

# The Fostering Changes programme

<b>Submission date</b> 16/08/2011	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered
<b>Registration date</b> 13/10/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Protocol
<b>Last Edited</b> 29/01/2018	<b>Condition category</b> Mental and Behavioural Disorders	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Children who are taken into care do far better if they are placed with a foster family than if they are raised in children's homes, and the longer they stay with one family, the better their prospects for the future become. However, these children can be quite difficult to manage as a result of the often traumatic events they have experienced and the disruption to their lives. Although foster carers are supported by the Local Authority, many report that they need additional help and resources in order to cope, and in some cases the placement breaks down and the child must be found an alternative home. This is distressing for both carers and children, and makes it less likely that subsequent placements will succeed. It was in response to this urgent need that the Fostering Changes Programme was developed by The Fostering and Adoption Team at the Maudsley Children's Department in South London. Fostering Changes is a training programme specially designed for foster carers to help them to manage difficult behaviour and improve their relationships with the children they look after. It focuses on children up to the age of 12, and is run for groups of around 10 carers at a time. This programme has been running in several Local Authorities around London, and found to be very successful. Over the past couple of years we have been improving the programme by adding topics as a result of what foster carers have told us that they most need help with. For example, they say that children falling behind at school worries them a lot, so we have introduced ways of supporting learning at home, and information about how to access additional resources at school. Children's challenging behaviour has also been a cause for concern, so we have added a lot more information about understanding how fostered children's early relationships and experiences influence their later behaviour, and how to recognise and be able to manage this when it occurs. Foster carers who have done the course say that it has given them a lot more confidence in dealing with the challenges they face, and that they have seen real positive changes in the children they are looking after. The purpose of doing a study of the course, is to provide scientific evidence that it really works, which is necessary in order to get funding for the programme to continue.

### Who can participate?

Foster carers of any age who are registered with a Local Authority, and who currently have a child or children in placement, one of whom is aged 2 to 12. Because the training is very practical, it is important that the child is likely to stay in the placement for the period of the training. This is because we ask carers to put into practice what they have learned on the course when they go home. They then report back to the group about how successful the new

strategies have been, or what problems they encountered when trying to put them into practice. The course is relevant to children with a wide range of abilities, including those with learning or attention problems, or those with developmental problems such as autism.

What does the study involve?

The study involves recruiting a group of foster carers, and randomly allocating half of them to the training course, while the other half are on a waiting list to receive the training later. At the end of the training we compare both groups to see whether the ones who have had the training report greater improvements than the ones on the waiting list. This is to make sure that it really is the training that makes the difference, and not just because the child has settled into their placement during that time, and become more manageable as a result. Foster carers who agree to take part are visited at home, interviewed about their foster child or children, and asked to fill in some questionnaires. This visit takes about an hour and a half. Their foster children do not need to be present at the interview as they will not be directly involved. After three months, all the carers will be asked to complete the same questionnaires again so that we can assess what has changed in the interim. They are also asked to contribute their views about the course, and suggestions for improvement.

What are the possible benefits and risks of participating?

Not provided at time of registration.

Where is the study run from?

The study is part of a series of trials of parenting interventions run by the National Academy for Parenting Research at King's College, London (UK).

When is the study starting and how long is it expected to run for?

April 2010 to March 2012.

Who is funding the study?

The Department for Education (UK).

Who is the main contact?

Jackie Briskman

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### **Study website**

<http://www.iop.kcl.ac.uk/departments/?locator=1123>

## **Contact information**

### **Type(s)**

Scientific

### **Contact name**

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## **Additional identifiers**

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

PNM/09/10-87

## **Study information**

**Scientific Title**

Fostering Changes: a randomised controlled trial of a group-based intervention for foster carers in England

**Acronym**

FC RCT

**Study objectives**

There are currently 64,400 looked-after children in England [Department for Children, Schools and Families (DCSF)] March 2010), an increase of 6% over the preceding year. Long-term outcomes for children in the public care system are extremely poor when compared to those of other children in the UK. Looked-after children are at far greater risk of mental health disorders, academic under-achievement, risk-taking behaviours, teenage pregnancy and the likelihood of forensic involvement. There is general agreement by policy makers as well as practitioners that outcomes for these young people are better if they are placed with a family rather than in residential homes, and currently 73% of looked-after children are placed with foster parents. However they have an especially high incidence of behavioural problems and many placements have broken down because foster carers need more specialist help and support than their social workers are able to provide.

The Fostering Changes Programme was set up in 1999 in response to an urgent need to provide carers with practical advice and strategies for managing difficult and challenging behaviour, using a cognitive behavioural approach to help them to develop their skills. Evaluation of the original programme showed significant improvements in child-carer interaction, child difficulties, specific problems causing most worry to carers, and child emotional symptoms, following completion of the original Fostering Changes training course (Pallett et al 2002). The first Fostering Changes Manual was published by the British Association for Adoption and Fostering in 2005, entitled 'Fostering Changes: How to improve relationships and manage difficult behaviour. A training programme for foster carers'. (Pallett et al 2005).

In 2008, a grant was awarded to King's College London by the DCSF to set up the 'National Academy for Parenting Practitioners' (now the National Academy for Parenting Research, supported by the Department for Education). This has given the Fostering Changes team the

opportunity to undertake a major revision of the programme in order to address additional needs that had emerged as a result of carer feedback in previous trials. The revised programme places greater emphasis on empowering carers to access better educational opportunities for looked-after children, and on recognising and coping with the influence of attachment problems on behaviour. This new version has been piloted with four local authorities and written up in a new manual which was published by BAAF (British Association for Adoption and Fostering) in May 2011.

Fostering Changes is now one of the most up-to-date training courses for foster carers in the UK. There is considerable interest in the course, as evidenced by the uptake of training provided by the Fostering Changes Training Centre to many local authorities. This, and positive feedback from foster carers and those involved in providing support for them, means that demand for Fostering Changes training is likely to continue to increase. The cost benefits per trainee surpass that of other parent training courses, as every foster carer who receives the training is able to pass on the benefits of their enhanced skills and confidence to all the young people who come into their care.

Whilst pre- and post-course evaluations of the Fostering Changes Programme have shown significant improvements in child behaviour and child-carer relationships, there is the possibility that this effect may be due, at least in part, to the passage of time i.e. that the child has just settled down in their placement. In order to control for this and other sources of bias, it is necessary to run a randomised controlled trial with a comparison group of carers who have not received Fostering Changes training. This will provide scientific validation of the methods and outcomes of the training course - the evidence base that is required to justify future funding.

#### **Aims and hypotheses:**

1. To provide the first evaluation of the revised Fostering Changes Programme with a target group of foster carers in and around London, providing information on its benefits and potential suitability for wider dissemination and use by Social Services Departments and private fostering agencies around the country
2. To identify moderators and mediators of change in the relationships between looked-after children and their carers, before and after provision of The Fostering Changes Programme, by identifying and measuring the effect of the intervention on relevant child and carer outcomes
3. To explore whether The Fostering Changes Programme provides additional benefits in terms of a reduction in child behaviour problems, as well as enhancing carer confidence and self-efficacy
4. To find out whether the Fostering Changes Programme is associated with changes in the use of services and associated economic costs and to set these in the context of the outcomes assessed

#### **Ethics approval required**

Old ethics approval format

#### **Ethics approval(s)**

King's College London Research Ethics Committee, 06/05/2010, ref: PNM/09/10-87

#### **Study design**

Two-arm randomised controlled trial

#### **Primary study design**

Interventional

## **Secondary study design**

Randomised controlled trial

## **Study setting(s)**

Other

## **Study type(s)**

Quality of life

## **Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

## **Health condition(s) or problem(s) studied**

Conduct disorder; antisocial behaviour; attachment problems; educational under-achievement in children under care

## **Interventions**

### **1. The intervention group:**

The Fostering Changes programme equips foster carers with the skills and knowledge necessary to manage a wide range of problems including challenging behaviour. Attending the training makes them feel supported and more able to understand and meet the needs of the child. The relationship and interaction between the foster care and foster child is improved, making it more likely that the placement is a success. Foster carers become more competent in looking after children with complex needs, and the net result is to produce a highly skilled pool of foster carers who are far better equipped to take on new placements with confidence. The course facilitators are qualified social workers engaged as clinical specialists in the CAFT (Conduct Disorder, Adoption and Fostering National and Specialist Team) at the Maudsley Hospital.

Following recruitment to either intervention or control group, foster carers are visited at home. They are interviewed and complete a number of pre-course questionnaires (see below), the interview lasting approximately one and a half hours. The interview includes demographic details, and questions relating to the foster carers' backgrounds and the characteristics of the children in their care. As well as providing data for the RCT, the visit to carers in the intervention group is useful in providing the trainers delivering the course with more detailed knowledge of the carers and the nature of problems they are confronting with their looked after children. Seeing carers in situ helps develop a rapport between trainers and carers, and enhances carers' commitment to the course.

The Fostering Changes training takes place over 12 weeks, one day per week for a period of four hours. The primary aim of the programme is to provide a range of clear and practical strategies to help carers develop positive relationships with their foster children and acquire new skills to manage difficult behaviours. Because of its complexity and multiplicity of tasks, two co-workers run the programme. Each session concentrates on a particular area, and carers are encouraged to put the principles they have learned into practice during the following week, and to report back to the group at the subsequent session. Essential elements of the course include strategies for supporting children's learning and for understanding and managing the problems that arise from attachment difficulties. Carers are given the opportunity to evaluate each stage of the course, and to give their views on whether the programme has brought about improvements in their relationships with their foster children and the way in which they manage challenging behaviour.

## **2. The control group:**

The use of no-treatment control groups in intervention research can be problematic because, in addition to the legal and ethical implications of not being offered treatment, the fact of not being selected for the course may produce direct or indirect effects on the carer's outcome measures. For this reason, the Fostering Changes RCT will do its utmost to provide the same training for carers in the control groups after the initial trials are completed (thus far, controls from two groups have received the training). If, towards the end of the trial, it is not possible within current funding arrangements to provide further training, the NAPR will encourage Local Authorities to provide their own training, as many of them have received Facilitator training from the FCTC (Fostering Changes Training Centre) and are qualified to deliver courses with a minimum of supervision. Control group carers are visited at home during the same period as the intervention group carers, using a similar protocol. They are re-assessed 12 weeks later, and receive a small payment as acknowledgment of their help with the project.

## **Intervention Type**

Behavioural

## **Primary outcome measure**

Foster carer's quality of relationship with child, looked-after child's challenging behaviour.

1. Foster parent's relationship with foster child:

1.1. The Quality of Relationships Questionnaire (QUARQ) (clinical in-house measure) (measured at T1 and T2)

2. Young people's challenging behaviour

2.1. The Visual Analogue Scale (VAS) (measured at T1 and T2)

Timepoints:

T1: Baseline interview directly before treatment

T2: 3 months post-randomisation

## **Secondary outcome measures**

Foster carer's parenting style, confidence in ability to bring about positive change (self-efficacy), strategies for coping with challenging behaviour, looked-after child's adjustment, health economics:

1. Foster parent's parenting style, relationship with child and coping strategies

1.1. The Alabama Parenting Questionnaire Short Form (Scott, Briskman, & Dadds 2011) (measured at T1 & T2)

1.2. Carer confidence (Agency) Questionnaire (CC) (measured at T1 and T2)

1.3. Carer's coping strategies (CCS) (measured at T1 and T2)

2. Foster child's social, emotional and behavioural adjustment

2.1. Strengths and Difficulties Questionnaire (Goodman 1997) (measured at T1 and T2)

3. Service Use and demographics: Client Service Receipt Inventory (Carer Interview) (measured at T1 and T2)

Timepoints:

T1: Baseline interview directly before treatment

T2: 3 months post-randomisation

## **Overall study start date**

20/04/2010

## **Completion date**

31/03/2012

## Eligibility

### Key inclusion criteria

1. Foster carers of any age, who are registered with a Local Authority and who currently have a child in placement who is aged between 2 and 12 years of age, who is likely to stay in that placement for the duration of the Fostering Changes Programme (three months)
2. Fluency in English is a necessity
3. The Fostering Changes programme is relevant for children of all abilities, including those with learning problems and those with autism

### Participant type(s)

Patient

### Age group

Adult

### Sex

Both

### Target number of participants

72

### Key exclusion criteria

Foster carers whose fostered child (aged between 2 and 12) is likely to be transferred to another placement during the period of the training (i.e. 12 weeks)

### Date of first enrolment

20/04/2010

### Date of final enrolment

31/03/2012

## Locations

### Countries of recruitment

England

United Kingdom

### Study participating centre

Institute of Psychiatry (PO85)

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# Sponsor information

## Organisation

King's College London (UK)

## Sponsor details

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## Sponsor type

University/education

## Website

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## ROR

<https://ror.org/0220mzb33>

# Funder(s)

## Funder type

Government

## Funder Name

Department for Education - The National Academy for Parenting Research (UK)

# Results and Publications

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan



**IPD sharing plan summary**  
Not provided at time of registration

Study outputs					
Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Funder report results</a>	results			No	No