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Qualitative process evaluation of the Fostering Changes program for foster carers as part of the Confidence in Care randomized controlled trial

Susan Channon^{a,*}, Elinor Coulman^a, Gwenllian Moody^a, Lucy Brookes-Howell^a, Rebecca Cannings-John^a, Mandy Lau^a, Alyson Rees^b, Jeremy Segrott^{a,c}, Jonathan Scourfield^{b,c}, Michael Robling^{a,c}

^a Centre for Trials Research, Cardiff University, Neuadd Meirionnydd, Heath Park, Cardiff, United Kingdom

^b Children's Social Care Research and Development Centre (CASCADE), School of Social Sciences, Cardiff University, United Kingdom

^c Centre for the Development and Evaluation of Complex Public Health Interventions for Public Health Improvement (DECIPHER), Cardiff University, United Kingdom

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ABSTRACT

Background: Fostering Changes is an in-service training program for foster carers designed to enhance carer skills, coping strategies and carer-child relationships. The training program has been evaluated in a randomised controlled trial comparing Fostering Changes to usual care.

Objective: To conduct a qualitative process evaluation drawing on stakeholder perspectives to describe the logic model of Fostering Changes, identify potential mechanisms of impact of the program and enhance understanding of the trial results.

Participants and setting: Participants were stakeholders in the Fostering Changes program delivered in Wales, UK including foster carers invited to attend the program (18 attendees, eight non-attendees), two program developers, five trainers, 12 social workers who attended or recruited to the program.

Methods: Total population sampling with qualitative data collection methods. Qualitative data were subject to thematic analysis.

Results: A logic model summarising the program resources, activities and anticipated outcomes was generated. Implementation themes were quality of training, setting and group composition. Mechanisms of impact were identified with themes falling into two categories, group process and skills development. Potential barriers to effectiveness included a poor fit between the carer needs and the program in relation to levels of challenge being faced, age-appropriate content and responsiveness. Contextual factors were also relevant, including the existing relationship between foster carers and the agency and the perceived value of training.

Conclusions: Although the group aspects of the program were well received, the program itself did not help foster carers deal with more complex challenges and needed to be more targeted in terms of carers needs and circumstances.

* Corresponding author.

E-mail addresses: ChannonS2@cardiff.ac.uk (S. Channon), JohnE1@cardiff.ac.uk (E. Coulman), MoodyG@cardiff.ac.uk (G. Moody), Brookes-HowellLC@cardiff.ac.uk (L. Brookes-Howell), CanningsRL@cardiff.ac.uk (R. Cannings-John), LauTM@cardiff.ac.uk (M. Lau), ReesA1@cardiff.ac.uk (A. Rees), SegrottJ@cardiff.ac.uk (J. Segrott), Scourfield@cardiff.ac.uk (J. Scourfield), RoblingMR@cardiff.ac.uk (M. Robling).

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1. Introduction

There were 5780 children and young people in out-of-home care in Wales in 2019 (StatsWales, 2019), including many cared for by foster carers. Children placed in foster care are at much higher risk than their peers of poorer health, education and social outcomes (Dregan, Brown, & Armstrong, 2011; Vinnerljung & Hjern, 2018). Placement stability and the quality of relationships are key to the wellbeing of young people in out of home care (Rubin, O'Reilly, Luan, & Localio, 2007); they are identified by young people as fundamental aspects of the care environment (Morrison & Shepherd, 2015) and they are also key mediators between risk factors and outcomes (Jones et al., 2011). The Care Inquiry (2013), set up to explore how best to provide stable homes for children in England who cannot live with their birth families, described relationships as the golden thread:

“relationships with people who care for and about children are the golden thread in children’s lives, and that the quality of a child’s relationships is the lens through which we should view what we do and plan to do” (p2).

Given the complex nature of foster care, it can be difficult to gather good quality evidence of intervention effectiveness in improving outcomes. Several systematic reviews and meta-analyses have synthesised the evidence that is available: A systematic review of interventions that have been empirically assessed in foster care, identified evidence to support wraparound services and relational interventions, but there was less support for carer training programs (Kinsey & Schlösser, 2013). In a meta-analysis of group-based programs for foster carers targeting externalising child behaviours, there was some evidence of a reduction in the behaviours but there were no follow-ups in the randomised controlled trials beyond 6 months and there were inconsistent findings on caregiver outcomes (Uretsky & Hoffman, 2017). Taking a different approach, Kemmis-Riggs, Dickes, and McAloon (2018) conducted a systematic review of foster and kinship care interventions examining the components within each intervention: Effective interventions were found to be those that had clearly defined aims, targeted specific domains and developmental stages, provided coaching or role play, and were developed to ameliorate the effects of maltreatment and relationship disruption. They concluded that it is essential to target both behavior problems and relational difficulties and that to be effective interventions should focus on specific domains and developmental stages. In a recent meta-analytic review of parenting interventions in foster and adoptive care, (including carer training programs) (Schoemaker et al., 2019), programs were found to be effective in relation to the four parent outcomes reviewed: sensitive parenting, dysfunctional discipline, parenting knowledge and parenting stress but the results in relation to child outcomes were less clear. It was also not possible to identify specific program elements that are effective in improving outcomes. The review authors concluded that there is a need for further, more detailed research and longer-term follow-up to help identify the key elements of interventions (building on the work of Kemmis-Riggs et al) and also potential outcomes, particularly for children, that may take longer to emerge.

Fostering Changes is a 12-week in-service training program for foster carers who have at least one child looked after in their care at the time of the training. The program is designed to increase carer skills and coping strategies and improve carer-child relationships. An efficacy trial of Fostering Changes demonstrated the potential positive impact of the program when measured immediately after delivery: They found significant differences favouring the intervention arm of the trial including a large effect on carer-defined problems (an individualised measure of carer-nominated child behavioural problems) (effect-size 0.95 sd, $p = 0.003$) and small effects on emotional and behavioural difficulties (effect-size 0.3 sd, $p = 0.03$) and quality of attachment (effect-size 0.4 sd, $p = 0.04$). There was a non-significant difference in Carer Efficacy Questionnaire (CEQ) scores between the study groups, favouring the intervention arm (Briskman et al., 2012).

The Confidence in Care randomised controlled trial (RCT) was designed to investigate the longer-term effects of the Fostering Changes program for a larger cohort of foster carers from across a much larger population than the initial efficacy trial (Moody et al., 2018). Members of the Confidence in Care consortium were funded to deliver the Fostering Changes program to up to 1500 foster and kinship carers in all provider agencies (local authorities and independent fostering providers) in Wales, UK, over a 5-year period, as part of the ongoing foster carer training program. The children and young people were not directly involved in the Fostering Changes intervention.

The RCT, embedded in the first two years of the delivery, was designed to test whether the Fostering Changes intervention improves outcomes at 12-month follow-up compared to usually-provided carer support alone. The outcome measures were the same as those used in the original trial, using carer reported outcomes at 3 and 12 months follow-up, with carer efficacy at 12 months as the primary outcome (See Moody et al. (2018) for a more detailed description of the trial and outcome measures).

There were some changes made by the implementation partners to the Fostering Changes program from that evaluated in the original efficacy trial (Briskman et al., 2012): 1) the original program was designed for carers of children under 12 years of age. The Confidence in Care program was offered to all foster carers with a child over 2 years of age with a 12+ module added so that trainers could deliver programs for carers of children of all ages; 2) three follow-up carer support group sessions, designed to reinforce and maintain the learning, were added at the end of the program; 3) up to two social workers were included in each group to attend as participants to enhance the agency staff’s understanding of the program.

The broad eligibility criteria for the Confidence in Care program enabled maximum reach, with the only requirements being that foster carers (including local authority, independent or family carers) had not attended a Fostering Changes program previously (or shared a household with a foster carer who had done so) and had a child in their care aged 2 years or older, who they expected to be living with them for the 12 weeks duration of the program and who was not taking part in a children’s skills group that was running concurrently. Foster carers were randomly allocated to receive the Fostering Changes course immediately (intervention group) or after 12 months (control group).

In total 312 foster carers were recruited to take part in the Confidence in Care RCT and foster carers in the intervention arm

attended one of the 25 Fostering Changes programs that were delivered in the two year period of the trial. The foster carers recruited had a wide cross section of fostering backgrounds: 74 % worked with local authorities, 19 % with independent agencies and 6% were kinship carers; the time as a foster carer ranged from 1 to 35 years (median six years) and they had cared for between 1 and 120 children (median 8); most (83.4 %) currently had 1 or 2 children living with them. This profile was very similar to the overall profile of foster carers in Wales (75.6 % local authority, majority have been fostering for over 6 years and currently have one or two children in placement), summarised in the recent Fostering Networks state of the nation’s foster care report (Lawson & Cann, 2019). The average age of the index child in the foster carers’ household was 11.3 years of age.

Fostering Changes was underpinned by theory but did not have a detailed explicit logic model (Kellogg Foundation, 2004) to summarise the resources, activities and anticipated outcomes of an intervention with an articulation of the theory underpinning the intervention’s model of change. Therefore, at the start of the evaluation the research team reviewed the program materials and worked with the program developers to clarify the logic model.

The initial logic model below (see Fig. 1) is a draft using the “best fit” framework (Rohwer et al., 2016). The two key theoretical domains identified in the Fostering Changes program manual that underpin the program are attachment theory (Ainsworth, 1989; Bowlby, 1988) and social cognitive learning theory (Bandura, 1986, 1997). Attachment theory describes how the quality of relationship between the child and a primary caregiver provides the crucial context for the main developmental tasks of childhood. In the Fostering Changes program this theory is used to help shape carers’ understanding and approach to making sense of a child’s behaviour. Social cognitive theory describes learning as a process of continuous interaction between people’s experiences, behaviour and environmental influences. The key constructs include behavioural capability, modelling of behaviour, reinforcement, expectations and self-efficacy. These two theories underpin how the program can change foster carers’ behaviour and in turn how foster carers’ behaviour can influence the children’s behaviour.

For each activity in the logic model the key theory or combination of theoretical mechanisms driving the activity are identified in the model using ‘A’ and ‘S’ codes at the end of the activity.

This paper describes the qualitative elements of a process evaluation of the implementation of Fostering Changes, as part of the Confidence in Care RCT. It explores stakeholders’ perspectives on the implementation of the program, the fit between their experiences and the logic model and contextual factors that may have affected implementation. This approach enables a more detailed, nuanced understanding of how and why the intervention might or might not work and the individual and organisational level factors that may moderate the effect of the intervention, all critical information in decision-making about service developments.

Resources [R 1-9]	Activities: General [AG 1-6]*	Activities: Specific [AS 1-9]*	Outcome: Short/Immediate [OS1-6]	Outcome: Medium/Post-training [OM 1-8]	Outcome: Long/Post-follow-up [OL 1-3]
1. Recruitment and training of facilitators 2. Training manual for facilitators 3. Option for facilitator to be accredited 4. Facilitators skilled in running groups 5. Publicity and recruitment of carers 6. Ring binder file for materials 7. Comfortable meeting room, refreshments, ambient music for arrival of carers 8. Fidelity checklist 9. Reward stickers	1. Teach carers sensitive responding and how to set secure boundaries and limits [A, S] 2. Teach carers effective communication and problem solving strategies which will help children regulate their emotions [A, S] 3. Help carers develop more positive ways of thinking and responding in stressful situations [A, S] 4. Help carers understand rejection and make sense of a child’s behaviour [A] 5. Teach carers how to create conditions for trusting bonds to form [A] 6. Create a safe group space where carers can benefit from group process [A]	1. Using ABC framework to understand problematic behaviour [S] 2. Giving effective praise and understanding obstacles to praise [S] 3. Incentives and rewards, reinforcing positive behaviour [S] 4. Giving instructions and selective ignoring [S] 5. Positive discipline, family rules, setting limits, natural/logical consequences [S] 6. Time out and problem solving strategies [S] 7. Play and positive attention –sensitive responding in play [A] 8. Focusing on children’s use of emotions [A] 9. Support learning [A]	Carers: 1. Apply positive, encouraging and nurturing models of behavior 2. Reflect on and understand their own thoughts, feelings and responses 3. Get involved in children’s school life 4. Interaction with other foster carers Children: 5. Begin to accept boundaries 6. Start to identify, acknowledge, express and manage their feelings	Carers: 1. Increased confidence in ability to support foster child 2. Better approach to managing stress Carers/children: 3. Experience better interaction/ attachment leading to increased confidence 4. Improved placement stability 5. More positive outlook towards education and future goals Children: 6. Regulate emotions better 7. Become more settled in relationships and behavior 8. Learn to show and receive affection	Carers: 1. Experience reduced levels of stress Carers/children: 2. Feel more able to have meaningful long-term relationships Children: 3. Are more resilient to change and develop better life skills

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

Fig. 1. Fostering Changes Logic Model.

2. Methods

The approach taken was informed by the MRC guidance on process evaluation for complex interventions (Moore, Audrey, & Barker, 2015). The Confidence in Care study received ethical approval from the University School of Social Science ethics committee (ref SREC/1515). Informed consent was obtained from each participant before data collection.

Stakeholder perspectives were explored to answer core process questions relating to implementation, understanding mechanisms of impact and also the context, including how the program fitted with the training and support provided for foster carers by their agency. Quantitative process data were collected to examine implementation factors such as attendance and reach. These data have been combined with outcome data to interpret the main findings of the RCT and are reported separately (Moody, Coulman, & Brookes-Howell, 2020).

2.1. Aims

The focus of this paper is on reporting the qualitative data provided by stakeholders with the following aims:

- 1 To examine the extent to which the intervention mechanisms appear to function as intended based on the stakeholders' description of their experience of the program.
- 2 To discuss the interaction between the mechanisms of impact and local contextual factors which may moderate the effect of the intervention.
- 3 To consider if any refinements of the logic model are needed in light of the stakeholder experiences of the intervention.

2.2. Qualitative data collection

Multiple data collection methods were used involving a large range of stakeholders (see Table 1): A total population sampling method was adopted due to the relatively small size of each population group and to ensure sufficient responses: All trainers delivering Fostering Changes, all foster carers who had expressed an interest in participating but had not taken part and foster carers who had received the intervention (selected using a random number generator), were invited to take part in an interview. All agencies involved in the RCT were contacted to invite social workers who attended the FC program or who recruited foster carers to take part in an interview. All the individual stakeholder interviews and the focus group with the training managers were completed after the courses included in the trial were finished. Interview questions were informed by the research aims and the interviews were semi-structured in nature to allow for emerging issues to be probed (See supplementary file 1 for examples of interview guides). All the data collection was conducted by members of the research team or postgraduate student social workers supervised by members of the research team. Interviews were audio-recorded and fully transcribed. Data collection finished when no new data were available and no new themes were emerging in the analysis (Fusch & Ness, 2015).

Table 1
Data collection methods and purpose.

Method	Source/participants	Purpose	Details
Observation	Trainers workshop	To understand day to day operational experience of trainers delivering the program	15 trainers, facilitated by 2 Fostering Network staff and 1 developer
Focus group	7 Local Authority (LA) and Independent Fostering Agency (IFA) Training managers	To understand operational process of organising training and how Fostering Changes (FC) fits with their training timetable and prospectus.	32 Training Forum attendees invited. 7 attended; 4 LA 3 IFA
	8 foster carers who elected not to take part in FC program	To understand barriers to engagement with FC program, descriptions of usual care, context of training and agency.	161 contacted 8 agreed to interview 7/8 female 7 LA 1 IFA 8/8 non-kin carer Years of experience 2.5–27 median 13 60 contacted, 18 agreed to interview. 14/18 female,
Individual Interviews	18 foster carers who attended FC program	To explore the experiences of, involvement in, and attitudes of foster carers towards the FC program	16 LA 2 IFA 3/18 kin carers Years of experience range 1.5–26 median 7 Key contacts identified in each agency, acted as gatekeepers for the invitation dissemination.
	12 social workers	To explore the experiences of, involvement in, and attitudes of social workers towards the FC Program	8/12 female 7 LA 5 IFA 7 social workers 4 social work managers 1 training team manager
	5 Trainers	To explore the experiences of FC trainers	5 trainers 4 women

2.3. Qualitative data analysis

Interview and focus group data were subject to thematic analysis (Tesch, 1990), following the six stages described by Braun and Clarke (2006):

- 1) Familiarisation with the data: Reading and re-reading the group and interview transcripts, listening to audio-recorded data, noting initial ideas of potential themes.
- 2) Coding: Generating labels to capture and code the data.
- 3) Searching for themes: looking for patterns in the data and developing possible themes and sub-themes.
- 4) Reviewing themes: Ensuring themes describe the data and how the themes fit together (including collapsing or expanding themes, rewriting themes etc.).
- 5) Defining and naming themes: Construct a description of the theme and give each theme a name.
- 6) Writing up: develop a narrative of the themes with data extracts included to support the narrative.

Qualitative coding software, NVivo 11, was used to assist in data analysis. Three researchers (SC, EC, GM) were involved in the development of the coding framework. A deductive approach was taken to code data (with initial codes at step 2 including the resources and activities from the logic model) and then an inductive approach driven by the data to identify sub-themes within these codes and also to identify themes that were not addressed by the draft logic model. Double coding was carried out on 20 % of the data and discrepancies discussed until consensus was reached. The themes were identified before the results of the trial were known.

3. Results

The themes that emerge from the different stakeholder groups are described in relation to the implementation of the program and potential mechanisms of impact, with areas of convergence and divergence between different stakeholder groups highlighted. Themes that relate to contextual factors are then explored to consider what effect these may have had on the impact of the intervention.

The themes that emerge from the interviews are illustrated with quotes followed by Participant Code (FC foster carer, SW social worker, T trainer) and Participant Identifier. The themes often link with multiple components of the logic model but the main associations are referenced using the logic model component number in {} brackets (using abbreviations R resources; AG Activities-general; AS, activities-specific and O outcomes). Where the experiences do not fit with the logic model these are highlighted.

3.1. Implementation

The significant themes relating to the delivery of the training concerned the quality of the training, the setting and the group composition.

3.1.1. Quality of the training

The majority of foster carer and social worker comments on the trainers were positive, describing their warmth, responsiveness, humour, expertise, knowledge and experience. They valued the quality of the trainers' working relationship with each other and with the group {R4}. Two of the foster carers however felt that at least one of their trainers did not listen to the group and a social worker described how one of their trainers tended to dominate rather than listen {R4}.

They're very knowledgeable and I think they're intuitive, very proactive as well on your individual problems[FC66]
there were two trainers, one of them was particularly good, er but the other one I thought was very dominant and took over a lot of the session, rather than letting the actual carers speak, er and talk about their own experiences. [SW2]

The trainers delivering *Fostering Changes* (who all had a social work background) felt well prepared by their five-day training in the program {R1, R2,} but also recognised the necessity of previous experience in group work to maintain the quality of the program {R4}. Funding was available for trainers to pursue accreditation, building on the basic training, and 10 of the 28 trainers had done so by the end of the trial {R3}. Several of the foster carers referred to the supporting materials as being helpful, enjoyable and a useful resource for the future {R6, R9}.

3.1.2. Training environment

The courses were held in a variety of settings such as community centres, local authority or fostering agency offices. Many of the foster carers commented on problems with the venue including access, having to keep the noise down because of other activities in the venue, equipment not being available, last minute changes of room or venue and having a room too small for the group {R9}

3.1.3. Composition of the group

The carer diversity featured regularly in the trainers' reflections, both in terms of promoting implementation but also as a potential barrier. Generally, the trainers and social workers felt that having a mix of levels of experience of fostering was helpful as each carer brought something different to the group. Trainers specifically identified the benefits of attending for kinship carers because they had not had a lot of training or exposure to other foster carers. However, in some instances, that meant the training had to be pitched differently due to a lack of background knowledge e.g. kinship carers often having had less training on attachment or raising different

issues e.g. kinship family dynamics. Mixing kin carers with other foster carers meant overcoming some barriers of perception at the start but it offered opportunities for reciprocal learning for all foster carers.

I think kinship carers, they were benefiting enormously every week. One of these kinship carers are saying, this is so good I have had nothing like this before. And it was hugely beneficial for her and the other foster carers really appreciated her input as well. And they were very supportive of her, so I like the mix.[T3]

There were some hesitations expressed by foster carers about the presence of a social worker in the group as they felt it might restrict the discussions. However, it seemed that generally this was positively received by social workers and foster carers as a way of breaking down barriers and moving away from a “them and us” situation, with some wishing social workers from their agency could attend.

like some of the ladies were like in the first two sessions oh my gosh, it’s a social worker, you know she’s a social worker, watch what we’re saying.” [FC2].

I don’t think it really made any difference. I think it gave a bit, er, you know, sometimes you have a bit more of an insight into what they did. ...But it didn’t sort of intimidate me or anything like that because, um, I think it’s good that they were doing it. [FC3]

3.2. Mechanisms of impact

The interviews explored the stakeholders experience of the intervention itself. The themes that emerged relating to ways in which the effects of the intervention may or may not have been achieved fell into two overarching categories of “Group process” and “Skills development”. The group process themes included group support, place of safety, feeling valued. The skills-oriented themes included consolidating knowledge, home practice, confidence building and change in approach.

3.2.1. Group support

The group support was a key positive from the foster carers’ reports {AG6}. The length of the course, giving the group time to get to know each other made a big difference to this sense of community. The mutual understanding and commonalities of experience brought the group together and supported each other through some challenging times, including when the strategies taught do not work{AG6; OS2; OS4}.

we all, obviously being there in a room full of other foster carers from different agencies and local authorities, they brought a lot of experience with them. So you get to hear a lot of case studies, you get to hear similar problems to your own and you get to hear things that they’ve attempted [FC62]

But you know it’s good to hear how other people have tried to make it work and you’re not the only one if it hasn’t worked for you, sort of thing, you know. [FC4]

3.2.2. A place of safety

Several foster carers referred to the group as a place of safety where they felt they could talk openly without concerns about sharing information and also being judged, a theme that was also reflected in the social worker feedback {AG6; OS4}

You felt safe saying things. You felt as though you weren’t going to be chastised and given a row and criticised and, you know, and things like that because people are ... could have their feelings validated and understanding where we were coming from [FC7]

Everybody talked about the children that they’d looked after. I was able to share things about my life and my work and it was a safe place to share information [SW7]

3.2.3. Feeling valued by the trainers and the group

One outcome not reflected explicitly in the logic model was foster carers’ description of a feeling of recognition from the trainers and the group that they were important as individuals and valued in their role as a foster carer. The experienced foster carers also felt they had something to offer the newer foster carers.

I took away from the training that as a carer I was important...that I was a linchpin in this child’s life and if I didn’t function the child didn’t function, the system didn’t function [FC6]

I looked at myself and I looked around the room and there was people I wanted to be like and take part of them away and there was people and I wanted them to take part of me away [FC7]

3.2.4. Consolidating and refreshing knowledge – giving a name to it

For many of the foster carers much of the information in the course was not new but it gave them an opportunity to consolidate what they knew, to give it structure, to provide some evidence and to formalise their knowledge in a way that was helpful {AG1–5}

that one kind of brought it altogether and really made you understand more... [FC60]

The trainers identified that some foster carers, who already felt that they knew the program content, realised that they had not grasped the concepts properly previously and this course helped them improve and extend their practice:

I think that's a big thing for us is that when we see people grow and we see people who think they know and then they start reflecting and they're actually, maybe they didn't know, or they didn't quite use it, as well as they thought they did. [T1]

3.2.5. Home practice

The logic model includes specific activities e.g. giving effective praise, but not the methods by which those activities are achieved. One of the key approaches was that the group were asked to practise implementation between the weekly sessions. The foster carers really valued this continuity from the work in the group to the home practice, then the feedback at the following week's session. This model motivated foster carers to try something different e.g. reducing confrontation, increasing praise, and at times experiencing progress. One foster carer also suggested the practice helped people engage in a more active, personal way, making the course work for them.

I think that made you not, not have to participate because you could do the homework or not, but it made you think 'You know, well look, this is what I want to improve on. This is what I want to know about. This is what I want to learn about [FC7].'

3.2.6. Confidence building and advocacy

Foster carers referred to the positive impact of the course on their confidence in their actions, affirming that what they themselves thought was good practice was also viewed that way by others. This was not just in relation to behaviour management but also confidence to deal with the wider system, including being more confident taking on an advocacy role for their foster child {OS1-3, OM1}. The confidence-building impact of the course was also identified by the social workers:

"the one thing that did stick out for me was advocating for the child, like not to be scared, advocate for what the child wants, and stand by what they want, and not what the social worker wants you to do, or the family want to do." [FC2]

I think part of that has been evidenced by, like I say, a small number of our carers actually turning round to our psychologist and saying actually can you give us some time to put this into practice because we're feeling quite confident with this now. [SW11]

3.2.7. Change in approach

The content of the course encouraged taking a more understanding, less confrontational approach {OS1-2; AG1-3; AS1-3} and many of the foster carers described having learned new ways of dealing with behaviours and situations, including praise and distraction {AS1-7}.

I think overall, it's made me stop and think more, before you do something, or maybe react to something. Because sometimes you're like, if you're busy and you think oh my God, you know, look what's going on here now, what's ... but sometimes it makes you stop and think hang on a minute now, you know, let's play this down a bit now, and then like think about what the child is thinking [FC2]

3.3. Barriers to positive impact

There were two themes in the foster carers' experience of the course that could be barriers to the effectiveness of the training in bringing about change. Both related to a perceived poor fit between the foster carers' needs and what the course offered: One in terms of the pitch of the information and the other to what foster carers experienced as an inadequate response from trainers to foster carers trying to manage particularly challenging behaviour.

3.3.1. Pitch - simplicity of information

Some of the foster carers and social workers felt that the information provided was too basic, reflecting things foster carers already know and not always adequate in the face of the challenges they were experiencing. One foster carer reflected this in suggesting that there needed to be two levels of course, for the new and for the more experienced foster carers:

I did feel at times that ... I did feel it was teaching me to suck eggs because it wasn't advertised as a course for, um, new foster carers and I feel, er, that actually the course is much better for inexperienced and new foster carers [FC3]

I think because of the complexity of the behaviours and things, er, that the carers are having at the moment...I don't think they're going to go and think, oh yeah, this is what we need. [SW8]

One social worker identified that the simplicity could potentially be helpful. The trainers were concerned when those who have been fostering for a while might identify the content as simple and feel they have nothing to learn:

It's not been, I think it's a lot more simple than I was expecting, I think I was expecting techniques to manage bigger issues, if that makes sense...however when you listen to the feedback, it's surprising how the little sort of basic things can make a difference so it's not necessarily a negative thing.. .It's sort of, it's sort of just stripping back the basics which, you know, I think people might lose sight of that sometimes when they're dealing with bigger things. [SW8]

That sometimes is the saddest thing because whenever people say, "Well, I know all this already", I just automatically get a little bit worried about their own development, really". [T4]

As well as describing the information as basic, many felt that the strategies were suited to younger children and that by having foster carers of mixed age groups, the pitch was inevitably too simplistic to cover everyone's situation:

“... they would have been better off to say right we’ll have foster carers with children from nine or from ten to sixteen and then from zero to seven. They needed to split it up. ... it was very difficult for the guys to put information across that dealt with everybody’s needs, so it was a very quick snip onto that ... and a quick snip onto this because they were covering such a wide range of age. [FC53]

However, it was also acknowledged that most foster carers will be caring for children of different ages so the mix might be appropriate in that context and also, as identified by a social worker attendee, there is often a difference between the child’s chronological and developmental age so their functioning also needs to be taken into account.

3.3.2. *Glossing over*

One foster carer spoke very passionately about the fact that the course was not meeting the needs of those dealing with very challenging behaviours at home: As well as the information being too basic, the extent of the challenge was not acknowledged by the trainers and their difficulties glossed over:

I would say there was four or five of us who had children with very extreme behaviour and they just ... they either refused to acknowledge it was as bad as it was or they just glossed over it. Or they just gave up....[FC59]

3.4. *Contextual moderators*

Context can be considered “any feature of the circumstances in which an intervention is implemented that may interact with the intervention to produce variation in outcomes” (Craig et al., 2018). These features are not part of the logic model but can have a powerful impact on outcomes. From the stakeholder interviews, the two interlinking dominant contextual factors which could have affected the intended processes and mechanisms of the intervention were the pre-existing relationship between stakeholders and perceived value of training. The invitation to attend the program came from their agency so the pre-existing relationship framed how that invitation was issued and perceived. Similarly, the Fostering Changes training process and content will be received by foster carers in the context of their experience of the agency training more generally:

3.4.1. *Relationships between foster carers and the agency*

The descriptions of the foster carers’ relationships with the fostering agency really varied. A few described an excellent working relationship. Many reported that the social workers were often overstretched, lacking experience and cutbacks had meant the service was stretched to the limit, including inadequate levels of support and supervision for foster carers. One foster carer felt blamed by the agency, that there was an imbalance of power and lack of mutuality.

The staff, you know, are under a lot of pressure and that negativity does, does impact and it does go down the chain and through the carers, which I think is a huge shame.[FC55]

But social services always just cover their backsides, that’s all they ever do, all they ever do. Then, and then the mire slides doesn’t it, er, they’ll blame the person at the bottom of the heap, not the person at the top and I, I always get the blame [FC51]

3.4.2. *Perceived value of training*

Training is a key point of contact between the foster carers and the agency. The foster carer reports of training act as a touchstone for their view of their role and how they feel the agency treats them. For those who want to be regarded as part of the professional team, there is a sense of frustration at the lack of emphasis on training and a lack of accountability for those who are not attending even for mandatory training. For others they feel their natural parenting skills were good enough so training is not necessary. The way some agencies managed training generally (not Fostering Changes) made it seem to foster carers that their training was not valued e.g. trainers not turning up, inexperienced trainers, sessions being cancelled at the last minute, lack of information and practical things like no venue or refreshments leaves foster carers who have made the effort, feel unappreciated.

I’ve been to a few [training events] recently where they’ve been cancelled and we’ve already been all sat there, you know rearranged days and things. So I don’t think it’s er valued as much I think. If it was a room full of, you know nurses or doctors or teachers, the trainers wouldn’t dare not turn up. And I think that sometimes happens [FC50]

Social workers were aware of the amount of work that often had to go into engaging carers with training:

So it’s chivvying, social workers chivvying foster carers up and trying to gain that, err buy in for them and that’s difficult on an ongoing basis. [SW10]

The trainers talked about the complexity of recruiting foster carers for group work like Fostering Changes with a specific target number and eligibility criteria. The challenges included competing demands within the Local Authority/Fostering agency team but also misinformation from the agency to the foster carers about Fostering Changes, including practical things like start times, number of sessions and the reason for them to go, ranging from a punitive re-education to a much more positive celebration of their skills:

It [...] very much varies, some of the conversations are really in-depth, the carers come on the course, have a real insight into what they’re coming to, some of them it feels that they need numbers for a course and they just hurl people at the course, and they haven’t a clue. [T1]

They said to us that they felt like they'd been told "If you're having problems with fostering, you need to go and get some more information and be better." And that they were made to feel that you go on this course because you were rubbish, is basically what they were saying. [T5]

4. Discussion

The key strengths of the Fostering Changes program from a foster carer perspective were that it enabled them to consolidate their knowledge, to practise implementing new strategies, to take a different, often less confrontational approach and they felt more confident. The group itself was central to these positive experiences; it provided a safe place in which foster carers felt supported and valued by the trainers and their peers. However, some felt that the program failed to offer them support in dealing with the more complex challenges. The pitch of the course was often perceived as too basic and targeting those caring for younger children. The negative experience of the training venues and the implicit message that this carried for the foster carers about their value and the value placed on training by their agency, was a practical example of the importance of the contextual factors of the relationship with the agency and the attitudes to foster carer training.

The main quantitative findings of the trial were that there was no effect of the intervention on the primary outcome of carer efficacy or any secondary outcomes measured at 12 months (Moody et al., 2020). Given these results, what does the evidence from the stakeholders tell us about the mechanisms of impact and the contextual factors that may have moderated the effect of the intervention? Carer efficacy was selected as the primary outcome in the trial because, following the principles of social cognitive learning theory, efficacy would be a key mechanism of impact of this program (Bandura, 1986, 1997). The program appears to provide the basic tools for behaviour management, enabling participants to develop behavioural capability through the learning in sessions, the homework and the feedback. For some carers this would enhance their confidence in their ability to perform the behaviours. However, where the foster carer is dealing with very challenging behaviour and high levels of need, as is often the case in foster care (Vinnerljung and Hjern, 2018), they might not believe that their behaviour, based on the Fostering Changes approach, can make a difference, as the pitch of the course was too basic and their particular needs not addressed, suggesting something more specialist may be needed. There has been a move towards trauma-informed care foster carer training programs that has been described by the developers of one such program, Fostering Connections, as a shift away from psychosocial (cognitive, behavioral and attachment-based) models towards a wider, holistic biopsychosocial approach (Lotty, Dunn-Galvin, & Bantry-White, 2020). Given the early indications of the positive impact of Fostering Connections on carer efficacy and child outcomes, it will be worth investigating if this shift meets those foster carer needs for a more specialist input.

The feedback from stakeholders largely confirms the presence of the inputs and activities of the draft logic model. Across the trial the findings suggest that the program was delivered as intended and attendance was good (64.8 % of foster carers attending at least 10 of the 12 sessions) implying that it is not a problem of implementation that underpins the negative trial results. It is always possible that at some sites the intervention was not delivered as comprehensively as at others, although there were no indications of this in the quantitative analysis. Based on the participant feedback regarding what they found helpful and the barriers to positive impact of the program, some revisions to the program description and logic model would make the program clearer for future delivery. These revisions would include the following:

- i) Home practice: This is fundamental to this program's potential mechanisms of impact. It is implicit in several of the activities (e.g. AS1) and outcomes (OS1 and OS2) but it could be made more explicit, e.g. inserting an item regarding the foster carers having a child placed with them (resources), home practice with feedback (activities specific) or linking it clearly to activities e.g. home practice of giving praise. This element of the program can be difficult for social workers placed on the program as for many of them completing the home practice was either not possible or raised concerns about professional-personal boundaries.
- ii) Age of child in foster care. The Confidence in Care program delivery and therefore the logic model did not have any child age specification. However, the original Fostering Changes program was designed for carers of children under 12 and the participant experience suggests this does need to be retained and made explicit. The average age of the index child in the Confidence in Care program was 11.3 years of age. The move to an all-age program incorporating an over 12 s module was not successful based on foster carer feedback: Many felt it was too generic or basic to be of use and did not cover the more complex difficulties presented by the children in their care. This may have contributed to the lack of positive outcomes in the main trial. It also exemplifies the problems that can occur when any program model is not sufficiently detailed and then gets modified when it is rolled out; sometimes the modifications inadvertently undermine the potential impact of the intervention e.g. by diluting the relevance of the content. There is also a risk of further modification of Fostering Changes in the future, mentioned by stakeholders, of allowing carers to take part without a child on placement to ease the problems of recruitment to groups. This would remove one of the key active mechanisms of action through home practice and feedback. This process of examining the feedback in light of the logic model underlines the importance of logic models in the roll-out of interventions; it enables services to identify more accurately what the intervention core requirements and aims are and therefore whether it fits what the service needs and can deliver.

Context is key to the success or failure of a roll out of any program and may well be neglected when the scaling up is planned. It may be deemed to be enough if the setting is similar, e.g. local authority foster care, but that provision may be very different in one area to another. As our stakeholders responses show, understanding the environment and relationships is crucial. One of the limitations of this logic model and proposed theoretical mechanisms of impact was that they took no account of the context of training and the pre-existing relationships between trainers, agencies and foster carers that could potentially moderate the impact of the training.

In foster care generally, the quality of the relationship with their agency is often key in the decision to give up the foster carer role (Randle, Ernst, Leisch, & Dolnicar, 2017). The role of foster carer is formally described as one in which you work as part of a team of professionals (Fostering Network, 2016) and this is not how many of the participants in this study experienced it. If a foster carer feels isolated, undervalued and excluded from the professional team then that will have a powerful impact on their capacity to benefit from training. When having social workers in the group worked well it seemed to break down some of the barriers and increase this sense of team working. However, if programs are going to include social workers they need to consider if there are pre-existing tensions locally between foster carers and the social work team as this will compromise the success of this joint training model. If agencies want foster carers to value training they have to make this evident in the quality of the training and emphasis on training. Similarly, following social learning principles, if the agency are saying that training is a requirement then they need to enforce that.

This process evaluation has developed a logic model of Fostering Changes and then explored the stakeholders' experience of the program to identify potential mechanisms of impact and also the contextual factors that may moderate the effect of the intervention. This has led to suggested changes in the program structure and logic model and contributes to the understanding of the results of the trial.

A logic model acts as a detailed formulation of the intervention and allows for an examination of the impact of adaptation in different contexts and changes that implementers make which can undermine fidelity. Taking this detailed systematic and rigorous methodological approach means that the findings can be viewed as potential hypotheses and questions that can be explored, confirmed or questioned in further studies. There may be elements of the Fostering Changes logic model, particularly resources, which may change over time (eg moving from physical to on-line materials) and further research is needed to explore the specific links between activities and outcomes. By linking the mechanisms of impact directly to the logic model, other program developers can think about similarities with their program components and outcomes to see if it also has relevance for them, making findings more generalizable across a range of foster care programs and settings.

A wide range of stakeholders were involved generating significant coverage of different aspects of the program which is a strength of the work. However, it is always possible that there were mechanisms of action and outcomes that were not captured; for example the evaluation would have been enhanced by recording of the intervention delivery to examine fidelity, but this was ruled out by the delivery teams as too intrusive. Embedding a researcher in the delivery teams might also have been of value but this would not have been feasible in any meaningful way within the research resources. Given some of the findings, any future research should consider measuring group process to try and capture the experience the participants described. The foster carers interviewed were a self-selecting group; they were all keen on training which suggests they may not be representative of the full range of views as all stakeholders described the difficulties generally in engaging foster carers with training.

From Schoemaker et al recent meta-analysis of foster and adoptive parent interventions it is clear that group interventions can be effective, particularly when they are targeting specific outcomes eg sensitive parenting and that adding individual sessions can further enhance effectiveness. The findings in this study indicate that heterogeneous needs of the foster carers, for example in terms of experience, age of children or levels of challenge they face, may dilute the effectiveness of the intervention. One way forward might therefore be to make the intervention more targeted (e.g. in line with the findings of Kemmis-Riggs et al. (2018), focusing on specific domains and developmental stages) and adding individual sessions for carers dealing with particularly complex behaviours, tailoring the support to the family's needs, potentially along the lines of trauma-informed care as described by Lotty et al., 2020. Whatever is provided, it needs to signal that the agency values the foster carers for their knowledge and skills as an integral part of the team, creating the golden thread of relationships to support the child.

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Declarations

Availability of data and material.

The datasets used and/or analysed during the current study are available from the corresponding author on reasonable request but which would require additional processing to ensure confidentiality.

Authors' contributions

Study conception: LBH, SC, MR, EC, GM, JSe; study design and conduct: SC, LBH, MR, JSe, EC, GM, AR, JSc, RCJ; drafting manuscript: SC, EC, JSe, GM, AR, MR; statistical analysis: RCJ, ML; qualitative analysis: SC, EC, GM, LBH; critically reviewed and approved the final version of the submitted manuscript: MR, JSe, JSc, AR. MR is chief investigator of the Confidence in Care Trial.

Declaration of Competing Interest

MR was a member of the Confidence in Care consortium board as the academic evaluation partner. He had no role in deciding program implementation strategy but was involved in discussions regarding coordination of program rollout and trial implementation. The authors declare that they have no other competing interests.

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Appendix A. Supplementary data

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