

Interim report (Phase 1)

Evaluation of UNDER OUR ROOF (YOUNG PEOPLE IN CARE) Programme

Internal Progress Report

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Summary of Learning

Theory of Change: A comprehensive Theory of Change has been co-produced with the Leap Confronting Conflict (Leap), Under Our Roof (UoR) delivery team and a simpler critical pathway has been identified to establish priorities for action and evaluation.

Mental Wellbeing: The programme has been screened for potential positive and negative impacts on protective factors for mental wellbeing. Positive impacts include: a sense of control, self-belief, arts and creativity, emotional wellbeing, clearing thinking and social functioning, bringing people together and conflict resolution. Potential negative impacts with plans for mitigation have also been identified. One high priority impact is that trust and safety in groups that include both children and young people who are looked after and their carers. The other is that there are some areas of risk in the delivery of attachment and trauma sensitive activities.

Focus groups on the conflict issues in the care system, the training materials and motivations of the young people and carers established that:

For young people in care **conflict is a heightened experience** as small conflicts can trigger the traumatic experience of large ones and the system they live in has excessive restrictions and interactions with adults.

Theoretically there is clear agreement of the ingredients for good relationships with young people in care but **systemically there are a number of barriers:**

- The impact of poor attachment is not widely understood among care-givers
- Opportunities for the development of self-awareness are rare
- There is an element of desensitisation of care givers through vicarious trauma and cynicism towards a risk averse 'safeguarding' culture.

Feedback on the training was overall encouraging.

The training itself raised concerns for both carers and young people about the consequences of disclosure. Foster carers found the rules of the delivery too restrictive. However overall the training received positive feedback and in particular the opportunity to self-evaluate was appreciated. Appreciation of the 'care aware' delivery team was also expressed.

The quantitative data from the pilot phase is limited by the small sample. As the intervention is rolled out this data will become more robust and useful. However it is worth reporting from the pilot that the majority of participants enjoyed the intervention, found the content relevant and rated the quality of the delivery. The participants understanding of conflict and ability to recognise conflict improved post intervention.

An analysis of the blockers and drivers between 'where you are' and 'where you want to be' has identified **areas of priority action within the sphere of influence of the programme.**

An evaluative rubric has been constructed based on seven outcome clusters. These were developed on the basis of the Theory of Change and adjusted following pilot results and feedback:

- Outcome 1: Improved conflict management
- Outcome 2: Improved relationships/social support
- Outcome 3: Improved decision making/goals
- Outcome 4: Improved wellbeing
- Outcome 5: Raising voice
- Outcome 6: Improved Stability of Placements
- Outcome 7: Wider effects

Gaps have been identified in indicators and these will be attended to in phase 2.

1. Background

Leap Confronting Conflict's new programme 'Under our roof' (UoR) aims to improve the around them. Leap has adapted their tried and tested activity based conflict management approach to the care system context to train young people, residential care workers and foster carers.

In March 2018 The Tavistock Institute of Human Relations were commissioned to provide an Action Research Evaluation for 3 years of the programme development to support learning and embed an evaluation framework. This report summarised the findings of phase 1 March 2018-March 2019.

2. Approach and Methodology

The evaluation has been shaped around 4 Key principles:

- **Theory-based evaluation:** we co-produced a Theory of Change
- **Process and Outcome evaluation:** we support a robust mixed methods approach including: focus groups, observations and surveys.
- **Action learning:** We work with the reflective culture of the organisation for example by supporting the collation of reflective field notes, annual Action Learning Sets, and an online space to share materials and emergent ideas.
- **Embedded Evaluation framework:** We are co-producing an 'Evaluative Rubric' around the outcomes identified in the Theory of change. We work with Leaps Impact Team to find realistic data capture methods and meaningful indicators to evidence the impact of their work.

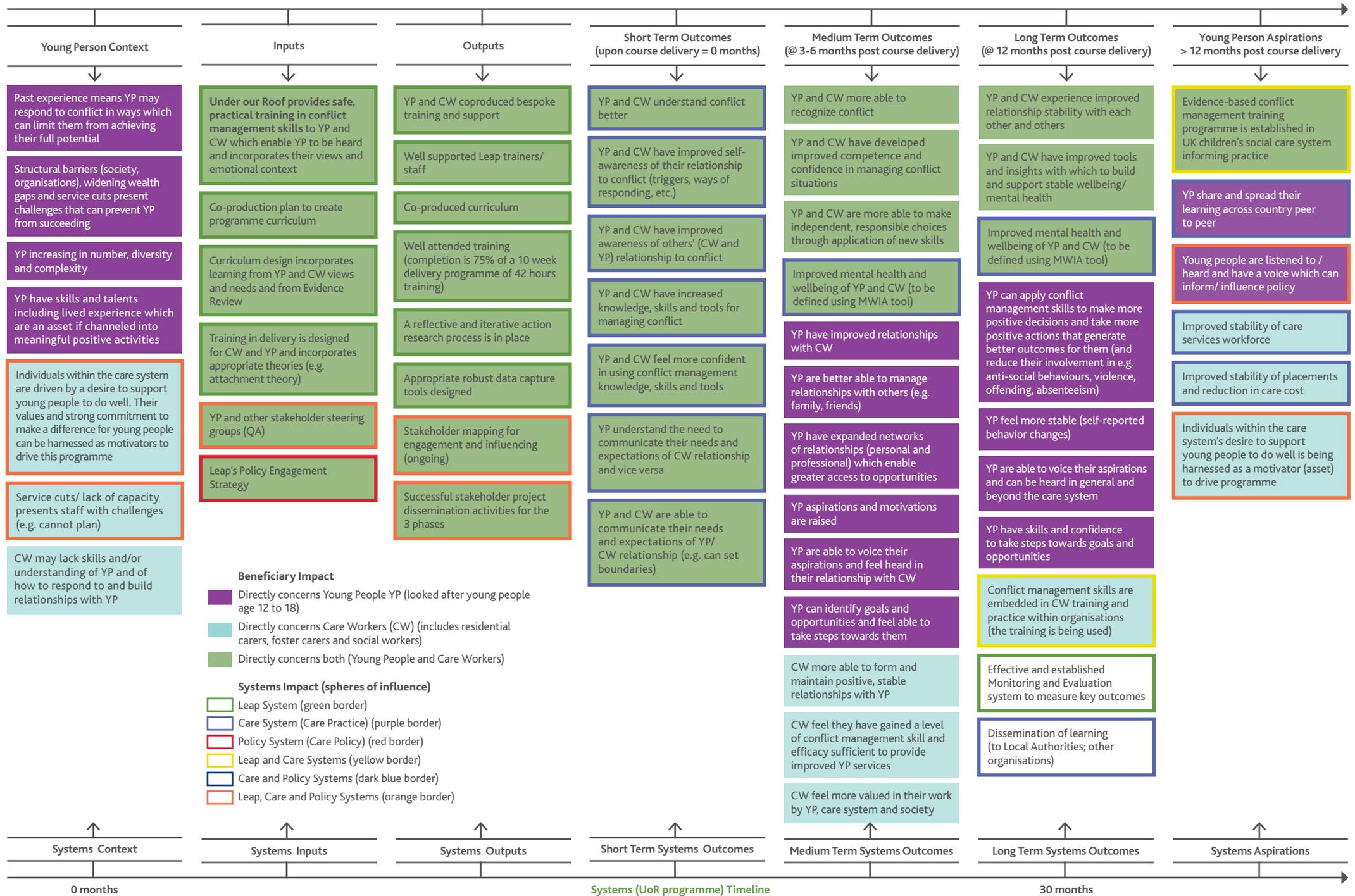
3. Theory of Change

Theory of Change was co-produced at the beginning of the project. We then integrated results from a Mental Wellbeing Impact Assessment Screening¹. We prioritised outcomes by developing a critical pathway of core activities and related outcomes.

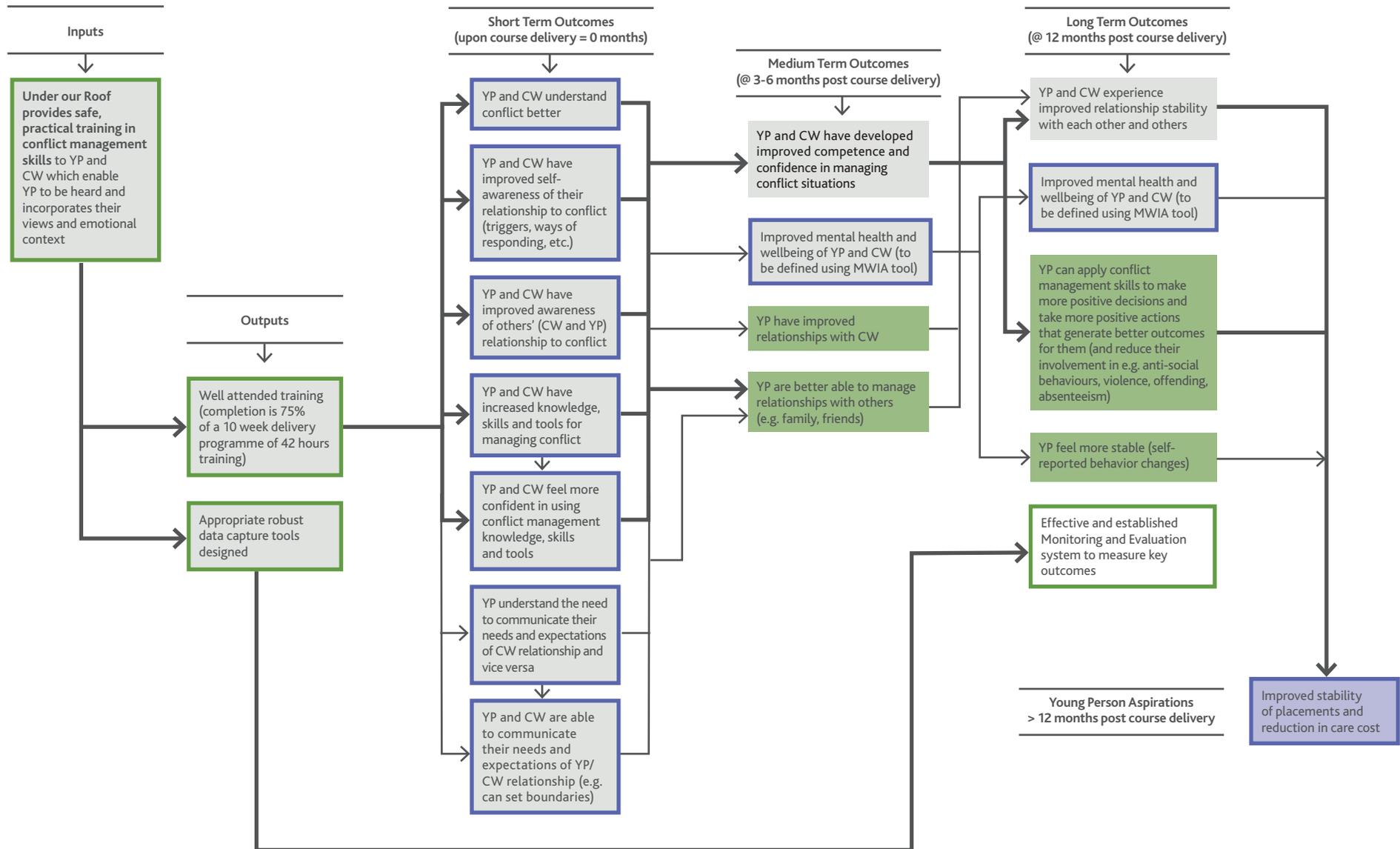
¹ See 4. What we have learnt

UoR Programme theory of change

Young Person Training Participant Timeline—



Critical pathway identifying core outcomes



4. What we have learnt

The potential impact on mental wellbeing

We looked at the potential positive and negative impacts on the intended beneficiaries using the scoping tool of the Mental Wellbeing Impact Assessment². The assessment identified a number of potential positive impacts and some negative ones. Actions were also identified. These are summarised in the table below:

Protective Factor for Wellbeing	Negative or Positive	Summary of issue	Action
A sense of Control	Positive	When the boundaries of care are imposed, young people lose sense of control. Likewise, carers and professionals are taught risk adverse behaviour/ over-risk managing in the system. Participants of the training will gain conflict management skills that aims to give both young people and adult's choice and a sense of control over negotiating boundaries of care, extent of agency to change their behaviours, as well as other domains of their lives and work.	Action to consider to further explore the boundaries of care, relationship to rules in training
Belief in own capabilities and self determination	Positive	This strengths-based project will have a positive impact on participants' ability and confidence to make choices and take responsibility for their own decisions and behaviours.	No action required
Arts and creativity	Positive	Leap's training has arts, play and creativity at the heart of the design. This is done through the vehicle of the games, exercises and platform for expression core to the training design.	No action required
Emotional well-being (overall long term)	Positive & Negative	The project will not be providing any counselling but does recognise emotional difficulties may arise. Leap are already seeking advice on poor attachments and the impact of the training. This remains a key area to monitor and mitigate for in the design.	Continue to seek advice on needs around emotional support throughout the development of curriculum and the training as part of the trauma informed journey at Leap

² www.tavinstitute.org/news/mental-well-being-impact-assessment/

Protective Factor for Wellbeing	Negative or Positive	Summary of issue	Action
Ability to understand, think clearly and function socially	Positive	In giving skills to manage conflict the project aims directly to improve the participants' ability to understand, think and function socially.	No action required
Having a valued role	Positive & Negative	<p><i>Positive Impact.</i> Throughout the entire project, young people are actively involved in the design and delivery. The project model may be peer facilitation, as young people are trained they will be offered the opportunity to become trainers, and the opportunity to influence care practice and the wider system at large.</p> <p><i>Negative Impact.</i> There is potential risk that young people may not be able to see the value of their work and involvement. Young people may also feel disheartened if no tangible difference is seen as a result of their work.</p>	Action to ensure feedback loop is closed with young people after focus groups and monitor the outcomes of young people achieved as a result of their involvement. The risk could also be mitigated by properly managing the expectations of young people at the start and throughout their involvement in the programme
Activities that bring people together	Positive	The project brings adults and young people together uniquely to understand conflict together, and facilitate a space for connectedness throughout the programme.	No action required
Conflict resolution	Positive	This is a core aim of the project. Note Leap do not promote 'resolution' but creative working through conflict.	No action required
Cohesive communities	Positive	Potential to work through difference and contribute to less conflict arising through diversity and lack of awareness of self in relation to society. Also builds on corporate parenting agenda making the system aware of its need to work with conflict creatively.	No action required
Trust and safety	Negative	This is an area where monitoring and mitigation in the development may be needed. The young people are requested to share with adults in the training - Are they really safe in this context? Is confidence assured?	Action to ensure safety in the context of sharing in the presence of adults, to have the necessary support required to have conversations with carers, to share the same language, and unpick emotions and feelings constructively.

Focus group results – Skyscape

In phase 1 Leap conducted focus groups with young people living in residential or foster care (n=40) and their care givers (n=48). Key learning themes were generated with a thematic content analysis process. These themes are presented below as a 'sky scape'. The stormy sky areas represent areas of entrenched problems for the delivery of the Under Our Roof project. The blue skies, barriers that the project can potentially influence and the sunny sky area represents enabling 'weather conditions'.

Conflict Elements	Relationships and Support	Conflict Training Activities	Motivations
Conflicts are systemic and appear in all young persons interactions.	Clear agreement on the ingredients for a supportive relationship for YP: – Structure and boundaries – Loving, connected and joyful – Honest and fair – Interested and listening – Inclusive and non-judgemental	Fear of disclosure for young people especially with care givers. Concerns about this from care givers too.	For young people and foster carers the social experience, learning together and fun in an understanding space is a draw.
Care system creates heightened opportunities for conflict for a young person. Too many restrictions. Excessive interaction with professionals. Lack of privacy.	The impact of Poor Attachments in early life on the rest of your life are not well understood by all care givers and wider in society.	Concern that relationships need to be built prior to training and this will only be possible with people who they can relate to (care aware).	There is a balance to be struck between convincing time poor people that this is needed and over promising .
Stereotyping is endemic.	Young people in care do not have access to knowledge, skills and safe spaces for self awareness. "its my fault".	Concern that this may be received as another label of needing conflict skills.	
Conflict is experienced as powerful wave of feelings related to not belonging.	There is an element of desensitisation in the care culture. "Us and them" and institutionalisation of care givers "stuck in their ways" A focus on safeguarding can prevent genuine relationship building. Rules resisted by Foster Carers. Feels like the safeguarding culture of social services.	Conflict is experienced as powerful wave of feelings related to not belonging.	
Vicious cycle of conflict where causes of conflict are re-experienced during conflict leading to relationship breakdowns and entrenched distrust		A rare opportunity to think and self evaluate	

Pilot results

Leap piloted the Under Our Roof Programme in one residential children’s home and one fostering agency. At the residential children’s home four young people and 13 care worker participated and at the fostering agency 11 foster carer.

Information about participants

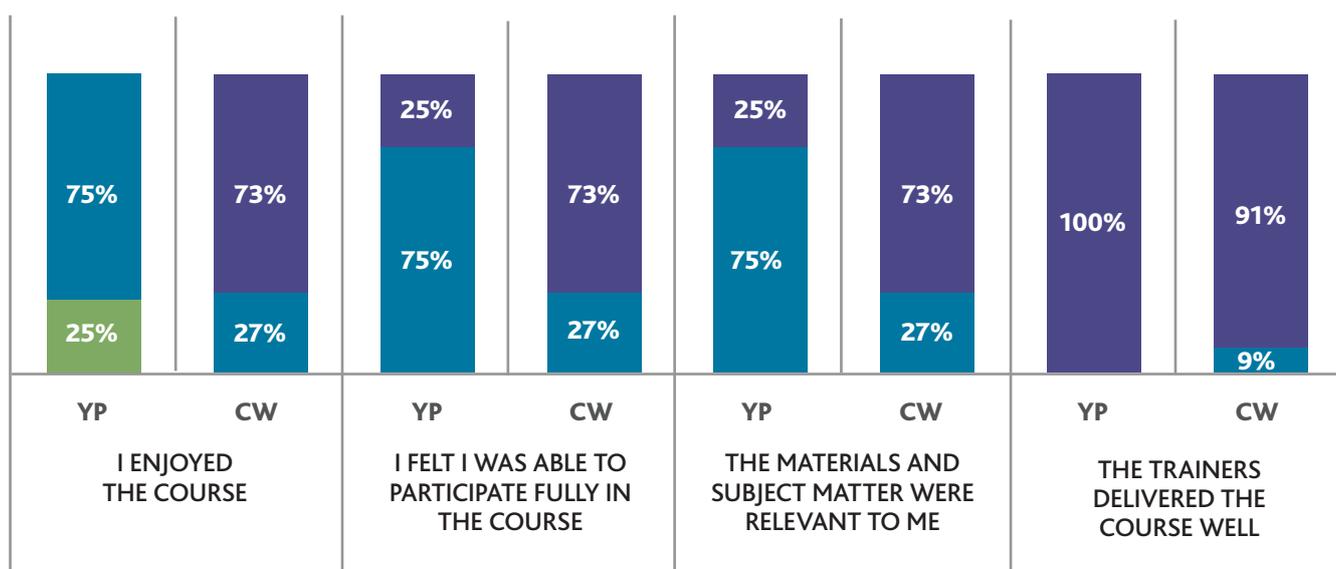
Young people were between 15 and 17 years old and had been at least one year at the children’s home. They reported feeling safe and listen to and described mainly positive relationships with peers, siblings, parents, social workers and home staff. There were also some issues with conflict and contact with the criminal justice system reported. The young people were in education with two reporting learning support needs. The majority of care workers had been at the children’s home for at least two years. Only two care workers have been at the home for less than two years. They reported mostly positive relationships with birth parents and other home staff, however the relationships with social workers were rather mixed. In addition to the pre-engagement forms young people and care workers completed a wellbeing scale at the beginning of the programme. Average scores of young people were lower than the average score of care worker and both had lower score than the population

norm. Young people showed particularly low scores for the item “I’ve been dealing well with problems”³.

The majority of foster carers who participated has been with the fostering agency for about one year. Some participants were caring for relatives (i.e., kinship care). Overall, carers reported mixed relationships with birth families and social workers.

Satisfaction with programme

Feedback from the delivery in the residential children’s home revealed that the majority of participants enjoyed the course - only one young person was unsure. All participants agreed that they felt able to participate fully in the course and that the materials and subjects were relevant to them. The majority strongly agreed that the trainers delivered the course well. Overall, care workers were more positive than young people, but since the sample size was very small we did not statistically compare scores (see Figure 1).



■ Not sure ■ Agree ■ Strongly Agree

Note. N=4 and N=11.

Figure 1 Satisfaction with the programme

³ The pre-engagement form was completed by twelve care workers and three young people. Information about the remaining participants is not included in this section. Furthermore, not all questions in the form was answered by all participants.

Overall, participants were very positive about the training. Only some participants had improvement suggestions. Participants enjoyed particular exercises the most such as the red-flags exercise and they also enjoyed working together as a team including young people and staff. Improvement suggestions included: More games, longer sessions, provision of hand-outs, additional getting to know each other sessions and more clarity around scoring of games.

Results of programme

Outcomes were combined to four clusters⁴ for which participants were asked to rate a number of items about how they felt at the start of the programme and how they felt at the end. All items in all outcome clusters showed generally a positive increase. These four outcome clusters were:

- Understanding of conflict
- Conflict management
- Relationships/social support
- Future goals/Raising voice

An example of this improvement can be seen in Figure 2. While at the start of the training about half of the participants were unsure about their understanding and ability to recognise conflict at the end most participants were more confident about their understanding.

Participants were also followed up 6 months after the end of the programme to understand the long-term outcomes of the programme.⁵

Looking back at the programme all participants reported to have had a positive experience. Especially the care workers reported to have enjoyed the programme, found the tools useful and thought it had improved staff relationships. Care workers further stated some examples of how they have noticed that young people manage conflict better and are more confident to talk about it. Care workers reported that the programme helped them to be more aware of young people's needs and understand them and also how they are perceived.

"I really enjoyed the programme, I thought it gave us some useful tools and ideas to go through with some of the young people. Thought it was positive for the young people too. Thought it was fantastic."

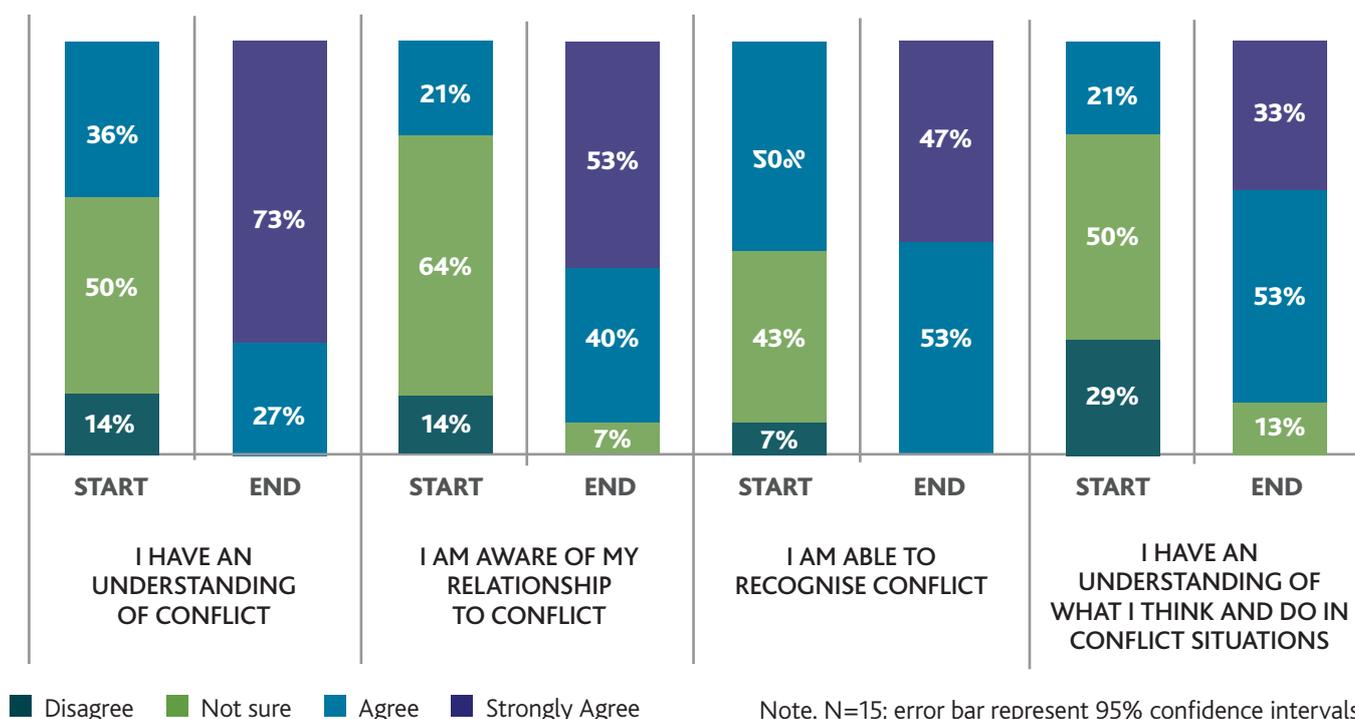


Figure 2 Understanding of conflict at the start and the end of the programme

⁴ The other three clusters are not relevant for short-term outcomes.

⁵ Two young people and 8 care worker completed the follow-up form.

Furthermore, participants were asked to rate a similar number of items to assess how they are feeling 6 months after the end of the programme in relation to the seven outcome clusters. Overall, the positive changes between the start and the end of the programme were sustained for both young people and care workers for conflict management, relationships and future goals. Young people reported positive feedback to long-term outcomes such as

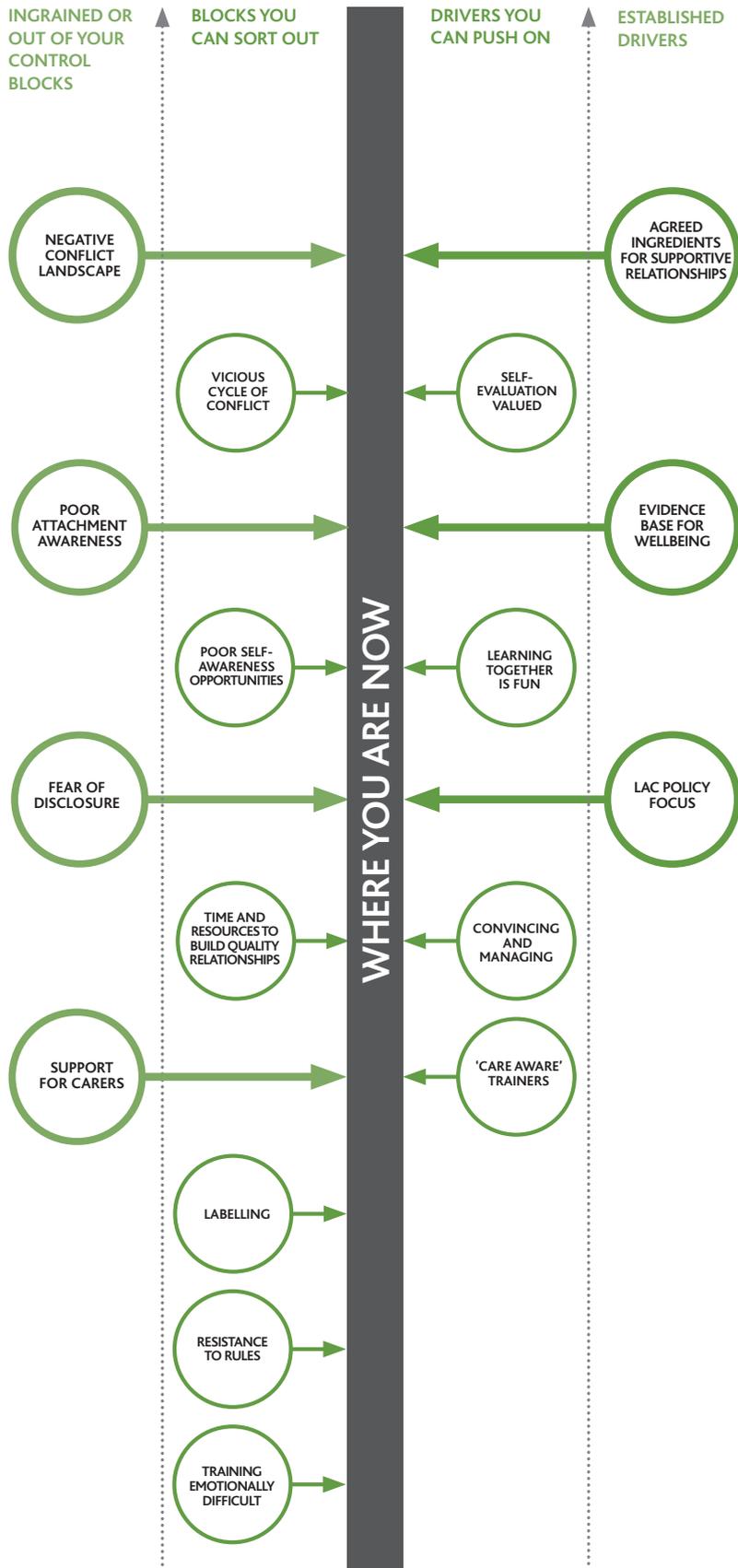
stability and raising voice. Similarly, care workers showed positive responses to long-term outcomes such as forming and maintaining relationship with children and impact on practice in home. For the majority of the participants (7 out of 10) the wellbeing score increased. Only two participants reported lower levels of wellbeing 6 months after the end of the programme.



Note. N=10

Figure 3 Average wellbeing scores of participants

WHERE YOU WANT TO BE



KEY FOR WHERE YOU WANT TO BE DIAGRAM	
SHORT HAND	MEANING
Vicious cycle of conflict	Vicious cycle of conflict where causes of conflict are re-experienced during conflict leading to relationship breakdowns and entrenched distrust.
Negative conflict landscape	Care system creates heightened opportunities for conflict for a young person. Too many restrictions. Excessive interaction with professionals. Lack of privacy.
Agreed ingredients for supportive relationships	Clear agreement on the ingredients for a supportive relationship for YP : Structure and boundaries Loving, connected and joyful Honest and fair Interested and listening Inclusive and non-judgemental
Negative Stereotyping	Young people in care are subject to widespread negative stereotyping.
Us and Them	There is an element of desensitisation in the care culture. "Us and them" and institutionalisation of care givers "stuck in their ways" A focus on safeguarding can prevent genuine relationship building.
Poor Attachment awareness	The impact of Poor Attachments in early life on the rest of your life are not well understood by all care givers and wider in society.
Poor self-awareness opportunities	Young people in care do not have access to knowledge, skills and safe spaces for self awareness. "its my fault".
Fear of disclosure	Fear of disclosure for young people especially with care givers. Concerns about this from care givers too.
Time and resources to build quality relationships	Concern that relationships need to be built prior to training and this will only be possible with people who they can relate to (care aware).
Labelling	Concern that this may be received as another label of needing conflict skills.
Resistance to rules	Rules resisted by Foster Carers. Feels like the safeguarding culture of social services.
Self-evaluation valued	A rare opportunity to think and self-evaluate.
Learning together is fun	For young people and foster carers the social experience, learning together and fun in an understanding space is a draw.
Convince and manage	There is a balance to be struck between convincing time poor people that this is needed and over promising.
Training emotionally difficult	Elements of the training are challenging and trigger difficult emotions.
Evidence base for wellbeing	Mental Wellbeing Impact Assessment screening results positive.
Support for carers	Deficit of emotional support for carers.
LAC Policy focus	LAC policy focus is current and a good time to support change.

Force-field analysis

The above diagram represents an independent snap shot of the 'forces of the field' based on the data we have presented in this first interim report. Ingrained or out of control blockers suggest contextual conditions the project needs to 'work with' rather than focus energy on changing. On the other extreme 'established drivers' represent positive conditions for the project to harness/align with and suggests area for collaboration/engagement in the next phase.

The blocks and drivers to 'sort out' and 'push on' represent areas that need attention in order for the programme to progress.

It should be remembered that this 'snap shot' is never stable, complete or predictable. This is a tool for thinking in the 'here and now' and should be revisited/updated by the programme team when required.

Evaluative Rubric

In order to triangulate the data from the different methods we used a practical evaluative framework known as 'Rubrics'⁶. This was used to make evaluative statements about the effectiveness of the programme, its processes, its short and medium term impacts and potential long term impacts. This involves drawing up a list of criteria against each intended outcome (ranked relatively for importance), then ranked for the strength/appropriateness of the data, and then finally allocating a scale of performance, e.g. poor, adequate, good, and excellent. The first rubric has been created and will be refined over the course of the evaluation. It provides a sense making framework and an evidence base for the 'story' of the intervention. The objective is to leave Leap with a practical tool to continually monitor the roll out of the Under Our Roof project.

⁶E.g. Davidson, J., Wehipeihana, N., & McKegg, K.(2011)

Next Steps

The table below represents key areas of action for Leap UoR team to focus on in Year 2. As these issues have emerged the team have worked reflexively to continue to address them. This is an ongoing process of iterative learning.

A number of gaps in indicators for outcomes in the evaluative rubric have been identified and suggestions made.	TIHR and Leap to address these during Year 2. e.g. Observation rating for facilitator.
A number of gaps in indicators for outcomes in the evaluative rubric have been identified and suggestions made.	The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMBS) ⁷ pre and post to be used in next phase.
Dosage and impact on area outcomes is a concern in terms of understanding this new model.	An area-based approach to be considered.
The question of where to target Policy influencing at this stage was discussed.	TIHR to write a policy briefing update page on the project aims and early learning. Leap/TIHR to decide where this early learning should be targeted. i.e. where it might be heard/engaged with (before proven effective).
The question of how to have a sustainable impact with limited resources and to hold in mind the need to model a positive ending.	Working with YP and carers together is a model that the project should continue. The purpose of the programme is to support the strengthening of the relationship between the carers and young people, then their relationship will continue, and it will only be the facilitator's relationship with participants that will end.
The longer term follow up of young people will be costly as a routine monitoring method but for the evaluation of the pilot the voice of the young people should be captured.	TIHR propose an arts based approach already approved by internal ethics committee. This was co-produced with a Children In Care Council.
What is Leap's/UoR's approach to longer term follow up?	<ul style="list-style-type: none"> • Follow up- trainer and care worker • Is there a neutral person within the partner organisation who could carry out some of the follow up? • Could we combine it with our progression route offer?
If Leap do decide on a carer/worker focussed intervention. How can we measure the impact of care workers'/Foster carers' training on young people?	There is evidence from other fields that workforce improvement correlates positively with care outcomes (e.g. nhs) so the rationale is solid but the impact on LAC that is demanded by funders will be a challenge. A higher dosage/area based approach could assist if this model is chosen

⁷ <https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/about/>

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