AN EVALUATION OF CARING CHANGES:

A TRAINING PROGRAMME FOR

RESIDENTIAL CARERS

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Acknowledgements

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Caring Changes

The course was adapted from Fostering Changes, a 12-week course for foster carers. Fostering Changes was developed by the Adoption and Fostering National Team in SLAM (South London and Maudsley NHS Trust) in 1999, and was heavily influenced by research on parenting skills, attachment theory, educational attainment and progressions (Briskman et al., 2012). The course was being trialled with foster carers across Wales at the same time (Moody et al.,2018) whilst also modified for residential workers. In addition to being adapted for the residential care sector, the course was also modified to suit the nature of social care in Wales.

Research questions

The research aimed to evaluate whether the Fostering Changes training course could be adapted for a residential care audience, and whether the resulting pilot course had the potential to change residential care practice for the benefit of both workers and young people living in residential care.

The specific research questions were as follows:

1. Do the residential care workers have a positive experience of the programme (i.e. enjoyment, relevance, helpfulness) and feel able to implement its content in their practice to a reasonable degree?

2. Is the content suitable, relevant, and delivered in an engaging manner that addresses the challenges common in residential care?

3. Does the training have a lasting impact on attendee practice and do the children in their care feel a positive impact on their experiences?

4. What are the contextual factors affecting group delivery?

Fostering Changes was modified for residential practitioners and renamed Caring Changes. The 10-week Caring Changes course was delivered to eight residential homes in four local authorities. A number of evaluations tools were utilised to assess the pilot including quantitative and qualitative methods.

Executive summary

The Caring Changes training programme ran seven courses for 60 staff. The adaptations of the training for the residential care workers and mapped across to Wales had been done relatively well but could have been further improved.

The length of the course of ten weeks for three and half hours was deemed to be about right by facilitators, although there was some disagreement from participants in the quantitative data. Facilitation of the programme was widely experienced as excellent. Delivery to the whole team was invaluable, so that there was a consistent development and approach by all members. It was also seen as helpful for managers to attend the same training to provide a whole team ethos and approach. The location of the training was significant, and training was better received when delivered outside of the home, free from distractions, and in a suitably sized, warm and comfortable venue.

The range of topics covered was seen to provide a good foundation level course for those new to residential care and was received well by those new to the profession. It was seen to encourage reflection and consolidation for more experienced workers. The course was not seen to address the range of complex needs presented by young people in residential care (Berridge et al., 2012).

The skills and techniques in, particular, were well received, and these greatly contributed to a consistent team approach going forward. Staff felt more positive, more confident and were taking a more strengths-based approach to their own work, as a result of the training. The tools noted in the interviews as being of particular value were- ignoring behaviour, reflective listening, taking a strengths-based approach, recognising negative self-talk (NATS), giving praise and the use of rewards.

From the quantitative data collection, there were only five areas where there was significant change one month after completing the training are as follows:

1. Participants agreed that as a result of the training they spent more time helping young people with reading or homework. This is particularly important as young people in care are known to have poorer educational outcomes than the general population (Berridge et al, 2012) and are often not supported by foster carers or residential staff (Manny et al., 2016).

2. The staff felt they were less likely to get involved in heated arguments with young people as a result of the training. From the qualitative data this would appear to be because of taking a consistent approach across the staff group.

3. The staff felt that they were less prescriptive when playing with young people.

4. Staff were more likely to give children space if they did not want to talk.

5. One other statement showed a change with 90% confidence that a change had taken place: which was that staff had learnt to ignore minor misbehaviour so that escalation was less likely to take place.

6. The participants felt less responsible for young people's behaviour, it is difficult to know how to interpret this, but might mean that participants were more aware of the myriad of other challenges that children face which might be impacting on their behaviour.

It was suggested by participants that a second, further course could be developed with a particular focus on mental health, as this is an issue faced by many young people in residential care. In addition, a further course focussing on education would be welcomed. The evaluation indicates significant increases in supporting young people with homework and reading, but there is also evidence that they need more support in working positively with schools and teachers.

The specific research questions can be answered as follows:

1. Do the residential care workers have a positive experience of the programme (i.e. enjoyment, relevance, helpfulness) and feel able to implement its content in their practice to a reasonable degree?

Residential care workers did have a positive experience of the programme, feeling it was enjoyable, highly relevant, with participants able to implement its content, especially the tools to a good degree. They particularly enjoyed training together as a team.

2. Is the content suitable, relevant, and delivered in an engaging manner that addresses the challenges common in residential care?

The content was highly relevant, although it was seen to be pitched at a foundational level and thus was seen to be more helpful for those new to residential care. The training was delivered in an extremely engaging manner by experienced professionals. The training did not address many of the more complex difficulties often faced by children in residential care. Many residential care staff are educated to degree level and it was felt that training could have been pitched accordingly.

3. Does the training have a lasting impact on attendee practice and do the children in their care feel a positive impact on their experiences?

One to three months after training participants felt more confident and more positive about their work; they reported taking a more strengths-based approach. We were not able to undertake a before and after data collection with children, so we are unable to comment on this.

4. What are the contextual factors affecting group delivery?

The contextual factors relating to group delivery focused around the shift patterns of residential workers who sometimes had to forgo leave to attend the training. It was extremely difficult to get cover for the residential home so that the whole team could attend training, but the whole team approach, including management, was felt to be invaluable. Training that was located outside of the home was felt to be more conducive to focus and learning.

The interviews with children did not demonstrate that they perceived any noticeable change in residential staff but provided evidence of what was important to children in residential care. The young people highlighted the significance of the role of the key worker, as has been found in studies elsewhere (Cahill et al,. 2016). The children all identified trusted members of staff that they could talk to within the home. They also valued spending time together with staff doing activities which allowed them to engage more naturally with staff (Ferguson, 2016).

Course development

The course was adapted from Fostering Changes, a 12-week course for foster carers and modified for residential workers. In addition to being adapted for the residential care sector, the course was also modified to suit the nature of social care in Wales.

This resulted in the development of a ten-week Caring Changes course, to be run ideally for groups of 12 to 15 professionals from the same home. While there was an acceptance of the nature of residential care work as shift-based, there was an expectation that professionals attend every session of the course.

While each week of the course had a specific focus, reinforcement of key themes including attachment, resilience and meeting the needs of young people in the setting was crucial. The

health and needs of workers was also central to the training, both at a personal level but also the workforce level for the benefit of the setting and service users.

Table 1: Course content

Week	Title	Focus
1	Welcome to the course	Developmental stages Causes of problem behaviour
2	Attachment and adolescents	Attachment theory Social learning theory Triggers
3	Praise	Praise Resilience
4	Positive attention	Validating emotions Supporting education and independent living
5	Communications	Reflective listening Team communication Signs and symptoms of mental health
6	Managing thoughts and feelings	Education Learning styles Staff coping techniques
7	Rewards and reinforcement	Positive reinforcement Promoting positive behaviour
8	Encouraging cooperation	Selective ignoring Assertive communication

9	Positive discipline	Strategies for positive discipline
		Home rules
10	Transitions and problem solving	Positive transitions
		Managing stress

The nature of course delivery was important due to the course being ten weeks in length, with the individual sessions being three or four hours long. Attempting to meet the differing needs of participants was important and every session combined Power Point based instruction with activities including role play, discussion, creative methods and teamwork. Homework practice was a particularly important recurring feature of the training, with tasks set during sessions for participants to try out in their settings, and report back on during the next session.

Recruitment of residential care homes

The Fostering Network identified and approached particular homes to offer the opportunity to take part, with care home participation dependent on the motivation of the manager, and staff and their ability to commit to a highly intensive period of training. Once recruited residential home managers completed a pre-course questionnaire, providing demographic information about the home, including the number and ages of young people and the number of staff members and their length of service. Information was also provided as to whether their home had a specific remit.

A flexible approach was taken to the delivery of the course depending on group size. Two centres in Wrexham were involved in the pilot with a separate course for each centre, with this replicated in Bridgend. In Swansea, a single course was facilitated for an organisation of three separate residential care centres, due to the small size of the centres and staff teams. Two separate courses were run for a single centre in Rhondda Cynon Taf (RCT) due to the size of the staff team being perceived as too large, with staff members allocated to either course for the

whole ten weeks. Thus, seven courses ran in total providing training for 60 residential staff. Home managers were also expected to attend. Full details of the cohorts, including the group sizes, are included below.

Table 2: Training in homes

Local authority	Home	Course	Group size
Swansea	Mumbles	Swansea	18
	Winch Wen		
	Uplands		
Wrexham	Northlands	Northlands	9
	Cartref Awel y Mor	Cartref Awel y Mor	9
Bridgend	Dan y Mynydd	Dan Y Mynydd	12
	Holme House	Holme House	12
RCT	Clifton House	Clifton House A	9
		Clifton House B	9

Due to the length of the sessions, all courses were led by a pair of facilitators who rotated between leading and supporting activities in each session. Different facilitators led on the North Wales courses in Wrexham with one of the facilitators a Welsh speaker who spoke Welsh to individuals when preferred. All facilitator pairs remained constant for each cohort. A pre-course induction visit was arranged for each setting, as an opportunity for the facilitators to meet the staff team and introduce the course.

Methodology

Due to the scope of the training and its continuation over a significant period of time, a suite of mixed methods evaluation tools were developed to assess the success of the pilot.

Surveys

All participants completed a pre-course questionnaire, either at the induction or the beginning of the first training session. The survey gathered information on their role in the home and their length of time working in social care. It also gathered baseline data regarding training needs, role satisfaction, relationship building, managing behaviour and self-efficacy. A post-course survey revisited these measures to assess acquisition of knowledge, self-efficacy and which skills had been most useful, along with any perceived improvements in relationships between staff and with children in the home. This post-course survey was given to participants one month after completion of the Caring Changes training course to see how much information people had been retained, and to give them a chance to practice and embed the methods learnt.

Weekly evaluations were also completed by every participant after each of the ten sessions. This enabled the value of the delivery and content for each session to be evaluated. The facilitators also completed an evaluation for each session with a slightly different focus on attendance and engagement, successful and unsuccessful activities and practical issues.

Interviews

At the end of each training course, semi-structured telephone interviews (Bryman 2012) was undertaken with both of the facilitators to determine their experience of running the course to that particular cohort. This included their perception of overall group engagement, elements of the course that were particularly well or poorly received, and successful or difficult methods, as well as practical challenges and team relationships in the settings. The facilitators often shared their expertise on potential improvements, with these ideas often being naturally incorporated into their future cohorts. A total of nine interviews with facilitators were held, including a joint interview with facilitators to discuss the Northlands cohort. Bridgend and Rhondda Cynon Taff both had two groups that ran concurrently so the interviews considered both groups. This meant that every facilitator was interviewed for every section that they ran (see Table 3).

Semi-structured telephone interviews were also undertaken with the manager of each of the residential home three months after the completion of the training course. The aim was to consider whether learning had been assimilated, operationalised and embedded by the team in practice. The full set of interviews was achieved with six interviews across the seven groups (the interview with the Clifton House manager considered both groups).

The manager also suggested one or two practitioners for each local authority to be interviewed by phone to consider similar questions as well as change in their enjoyment of their work and satisfaction with their role. One interview was held with a practitioner from each home with the exception of Cartref Awel y Mor where there were two interviews, and Northlands where no practitioners were identified for interview. These interviews took place between one month and three months after the course had been completed. In total 25 interviews were completed.

Table 3: Data collection

Local authority	Home	Course	Interviews			
			Facilitators	Managers	Participants	Young people
Swansea	Mumbles	Hafan Saff	2	1	1	0
	Winch Wen					
	Uplands					
Wrexham	Northlands	Northlands	1	1	0	0
	Cartref Awel y Mor	Cartref Awel y Mor	2	1	2	2
Bridgend	Dan y Mynydd	Dan y Mynydd	2	1	1	1
	Holme House	Holme House		1	1	0
RCT	Clifton House	BCH A	2	1	1	0
		BCH B			1	0

Face-to-face meetings were conducted with four young people, two of whom were from one setting with the others from two separate settings. The meetings were set up by the manager of the homes, who initially provided child friendly information sheets, before seeking consent from the children. Interviews for the remaining settings did not occur as either the manager did not feel the meetings were appropriate or because the children did not wish to be involved. A mosaic approach (Moss and Clark, 2001) was used with creative and participative activities developed and facilitated by a researcher with experience of working with young people. The interviews explored who the young people would trust to talk to about their problems, and their views and experiences of their workers in residential care and any perceived change in the approach of staff during and since completion of the course. This also enabled greater discussion on their overall views of the care home.

Lastly, we created a logic model (Moore, 2010) drawing on a model devised by Channon et al., (forthcoming) regarding the underpinning influences and relationships between inputs (knowledge acquisition) and outcomes in relation to the well-being of young people in residential care.

Ethics

Workers attending the training were given information and consent forms in advance of being asked to complete the base line questionnaire. Consent was further requested to interview workers, managers and facilitators after the training.

Consent was requested to interview the children; this was requested from the parent and social worker depending on their status. If on a full care order this was just from the social worker. Children were also asked for their consent. Children were notified of the researcher visit date, and provided with child friendly information sheets, and on that day had the option to attend a

brief talk by a researcher, after which they were free to stay and participate or to leave. Should any topics have caused inadvertent distress or should any other emotional difficulties have been experienced during the interviews, trained care home staff already familiar with the children were present to offer immediate support. All interviews were transcribed by an independent transcriber.

Pseudonyms for workers, facilitators, children and homes have been used throughout and any potentially identifying information changed to protect anonymity.

Ethical approval for the study was granted by School of Social Sciences' ethics committee at Cardiff University.

Analysis

Qualitative analysis

All interviews were transcribed and analysed using thematic coding and following Braun and Clarks (2006) five stage model of –(i) becoming familiar with the data, (ii) generating initial codes, (iii) searching for themes, (iv) reviewing themes, (v) naming and defining themes. Stage six of the model includes the writing up of the research report. Codes and themes were identified by one researcher and validated by a second researcher.

Quantitative analysis

All course participants completed a survey before and after the course, which included responding to 59 statements concerning being residential practitioners, managing behaviour, relationship building, their perceptions of themselves, and the team that they work in. All questions were standard five-point scales. These statements were analysed using the Wilcoxon

signed rank test, a test suitable for analysing repeated measurements from the same population, in this case before and after the course. The test measures the difference for each participant between the two time points and calculates the median score for the population. It then tests whether any difference between the time points is statistically significant (i.e. whether the difference is due to attendance in the course).

Background

The Fostering Changes programme was developed by the Adoption and Fostering National Team at the Maudsley Hospital, South London, in conjunction with King's College London (Briskman et al., 2012). The programme aims to build positive relationships, encourage positive child behaviour and set appropriate limits, through a practical skills-based approach. Additionally, the Fostering Changes programme aims to improve foster carers' understanding of the causes of children's social and emotional difficulties and their confidence in applying this knowledge in various situations (Briskman et al., 2012). The Fostering Changes programme from which the Caring Changes training was developed comprises weekly 3-hour sessions held over 12 weeks, is based on social learning theory (Bandura, 1976) and attachment theory (Bowlby,1969)) and was developed using ideas from other parent-training programmes (Pallett et al., 2002). Before-and-after evaluations of earlier versions of the training programme found some improvements, including improved carer–child interaction, reduced carer stress and fewer carer-reported child problems (Pallett et al., 2002). With increased understanding of how neglect and abuse impacts children's development, the programme was further modified to place more emphasis on attachment relationships and how to support carers in improving the educational outcomes of looked-after children (Briskman et al., 2012).

Briskman et al., (2012) trialled the revised programme and found significant improvements in indices of child and young person behaviour, carer-defined problems, emotional and behavioural difficulties and quality of relationship in the intervention group compared with a

control group. While encouraging, all outcomes were assessed immediately following programme delivery at 12 weeks; therefore, it is not known whether these potential benefits endure over time. The Briskman et al., (2012) trial was conducted with a sample of 63 carers across four Greater London local authorities; it is also important to investigate the effectiveness of the programme in a more representative sample of foster carers from a wider geographic area (Moody et al., 2019). While the outcomes of the Briskman et al., (2012) trial have been used to justify the on-going roll- out of the programme in both England and Wales, it is important to establish independently replicated findings of programme effectiveness to support broad implementation. The training programme was then modified to be applicable for residential practitioners, an area in which had not been trialled previously.

In Wales in March 2019 there 6,845 children looked after in Wales (Stats Wales, 2019). There were 470 children in secure units, children's homes and hostels in 2018/19 (Gov Wales, 2019). There were 26 children in residential schools in 2018-19. Residential care is often seen as a last resort for children (Boddy, 2013), who will have left their birth families and will likely have several experiences of foster care. Residential homes tend to have high levels of movement (Berridge, 2012) and high levels of need (Elliott et al., 2016). The care home population is predominantly male adolescents (Girling, 2019) often with special educational needs, mental health problems (Berridge et al., 2012) and with high levels of risk-taking behaviour preceding their move into residential care (Stanley, 2007). Research into children's opinions of residential care in comparison to foster care differ, with many children reporting foster care to be heavily disciplined, where did not feel cared for or part of a family (Children's Commissioner for Wales, 2016).

The Care Inquiry of 2013 published the results of an extensive investigation on how best to provide stable and permanent homes for vulnerable children (Boddy, 2013). The report into the Inquiry's findings, *Making not Breaking*, presents evidence a wide range of contributors, including parents, relatives, adopters, special guardians, foster carers, residential workers,

academics, managers and practitioners at all levels. Children and young people provided evidence via focus groups, online surveys and presented their views via film and in person to the Inquiry. The main conclusion was that 'permanence' for children means 'security, stability, love and a strong sense of identity and belonging'. The strong message to the Inquiry *was that it is the relationships with people who care for and about children that are the golden threads in children's lives*, and that the quality of a child's relationships is the lens through which all in the sector should view what we do and plan to do (Lewis, 2014).

Findings

Participant profile

There was a clear imbalance in gender with almost two-thirds of staff who took part in the training (including both practitioners and managers) being female.

Participant profile: Gender

35.5%

64.5%

■ Male ■ Female
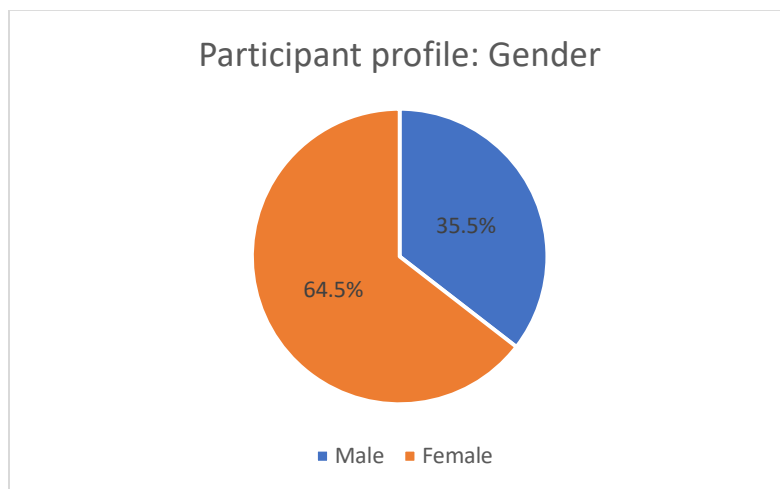
Figure 1: Gender of participants

Age was relatively diverse with over a quarter of participants in their thirties, forties and fifties. The lower percentage of residential care workers in their twenties suggests that the role may not attractive to young adults. It may be seen as more suitable for mature adults, despite the potential for workers in their twenties to be positive role models.
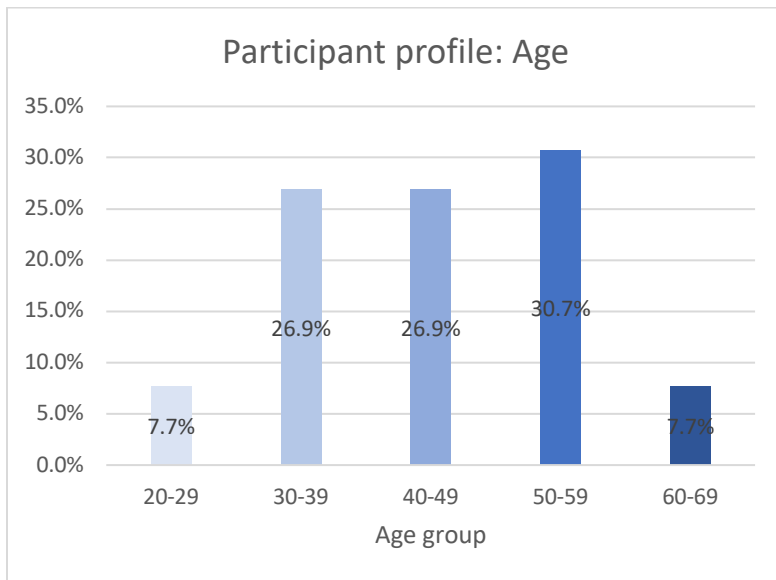
Figure 2: Age profile

Over half of respondents had been working in residential care (whether in their current home or other settings) for over ten years, with an additional 10% employed in the sector for 5-10 years. This indicates that the role is seen as a long-term career for many residential care workers.
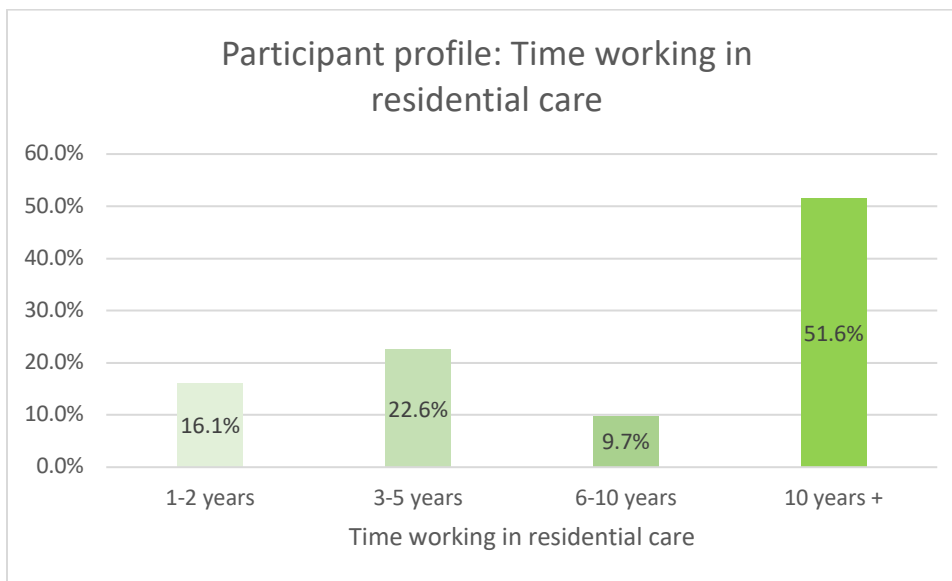
Figure 3: Time working in residential care

Satisfaction with course

The weekly evaluations completed by participants included a question relating to whether the course was well organised and easy to understand. Despite the view of the facilitators that the development of the course felt rushed and occasionally impacted on delivery, participants across all the settings were extremely positive about this measure. Over 95% of respondents were either satisfied or very satisfied with this for each of the ten sessions.
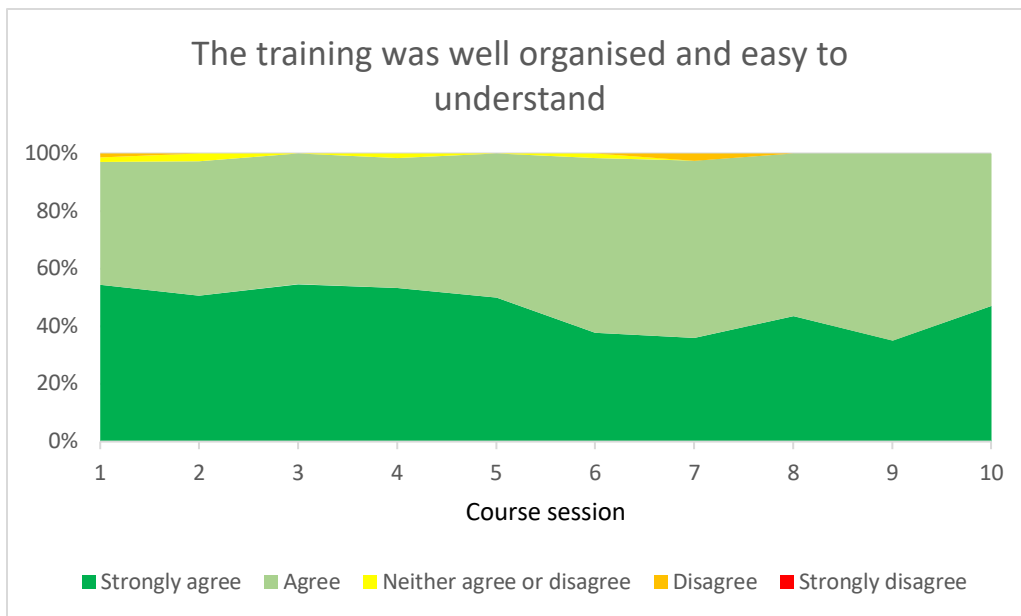
Figure 4: Training feedback

Participants were similarly highly positive about both pairs of facilitators, with every respondent to the post-course survey rating them as satisfactory or better. This reinforced the findings from the interviews with both managers and practitioners.

The course facilitators were...

All participants	Outstanding 48.6 · Very satisfactory 48.6 · Satisfactory 2.9

Legend: ■ Outstanding ■ Very satisfactory ■ Satisfactory ■ Unsatisfactory ■ Poor
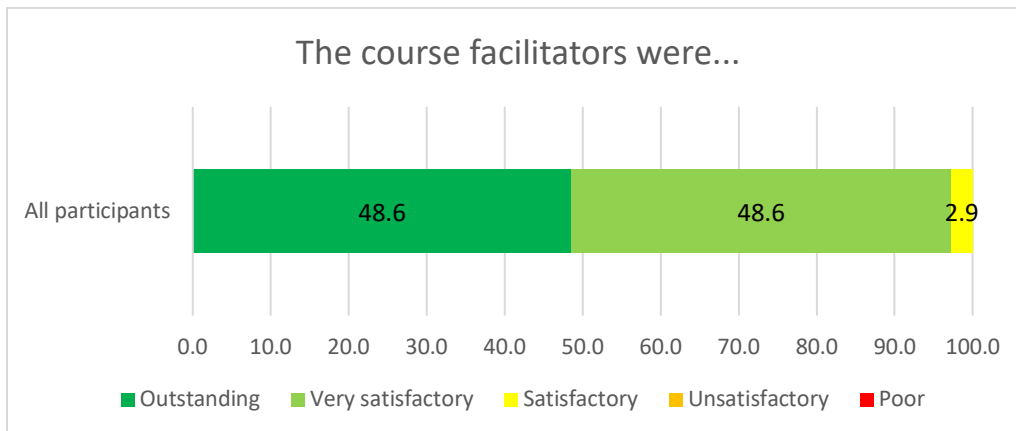
Figure 1: Review of facilitators

The qualitative interviews evidenced the importance of training as a team for this training course, with the course facilitators and both managers and practitioners identifying this as one of the key positives of the course. This is reinforced in the results of the quantitative survey with every respondent agreeing that it was useful to train as a team (including 60% who agreed strongly with this statement).

It was useful taking part and training as a team

All participants	Strongly agree 60.0 · Agree 40.0

Legend: ■ Strongly agree ■ Agree ■ Neither agree or disagree ■ Disagree ■ Strongly disagree
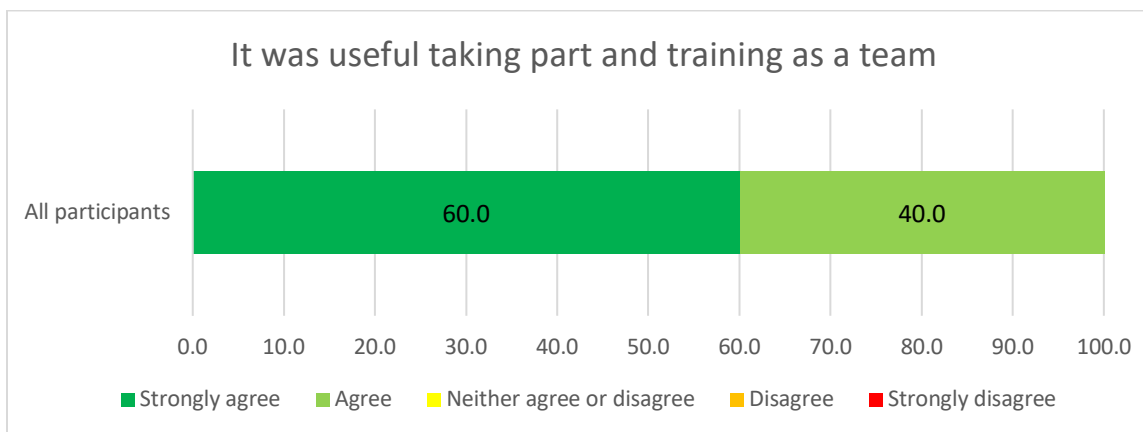
Figure 2: Training as a team

However, respondents were not so positive about every aspect of the course. When asked about the length of the ten-week course respondents were split. While over half agreed felt the length was about right, a fifth disagreed, including 60% of respondents from Northlands in Wrexham. Thus, there were some differing views. This should be considered alongside the

feedback from the interviews (see below). This included one setting looking to use block training again for other future training, while others recognised the reason for the course length but cited issues with compulsory block training for shift-based work.

Ten weeks was a good length for the course

| All participants | 17.1 | 45.7 | 17.1 | 20.0 |

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0

■ Strongly agree ■ Agree ■ Neither agree or disagree ■ Disagree ■ Strongly disagree
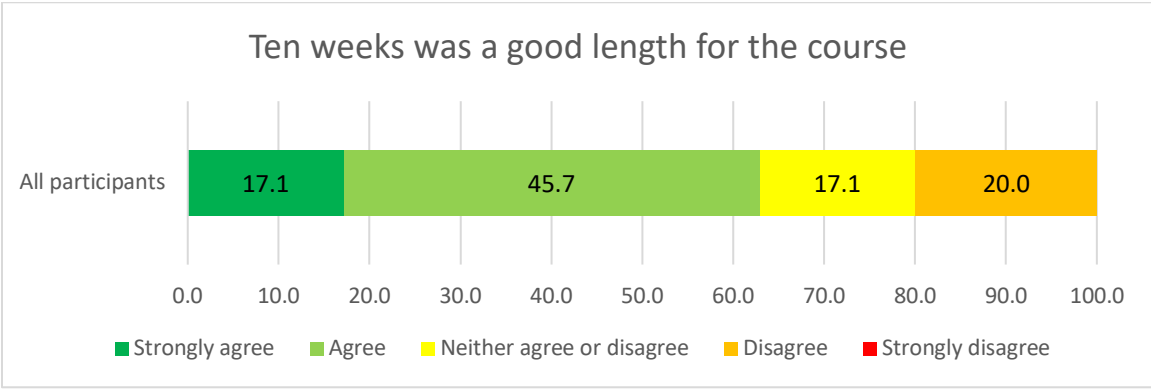
Figure 3: Feedback course length

Finally, over 90% of respondents agreed that the Caring Changes training programme is relevant to the needs of residential practitioners, with 37.1% agreeing strongly with this statement. This potentially reflects the overall positivity of the qualitative findings, but also the varying perspectives over the complexity of the course and whether it was teaching new content or acting more as a refresher and consolidation of knowledge and methods.

The Caring Changes training programme is relevant to the needs of residential practitioners

All participants: 37.1 (Strongly agree), 54.3 (Agree), 2.9 (Neither agree or disagree), 2.9 (Disagree), 2.9 (Strongly disagree)

Legend: Strongly agree · Agree · Neither agree or disagree · Disagree · Strongly disagree
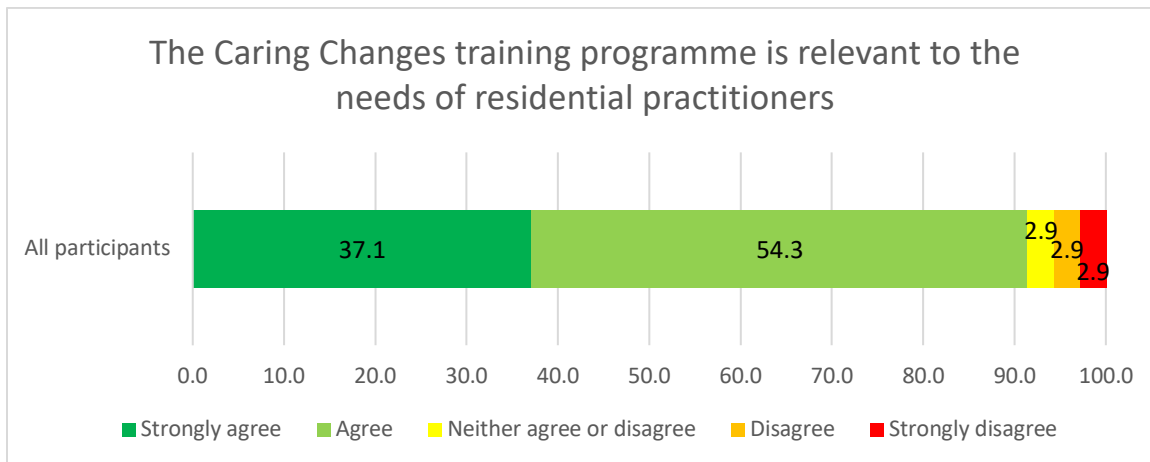
Figure 4: Programme relevance to practitioner needs

Findings from semi-structured interviews

Modification of the programme

Development

The facilitators ran both the training for foster carers across Wales, and the training programme for residential care practitioners. The facilitators felt that the modifications made for the course to be delivered to residential practitioners had been somewhat rushed, and this meant that initially it did not always flow well:

> "I would have liked to have had more time, more time to go through it…. with this one because bits were moved around … Some parts felt a little bit clunky, where it wasn't quite flowing as well as it maybe I felt it could have done... The final session, the slides were completely inappropriate because they related to Session 9 rather than Session 10 so I had to put in." - Facilitator

"There were a couple times there were the slides hadn't quite been changed, they still talk about carers rather than residential staff you know or they talk about families rather than the home." - Facilitator

Fostering to residential

The lack of modification was picked up by facilitators and managers of the homes as well as residential workers:

"I think the delivery of the course was aimed more at fostering. And I think some of the principles that he discussed would work in a fostering environment, not in a children's home environment. Because the behaviours being displayed by children who are in children's homes would be much different to those children that were within foster care."
- Manager, RCT

"Personally, that's my personal opinion and I did say it throughout the course as well. I think it wasn't in-depth enough for us then you know it should have been more things should have been picked out just for residential. I found some of the stuff, to be honest on occasions I found it quite patronising and I know that sounds really harsh but that's how I felt on some of them." - Participant, RCT

"I think it needs to be more specific to the residential experience and I think it needs to be more relevant to the residential experience of children and young people in 2019."
- Facilitator

Thus we can see that whilst modifications had been made, more needs to be done to adapt the materials for the residential sector.

English to Welsh statistics and policy

Similarly, modifications had been made regarding Welsh statistics and policy, although these too could have been further improved:

"I think it works pretty well. They've made a point of making specific changes as far as you know statistics and stuff like that are concerned for Wales because the numbers of looked after children are different, the education statistics are different." - Facilitator

"There were one or two things that I think where we didn't have sort of a comparison for Wales but it was fairly minor stuff." - Facilitator

"The one thing that might be significant to the Welsh experience is that there's a lot of stuff floating around on PACE training and some staff have had PACE training, some haven't, so some of the things that we were sort of preaching might have been at odds with the PACE training." - Facilitator

There was a particular concern that the training could be at odds with PACE (playfulness, acceptance, curiosity and empathy) training, although this was not elaborated on by the facilitator.

Welsh language

Whilst some of the facilitators were Welsh speakers, advanced planning had not included any translation of materials into Welsh, and this facility was only offered once the training had started:

"I was asked to ask the cohort in Session 1 if anybody wanted the Welsh handouts, but I think really best practice would be to check beforehand, before the delivery if there are any Welsh speakers and to really offer it to them, to the whole cohort. …I think it's probably a better, a more professional was of going about it." - Facilitator

It was also noted that training through the medium of Welsh might have improved some participants' engagement with the programme:

"Both myself and X are English speakers and two or three of the staff were Welsh speakers, first language Welsh speakers. And maybe one of the participants was probably a good bit more comfortable and speaks through the medium of Welsh yeah and she was quite, she was a bit shyer than the other ones and I don't know whether that was connected to language or personality but it could be a consideration there." - Facilitator

Attendance

Attendance was in some cases problematic. Managers in particular did not always attend regularly. Average attendance across all settings and for the course as a whole was 81.8% with attendance highest during week seven (92.2%) and lowest in week six (63.0%). As can be seen in Chart 1 below, attendance fluctuated throughout with no evidence of attendance either increasing or decreasing over the course of the ten weeks.

Attendance (All participants)
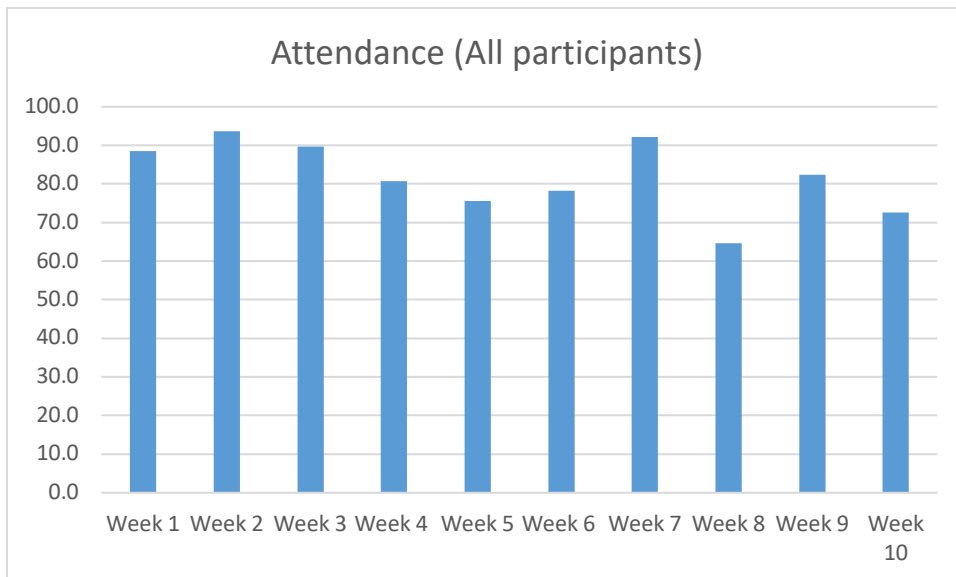
Figure 5: Participant attendance across the duration of the ten-week course

Attendance did however vary considerably in the different settings. Two settings averaged over 90% across the length of the course, with 94.4% attendance in the Swansea course and 92.5% attendance in the Holme House residential centre course in Bridgend. In comparison the average attendance at the Awel y Mor course in Wrexham was 68.5%, with this dipping to 55.6% in Week 3.

Attendance was markedly lower amongst the residential care home managers with 56% course attendance, ranging from individual managers attending two to nine sessions. This was also commented on by facilitators:

"Well the first group I had names for nine including the manager, the manager I think turned up for one maybe two and that was it, so that meant that I had eight in the Tuesday group. We delivered to as low as five I think." - Facilitator

"Attendance throughout has been patchy, with only one (member of) staff achieving 100% attendance." - Facilitator

Attendance is particularly difficult in residential work where 24-hour cover is required.

"I was very conscious that some of the people were working 80 hours a week and essentially the training fell on their day off, but they were told they needed to come in because it was mandatory training and that's a hell of a commitment, it's a hell of a thing to do." - Facilitator

This meant for some staff they were attending training directly after undertaking long shifts.

"We had [laughs] we had one lady at the beginning, I think it was Session 2, just suddenly we were nearing the end actually of the session and she just sort of said oh I can't do this anymore, it wasn't, it was not said in a sort of an aggressive way or anything just she was really tired, she'd actually been on shift the night before which included a sleep-in." - Facilitator

Practicalities
Location of training

Training was held either in or outside of the residential home. When training took place in the home this distracted participants and impacted learning as training was regularly disrupted:

"It was actually delivered within the home and we reflected on this a lot because I think that the setting, the delivery setting, played a huge role in influencing the whole dynamics really. … in the second place, we had so many disruptions, …you were there sort of trying to pinch their attention from their usual comings and goings and everything….Because we were told even before like I don't want you, we can't talk about the children because they could overhear … and sometimes even opened the door and

came into the room so you know having that barrier when the whole course is about talking about the children, and feeling afraid to talk about confidential matters was really well, it impacted on it." - Facilitator

When training outside, in one particular case, because of geography of the area, this meant driving considerable distance, for some participants up to two -hours driving. The setting for the training was crucial as there were many comments about rooms changing, being too small or too cold/hot. However, some venues were found to provide optimal conditions for learning:

"I mean Highground is our venue, it's a conference room so I think it's quite a good room, it was quite spacious, they had doors to go outside, the kitchen right next door, toilets and it was nice to be out of the project so I think the venue was very suitable you know it had all the equipment there that they needed."

Thus, training should be held outside of the residential home but thought and planning needs to go into securing appropriate facilities, otherwise learning is undermined.

Delivery and facilitation

The feedback regarding facilitators was hugely positive:

"They were both really really lovely, really helpful. I felt like they really genuinely cared and like took an interest into our young people like they really got to know them."
- Participant, Wrexham

"But they enjoyed it, really enjoyed it and you know X & X were excellent the way they present the training, they keep you motivated you know and you don't get fed up listening to them like in some trainings that you can go to, you've had enough after a couple of

hours haven't you because it's a bit boring but this is really good you know the way they've set it up." - Manager, Wrexham

"To be fair the tutors I found really good, really relaxed, kind of got involved if there was a little bit of banter and joke going on so it was quite a nice relaxed atmosphere." - Participant, Swansea

The facilitators felt that it was helpful for one of the pairing to have experience of residential care as this gave some credibility, as they were able to draw on and give real case examples, which brought the training to life:

"The reason why X helped to deliver the Caring Changes is because he has worked in residential for … years whereas I have got no residential experience. So he was able to bring in parts of his own experience and some of his own anecdotes and some of his own examples to work from as well." - Facilitator

Delivery style and methods

The methods of delivery were seen as interactive and engaging, taking a building block approach and repetition of skills covered in the previous session:

"Just little touches though it was fun, it was varied, I think there was you know it definitely suited everybody's ideal way of learning because they had good video clips, they had little games, they had like I say the role play. So I think it was really varied, you didn't just sit there for four hours, it wasn't like death by PowerPoint, we were all involved, we all had files to take home and I just thought it was really good, it was a good balance." - Manager, Wrexham

"Good variety of different methods." - Participant, Bridgend

"So I think one of the strengths of the course is the fact that you do go back over things, one of the strengths is that it does layer that learning. So it's not, they shouldn't be coming in and thinking oh my gosh what are we learning about today because it does build on the previous week and I think that's really good because that certainly helps people who are learning at different stages." - Facilitator

Thus, we can see that the delivery methods were helpful.

Engagement

There was a sense from facilitators that engagement with the training by practitioners when they did attend the training   was good, however they did not always follow through with their commitment to practice skills in the home:

"They were enthusiastic. They all seemed pretty committed to the young people. And you know they were, and I have quite a bit of experience of managing residential going back and for a group of residential workers I was quite impressed by you know the sort of cooperation … they all seemed pretty enthusiastic about the task you know they were pretty good like that really yeah." - Facilitator

"Combination of both. I think they were certainly interested in a number of things but they just didn't follow them through. …so you wonder how much of it is lip-service, how much they're saying you know to please you I suppose as a trainer because you do get that." - Facilitator

Session and course length

The training course was adapted for residential workers and was reduced from 12 to ten weeks and ran for three and a half to four hours. Most felt this was about right, although there were some varying opinions captured in the quantitative data (see above):

"And with foster carers we tend to start at 10, finish around about 1 to 1:30. With the residential we delivered ten weeks and we condensed things so they were longer days so we did 10 until 2:30. And yeah like I say, over ten weeks rather than twelve because we thought that they would struggle to commit to twelve." - Facilitator

"I think the four-hour sessions worked well because obviously it was in between when the kids were in school so we still had enough time to get back and do the school run and stuff. The ten weeks did seem like a long time, but I don't know how they could have condensed it because obviously each week was a different topic." - Manager, Wrexham

There was a lot of material to cover in the reduced hours and a ten-week course was sometimes difficult to sustain for residential staff.

Diversity
Home diversity

The wide variety of children that the homes were working with made it difficult to ensure that the whole gambit of issues were addressed within one training course. Residential care homes are not homogeneous and are varied in their aims, purpose, and age criteria. In addition, homes change their focus over time:

"It's quite a big spread because one of the houses is a step-up provision so they only work with those who are you know 17 anyway, getting ready for independence so they only see

the very older ones. But emotionally pretty much all of them were functioning lower anyway." - Facilitator

"It has, it was originally set up as an assessment service but due to placement demand and lack of placements it's morphed now into sort of more of a longer-term residential resource." - Manager, Bridgend

"Currently our age is 11-15." - Manager, Bridgend

"Yeah we're 9 to 14, I'd say again the majority of it was. [NB Appropriate for age group]." - Manager, Wrexham

It was noted that residential units often cater for children with higher levels of need than those living within foster families (Berridge et al., 2012) and that the training could not always cover the diverse range of more complex needs, the facilitators were keenly aware of this:

"Sometimes there's certain aspects in a residential, in the care of residential children where the behaviours are more extreme than the course referred to, so, for example, some of their young people, some of the young people had been restrained and staff were, some members of staff had been hurt and then for us to waffle on …sometimes you just wondered you know were we talking about the same young people I think." - Facilitator

"I think possibly, I wouldn't say a mismatch I'd perhaps suggest it was I don't know if basic is the right word but it almost needs you know in three-months time they need to do sort of Caring Changes Stage 2 where you know you're looking at delivering something about working with some of the more complex young people in your local authority. So it's almost like if that team had all started on the same day and you were

trying to get a team of residential workers ready in twelve-weeks time that would have been a cracking job you know to get them into adopting a positive response to children and sort of be affirming and you know sort of offering praise and you know picking your battles, getting that message through to a brand new staff team and trying them to prepare to hit the road in ten twelve weeks, that would be fine." - Facilitator

We can see that the facilitators believed this was a good foundation level course, however staff will have differing levels of experience and it was being delivered to whole teams. With challenging children, more strategies in addition to praise could be called for:

"But I think because of the complexity of the children they weren't, some of the staff ...didn't think that, ...you should praise children but I think they felt that something else was needed as well… not good enough or good in theory but you know what do you do when young people are being extremely challenging or you know how do you keep on just dishing out positive reinforcements you know." - Facilitator

Workers too felt that the training did not address those children with more complex needs and challenging behaviour:

"We had a very difficult group at the time and so it was difficult talking about things like star charts and things like that because we work with 17-year olds who were into substance misuse and 'missings' and sometimes {are} very rarely here." - Manager, Bridgend

"Too young. Too young. We have children that are much older because the majority of our children have already been in foster care and that has broken down because of the behaviours that they display, hence why they come into a residential setting. So a lot of

my young people are 16-17 and I felt that it wasn't really pitched at the behaviours that we have to manage here." - Manager, RCT

"I've been doing it twenty years and I mean the children now we deal with are completely different to children five years ago. You know they change all the time… The whole you know the dynamics of the children have changed. It can change from year to year but I'd say in the last five years it changed greatly… I just don't think it was enough, like we talked about incidents that had happened on the unit and …I think they know but I think they had something to deliver which wasn't intense enough for us then, that's the only word I can say, think of." - Participant, RCT

Both the facilitators and participants felt that the training was not tailored to the complex needs of the children currently in their respective homes. The training seemed often to be aimed at a lower age range than the homes catered for. Similarly, training was seen to be at a foundation level by both participants and managers:

"Think the content of the course is essential as a baseline level that all residential workers are going to have to aware of. So when we employ new staff that now will become of the induction programme." - Manager, Bridgend

Need for tailoring to home

There was usually a consultation with the managers of the home in advance of the training starting. The managers of the residential homes felt that the consultation might have been used to help the facilitators' tailor the training for their specific needs, rather than inform staff about the course:

"So perhaps it would have been better if he'd like come in and had a feel for what Dan Y Mynydd was about. they came into our staff meeting and told the staff what it was about and you know told us that you'll be doing this ten week course, we'll be covering X Y Z." - Manager, Bridgend

"We thought that this training would be very bespoke so you've got five young people, obviously every young person presents with different behaviours and for me it was a little bit about right ok this is the young person, this is the behaviours that they're displaying, these behaviours we are managing really well, these behaviours we are struggling to manage. And for me I would have liked to have unpicked more of the behaviours that we're struggling with but as a team so that we could work consistently." - Manager, RCT

"But I think just maybe something, something more around the sort of mental health issues really and how to sort of manage those. …I don't know maybe something more around working with children with complex needs and particularly sort of mental health." - Facilitator

There would appear to be a need for more tailoring of the materials for the specific age group and remit of each home.

Team working

Team: Having manager in training

Facilitators and managers believed that it was beneficial to have the manager attend the same training as the residential staff:

"Because I had initially thought that perhaps you know before we started the course I thought well I wonder how this will work with the manager being in situ as well but actually it was fine." - Facilitator

"Which I know is quite unique really because sometimes managers are seen as them and us, but that's most certainly not the case within the residential environment." - Manager, Bridgend

"I think it will probably always be really important to have the manager there because they're modelling that this is important… so it felt you know genuine that they appreciated X {the manager}." - Facilitator

"I think it worked. I mean we've got a really good team here, like I said we're all very close and I am always quite hands on as a manager, I always have been because you know I was one of them before I was manager so we've got really good relationships and we can be honest, we have fun in the job which is the main thing, we love our job and we enjoy it you know and the kids pick up on that, that's the type of team we are really. So you know from my point of view it was fine and I think the managers should be involved." - Manager, Wrexham

Some managers wondered whether participants were holding back because of the presence of managers:

"I think people were holding back because I was there and my seniors were there at some points, truthfully." - Manager, RCT

However, overall it was felt to be positive to have managers attend.

Training as a team

The managers all believed that training as a team was invaluable in residential care:

> *"I think for me, group learning for residential staff is one of the best forms of training. … And I think by doing that staff learn better and they get more from it." - Manager, Bridgend*

> *"This is an effective way to train people, having people together to share experiences is effective. And when we now delivered in this new model of training, again it's a block release so the while staff are engaging in that training." - Manager, Bridgend*

There was a strong sense that it was beneficial to train whole teams together, particularly because of shift patterns, some teams rarely met together:

> *"It seems that their work patterns seemed to be quite set so you had people that were in the same team they rarely saw each other, so they were given the opportunity to work with people that they work with but don't work with." - Facilitator*

> *"It's definitely made me feel more of a collective company, not just different houses. …I definitely feel I have built relationships with some members of staff that were on my team." - Participant, Swansea*

> *"But I think what everybody found by the end of the course was learning together was a massive thing." - Manager, Bridgend*

One of the major benefits of the training was the whole team being involved, so that all members could take a consistent approach when working with the young people. This was especially important when there were lone workers, who did not have the opportunity to spend much time with their colleagues:

"But definitely like initially like we were all quite conscious like communication I think is vital in our house because we do lone work, we do handovers. Mostly because you leave, like someone comes on and you leave …I think so it's made us sort of like just be over conscious then of like how much information or the information that we do pass on in our comms book and things like that." - Participant, Swansea

It was also important where there were larger staff groups and people had differing levels of tolerance for certain behaviour, for example, use of bad language:

"And then another important kind of thing that we went through was having realistic expectations because one of them was about a child swearing and in discussion it was like well we're actually ok if she kind of swears in the house but just not in school or out in public. So we talked about you know is that consistent across the whole staff group, do some people… And so it was really like well imagine how she feels with kind of this inconsistent response to her swearing." - Facilitator

It worked particularly well to develop a cohesive approach, but also gave staff the time out to reflect on individual children:

"But it felt that the people that were more experienced were really modelling, had established a relationship in the cohort where they modelled really great practice... I think it was the looking at the authoritarian versus the nurturing kind of approach... And they seemed to work really well as a cohort, really reflected you know and I think that they appreciated that chance weekly to come together and just reflect on the children." - Participant, Wrexham

Staff benefits: Working together

Not only did the team coming together encourage consistency across members it also brought them closer together:

> *"I think it solidified a staff team learning together." - Manager, Bridgend*

The strengths-based approach of the training also worked to enhancing a strengths-based approach towards peers which facilitated collaboration, as several participants noted:

> *"I think it gave us a good opportunity for all of us to identify each others own strengths and weaknesses when working as a team… So it allowed us to have more collaborative working then where you know we were doing our roles in the best way that we possibly could then and being supported by other colleagues." - Participant, Bridgend*

> *"I think we're quite a tight team anyway but I know that we have started to be more well like we recognise each others strengths and weaknesses more and we're also like more, not honest in debriefs but because we've picked up on certain things in this training." - Manager, Wrexham*

Attendance played a part in this, and where attendance was consistent, then this helped them work as a group:

> *"And like I said the X group had much better attendance so I think that probably helped them to perform as a group." - Facilitator*

Team: Consistency of the group

For some of the benefits of group training to be realised consistency of the participant group was essential, and in one case the participants swapped between training across two days and

this was found to be disruptive and not conducive to trust or learning:

> *"It was really quite awkward because I was running it for the same organisation over two days, there would be people if they couldn't attend one day they'd come the next day, ...and there were a couple of people who were meeting people for the first time. You know so that upset the dynamic quite a bit." - Facilitator*

There was a clear sense that should the training be rolled out again, whole teams should be trained together:

> *"I think... you know going forward I need to insist that we can train whole houses I suppose whole staff teams rather than have them sort of mixed through, that's a bit of learning for me really." - Facilitator*

Team: Allows for staff to be challenged

Working together in teams allowed staff who had perhaps become set in their ways or entrenched in their practice to be challenged by other team members or facilitators, this is especially interesting given that residential staff may work in isolation or just with one or two other colleagues:

> *"Yes [laughs]. Yeah, it was good because it gave you know with some of our more experienced staff members I think it's quite a common thing isn't it where you can get quite set in the way that you work. So I think it gave like a set of fresh eyes then to a certain degree about the different of ways of looking at things." - Participant, Bridgend*

Facilitators felt that they too were able to challenge entrenched practice:

"He was like well I disagree and I said well if you came to me all grumpy and frowning you're not going to have a positive reaction back and that's what the young people are seeing... You know so it did open up a lot of discussions which was good." - Facilitator

This allowed for good team reflection and debate around topics and for learning from each other:

"You know they weren't always agreeing with everything but it was healthy, very healthy debate around I mean most issues they were together on but you know sometimes there were sort of differences of opinion but it was managed incredibly well. And just you know people were very willing to listen to each other's point of view and the challenges when they did come were very positive and appropriate I would say." - Facilitator

Homes greatly benefitted from training together and had continued to arrange for further training in this format:

"We've had two team days since then just because like it was so nice to spend that time together that I've made more of an effort now to put team days on the rota." - Participant, Wrexham

Team: Key individuals

Interestingly, as is often the case with group work (Tuckman 1965) individuals played a key role in helping the success of the training. This was exemplified when an individual moved groups and completely turned it around:

"Now this {person} is normally on the X group, s/he turned up on the X group on the last session and it was one of the best sessions we had with that group you know they were much more involved... But there was one character from the X group who then appeared

on the X group in the final one and actually who was difficult to work with and the X group which had normally been quite a positive group, actually was quite hard to work with." - Facilitator

Similarly, where there were pre- exiting hostilities between workers, it made it more difficult for the facilitators of the training.

Benefits for staff as a result of training

Recognising needs

One benefit for staff was encouraging them to think about children's past lives and to see behaviour in this context:

"So it kind of made me think a little bit actually they could be making a mess in their room or not wanting to wash because that's kind of the learned behaviour they've had from their lives, does that make sense? … I think it's important to try and remember the journey they've had and why they've ended up in, or how they've ended up in residential care then really. …The course kind of made us, definitely made me think more about that and just be more mindful." - Participant, Swansea

The training encouraged workers to look behind the behaviour and consider both the cause but also its meaning:

"Breaking down the behaviours, looking into their meaning?" - Participant, Bridgend

"When we looked at ABCs and how all behaviour has meaning?" - Participant, RCT

Staff benefits: Confidence

The benefits of the training for newer members of staff was recognised by managers, as it helped to build confidence in workers:

> *"I think for the newer members of staff yes certainly, it made them feel more confident."*
> *- Manager, RCT*

Participants themselves also felt increased confidence in their work as a result of the training programme:

> *"I think, I think it gives me a lot more confidence in the way that I work as a practitioner." - Participant, Bridgend*

> *"I was quite confident before in like my ability to work with the young people here. But I do definitely think it has just reminded me…to try and listen to them a bit more, be more clear, to be more detailed with things. Just to remind me to go like that so yeah I guess I probably am a bit more confident now in that way because I feel like I've bettered myself." - Participant, Wrexham*

The workers also felt more skilled and purposeful in their role:

> *"Yeah I'd definitely say it's made me more confident really in my job role. It's given me new ideas you know such as reflective listening and things and I'm trying to implement that into my practice a bit more and seeing how that works." - Participant, Wrexham*

Some felt they had clearer expectations of their role:

> *"I like to think so in terms of you know it's made me more competent in my role which ultimately you know I'm better at my job, I'd like to think they can relate to me and you*

know it improves our relationship really because I've got a better understanding of what's expected of me in my role really." - Participant, RCT

And others felt they had more confidence in their own ability:

"I feel more confident in my ability to do my job within." - Participant, Bridgend

Staff benefits: Reflective

Many of the benefits could be attributed to developing the skills of reflection. The opportunity of taking time out of work to stop, think and reflect (Kolb, 1984) was much appreciated:

"I think it was do with reflection …there was a lot of good practice going on, but I don't think they realised why they were doing it or what the effect maybe that has on the young people they're working with. So the reflective side I think that was good, was a very positive impact." - Facilitator

"I'm more reflective in my practice." - Participant, Bridgend

Self-reflection and emotional intelligence (Howe, 2008) were also features inculcated by the training:

"I think is important for all the staff is that, that self-reflection too and it's being aware of your own feelings and your energy levels and how that can actually transfer and affect the way that you work with young people." - Participant, Bridgend

"The reflection led to a more clam and considered approach to working with young people, I think it's made me more reflective and more of a calm and positive attitude

towards the young people. I mean like I say I'm quite a positive person anyway but I think yeah I'm just definitely more reflective." - Participant, Wrexham

Staff benefits: Positivity

The strengths-based approach to children also had an impact on the morale and positivity of staff, with some understanding of circular causality (Trevithick, 2012):

"Gives you a bit more positivity and so because you feel more positive your reaction to young people is an awful lot more positive and then it's got an ongoing effect then hasn't it? I think we all impact each other in you know one way or another because we're all in quite close proximity to each other aren't we so yeah." - Participant, Bridgend

"I find that handovers are a little bit more positive and it's like oh unfortunately we had this behaviour but this is how we managed it and actually it ended really positive… and I think that the staff are really showing that in their handovers like they're resolving it and then they're giving you the positive rather than just the negatives." - Participant, Wrexham

This conscious operating meant that staff took on board some seemingly basic practices of, for example, of always remembering to say greet and leave people respectfully:

"It was like always every shift you make sure, it doesn't matter how hard it's getting, you go back. One thing that we do but it reminded staff to do and plus the new staff was if they've been abusive towards you and you know that they've had a challenging time and they go to their room always go back and say goodbye." - Manager, Bridgend

"Saying good morning to a child every morning and have a positive approach to them.

And I did it myself, …it was one child that never said good morning and I did it consistently and after five weeks that child said good morning to me every single time. It was a small thing but that sort of repetitive approach makes change and I think a lot of the elements of the course that was part of it, you can do small things that over time will make changes." - Manager, Bridgend

Overall, staff felt more positive about their work:

"I'm more positive about the work I'm doing." - Participant, Bridgend

And most importantly many felt strengthened in their resolve to help improve the lives of the children they were working with:

"Strengthen my resolve for wanting to improve outcomes for young people." - Participant, Bridgend

Course elements, tools and techniques

There were a range of opinions regarding the tools that were taught during the training. The majority of participants felt the training allowed for staff to reflect and re-evaluate their work. For relatively new staff it was felt that they learnt a range of new skills:

"So for long-term staff it sort of allowed them to sort re-evaluate where they were at and then for the newer end of the staff they most certainly learnt new things and new techniques of working with young people." - Manager, Bridgend

We divide each of the tools separately and note the comment from the participants.

Ignoring behaviour

Participants were positive about the technique of ignoring behaviour, especially low-level challenging behaviour:

"When you sort of use a technique of perhaps just ignoring certain behaviours so that you're not giving them the attention and stuff they need. I found that really useful because again, it's something I feel I do and do you know what I mean, you kind of pick your battles and sometimes they're playing up because they want your attention but it's making sure they don't get attention for the wrong reasons because otherwise then they learn that if they continue to do that behaviour they're going to get what they want eventually because you give in." - Participant, Swansea

"I wouldn't say it was something that was brand new but it was made an awful lot clearer, the way that it you know it just made perfect sense then the way that it was explained." - Participant, Bridgend

It was important however that everyone in a home responded in the same way,

Ignoring low level behaviour but realising the whole team has to do the same thing for it to work.

Lots of participants gave examples of where this technique had worked well:

"But for him, those clear boundaries and then lack of response then to the behaviour that he knew he shouldn't have been doing, it worked quite well. …we did have a slightly more volatile young person with us at that time and for them it was that approach of low arousal and taking yourself away from the situation when they were confrontational, I found that that worked as well because they had the time to you know calm down." - Participant, Bridgend

"And at times like with him like the other day he was a bit annoyed at something so I went down to speak to him because he is quite rude to staff and he sort of said to me, don't speak to me, just leave me alone. I was like right ok he has asked me to do that and I just kind of remembered so I took a step back and then ten minutes later we

walked down the shop and he, he interacted well and we were having a laugh and a joke." - Participant, Swansea

The technique of ignoring was widely well-received and this is demonstrated in the quantitative data collection.

Reflective listening / one-to-one time

The technique of reflective listening was similarly well-received, and allowed children to control the interaction or activity without too much interference from staff:

"So I think, I think it was, for me there was sort of a couple of times I thought yeah the reflective listening I think they've really got a lot from that you know they're not sort of rushing in and wanting to sort of try and problem solve." - Facilitator

"And then it's about how to like listen to them, you have to give them like all your attention when you're listening and not to be doing something else so that they feel that they are being listened to." - Participant, Wrexham

"… For example I know I done a shift, it was back in February and we were making Valentines cards and just sitting back and you know normally because I am one of these people that will say oh why don't you put this there and why don't you write this there and make your card really nice and obviously from the course we allowed the young people to make them however they wanted and even if they spelt something wrong it was ok because that was their card and I think that's an example of something that was learnt from the course we've brought it into the home and it was an enjoyable activity." - Participant, Wrexham

For some participants reflective listening was quite challenging:

"I always struggled with the awkward silence part of you know trying to fill in the gaps in between the conversation rather than allowing the child to you know have time to reflect and to open up. So you know to accept the silence. That's something that I've tried to implement really in allowing the child more time to respond and stuff in key working and in the hope that he opens up a little bit more really." - Participant, RCT

However, when participants got the hang of reflective listening, it worked well as a technique:

"There was a topic as well of not fixing things for people but recognising their emotion and acknowledging that you can see that they're going through …and that's definitely something I have changed in what I do now to allow the young people to resolve their own issues and problems but obviously with the support from staff, I think that was a big learning curve for me." - Manager, Wrexham

Praise and taking a strengths-based approach

One of the techniques taught was praising the young people and taking a strengths-based approach, rather than one focussed on deficits. Staff found this useful and also found it helpful when applied to the themselves as they often rarely received praise for their own work:

"I mean the positive praise and all that we do anyway and it was good to have that recapped and that you know and it was nice that, it was a nice feeling in the office as well when you know {facilitator} was saying do it to each other and even though you know some of it was tongue in cheek it's put a smile on people's faces and it was fun you know." - Manager, Bridgend

The positive praise also worked well for young people:

"The positive praise I really liked, it's something I'm quite keen on myself and I think sometimes like especially when you've got a young person who is normally well behaved anyway perhaps like some people it can go unnoticed so people are well they're always good so they don't get praised." - Participant, Swansea

This approach for even seen to be effective when working with young people with quite complex difficulties:

"History of sexual exploitation. Quite demanding. Very sort of knows her own mind …and I actually did a key working session with her because she wasn't meeting curfew and she was actually coming back quite late. … after I had done the key working session last week she actually made curfew and if not, came home early so when I was on shift a couple of days ago and I'd had lots of feedback from the rest of the team about how well she was doing, when she came to sit with me I actually did sort of just praise her and just say look I really appreciate your working with us and kind of just reinforced why I'd done that and made her realise, sort of made her aware that actually we're all really impressed with her and really appreciated that and it hasn't gone unnoticed sort of thing. And to be fair, she seemed quite, to react quite good to it to be fair." - Participant, Swansea

The shift away from a deficit focus was well-received.

NATS and PATs

The technique of identifying automatic negative thoughts (NATS), often known as self-talk, was taught to participants, and then correcting these with automatic positive thoughts (PATs). This aligns closely with taking a strengths-based approach and was well received by participants:

"I really liked the NATs and PATs, I think that made all of us a little bit more positive and it's like you know all our young people are in care for a reason and they're all going to have the struggles and they're all going to have the difficulties but let's concentrate on the positives and I think that had an impact on the team." - Participant, Wrexham

"NATs and PATs I'd say one of our young people is really unhygienic and quite messy but then we discuss this in team meetings and we say you know yeah ok her room is you know a mess and she might not be the most hygienic but look how far she has come in this way and look at how she is engaging into education where she wasn't in education before she came to us, she is showing us a really lovely side and so we've used that in team meetings." - Participant, Wrexham

I messages

One of the techniques was getting staff to avoid the use of 'you' when communicating with young people which often sounds blaming or accusatory, and instead taking responsibility for how a situation or behaviours made them feel, by using 'I' instead:

"I really like the 'I' messages that they used. It made me reflect on the way that I respond and speak to the young person you know it's a more effective way of rather than using 'you' because like sometimes that can be seen as a blame can't it? So that for me was a really good point and I think it just gives the young person an insight to how their behaviours impact on other people, it's the way that you discuss it with them."

"It's about remembering how to use things and its new techniques you know because I loved the I messages, I think a lot of people went away after that unit and were going oh god wow like it was a bit of an eye opener." - Manager, Wrexham

Rewards

The training advocated using a reward system for behaviour, with very specific and clearly identified goals. Most participants were positive about this model and gave examples of where this worked well:

"Definitely rewards and reinforcements… our reward charts were quite detailed and this is the session I struggled with because I took my rewards charts to them and they were both, not negative about them but in a really pleasant way, saying that maybe we're concentrating on too much. And at the time I really disagreed and I thought well no we've been doing this for years, but actually they were right and we have changed them, we've adapted them and they are working a lot better. We're concentrating on more specific goals rather than too many things so I think that was an eye opener for me." - Manager, Wrexham

"Yes so if like, like one of the kids [name] the autistic boy, …his goal is to, we were trying to get him ready for school and stuff and he was really struggling with that then we were like giving him pay-offs so goals and giving him things, so he went for a week on time then he got a pay-off then off -he went to play. He wanted to go and play golf with me and another staff member so we took him out and that was his like reward and since then he's getting in a really good cycle now of getting ready for school and going in on time." - Participant, Wrexham

Home practice

Much of the training was reinforced by participants being required to practice the learned skills between training. However, participants found this difficult, and the lack of practice was frustrating for facilitators:

"Gosh, across the two groups I had maybe two or three people who would regularly do it and that was their home practice was one of the biggest issues and as much as I would say you know this is for me to check your knowledge, to check your understanding of the things we're doing and the things we're talking about, so please do it." - Facilitator

"That was poor yeah yeah. Yeah it was poor, very few people actually formally did the homework, the one or two who did it were really good but some people could apply what they'd done." - Facilitator

"One reason, one reason was that they fed back inasmuch when the key working different children, the key working staff weren't always on the same day and they wouldn't necessarily see each other again until later in the week..." - Facilitator

In homes where there were very few children, it was also difficult to look for opportunities to try our all of the techniques:

"Homework was difficult because at the time we only had two children... that was something that we couldn't plan for you know it would have been lovely if we'd had five children then it would have been much easier. But no staff liked the homework bit but like they said it was quite exhaustive of the two individuals." - Manager, RCT

Home practice often turned into recounting the weekly progress of children within the home:

"Struggled a bit with home practice and tended to retell the week of the YP." - Facilitator

However, those who did undertake the practice found it beneficial:

"Yeah and actually I was quite surprised sometimes because some people who I thought may have been a bit more resistant actually went away and did it every single time because I think they wanted to learn." - Manager, Bridgend

"But the big difference with this was the learning required to be tested and I think what that does, that reinforces learning." - Manager, Bridgend

Topics

We will comment on the individual elements of the programme where noted by participants, although the overall sense was that things could have been covered in more depth.

Mental health

The facilitators mainly commented on this topic, noting that they would have liked to have included more on this topic. They noted that they were not experts and that they often felt the need to defer, however one manager highlighted how the training had helped them appreciate that they needed more specialist mental health support for one of their young people:

"We had been really struggling with one of our young people and we were able to actually all reflect on our way we were trying to manage his anxieties … Manuela was able to tell us you know this is severe anxiety and you need to get CAMS involved and from that we did do that, so things have moved on for this young person so it's good to have the knowledge really and expertise in that field I suppose." - Manager, Wrexham

It was noted that there was great interest in the topic of mental health and that participants engaged well these sessions.

Resilience

The topic of resilience was commented on mainly by the facilitators noting the importance of the topic:

"I think the resilience one was, I thought was a great session and I'd like somehow to sort of hammer that home. Not because it was received poorly but I think it had so much relevance to the residential sector." - Facilitator

Both a manger and a facilitator noted that there could have been more on this topic:

"I thought the bit about resilience could have been expanded on a bit more you know." - Manager, Bridgend

"Resilience particularly with the age groups you're looking at for residential I think maybe a greater emphasis could be placed on that but even so, I think it sort of crosses maybe four sessions in total." - Facilitator

Attachment

The materials on attachment were well received, albeit at a foundational level:

"I think that so at a base level it met their need, I think some elements of it would require more specialism to go into it further, that you look at attachment and all the stuff around that…it gave them an overview, some insight." - Manager, Bridgend

The same manager added that they would also like to have seen more application of the theory of attachment and how to work with young people who had these types of difficulties:

"And their attachment disorders like how do you work with a young person with attachment disorders and that's what I said to Kirk, that's what I would have liked to have seen after the attachment session." - Manager, Bridgend

Risk-taking

There were very few comments about risk taking, other than that it could be covered in more depth:

"Risk-taking and you look at risk-taking towards the end and I don't think we really spend a lot of time on that either." - Facilitator

It was usefully noted that there could have been more of a focus on the positive aspects of risk taking, rather than solely on risk aversion:

"Maybe like the positive risk-taking and things like that a bit more in-depth maybe." - Participant, RCT

Education

The facilitators mainly commented on the importance of the material on education and this this was well received. Education and liaising with schools was one aspect that participants that the participants enjoyed and wanted more of. This was an area that had improved as captured in the quantitative data.

Relevance and level of training

Several of the facilitators highlighted that they did not think the programme would be teach participants 'new knowledge', but rather it provides an overview and would be about consolidating knowledge and reflecting on current practice:

"It's not really assuming a lot of knowledge and it's pitched at a level because we're quite conscious of saying look you know we're not going to be teaching you anything brand new in particular." - Facilitator

"I always start the course with you know nothing I'm going to tell you is brand new, nothing is rocket science... But what we want you to do though is have a think about why you're doing it..." - Facilitator

Again there was a feeling that the course met the fundamentals but many areas would require more specialism:

"The course was working on an overview of a number of different types of ways of working that was useful to give them a broad spectrum of what they could consider. I think that at a base level it met their need, I think some elements of it would require more specialism to go into it further, …But what it did do, it gave them an overview and of that overview gave them some insight." - Manager, Bridgend

Learning for newer workers

In the sense that the course provided a foundational overview, it was seen as particularly useful for newer members of staff and was more in-depth than the social care induction

"From a new person coming into residential, I think it was a really, really useful and beneficial course and qualification for anybody to do." - Participant, Swansea

"I will say it was more in depth, obviously I am a new member of staff and new within the role really as well so for me you know it more in depth than the social care induction I found." - Participant, RCT

Some managers felt they would be using the materials in future for their new recruits:

"I think it would be quite relevant for our new recruits who I'm going to be taking on after next week because they are new, they will all be new to residential ... But I think that the type of training that we have just done with Confidence in Care was the ideal for them as new starters to pick up stuff." - Manager, Wrexham

Positive reinforcement / Adapting practice

The training encouraged participants to reflect on their work and offered the opportunity to try several different approaches:

> *"It provides staff with new ideas because they may be trying one approach that maybe one has functioned as well as it could have but a different approach works better." - Manager, Bridgend*

> *"I think they liked to sort of look at what they were doing well, but they were also wanting to sort of know what they could do that might be different, that might improve things." - Facilitator*

> *"They were open to reflecting on their practices and quite sensitive and always put the children's experience at the forefront of their decision-making." - Facilitator*

For some participants they were already using a range of the suggested techniques and for them it validated their approach:

> *"They were doing a lot of what the course tools which we'd been advised, they do a lot of the work anyway but actually seeing it in the black and white and putting a name to it, I think for them it validated their role." - Manager, Bridgend*

> *"I found the course really relevant and helpful because it had been, or it is my first role within residential care it kind of helped me sort of reinforce what I was thinking because I had been sort of doing the job for a couple of months before starting Caring Changes and it was just nice to have a bit of reassurance and a bit more sort of understanding*

about like perhaps what the young person goes through whilst they're in care." -
Participant, Swansea

For others it was a refresher of aspects they already knew:

"It's just like the reassurance and the refresher of how young people perhaps end up in care and the trauma perhaps they've had but." - Participant, Swansea

"I think it was relevant, it was really positive and very very relevant to our work. I think for us personally a lot of it was more reminders because we kind of were doing a lot of it anyway. But obviously there is a refresher and a reminder for us." - Participant, Wrexham

And for managers they felt it often consolidated their way of working as a team:

"Yeah you know I don't want to be saying oh it was fantastic, it was fantastic but it really benefitted me in saying well actually we do work like that but it was nice to reflect and get together you know and go over things. But a lot of the staff didn't learn anything too new, they picked up little bits if you know what I mean." - Manager, Wrexham

Over simplistic

For very experienced staff some felt that it taught them very little, particularly as most of the training was not in any depth:

"As an authority we have very good training and I think that those members of staff that have gone on attachment training and different things found this very laborious because

it didn't actually tell them anything they didn't already know, and it didn't make them question their practice." - Manager, RCT

"And I think that's what the problem was, there was an awful lot of good topics during the ten weeks but the depth of discussion was not there." - Manager, RCT

As the course covered fairly general material, there was a risk of patronising more experienced practitioners, as several people noted:

"Feel slightly patronising …Repetitive at times. Patronising at times." - Participant, Wrexham

"Well yeah that's what I mean and I didn't mean to sound bad earlier when I said patronising but I've been around quite a bit and I'm open to training, learning, everything, because you learn every day on this job. You know but I did find some of it was I was thinking god I knew that years and years ago." - Participant, RCT

Staff educational capacity

The facilitators too were aware of the limitations of the material and that it could sometimes be too simplistic:

"I don't think it was too complex. If anything maybe sometimes a bit too simple. But again, this is one group that was very very experienced and professional I don't know if it was another cohort it would be different." - Facilitator

"I think perhaps on the sort of negative side, it felt that perhaps some of the course material at various points felt rather basic for the level of experience within the group that we had." - Facilitator

There was a sense that the material might be appropriate for foster carers, who might not have accessed training through other employment routes:

> *"Whereas with foster carers it's different you know they go into it for a different reason and sometimes, not always, but with a lot of foster carers they find that sort of learning more challenging." - Facilitator*

It was noted by the facilitators that most of the staff were already educated to degree level:

> *"Most of the staff that I've got are degree level… more to get their teeth into." - Manager, Bridgend*

> *"Don't know. Some would. Some would because there were lots of bright young people there you know with degrees who have I don't know people with nursing experience..." - Facilitator*

Post-course consolidation of learning

The model is predicated on the facilitators visiting the homes after the training to consider how the teams could take the training forward, it was unclear whether this happened in all homes. The facilitators were expecting that the post-course visits would vary for the different groups. For example, both the facilitators and the care home manager in Bridgend reported that this visit would be the chance to consider further training, and the potential for more block training:

> *"For him to come three or four times to actually discuss what we'd learnt and how we could progress it forward again and kind of like revamp, recap on what we'd learnt." - Manager, Bridgend*

"Looking forward to having the recap from X & X when they come back." -
Manager, Bridgend

Others were keen to consider how the course content related to their home specifically and the young people that they worked with. The facilitators noted that thy were looking forward to this aspect of the work, as there was still further of progress that could be made:

"We felt we were really excited to do the follow-up sessions because we thought certain areas needed covering again like the one on one time ...but then when it got down to really kind of practising it there was still a lot of learning that could have been done there." -
Facilitator

Findings from the quantitative data collection

Analysis of pre and post-course survey statements

All participants completed a pre-course questionnaire, either at the induction or the beginning of the first training session (see methodology). A post-course survey was given to participants one month after completion of the Caring Changes training course to see how much information people had been retained, and to give them a chance to practice and embed the methods learned.

These statements were analysed using the Wilcoxon signed rank test, a test suitable for analysing repeated measurements from the same population, in this case before and after the course. The test measures the median score for the population at the two time points, and

tests whether any difference between the time points is statistically significant (ie whether the difference is due to attendance in the course rather than incidental.

Of all 59 questions/statements regarding managing behaviour and carer self-efficacy, only five proved to be 95% statistically significant (with one having 90% significance. This means that we can be 95% confident that the change in responses to these statements is due to the effect of attending the course, rather than other incidental reasons. This may in part be due to the small sample size, which hampers measurements of significance. In addition, the Wilcoxon signed rank test is based on calculating the median difference between the pre and post-course data (Ekstrom 2012). If a before/after score is the same by a particular participant the pair is discounted. It is known to be the best test to use for analysing small datasets with two time points.

All quantitative analysis of these before and after statements include a stacked bar chart illustrating the difference in response to statements before and after the course.

The majority of the significant results relate to actual change in practice as a result of attending the course. The first concerns the young person being left alone when they do not want to talk. This is one element of relationship building, with the course content including practitioners talking and listening to young people, but also giving them space when needed. This focus is reflected in a significant shift in results, from 36.7% of practitioners often or very often giving young people space when needed before the course to 50% after. This also demonstrates increasing consistency across the staff team in terms of practice. Using the Wilcoxon signed rank test the significance value $p = 0.048$, meaning at 95% percent confidence that this change is due to attending the course.
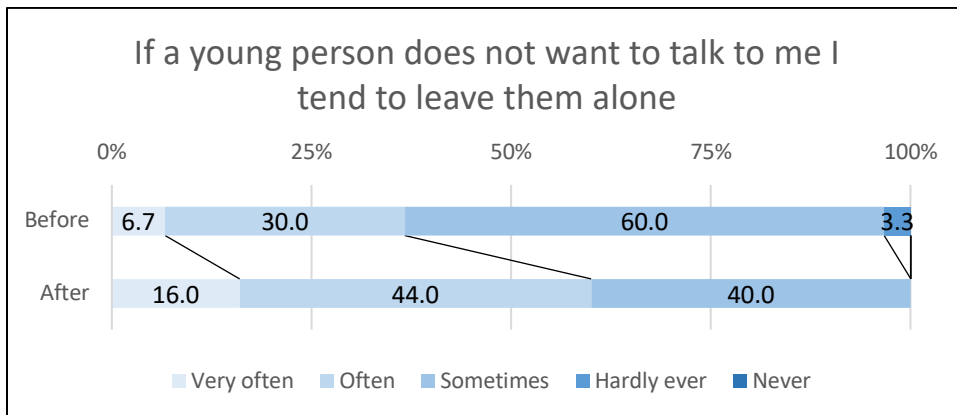
If a young person does not want to talk to me I tend to leave them alone

	0%	25%	50%	75%	100%
Before	6.7	30.0		60.0	3.3
After	16.0	44.0		40.0	

Legend: Very often · Often · Sometimes · Hardly ever · Never

Figure 6: If a young person does not want to talk to me I tend to leave them alone

The second measures relates to the ignoring of minor misbehaviour, with a similar and sizeable positive shift, from 32.3% ignoring this behaviour on a very often or often occasion before the course to 50.0% after. This increasing tolerance across the team again shows great consistency in practice on a topic that was a real focus of the training. On this occasion the confidence value that the change is due to the course is slightly lower at 90% (p=0.094).

I ignore minor misbehaviour

	0%	25%	50%	75%	100%
Before	9.7	22.6	54.8	9.7	3.2
After	16.7	33.3	50.0		

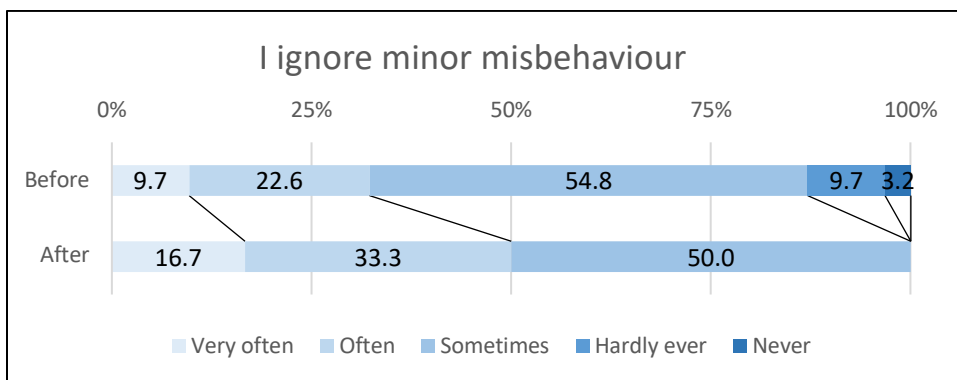Legend: Very often · Often · Sometimes · Hardly ever · Never

Figure 7: I ignore minor misbehaviour

The pre-course data indicated that 3.2% of practitioners often argue with young people, with an additional 12.9% arguing sometimes. Once again there was a statistically significant

reduction (p=0.023, 95% confidence) due to the course with 8.0% reporting sometimes arguing with young people in the post-course data.
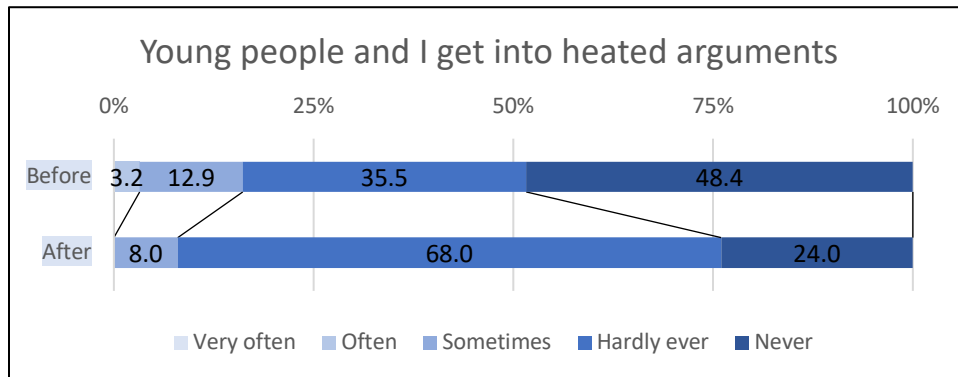
Figure 8: Young people and I get into heated arguments

For the measure 'When I play with young people I show them what to do', almost 80% reported using this behaviour on a very often or often basis before the training. This had fallen to 56% in the post-course data, with 12% hardly ever showing young people what to do. This change was statistically significant to 95% confidence (p=0.021). There was little mention of play with the young people in the qualitative data and analysis but this indicates a move towards spending time around the young people in the setting without taking control of activities.

Figure 9: When I play with young people I show them what to do

The result of interest concerning changing practice relates to practitioners supporting young people with homework and reading. Before the training course 35% agreed with the statement that they spend time supporting this education activity, with this rising to 75% a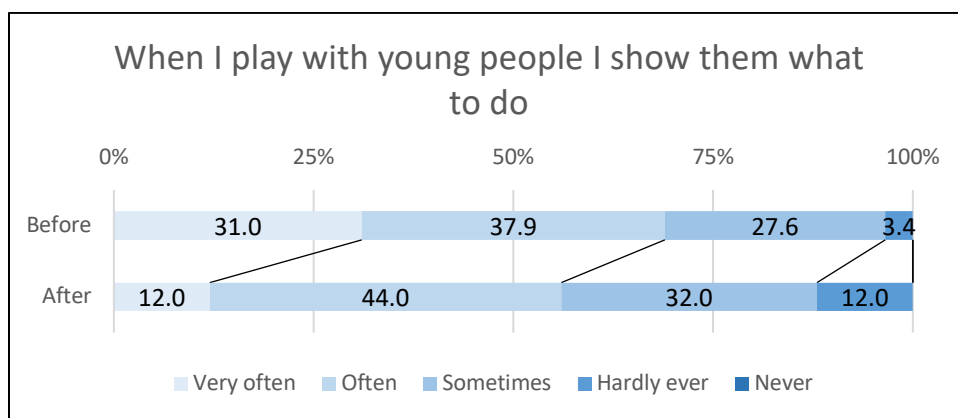fter the course. This change had 95% statistical significance (p=0.004). This result reinforces the qualitative finding of the educational part of the course being well received and a greater education focus suggested in the future. Supporting young people to attend and succeed in school is clearly important to residential care workers.

I spend time helping young people with reading or homework

	0%	25%	50%	75%	100%
Before	9.7	25.8	51.6		9.7 3.2
After	29.2	45.8	25.0		

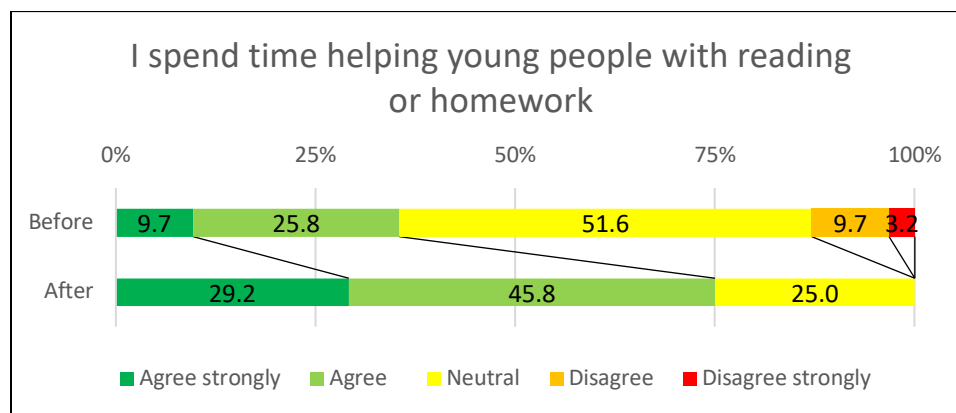■ Agree strongly ■ Agree ■ Neutral ■ Disagree ■ Disagree strongly

Figure 10: I spend time helping young people with reading or homework

The final key measure relates to the level which the feelings, attitude and behaviour of the practitioners affects the behaviour of the young people. The results show a negative shift with 22.6% of respondents disagreeing with the statement prior to the training course. The change is substantial and statistically significant (p=0.006) with over half disagreeing with the statement following the course. Upon first consideration this result seems counterintuitive to the qualitative findings but also the quantitative as it suggests that practitioners do not view their practice as influencing the behaviour of young people in their care and perhaps do not recognise circular causality (Trevithick, 2012). However, one potential explanation could be the ongoing theme of the complex needs of the young people including mental health issues that are a result of their lives before entering care. Potentially this findings could be a result of the

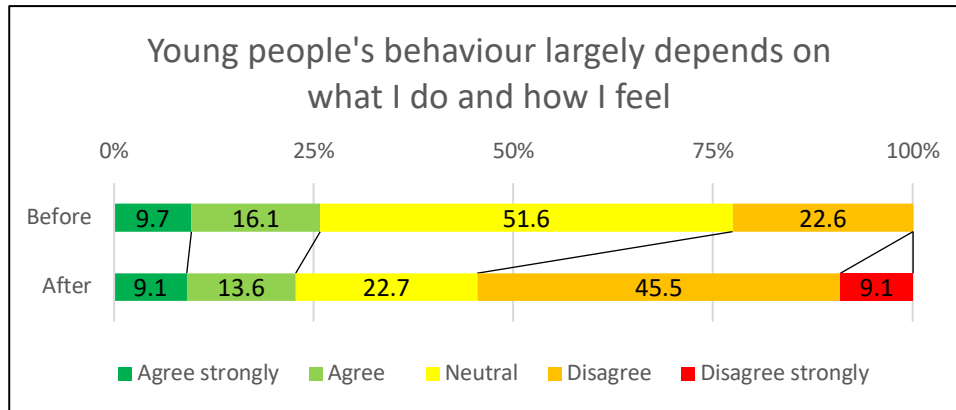realisation that young people's behaviour is the result of the myriad of challenges that these children face.

Figure 11: Young people's behaviour largely depends on what I do and how I feel

Interviews with young people

We interviewed four young people who were living in the residential homes, we interviewed them after the staff had received the training. The interviews involved creative methods of drawing, eco maps and scaling exercises taking a mosaic approach (Mannay et al., 2017). It was not possible to determine whether the young people perceived that there had been a change in staff behaviour as a result of the training; none had noticed any changes. However, the young people made some constructive points about their relationships, who they trusted and how they felt that residential care could change to become more 'homely' which we would not want to lose.

Getting along with other young people

Other young people in the home were seen as particularly important: all felt that there was at least one young person in the home that they would speak to about a problem. However, young people who they did not get along with could be particularly problematic. The movement of people through homes has been identified before, especially given their potential impact on

other residents (Girling, 2019). Stephen had a particularly difficult relationship with another resident and this made group activities in the home difficult for him:

> "Yeah no that's not the issue, I would love to do it. It's just with that young person I don't really want to be around her and like I said I don't really want to be around her on my own anymore because I don't feel very, I think it makes me feel a little bit uncomfortable being around her…"

Thus, it is important to think about the make-up of a home, and the potential impact of incomers who may upset the balance and arguably children should be involved in the choice about new residents.

Having someone to talk to and support networks

One of the target activities focused on who you would speak to if you had a problem, and workers in the home ranked highly alongside siblings. Specific social workers and teachers were also potential people to speak to, but the majority of these workers were off the target completely, see figure 1.
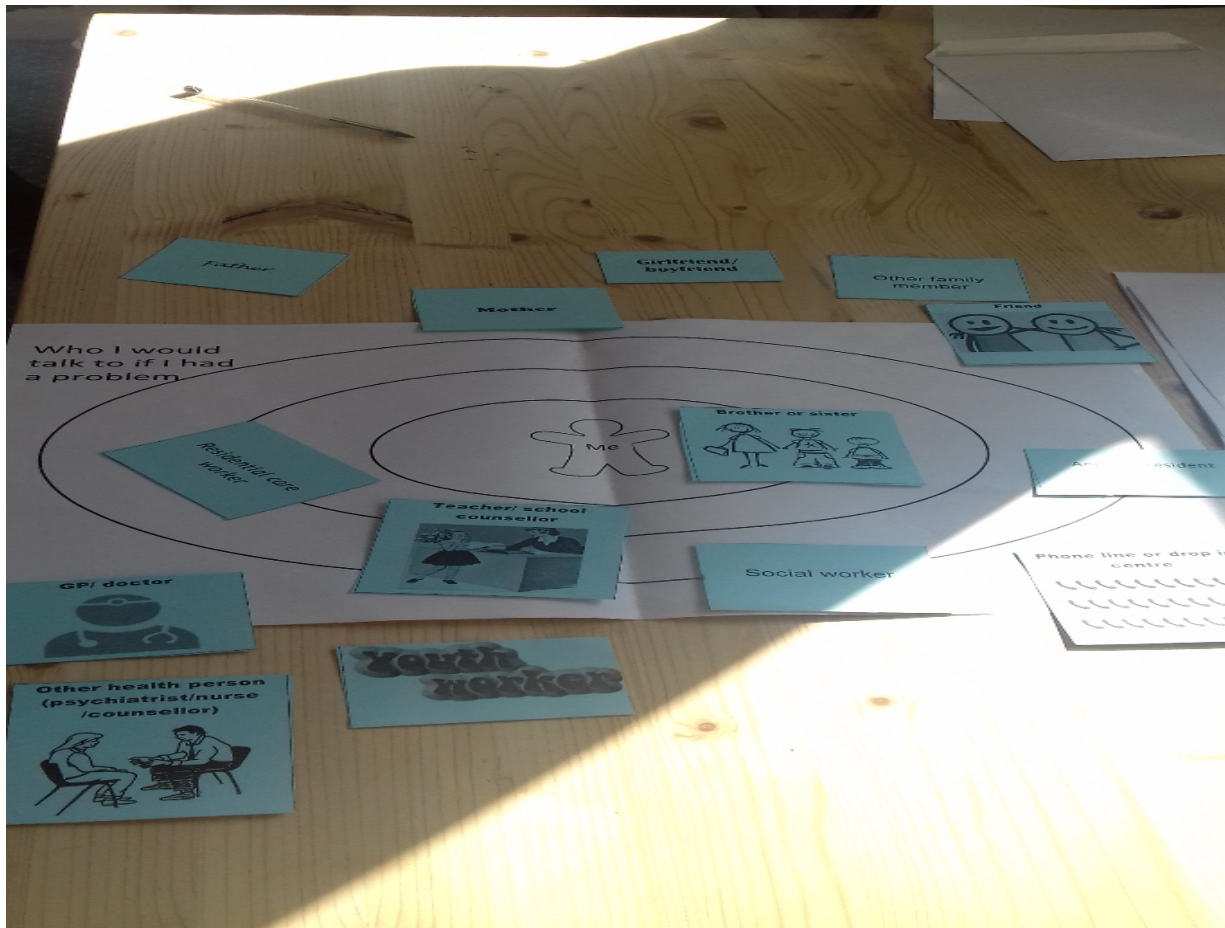
Figure 12: Participative technique

One young person however was positive about their social worker, noting:

"We've got such a good one, we go out to places yeah... I'm going out with her this afternoon…. Yeah. We're going for fish and chips, or McDonalds, one of them don't know...We talk yeah'." - Paul

He goes on to describe playing on bicycles and doing activities with staff and other young people at the home:

"On the bikes and we go and play tip or whatever, or police pursuit don't we on the bikes?"
"we run around the garden."

The young person valued doing activities with both staff and other young people, and he discussed stripping bicycles with one of the workers. Talking is often far easier when undertaking activity or playing together; it is more natural and conducive to sharing (Ferguson, 2016).

Some of the young people felt they had become more trusting over their stay in the home. All of the children had positive relationships with at least several members of staff. Danielle had been in the residential home for two years, she had a positive relationship with her key worker and always has done. If Danielle gets upset she feels the worker always responds:

> "Yeah because I know that they never ignore it if I'm upset, they'll always sort it out for me."

Danielle feels she has a strong connection with her keyworker who she can always rely on:

> "They will always be there… (We have) Got a good connection."

More generally, Danielle felt that the workers helped with her emotional wellbeing:

> "To like help me to get back to being happy again."

Danielle had a lot of support from friends and family:

> "Yeah friends in school, around school. Brothers and sisters, family. Other family members like my aunties and uncles. They're just carers from here and then if like my boyfriend and stuff."

Thus, we can see the importance of support networks both within and outside of the residential home:

> *"Young people were asked about the key attributes of an 'ideal' worker, and these were listed as follows- reassuring, sociable, respectful and responsive. Stephen in particular wanted a worker who was natural, him/herself and 'happy' in their work."*

Stephen felt he could not trust all of the workers but had three to four workers who he could rely on. Stephen chose to be interviewed in the presence of one of his keyworkers, Sam. Stephen felt that the key workers that he got on well with were attentive and attuned to his needs:

> *"I know you notice very well don't you, because you know me."*

Stephen describes some staff feeling more confident than others and certain staff are relied on to sort out certain difficult situations, especially the male worker, Hugh. Workers may be called upon to perform certain roles, and potentially this could be gendered.

Generally, the young people felt that they could talk to staff and they were given the time needed. Some young men noted the importance of a male worker, as in certain situations thy felt only able to talk to a male:

> *"Well I was going to say there are some subjects that only males I can speak to about, some situations.... just puberty and things like that." - Stephen*

Discussions about puberty and other very personal matters are likely to be gendered (Pithouse and Rees, 2014). Stephen also noted that he was close with female staff:

> *"I've got one connection with someone like really, really close, so I'd speak to her."*

Manging behaviour

Many of the young people managed their behaviour by secluding themselves and going to their room when getting angry or upset:

> *"I would actually say I understand myself most of the time because if I don't feel very happy I just move away don't I, and go upstairs. Because I am upstairs quite a lot aren't I? That's my own space."*

Private physical space is vital in a residential setting as it is in foster care (Rees and Pithouse, 2019). This was in line with the training which staff received in Caring Changes, which suggested that young people be given space to calm down, but it is difficult to know whether this was actively encouraged by staff, or something that he had learnt to do. If Stephen likes the worker he spends time with them, but if they are not around, he chooses to go up to his room:

> *"I don't like spending any time with them and also times when those people are off I am up in my room."*

Institutionalisation

Stephen had strong views that he did not want the worker to be professional, rather he wanted the workers to treat him as they would their own children. He noted many of the aspects of a residential home that did not make it feel like his home, including the files kept on each child:

> *"And that big office full of files in other places which I have noticed, they've got a very small room. I'm just saying it doesn't make it feel as homely… Maybe you should stop having an office and just have a computer where you're got all the stuff on… Feels like a flipping secure unit."*

Stephen also mentioned the fob system, which he also felt made it institutional:

"I mean the fob systems, what happened to the locks that we used to have, what happened to the locks that we used to have, like a normal home?"

He went on to mention the sign on the front of the home, which had the name of the organisation and clearly signalled that it was not a normal home, he wondered why this was necessary:

"Take the signs down yeah., if you take those all away it would make the house feel a little bit more homely… Something like that yeah instead of having like a big flipping sign saying Services for Children… I also think it's horrible having fob systems on our doors, on our bedroom doors. Don't you?"

Lastly, Stephen noted that he did not like to be medicalised. Stephen had not noticed any change in staff behaviour as a result of their training and was pleased about this as otherwise it might suggest that their behaviour was contrived, and not natural.

These are all important points to consider, it may be that some small changes could be made to help children feel more at home. The positivity of staff, the giving of space when a child is agitated and the importance of spending meaningful time with children were all aspects of the Caring Changes training.

Summary and conclusion

The Caring Changes training programme ran seven courses for 60 staff. The adaptations of the training for the residential care workers had been done relatively well but could have been further improved to include more examples from a residential setting and remove all reference to foster care. Similarly, the transition to Wales had been done relatively well but could be further

amended to provide Welsh names and further examples from Wales. It is our understanding that the materials were not translated into Welsh. Clearly if the course is to be run in Wales again a full translation of all materials will be required.

The length of the course of ten weeks for three and half hours was deemed to be about right by facilitators, although there was some disagreement from participants in the quantitative data. Facilitation of the programme was widely experienced as excellent. Delivery to the whole team was invaluable, so that there was a consistent development and approach by all members. It was also seen as helpful for managers to attend the same training to provide a whole team ethos and approach. It was also important to have a closed group of participants (Tuckman, 1965), so that the audience was not changing week to week. When this did happen it was difficult for facilitators, as the group dynamics could not be predicted and the group did not gel, consolidate or move into performing stage together (Tuckman, 1965). The location of the training was significant and training was better received when delivered outside of the home, free from distractions, and in a suitably sized, warm and comfortable venue.

The range of topics covered was seen to provide a good foundation level course for those new to residential care and was received well by those new to the profession. The course was not seen to address the range of complex needs presented by young people in residential care (Berridge et al., 2012). It was suggested that a second further course could be developed with a particular focus on mental health, as this is an issue faced by many young people in residential care. There was also a suggestion that the training could be a little more bespoke to suit each participating residential home and the young people that they work with. A further potential focus for a second course would be education, with the practitioners actively supporting school attendance before the course began. The evaluation indicates significant increases in supporting young people with homework and reading, but there is also evidence that they need more support in working positively with schools and teachers.

The skills and techniques in particular, were well received, and these greatly contributed to a consistent team approach going forward. Staff felt more positive, more confident, and took a more strengths-based approach (Social Services and Well Being Act, Wales, 2014) to their own work as a result of the training. The tools noted in the interview of particular value were ignoring behaviour, reflective listening, taking a strengths-based approach, recognising negative self-talk (NATS), giving praise and the use of rewards.

From the quantitative data collection, the five areas where there was significant change one month after completing the training are as follows:

1. Participants agreed that as a result of the training they spent more time helping young people with reading or homework. This is particularly important as young people in care are known to have poorer educational outcomes than the general population (Berridge et al., 2012) and are often not supported by foster carers or residential staff (Manny et al., 2016).

2. The staff felt they were less likely to get involved in heated arguments with young people as a result of the training. From the qualitative data this would appear to be because of taking a consistent approach across the staff group.

3. The staff felt that they were less prescriptive when playing with young people.

4. Staff were more likely to give children space if they did not want to talk.

5. One other statement showed a change with 90% confidence that a change had taken place: which was that staff had learnt to ignore minor misbehaviour so that escalation was less likely to take place.

6. The participants felt less responsible for young people's behaviour, it is difficult to know how to interpret this, but might mean that participants were more aware of the myriad of other challenges that children face which might be impacting on their behaviour.

The interviews with children did not demonstrate that they perceived any noticeable change in residential staff but provided evidence of what was important to children in residential care. The young people highlighted the significance of the role of the key worker, as has been found in studies elsewhere (Cahill et al., 2016). The children all identified trusted members of staff that they could talk to within the home. They also valued spending time together with staff doing activities which allowed them to engage more naturally with staff (Ferguson, 2016). Children's relationships within homes could be problematic, and it is therefore important to consider some type of 'matching' across children within the home when considering potential new residents. Gender was also seen as significant and having role models for both gender important. Lastly, there are some basic things that could be changed about children's homes that would make a significant impact for children, these were mainly around issues of institutionalisation, for example, having the name and agency above the door, which drew attention to difference and did not feel very 'homely'.

Logic model

A logic model has been devised, adapted from Channon et al., 2020 (forthcoming). This attempts to capture the theory of change, and models some of the intended changes to be brought about by the training.

Immediate outcomes

We can see how some of the immediate outcomes had been met for staff in that they report being more positive and encouraging to children (1). They also report being more reflective about the children they work with, and in relation to their own practice (2). Workers report being more involved in supporting children's school work (3). Interaction between team members is also reported to have improved (4).

One month later

The one-month outcomes in the main are similarly met, with workers reporting improved confidence in their ability to support the child (1). We do not have any data reported to stress levels of staff (2). After one month, there is a reported consistency of staff approach as a result of attending joint training (3). Workers report improved interaction with children (4). We are not able to comment on home stability (5). Workers report a more positive outlook (6). We do not have sufficient before and after data to for the children to comment on any changes to their behaviour brought about as a result of staff training.

Long-term

As we did not undertake any longer term follow up, we are also unable to comment on the long term outcomes relating to stress levels of staff (1) or staff retention (2), other than to note that over half of respondents had been working in residential care for over ten years, with an additional 10% employed in the sector for 5-10 years, suggesting a durable (Pithouse et al., 2019) and consistent residential care workforce in Wales.

Table 4: Logic Model

Resources	Activities: General [AG 1-8]*	Activities: Specific [AS 1-9]*	Outcome: Immediate	Outcome: 1-month Post-training	Outcome: Long /Post-follow-up
1. Recruitment and training of facilitators 2. Training manual for facilitators 3. Facilitators skilled in running groups 4. Ring binder file for materials	1. Teach workers sensitive responding and how to set secure boundaries and limits [A, S] 2. Teach workers effective communication and problem-solving strategies which will help children regulate their emotions [A, S] 3. Help workers develop more positive ways of	1. Giving effective praise and understanding obstacles to praise [S] 2. Incentives and rewards, reinforcing positive behaviour [S]	Workers: 1. Apply positive, encouraging and nurturing models of behaviour 2. Reflect on and understand their own thoughts, feelings and responses 3. Get involved in and support	Workers: 1. Increased confidence in ability to support child 2. Better approach to managing stress 3. Consistency of approach amongst staff	Workers: 1. Experience reduced levels of stress 2. Workforce retention Workers/children: 3. Feel more able to have meaningful long-term relationships Children:

5. External venue away from residential home 6. Comfortable meeting room, refreshments, for arrival of workers 7. Training to happen in concentrated blocks 8. Whole group training sessions 9. Need staff cover in homes 10. Managers invested in training program	thinking and responding in stressful situations [A, S] 4. Help workers understand rejection and make sense of a child's behaviour [A] 5. Teach workers how to create conditions for trusting bonds to form [A] 6. Create a safe group space where teams can benefit from group process [A]	3. Giving instructions and selective ignoring [S] 4. Positive discipline, home rules, setting limits, natural/logical consequences [S] 5. Time out and problem-solving strategies [S] 6. Support homework [A] 7. Reflective listening [S] 8. Spending time with young people [S]	children's school work 4. Interaction with other team members Children: 5. Begin to accept boundaries 6. Start to identify, acknowledge, express and manage their feelings	Workers/children: 4. Experience better interaction leading to increased confidence 5. Improved home stability 6. More positive outlook towards education and future goals Children: 7. Regulate emotions better	4. Are more resilient to change and develop better life skills

	7. Understanding that behaviour is rooted in in needs/experiences 8. Supporting engagement in school			8. Become more settled in relationships and behaviour 9. Learn to show and receive affection

[* underlying theory of activity code after each activity: [A] Attachment Theory; [S] Social Learning Theory]

Figure 13: Fostering Changes Logic Model (Adapted from Channon et al. 2020, forthcoming

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Appendix 1: Statements

Statement
Even though I may not always manage it, I know how to meet the needs of young people
In most situations I know what I should do to ensure young people behave
I don't know what I can do to manage young people's challenging behaviour
I am able to do the things that will improve young people's behaviour
The things I do make a difference to young people's well-being
Young people's behaviour largely depends on what I do and how I feel
I am often too tired or too busy to do the things that would make a difference to young people
Whatever I do, young people will remain difficult
I can make an important difference to young people
I feel confident about helping people with homework
I would feel confident about contacting a young person's school if I had concerns
I spend time helping young people with reading or homework
Being a residential practitioner has improved my life for the better
I feel confident about the future
I enjoy my life
I praise young people
I ignore minor misbehaviour
I clearly explain to young people what will happen if they break the rules
I listen to young people with interrupting
I find it difficult distracting young people if they are becoming angry or trust
Young people and I get into heated arguments
I make sure I let young people know when I'm pleased with things he/she has worked hard on
If I warn young people that they will be punished I follow it through
I make it clear to young people what will happen if they don't do what they're asked
I give young people enough time to say what they need to say
I always ensure that I model good behaviour
I shout at young people
I notice and praise young people for doing everyday things (like tidying up)
If a young person is persistently disobedient or hurts other people, I send him/her to a quiet (boring) place
Sometimes young people misbehave just to get my attention
I spend time chatting to young people
When I play with young people I show them what to do
Young people in my care talk to me about how they feel
I always ensure that I model good behaviour
It is impossible to change the attachment problems of these young people
If a young person does not want to talk to me I tend to leave them alone

I try to have fun with the children in my care
I always try to go the extra mile to encourage these young people with their education
I find it difficult being patient when I am being rejected
I play with young people
It is my role to judge the young people person's behaviour and beliefs
I am able to help young people manage their difficult feelings
Young people in my care trust me
If young people get angry or shout, I am able to stay calm
I am a good role model for other practitioners
Sometimes when I should be in control I feel as though I am being manipulated
I have all the skills and abilities to be a good practitioner
I sometimes feel tense and anxious about my ability to do the work
If anyone can find out what I troubling a young person, I can
The problems of taking care of a young person are easy to solve once you know how your actions affect them, an understanding I have acquired
Sometimes I feel like I am not really achieving anything
The team communicate regularly
The team all have the same ethos
The team all work in a similar way with young people
The team has a high level of trust
The team works together confidently to manage challenging behaviour of young people
The team is sensitive to the individual needs of young people
The team works to develop the strengths and abilities of young people
I feel supported by the team