**Introduction**

Strong child-carer relationships can greatly improve a child’s wellbeing as highlighted by the Care Inquiry’s (Boddy, 2013) extensive investigation which found 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 (Boddy 2013, p.2).

According to the Bright Spots survey of 3,000 children looked after in England and Wales, it is vital that every child has a relationship with a trusted adult and that their worries and concerns are listened to and heard (Wood and Selwyn, 2017). Children’s relationships with social workers can be limited because of the turnover of staff (Webb and Carpenter, 2012), children looked after can move placement regularly (Children’s Commissioner Stability Index, 2020) and change school (Mannay et al., 2017) making it more difficult to sustain relationships. The relationship with a foster carer can thus be pivotal in the child’s life (Ott et al., 2021). It is through this relationship that the child has the best chance to settle and begin to feel safe, ‘at home’ and develop a sense of belonging (Biehal, 2014). This also highlights the importance of matching between a foster family and a child (Ott et al., 2021: Schofield and Beek, 2014), so that the foundations are set for the supportive and trusting relationship to begin to develop. However, the State of the Nation Survey (The Fostering Network, 2021) including the views of 3352 foster carers, highlights the lack of matching, with 53% of carers suggesting they have not received sufficient information about a child placed with them, which can keep them in the dark about the extent of a child’s needs. For children looked after, foster carers are likely to become trusted adults in their lives; the adult who they most readily talk to, and who listens to their worries and anxieties (Clarkson et al., 2017). Consequently, foster carers are often keenly aware of the child’s day to day trials and tribulations, are attuned to their needs, and as such become experts in the everyday life of the child (Meeto et al., 2020). Foster carers are thus in a strong position to be effective advocates of the children placed in their care as they are likely to have the most day to day knowledge about the child and the most significant hour by hour relationship with them.

In practice however, foster carers often feel they are not listened to when they attempt to advocate, are not treated as professionals, and are not always included in the team around the child. This can leave them in a nebulous position with little power. Others have noted that foster carers can be undervalued, despite often having extensive expertise,

> foster carers, occupy a space which is neither a colleague, nor client, professional or parent, and their experience of parenting children is often extensive and undervalued (Maclay et al., 2006:172).

According to results from the State of the Nation Foster Care Survey 2019 (The Fostering Network, 2019), based on 4,037 responses, foster carers do not feel listened to and feel unable to challenge the decisions of other professionals. Just over a quarter of foster carers (26%) reported that it is unclear what day-to-day decisions they have the authority to make (2019). The State of the Nation Survey, Spotlight on Wales report (The Fostering Network, 2021), including responses from 256 carers notes that ‘foster carers provided many examples of times when they have felt ‘dismissed’, ‘ignored’ and that their role in general is not valued by the rest of the social care workforce…they did not expect the lack of respect
for their commitment, skills and dedication’ (2021:9). This is particularly pertinent given that foster carers are increasingly caring for children with complex needs (Hiller et al., 2020; Meeto et al., 2020; Author, 2014). Kirton and colleagues as long ago as 2003, concluded that the exclusion of foster carers from decision making and professional partnerships was widespread. When foster carers are not consulted about decisions regarding the children placed with them there is the risk that the children’s needs may go unheard. This can adversely affect the welfare of children and also foster carer’ morale, undermining their position with their foster child, leading to loss of satisfaction with the role. In some cases, this can result in them leaving foster care (Sinclair et al., 2004). Results from State of the Nation Survey 2021 (Fostering Network, 2021) identify lack of status as having a major impact on the recruitment and retention of foster carers. When foster carers are not included in decision making this can leave them isolated, feeling they are working in a vacuum. The emotional wellbeing of foster carers is rarely considered by social workers (Lyness and Siloe, 2019; Ottaway and Selwyn, 2016). Disagreements with social services, in particular, can have a significant impact on carer retention (Wilson et al., 2000). Carer retention will have a knock-on effect on the stability of foster placements (Author, 2014). Jackson (2010) highlighted the rates of turnover in the social care workforce as having a major impact on educational and wellbeing outcomes for young people, similarly, the shortfall of foster carers and those leaving the role due to dissatisfaction will impact on stability for young people looked after (The Fostering Network, 2021). The Fostering Well-being programme aims to address some of these difficulties.

History and background to the programme

The Fostering Well-being pilot programme was developed by The Fostering Network to embed the foster carer in the team around the child and to improve children’s wellbeing with an educational focus. The programme was informed by learning from two earlier pilot projects: (i) Head Heart, Hands and (ii) London Fostering Achievement. Fostering Network’s Head, Heart, Hands (HHH) programme was piloted over four years from 2012-2016 and involved training both foster carers and some sites involved training staff in fostering services (McDermid et al., 2016). Where staff working in fostering teams were trained, the benefits were found to be a better understanding of the role of foster carers and vice versa. Its overall aim was to develop a social pedagogic approach within UK foster care, ‘thereby increasing the numbers of young people in foster care who achieve their potential and a make a positive contribution to society’ (McDermid et al., 2016: 3). Adopting a social pedagogic approach required discussions to extend beyond that of relationships, to the role that both social work, foster care and education could play in the space between children, young people and society (Coussée et al., 2010). Evaluation findings of HHH showed that the programme gave foster carers confidence in their own practice. Further, foster carers were enthusiastic about the programme stating that they felt it gave them permission to care for children in a way that felt natural to them (McDermid et al., 2015). Social care staff spoke of the positive impact the programme had on their relationship with foster carers, and both groups of respondents believed this was down to completing the training together, which provided the opportunity for foster carers to get to know social care staff and feel part of the team around the child (McDermid et al., 2016).
The Fostering Well-being Programme also drew on learning from the London Fostering Achievement (LFA) programme (Sebba et al., 2016) which was piloted between 2014-2015 in 29 London boroughs and aimed to improve educational outcomes for children looked after. The programme included the provision of four half day masterclasses for foster carers, teachers and social workers, direct work with schools and the creation of an educational foster care champion role. It was found that the ‘mix’ of participants was perceived as the most valuable aspect of the masterclasses, as it allowed better understanding of each other’s professional roles. Indeed, Maclay et al., (2006) have argued that there needs to be general recognition that the roles of social workers and foster carers are different, but equally as important for the care of children looked after. Structured meetings between foster carer, teacher and child were perceived positively and the education champions had a significant impact providing foster carers with direct support and increased confidence. The education champions were seen as ‘one of us’ by other foster carers, plus the foster care contribution was thought to be a major contributor to the role’s success (Sebba et al., 2016).

Fostering Wellbeing programme

Drawing on HHH and LFA, the Fostering Well-being programme is a hybrid model drawing on the most successful aspects of both pilot programmes. From LFA it developed five masterclasses and multi-disciplinary training (Sebba et al., 2016) with experts by experience (foster carers and young people formerly in foster care) drawn upon to discuss their experiences. Themes for the masterclasses included knowing and meeting the child’s needs, building good relationships, shared values and equality of status and encouraging, using hands on practical activities and raising careers aspirations and ambitions. Each masterclass was delivered to members of the team around the child including foster carers, social workers (foster care and children’s) and representatives from health, education, and youth justice. Throughout this article we use the term co-professional to cover the multi-disciplinary group of attendees and distinguish them from foster carers, whilst also recognising foster carers as professionals. From HHH, Fostering Well-being aimed to embed principles of social pedagogy across practice in foster care, helping foster carers to feel more valued and endorsing their practice (McDermid et al., 2015). Social pedagogy as a concept featured within the masterclasses including four key models taken from HHH, the Common Third, The Four Fs, The Learning Zone and The 3 Ps. Each of these models aims to help the foster carer deepen their relationship with the children in their care and encourages the foster carer to think about the whole child. The content of the masterclasses purposefully included an emotional content to engage head, heart and hands. Fostering Well-being also developed the role of foster care Pioneers (known as champions in LFA model) where experienced foster carers’ provided support for their peers. This follows findings from a randomised control study by Briskman et al., (2012) which emphasised that experienced foster carers should play a far greater role in training their peers. The role of the Pioneer in Fostering Wellbeing was extended beyond the champions in LFA which focused solely on supporting foster carers with children’s education, to include the running of a general helpline from the social work office, providing peer support and attending schools to provide training for staff. Pioneers had to have a minimum level of experience, and underwent training before taking on the role. This article reports findings of a two-year independent evaluation of Fostering Well-being in two local authorities in Wales.
Methods

Researchers from X University were appointed by The Fostering Network to evaluate the Fostering Well-being programme. The evaluation adopted a mixed methods process design (Creswell, 2015).

The evaluation aimed to answer three research questions 1. Are the key elements of the programme (masterclasses, Pioneers and service support) being delivered to a satisfactory standard. This was evaluated by observations of the masterclasses, semi-structured interviews with participants and by focus groups with Pioneers at two time points 2. Has Fostering Wellbeing has led to greater engagement between foster carers, education and social care. This was evaluated by the survey, semi-structured interviews with participants of the masterclasses and by a case study. 3. Assess the levels of service engagement with the programme and future sustainability of the approach. This was evaluated by semi-structured interviews with service managers. This article addresses satisfaction with the masterclasses, and the role of the Pioneers, and whether the programme has led to greater engagement between foster carers, education and social care.

The evaluation involved five different strands including

(i) Two observations of each of the five masterclasses. A total of ten observations were undertaken. Observers were asked to rate the masterclasses on clarity, pace and levels of engagement. Where possible, opportunistic, informal discussions were conducted with participants during coffee and lunch breaks to gauge reactions to the training. The initial observations involved researchers moving around the tables and observing what was going on. In the final series of observations for cohort three, some researchers took part in activities in the groups, to gain more of a sense of the experience of participants and thus became more participant observers.

(ii) Surveys were disseminated and completed by 53 foster carers (n = 53) and co-professionals (n=64) from cohort one at the beginning of the first masterclass to create a baseline measure (T0). The foster carer survey captured demographic information about the foster carer including foster care experience and their views about the nature of the role. The co-professional survey capture demographic information, role and responsibilities. Both surveys used likert-type scales ranging from strongly disagree to strongly agree to rate the nature of the relationship with foster carer, foster carer’s social worker, the child’s social worker, teachers, health staff and any other professionals involved with the foster child(ren). Data were collated and analysed descriptively. Those who completed the survey were asked if they were willing to be interviewed.

(iii) Interviews with masterclass participants took place between one and three months after the.masterclasses, (n=16) (T2) and again twelve months after the intervention T3 (n=8); the aim was to ascertain self-reported learning, recall and implementation of masterclass techniques and strategies.

(iv) Interviews with managers and key stakeholders to understand how well the Fostering Wellbeing was being supported and embedded within the local authority.

(v) Pioneers’ experiences were captured through two focus groups undertaken with foster carer Pioneers (n=3), one three months after the masterclasses (T2) and a second focus
group was held with Pioneers twelve months after the masterclasses to examine how the role was developing and whether it had been embedded (n=3) (T3). Questions for the focus groups related to their experiences of the masterclasses and the Pioneer training, but few had started the actual role at T2. At T3 Pioneers were asked about how the role was developing and embedded, and any difficulties encountered.

(vi) A case study was developed 12 months after the masterclasses, interviewing the differing professionals to see if the messages about shared core values and principles, working together and communication between the team around the child were being operationalised (n=4) (T3).

All interviews were digitally recorded and transcribed by an independent transcriber. We followed Braun and Clark’s six stage model of thematic analysis (2006), utilising an inductive, qualitative and thematic approach (Rivas, 2012). Themes were cross checked between the two researchers undertaking the analysis.

The suite of five masterclasses were delivered to four cohorts of participants (in 20 separate masterclasses). Foster carers and care experienced young people provided presentations which formed a significant part of the masterclasses. Ninety-four foster carers and 131 co-professionals attended at least one of the masterclasses. Surveys were completed by participants at the beginning of first masterclass for the first two cohorts of training (n=117).

From the survey responses, sixteen people volunteered to be interviewed after the masterclasses (eight foster carers, four fostering managers, two professionals from education, a residential worker and one local authority training officer). These participants were interviewed at two time points (T2); eight participants remained engaged with the study and were interviewed again some 12 months later (T3).

Ethics

Ethical approval was obtained from [University] ethics committee. Participants were provided with information sheets and consent forms prior to becoming involved in the research, and thus gave informed consent. Participants signed consent forms and were advised of their right to withdraw at any time. Every effort was made to ensure confidentiality of participants and all demographic details have been changed where appropriate to maintain anonymity.

Findings

The findings are presented in the following order, results from survey, perceptions of masterclasses, attendance rates, and the role of the Pioneer.

Survey

Motivation for attendance

Participants were asked open questions about their motivation for attending the masterclasses. Attendance at the master classes by foster carers was reported as largely driven by social workers’ advising or inviting foster carers to attend. For foster carers, the
opportunity to meet other professionals, sharing information through discussion and to find out what help was available for the children they cared for were also motivating factors. For co-professionals, the vast majority indicated that they anticipated having all members of the team around the child attend the masterclasses together would be beneficial. Further, the opportunity to meet colleagues from other teams was highly valued. When asked the motivations for attending the masterclasses, education staff noted the increasing numbers of children looked after in their setting had prompted a decision to attend. Several noted that they were interested in learning about social pedagogy (Coussee et al., 2010), whilst others wanted to get more of an insight into the roles of other professionals they were working with as also found by Petrie et al. (2006).

Perceptions before masterclasses

At the start of the training, the survey identified that less than half (40%) of foster carers felt valued, included in meetings and part of the team around the foster child. Around half felt that their fostering social worker treated them as an equal member of the team with slightly less (40%) reporting that education co-professionals treated them as equal members of the team. Foster carers reported this was lower for children’s social workers (26%) and health co-professionals (25%). At baseline, 32% received peer support from other foster carers. When co-professionals were asked about perceptions of the foster carer, most deemed the foster carer to be a valued member of the professional team around the child. Slightly fewer indicated that foster carers views were included in planning. Around half agreed with the statement that it would be difficult to share information if the foster carer was included in all decision making. Relatively high numbers (30%) either disagreed or remained neutral in regard to the level of trust within the team around the family, the low level of trust across professionals is of concern and something Fostering Well-being aimed to address. The vast majority of co-professionals reported that the team met regularly and worked together to meet the child’s needs. The greatest difference reported was in the extent to which all professionals worked in a similar way with the child; differences would be expected from professionals with different roles and responsibilities.

Masterclasses

The themes identified relating to the masterclasses were experts by experience, practical skills, multi-disciplinary training and attendance by co-professionals.

All participants were asked in semi-structured interviews about how they experienced the masterclasses, and all were positive, finding the delivery of the training to be of a satisfactory standard, and content to be highly relevant,

The most intense and deliberate set of courses that I have attended as a foster carer and I found them exceptionally rewarding ... we normally get one days training or sometimes two days training. We had five weeks of this training, it was well thought out, it was comprehensive, thorough, and more to the point, fun. (Pioneer: focus group 1)
This was also seen in the observations where high levels of interaction and engagement were noted, along with clear explanation of the principles and models.

**Experts by experience**

The presentations by ‘experts by experience’ (both foster carers and care experienced young people) in the masterclasses emerged as one of the most highly valued aspects of the programme,

> I thought the fact that young people were brought in was invaluable. (Co-professional: 1-3 months after attendance at masterclasses)

> I like the fact there were service users involved and the fact that we got to hear from them because I think that’s what makes it real sometimes. (Co-professional: 1-3 months after attendance at masterclasses)

These presentations helped co-professionals understand the trials and tribulations in the daily lives of children and foster carers. Listening to care experienced young people was also highly valued by the foster care Pioneers who felt that this re-focused everyone’s attention on the child,

> He was amazing. He talked about being brought up in a foster home that wasn’t good and what it did to his self-esteem and he said ... he wasn’t taken to anything in the community. He didn’t have a good fostering experience and that shows us that can’t be allowed. (Pioneer: focus group 1)

The emotional content of the masterclasses was extremely powerful and memorable for all that attended, engaging hearts and minds (McDermid et al., 2016), and helping to create a shared understanding of the difficulties faced by young people looked after,

> Oh he’s marvellous [care experienced young person]. He said to me ‘you need a hug don’t you?’ Because I was overwhelmed and he came around the table and he hugged me. (Pioneer: focus group 1)

When interviewed twelve-months after the masterclasses, these themes remained the same and some professionals (five out of eight) reported the lasting value of hearing stories from experts by experience. One respondent thought that the masterclasses helped teachers get a better perspective of what issues are faced by both children looked after and foster carers,

> I think just being more mindful really of what these young people have to go through, and the support of the families’ needs. Because I know that during the course they said you know that you’ve got a lot of turmoil, maybe they’ve been moved the night before and then they’re just expected to be in school the following day. (Co-professional: 12 months after masterclasses)
I think it’s with the more understanding and the more knowledge as I said from listening to actual people who were in care, I think that was really powerful, and the carers themselves. So I’d hope that I’m a bit more switched on to their needs now yeah and more able to meet them, yeah definitely. (Co-professional: 12 months after masterclasses)

Similarly, the Pioneers (mentioned in both focus groups) felt that education staff had been particularly receptive to the masterclasses, having not fully understood some of the challenges faced by young people and their foster carers,

In the masterclasses, you know, we had great feedback on the tables where teachers were sat on the tables and they were genuinely interested in what we had to say and they had no idea how difficult the role was. (Pioneer: focus group 2)

In addition, Pioneers felt that presenting examples from practice brought conceptual ideas and theory to life for co-professionals,

When [foster carers] got up and they spoke and they told their stories, without realising they were showing what attachment is all about ….. but you got us then, everybody gets emotional about it. …..That’s why everybody sharing their roles is crucial. (Pioneer: focus group 1)

**Practical skills**

The masterclasses that included practical skills training were highly valued. The sessions that were highlighted as particularly useful and most regularly mentioned were: PACE [playfulness, acceptance, curiosity and empathy] (Hughes, 2017), Common Third from social pedagogy (ThemPra, 2015), techniques for dealing with stress, emotional literacy, and empathic practice in relation to children and other professionals within the team around the child. Professionals talked about beginning to use these in practice,

I have used PACE together with foster carers (Co-professional : 12 months after masterclass)

I’ve used the hidden third several times since then with different foster carers. (Fostering Social Worker, case study T3)

Interview participants were asked to define social pedagogy in the T2 interviews 1-3 months post the masterclasses but found this difficult, with hindsight this was not helpful question, as most people could not define the concept, although the emotional content, models and principles of social pedagogy were regularly referred to.

**Multi-disciplinary training**
Having the opportunity to engage in group discussions with a diverse range of professionals emerged as the key aspect of the masterclasses that set it apart from other training courses. All Pioneers reported they felt they were treated as 'equal' and valued participants, able to voice their views and opinions whilst learning from the insights and perspectives of other professionals,

I think you get more out of training talking to people on your table, we were all encouraged to engage and we all took part and we all fed back and we all gave our opinion, you feel like your worth then, you’re part of the class you know. I think the main core of it was bringing people from different walks of life together, discussing issues and then understanding each other because I think the whole concept of this wellbeing is a change of mind set. (Pioneer: focus group 1)

This was reiterated by all of the co-professionals. Having the entire team around the child engage in training together meant that received the same messages and were able to discuss the implications from different perspectives which served to strengthen the multiagency approach. For leadership staff, there was symbolic and practical significance in the same messages being delivered to all (or many) of the professionals in the team around the child,

So if we’re working and giving the same messages to foster carers and if there is joint care in between foster carers and schools and different agencies who are working with looked after children I felt it made the whole thing more powerful. I felt this was needed and so I was very pleased to be involved and I felt it was very successful. (Leadership interview)

Attendance at the training appeared to promote the role of the foster carer to co-professionals, which facilitated dialogue during and after the masterclasses, as the excerpt from the following interview demonstrates,

And I’ve had a few other carers go on it and again they understood it and I think they just need reminding of it sometimes as time goes by. Some of the other carers you know need reminding, remember this, remember that, and they say oh yeah, and we’ll throw it back for them to understand how important they are in that relationship. We’re speaking the same language then, aren’t we? (Co-professional: 1-3 months after attendance at masterclasses)

Here we can see there was a shared experience, and the importance of foster carers continued to be reiterated by co-professionals several months after the masterclasses had ended. Where a group of professionals all from the team around the same child had attended the training, this was seen as especially helpful,

Just the main bit for me was to get multi-agencies in the same room talking about children looked after and fostering as well because I think very rarely that you get the change to do that; so that was the main thing that came out of everything for me, was getting everyone in the same room, especially where you are all working with the same child (Co-professional : 12 months follow up)
Connections had been made during the masterclasses that led to closer working,

I have attended a meeting in the [...] school actually with the teacher that spoke on the course ....the foster carer, and the young person themselves that’s looked after, so that was good to be able to pull all that together and to be on it, it was an amazing outcome. We all got together, multi-agency, and we put a plan in place, and it worked and that was it, it was resolved. So that was really successful. (Co-professional: 12 months follow up)

Interview findings highlighted the importance of joint pedagogic training for professionals to create shared principles and understanding,

And then actually it doesn’t matter where you work, in whatever discipline, we can all buy into those principles . They’re all sound for all for us.
(Pioneer: focus group 2)

**Attendance by co-professionals**

The lack of children’s social workers attending the masterclasses was seen as problematic by many participants,

And there was a serious shortage of childcare social workers [on the training] there and I felt like that was you know a bit of a let-down because the whole principle of this is to bring people together …and that we all kind of work towards a similar goal.
(Co-professional: 1-3 months after attendance at masterclasses)

This was particularly important as the initial survey identified a lack of trust between foster carers and the children’s social workers. Foster carers also emphasised why it was particularly important for children’s social workers to attend the training,

They are the ones that we battle with day-to-day, our family support worker supports us, they do, they support us brilliant. But the social workers we’ve got to say something to, they don’t always agree. If they had come and heard those foster children speak and the whole training, you know we want to all work together as a team, but all the team wasn’t there. (Foster carer: 1-3 months after attendance at masterclasses)

The lack of presence of social workers was seen to be symbolic of a resistance to change.

For the case study, we aimed to interview all of those working in the team around a child. However, whilst the foster carer, fostering social worker and nurse for the looked after child had all attended the masterclasses and were interviewed, the child’s social worker and the school had not attended the masterclasses. We were able to speak to a representative from the school, who had not been aware of the Fostering Well-being masterclasses. We were not able to speak to the child’s social worker. This again highlights the importance of all members of the team around the child attending the same training.
**Attendance**

Co-professionals attending the masterclasses ranged from health, education, social services, youth offending and residential child-care. What was notable was how few professionals from health attended, only three in total, and only 13 social workers, (including both children’s social workers and those based in fostering services). Overall attendance was problematic, in that 57 out of 131 co-professionals only attended between 1-3 masterclasses; and 42 out of 94 foster carers only attended 1-3 sessions. The initial masterclasses were full day events, but it became clear that busy professionals could not commit to five full days and as a result masterclasses were shortened to half day events, finishing just before lunch for the final, fourth cohort. It is not possible to determine why there was such high attrition as we did not interview those who failed to attend, but it is likely that many found taking five full days out of a busy schedule difficult.

**Role of the Pioneer**

Four Pioneers had been appointed and trained during the study. The development of role of the Pioneer was acceptable to all those we interviewed and was seen to be important in increasing the visibility and respect for foster carers. Pioneers reflected on the importance of the Pioneer role, as this respect had not always existed in the past, and foster carers had often not been recognised as significant cogs in the wheel,

> Respect for us as foster carers I think most importantly, but then obviously because the respect for the child is always there. But sometimes the social workers tend to sort of bypass the carer when looking after the needs of the child, not understanding that it’s the foster carer that is driving, the driving force here. I’ve said in the past I’ve caused problems with social workers, when you look at who is the most important cog in this wheel, and social workers like to think they are, we as carers know we are, quite frankly because without us it all fails. (Pioneer: focus group 1)

Further, the excerpt demonstrates how in the past foster carers had often been bypassed, so their knowledge of the child could not be drawn upon.

At the time of the first focus group with Pioneers, they had received training, but their role had yet to be fully developed. The aim was to have Pioneers supporting foster carers via a telephone helpline and by running support groups/coffee mornings, as well as providing training directly to schools in the local authority. The initial slow start was in part due to delays in the production of a booklet advertising the Pioneer service to local foster carers and the creation of a guidance booklet to support them in their role in answering foster carer queries via a dedicated helpline. The helpline was run from within the local authority office in the next room to the social work teams; this co-location was symbolically significant. Whilst Pioneers reported feeling reassured that social workers were close by to offer guidance, they also indicated feeling that social workers were cautious about their ability to offer a professional service,
I think they are finding it a little bit difficult within the office to accept the situation, they're not being aggressive towards it because there is still that thought in some minds that we are not professionals, we could put our foot in it and we are working within the confines of a local authority and we have to be very careful dealing with members of the public per se.

(Pioneer: focus group 1)

After twelve months

By the time we undertook the second focus group, there had been some change-over of Pioneer personnel (one had left and one had joined), but the role was beginning to become embedded, and Pioneers were learning some of the protocols when working directly with social workers,

   Yes well you’re finding out the protocol, isn’t it, you know? Because we needed something from somebody the other day and we just went oh, went and got it. But I realise now that maybe we should have emailed first [laughs].
   (Pioneer: focus group 2)

And Pioneers described feeling more welcomed and accepted by social workers,

   You know so I think the more they get to know who we are and the longer we’re there then the more friendly it’s going to get. You know but it’s like anything, isn’t it?
   (Pioneer: focus group 2)

There was much amusement that some children’s social workers would still be texting them and had forgotten that they were in the room next door,

   I have been in the office and there’s been child care social workers, ones I know, and it’s been quite funny because I’ve had a text off the child care social worker and I’ve turned around and gone, do you need me? General Laughter.
   (Pioneer: focus group 2)

This co-location showed promise in increasing a sense of working together as a team. Pioneers were also becoming more confident about the importance of their role and emboldened to strive for the child in all areas,

   That’s where your importance comes in by there, you are 24 hours with a child and you are the one that’s got to push. (Pioneer: focus group 2)

The Pioneer initiative showed some increase in engagement between foster carers and social care staff.
By the time of the second focus group the Pioneers had also started to go into schools to talk about their work as foster carers,

We’ve been to four schools so far. [We spoke to] All staff, even dinner ladies. Because the last school we went to they’ve got dinner ladies there that they feel could listen to the presentation that maybe have not got an insight into the problems of looked after children, so that was really positive. And for instance, like the last school we went to, you know, we were just saying about...delegated authority, so if you don’t have delegated authority how hard it is for us to be able to get a document signed for a school trip, if we don’t have sufficient time and that was really positive, she said I would never even thought of that. She said she learnt from that.
(Pioneer: focus group 2)

Here we see the Pioneer foster carers being an effective conduit between children and education. The Pioneers felt that as a result of Fostering Well-being initiative schools were starting to share more information with them,

I think schools will share more information with us. The local junior school by me...they didn’t share anything with me. They emailed the social worker direct and I didn’t know a lot of the time what was going on. They’d [say] something in her review and like it’s the first I’d have heard of it. Whereas now I would say to them you know I need to be kept in the loop, I really do.
(Pioneer: focus group 2)

Sharing information was bi-directional and allowed foster carers to provide valuable information to schools which could help teachers in their approach,

Once they’ve got a bit of background on the child they’ve got a bit more empathy. It’s like the more you know... some of the boys I don’t think anyone has realised they’re even in care and they [school] were quite hard on them. And even boys can feel like crying in class and walk out and boys might turn a table over but if they really...you don’t get them to that stage if you know their emotions. They just don’t know what they’ve been through and sometimes just giving them a little bit of background you know, because ...they’re not even imagining what these children have been through are they? And then they wouldn’t use the shouting you know.
(Pioneer: focus group 2)

This more open flow of communication between schools and foster carers enabled them to become far stronger advocates for the children in their care,

We didn’t know we could go into schools and fight for our children when you needed to, where there was negativity we sort of just phoned the social worker or tried to get other people involved, whereas now I would, I would still phone the social worker but I’d be more confident in going in because I know I can go into schools.
(Pioneer: focus group 2)
The Pioneer initiative had facilitated increased engagement between foster carers and education.

Changing perceptions

Pioneers felt that both the views of foster carers and co-professionals were changing as a result of attending the masterclasses and the development of the role of the Pioneer, this was in stark contrast to some of their previous experiences,

We feel more professional, we seem to be trusted certainly more having attended the masterclasses. And I think in the past I have always considered myself as a disposable asset as a foster carer to social services because ok… I was told that, that’s what [an ex social worker] said to me, “don’t take anything for granted you could be gone tomorrow”. (Pioneer: focus group 1)

And these changes had the potential to make a significant impact on social workers in particular,

I’ve said time and again as a foster carer you have to be a diplomat, you are so often a doormat, and you know this is why basically the masterclasses were superb in that and I think it made social workers sit up and think a little bit too, didn’t it really? (Pioneer: focus group 1)

There was also some recognition that such cultural changes went beyond that of a training programme,

Oh… do you know changing perceptions doesn’t happen with a course, I think it needs to be a change in culture. And I guess that can only start within social services … because I guess if the people we work closely with don’t always view [foster care] as a profession, then we can’t really be expecting health, education or other organisations to, do you see where I’m coming from? (Pioneer: focus group 1)

This participant also highlighted that changes need to start with social workers, the people with whom they work most closely. The central mechanism that was vital in relation to the masterclasses was all professionals undertaking training together.

Discussion

The study answered the key research questions in that the key elements of the programme had been delivered to a satisfactory standard. Fostering Wellbeing had led to some increased engagement between foster carers, education and social care. It was difficult to determine levels of service engagement given attrition rates, although all leaders interviewed confirmed their commitment to the approach.
The joint training suggested better team working where a range of co-professionals and the foster carer from the team around the child had attended. All participants hugely valued the input by experts by experience and foster carers. Education staff in particular benefitted as the masterclasses and information sessions by foster carers seemed to help staff understand the difficult life circumstances faced by children in foster care. This also helped education staff understand some of the bureaucratic difficulties that foster carers struggle with, for example, in relation to permissions for school trips.

The masterclasses started to increase levels of confidence of foster carers, with team members beginning to recognise them as the everyday experts on the child (Meeto et al., 2020). This helped foster carers become more confident advocates for children, and for issues to be identified as and when they arose, and therefore potentially quickly remedied. Thus, we can see the central mechanism of joint training beginning to bring the foster carer into the team, increase their professional standing, helping them become valued members, and conduits of information between the child and the other co-professionals.

There were many benefits accrued from joint training of professionals, with regards to shared understanding of each other’s roles, principles and tools. When an actual team around the child attended masterclasses together, this set up trust and lay the foundations for partnership which could be drawn up on for the benefit of the child going forward.

The role of the Pioneer, an exciting new initiative, showed signs of promise, although not fully embedded. Having Pioneers situated in the local authority office was a symbolic realigning of partnership and a move towards a recalibration of status. Pioneers felt confident to go into schools and provide information sessions, as well as supporting other foster carers and thus extended beyond LFA model (Sebba et al. 2016), One area identified for future development was that of kinship care. None of the Pioneers were kinship carers, and it will be important to consider the needs of kinship carers when recruiting future Pioneers.

Whilst the Fostering Well-being model shows promise, a new intervention must reach the target population (Glasgow et al., 1999) and this proved somewhat of a barrier. There were challenges to implementation as some professional groupings, namely social workers (especially children’s) and health were found to be missing from the masterclasses and there were significant levels of attrition. The latter may be addressed by the shortening of the masterclasses to half a day, and more co-professionals may attend if the training moved online. Cameron (2016) found that when not all members of a team attended training, this could create resistance to change: she also noted the risk averse culture of children’s social care which was difficult to shift. This seems to be an on-going and embedded difficulty which needs to be addressed if the foster carer is truly to be brought into the team around the child. It may also be that a greater understanding and appreciation of the foster care role should form a greater part of social work training to facilitate this shift in the longer term.

The two groups who were underrepresented in the masterclasses (children’s social workers and health) were those that foster carers identified at the start of the study did not always accept them as part of the team. Interestingly, foster carers were often recruited to attend
masterclasses by fostering social workers, but it was social workers themselves who did not attend. Whilst one could argue that time pressures made attendance at masterclasses difficult for social workers and health, this would be the case for all professionals in the team around the child, not least for foster carers. Non-attendance was viewed as symbolic of a lack of commitment. A key omission in the initial conceptualisation of the programme was the external constraining factor of the reach of the masterclasses, and the ability to access all those working with the child in foster care. Whilst we would recommend further rolling out of the programme, for future joint training, it should be social work staff who are targeted to attend, as being the potential barrier to change, with direction from management.

Pioneer retention is identified as another external factor which is yet untested (one Pioneer left and one joined during the study) and could prove problematic. Additionally, on-going support for Pioneers would need to be built in to ensure long term sustainability.

Limitations of the study

The limitations of the study are that those who were involved in the evaluation self-selected to and are likely to have been favourable to the Fostering Wellbeing model. Additionally, we were not able to access many foster carers who were not Pioneers; 53 foster carers completed the survey and eight were interviewed three months after the master classes, only one foster carer remained in the evaluation to be re-interviewed after 12 months. We therefore relied in part on the views of Pioneers, although their experiences may not be ‘typical’, as Pioneers are likely to have a level of experience and potentially a more dynamic approach to fostering.

Conclusion

Fostering Wellbeing has taken the most successful parts of two previous pilot programmes (HHH and LFA) to create a unique, hybrid model. The strengths of the programme were the joint multi-agency training and the innovative development of the role of the Pioneer, both of which improved the status of the foster carer, improving confidence, and facilitating their ability to advocate on behalf of the child. These developments may in turn improve foster carer retention. If the team around the child is the favoured model to improve outcomes for the child going forward, key to this, is the involvement of all members. There may be some resistance to bringing the foster carer fully into the team, but unless this happens, their extensive expertise of the child cannot be drawn upon (Maclay et., 2006). All members of the team around the child must recognise the foster carer as a valued and central ‘cog’ in the wheel.

References


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