

what works
centre for

**CHILDREN'S
SOCIAL
CARE**

EMMIE SUMMARY

**Foster and kinship
care support**

January 2019

Acknowledgements

We thank our research colleagues at CASCADE who supported the preparation of the EMMIE summary reports;

Zoe Bezeczky, Cindy Corliss, Jillian Grey,
Laura Mayhew Manistre, Melissa Meindi,
Charlotte Pitt, Jonathan Scourfield, Victoria

Silverwood, Sarah Wallace, Nell Warner, David
Westlake and David Wilkins.

About the What Works Centre for Children's Social Care

The What Works Centre for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social care sector. Our mission is to foster a culture of evidence-informed practice. We will generate evidence where it is found

to be lacking, improve its accessibility and relevance to the practice community, and support practice leaders (e.g. principal social workers, heads of service, assistant directors and directors) to create the conditions for more evidence-informed practice in their organisations.

About CASCADE

CASCADE is concerned with all aspects of community-based responses to social need in children and families, including family support services, children in need services,

child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

To find out more visit the Centre at: whatworks-csc.org.uk, or
CASCADE at: sites.cardiff.ac.uk/cascade

If you'd like this publication in an alternative format such as Braille, large print or audio, please contact us at: wwccsc@nesta.org.uk

This evidence summary is based on the following systematic review

Kemmis-Riggs, J., Dickes, A. and McAloon, J., (2017) Program Components of Psychosocial Interventions in Foster and Kinship Care: A Systematic Review. *Clinical child and family psychology review*. 21(1), pp.13-40.

What is the intervention?

Many children living in foster or kinship care have experienced complex trauma and are at a heightened risk of behavioural and emotional problems. Foster and kinship carers are in a unique position to support these children with their problems. Many have long argued for training to enhance their ability to provide this support and several interventions have been developed around this objective. Previous reviews have suggested that some of these interventions improve the well-being of children in foster care, but that not all interventions are equally effective.

This narrative is based on the review carried out by Kemmis-Riggs and colleagues (2017), on the programme components of psychosocial interventions in foster and kinship care. This explored the components of interventions that are effective for specific foster and kinship populations. It looked at what psychosocial interventions improve the wellbeing of foster children and their carers, and what the different components of these interventions are. The review then considered what their comparative effectiveness was and if there is any evidence that certain components are associated with better outcomes.

Which outcomes were studied?

Outcomes considered included: child behaviour problems, attachment and relational problems, and placement outcomes.

Effectiveness: how effective are the interventions examined?

Outcome 1 – Child behaviour problems

Effect rating	2
Strength of Evidence rating	1

Six of the 12 Randomised Controlled Trials (RCTs) that looked at child behaviour problems showed significantly fewer behaviour problems in the intervention group compared to the control. An additional three studies reported the intervention was effective in reducing child behaviour problems but did not show intervention versus control effects.

Outcome 2 – Attachment and relational problems

Effect rating	1
Strength of Evidence rating	2

Of the six studies which reported on placements outcomes, two found significant improvements on placement stability compared to control groups.

Mechanisms and Moderators: When, where and how does it work, and who does it work for?

The reviewers included a number of different psychosocial interventions involving foster and kinship carers that aimed at improving child and parent wellbeing. A range of different interventions fell into the remit of the review, and detailed mechanisms were not given for each of these. However, the theoretical basis on which the interventions may work are discussed and interventions categorised according to these theories. They include:

- Attachment – interventions includes Promoting First Relationships, Attachment and Biobehavioural Catch-up and Foster Carer-Foster Child Intervention.
- Attachment and Social learning - includes Parent Child Interaction Therapy.
- Social Learning - includes Incredible Years (basic parenting programme), and co-parent adaption, Parent Management Training Oregon and Keeping Foster Parents Trained and Supported.
- Cognitive behavioural approaches combined with social learning theory - includes Cognitive-Behavioural Parent Training.
- Cognitive behavioural – includes one intervention Short Enhanced Cognitive-Behavioural Parent Training.
- Social learning, developmental and educational – includes one intervention, Kids in Transition to School.
- Social learning and developmental - includes one intervention, Middle School Success.
- Social learning, family systems, emotional regulation - includes one intervention, Promoting Sibling Bonds.

The emphasis in this systematic review was in identifying programme components that are associated with being more effective in relation to different outcomes. Of the 12 programmes targeting child behaviour problems, all but one included a behaviour management component. The authors suggest that since there was a mixture of effectiveness, this alone is not sufficient to improve child behaviour. However, they highlight that the six interventions that were shown to be effective had more comprehensive content, and that more than three of these included a combination of components, for example participation strategies and trauma psychoeducation. These components were absent among the interventions that did not show a comparative benefit.

The three studies focusing on attachment had some common components, including trauma psychoeducation, positive parenting, relational skills, direct coaching on parent skills and a focus on parental self-reflection regarding the impact on parental perceptions of the foster child. Since all these studies show some significant effects on attachment outcomes, at least in the short term, it is difficult to make any conclusions regarding the relative importance of different components from this information.

With respect to the studies looking at placement outcomes, the authors report that few patterns were observed between the components of support and the effectiveness of the interventions in placement outcomes.

Implementation: how do you do it?

This review considered 14 different interventions explored through 17 different studies. Of these, three studies looked at interventions implemented in the UK. The others were either carried out in the USA or elsewhere in Europe. Each intervention contained a variety of components. This makes it difficult to draw general conclusions about implementation, though there were some commonalities between the interventions considered. For example, all were delivered as multi-session programmes to foster or kinship carers who were currently caring for children. However, in other respects the interventions varied. Nine of the 14 interventions were delivered to a group setting, four were delivered to parent-child pairs, one to sibling pairs and another to pairs of foster and biological parents.

Economics: what are the costs and benefits?

No economic evaluation was reported.

What are the strengths and limitations of the review?

The review provides a good overview of studies into the effectiveness of different psychosocial interventions aimed at foster and kinship carers. There is a helpful focus on which components of interventions are associated with effectiveness and with respect to child behaviour outcomes, and the authors identify some commonalities in the interventions that appear to be more effective. The review is limited in terms of identifying components associated with effective interventions for placement and attachment outcomes, because of the limited numbers of studies that looked at these outcomes. The authors also point out that their findings are limited by the variations in methodological quality between the studies.

Summary of key points

- Six of the 12 RCTs that looked at child behaviour showed significantly fewer behaviour problems in the intervention group compared to the control. The six interventions for which there was evidence of effectiveness had more comprehensive content than the others. They were also more likely to include a combination of components, for example participation strategies and trauma psychoeducation.
- The three studies which reported on outcomes relating to attachment and relational problems all showed some significant improvement in some outcomes. These studies had common components including trauma psychoeducation, positive parenting, relational skills, direct coaching on parent skills and a focus on parental self-reflection regarding the impact on parental perceptions of the foster child. There was not enough data to be sure of relationships between these components and outcomes.
- There were six studies which reported on placements outcomes, and two of these reported significant improvements on placement stability compared to control groups. Few patterns were observed between the components of support and the effectiveness of these interventions.

what works
centre for

**CHILDREN'S
SOCIAL
CARE**

+44 (0)20 7360 1208
wwccsc@nesta.org.uk
@whatworksCSC
whatworks-csc.org.uk

