



International Journal of Child and Family Welfare

Annemiek T. Harder, Erik J. Knorth & James P. Anglin (eds.)

Inside the black box:
Experiences and perspectives
of young people and professionals
in residential youth care

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International Journal of Child and Family Welfare

2014, 15 (1/2)

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The challenge of improving positive residential care practices

Evidence from staff experiences in Portugal

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Abstract

Residential child care has to be a quality answer to the children who are in placements. Positive professional care practices are crucial. In Portugal, little has been done to equip residential child care staff with effective child behaviour management strategies. This paper provides an overview of the state of the Portuguese residential child care context, the characteristics of the looked after children and of the care staff, and in particular, the need to work with these professionals to achieve better and safer caring practices. It also suggests the necessity of a proven evidence-based programme in Portuguese residential child care settings to help staff with little or no pre-service specific training, to better cope with the young residents' behaviour difficulties, to develop a skilled childcare workforce, and to improve placement quality. In the second part of the paper some results will be presented regarding our own research on the application of the evidence-based *Incredible Years* parenting programme in training courses for Portuguese residential workers. Considering its positive value we recommend this programme to be considered for delivery to residential staff in such settings.

Keywords: residential child care, looked after children, challenging behaviour, staff training, residential child care effectiveness

Introduction

Each year in Portugal children and young people are removed temporarily or permanently from their families and are admitted to residential care. According to the recent report of the Portuguese Social Security Institute, in 2011 there were 8.938 children and young people placed in out-of-home care (Institute of Social Security [ISS], 2012).

Defined as a form of alternative care for children and youth deprived of parental care, *residential care* specifically refers to a setting where children are placed with others in a group living arrangement, sometimes in the company of a sibling, but without their adult family members (Little, Kohm, & Thompson, 2005). There is provided 24-hour care by a group of staff carers and the primary goal is to ensure safety, education, developmental needs and to contribute actively to the child's family reintegration. This includes places of safety for emergency care, transit centres in emergency situations, and all other short and long-term residential care facilities (Browne, 2009; Hurley, Ingram, Czyz, Juliano, & Wilson, 2006; UN Committee on the Rights of the Child, 2009). The Portuguese Law for the Protection of Children and Young People at Risk (no. 147/99 of September 1st), article 49^o, defines residential care as the placement of a child or youngster '... to the care of an agency that has facilities, equipment and permanently hosts a technical team that will ensure proper care of their needs and will provide conditions for their education, welfare and holistic development'.

Caring for children in groups, away from their own families, has a long and inauspicious history (Gibson & Turtle, 1996). Par-

ticularly within the European Union, it is assumed that this measure should be avoided as far as possible and be used as a last resort due to the association with negative consequences for children's development (Browne, 2009; Kendrick, 2006; Trede, 2008; Trigo & Alberto, 2010). Although residential care constitutes a right for children and young people, when recommended in their best interest, the positive and negative effects of placing children in residential care continues to be a subject discussed within the welfare system (Holden et al., 2010).

Major reports on children's matters have been making efforts to assemble strategies to achieve a more positive image of residential child care and to guarantee quality standards and positive outcomes for children and young people without parental care. Recommendations highlight that facilities providing residential care should be small and organized around the rights and needs of the child, in a setting as close as possible to a family or small group situation, and inspection functions should include a component of training and capacity-building for care providers (Council of Europe, 2005; UN Committee on the Rights of the Child, 2009).

In 2005, the Portuguese Social Security Institute produced a *manual* (ISS, 2005) in which guidelines were presented for the professionals working in long and short term care placements, as well as useful advice about the home organization, the support to the children, the institutional patterns of communication, and other matters concerning the daily life in residential care. The report also pointed out that caring for children should be relational and affective. More recently the Institute edited the manual to ensure the importance of the quality

life for children and young people living in residential care, in a European frame of social responsibility (ISS, 2007).

In this paper, we are particularly interested in the short term care placements (*Centros de Acolhimento Temporário* - CAT). These facilities accommodate primarily children and young people in danger, from 0 to 12 years old (Amaro, 2008). As shown in the ISS report (2012), in 2011 there were 2.144 children and young people accommodated in these facilities (24% of all those in residential care), for reasons associated with their respective families. This is supposed to be a temporary placement where the protection is provided for up to six months. However, the average length of stay in this kind of placement, in 2009, was just over two years (Cardoso, 2010).

Ferreiro (2007) considers that these establishments play an important part in the Portuguese child protection system, mainly because of their social and educational strands. However, the staff is usually inadequately trained and poorly supervised (Browne, 2009). This view is also shared by Golding (2003): '... residential care workers remain unsupported and with relatively low levels of training' (p. 91). He also points out that the task of caring for looked after children is complex, sometimes rewarding, but also extremely difficult and emotionally draining.

The young residents are among some of the most defenseless and harmed people of our society (Stevens, 2004), presenting a great range of emotional, behavioural, social and educational problems (Golding, 2003). They usually have experienced extreme difficulties and problems in their family backgrounds, ending up in out-of-home care (Cameron & Maginn, 2008). Violence, neglect, abuse, and serious social

disadvantage are some of the problems presented (Browne, 2009; Cameron & Maginn, 2009; Trede, 2008; Ward, 2006). In Portugal, neglect, abuse, abandonment and inadequate socioeconomic conditions are the main reasons for placement of children and young people. However, the situation of neglect is the most prominent (70.7%) (Alves, 2007; Ferreira, 2010; Martins, 2004).

The life paths of the youth population in residential care are clearly marked by experiences of loss, rejection, inconsistent and neglectful parenting. If not reversed, these inadequate life trajectories seem to persist throughout the placement. The responsibility and challenge of residential staff carers, acting on behalf of the larger society, and assuming a 'substitute parental role', is to provide supportive, positive and empowering everyday life experiences, to encourage well-being and social development, and to minimize the negative consequences of separation and of inadequate parenting of children and young people, who carry high levels of mental distress and anxiety, and whose future is often very unclear and unpredictable (Hill, 2000; Stevens 2004; Swanson & Schaefer, 1993; Ward, 2006; Whitaker, Archer, & Hicks, 1998). Whitaker et al. (1998) maintain that members of residential staff are in children's homes to provide a *caring, growth-promoting environment* within which each child can grow and develop, and recover as soon as possible from consequences of adverse previous experience. The day-to-day care and the relationship between children and residential staff is an important aspect that warrants a closer look in a consideration of the nature of children's homes.

In a country like Portugal, where residential care continues to have a strong presence (Carvalho & Manita, 2010) and where

short term care placements are significantly increasing (Cardoso, 2010; Ministry of Labor and Social Solidarity [MTSS], 2009), there is still a lot to do to develop a more specialized approach to intervening with these, sometimes, hard to engage groups. To this end, it should be a priority to systematically improve the training of the staff, provide supervision, promptly correct irregularities, and promote best practices (Alves, 2007).

We continue our paper with a brief characterization of the Portuguese residential staff carers and the challenges they have to face in the residential 'life space'. The nature of the young residents will be described. In addition we will address the question of the need for proven programmes to help residential staff to enhance their positive educative practices, to better engage with the group of residents, and to effectively manage their behaviour.

Staff Carers: Qualifications and Training

For numerous reasons, including lack of resources, inadequate training and leadership, poor management, inappropriate settings, and unsuitable recruitment of staff (White, 2008), residential care has not provided the most qualified people to undertake the important and specific demands of working with children in alternative care.

The UN Committee on the Rights of the Child provides Guidelines for the Alternative Care of Children (2009), and especially recommends that '... training should be provided to all carers on the rights of children without parental care and on the

specific vulnerability of children, in particularly difficult situations, such as emergency placements or placements outside their area of habitual residence' (Art.º 114, p. 23), and also that '... training in dealing appropriately with challenging behaviour, including conflict resolution techniques and means to prevent acts of harm or self-harm, should be provided to all care staff employed by agencies and facilities' (Art.º 115, p. 24). The Committee also maintains that '... states should ensure that there are sufficient carers in residential care settings to allow individualized attention and to give the child, where appropriate, the opportunity to bond with a specific carer. Carers should also be deployed within the care setting in such a way as to implement effectively its aims and objectives and ensure child protection' (Art.º 125, p. 25).

In several European countries, most of the work in residential care is done by 'educateurs' or social pedagogues. In the UK, Ireland and Sweden they are identified as social care workers. These countries in particular, as well as Germany, stand out because they have been investing to a significant degree towards the growth of a *professionalized* workforce in child care (Hill, 2000; Madge, 1994). On the other hand, Portugal, Spain and Greece are among the industrialized countries with lower levels of qualification and training in residential child care (Colton & Hellinckx, 1993). Portugal and Greece do not have a specific job definition for what we know as child care. Spain, since the 1980s, defined a new job profile – 'educadores sociais' (social educators) – for workers in residential and communitarian settings (Del Valle, López, & Bravo, 2007; Martins, 2004). The care worker (social educator) constitutes the principal figure of reference for

the child, the family and everyone else involved in the case. Their work is vital, in that they centralize the information of each case and assume direct responsibility for the child's upbringing, taking on the role of 'surrogate parent' (Del Valle, López, & Bravo, 2007).

Martins (2004) studied the work developed by the short term care facilities in Portugal, and tried to understand how they operate. The group staff is differentiated in function by their level of qualification, with implications for the role and functions they perform. He identified two groups: the *professional* and the *paraprofessional team* (i.e., staff in institutional settings with no formal qualifications). The close and continuous work with the children is, generally, undertaken by the paraprofessional team. They are mostly women, less than thirty years old; with elementary school education. About 39% have secondary education and only 4% have higher education or other training but not specialized training in child care work. They generally perform maintenance tasks such as hygiene, provision of meals and other basic care services for the children. Managers often choose these workers based on informal interviews (Madge, 1994). Having parenting experience and some common-sense knowledge of how to care for a child seems to be one of the selection criteria and this gives the wrong idea that everyone is an expert in childcare.

Besides the paraprofessional staff, most of the agency teams also include more specialized members such as psychologists, social workers, and educators: the professional team. The psychologist and the social worker are the most widely represented, followed by other professionals with a degree in education. In fact, considering

the three technical assets as prescribed by Portuguese law – psychology, social work, and education – it turns out that about half (50.8%) of the short term centres existing in Portugal do not comply with the legal provisions concerning the composition of the professional teams (Martins, 2004).

Concerning the training of professionals, Martins (2004) found that this is a deficit area and a weakness in the system, and identifies that there is insufficient specific training in related subject areas (e.g., psychology); insufficient specialized training for staff workers, and that many of the facilities do not promote technical training and supervision.

The instability of the teams, both professional and paraprofessional, is another critical issue of the services provided by the residential child care centres. The literature states that frequent changes in the composition of teams, motivated by a wide range of reasons (e.g., low pay, adult/child ratio), leads to a lack of identity references and to consequences in the children's behaviour, constituting disruptive factors of the alternative care system (Clough, Bullock, & Ward, 2006; Martins 2004; Williams & Lallor, 2001; Withaker et al., 1998).

Staff Challenges with Children in the 'Life Space'

Nowadays most young residents have serious developmental and/or emotional and behavioural problems, and the number of such children in care has grown over the last decade, placing significant stress on carers, and therefore the need to provide support to these professionals (Larmar & Clark, 2010).

This profile of needs constitutes a great challenge to residential staff (Hicks, 2008), and demands new forms of intervention (Bravo & Del Valle, 2009), as more residents display oppositional behaviour, poor impulse control, damage property, make physical and verbal threats, intimidate colleagues and staff or easily trigger into temper tantrums and non-compliance (Cameron & Maginn, 2009; Whitaker et al., 1998).

Most of the literature reviewed for this paper seemed to indicate that *behavioural control* is a meaningful issue and a problem that staff working with children and young people in care have to confront every day (Anglin, 2004; Stevens, 2004). Kendrick (2006) states that the behaviour of children and young people is an important factor affecting staff morale and the management of day-to-day work in residential care. Regarding the challenging behaviour by young people towards staff, he outlines the need for individual and team training, building positive and trusting relationships between staff and young people, and deemphasizing negative behaviour by introducing positive reward systems.

Indeed, Jones, Landsverk and Roberts (2007) have noted that the caregiving staff spends more time in direct contact with residents than the professional staff (e.g. psychologists and social workers), and thus their *relationships* are of great importance to residents (see also Axford, 2008). Staff carers engage primarily in the behavioural management of the child, and often help carry out specific intervention programmes. They are not just expected to 'baby sit' the young residents, but are expected to make precise judgments about behaviour and to intervene appropriately.

Other challenges to the staff workers are pointed out in Anglin's (2002; 2004)

study of group care residences in Canada. He showed that the ongoing struggle of a residential care facility takes place through three main psychosocial processes: 1. the need to create an 'extrafamilial' living environment; 2. the challenge of day to day recognizing and responding to 'pain and pain-based behaviour'; and 3. 'developing a sense of normality' (Anglin, 2004, p. 178-179). He determined that creating an environment which promotes the residents' best interests consists of consistently promoting the following eleven interactional dynamics:

- ~ listening and responding with respect;
- ~ communicating a framework for understanding;
- ~ building rapport and relationships;
- ~ offering emotional and developmental support;
- ~ establishing structure, routine, and expectations;
- ~ inspiring commitment;
- ~ challenging thinking and action;
- ~ sharing power and decision-making;
- ~ respecting personal space and time;
- ~ discovering and uncovering potential;
- ~ providing resources (Anglin, 2004, p. 180).

In a personal communication at the 2011 Scottish Institute for Residential Child Care (SIRCC) conference in Glasgow, Anglin expressed the need for responsive and relational practice by the carework staff towards the residents, and not reactive practice. In his book *Pain, normality, and the struggle for congruence* (Anglin, 2002), the differences became clear between the staff who responded from those who reacted in their interactions with the residents and their behaviour. The more *responsive* workers are characterized as being sensitive, re-

spectful, and dialogical, working with the young residents' inner sense of responsibility for their own behaviour. On the other hand, the *reactive* workers are described as being more insensitive and disrespectful, adopting a control approach, through the imposition of external demands and psychological coercion (p. 115).

Other authors (e.g., Groark, Muhamedrahimov, Palmov, Nikiforova, & McCall, 2005; Pereira, 2008) highlight the role of consistent, sensitive and responsive caring in the promotion of the further development of young residents.

Enhancing Positive Practice by Staff Training

Like biological parents, residential care staff members also exercise a *parental role*, using their own parenting skills, and are responsible to establish and build a positive relationship and for reinforcing or shaping the behaviour exhibited by the young residents. But as Hills and Child (2000) argue, the residential staff needs more than 'normal' parental skills to respond properly to the needs of the young resident, they need more advanced or 'professional' skills. There is no doubt that to achieve the best interest of the residents in care, it becomes important to delineate some objective goals that guide the staff carers' practices, preparing them for implementing successful interventions (Pereira, 2009). The importance of trained staff and the development of their skills as outlined above is one of the key features in achieving more *positive practices* towards the young residents, a high quality of service provision, and a reduction of behav-

oural problems (Browne & Lynch, 1999; Dench, 2005; Golding, 2004; Lowe et al., 2007; Willems, Embregts, Stams, & Moonen, 2010). The following studies emphasize some examples.

Tierney, Quinlan and Hastings (2007) evaluated whether a typical 'challenging behaviour' staff training course had an effect on staff feelings of efficacy, their negative emotional reactions to challenging behaviour, and their causal beliefs. Forty-eight staff members attending a three-day training course on understanding challenging behaviour and managing stress were assessed at pre-training and at a three-month follow-up. They noted that perceived self-efficacy in dealing with challenging behaviours increased significantly from pre to post-training. There was a sizeable impact on staff confidence and efficacy after a three-day training course.

A literature review conducted by Duff, Redhead, Paxton, Icton and Rochester (2006) on management of challenging behaviour in mental health services and its impact on direct care staff, highlighted the significance of care staff's behaviour in the development, and particularly maintenance, of residents' challenging behaviours (e.g., Lucas, Collins, & Langdon, 2009; McGill, Bradshaw, & Hughes, 2007). They draw attention to the fact that residents' challenging behaviours are maintained by a variety of underlying behavioural processes, including socially mediated positive reinforcement (e.g., attention from staff), and negative reinforcement (e.g., escape from unwanted demands). They came to the conclusion that educating direct care staff about the underlying psychological principles and training them in implementing behavioural interventions may help to increase the effectiveness of the intervention.

In another study of the training of para-professional staff, Jones, Menditto, Geeson, Larson and Sadewhite (2001) found that these workers spend the most time with clients, and had the potential to have a pervasive and substantial impact on client functioning and skill acquisition. They found that the direct care staff is 'the backbone of differential reinforcement interventions' (p. 168) and without training in reinforcement procedures, paraprofessionals were found to be inconsistent in the reinforcement of client behaviour. Therefore, staff must be trained in the consistent and timely delivery of reinforcement in response to specific behavioural targets, progressive shaping procedures, and fading for generalization techniques, all applied in a natural and supportive manner. Furthermore, staff must be able to differentiate specified maladaptive behaviours for which extinction or response-cost techniques are employed. In their study of the outcome of a seven-week training programme, which taught staff how to understand and apply social learning programmes, they found a substantial improvement in the application of these programmes, still seen at a three-month follow-up.

The Office for Standards in Education, Children's Services and Skills (2011) report analyzed how a sample of 12 children's homes achieved and sustained outstanding status over a period of three years. They conclude that these units focus on:

- ~ Ensuring that all the staff received the same training so that consistency is maintained in terms of how they worked with the residents.
- ~ Staff acting as role models for the young people's behaviours. Recognition that they could be a positive influence on the way the young people saw and related to

adults, by whom they had often been let down before.

- ~ Having a clear, consistent approach to managing behaviour. The approach relied primarily on reinforcing positive behaviour, actively managing and dealing with conflict, and using sanctions only as a last resort. When sanctions were used, they were proportionate and relevant to the misbehaviour, and often discussed openly with the young people involved.

Swanson and Richard (1993) also emphasize that staff workers are faced with the task of ensuring the young residents' daily needs are met (e.g., mealtime, bedtime), but also to provide a therapeutic environment 24 hours a day. To achieve the goal of maintaining discipline and behaviour control, these authors point out the training on principles of social learning theory and behaviour therapy has been effective in working with both emotionally disturbed and 'normal' populations of children.

Research evidence has highlighted not only the need for additional training and support for residential care staff but also for other professionals and volunteers working with looked after children and young people within the residential life space (e.g., foster carers, social workers, psychologists, therapists, teachers, youth workers, mentors) (Everson-Hock et al., 2011; Walton, 2009). Future research is clearly needed to examine the impact of training durations and intensity on short, medium and longer-term outcomes of looked after children of different ages.

Parent Training as Input to Staff Training

Parent training programmes, because of their potential in modifying parenting practices and children's behaviour, can play an important part in promoting positive staff care practices, thus making a bridge with the 'positive parenting' practices pointed to by research, as staff carers fulfil a parental role in the residential setting (e.g., teaching life skills, providing supervision), but also a therapeutic role (e.g., delivering and evaluating interventions programmes, providing counselling). As demonstrated by a number of studies conducted over the past few years in several countries, parenting programmes can have a positive impact on a range of outcomes, including improved child behaviour, increased parental self-esteem and relationship adjustment, improved parent-child interaction and knowledge, and decreased parental depression and stress (Bunting, 2004; Letarte, Normandeau & Allard, 2010; O'Connor, Matias, Futh, Tantam, & Scott, 2013).

In Portugal, Pereira (2009) implemented the programme 'Desenvolver a Sorrir'¹ with the purpose to intervene in the caregiver-children interactions on short term care placements. The programme was originally designed to be used for parents with children at risk from 0 to 3 years of age, with the following goals: promote the involvement in the parents-children interactions; sensitize the parents to the importance of the interactions in the children's development; model educative and relational strategies, and to promote the parental knowledge about the needs and behaviours of the

children. The results showed that the group of carers who received the intervention demonstrated more positive interactions; used more strategies to promote development; and were more sensitive and responsive to the signals of the resident children, unlike the group of carers who had not received the intervention.

Considering its effective outcomes in different countries, including Portugal (Azevedo, Seabra-Santos, Gaspar, & Homem, 2013; Gaspar, 2010; Homem, Gaspar, Seabra-Santos, Azevedo, & Canavarro, 2014; Webster-Stratton, Gaspar, & Seabra-Santos, 2012), a most interesting programme is the *Incredible Years* Basic Parenting Programme. It is an evidence-based parenting training programme, designed by Carolyn Webster-Stratton (University of Washington, Seattle), for use with children ages 3 to 8 years old. The theoretical rationale of the programme includes social learning theory (and in particular Patterson's coercion hypothesis), Bandura's modeling theory, and relational and attachment theories. The central aim of the programme is to help parents (and other carers) to promote a positive relationship with the children and young people through the reinforcement of respectful and nonviolent discipline techniques. This programme has been proven to reduce harsh parenting, increase positive communication and nurturing parenting, reduce negative behaviours and noncompliance, and improve children's social competence, in intact families (Webster-Stratton, Reid, & Hammond, 2001); in families referred to child welfare for maltreatment and neglect and where the children have been removed from the home (Webster-Stratton & Reid, 2010; Webster-Stratton & Herman, 2010); for foster parents (Bywater et al., 2011; Linares, Montalto, Li, & Oza, 2006);

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1 In English: Develop Smiling.

and more recently in supporting nursery staff (Bywater, Hutchings, Gridley, & Jones, 2011).

Acknowledging the fact that conduct problems are increasing, especially in short term care placements, and in younger residents (6-8 age range), it is very important to offer interventions in the early years so as to prevent the development of conduct disorders and keep those children who show early signs of aggression off the track of delinquency (Webster-Stratton, 1999). Research evidence suggests that early intervention (prior to age 8) may be beneficial and can mitigate the escalation of child behaviour problems (Bauer & Webster-Stratton, 2006) underlining the importance of a parenting programme, like the *Incredible Years*, to teach carework staff effective educative skills known to promote children's social competence and reduce behaviour problems. In structured curricula, four important components can be worked with by the care staff in the residential care setting: how to play with children and build a positive relationship; praise and rewards; effective limit setting; and strategies to handle misbehaviour (Bunting, 2004).

Staff Experiences with the Incredible Years Training Programme

Considering the positive results in supporting nursery staff (Bywater, Hutchings, Gridley, & Jones, 2011) and taking into account that the *Incredible Years* intervention not only impacts parenting practices but additionally alters parental sensitivity - a more affectively charged component of the parent-child relationship (O'Connor,

Matias, Futh, Tantam, & Scott, 2013) -, we chose the *Incredible Years* programme to undertake our research with residential child care staff. Our choice was also driven by the encouraging results with the transportability of the programme to Portugal (Webster-Stratton, Gaspar, & Seabra-Santos, 2012) and the experience and involvement that the lead authors had with researching and applying the programme.

Our research used a non-randomized exploratory design. Four Portuguese short term residential child care centres for children from 0 to 12 age range participated in the study. Two centres (27 staff carers) received the *Incredible Years* Basic 13-weeks intervention. Data were collected at baseline, at 6 months' and at 12 months' follow-up. The other two centres (20 staff carers) did not receive any intervention. Data were collected at baseline and at 6 months' follow up (Silva & Gaspar, 2014).

The main results of our study suggest that the staff carers had the opportunity to gain some additional knowledge and skills related with empathy and perception of the resident children's needs (Silva & Gaspar, 2014), as well as with positive parenting practices, after participating in the parenting intervention programme.² Further, the participants' satisfaction results revealed high levels of carers' positive feedback about the weekly sessions and the overall programme (i.e., contents, teaching format, training leaders, and usefulness of educa-

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2 Variables included in the research refer to expectations on children's abilities, empathic staff behaviour, beliefs on punishment, role reversal, dealing with child's independence, staff feelings of satisfaction and efficacy with parenting competence (cf. Silva & Gaspar, 2014).

tional techniques) (Silva, Gaspar, & Anglin, 2014). Comments the carers expressed in connection with their experiences with the *Incredible Years* programme, focused on what they had learned, i.e.:

- ~ how to understand and cope with children's difficult behaviours;
- ~ becoming aware of the impact of their own behaviour on the way children act;
- ~ the importance of staying calm in the daily interaction with the children;
- ~ and achieving consensus in the team in the strategies to be used in dealing with the children.

Although the sample size was small, the results on parenting related variables, and the overall experiences with the IY-training programme reported by the staff carers and facilitators were positive. This suggests that the programme can perhaps provide a basic framework or starting point for the introduction of evidence-based interventions that promote the staff carers' development and dissemination of new practices. We suggest that future studies with the *Incredible Years* or other similar child care skills training programmes need to be conducted with a large sample of staff carers and children, along with support sessions afterwards, in order to develop a better understanding of the efficacy and suitability of such training models in the residential child care context.

Conclusion

Taking on the role of caring for highly demanding, frequently distressed and difficult children and young people, the carework staff sometimes has to cope with verbal and physical mistreatment. These situations

can leave carers feeling inadequate, lacking caring/professional satisfaction, and with a sense of not accomplishing anything worthwhile (Golding, 2003).

This research review has provided evidence that, as well as the biological parents, other group carers such as foster parents, nursery staff and in particular, residential child care staff, can benefit from specific training to better achieve positive practices in the management of children's behaviour difficulties, and in establishing positive interactions. It is important that residential staff have a good understanding of child cognitive, emotional and behavioural development, and especially of attachment, trauma, cognitive-behavioural and social learning principles in order to implement the interventions effectively. The importance of an adequate staff recruitment process and regular supervision of residential care practice, are other issues that the Portuguese child welfare system should address, in order to attend to the best interests of the young residents.

This review also highlighted that children in residential care tend to have complex needs, and more than ever, we are now seeing the increase of behaviour problems. This fact raises the question concerning the importance of staff training and support to achieve positive outcomes when applying attachment; trauma; cognitive-behavioural; social learning; parenting programmes or other kinds of intervention. Berryman, Kemp and others (in Stevens, 2004) have reported more positive outcomes for clients if staff were trained to understand the basis of cognitive-behavioural techniques. If they have not had the training or if it is insufficient, they probably have no alternative but to revert to their 'natural inclinations', and adopt the educational model received

in their own childhood (Bazon & Biasoli-Alves, 2000; Stevens, 2004). That experience can result in having more aggressive, critical and harsh attitudes towards the children. Furthermore, the young residents may be exposed to a variety of inconsistent practices from many different professionals that enter and leave the residential unit.

We recognize that changing the way staff works is a challenge, especially because it requires new ways of thinking and behaving and, often, new attitudes towards the residents. Training is an important part of any change programme. For new models of practice to work effectively, staff normally needs additional knowledge and skills, as well as an organizational context that supports change. Training is therefore a key aspect for putting programmes into practice.

Finally, and equally important, this review also showed that a specific programme, namely the *Incredible Years*, has been evaluated as a therapeutic behavioural programme for children and young people

referred for behaviour problems. This research study, as well as other such studies discussed, demonstrated positive results in improving caring attitudes and caregiver-child interaction, and decreasing carers' use of harsh or violent forms of discipline. Therefore, it is proposed that this programme be considered for delivery to Portuguese residential staff in such settings, to cope with children from a very early age, who come into the child care and child protection system.

Acknowledgments

This work was supported by Grant PhD (SFRH/BD/64870/2009) of the first author, funded by the Fundação para a Ciência e a Tecnologia, Portugal. We wish to thank Professor James Anglin, PhD (University of Victoria, Canada) for his inspiring suggestions.

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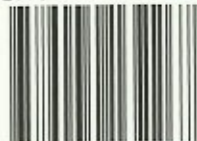
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ISBN 978-90-441-3226-7



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