and attachment:	**Primary outcomes:** The emotional and behavioural functioning of LAC was measured using the Strengths and Difficulties Questionnaire (SDQ), a 25-item child psychopathology	**Primary outcomes:** There were no significant differences between the two groups at T2 on the MRS or at T3 on the SDQ, MRS or RAD. Post-training scores were: SDQ foster carer report: 18 and 16 in the training and control groups respectively (p=0.4).	**Limitations identified by author:** • Greater heterogeneity in the sample than powered for, which may have resulted in the lack of significance in the

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
Disease in Childhood, 84, 302-306. **Aim of study:** To investigate the impact of a training programme for foster carers (focusing on communication skills and attachment) on the emotional and behavioural functioning of looked after children (LAC). **Study design:** Randomised controlled trial (single-blind) **Quality score:** 1+ **Applicability:** UK data makes it applicable to the UK context, however the study is at least	**Eligible population:** Exact recruitment method not specified, however final numbers recruited depended on permission from senior social work management in each council area, agreement of social workers and consent from birth parents, foster carers and children. **Selected population:** Same as eligible population. 56% of eligible families agreed to participate and were randomised. Participants and non-participants were similar in deprivation category and placement breakdown rate. Mean ages were	• 3 full days (6 hours per day on two consecutive days then a follow-up day a week later) • Designed to be affordable and applicable by local councils (hence the short duration and light intensity) • Based on Save The Children manual 'Communicating with children: helping children in distress' • Delivered by an experienced Social Worker/trainer • Didactic material followed by group discussion drawing on carers' own experience • Tasks set for discussion between days one and two, and three and four. • Also received usual support offered by social work departments • Rate of attendance was 52%, which the authors state compares well with other training programmes **Control/comparison/s description:** Usual support offered by social work departments **Sample sizes:** **Total** n=160	screening instrument. Overall scores (between 0 and 40) and subscale scores (ranging 0 to 10) for hyperactivity, conduct problems, peer problems and prosocial (caring, helpful) behaviour are given. This was completed by carers, teachers and children at T1 and T3. Self-esteem of LAC was measured using the Modified Rosenberg Self-esteem Scale (MRS), completed by the LAC at T1, T2 and T3. Attachment disorders were measured using the Reactive Attachment Disorder Scale (RAD), a 17-item scale (potential scores range 0 to 51). Completed by foster carers at T1 and T3.	SDQ teacher report: 16 and 10 in the training and control groups respectively (p=0.4). SDQ child self-report: 15 and 12 in the training and control groups respectively (p=0.2). RAD foster carer report: 21 and 18 in the training and control groups respectively (p=0.3). MRS child self-report: 31 and 32 in the training and control groups respectively (p=0.6). Pre-training scores were not reported. **Secondary outcomes:** There was no significant difference between the groups on the costs of foster care (£3792 and £3271 for training and control groups respectively; p=0.1). **Attrition details:** Of those randomised to the intervention group, 71% entered the trial and 58% completed the study. Of those randomised to the control group, 80% entered the trial and 66% completed the study. Therefore, overall attrition rates were 42% and 34% for the intervention and control groups, respectively.	findings • Overall recruitment rate of 42% raises the possibility of unknown differences (although participants and non-participants were similar in deprivation category and placement breakdown rate) • Greater attrition in the intervention group may have been a confounding factor **Limitations identified by review team:** • Contact time differed between the groups and could have been a confounding factor **Evidence gaps and/or recommendations for future research:**

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
eight years old, which limits applicability	10.9 and 11.6 years in the intervention and control condition respectively.	**Intervention** n=80 (57 entered trial) **Control** n=80 (64 entered trial)	**Secondary outcomes:** Costs of foster care, measured using the Costs of Foster Care Questionnaire, which measures contact with social workers, doctors, psychology, the criminal justice system, other foster carers and school (and accounts for the cost of the training). Completed by foster carers at T1 and T3. **Assessment points:** Before training (T1), immediately after training (T2) and nine months after training (T3) **Methods of analysis:** ANOVAs were used to compare the mean differences between groups, with 95% confidence intervals. Analysis was by intent to treat (i.e. all		Could consider far more intensive interventions **Source of funding:** Wellcome Trust

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
			from all participants was analysed according to the group to which they were randomly allocated, regardless of attendance at training or dropout).		
Authors: Pithouse, Hill-Tout & Lowe **Year:** 2002 **Citation:** Training foster carers in challenging behaviour: a case study in disappointment? *Child and Family Social Work, 7*, 203-214. **Aim of study:** To investigate the impact of training foster carers in techniques to manage challenging	**Source population/s:** LACYP in four local authorities with social services responsibilities (details not reported) in South Wales (UK) **Eligible population:** Local authority social work staff identified relevant children on their caseloads, based on a definition of challenging behaviour. **Selected population:** Children were eligible if their	**Method of allocation:** No details provided, only that an attempt was made to ensure that the two groups were comparable on age, gender and reported level of challenge **Intervention/s description:** Training in managing challenging behaviour: • The three core elements were delivered to groups of ~15 carers over three days (10.00am-2.30pm) at weekly intervals, with a follow-up day three to four weeks later to discuss progress • Delivered by a clinical psychologist • Developed in collaboration with local authority support staff • Designed to promote understanding and management of behaviour though skills focused on preventing problematic conduct • Carers provided with a	**Primary outcomes:** Frequency and severity of child behavioural problems were measured using a modified version of a section in the Disability Assessment Schedule (original list of 13 behaviours expanded to encompass 48 behaviours), measured at T1 and T2. **Secondary outcomes:** Exclusion rating based on a modified version of the Index of Community Integration. Carers were asked to what	**Primary outcomes:** There were no significant differences between the groups or from T1 to T2 on frequency of problem behaviours, nor on severity of problem behaviours. The intervention group children presented with 23.1 (T1) and 22.6 (T2) behaviours on average and 46.4 (T1) and 43.2 (T2) behaviours in total. The comparison group children presented with 21.8 (T1) and 19.6 (T2) behaviours on average and 41.5 (T1) and 39.7 (T2) behaviours in total. (No standard deviations reported.) Ratings for the severity of intervention group children's presenting behaviours were 36.4 (T1) and 37.4 (T2), with 5.0 (T1) and 4.7 (T2) severe behaviours in total. Ratings for	**Limitations identified by author:** • Was not possible to assess (or confirm) that the techniques learned in training were applied in practice • Short (5-7 week post-training) follow-up period would not have allowed any effects that took longer to achieve to be identified • Carers were asked to focus on a recent incident in training, thus scenarios were not standardised • Foster family 'link' social workers,

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
behaviour. **Study design:** Prospective cohort study (semi-experimental) **Quality score:** 2- **Applicability:** UK data makes it applicable to the UK context, however the study is at least eight years old, which limits applicability	behaviour met one of these criteria: • Caused > minor injuries to themselves/others • Destroyed immediate environment • At least weekly, placing themselves/ others in physical danger, requiring intervention by > one adult, causing damage that cannot be rectified by the carer, or causing ≥1 hour of disruption • At least daily, caused disruption lasting for > a few minutes • Resulted in exclusion/ • Threat of exclusion from a public facility • Adequate supervision	systematic approach to intervention through a focus on behaviour assessment and analysis • Provide carers with three core capacities: (1) the ability to develop positive alternatives to inappropriate conduct; (2) ability to develop a preventative approach to managing behaviour; and (3) reactive strategies to deal with emergencies (no further detail provided). • Conceptual framework for training based on Kazdin's four treatments for conduct disorder: cognitive problem-solving techniques; parent management training; family therapy; and multisystemic therapy • Based on operant principles (e.g. reward, removal of reward and punishment), consistent with the evidence base • Carers were provided with pre-training materials and a training manual providing information, guidance and examples. **Control/comparison/s description:** No details provided **Sample sizes:**	extent the child's behaviour limited access to 17 types of community facility, at T1 and T2. **Assessment points:** In the month prior to the start of the training course (T1) and 5-7 weeks after the completion of training/control (T2) **Methods of analysis:** Comparisons were made between the two groups using the Mann-Whitney *U*-test (two-tailed). Differences between T1 and T2 scores were investigated using the Wilcoxon Matched-Pairs Signed Ranks test (two-tailed).	the severity of comparison group children's presenting behaviours were 36.0 (T1) and 35.6 (T2), with 5.7 (T1) and 4.9 (T2) severe behaviours in total. (No standard deviations reported.) **Secondary outcomes:** There was no significant difference between groups in the number of facilities the children had been excluded from. Number of facilities excluded from decreased significantly from 3.1 to 2.4 from T1 to T2 in the intervention group (p<0.05) but not in the comparison group (T1=2.2; T2=2.0) (no standard deviations reported), although it should be noted that the number was slightly higher in the intervention group at T1. **Attrition details:** Detail not provided, however it appears that the authors only examined data from participants with complete data sets.	often carers' only course of support, were not trained in behavioural management **Limitations identified by review team:** • Some carers had received prior training in managing challenging behaviour and the degree of training received varied. This did not appear to have been accounted for in the findings. • T1 and T2 measurement periods appeared open to variation **Evidence gaps and/or recommendations for future research:** Investigate the support needs of carers of LACYP

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
	requires >1 adult • Apprehension by the police on >1 occasion 114 met these criteria (percentage of the eligible population or source population not reported), however the number included (with full data sets) was 103 (90% of eligible sample) due to movement of children and/or carers. Mean age was 10.8 years, range 4-18 years.	**Total** n=103 children (106 carers) **Intervention** n=54 children (53 carers) **Control** n=49 children (53 carers) (NB. In some household two carers participated in the study and in some households more than one participating child was fostered, which accounts for the discrepancy in number of children and carers)			exhibiting challenging behaviour, and of the LACYP themselves. **Source of funding:** Not stated
Authors: Sprang **Year:** 2008 **Citation:** The efficacy of a relational treatment for maltreated children and their families	**Source population/s:** Clinic-based setting with naturally-occurring treatment seeking population. Caregiver-child dyads involving foster children who had experienced severe maltreatment and who had	**Method of allocation:** Randomised using a fixed randomisation procedure with assignment based on every fourth case assigned to the waiting-list control using a random start. **Intervention/s description:** Attachment and biobehavioural catch-up intervention (as used in the included paper Dozier, 2006): • 10 weekly sessions, delivered in caregivers' homes (child care	**Primary outcomes:** Behavioural and emotional problems of children were measured using the Child Behaviour Checklist (CBCL) for children aged 1½-5 and 4-8 years. Summary subscales reported were an internalising score (i.e. characterised by	**Primary outcomes:** Without intent to treat, T2 CBCL internalising scores were greater in the control (mean (SD)=64.4 (15.3)) than the intervention group (45.4 (6.5)) (*t*=3.05, *df*=53, *p*=0.05) and T2 CBCL externalising scores were also greater in the control (mean (SD)=69.1 (14.8)) than in the intervention group (49.1 (4.8)) (*t*=21.35, *df*=53, *p*=0.01).	**Limitations identified by author:** • Small sample size • Possibility of confounding from expectancy effects **Limitations identified by review team:** • Precise recruitment methods not

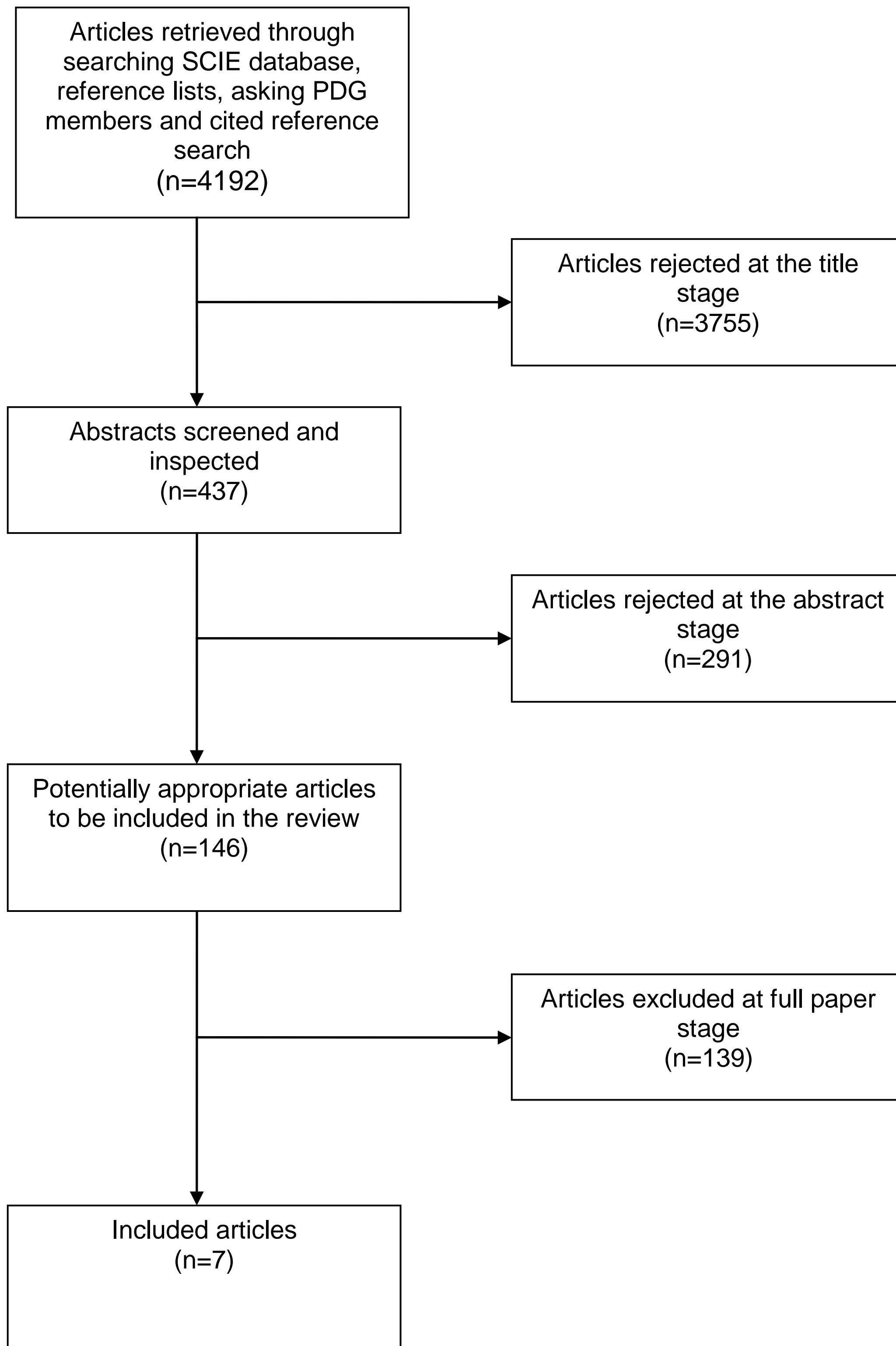
Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
Aim of study: To examine the efficacy of a relational intervention, relative to control, on child abuse potential, child behavioural problems and parental stress. **Study design:** Randomised controlled trial (non-blinded, fixed randomisation) **Quality score:** 1- **Applicability:** US-based study, therefore may have limited applicability to UK context, however it is a recent study, which increases applicability	disruptions in their primary attachment relationships during their early years. **Eligible population:** All carer-child dyads assessed at a university-based assessment centre and had been referred for intervention were eligible. There was no report of how dyads were recruited to the assessment centre, therefore it is not known if the eligible population is representative of the source population. **Selected population:** Dyads were eligible if the child was aged <6 years, if nether child nor caregiver were taking prescribed	provided) • Additional monthly support group • Presentation of important concepts in didactic fashion, followed by interactive sessions • Delivery personnel not specified • Teaching caregivers to persist with love and nurturance when the child rejects their attention • Assist caregivers in managing their own emotional reaction to perceived rejection and withdrawal • Addresses 3 targeted issues, as per Dozier (2006), incorporating the child's inability to elicit nurturance and the caregiver's discomfort in providing nurturance • Videotaped to ensure treatment fidelity and treatment appropriateness to caregivers' needs **Control/comparison/s description:** Waiting list control, invited to join a biweekly support group of pre- and post-adoptive parents receiving services from the clinic (90-minute sessions focusing on interfacing with the state public child welfare system and informal mentoring).	withdrawn, somatic complaints and anxious-depressed domains) and an externalising score (characterised by delinquent behaviour and aggressive behaviour). **Secondary outcomes:** None relevant to the inclusion criteria of this review **Assessment points:** Before the start of the intervention (T1) and at the end of the intervention (T2) **Methods of analysis:** One-way ANOVAs were used to compare the intervention and control groups at T1 and T2 and differences in scores for each group from T1 to T2. Multivariate repeated measures ANOVAs	Also without intent to treat, change scores suggested a greater decrease in the T1-T2 internalising scores in the intervention group (mean (SD)=64.2 (11.2) at T1 and 45.4 (6.5) at T2) than in the control group (mean (SD)=68.3 (15.0) at T1 and 64.4 (15.3) at T2) (*t*=32.16, *df*=53, *p*=0.01) and also a greater decrease in externalising scores in the intervention group (mean (SD)=66.8 (12.4) at T1 and 49.1 (4.8) at T2) than in the control group (mean (SD)=72.9 (NR) at T1 and 69.1 (14.8) at T2) (*t*=25.91, *df*=53, *p*=0.01). When results were analysed by intent to treat, the intervention group significantly improved more than the control group on the CBCL in terms of both internalising score (F(1,52)=9.72, *p*=0.01, Partial Eta Squared=0.44) and externalising score (F(1,52)=17.09, *p*=0.001, Partial Eta Squared=0.51). **Secondary outcomes:** None relevant to the inclusion criteria of this review	specified • Groups not compared on demographic characteristics • Follow-up period is short (i.e. not beyond the end of the intervention) **Evidence gaps and/or recommendations for future research:** Studies with larger sample sizes, measuring biological markers of arousal. Booster intervention sessions may be necessary to sustain the changes. **Source of funding:** Not stated

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
	psychotropic drugs within the three months before the start of the study, and if the child had active severe mental illness that precluded being able to provide informed consent. Percentage of eligible population not reported. Mean age was 3.5 years.	**Sample sizes:** **Total** n=58 **Intervention** n=29 **Control** n=29	were used to analyse main T1-T2 intervention effects and interactions between and within groups. Intent to treat analyses were conducted separately.	**Attrition details:** 10.3% of intervention group did not receive the intervention and 6.9% did not receive the waiting list control intervention. 0% in each group were lost to follow-up.	
Authors: Warman, Pallett & Scott **Year:** 2006 **Citation:** Learning from each other: Process and outcomes in the *Fostering Changes* training programme. *Adoption and Fostering, 30*, 17-28.	**Source population/s:** Carers and LACYP in London Borough of Southwark **Eligible population:** No detail on recruitment provided. **Selected population:** Method of selection not specified. Foster carers selected were 44% African Caribbean,	**Method of allocation:** Not applicable. **Intervention/s description:** *Fostering Changes* training programme • 10x weekly 3-hour sessions in groups of 7-10 carers over 10 consecutive weeks • Separate groups held for carers of LACYP aged under 5, under 12 and teenage • If carers missed a session they were contacted by phone and sent notes about it • Aim of training was to provide carers with practical advice and skills development for managing difficult behaviour	**Primary outcomes:** Behavioural difficulty presented by LACYP was measured using the Strengths and Difficulties Questionnaire (SDQ), measuring, emotional, conduct, hyperactivity and peer relationship difficulties, as well as prosocial behaviour. **Secondary outcomes:** None reported. **Follow-up periods:**	**Primary outcomes:** Significant pre-post training reductions were found for emotional problems (T1 mean (SD) = 2.5 (2.4), T2 = 2.0 (2.1), ES=0.21, $p<0.05$) and total difficulties (T1 mean (SD) = 13.6 (7.5), T2 = 12.3 (7.2), ES=0.17, $p<0.05$). There were no significant pre-post training changes in conduct problems (T1 mean (SD) = 3.4 (2.5), T2 = 3.1 (2.5), ES=0.12), hyperactivity (T1 mean (SD) = 5.1 (3.0), T2 = 4.8 (2.9), ES=0.10, $p>0.05$), peer problems (T1 mean (SD) = 2.7 (2.5), T2 = 2.5 (2.1), ES=0.9), or prosocial behaviour (T1	**Limitations identified by author:** • The SDQ is designed for use as a screening instrument and may not be sensitive to change • No comparison condition **Limitations identified by review team:** • Possibility of sampling bias (little detail on recruitment and

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
Aim of study: To evaluate the effect of the *Fostering Changes* training programme. **Study design:** Non-comparative study (one intervention group, before and after study) **Quality score:** - **Applicability:** This study was conducted in the UK and was published three years ago, which suggests high applicability	36% White British, 18% West African and 2% other in ethnic origin. Sources of bias could reflect methods of selection of participants.	• Focus on social learning theory • Covers a range of strategies designed to promote positive relationships between carers and the LACYP, including how to 'act differently' in the ways they talk to children, the language they use, their ability to listen and their responses to appropriate and inappropriate behaviour • Active approach to learning encouraged, with a focus on group expertise as a method of learning rather than trainer expertise, and an emphasis on trying out ideas and skills • Range of skills covered included skills for observing and describing behaviour and thinking about the context in which it occurs, rewarding appropriate behaviour and building more intimate and trusting relationships, setting clear, firm and appropriate limits and managing conflict safely and effectively, communication, problem-solving and supporting more positive ways of thinking **Control/comparison/s description:** No comparison group	At the start (T1) and end (T2) of the training programme **Methods of analysis:** Statistical method used to compare T1 and T2 scores was not reported. Effect sizes were reported but the specific effect size statistic was not reported. Authors reported that 0.2, 0.5 and 0.8 indicated small, moderate and large effects, respectively.	mean (SD) = 4.6 (3.2), T2 = 4.8 (3.2), ES=0.06). **Secondary outcomes:** None reported **Attrition details:** Not reported	selection of participants was provided) • Representativeness of sample is questionable as most LACYP investigated had fairly high levels of difficulties • Rates of attrition and incomplete data were unclear • Method of analysis was unclear **Evidence gaps and/or recommendations for future research:** Experimental research into the effects of the intervention on LACYP using a randomised controlled trial **Source of funding:** Not reported

Study details	Population and setting	Method of allocation to intervention/control	Outcomes and methods of analysis	Results	Notes
		Sample sizes: **Total** n=97 children & 87 carers **Intervention** n=97 children & 87 carers **Comparison** n=N/A (non-comparative)			

Appendix 4: QUOROM diagram



Appendix 5: Studies excluded after review of full paper

Author	Reason for exclusion
(Amir & Lane, 1993)	No data reported
(Blatt, 1990)	No data reported
(Bolton, 2001)	No data reported
(British Institute Of Learning Disabilities, 2001)	No data reported
(Brosnan & Carr, 2000)	No data reported
(Campbell & Lagos, 2003)	No data reported
(Cauble & Dinkel, 1999)	No data reported
(Christenson, 2006)	No data reported
(Chugh, 2000)	No data reported
(Coco, 1998)	No data reported
(Davies, 1999)	No data reported
(Department Of Health, 2002)	No data reported
(Dobson, 1995)	No data reported
(Erskine, 1995)	No data reported
(Fisher & Chamberlain, 2001)	No data reported
(Furnivall & Hudson, 2003)	No data reported
(Gilbert, 2003)	No data reported
(Golding, 2007b)	No data reported
(Golding, 2003)	No data reported
(Golding, 2004)	No data reported
(Granville & Antrobus, 2006)	No data reported
(Hapeshi, 1997)	No data reported
(Harris, 1996)	No data reported
(Hill, 1999)	No data reported
(Holland & Randerson, 2005)	No data reported
(Johnson, 2005)	No data reported
(Kadela, 2005)	No data reported
(Kahan, 1990)	No data reported
(Kelly, 1992)	No data reported
(Kirmanen, 1991)	No data reported
(Malik, 2005)	No data reported
(Martin, 1993)	No data reported
(McKay, 2000)	No data reported
(Miller, 2008)	No data reported
(Minnis, 2004)	No data reported
(Morrissette, 1992)	No data reported
(Myrtle Theatre Company, 2008a)	No data reported
(Myrtle Theatre Company, 2008b)	No data reported
(Nevin, 1993)	No data reported
(Salmon & Rickaby, 2008)	No data reported
(Sanders & McAllen, 1995)	No data reported
(Shiendling, 1995)	No data reported
(Strom, 1993)	No data reported
(Suyama, 2006)	No data reported
(Sweatt, 2002)	No data reported
(Treacy, 1995)	No data reported
(Vogel, 2003)	No data reported
(Walton, 1995)	No data reported
(Walton, 1993a)	No data reported
(Walton, 1993b)	No data reported

Author	Reason for exclusion
(Ward, 2000)	No data reported
(Blase & Schild, 1993)	No intervention
(Boylan et al., 2006)	No intervention
(Boylan & Lebacq, 2000)	No intervention
(Brown & Calder, 2000)	No intervention
(Brown et al., 2005b)	No intervention
(Brown et al., 2005a)	No intervention
(Bullock, 1992)	No intervention
(Cameron & Boddy, 2008)	No intervention
(Campbell & McLaughlin, 2005)	No intervention
(Carlson, 1996)	No intervention
(Coakley & Orme, 2006)	No intervention
(Cole & Eamon, 2007)	No intervention
(Collis & Butler, 2003)	No intervention
(Colton & Roberts, 2005)	No intervention
(Colton et al., 1991)	No intervention
(Colton, 2005)	No intervention
(Crimmens, 1998)	No intervention
(Elinor, 2004)	No intervention
(George, 2003)	No intervention
(George et al., 2003)	No intervention
(Harnett, 1997)	No intervention
(Henry et al., 1991)	No intervention
(Hicks & Nixon, 1991)	No intervention
(Hudson & Levasseur, 2002)	No intervention
(Martin, 2004)	No intervention
(McNeil et al., 2005)	No intervention
(Minty, 1999)	No intervention
(National Childrens Bureau, 2007)	No intervention
(Nixon, 1997)	No intervention
(Sheldon, 2004)	No intervention
(Ward, 1998)	No intervention
(Social Care Association, 1992)	No intervention
(The Fostering Network, 2007)	No intervention
(Warmington et al., 2004)	No intervention
(Winstanley & Hales, 2008)	No intervention
(Bond, 1995)	Not training/support
(Connelly et al., 2008)	Not training/support
(Burry, 1999)	Outcomes
(Burry & Noble, 2001)	Outcomes
(Cole & Keegan Eamon, 2007)	Outcomes
(Collins et al., 2008)	Outcomes
(Department Of Health Social Services Inspectorate, 1992)	Outcomes
(Gamache et al., 2006)	Outcomes
(Henry et al., 2007)	Outcomes
(Lee & Thompson, 2008)	Outcomes
(Lee & Holland, 1991)	Outcomes
(National Centre For Excellence In Residential Child Care, 2006)	Outcomes
(Ogilvie et al., 2006)	Outcomes
(Price et al., 2008)	Outcomes

Author	Reason for exclusion
(Van Camp et al., 2008)	Outcomes
(Christenson & McMurtry, 2007)	Population
(Landy & Munro, 1998)	Population
(Oriana Linares et al., 2006)	Population
(Strozier et al., 2005)	Population
(Allen & Vostanis, 2005)	Qualitative study
(Chambers, 2008)	Qualitative study
(Czerwinskyj, 2002)	Qualitative study
(Dugmore & Cocker, 2008)	Qualitative study
(Golding, 2007a)	Qualitative study
(Golding, 2002)	Qualitative study
(Goldson, 1995)	Qualitative study
(Heron, 2006)	Qualitative study
(Minnis et al., 1999)	Qualitative study
(Minnis & Devine, 2001)	Qualitative study
(Orme et al., 2006)	Qualitative study
(Chamberlain, 2003a)	Review
(Chamberlain, 2000)	Review
(Dorsey et al., 2008)	Review
(Meadowcroft et al., 1994)	Review
(Hill-Tout et al., 2003)	Same data as another paper
(Pallett et al., 2002)	Same data as another paper
(Mainey & Crimmens, 2006)	Standard training examined
(White & Harris, 2004)	Standard training examined
(Chamberlain & Moore, 1998)	Treatment foster care
(Chamberlain et al., 1996)	Treatment foster care
(Chamberlain & Reid, 1998)	Treatment foster care
(Chamberlain et al., 2007)	Treatment foster care
(Chamberlain, 2003b)	Treatment foster care
(Crow, 2007)	Treatment foster care
(Evans et al., 1994)	Treatment foster care
(Farmer et al., 2003)	Treatment foster care
(Jones & Timbers, 2003)	Treatment foster care
(Meadowcroft & Trout, 1990)	Treatment foster care
(Sale, 2004)	Treatment foster care
(Butcher, 2004)	Unobtainable
(Advancement Of Residential Child Care, 1995)	Unobtainable
(Walton, 1994)	Unobtainable

Appendix 6: List of included studies

Chamberlain, P., Price, J., Leve, L. D., Laurent, H., Landsverk, J. A., & Reid, J. B. (2008). Prevention of behavior problems for children in foster care: Outcomes and mediation effects. *Prevention Science, 9,* 17-27.

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Appendix 8: List of excluded studies

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