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Learning from each other: Process and outcomes in the *Fostering Changes* training programme

The majority of looked after children are now in some kind of foster care and carers are expected to cope with many children who have complex needs and challenging behaviour. If foster carers are to take on these increasing responsibilities they clearly require good preparation, comprehensive support and the right kind of training. Yet currently, the structure and quality of training vary significantly, and there is little evidence about the impact of training on foster carers or the children they look after. This article by **Andrea Warman, Clare Pallett** and **Stephen Scott** uses evaluation material from a new post-approval training programme for foster carers in Southwark and draws upon education research to argue that there must be more debate about *how* we train and the role that foster carers could play in training their peers.

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Key words: foster care training, *Fostering Changes* programme, powerful learning, effectiveness

Introduction

The most recent government statistics show that there are currently just over 60,000 looked after children in England and that the majority (68 per cent) of these children are now living in some kind of foster care (Office for National Statistics, 2006). This reflects growing recognition by policy makers, as well as practitioners, that long-term outcomes for the vast majority of children and young people are generally better if they are placed with a family, rather than in residential homes where they are more likely to experience a lack of personalised care and high ratios of carer to child (Roy *et al*, 2000).

This shift in policy and practice has occurred at a time when there is also evidence that many of the children who stay in the care system and require a long-term placement have complex needs and challenging behaviour – those who were once considered to be ‘unfosterable’ (Sellick and Thoburn, 2004). As a result, there is currently a good deal of debate

about the future of foster care, the status of foster carers and especially the role that carers play in meeting the needs of this group of children and young people (see, for example, Kirton, 2001; Lowe and Murch, 2002; Sellick and Howell, 2003; Beek and Schofield, 2004; Farmer and Mayers, 2004; Sinclair *et al*, 2004; Sinclair, 2005).

Most recently, research has highlighted the relationship between a positive experience of school and the ‘success’ of foster placements, as well as the important part that carers can play in supporting and promoting achievement (Sinclair *et al*, 2005). Yet this same research and other studies demonstrate that some foster carers continue to feel unclear and unsure about their role and responsibilities in relation to school and education (Selwyn and Quinton, 2004).

The present Government has acknowledged that outcomes for looked after children are extremely poor, and there is recognition that this situation will not improve unless they experience stability, security and good quality care (DfES, 2003). Furthermore, these children and young people are presented in the education White Paper (DfES, 2005a) as one of the groups who are seriously under-achieving, and the forthcoming Green Paper is likely to give foster carers a key role in raising expectations and improving their life chances.

If foster carers are to take on these increasing responsibilities, they clearly will require preparation, comprehensive support and, perhaps most importantly, the right kind of training. But currently both the structure and perceived quality of this training varies significantly (DfES, 2005b) and there is relatively little evidence about its impact on foster carers or the children they look after (Sinclair, 2005).

This article intends to encourage further debate by drawing upon the experience of a new post-approval training

programme for foster carers in the London borough of Southwark, to suggest that it is not only the *content*, but also the *training process* and the *social climate* in which it takes place that can make a difference.

Training foster carers: recent findings

Researchers consistently argue that the 'success' of foster care depends on the quality of carers, especially those who have developed a style of parenting which is effective for children who have experienced unsettled and difficult early lives. For example, Sinclair claims that placements are less likely to disrupt when foster carers are 'warmer, clearer about what they expect, more empathic with children – more concerned to do things together' (Sinclair *et al*, 2005, p 194), while Schofield highlights 'physical and emotional availability . . . plus openness and honesty' (Schofield, 2003, p 157) and, in an earlier study, 'the ability to place themselves "in the shoes" of the child, to experience the child's world through the child's eyes' (Schofield *et al*, 2000, p 194).

Not only are these carers more likely to be able to cope with any emotional or behavioural problems that the child may have, but they are also able to encourage children and young people to do well:

. . . [Our] findings strongly suggest that [these] carers can influence how children get on at school . . . Their foster children are more likely to be happy at school even after their characteristics have been taken into account. (Sinclair *et al*, 2005, p 216)

. . . he had been influenced by time in a previous foster placement from which he had been returned home . . . [Here] . . . the foster mother had encouraged him to use his intellectual ability to achieve academic success . . . it appears that he hung on to these expectations and was the only foster child not to take the skilled manual route. (Schofield, 2003, p 86)

And, more generally:

[These] carers went to great lengths to help the children to take a pride in their

appearance, to feel good about themselves and to be aware of their abilities and attributes. (Schofield *et al*, 2000, p 199)

Yet, while some foster carers appear to have this ability and these skills 'naturally', there is less certainty about how they might be acquired. There is recognition of the importance of supervision, support and particularly 'high quality training' (Sinclair *et al*, 2005, p 243), but as Sinclair claims in his review of recent research, although one particular study demonstrated that carers valued the training and support package they were offered in a successful specialist fostering scheme, 'unfortunately, it was not possible to tell which particular aspects of the scheme were crucial to this achievement' (Sinclair, 2005, p 83). In fact, he concludes that although many carers say that they 'appreciate' training, it is not at all clear that it has a significant impact on outcomes:

. . . the evidence is sparse and inconclusive . . . It is unsafe to assume that any particular form of training will 'work' or that, even if it does, its effectiveness may not depend on other changes that need to go with it. (Sinclair, 2005, p 84).

A small number of studies have attempted to evaluate the impact of skills development training for foster carers. For example, Minnis and Devine (2001) carried out a randomised control trial on a training programme that focused on helping carers understand the feelings and behaviour of the children they looked after, and then developed their skills to respond appropriately. Hill-Tout and colleagues (2003) looked at the impact of a three-day course that aimed to improve the carers' skills in assessing behaviour and providing appropriate and systematic interventions. However, while both evaluations describe high levels of carer satisfaction with the training they received, neither was able to demonstrate any significant changes in the children's behaviour or in carer 'capacity' to cope with it.

Golding and Picken (2004) evaluated two different training programmes for

foster carers. The first involved nine sessions of Carolyn Webster-Stratton's *Incredible Years Parent Training Programme* (Webster-Stratton and Hancock, 1998), supplemented by additional input to help carers understand the impact of abuse, neglect and inadequate parenting on the children they were looking after. The second group of foster carers received 18 sessions of specialised skills training for working with children with attachment difficulties.

These authors used a number of measures to explore the impact of the two programmes including a self-report questionnaire, a 'knowledge quiz' and the Strengths and Difficulties Questionnaire (Goodman, 1999). Yet, although they suggest that there was some evidence of a positive impact of both kinds of training, they also acknowledge that some of their tools for evaluation were not adequately tested for reliability or validity (Golding and Picken, 2004). Perhaps more interesting in relation to this article was their finding that the foster carers who attended the Webster-Stratton course reported feeling more confident and more supported after the experience of this group work (Golding and Picken, 2004, p 32).

The government report, *Training for Foster Carers* (DfES, 2005b, p 1), published last summer, raises more questions about the quality, uptake and impact of post-approval training for foster carers. This overview of current practice highlights how there is currently no national framework for training, how quality varies and that there is no widely accepted transferable qualification for foster carers.

In addition, it suggests that some foster care providers are much clearer than others about their expectations of carers in relation to training and that, unsurprisingly, attendance on courses is far higher when it is presented as being important. Interestingly, the report also shows that while many providers do recognise how 'previous negative experiences of training or personal barriers to learning (such as dyslexia, literacy problems, general anxiety and/or misconceptions about the purpose of training) have an impact on take-up rates', it is still the

case that 'the extent to which service providers are seeking to understand and tackle these issues appears to vary widely' (DfES, 2005b, p 2).

Finally, the report comments on a lack of information about the impact of training:

While all of the organisations in our study reported that they regularly evaluated the effectiveness of their courses, there did not appear to be a great deal of information available as to what works and what does not work in training, in terms of the impact on the carer, the looked after child and the organisation. (DfES, 2005b, p 46)

Yet the report does present some evidence to suggest that foster carers value particular training programmes, especially those which directly involve young people and, interestingly, other carers:

When carers were asked what had the greatest impact on them during the post-approval training, the majority referred to hearing the stories of experienced foster carers, as well as hearing the opinions of looked after children. (DfES, 2005b, p 27)

The report concludes by suggesting that a broader package is required which should be seen as more than:

... merely educating people, but rather as providing a range of opportunities for fostering families, helping them to work together to support each other through challenging times, and celebrating positive outcomes for children. (DfES, 2005b, p 59)

Overall, this evidence does suggest that further exploration of how programmes are delivered, and especially the role that foster carers play in 'training' their peers, may be useful.

Training foster carers: the *Fostering Changes* programme

The *Fostering Changes* programme was set up in the London borough of Southwark in 1999 in order to provide carers with practical advice and skills development for managing difficult behaviour

Table 1
Child and carer characteristics

<i>Child N = 97</i>		<i>Carer N = 87</i>	
<i>Age</i>			
Average age	9.3 years		
(Standard deviation)	4.0 years		
(Range)	2–17 years		
<i>Gender</i>			
Male	61%		
Female	39%		
<i>Ethnicity</i>		<i>Ethnicity</i>	
African-Caribbean	44%	African-Caribbean	44%
White British	33%	White British	36%
West African	17%	West African	18%
Other	6%	Other	2%

(for a full description of the programme see Pallett *et al*, 2002). The training covers a whole range of strategies which are designed to promote positive relationships between carers and the children they look after, as well as developing the carers’ abilities to manage behavioural problems. The team published a comprehensive training guide for working with the carers of under-12s in 2005 (Pallett *et al*, 2005).

This programme grew out of the work of the National Specialist Adoption and Fostering Team at the Maudsley Hospital and draws particularly on the parent training approach developed by McMahon and Forehand (2003) and Webster-Stratton (Webster-Stratton and Hancock, 1998). Parent training is heavily influenced by social learning theory with its emphasis on the role of interpersonal interactions (Kadzin, 2005). As a result, the training promotes positive aspects of the parents’ relationship with their child, as well as providing coaching strategies for managing challenging behaviour. Parent training interventions have been extensively evaluated and demonstrate positive and lasting effects (see Scott, 2002).

However, the *Fostering Changes* team have recognised the different nature of the fostering relationship, and while many of Webster-Stratton’s working principles are retained and many of the same skills are covered, the parent training approach has been adapted and a much wider variety of training methods is used on the pro-

gramme (for more information about the content of *Fostering Changes* see Pallett *et al*, 2002).

Nevertheless, the *Fostering Changes* model does focus on the foster carers’ relationship with the children they look after as the medium for bringing about change. The ways that carers relate to children in their care are recognised as having immense significance. How they talk to children, the language they use, their ability to listen, the ways that they respond to appropriate as well as inappropriate behaviour, are all seen to affect the child and the tenor of the relationship. This training therefore encourages carers to act ‘differently’ and enables them to provide new and subtly different experiences for the children in their care, which can improve how the children think and feel about themselves, their immediate relationships and the world around them.

The programme takes place over ten weekly three-hour sessions. There are usually between seven and ten carers in a group who are mixed in terms of their fostering experience. Groups reflect the ethnicity of carers in the borough as well as the population of looked after children (see Table 1). Separate courses are run for carers of under-fives, under-12s and teenagers, and although these have common basic ideas and skills, the developmental context within which these skills are applied and the group training methods may vary significantly.

Carers are introduced to a whole range of skills: for observing and describing behaviour and thinking about the context in which it occurs; for rewarding appropriate behaviour and building more intimate and trusting relationships; for setting clear, firm and appropriate limits and managing conflict safely and effectively; and for communication, problem-solving and supporting more positive styles of thinking.

Perhaps most significant is that in contrast to much of the ‘training’ delivered to foster carers, *Fostering Changes* encourages an active approach to learning. Carers are encouraged to reflect on their own beliefs and experiences, to explore feelings, exchange ideas and practise and rehearse new ways of

being and relating. Training emphasises trying out ideas and skills – ‘doing it’ rather than simply ‘talking’ or ‘thinking’ about it. This is possible because the programme runs over a period of ten weeks, so participants can take time to discover what works for them and the children in their care. In addition, there is an opportunity to get to know the trainers and other members of the group and establish trust. Importantly, the trainer in this setting is not the ‘expert’ but is there to draw out the inherent strengths and abilities of members of the group, to enable them to learn with and through each other.

This approach reflects an underlying premise that effective learning is most likely to take place in a setting where a culture of openness and honesty has been established and where carers are able to share their difficulties without a sense of blame or personal failure. The group plays an important role in this process, supporting each other and providing feedback, alternative ideas and points of view. In this kind of milieu, carers come to realise that there is more than one way of relating to and working with children and young people, and they are able to use support and advice from each other to explore new ways of managing the difficulties they encounter.

Each group of carers invariably presents a rich source of experience and knowledge and trainers endeavour to build upon what they bring. By identifying and ‘naming’ the skills that carers spontaneously use, trainers can validate their expertise and increase their sense of confidence and personal efficacy. Carers realise increasingly that how they communicate and behave can have a powerful effect on the child. They discover that when they are able to respond in ways that are clear, warm, responsive, consistent and encouraging, they are often rewarded by positive changes in the child’s behaviour and in their experience of the relationship with them. An example from one of the training groups illustrates this well:

Beatrice and her husband had been looking after three boys aged eight, seven

and 18 months for almost a year. The boys’ mother was alcohol dependent and the boys had been grossly neglected and the older two had been physically abused by her friends. Care proceedings were underway and Peter, the seven-year-old, was desperate to stay with Beatrice and very fearful that he might be returned home.

In training, Beatrice told the group that one of the behaviours that she found most difficult was Peter’s persistent attempts to help. He seldom played and could not even sit still to watch his favourite television programme. Instead, he was always on the go, wanting to try to make himself useful. In one of her observational exercises, Beatrice had recorded that in the hour between 6 and 7pm Peter would get up to help between 12 and 25 times. He would fetch nappies, take out dirty plates, make tea and ask for other chores to do.

In the third session of the programme carers are encouraged to take a problematic behaviour and to turn it on its head, and then to encourage an alternative positive behaviour. For example, if the problem was that a child spoke rudely or aggressively, their carer would endeavour to praise the child whenever they spoke quietly or politely. This is a way of shaping behaviour by rewarding the behaviour you want and ignoring the undesirable behaviour (ie not rewarding it with attention). Beatrice realised that Peter’s behaviour was not entirely appropriate, although it was not undesirable in itself, and so she decided that she would go out of her way to praise Peter if he played or showed any signs of doing anything recreational for himself. In addition to this, the group suggested that rather than just let Peter do his chores, Beatrice might try and make these more sociable and fun experiences.

Beatrice was able to interpret this task in a most sensitive and creative way, combining the use of two strategies: praising and attending. The latter involves providing non-directive, non-judgemental positive attention and following the child’s lead. Table 2 records in more detail how Beatrice was able to respond to Peter’s desire to help.

Table 2

Record of Beatrice's work with Peter

<i>Mon</i>	Peter asked me for a job. I asked if he would like to do the washing up.	He helped me wash up and we played with the soap suds which he enjoyed. I said, 'Thank you'. He said, 'Thanks. I enjoyed soap suds in my hair and face.'
<i>Tues</i>	Peter asked for a job. I said he could Hoover in the front room while I polish.	We put the music on. He danced with the Hoover and I danced with the polish. I thanked him. He said, 'That was great. Can we do it again?'
<i>Weds</i>	Peter asked for a job. I said I had to wash all the cupboards in the kitchen, did he want to help?	We both washed the kitchen. He cleaned down below and I did the tops. He enjoyed this and he laughed to see me on a chair. I thanked him. We had ice cream.
<i>Thurs</i>	Peter asked for a job. I said he could help bath the baby.	He helped to bath Ben, which he loved. Peter and Ben both played with the soap suds. I kissed the pair of them and thanked Peter for helping.
<i>Fri</i>	Peter asked for a job. I told him we were going shopping and he could come and help carry it.	We all went shopping. He wanted to hold the really heavy bags. We couldn't stop laughing. I bought him a toy and thanked him for his effort.
<i>Sat</i>	Peter asked for a job. I said he could dry up while I washed. He shouted, 'Yes.'	We both did the washing up. When we finished I said we will both go and watch <i>East Enders</i> . He sat with me for one hour! I said he was brilliant and thanked him. He kissed me.
<i>Sun</i>	Peter asked for a job. I said his bedroom needed cleaning. He picked up all his toys and I hoovered.	Alice, my daughter, had her Elvis tapes on which we were all trying to sing to. Peter thought this was great fun.

This example illustrates how the carer was able to use ideas and support from the group to transform a situation that was fraught with anxiety and insecurity for the child, into experiences that were warm, fun, intimate and affirming. As a result, the foster carer was able to convey to the child that she valued him for who he was and not for the chores that he did.

At an immediate level, Peter responded very positively to the changes in Beatrice's behaviour and the messages that she gave him, and at a deeper level some of his more persistent behaviours also showed some signs of improving. He started to relax a little more and would play with Lego, Play-doh or draw pictures. He was even able to sit down and watch the occasional television programme. His desire to constantly help started to diminish.

Changes in behaviour seldom take place overnight. It takes commitment and hard work from the carers to try out new ideas and skills. Each week they learn and practise at least one new skill. They then go home and try it out with the child in their care and report back to the group on their progress the following week. It is often in using and experiencing these skills that the deepest and most persuasive learning occurs. Carers are encour-

aged to keep charts to record the work they do, which helps them to keep track of changes in their child's behaviour, as well as providing an opportunity to reflect more carefully on their own practice and responses. These records and charts are also important material for thought and discussion when the group meets. Carers are often inspired by each other's successes, but they equally learn from their own mistakes and the mistakes of others. Also, when interventions do not work out, the group can support and help each other to think of new solutions. For example:

Alvin and his wife cared for two very spirited girls called Davina and Danielle. When watching television, Danielle would roll distractedly all over the sofa and annoy her sister and this invariably would lead to fights and arguments. When Alvin tried to deal with this, Danielle would become very rude and cheeky. Alvin tried to tackle this behaviour in a number of different ways. He tried praising her when she was sitting still, he tried ignoring her behaviour, but neither of these strategies had much impact.

However, when the training group worked on skills for giving calm, clear instructions, Alvin was able to role-play

some of the difficulties he had in talking to Danielle and telling her what he wanted her to do. The group could observe how Alvin really struggled to give assertive and direct instructions. He was tentative; his voice was quiet and he found it hard to keep eye contact with the carer 'playing' Danielle.

The group gave him feedback and encouraged him to try again and again until he was able to be more firm and direct. That week Alvin agreed that he would try out these new skills at home, but he was anxious about being more assertive and worried in case it escalated conflict. However, Alvin returned the next week feeling very pleased with himself. Danielle had responded incredibly well to his calm, clear instructions, and he had found, contrary to his expectations, that she was more affectionate, communicative and co-operative.

In order to facilitate learning, trainers also need to model the skills that they want carers to use with the children in their care. This means noticing the positive things that carers do and giving them specific praise for this, providing small treats for their work (bits of fruit or chocolate given in a spirit of fun) and encouraging them to affirm and take good care of themselves. If carers miss a session they are contacted by phone and sent detailed notes about it. The group also provides an opportunity to share the day-to-day events, the rewards and the challenges of the particular children they are looking after. Unsurprisingly, this recognition and opportunity to be heard is valued highly by many foster carers who all too often are expected to fit in with the views and plans of others, and do not feel involved and valued members of the team.

Fostering Changes: the impact on foster carers and the children they look after
The *Fostering Changes* team has given high priority to understanding the impact of this training on foster carers and the children they look after.

Many foster care providers openly acknowledge the difficulties of encouraging carers to attend post-approval

training. Yet, attendance on the *Fostering Changes* programme has been very good and, on average, carers attend eight out of the ten sessions. The Southwark fostering team works hard to provide back-up support if carers need cover at home to look after children. Although, on occasions carers do inevitably drop out of training, this is usually due to factors outside their control, such as family illness or bereavement.

Over the past six years more than 130 carers have taken part in the training programme. They have been asked to complete weekly evaluation sheets and a participation satisfaction questionnaire at the end of the course. A number of additional tools have been used to look at outcomes.

Initially the team used the Strengths and Difficulties Questionnaire (Goodman, 1999) to explore whether any changes in the children's behaviour had occurred over the course of the training programme. This measure provides a profile of the kind of difficulties children present. Figure 1 illustrates the severity of these problems at the start of the programme. Particularly striking is the high level of 'social problems' which reflects an extremely low incidence of 'kind and helpful' behaviour from the children.

At a later stage, the Parenting Stress Index (Abidin, 1995) was introduced along with a Visual Analogue Scale (Scott

Figure 1
Severity of children's difficulties at start

Table 3
Outcome measures pre and post training

Measure	N	Mean (SD) – before	Mean (SD) – after	Effect size	Significance of change
Parenting Stress Index:					
Carer distress	39	21.9 (8.7)	20.1 (8.7)	0.21	p<0.05
Difficult interaction	39	27.0 (8.9)	25.9 (8.1)	0.12	not significant
Difficult child	39	32.1 (8.0)	29.5 (8.5)	0.33	p<0.05
Total carer stress	39	81.0 (20.7)	75.5 (20.5)	0.27	p<0.05
Carer-defined problems:					
Problem 1	58	5.9 (2.2)	2.9 (2.4)	1.36	p<0.01
Problem 2	49	6.1 (1.9)	3.5 (2.4)	1.37	p<0.01
Problem 3	38	6.3 (2.2)	3.6 (2.4)	1.23	p<0.01
Strengths and Difficulties Questionnaire (SDQ)					
Emotional problems	95	2.5 (2.4)	2.0 (2.1)	0.21	p<0.05
Conduct problems	95	3.4 (2.5)	3.1 (2.5)	0.12	not significant
Hyperactivity	95	5.1 (3.0)	4.8 (2.9)	0.10	not significant
Peer problems	95	2.7 (2.5)	2.5 (2.1)	0.9	not significant
Pro-social behaviour	95	4.6 (3.2)	4.8 (3.2)	0.06	not significant
Total difficulties	95	13.6 (7.5)	12.3 (7.2)	0.17	p<0.05

et al, 2001). The latter measure provides information about the kinds of behaviour causing the most concern to these carers and included angry outbursts, temper tantrums, swearing, answering back and failing to respond when asked to do something.

Table 3 provides quantitative data about the impact of the programme. These are the combined results of the teens and under-12s training and suggest that the training programme has a significant effect on carers’ levels of stress as well as a positive effect on children’s behaviour.

Figure 2 illustrates that the most striking improvements are in the ‘carer-defined’ problems: the children’s behaviours that the foster carers had identified as causing them most concern. The effect here was very large, with a mean effect size of 1.3 standard deviations. This is a general measure to compare across outcomes, and it is generally accepted that 0.2 is small, 0.5 is moderate and 0.8 is big. As a result, the 1.3 figure represents a very significant change in the level of all three problems that foster carers were most concerned about.

Interestingly, the effect size for the level of total difficulties as measured by the SDQ was considerably smaller – just

under 0.2 of a standard deviation. This may be because the SDQ is primarily designed to be a screening instrument to identify levels of difficulties, rather than being sensitive to change. Carers fill in a questionnaire that asks questions like ‘often lies’ and mark a three-point scale from ‘does not apply’, ‘applies somewhat’ to ‘definitely applies’. Most of the children in this programme had fairly high levels of difficulty and therefore, even though the programme was successful in improving the main concerns of the foster carers, general levels of difficulty remain fairly high, although taken together, the total difficulties significantly reduced.

Figure 2
Improvement in carer-defined problems

It would be very useful to explore these significant findings further by conducting a randomised controlled trial which compares these outcomes with data about the behaviour of children from foster carers who have not completed the programme. In the meantime, suggestions about the reasons for this ‘success’ are indicated by feedback and comments made by the participant foster carers. These have been unequivocally positive and provide further illustration of the benefits of this approach. In particular, they describe changes in their own behaviour:

I feel more positive and confident. My attitude has changed in that I have stopped giving hollow threats, and my behaviour is less confrontational.

We talk more. C can express her feelings more to me and I to her, which I think helps us to understand each other.

My approach to them in handling difficulties is done nicely with patience and tolerance, and they in turn relate to me better – with respect.

This course for me was the best thing I ever learned. The course was so easy to understand and I was relaxed about the training. It was just the best training I ever had to be honest: it was so useful. Everyone [at home] now gets a chance because I learnt to listen more and give the children more space and a chance. I find I listen to the children's ideas more now; when I used to over-protect and do things for them, now I am able to let them have their own say and opinions. This is different from any training I have ever taken and I really loved it.

In addition, carers welcome the culture of openness and highlight the importance of feeling valued rather than criticised. As one carer with 25 years' experience commented:

It was very refreshing to be able to talk to trainers openly and not to feel you were being judged and that they were there to help in any way they could . . . This course has renewed my confidence and encouraged me to continue, knowing that I am not the only one who is having difficulties.

The experience of taking part in the programme also has an impact on how foster carers see themselves and their role:

This training reassured me and made me feel more professional as a carer.

I felt special as a foster carer and really valued.

And finally, carers clearly appreciate being part of a group and the role their peers play in this training programme:

The group talks, other members input. We could express how we were feeling, if it was negative or positive – it was good knowing this.

Meeting other carers and sharing experiences on different difficult behaviours . . .

and the group as a whole had a wealth of experience to offer each other.

It was helpful to hear from other carers. I felt part of a group of people doing their best. This feeling has persisted after the course.

Overall, the qualitative evidence in particular does suggest that the apparent 'success' of the *Fostering Changes* programme could be explained, at least in part, by considering this approach to training, and especially how trainers create a *social climate* which promotes peer learning and peer support.

Supporting carers: co-operative and powerful learning

This 'collaborative' approach to training is central to the parent training work of Webster-Stratton (Webster-Stratton and Herbert, 1994). Golding and Picken's evaluation of a parent training course for foster carers also highlights how the carers valued the experience of being part of a group, but these authors did not examine this particular finding in any depth (Golding and Picken, 2004).

However, there is a good deal of education research which has looked at how schools and individual teachers can create 'climates' and develop tools that promote learning. In particular, studies of school improvement highlight how success is associated with a strong sense of identity and the active involvement of pupils in the learning process. For example, Hopkins argues that the most effective schools are those that encourage 'co-operative learning' (Hopkins *et al*, 1994, p 131), where pupils work together to accomplish shared goals and tasks, and seek outcomes that bring rewards for the group as a whole. In fact, these researchers claim that while working alone on tasks is important, used excessively it is a 'limited' form of learning. In contrast, successful co-operative learning not only promotes academic achievement but also has an impact on students' self-esteem, social relationships and personal development (Hopkins *et al*, 1994, p 133).

Hopkins argues that learning experi-

ences are composed of content, process and social climate. Therefore teachers also have a key role to play in developing 'powerful tools for learning' and creating 'powerful contexts for learning' (Hopkins, 2001, p 72). By using 'models' or teaching styles that encourage students to enquire rather than passively receive information, and by establishing a 'climate' in the classroom where openness and social interaction are promoted, teachers create an environment where 'powerful learning' can take place (Hopkins, 2001, pp 72–3). Powerful learning is:

... an active, constructive intellectual process that occurs gradually over a period of time. It is not simply an additive process. Knowledge cannot, to use a common metaphor, be poured into learners' heads with the hope that learning will automatically occur or accumulate. Understandings of new knowledge can only take place, or be constructed in the minds of individual learners through a process of making sense of that new knowledge in the light of what we already know. In other words, learning is a process of constructing new knowledge on the basis of current knowledge. (Glaser, 1991, in Hopkins, 2001, p 75)

The content of education is therefore important because students must be able to relate to it; it must be meaningful so that they can integrate existing and new knowledge. They also need to learn how to evaluate evidence and think critically. To support this, the teacher must create a secure, safe environment where students are treated with respect and where they can express their views and ask questions. In addition, the teacher needs to promote discussion by talking less, yet encouraging students to share their views, to listen and talk to each other (Hopkins, 2001).

Peers clearly play an important role in this process. Black draws upon the work of the Russian psychologist Lev Vygotsky to highlight the importance of language in cognitive development and learning (Black *et al*, 2003). He argues that it is by talking about thought as it emerges that thinking is re-enforced and developed.

This takes place when students are involved in discussion, but it can also be encouraged through peer assessment and peer tutoring. In fact, when students teach each other both parties benefit because the individual who is sharing her or his knowledge achieves a better understanding through the need to be clear and understood. Peers can be 'partners' in the teaching and learning process, and, as a result, are able to reflect critically on their own and each other's work, becoming both 'active' and 'collaborative' learners (Black *et al*, 2003, pp 85–6).

Conclusion: Fostering Changes – from training to 'powerful learning'

Although parent training programmes are among the best researched interventions (Scott, 2002), there has been surprisingly little attempt to evaluate the effectiveness of training designed for foster carers – and even less exploration of the features which make it useful (Sinclair, 2005). The evaluation carried out by the *Fostering Changes* team has produced both quantitative and qualitative data, providing a relatively rare opportunity to assess the impact of a particular programme on the practice of participant carers.

Interestingly, the qualitative evidence presented in this article highlights that it is the *approach* as much as the content of the programme that foster carers themselves not only appreciate, but also feel is having an effect. A particularly strong theme appears to be the value that carers place on working in a group, and especially the opportunities to learn from the practice and values of their peers. Equally powerful are the indirect effects, as the very fact of participating in a group seems to have raised the self-esteem and self-confidence of the foster carers who have completed the programme.

This kind of finding is common in education research, and it is striking that parallels can be drawn between the evaluation of *Fostering Changes* and studies of the impact of 'co-operative learning' and the context of 'powerful learning' in schools – although the theoretical basis of *Fostering Changes* was not explicitly based on this approach. Both stress the role of peers and the fact that social

learning is a more powerful way of acquiring skills and knowledge than a simple 'transmission belt' model. Learning in this context is not a passive reception of information but a process in which participants are encouraged to play an active role, both inside and outside the 'classroom'.

In addition to this general principle, specific features of the *Fostering Changes* programme appear to be crucial to its effectiveness. First, it clearly attempts to build on the foster carers' existing understanding by connecting new information and skills with prior knowledge. Trainers do not simply present material to carers but rather encourage them to 'make sense' of what they know. Second, the content of the course relates very easily to carers' work; it 'goes where they are' and helps them to recognise skills and strategies they already use. Finally, and perhaps most significantly, participants are encouraged to keep a record or diary as illustrated by the example of Beatrice here. This clearly promotes reflection on practice, as well as on their own role as agents of change. Training, therefore, becomes a process of learning rather than an episodic injection of expertise.

While not claiming that *Fostering Changes* provides all of the answers to questions about post-approval training for foster carers, considering evidence about its impact in the light of 'powerful learning' theory does point to the need for further debate about *how* we train as well as its content. And finally, it provides very strong support for the argument that foster carers should play a far more active role in training their peers.

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