

Evaluation of Under Our Roof
(YOUNG PEOPLE IN CARE)
Programme

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Summary of Learning

Under Our Roof (UoR) is a new programme that draws from Leap Confronting Conflict's creative and experiential approach to conflict management. The group-based, facilitated games and reflective sessions have been successful with young people and adults from a wide range of community and institutional settings. The rationale for UoR was that by improving the management of conflict in the care system, relationships would improve and thus have a positive impact on placement stability and the longer-term outcomes for care experienced young people.

Leap grounded their approach on a review of literature, expert advice, focus groups and experiential research. The needs and views of care experienced young people and those in caring roles informed the development of the delivery approach and materials for use in the care system. The development and roll out was delivered over two years and six months.

Development of the programme

In phase one of the programme a comprehensive Theory of Change was co-produced with the Under our Roof (UoR) delivery team. A one-year research and piloting phase consolidated a focus on a simpler critical pathway and tackling the barriers to achieving outcomes in seven key clusters. Key barriers were identified, and solutions and adaptations actioned. These were:

- **Trauma informed working:** During the piloting phase Leap adapted their approach to take into account the particular relationship to conflict that a young person in the care system may experience. For example, content was adapted to avoid the surfacing of difficult experiences in care or family settings.
- **Young people shifted from receivers of service to coproducers of service:** Leap consulted on the provision of conflict management directly to young people in care in groups and in mixed carer and young people groups. This raised issues of safety and trust. Also Leap noticed that there was a high level of need within the adult carers regarding conflict awareness. As a result, young people were involved more on a consultative and coproduction basis.
- **System Based Approach:** Leap found that building relationships with organisations and the participants was important but also required a lot of resources. In Phase two, Leap continued to work with one residential care provider and a local authority children's service in order to build on the relationships of the pilot phase. This longer-term relationship enabled bespoke interventions that could be delivered with sensitivity to local context, dynamics, and organisational culture. This led to the development of the idea of working with an embedded consultant approach in future offers using a Facilitator Development Programme (train the trainers) and ultimately changing the culture towards a healthier approach to conflict.
- **The challenge of working through the COVID-19 pandemic:** Covid-19 presented a particular challenge to the programme as it adapted to online delivery and responded to an environment where there was likely to be an increase in conflict. The Programme was able to respond to this by delivering accessible shorter online sessions. The necessary shift to virtual delivery presented a new opportunity of improved accessibility for time-poor carers. This has influenced the future plans for delivery of a blended learning model.

Outcomes

In total, 159 individuals began the programme and 143 completed it. Of those that completed were: 45 foster carers, 79 residential care workers, 6 social workers and 13 young people. Two cohorts of residential care workers and foster carers further completed a follow-up workshop or follow-up sessions. Leap remains engaged in conversations about training needs and support with one residential care provider and one local authority children's service. The overall attrition rate was 10%. The attrition rate for young people was 13 %, although based on a small sample it is worth noting that this is a very low attrition rate for programmes targeted at young people.¹

Aligned to the Theory of Change, an evaluative rubric of seven outcome clusters formed the basis of the evaluation. Key results are summarised in each cluster:

- **Outcome 1** - Improved conflict management: The evaluation found quantitative and qualitative evidence that the programme participants improved their understanding of conflict, their knowledge about skills and tools to manage conflict as well as their confidence to manage conflict in challenging situations. The evaluation found statistically significant changes for skills and knowledge related to conflict management. Interviews highlighted examples of how the programme enabled participants to have better conflict management skills.
- **Outcome 2** - Improved relationships/social support: Qualitative research found that applying conflict management skills led to improved relationships between care workers and young people. In the survey of participants, more care workers felt able to communicate their needs to children and more said they have a good relationship with them following the programme.
- **Outcome 3** - Improved decision making/goals: Quantitative findings showed that care workers further reported an increase in their ability to make their own decisions at the end of the programme.
- **Outcome 4** - Improved wellbeing: Care workers demonstrated a statistically significant improvement in the perception of feeling valued by children in care. There was further quantitative and qualitative evidence that suggests that participants have improved their wellbeing overall including feeling more optimistic about the future and feeling less anxious about dealing with difficult situations.
- **Outcome 5** - Raising voice: The programme created many opportunities for care experienced young people to have a voice including consultation in focus groups, coproduction of programme materials and delivery and a podcast.
- **Outcome 6** - Improved Stability of Placements: The shorter-term outcomes, in particular of improved relationships that underpin placement stability were evidenced. However, it was not possible to assess this outcome as part of the evaluation.
- **Outcome 7** - Wider effects: There was qualitative evidence that in areas where Leap intervention dosage was higher, and the relationships were stronger, organisational culture had shifted and staff were beginning to see a change in the way conflicts were regarded and managed. It is not possible to evaluate the sustainability of this without continued support such as refresher or induction training to tackle staff churn and wider influences of the local contexts.

¹ Example of youth programme attrition rates average at 30-40% www.odi.org/sites/odi.org.uk/files/resource-documents/11956.pdf

1. Background

'UoR' is a new programme that draws from Leap's creative and experiential approach to conflict management that has been successful with young people and adults from a wide range of community and institutional settings.

The approach to conflict management is based broadly on a humanistic approach² where facilitators work with the whole person, emotionally and intellectually, and facilitate participants to explore, observe, and self-evaluate in a safe space. The approach is experiential through games and activities and working in the language and cultural context of the participants, meeting them where they are. Games and approaches are intended to be used bespoke to each context and have to an extent been manualised in two publications *Playing with Fire*, *Working with Gangs* and the practitioner resource 'GirlStory'.³

The Programme began in February 2018, and was delivered in three phases of research, engagement and piloting, refinement and wider delivery and finalisation of outputs (curriculum, supporting materials), evaluation and dissemination. Phase two ended in September 2020 and the overall Programme ended with its dissemination and outputs phase in December 2020. This report presents the key findings of an independent action learning, process and outcomes evaluation by the Tavistock Institute of Human Relations (TIHR).

² Humanistic psychology is based on the belief in 'self – actualization'. This means that each person, in different ways, seeks to grow psychologically and continuously enhance themselves and that each person has free will and outcomes are not determined by past experiences or present conditions.

³ www.scie-socialcareonline.org.uk/working-with-gangs-and-young-people-a-toolkit-for-resolving-group-conflict/r/a11G00000017u68IAA and www.amazon.co.uk/Playing-Fire-Training-Working-Conflict/dp/1849051844.

For more information on GirlStory: www.leapconfrontingconflict.org.uk/major-projects-research

2. Evaluation Approach, Methodology and Data

The evaluation was based on 4 Key principles:

- **Theory-based evaluation:** we co-produced a Theory of Change.
- **Process and Outcome evaluation:** we designed a robust mixed methods approach including: focus groups, semi-structured interviews, observations and surveys.
- **Action learning:** We worked with the reflective culture of the organisation responsively when key learning moments occurred and structurally for example by supporting the collation of reflective field notes, annual Action Learning Sets, and feedback/dissemination events.
- **Embedded Evaluation framework:** We co-produced an 'Evaluative Rubric' around the outcomes identified in the Theory of change. We worked with Leap's Impact Team to find realistic data capture methods and meaningful indicators to evidence the outcome of their work. We co-produced the evaluation tools and shared the data collection activities. All the analysis has been carried out independently in order to establish an objective final assessment of the programme.

The data this report is based on is presented in the table below:

Table 1: Methods and data

Method	Target group	Number individuals
Telephone interviews (TIHR)	Foster carers	8
	'sponsors' LA or organisational leads with strategic/ impact view	3
	Leap Facilitators	4
	Care leavers	2
Focus groups (by TIHR and Leap)	Leap Facilitators	8
	Young people in residential care	4
	Leap curriculum design team	2
	Care experienced young people	48
	Social Workers/Residential care workers/Foster Carers	40
	Whole Organisational feedback workshop	5
Mental Wellbeing Impact Assessment (screening report)	Leap design and delivery team	4
Observations (TIHR)	2 of 3 Advisory Boards	10
	2 Piloting/taster sessions with adults	14
Surveys (see appendix 1)	Young people participants	7
	Foster Carer participants	27
	Care home/social worker participants	83
Facilitators reflective notes	Facilitators post delivery	11
Document analysis	Literature review	N/A
	Curriculum materials	N/A
	Podcast young carers	N/A
	Recordings and feedback from the online 'UoR party'	33

3. UoR programme delivery

UoR was delivered over two years and six months. The curriculum adaptations are discussed in the process section. Table 2 below summarises the progress and adaptations against the original plans.

Table 2: Evaluation of Under Our Roof Activities

Evaluation of Under Our Roof Activities	
Programme Activity	Progress and Adaptations
Phase 1 Months 1 -12	
Recruitment of Programme Lead and Programme Officer and the Advisory Panel	Completed
Four advisory panels	1 and interim communication with expert members
Ecosystem analysis and engage major opinion formers	Analysis completed some engagement around trauma and in localities.
Deliver 12 focus groups with 60 looked after young people and 12 focus groups with 60 adults establish needs	Focus groups and taster sessions with young people living in residential or foster care (n=40) and their care givers (n=48)
Develop bespoke curriculums based on the specific needs of young people and their carers	Completed and continued into phase 2 with bespoke iterations
Run one pilot programme with 8 young people in foster care and 14 foster carers and pilot with 4 young people in a residential children's home, and 8 residential children's home workers	From a fostering agency 11 foster carers participated. Residential children's home 4 young people and 13 care workers participated.
Share preliminary findings	Interim Report published. Summary to funders and Blog.
Phase 2 12-24 months	
Four advisory panels	1 and interim communication with expert members
Develop and refine the programme model and curriculum	Complete with major adaptations to address Covid 19 social distancing
Pilot programme with 8 young people in foster care and 14 foster carers	Programme adapted to focus on adults. Four young people from the residential care setting that was engaged and a group of 3 care leavers became coproducers of curriculum approach and dissemination. Pilot with 6 foster carers
Pilot programme with 4 young people in a residential children's home, and 8 residential children's home workers	15 care workers. In addition, Leap created the Facilitators Development Programme and was able to work with one local system more intensively than had been originally planned. See above for involvement of care experienced young people
Refine the curriculum	Continual iterations for bespoke groups
Rollout with six to 10 children's homes or foster agencies	5 organisations participated and 1 cohort of Care Leavers. This comprised of a total of 117 people
Share learning from delivery with key stakeholders	Dissemination spanned phase 2 and 3. These were a range of online reports and videos engaging care experienced young people and the sector
Phase 3	
Prepare and launch a manual in different formats as a best practice guide to working successfully in the care sector and delivering effective conflict management training using Leap techniques	A manual was not produced. The approach taken has been focus on raising awareness about conflict in the care system. This includes a series of 6, 30 minute podcasts ⁴ coproduced with care experienced young adults reflecting on conflict in the care system, and an animation ⁵ that highlights the key learning and in particular the need to support carers
Hold a care sector event targeted at key stakeholders	Successful well attended UoR House Party
Produce and disseminate an external evaluation report	Current report finding a solid proof of concept of programme.

⁴ 1 podcast was complete at the time of reporting

⁵ Under Our Roof - Programme Animation - YouTube

Dosage and modalities

Following a year of data collection, engagement and piloting the UoR programme was refined and delivered in bespoke ways that responded to the needs of the different organisations Leap worked with. COVID 19 social distancing measures forced the programme delivery to an online modality. Including the pilots Leap delivered to 45 foster carers, 24 social workers, 61 residential care workers and 15 young people. The types of delivery were as follows:

Table 3: Delivery types

Course Type	Dosage	Delivery modality
Course aimed at adult carers	2 full days	Face to Face
Course aimed at adult carers	6 x half day	Face to Face
Follow up post training	½ day	Face to Face
Facilitators Development Programme aimed at adult carers (an innovation responding to the need for embedded work to encourage a conflict aware system)	5 full days	Face to Face
Course aimed at adult carers (Covid response)	6 x 90 mins	Virtual
Follow up Workshops aimed at adult carers (Covid response) follow up to previous training	90 mins	Virtual
Course aimed at Care Leavers (Covid Response)	6 x 90 mins	Virtual

All of the delivery involved many hours of wrap around engagement, follow up communication and some optional bespoke coaching.

In total, 159 individuals began the programme and 143 completed it. Two cohorts of residential care workers and foster carers further completed a follow-up workshop or follow-up sessions. The overall attrition rate was 10%. The attrition rate of 13.3% is especially low for programmes that target young people.⁶ The breakdown per type of participant is shown in Table 4.

Table 4: Attendance per type of participant

Group	Recruited	Completed	Attrition rate
Foster Carers	52	45	13.5%
Residential Care workers	86	79	8.1%
Social workers	6	6	0%
Young people	15	13	13.3%
Total	159	143	10.1%

⁶ Example of youth programme attrition rates average at 30-40% www.odi.org/sites/odi.org.uk/files/resource-documents/11956.pdf

4. Theory of Change

In phase one of the programme, we coproduced a Theory of Change for Leap's long-term objective to support placement stability of young people in care (see Figure 1). Underpinning this outcome are a series of other long-term outcomes that cover positive change in relationships, embedded use of conflict management strategies, stability, skills, confidence, and wellbeing. Short (immediately post training) to medium-term (3-6 months) outcomes required to produce such changes were defined ranging from having an improved understanding of conflict to feeling valued in role as a care worker. These in turn were mapped against the necessary inputs and outputs.

Areas of outcomes were considered for all participants: care experienced young people and care workers (social workers, foster carers, residential care workers). In addition, system outcomes were mapped for Leap, the care system, for policy influencing and in having an 'effective and established monitoring and evaluation system in place'. The systems level ToC was an important part of the programme and the organisation in its desire to learn, improve and demonstrate impact.

5. Process Evaluation

This section describes the process of the programme. It covers the evidence-based design, how the voices of care experienced young people and carers influenced the programme, the early evidence of outcomes and the key adaptations made through an action learning approach.

Evidence based design

Although there are many examples of children thriving in care, and (in some areas) they do have better outcomes than children in need,⁷ care experienced young people are still disadvantaged compared to their peers.⁸ Key challenges for care systems today are financial constraints, increased need, gaps in coordination and child centred permanency planning, support for foster carers and staff in residential care settings.⁹ The result is placement instability that leads to greater inequalities in health, social care, education, and employment outcomes for care experienced young people. In addition, young people in the care system are more vulnerable to exploitation through gang involvement, and child sexual exploitation.¹⁰ The rationale for UoR was based on the hypothesis that by improving awareness and the management of conflict in the care system, relationships would improve and thus have a positive impact on placement stability and the longer-term outcomes.

Leap based their approach on a review of literature, expert interviews and focus group research. This covered the needs of children in care, poor attachment, and trauma in relation to the delivery of conflict management training. This was used to adapt the conflict training delivery approach and materials.

A Mental Wellbeing Impact Assessment (MWIA)¹¹ screening was carried out in the piloting phase to consolidate this learning and to support the programme to orientate its activities towards improved wellbeing in the broadest sense. This considered the potential positive and negative impacts on the young people and adult carers using the scoping tool of the MWIA. The assessment identified a number of potential positive impacts and some negative ones.¹²

⁷ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884758/CLA_Outcomes_Main_Text_2019.pdf

⁸ clck.uclan.ac.uk/14634/1/promoting-wellbeing-children-in-care-messages-from-research.pdf

⁹ learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach
assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932821/Coram-i_-_Tavistock.pdf

¹⁰ assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863323/HOCountyLinesGuidance_-_Sept2018.pdf

¹¹ www.tavinstitute.org/news/mental-well-being-impact-assessment

¹² A summary of the Domains and Protective Factors for Wellbeing is contained in appendix 1.

Figure 1: Leap UoR Theory of Change

Young Person Training Participant Timeline-

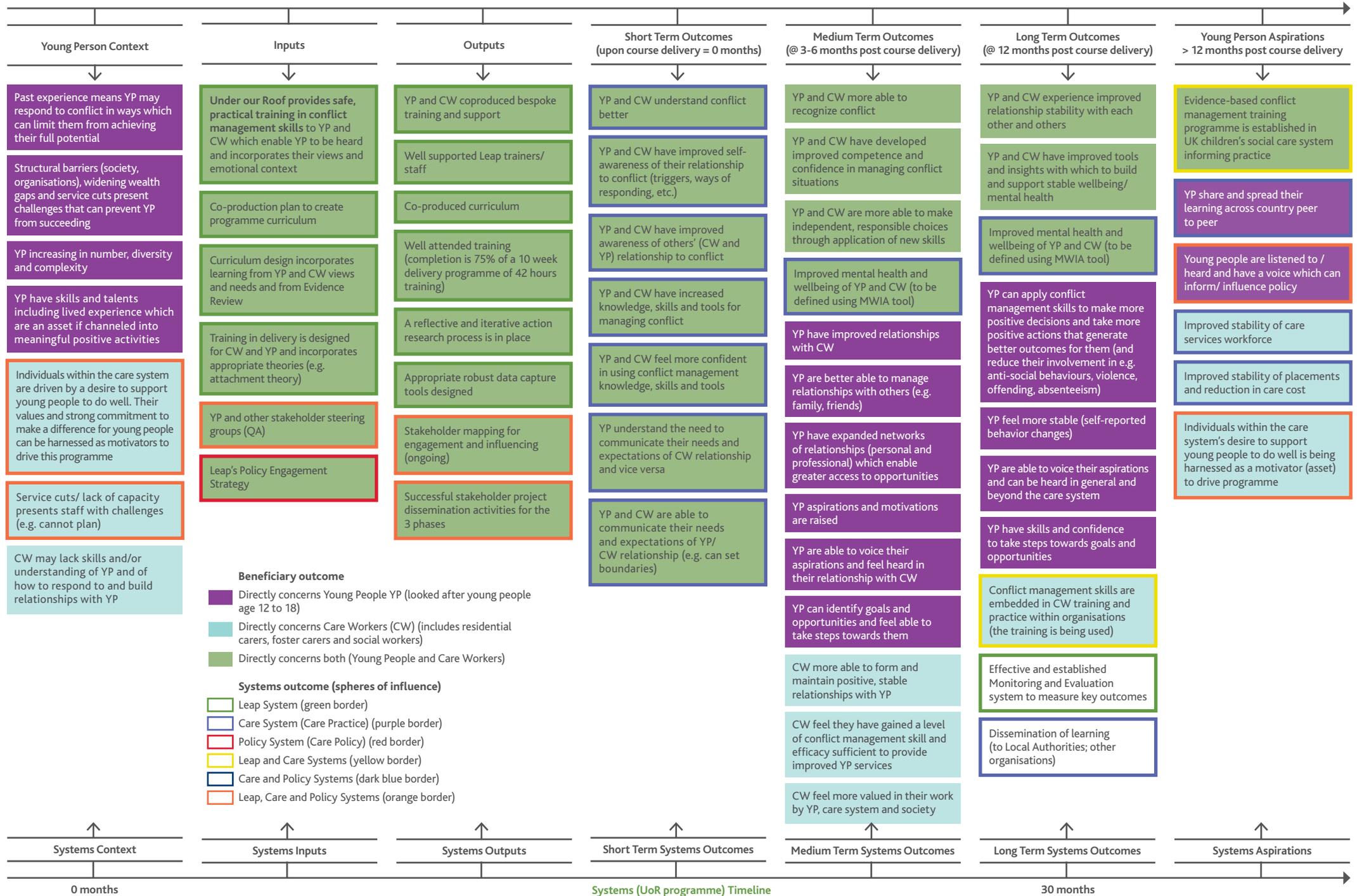


Table 5: Mental Wellbeing Impact Assessment screening factors (2018 pilot phase)

Protective Factor for Wellbeing	Negative or Positive	Summary of issue
A sense of Control	Positive	When the boundaries of care are imposed, young people lose sense of control. Carers and professionals develop over-risk managing in the system. Participants of the training will gain conflict management skills that aim to give both young people and adult's choice and a sense of control over negotiating the boundaries of care. They will gain agency to change their behaviours, as well as other domains of their lives and work.
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.
Arts and creativity	Positive	Leap's training has arts, play and creativity at the heart of the design. This is achieved through games, exercises.
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.
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.
Having a valued role	Positive & Negative	<i>Positive Impact.</i> Young people are actively involved in the design and delivery. The future 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. <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.
Activities that bring people together	Positive	The programme aims to bring adults and young people together uniquely to understand conflict together and facilitate a space for connectedness throughout the programme.
Conflict resolution	Positive	The core aim of Leap and the UoR programme is to promote awareness of conflict and how to manage it in a healthy way.
Cohesive communities	Positive	The training offers skills to work through difference and diversity and improve 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.
Trust and safety	Negative	This is an area where monitoring and mitigation in the development is needed. The young people are requested to share with adults in the training - Are they really safe in this context? Is confidence assured?

The influence of the voices of young people and their care givers

In phase 1 Leap used a combination of experiential taster sessions and focus groups to understand how the game/drama-based approaches would work with care experienced young people and their carers (social workers, residential care workers and foster carers). These reached young people in care (n=40) and their care givers (n=48). Leap collated reflections throughout and used these in their design work. In addition, notes from the focus groups and facilitators reflective notes were analysed independently by the evaluation and themes were generated with a thematic content analysis process. These themes are presented below as 'sky scapes'. The stormy sky areas represent areas of entrenched problems for the delivery of the UoR project. The cloudy skies, barriers that the project can potentially influence and the sunshine-sky area represents enabling 'weather conditions'. The second sky scape represents the view following the adaptations based on the learning.

Figure 2: 'Skyscape' of how the voices of young people and their carers influenced the development of the programme

The view from UoR window after phase 1

Conflict Elements	Relationships and Support	Conflict Training Activities	Motivations
The care system contains heightened conflict opportunities.	Agreement that supportive relationships need - to be loving, connected and joyful - to be honest, fair and non-judgemental - to be founded upon genuine interest and a willingness to listen	Fear of disclosure for young people and care givers is a concern	The social experience, learning together and having fun in an understanding space
Stereotyping of young people is widespread	The impact of poor attachment is not well understood by care givers	Concern that this may be received as another 'label' of needing conflict skills	There is a balance to be struck between convincing time poor people that this is needed and over promising solutions
Conflict is experienced as powerful wave of feelings related to not belonging	Young people in care do not have access to knowledge, skills and safe spaces for self-awareness. "Its my fault"	Concern about resources needed for relationships to be built prior to training	
Vicious cycle of conflict leads to relationship breakdowns and entrenched distrust	There is an element of desensitisation in the care culture. "Us and them" that has become institutionalised. A focus on safeguarding can prevent genuine relationship building	A rare opportunity to think and self-evaluate	

The view from UoR window after adaptations

Conflict Elements	Relationships and Support	Conflict Training Activities	Motivations
The care system contains heightened conflict opportunities.	Agreement that supportive relationships need - to be loving, connected and joyful - to be honest, fair and non-judgemental - to be founded upon genuine interest and a willingness to listen	Fear of disclosure is addressed in the programme through working in a bespoke way, and building relationships with each organisation	The social experience, learning together and having fun in an understanding space
Stereotyping of young people is widespread	The Programme includes trauma and attachment aware elements	System based working is built into future delivery model to account for need to build trust	A mixed delivery model with shorter sessions addressed the time poor element and coaching pre and during training managed expectations
Programme adapted to expect that conflict is experienced as powerful wave of feelings	Young people in care are given access to knowledge, skills and safe spaces for self-awareness	Concern that this may be received as labelling addressed by focus on delivery to care givers and coproduction with young people	
Programme adapted to work within a vicious cycle of conflict.	There is an element of desensitisation in the care culture. "Us and them" that has become institutionalised. A focus on safeguarding can prevent genuine relationship building	A rare opportunity to think and self-evaluate	

Care system creates heightened opportunities for conflict: There are many restrictions on young people's lives and excessive interaction with professionals and a perceived lack of privacy. In addition residential care staff said that young people can become the recipients of many different ideas/messages from a range of professionals *"Young people often get asked the same thing multiple times by multiple people"* (Residential care worker).

Care experienced young people can experience conflict as a powerful wave of feelings related to not belonging. Because of this it was felt that the training could be too triggering of difficult emotions and lead to disruption *"the group may become volatile vocally"* (Foster carer). On the other hand it was seen as an opportunity to address this *"As children in care we are often singled out and isolated putting us in conflict situations and this gives us the opportunity to deal with situations in a better way"* (Young person).

Relationships and support in the care system needs to be strengthened: There is a lack of safe reflective space for young people to process their experiences and conflicts day to day. There is a level of desensitisation in the care system towards conflict (as if escalation is expected). The longer-term impacts of poor attachment in early life are not well understood by all care givers and in the wider society. For example, a representative of a care leavers organisation said that part of the problem is the inappropriate responses from carers labelling behaviour as deviant as opposed to being addressed as traumatic response. This was raised prominently by young people: *"we get angry, we want carers and other adults to have more training in how to understand how different people's minds work, particularly young people in care"* *"Half the time it feels like no one has told them what we have been through, they don't understand"*. Residential care workers also noted that budget cuts had limited the training available for staff.

However, it was also noticed by Leap that within the piloting phase there was a great will to learn and the ingredients for strong relationships and support are agreed. In response, taking a whole team, organisational approach became the focus of Phase two.

Barriers to conflict training jointly with adults and young people: Although there was support from adult carers for young people attending the training and they could often see the potential benefits of sharing the training together *"This would be a great course for young people. It would help them understand that everyone faces conflict and everyone deals with it differently"* (Foster carer), there were concerns about confidentiality and disclosure between adults and young people in the same sessions. The longer-term impacts of poor attachment in early life are not well understood by all care givers and in the wider society. It was seen just as much of a risk that adults would feel too exposed in their relationship to conflict and that it would thus be a barrier *"if one party not willing/honest"* (Foster carer), *"Have to be careful what you share- can be used against you"* (Residential care worker). Similarly young people consulted were worried that potentially *"carers would use the exercises in a negative way outside the training room"* (Young person). The facilitators found that there was a need to invest highly in relationship building and to know the young people in order to work safely with them, they also shifted to coproduction with young people.

Motivation to attend the training: The fun element of the activities was appreciated as was having a rare space to reflect on the personal relationship to conflict and to be with others *"Hearing experiences from others-you're not alone"*, *"to have fun with other people in similar situations"* (Foster Carers). The investment in time required to attend the sessions was considered a barrier.

Early indication of outcomes

In phase one the UoR Programme was piloted in one residential children's home and one fostering agency. At the residential children's home four young people living at the home and 13 care workers participated and at the fostering agency 11 foster carers. Post-course evaluation forms showed a positive increase in participants understanding of conflict, conflict management, relationships/social support, and their future goals which was statistically significant for most items ($p < .05$).¹³ For example, 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 felt more confident about their understanding of conflict. Wellbeing¹⁴ of the majority of the participants (7 out of 10 who completed the scale) increased over the course of the programme.

Course participants were also followed up 6 months after the end of the programme with a follow-up form to assess the long-term outcomes of the programme.¹⁵ 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 relationships with children and impact on practice in home.

"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." (Residential Care Worker)

Action Learning, Iterative design, and key adaptations

The embedded reflective culture of the organisation enabled the programme staff to learn and respond quickly and work iteratively and creatively. Blocks and Drivers were identified through the evaluation of phase 1 and presented and worked through in an Action Learning Set.

Force-field analysis

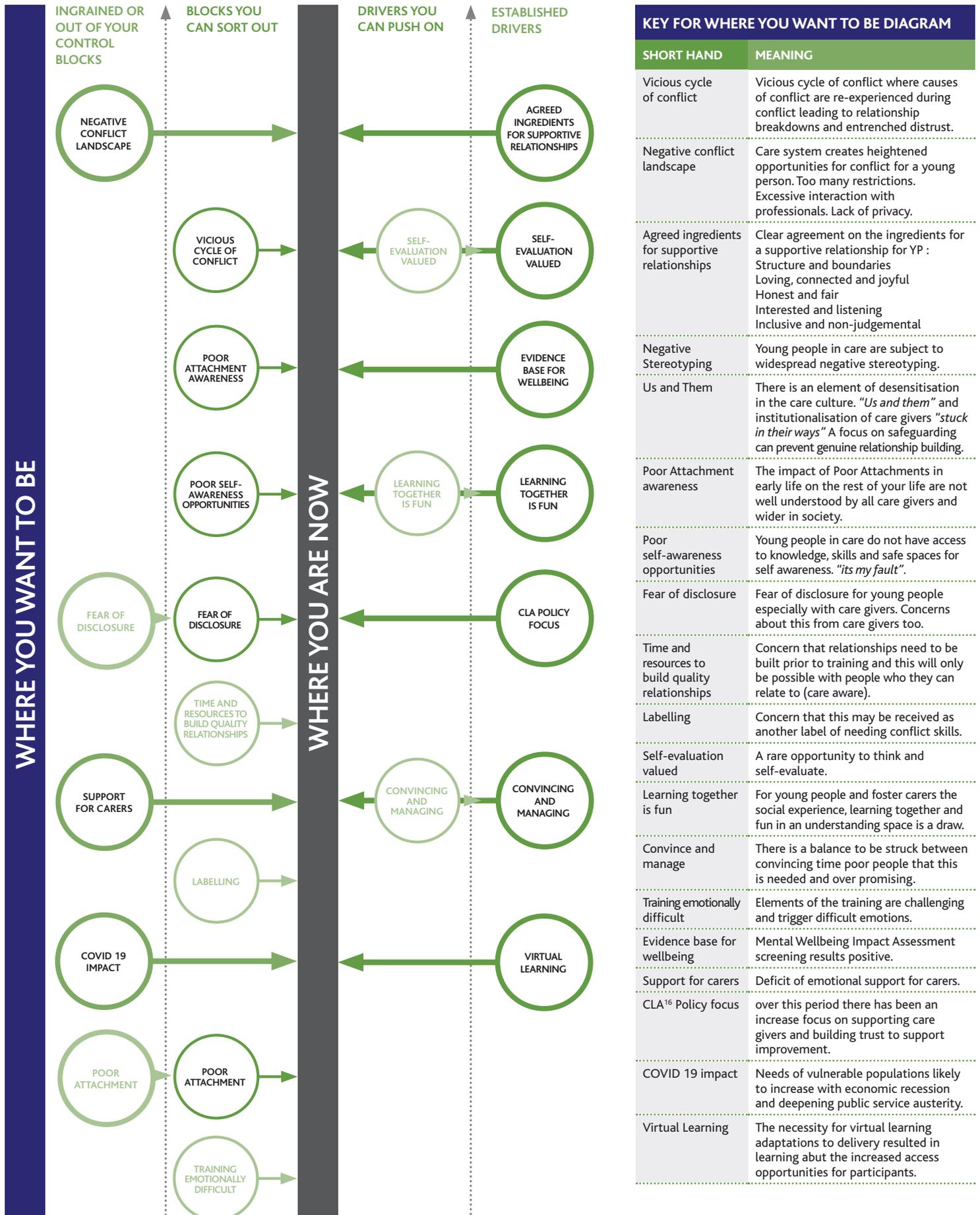
The diagram represents the shift in 'forces of the field' based on the 'baseline' of data from Phase 1 and in the dotted outline where through the work or other variables the forces that block and drive the progress shifted to by the end of the programme. Also in dotted lines are new drivers and blockers that presented themselves in Phase 2 and largely remain part of the new context for UoR going forward. Ingrained or out of control blockers denote contextual conditions the project needed to 'work with' rather than focus energy on changing. On the other extreme 'established drivers' denote positive conditions for the project to harness/align with and suggested area for collaboration/engagement in future iterations. The blocks and drivers to 'sort out' and 'push on' represent areas that needed attention in order for the programme to progress. Thus, positive movement in 'can sort out' and 'can push on' represents positive progress of the programme from phase one to two.

¹³ Only young people and care workers completed the post-course evaluation form, no foster carer did. The P value means that there is a less than 5% chance that the effect did happen by chance. Therefore, the finding can be generalised to the wider population.

¹⁴ Measured by the Short Warwick-Edinburgh Mental Wellbeing Scale

¹⁵ Two young people and 8 care worker completed the follow-up form.

Figure 3: Force Field Analysis showing how blockers and drivers shifted from research/piloting to delivery phases



The team discussed the perspectives from the angles of the MWIA screening, the voices of young people and carers and the identified blockers and drivers in an ALS. A number of adaptations were discussed and later actioned. The adaptations were:

Trauma informed working: *“Don’t make false promises” “Don’t put a time scale on what we have to achieve” “Don’t set up an expectation of too many outcomes” “provide space to get away from the group and support when someone does leave and a way to get back” “explain what and why you are doing before and after”* (quotes from care experienced young people following a taster session)

During the piloting phase Leap adapted their approach to training to take into account the particular relationship to conflict that a young person living in care may have. Facilitators noticed in piloting with young people that there was a lot of triggering of difficult feelings around talking about conflict. For example, in an early session observed by the evaluators a facilitator in the post event debriefs reflected how a seemingly harmless joke he had made had created a flash of anger and vulnerability in a care experienced young woman. Advice was taken from experts on vicarious trauma in organisational settings and Leap later began to align their work with the principles of PACE to take account of potential childhood trauma and poor attachments. In addition, activities were developed based on a social pedagogy approach.¹⁷ The core materials were adapted to avoid surfacing of direct experience in care or family settings.

Rules around participation were also changed so that young people could participate in ways that were comfortable to them. For example, taking time out when ever needed was allowed, use of mobile phones to avoid difficult feelings arising suddenly was allowed. *“They were all on their phones. The adult said ‘I will tell them to get off the phone’ we understood the phone as a barrier for safety. We acknowledged with them what the phones provided, and we let them. Slowly they came into the circle and went back to the ‘phone hiding. We stopped work when attention dropped. We used the behaviour we were seeing to learn together”.* (Leap UoR Facilitator). More time than planned was offered by the facilitators to build a relationship of trust. *“We couldn’t parachute in, the longer time frame allowed them to see that they and their experience is a tool not just reflection”* (Leap UoR Facilitator).

From receivers of service to coproducers of service: In the piloting phase there was a lot of investment in consulting on the provision of conflict management directly to young people in care in groups and in mixed carer and young people groups. This proved challenging in 3 key ways:

1. For both young people and their carers it was felt that working together created issues of feeling safe and working in confidence and issues of unequal power dynamics. In residential care settings the numbers in each group home are very low two to four which is not so conducive to dynamic group work. It was also felt that care workers also are often forced into the role of gatekeepers to young people through the demand for ‘children’s voice’ in consultation exercise.
2. For young people working as a peer group there was a feeling of another burden of exposure to professional adults and some stigma attached to the notion of being in care and being offered a training on conflict (as if to problematise the young person’s behaviour as a negative stereotype).
3. Leap facilitators noticed that core skills around conflict awareness required building in the care settings and that to embed these skills between the adults would model the behaviour for the young people and create lasting cultural change. Indeed, in an early consultation event with care experienced young people a young person pointed out that often it is not always the young person but the adult (social worker, foster carer, or residential care worker) that is the source of a conflict and needs this training.

As a result, Phase 2 of the programme switched to a focus on training adults in the care system with care experienced young people being regarded as coproducers of materials.

¹⁷ PACE is an established parenting approach that supports children who have experience neglect or abuse and aims to create safe spaces and relationships. PACE stands for Playfulness, Acceptance, Curiosity and Empathy. Social pedagogy is the theory and practice of holistic education and care.

System Based Approach: In an Action Learning Set, Leap considered focussing resources in one or two organisations that they had built a relationship with to effect lasting change. Leap were able to partly implement this 'Systems - Based Approach' in Phase 2 in order to build on the relationships and early exposure to the approach with one residential care provider. This was in order to have a longer-term relationship and bespoke interventions that could be delivered with sensitivity to staff and resident home dynamics. This led to the development of the idea of working with an embedded consultant approach in future offers using a Facilitator Development Programme (train the trainers), whereby micro-shifts in individual behaviour would occur in key staff and spread through peer support and eventually create a tipping point for systemic change. In this provider system, Leap worked with the operations team and executive staff as well as the care workers. This also enabled the facilitators to work more sensitively with young people on their terms. This ranged from ad hoc chats on visits to more formal work through an established group of care leavers.

Response to COVID 19 social distancing: presented a particular challenge to the programme as it adapted to online delivery and responded to an environment where there was likely to be an increase in conflict which services are limited, and residential and foster care settings are under the strain of lockdown. The Programme was able to respond to this by delivering accessible shorter online sessions. As the possibility of working face to face becomes possible again it is intended that the programme will use a blended model to balance accessibility with optimum conditions for experiential and relational working.

The Development of the curriculum

Leap was established in 1987 and works with game based creative fun activities to deliver self-awareness training and strategies to manage conflict. There are a number of activities that are constantly evolving in response to contexts they are working in. UoR delivered materials adapted from the key Leap publications 'Playing with Fire' and 'Working with gangs'.¹⁸ All of these materials are intended to be adapted to circumstances and needs. Materials fall into the broad themes of: Group formation and ground rules, Communication and listening, Coping strategies, Power, Self-Awareness in relation to conflict, Reparation and recovery, Mediation and Change, Endings and transitions.

The curriculum was continuously revised in response to feedback in facilitator workshops and was sometimes adapted in the 'here and now' in response to the needs presented on the day. Other elements were more intentionally introduced such as in phase two Leap introduced the PACE principles to adult participants and refreshed them in their own practice through intentional focus. They also included an information session on key elements of trauma in conflict situations in the delivery.

There were also some key adaptations to virtual delivery during Covid social distancing as game based activities had to be adapted to delivering virtually. For example an icebreaker 'The sun shines on anyone who' that encourages participants to share information about themselves and explore similarities and differences was delivered as 'Spin it to Win it' where instead of the last person standing without a chair sharing a characteristic the last person to sit back down on their chair shares next. The activity 'Conflict Line Up' (where in face-to-face delivery participants place themselves in physical proximity to their usual response to conflict on a spectrum based on fight or flight response) was delivered through an interactive whiteboard and discussion. Six 90 min sessions were provided instead of short day or half day sessions.

¹⁸ www.scie-socialcareonline.org.uk/working-with-gangs-and-young-people-a-toolkit-for-resolving-group-conflict/r/a11G00000017u68IAA and Broadwood, j., Pitcher, N., Haslam, C., Fine, N., and Macbeth, F. (2011) *Playing with Fire Training for Those Working with Young People in Conflict*

Experience of the delivery

Feedback on the programme was extremely positive in phase 1 as well as phase two, according to post-course evaluation forms. In phase one the vast majority of care workers¹⁹ and young people (93%) enjoyed the programme. All felt able to participate fully in the course, thought the materials and subject was relevant to them and thought the facilitators delivered the programme well. In phase two, the programme was experienced similarly positive.²⁰ The vast majority (95%) enjoyed the course and nearly all (98%) felt able to participate fully in the course. Nearly all (98%) further thought the materials and subject was relevant to them and all thought the facilitators delivered the programme well. There was no difference between care workers and foster carers.

"[...] I found the weekly sessions, full of useful and interesting content. 'X' and 'Y' are friendly, engaging, and knowledgeable facilitators who always made you feel welcome, valued, and included. I would definitely sign up for another Leap course with 'X' and 'Y'." (Foster carer)

"Being able to leave work behind and look at conflict outside of the usual environment, with two excellent facilitators and a group of people I felt really comfortable with" (Care worker)

As most of the delivery changed to online sessions in phase 2, the majority of participants found the digital format engaging and interactive (88%)²¹ and felt able to connect with the trainers and other participants (92%).²²

Result of iterative learning and adaptations

By the end of phase two there was a different picture of forces 'blockers and drivers' that had resulted from a successful iterative learning process emerging in a new COVID 19 impacted landscape of new challenges (see figure 3 Blockers and Drivers). All the drivers you can push on had become established drivers in the adaptation of the materials and delivery approach of UoR. Two new drivers appeared: cultural readiness and virtual learning advantage. The former evidenced by the early systems level indications discussed in the following outcomes evaluation and the later via the opportunity offered through necessity by the COVID 19 social distancing rules. A new entrenched driver is 'Covid needs' the need created by increased social isolation and economic disadvantage risks for care experienced young people.

¹⁹ Only based on feedback on the residential care home pilot, no forms from the fostering agency were collected.

²⁰ Based on feedback from fourteen deliveries including online and face-to-face delivery as well as the facilitator development programme and follow-up sessions with care workers (N=45-94).

²¹ Based on feedback on ten courses delivered online (N=66).

²² Based on feedback on two courses delivered online (N=12).

6. Outcomes Evaluation

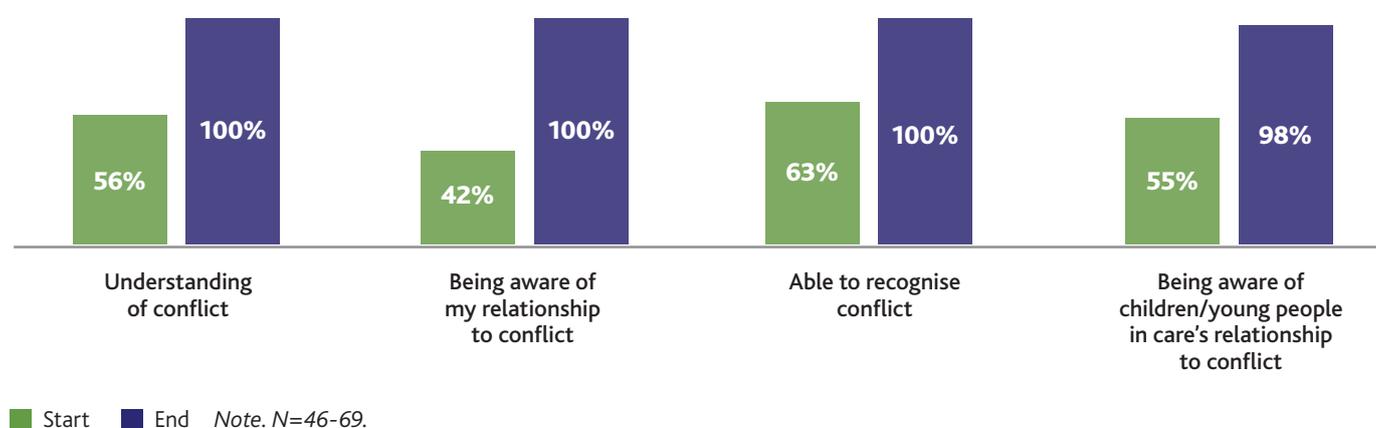
The data for the outcomes evaluation were collated in Phase two of Programme which was the main delivery phase with 15 courses delivered at six different organisations/local authorities. Courses were delivered to foster carers, social workers, care workers as well as care leavers. Apart from the Under Our Roof conflict course, this also included the facilitator development programme, the care leaver co-production as well as follow-up training for two residential sites.

Outcome 1: Improved conflict management

Improved conflict management was measured by several items in the post-course evaluation forms. Participants were asked to rate their conflict management skills and knowledge on a scale from 1 to 5 where 5 represents high/good skills at start and the end of the course. Overall, the majority of participants improved their understanding of conflict. Figure 4 displays the proportion of participants who perceived their understanding of conflict as good at the start and then at the end of the course.²³ For example, at the beginning of the course 43% felt they are aware of their relationship to conflict. At the end of the course all attendees thought so. The change in the rating of items in relation to understanding of conflict was statistically significant for all items ($p < .05$) and the effect size can be considered as large.

Both foster carer and professional care workers (including residential care staff and social workers) show a statistically significant increase for all items. However, care workers tend to have a good understanding of conflict before the course. The largest difference between foster carers and care workers is shown for the first item 'Understanding of conflict' – while 63% of care workers already had a good understanding of conflict at the start of the course only 44% of foster carers reported this. These differences between foster carers and care workers were not statistically significant ($p > .05$). All three care leavers who completed the form agreed that they have improved their understanding of conflict.

Figure 4: Perception of understanding of conflict at the start and the end of the course



²³ Good or high combines ratings of 4 or 5 on the 5-point Likert scale.

Conflict management was further measured with four additional items. The majority of participants demonstrated an increase in conflict management skills and confidence. The difference in the rating of skills and confidence between start and end was statistically significant for all four items ($p < .05$) and the effect size can be considered as large. For example, while 42% felt they know about tools and skills to manage conflict at the start of the course nearly all participants (99%) thought so at the end of the course. Participants explained why they feel more confident as part of the post-course forms, as for example this care worker:

"I certainly feel more confident in managing conflict having undertaken the training because of the practicality, simplicity, clarity of the models that have been demonstrated."
(Residential care worker)



"I thought I don't enjoy confrontations and rather escape it and that I'm not a fighter at all. But the programme helped me to understand that there is a middle way. If there is a conflict I do stand my ground" (Foster Carer)



Again, the change in the proportion of participants reporting high skills/confidence was statistically significant for care workers and foster carers separately as well ($p < .05$). Interestingly, care workers and foster carers had slightly different start proportions, even though not statistically significant ($p > .05$). In line with the direction of these differences related to understanding of conflict, the majority reported high confidence and skills before the course. The only exception to this was knowing about tools and skills to manage conflict – while 40% of care workers thought they already knew about tools and skills, nearly half (48%) of foster carers thought so.

"I have learned that you can't control people, you need to let them make their own mistakes, and you can only guide them and be there."
(Foster Carer)



In addition to the post-course evaluation forms of care workers and foster carers, all three care leavers who completed the form agreed that they felt more confident to deal with conflict situations in their lives. Qualitative data²⁴ indicated an improved understanding of one's own relationship to conflict. This ranged from thinking for the first time about emotional responses to conflict to how one deals with conflict management.

"I tend to say you, but I should really say I"
(Residential care worker)

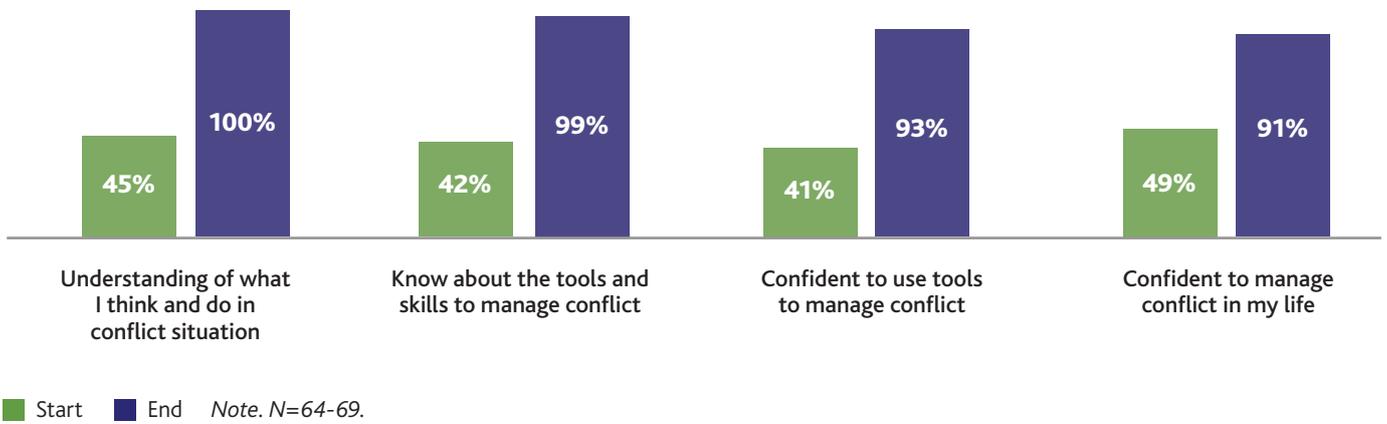


"It was also a lot about thinking about my past and my childhood and being able to say sorry." (Foster Carer)



²⁴ The qualitative data were not enough to reach saturation of themes but give a clear indication of the outcome being present in the lives of some of the participants. They are presented here as quotes to support the other findings.

Figure 5: Perception of conflict management at the start and the end of the course



Outcome 2: Improved relationships/ social support

According to the post-course evaluation forms across nine delivery cohorts, participants improved their relationships with children in care and were more able to communicate their needs with children in care. The difference in the rating from start to end was statistically significant ($p > .05$). This was also the case when comparing the ratings of foster carers and care workers separately ($p > .05$). Again, there was a small but not statistically significant difference between start ratings - while 62% of care workers thought they are able to communicate their needs to children in care, 75% of foster carers felt able to do that at the start of the course.

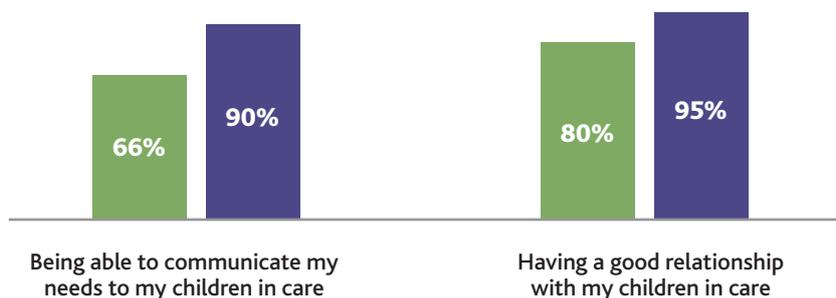
"when the child has been excluded from school and I read the letter from the teacher instead of getting very upset, I have listened first and stayed calm." (Foster Carer)



"I am being assessed for autism. I find the unsaid rules of interaction difficult. It was great to analyse my own reactions and have a formula that I can apply to real life situations. I felt calm inside to deal with conflict in the future. I talk a lot. They helped me to think about being mindful about taking up space and speaking from the I." (Care Leaver)



Figure 6: Perception of relationships at the start and the end of the course

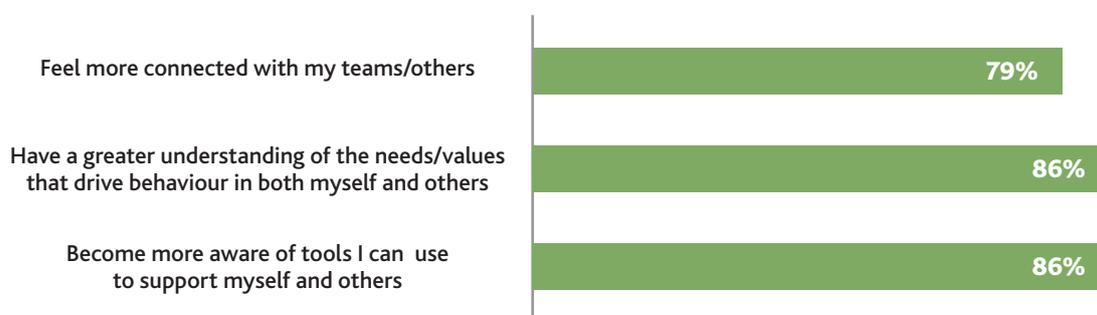


The feedback forms of the two follow-up online workshops with the two residential sites included three other items about participants relationships in the teams and their understanding of how to support each other. As displayed in Figure 7 the majority of care workers agreed that they felt more connected with the team as well as have greater knowledge of tools to support others and themselves as a result of the workshop.

"This area has improved and my relationship with the team feels really strong. Leap has helped us as it has been a positive shared experience."
(Residential care worker)



Figure 7: Relative frequencies of items related to team relationships and skills



Note. N=14.

In addition to the post-course evaluation forms of care workers and foster carers, all three care leavers who completed the form agreed that they have improved their relationships with the adults leading the project.

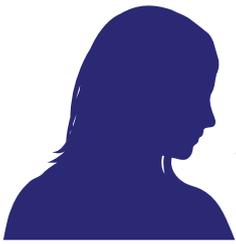
Qualitative data also confirmed participants were seeing positive changes in their relationships as a result of the training. This ranged from a general behavioural change such as communicating feeling clearly rather than responding defensively, to specific examples of where a conflict had started and been actively managed.

"he sometimes screams very horribly like 'I hate you' etc. and he doesn't understand his own emotions. Before I have always tried to calm him down but that has made it worse sometimes even. So in the training they have suggested to tell him that I understand but that I don't hate him. So I have tried that and that really worked for him, that made him think about it." (Foster Carer)



"I used to be very worried and was trying to protect the children from everything. I was very careful and trying to monitor them. However now, I speak to her in a different way. I give her the responsibility to understand her own actions." (Foster Carer)





"I am more verbal about my feelings, instead of insulting someone I own my feelings. I used to assume they know what they are doing, and they know they having a bad impact." (Care Leaver)



"So I'm trying not to impose on him, but trying to support him and respect whatever he does. It is about being caring while giving him the space he needs. Generally it feels calmer." (Foster Carer)



"I have always had conflict with my sister and friends. The training helped me to see how I respond, I'm the person who doesn't do anything. Not to assume they don't like but maybe hold a space in my mind that they are going through something I don't know. It helped me to see I internalise too much,. In the past I might stop talking to the person, I am now more relaxed about it. I will now pick it up with them in a more rounded way." (Care Leaver)



"I felt like firing off but I stepped back and thought 'he's had a drink'. He did then apologise after a break. The point is I took a breath and thought 'he just doesn't know our relationship or my history'. I would have lost my temper before." (Care Leaver)

Outcome 3: Improved decision making/goals

Participants further reported an increase in their ability to make decisions. The difference from start to end of the programme was statistically significant across all adults ($p < .05$). This difference in the rating was statistically significant for both care workers and foster carers, separately ($p < .05$). At the start 64% reported that they were able to make their own decisions, this improved to 94% at the end (out of 64 care workers and foster carers).

Outcome 4: Improved wellbeing

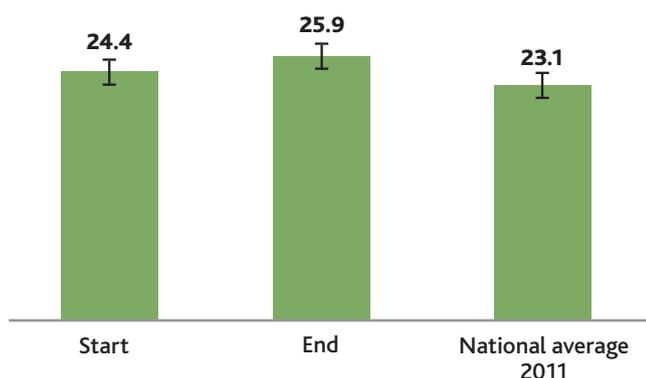
Improved wellbeing was measured via two different methods as part of the evaluation forms i) the validated measure the Short Warwick–Edinburgh Mental Wellbeing Scale (SWEMWBS)²⁵ was administered at the start of the course ii) three adjusted retrospective questions require participants to reflect on changes over the period of the programme at the end of the programme, for instance in relation to their wellbeing. Instead of asking 'how did you feel at the start of the programme' and 'how are you feeling now', retrospective questions asks 'to what extent did you change in the way you feel over the course of the programme'.²⁶

Comparing SWEMWBS scores for the 15 care workers and foster carers with complete scores showed an increase in the level of wellbeing across the individuals. However, this difference was not statistically significant ($p = .14$). As Figure 8 demonstrates, wellbeing among this cohort is higher than in the general population according to a study of 2011. For eight participants in this sample the wellbeing improved over the course, for five it decreased and for two it stayed the same.

²⁵ www.corc.uk.net/outcome-experience-measures/short-warwick-edinburgh-mental-wellbeing-scale

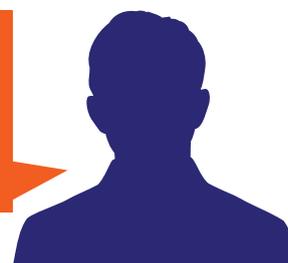
²⁶ There were more delivery cohorts where only start scores were collected, hence, these are not included in the analysis.

Figure 8: SWEMWBS mean scores



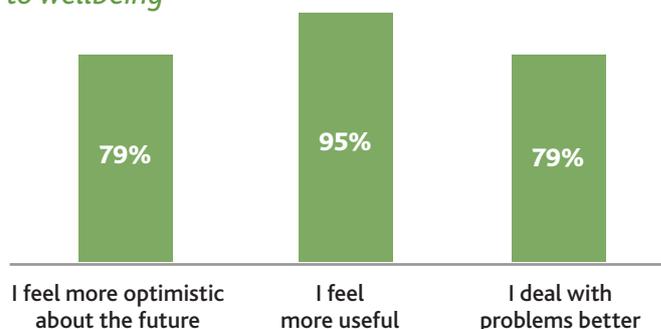
Note. N=15; error bars represent 95% confidence intervals.

"I'm really glad I came on this course [...] it makes you realise you are not alone in what you are going through"
(Foster Carer)



The follow-up forms from three delivery cohorts using retrospective statements asking them to indicate if they for example 'feel more optimistic about the future' shows that the majority of participants reported a positive change in wellbeing (Figure 9). For example, 79% agreed that they feel more able to deal with problems.

Figure 9: Relative frequencies of items related to wellbeing



Note. N=19.

Wellbeing of care workers and foster carers is related to their feeling of being valued. Responses to the post-course forms further demonstrated a statistically significant improvement in the perception of feeling valued by children in care across nine delivery cohorts ($p < .05$). Around two thirds (63%) felt valued by their children in care at the start of the course while 81% felt this way at the end. This difference was statistically significant for both care workers and foster carers while care workers felt more valued at the beginning already.

One care leaver mentioned several times the positive impact of the training on her sense of wellbeing.

"The training has calmed my inside down, my internal monologue became more like a parent, rather than a child." (Young person)



"The emotional side of being a care leaver is not discussed enough. We need this because we don't have people who love and care about us. We need people to help develop our emotional resilience." Another member of the same cohort remarked on the sense of belonging and connection it gave her *"It helped me out to be in the group because I live by myself and I don't have family. The check ins were good to be in and be with a group and to see that some people have similar experiences to me."* (Young person)



Outcome 5: Raising voice

Because the programme changed direction in Phase 2 to focus on care givers it was difficult to find impact on the intended outcome area of 'raising voice' for young people. The future intentions of the intervention in the care system is still open to working directly with Care Experienced Young People, particularly care leavers. One care leaver who participated in the virtual training during the summer 2020 and remained engaged through the dissemination phase described a clear impact on this area:

"I don't like talking or sharing but the programme with the check ins and breakouts it made me open up and speak more. I'm more open now as a person. In the group you feel safe. And doing that with that group has made me feel more comfortable in doing something similar in the future." (Young person)



In addition, the programme made efforts to give opportunities for the voice of care experienced young people to be heard. This happened from the piloting period, in the codesign of the materials and delivery techniques as and when young people fed back in formal and informal opportunities. As part of the care leaver podcast project, all three young people who completed the form stated that they were treated as an equal member of the team and that they felt their opinions and suggestions were heard by the adults leading the project.

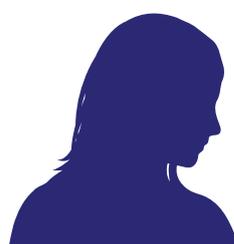
Outcome 6: Improved stability of placements

It was not possible to assess at this stage. However, the underpinning outcome of improved relationships was evidenced. Following the logic of the Theory of Change we can hypothesise that if this conflict management approach becomes embedded into a system, this would be a preventative measure against placement breakdown.

In the future when more work has taken place in a part of a system e.g., with a residential care provider or teams of social workers and foster carers it could be possible to compare the placement stability indicators collected for the statutory data returns and compare those with Leap interventions in their system with those without. This could be undertaken 1 and 2 years after the start of the intervention. Historical data can also be used.

Outcome 7: Wider effects

The Facilitator development programme was one route of having a wider reach of the methods and outcomes established on an individual level. Feedback from participants showed that all have developed their facilitation skills and support for others to manage challenging behaviour (see Figure 10). Nearly all also felt confident to facilitate activities in their workplace. However, only 4 out of the 8 care workers who completed the form stated that they were clear about how to integrate facilitation into the workplace.



"There is more empathy within teams." (Residential care worker)

"Difficult conversations and unspoken things were now said, and the conversations were had." (Residential care worker)



Figure 10: Facilitator Development Programme outcomes



Note. N=8.

On system level one of the long-term outcomes of UoR was that conflict management skills are embedded in care worker training and practice within organisations. Qualitative data shows that there is the intention of local authorities, fostering agencies and residential care homes where phase 2 training has taken place to continue the UoR training. Financial constraints were the main barrier realising this ambition at this stage. The residential care home in which significant training has taken place with care workers reported later that there was an increased understanding and awareness of conflict. Even though it was acknowledged that conflict management is still work in progress it was felt that across the organisation conflict is spoken more openly about since working with Leap. However, they did express concerns about sustainability because of staff churn and the pressures of everyday work pushing them back into old ways of working. Overall, it is too early to be conclusive about sustainable outcomes on system level.

"They are much more able to talk about conflict, there are still challenging situations but then people will raise it and are not ganging up on one person for example. So Leap has created an environment where it's safe to speak about problems." (Residential care manager)



7. Production of resources and dissemination

Production of resources

Leap has redesigned its established tool kit of activities and delivery process to be trauma informed and flexible to the different needs of different configurations of care systems that can be found in the UK. This is a relational intervention to be delivered by Leap's specialist trainers and those trained in their approach. Leap did not produce a care sector manual in this programme.

There is work in progress to coproduce a series of 30 minute podcasts with a group of eight care leavers. The evaluation was able to interview two who told us that they felt it has great potential as an ongoing project to address the specific needs of care experienced young people and that "*they will listen to us because we are care leavers*". They have completed one podcast which was still being edited at the time of this final report. The care leavers felt the project needed more investment in order to market successfully to care experienced young people and they also felt that as well as disseminating what was learnt on the training it would be a good opportunity to address wider relationship issues that are difficult for care experienced young people such as sexual exploitation and racial discrimination.

Dissemination

There have been several dissemination activities. These were a range of online reports and videos engaging care experienced young people and the sector.²⁷ There were three group events: one engagement event at the beginning of Phase two, one reflective event targeted at one organisation where a larger amount of delivery was implemented and one wider dissemination event to the children's social care sector.

The engagement event was attended by 23 people representing local authority children's services, providers, and voluntary sector organisations. The event aimed to inform potential partners about the free offer of training from Leap, share the learning from Phase 1 and for Leap to learn more about the sectors priorities and interests.

A feedback workshop took place with a residential care provider that had been involved in the programme from Phase one through to commissioning further wider systems work. The aim of this was to report back on the key findings from the evaluation to give an overview of the wider 'Under Our Roof Programme'. This was important in acknowledging the contribution of the organisation to the learning for the sector. Seven staff and one young person attended the 90-minute session.

The wider care sector dissemination event 'Leap's House party' was delivered online as an interactive event. Following a brief overview of the programme all participants had the chance to visit four rooms to learn about different aspects of Under our Roof. This included hearing from two care leavers about conflict and their podcasts they coproduced as part of the programme, getting to know more about the development of Under our Roof from the project manager, learning about what it takes to create sustainable change for individuals, groups, and organisations from two trainers as well as hearing about the findings of this independent evaluation. Overall, 46 individuals attended the event, 21 of these were external to Leap staff,

²⁷ www.leapconfrontingconflict.org.uk/news/21-feb-2020/caring-those-care-sector
www.leapconfrontingconflict.org.uk/Phase%20two%20of%20Leap%27s%20young%20people%20in%20care%20programme
www.leapconfrontingconflict.org.uk/news/UnderourRoof_WhatHaveWeLearntFeb2019
www.leapconfrontingconflict.org.uk/news/nationalcareleaversweek
www.leapconfrontingconflict.org.uk/Online%20Support%20for%20young%20people%20in%20care%20and%20carers

facilitators, and young people participants. These represented current and potential funders, local authority services, providers commissioners, and voluntary sector organisations. The event received very positive feedback.²⁸ Attendees reported to have learned many useful things (16%), something new and useful (65%) or that many ideas were familiar, but conflict management provides a new lens (19%). All attendees further thought that Leap's approach has the potential to improve outcomes for care-experienced children and young people and that it could support residential care staff, social workers, and foster carers to better manage conflict. In line with that the majority (74%) stated that they would definitely recommend this approach in care settings, while 26% would recommend it with some clarifications.

Policy Influencing

Policy influencing is a wider and longer-term aim of UoR. In this period the programme has not reached the stage of policy influencing but there is considerable potential to do this in this area. We would advise Leap to keep abreast of policy frameworks and begin by grounding their outcome clusters of the programme onto the current policy framework for children's social care. The following table can be used to create the basis for this. The frameworks used for the below table are drawn from: La Valle, Hart, Holmes, and Pinto (2019)²⁹ (Framework 1) and FitzSimons and McCracken (2020)³⁰ (Framework 2).

²⁸ Feedback is based on a post-event form that was completed by 31 attendees.

²⁹ www.education.ox.ac.uk/wp-content/uploads/2019/07/CSCS-Outcomes-Framework-July-2019.pdf
whatworks-csc.org.uk/research/outcomes-framework-for-research

³⁰ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/937041/Childrens_Social_Care_Innovation_Programme_Round_Final_Report.pdf

Table 6: Policy influencing

Target	Policy frameworks outcomes	Leap UoR Outcomes that support these
Care experienced young person	Children have their mental health needs met (framework 1, p.53) Improved wellbeing (framework 2, p.18)	Improved mental health and wellbeing of CW
	Children trust staff and have a stable and supportive relationship with them (framework 1, p.47) Improved relationships (framework 2, p.18)	YP understand the need to communicate their needs and expectations of CW relationship and vice versa YP have improved relationships with CW YP and CW experience improved relationship stability with each other and others
	Children involved in identifying their needs and planning their support	YP are able to voice their aspirations and feel heard in their relationship with CW
	Children and Young people feel better support (framework 2, p.18)	
	Children think services are responding to their needs (framework 1, p.48)	YP are able to voice their aspirations and can be heard in general and beyond the care system
	Children are settled and happy where they live (framework 1, p.51) Improved resilience (framework 2, p.18)	YP feel more stable
	Achieving stability and permanence (framework 1, p.52) Improved stability (framework 2, p.18) Children in care have more stable placements and fewer missing episodes. (framework 2, p.18)	Improved stability of placements and reduction in care cost
	Children make good progress in their behavioural, emotional, and social development (framework 1, p.10)	YP can identify goals and opportunities and feel able to take steps towards them YP have skills and confidence to take steps towards goals and opportunities
Family	Have high wellbeing and satisfaction with both their current role and career opportunities (framework 2, p.18) Experience better outcomes in mental health (framework 2, p.19)	Improved mental health and wellbeing of CW
	Feel supported by and have better relationships with services (framework 2, p.18)	CW feel more valued in their work by YP, care system and society
Children's services professional	Stable workforce at different levels (framework 1, p. 42) Is more satisfied and stable, with improved turnover, agency, and sickness rates (framework 2, p.18)	Improved stability of workforce (e.g., improved relationships between staff)
	Workforce with the right skills (framework 1, p. 42) Has the right mix and level of skills (framework 2, p. 18) Are well trained and have the understanding and skills they need Has the right mix and level of skills (framework 2, p.19)	Conflict management skills are embedded in CW training and practice within organisations (the training is being used)
	Commitment to social work values and ethics (framework 1, p. 41) Motivated workforce (framework 1, p. 42)	Individuals within the care system's desire to support young people to do well is being harnessed as a motivator (asset) to drive the programme.

8. Limitations of the evaluation

There were two main limitations of the evaluation related to the methodology and sample size. First of all, most outcomes were quantitatively measured with post-course evaluation forms asking participants to rate how they felt in relation to a number of statements at the start and the end of the programme. In comparison to pre- and post-measures, retrospective pre-post questionnaire only meet the criteria of Level 1 on the Maryland-scale which is a five level scale to rank evidence according to the robustness of the methodology applied. Only the SWEMWBS was administered as a pre- and post-scale. However, the sample size was relatively small. The second main limitation is the small number of qualitative follow-up interviews conducted with participants. Furthermore, follow-up interviews were not carried out with social workers. Future monitoring of the programme recommendations are discussed in the recommendations.

9. Conclusion

At the end of the Programme overall Leap has delivered its intended outputs (with required adaptations). Short-term learning objectives for participants are evidenced and the qualitative evidence is strongly indicative of success in achieving medium term outcomes. Further delivery with commitment to robust data collection and analysis are required to evidence longer term outcomes.

The evidence for the intended outcomes of UoR Programme is indicative of a promising practice. The programme was ambitiously conceived of as a pilot, followed by a wider roll out and a period of dissemination. The two years has been invested working closely and sensitively with the care systems to develop a suite of core activities that can be adapted to local contexts. UoR has achieved a solid 'Proof of Concept' stage leading to a Facilitator Development Programme that has been coproduced with care experienced young people.

The COVID 19 social distancing restrictions created the opportunity to embrace an online platform which had many advantages in terms of accessibility. A future blended model will have to be piloted and evaluated. We expect that further iterations will be required before a model of UoR methodology is consolidated. Continual systematic collection of data and analysis is required by the organisation to show statistically significant impact of long-term impact on the stability of placement and life outcomes for care experienced young people.

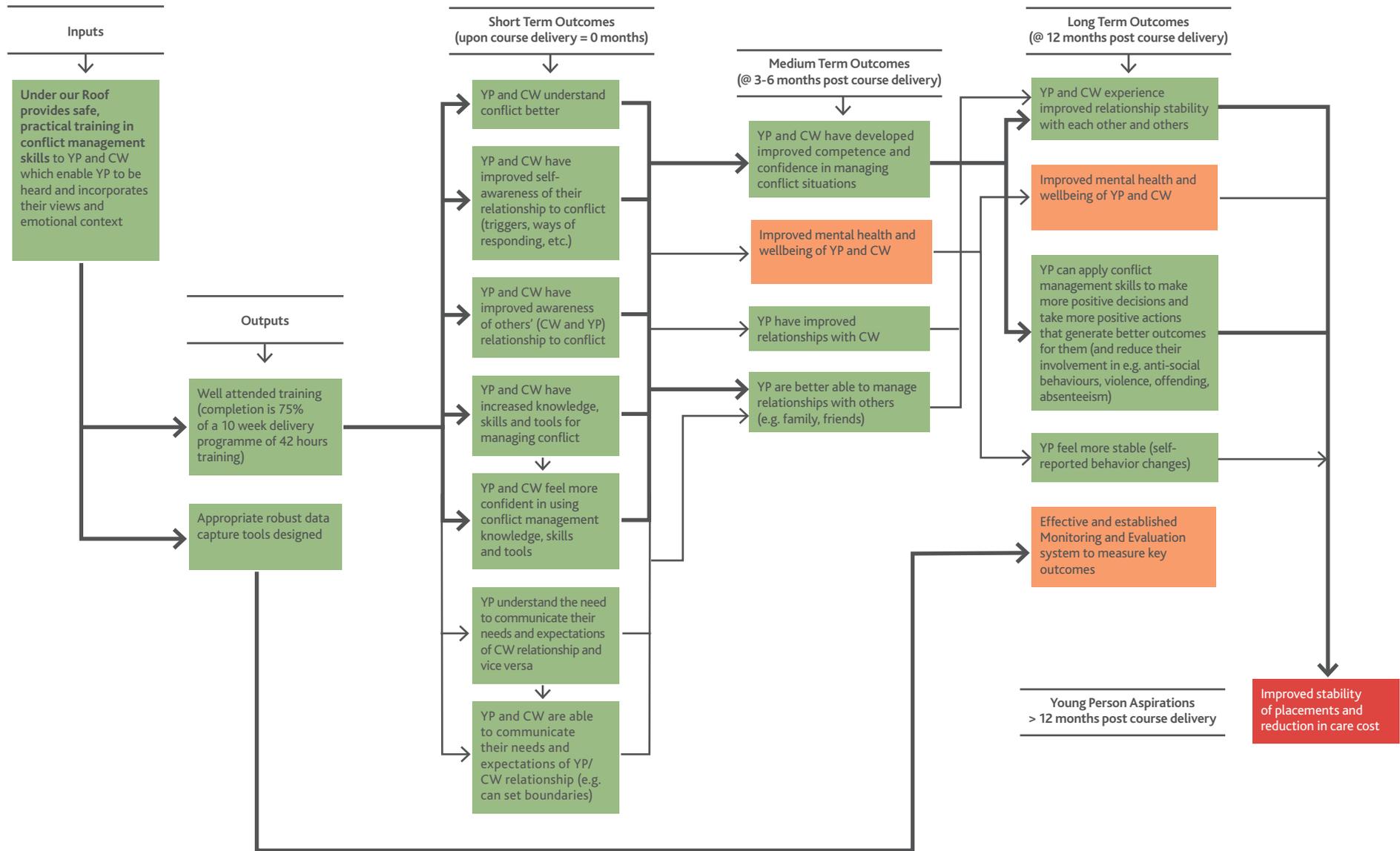
Achievement against critical pathway.

Following phase one, and the establishment of a Theory of Change, a simpler critical pathway was identified to identify priorities for action and evaluation for phase two. The critical pathway was identified by determining the most crucial aspirations Leap sought to achieve and then working backwards to work out which long-term to short-term outcomes needed to be achieved first. This was then linked to the necessary inputs and outputs. Overall, the programme delivered all the critical outputs, all of the short-term outcomes and some of the medium-term outcomes. Following the logic of the Theory of Change longer term outcomes are possible with later follow up.

Sustainability.

At this point it is unclear how sustainable the outcomes for participants are in the longer term. Leap are aiming to mitigate the possible negative impact of staff churn and local context change in the systems they have worked in by offering 'refresher sessions' and continuing relationships with the organisations. However, the new economic pressures (arising from the COVID 19 pandemic) on public services and on the prospects for vulnerable families are likely to paint challenges to care systems and their ability to sustain a positive and creative attitude to working with conflict.

Figure 11: Critical pathway illustrating evidenced achievement



■ clearly evidenced
 ■ emerging evidence
 ■ more evidence required

10. Recommendations

For delivery

1. Without a manual the UoR Facilitators could be offered a briefing on trauma informed adaptation of the activities and processes. Otherwise, there is a risk that this knowledge is carried within individuals and not embedded in the organisation as staff are replaced and as new facilitators are inducted if the programme delivery grows.
2. In phase 2 Leap shifted focus to a system-based approach. This was both in recognition of the value of working relationally and the need to concentrate resource in an area to increase dosage to observe stronger outcomes. We recommend a continuation of this in the delivery going forward with the approach of 'embedded consultancy' working inside children's social care organisations as critical friends, training teams and facilitators to increase wider culture change through creating the potential for 'tipping points'. This fits with a 'New science paradigm' of systems change opposed to linear models. This is suitable for working in complex systems especially those with a care giving task as they can be penetrated by vicarious trauma at all levels.³¹ A New Science paradigm can be summarised with these key ideas drawn from Margaret Wheatley management consultant.³² These may be useful to future programme management of UoR:
 - **The whole is greater than the sum of the parts and is emergent.** This draws attention to the way a whole system has a quality of its own and is never quite complete. This is a bit like how a culture is something far more than a collection of individuals interacting. This kind of orientation in the future work will help the delivery team consider less surfaced parts of care system culture such as vicarious trauma and the defenses against anxiety these give rise to.
 - The idea of **perturbance and energy "pokes"** that can drive change opposed to a planned systemic change programme. This means that a small action can release temporary change and repeated experiments can create a tipping point. This supports the approach of Leap to work relationally with teams that embrace the change and to work from the team level upwards when has been the access point.
 - With this way of working, there is **no right or wrong**. Everything is valuable data such as hunches and intuition in relation to values and shared purpose.
 - **All parts of the system are 'fractals'** - each part of the system has the same character as the whole therefore change can start anywhere without the necessity of 'a whole system approach'. This idea supports the value of working small, experimenting, and building relationships. One does not need a 'whole system' full buy-in to trigger change in a whole system.
3. Although Leap moved from the intended joint adult and young person combined model to one focussed on adult carers, it is clear from the small amount of data gathered from young people involved that the programme had benefits. Going forward we would recommend that Leap continue the focus of system-based work and start with the adults but still work directly with the young people when opportunities present themselves.
4. The programme had intended to produce a tool kit or manual for delivery in children's social care settings. We believe that this would be a valuable resource of similar use to the Gangs tool kit to youth workers. In addition, some of the work UoR achieved in adapting to virtual delivery would be of much use in its potential to deliver valuable skills to wider audiences for less cost.

³¹ www.researchgate.net/publication/242223206_Caring_for_the_Caregiver_Avoiding_and_Treating_Vicarious_Trauma

³² www.margaretwheatley.com/articles/largescalechange.html www.margaretwheatley.com/articles/unplannedorganization.html

5. Given the importance of trust and relationship building in the delivery of the programme, the model of training adult professionals, followed by the Facilitator's Development Programme would be a good priority for working in the children's social care sector. Ideally the training would be manualised and include the evaluation tools so that both the local system and Leap can collate and review outcome data and track longer term impact.

For building an evidence base

6. We found that the evaluation activities were affected by a necessary tension within the organisation between evidencing impact and driving progress and protecting participants from the burden of data collection (this is present for good reason in many organisations that work with vulnerable people). Delivery teams do not necessarily hold the expertise or the value of systematically collecting robust outcomes data as this is not their primary task. However, this evaluation has found resistance to the use of some tools and access to participants for follow up evaluation (because of the burden of data collection). This happened with the request to survey young people with appropriate short validated scales, the offer of templates to collect reflections and focus group quotes in phase 1, requests to interview young people directly or observe activities that involved young people and lack of take up of a quick post-delivery facilitators ratings tool and focus group semi structured design. This needs to be recognised as an organisational need and held within the impact team. Here we highlight the need to mitigate the risk of not making the most of opportunities to collect data to build an evidence base, potential cost benefits analysis and a move beyond a 'proof of concept'.
7. The delivery team and the impact team began some work on resolving this conflict with innovative ways of collecting data that we would recommend developing and testing statistically. This was the design of a game based SWEMWBS activity could be a valuable contribution to the sector and wider.

11. An Evaluation Framework and Toolkit

TIHR worked in an embedded evaluation methodology to be cost effective and 'embed' the evaluation process within the organisation so that it can continue monitoring the outcomes when the evaluators leave. As such an outcomes framework and toolkit were cocreated.

In order to triangulate the data from the different methods we used a practical evaluative framework known as 'Rubrics'.³³ 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, for the strength/appropriateness of the data, and then finally allocating a scale of performance: poor, adequate, good, very good and excellent.

The rubric has been developed over the course of the evaluation to provide a sense making framework and an evidence base for the 'story' of the intervention. The final product is a practical M&E tool for continuous use and adaptation by Leap to collate an evidence base as the programme is rolled out in different contexts.

The tool kit includes the surveys in the appendix, and observation tools that can be adapted for different iterations of future delivery.

³³ Davidson, J., Wehipeihana, N., & McKegg, K. (2011, September). The rubric revolution. Paper presented at Australian evaluation society conference

Table 7: The seven outcomes clusters of the evaluative rubric

Outcome cluster	Criteria
Outcome 1: Improved conflict management	YP and CW understand conflict better
	YP and CW have improved self-awareness of their relationship to conflict (triggers, ways of responding, etc.)
	YP and CW have improved awareness of others' (CW and YP) relationship to conflict
	YP and CW have increased knowledge, skills, and tools for managing conflict
	YP and CW feel more confident in using conflict management knowledge, skills, and tools
	YP and CW more able to recognize conflict
	YP and CW have developed improved competence and confidence in managing conflict situations
	CW feel they have gained a level of conflict management skill and efficacy sufficient to provide improved YP services
	YP can apply conflict management skills to make more positive decisions and take more positive actions that generate better outcomes for them
Outcome 2: Improved relationships/ social support	YP understand the need to communicate their needs and expectations of CW relationship and vice versa
	YP and CW are able to communicate their needs and expectations of YP/CW relationship (e.g., can set boundaries)
	YP have improved relationships with CW
	YP are better able to manage relationships with others (e.g., family, friends)
	CW more able to form and maintain positive, stable relationships with YP
	YP have expanded networks of relationships (personal and professional) which enable greater access to opportunities
Outcome 3: Improved decision making/goals	YP and CW experience improved relationship stability with each other and others
	YP and CW are more able to make independent, responsible choices through application of new skills
	YP aspirations and motivations are raised
	YP can identify goals and opportunities and feel able to take steps towards them
Outcome 4: Improved wellbeing	YP have skills and confidence to take steps towards goals and opportunities
	Improved mental health and wellbeing of CW
	Improved mental health and wellbeing of YP
	CW feel more valued in their work by YP, care system and society
Outcome 5: Raising voice	YP and CW have improved tools and insights with which to build and support stable wellbeing/mental health
	YP are able to voice their aspirations and feel heard in their relationship with CW
	YP are able to voice their aspirations and can be heard in general and beyond the care system
	YP share and spread their learning across country peer to peer
Outcome 6: Improved Stability of Placements	YP are listened to /heard and have a voice which can inform/ influence policy
	Improved stability of placements and reduction in care cost
Outcome 7: Wider effects	YP feel more stable
	Improved stability of workforce (e.g., improved relationships between staff)
	Conflict management skills are embedded in CW training and practice within organisations (the training is being used)
	Effective and established M&E system to measure key outcomes
	Dissemination of learning (to Local authorities; other organisations)
	Evidence -based conflict management training programme is established in UK children's social care system informing practice.
Individuals within the care system's desire to support young people to do well is being harnessed as a motivator (asset) to drive the programme.	

Appendix 1: Surveys

Post-course evaluation forms – Young people Under Our Roof

Participant initials:		Date of birth:		Leap PO initials:		Today's date:		
What did you think of the course? Please tell us if you agree or disagree with the following statements.				Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I enjoyed the course								
I felt I was able to participate fully in the course								
The materials and subject matter were relevant to me								
The trainers delivered the course well								
What was the most useful part of the training?								
What exercise was the most useful for you?								
Do you have any comments or suggestions for how Leap could be improved?								
Do you feel able to apply conflict management skills in your day to day life? If yes, how?								

For each statement below **please circle:**

One score from 1 to 5 for where you think you were at the **start of the Leap programme** &

One score from 1 to 5 for where you think you are **now**, at the end of the course. **1 is low and 5 is high**

	At the START of the course					NOW at the end of the course				
	1 = low				5 = high	1 = low				5 = high
I have an understanding of conflict	1	2	3	4	5	1	2	3	4	5
I am aware of my relationship to conflict	1	2	3	4	5	1	2	3	4	5
I am able to recognise conflict	1	2	3	4	5	1	2	3	4	5
I have an understanding of what I think and do in conflict situations	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change.										
I am aware of care worker's relationship to conflict	1	2	3	4	5	1	2	3	4	5
I know about the tools and skills to manage conflict	1	2	3	4	5	1	2	3	4	5
I am confident in using the tools and skills to manage conflict	1	2	3	4	5	1	2	3	4	5
I am confident to deal with conflict situations in my life situations	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change.										
I have a good relationship with my key care worker	1	2	3	4	5	1	2	3	4	5
I have a good relationship with other workers in the home	1	2	3	4	5	1	2	3	4	5
I know that I need to let my care worker know what expectations and needs I have of the relationship with her/him	1	2	3	4	5	1	2	3	4	5
I am able to communicate my needs to my care worker	1	2	3	4	5	1	2	3	4	5
I can manage relationships with others	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change. What was it about Leap that helped or didn't help?										
I have goals that I would like to achieve in my life	1	2	3	4	5	1	2	3	4	5
I feel motivated to achieve my goals	1	2	3	4	5	1	2	3	4	5
I feel able to make my own decisions	1	2	3	4	5	1	2	3	4	5
I feel heard by my key care worker	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change. What was it about Leap that helped or didn't help?										
What other support would you like at the moment? [Leap progression, knowing about Leap's other courses, joining our Youth Involvement Group]										

Post-course evaluation forms – Foster carer

Under Our Roof

Participant initials:		Date of birth:		Leap PO initials:		Today's date:		
What did you think of the course? Please tell us if you agree or disagree with the following statements.				Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I enjoyed the course								
I felt I was able to participate fully in the course								
The materials and subject matter were relevant to me								
The trainers delivered the course well								
I have made new connections with other foster carers								
What was the most useful part of the training?								
What exercise was the most useful for you?								
Do you have any comments or suggestions for how Leap could be improved?								
Do you feel able to apply conflict management skills in your day to day life? If yes, how?								

For each statement below **please circle**:

One score from 1 to 5 for where you think you were at the **start of the Leap programme** &

One score from 1 to 5 for where you think you are **now**, at the end of the course.

1 is low and 5 is high.

	At the START of the course					NOW at the end of the course				
	1 = low	2	3	4	5 = high	1 = low	2	3	4	5 = high
I have an understanding of conflict	1	2	3	4	5	1	2	3	4	5
I am aware of my relationship to conflict	1	2	3	4	5	1	2	3	4	5
I am able to recognise conflict	1	2	3	4	5	1	2	3	4	5
I have an understanding of what I think and do in conflict situations	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change.										
I am aware of my foster child(ren) relationship to conflict	1	2	3	4	5	1	2	3	4	5
I know about the tools and skills to manage conflict	1	2	3	4	5	1	2	3	4	5
I am confident in using the tools and skills to manage conflict	1	2	3	4	5	1	2	3	4	5
I am confident to deal with conflict situations in my life	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change.										
I have a good relationship with my foster child(ren)	1	2	3	4	5	1	2	3	4	5
I am able to communicate my needs to my foster child(ren)	1	2	3	4	5	1	2	3	4	5
I have relationships with other foster carers	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change. What was it about Leap that helped or didn't help?										
I feel able to make my own decisions	1	2	3	4	5	1	2	3	4	5
I feel valued by my foster child(ren)	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change. c was it about Leap that helped or didn't help?										
What other support would you like at the moment? [Leap progression, knowing about Leap's other courses, joining our Youth Involvement Group]										

Post-course evaluation forms – Care worker

Under Our Roof

Participant initials:		Date of birth:		Leap PO initials:		Today's date:		
What did you think of the course? Please tell us if you agree or disagree with the following statements.				Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
I enjoyed the course								
I felt I was able to participate fully in the course								
The materials and subject matter were relevant to me								
The trainers delivered the course well								
What was the most useful part of the training?								
What exercise was the most useful for you?								
Do you have any comments or suggestions for how Leap could be improved?								
Do you feel able to apply conflict management skills in your day to day life? If yes, how?								

For each statement below **please circle:**

One score from 1 to 5 for where you think you were at the **start of the Leap programme &**

One score from 1 to 5 for where you think you are **now**, at the end of the course. **1 is low and 5 is high.**

	At the START of the course 1 = low → 5 = high					NOW at the end of the course 1 = low → 5 = high				
I have an understanding of conflict	1	2	3	4	5	1	2	3	4	5
I am aware of my relationship to conflict	1	2	3	4	5	1	2	3	4	5
I am able to recognise conflict	1	2	3	4	5	1	2	3	4	5
I have an understanding of what I think and do in conflict situations	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change.										
I am aware of children/young people in care's relationship to conflict	1	2	3	4	5	1	2	3	4	5
I know about the tools and skills to manage conflict	1	2	3	4	5	1	2	3	4	5
I am confident in using the tools and skills to manage conflict	1	2	3	4	5	1	2	3	4	5
I am confident to deal with conflict situations in my life situations	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change.										
I have a good relationship with the children/young people I am a key worker for in the care home	1	2	3	4	5	1	2	3	4	5
I have good relationships with the children/young people in the care home generally	1	2	3	4	5	1	2	3	4	5
I am able to communicate my needs to the children/young people in my care	1	2	3	4	5	1	2	3	4	5
I feel able to challenge my colleagues	1	2	3	4	5	1	2	3	4	5
I have good relationships with my colleagues	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change. What was it about Leap that helped or didn't help?										
I feel able to make my own decisions	1	2	3	4	5	1	2	3	4	5
I feel valued by the children/young people I provide care for in the home	1	2	3	4	5	1	2	3	4	5
Tell me a little more about this. Examples of change. What was it about Leap that helped or didn't help?										
What other support would you like at the moment? [Leap progression, knowing about Leap's other courses, joining our Youth Involvement Group]										

Follow-up evaluation forms – Young people

Under Our Roof

Participant initials:		Date of birth:		Leap PO initials:		Today's date:	
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For each statement below **please circle:**

One score from 1 to 5 for where you think you are **now** – **1 is low and 5 is high.**

	NOW				
	1 = low	→			5 = high
I am able to recognise conflict	1	2	3	4	5
I am confident to deal with conflict situations in my life	1	2	3	4	5
Can you tell us of a time of how you have applied conflict management? Please describe the situation, how you have applied what you learned, and what happened as a result.					
I have a good relationship with my key care worker	1	2	3	4	5
I have a good relationship with other workers in the home	1	2	3	4	5
I can manage relationships with others	1	2	3	4	5
I feel heard by my key care worker	1	2	3	4	5
Tell me a little more about this. Examples of change.					
I have goals that I would like to achieve in my life	1	2	3	4	5
I feel motivated to achieve my goals	1	2	3	4	5
I feel able to make my own decisions	1	2	3	4	5
Tell me a little more about this. Examples of change.					
I feel able to make my own decisions	1	2	3	4	5
I feel valued by the children/young people I provide care for in the home	1	2	3	4	5
Tell me a little more about this. Examples of change.					

Please look back at where you were **at the start of the Under Our Roof** programme and where you are **now**.

For each statement below **please circle:** one score from 1 to 5 for how true/false it is – **1 is no and 5 is yes**

Since participating in Under Our Roof:	1 = no	→			5 = yes
I feel safer in my home	1	2	3	4	5
I am more satisfied with my relationship with my key care worker	1	2	3	4	5
I feel more confident to manage challenges in existing relationships	1	2	3	4	5
I know of better ways to support my wellbeing	1	2	3	4	5
I feel more able to reach out to people who support me	1	2	3	4	5
Tell me a little more about this. Examples of change.					
I feel able to use the conflict management skills I learned to make better decisions	1	2	3	4	5
I have supported others to manage conflict since the course	1	2	3	4	5
I have seen a change in the care workers and the way they manage conflict in the home	1	2	3	4	5
I am more engaged in activities in my school	1	2	3	4	5
I am more engaged in activities in the home					
Tell me a little more about this. Examples of change.					
I have the skills I need to start working towards my goals	1	2	3	4	5
I am confident to start working towards my goals	1	2	3	4	5
I feel heard beyond the home	1	2	3	4	5
Tell me a little more about this. Examples of change.					

Looking back at the programme how do you feel about it now?

What did you think about how the programme was run?

What tools do you remember from the training?

What did the programme help you with?

What did the programme not help you with?

Follow-up evaluation forms – Foster carer

Under Our Roof

Participant initials:		Date of birth:		Leap PO initials:		Today's date:	
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For each statement below **please circle**:
 One score from 1 to 5 for where you think you are **now** – **1 is low and 5 is high**.

	NOW				
	1 = low				→ 5 = high
I am able to recognise conflict	1	2	3	4	5
I am confident to deal with conflict situations in my life	1	2	3	4	5
Tell me a little more about this. Examples of change.					
I have a good relationship with my foster child(ren)	1	2	3	4	5
I feel able to make my own decisions	1	2	3	4	5
I feel valued by my foster child(ren)	1	2	3	4	5
Tell me a little more about this. Examples of change.					

Please look back at where you were **at the start of the Under Our Roof** programme and where you are **now**.
 For each statement below **please circle**: one score from 1 to 5 for how true/false it is – **1 is no and 5 is yes**

	1 = no → 5 = yes				
I feel more able to form a positive relationship with my foster child(ren)	1	2	3	4	5
I feel more able to maintain a positive relationship with my foster child(ren)	1	2	3	4	5
My relationship with my foster child(ren) is more stable	1	2	3	4	5
Tell me a little more about this. Examples of change.					
I have gained new conflict management skills	1	2	3	4	5
The conflict management skills I gained have had a positive impact on my practice with foster children	1	2	3	4	5
I know of better ways to support my wellbeing	1	2	3	4	5
Tell me a little more about this. Examples of change.					

Looking back at the programme how do you feel about it now?
What did the programme help you with?
What did the programme not help you with?
Have you observed any changes in the way you manage conflict with your foster child(ren)?
Have you observed any changes in the ways your foster child(ren) manage conflict after the course?

Follow-up evaluation forms – Care worker

Under Our Roof

Participant initials:		Date of birth:		Leap PO initials:		Today's date:	
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For each statement below **please circle**:

One score from 1 to 5 for where you think you are **now** – **1 is low and 5 is high**.

	NOW				
	1 = low	→			5 = high
I am able to recognise conflict	1	2	3	4	5
I am confident to deal with conflict situations in my life	1	2	3	4	5
Tell me a little more about this. Examples of change.					
I have a good relationship with the children/young people I am a key worker for in the care home	1	2	3	4	5
I have good relationships with the children/young people in the care home generally	1	2	3	4	5
I feel able to make my own decisions	1	2	3	4	5
I feel valued by the children/young people I provide care for in the care home					
Tell me a little more about this. Examples of change.					

Please look back at where you were **at the start of the Under Our Roof** programme and where you are **now**.

For each statement below **please circle**: one score from 1 to 5 for how true/false it is – **1 is no and 5 is yes**

	1 = no → 5 = yes				
I feel more able to form a positive relationship with children/young people in care	1	2	3	4	5
I feel more able to maintain a positive relationship with children/young people in care	1	2	3	4	5
My relationship with the children/young people I provide care for in the care home is more stable	1	2	3	4	5
Tell me a little more about this. Examples of change.					
I have gained new conflict management skills	1	2	3	4	5
The conflict management skills I gained have had a positive impact on my practice in the care home	1	2	3	4	5
know of better ways to support my wellbeing	1	2	3	4	5
Tell me a little more about this. Examples of change.					

Looking back at the programme how do you feel about it now?
What did the programme help you with?
What did the programme not help you with?
Have you observed any changes in the way you manage conflict with children/young people in care?
Have you observed any changes in the ways young people manage conflict in the home after the course?

The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks.

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

Appendix 2: Protective factors for wellbeing

ENHANCING CONTROL

INDIVIDUAL LEVEL

A sense of control e.g. setting and pursuit of goals, ability to shape own circumstances

Belief in own capabilities and self determination e.g. sense of purpose and meaning

Knowledge skills and resources to make healthy choices e.g. understanding what makes us healthy and being able to make choices

Maintaining independence e.g. support to live at home, care for self and family

COMMUNITY / ORGANISATION LEVEL

Self-help provision e.g. information advocacy, groups, advice, support

Opportunities to influence decisions e.g. at home, at work or in the community

Opportunities for expressing views and being heard e.g. tenants groups, public meetings

Workplace job control e.g. participation in decision making, work-life balance

Collective organisation and action e.g. social enterprise, community-led action, local involvement, trades unions

Resources for financial control and capability e.g. adequate income, access to credit unions, welfare rights, debt management

Other?

INCREASING RESILIENCE AND COMMUNITY ASSETS

INDIVIDUAL LEVEL

Emotional well-being e.g. self esteem, self worth, confidence, hopefulness, optimism, life satisfaction, enjoyment and having fun

Ability to understand, think clearly and function socially e.g. problem solving, decision making, relationships with others, communication skills

Have beliefs and values e.g. spirituality, religious beliefs, cultural identity

Learning and development e.g. formal and informal education and hobbies

Healthy lifestyle e.g. taking steps towards this by healthy eating, regular physical activity and sensible drinking

COMMUNITY / ORGANISATION LEVEL

Trust and safety e.g. belief in reliability of others and services, feeling safe where you live or work

Social networks and relationships e.g. contact with others through family, groups, friendships, neighbours, shared interests, work

Emotional support e.g. confiding relationships, provision of counselling support

Shared public spaces e.g. community centre, library, faith settings, café, parks, playgrounds, places to stop and chat

Sustainable local economy e.g. local skills and businesses being used to benefit local people, buying locally, using Time Banks

Arts and creativity e.g. expression, fun, laughter and play

Other?

FACILITATING PARTICIPATION AND INCLUSION

INDIVIDUAL LEVEL

Having a valued role e.g. volunteer, governor, carer

Sense of belonging e.g. connectedness to community, neighbourhood, family group, work team

Feeling involved e.g. in the family, community, at work

COMMUNITY / ORGANISATION LEVEL

Activities that bring people together
e.g. connecting with others through groups, clubs, events, shared interests

Practical support e.g. childcare, employment, on discharge from services

Ways to get involved e.g. volunteering, Time Banks, advocacy

Accessible and acceptable services or goods
e.g. easily understood, affordable, user friendly, non-stigmatising, non-humiliating

Cost of participating e.g. affordable, accessible

Conflict resolution e.g. mediation, restorative justice

Cohesive communities e.g. mutual respect, bringing communities together

Other?

WIDER DETERMINANTS

(often at a socio-economic / environmental / structural level)

Access to quality housing e.g. security, tenure, neighbourhood, social housing, shared ownership, affordable and appropriate

Physical environment e.g. access to green space, trees, natural woodland, open space, safe play space, quality of built environment

Economic security e.g. access to secure employment (paid and unpaid), access to an adequate income, good working conditions, meaningful work and volunteering opportunities

Good quality food e.g. affordable, accessible

Leisure opportunities e.g. participate in arts, creativity, sport, culture

Tackling inequalities e.g. addressing relative deprivation and poverty

Transport access and options e.g. providing choice, affordability and accessibility

Local democracy e.g. devolved power, voting, community panels and increasing community participation

Ease of access to high quality public services
e.g. housing support, health and social care

Access to education e.g. schooling, training, adult literacy, hobbies

Access to education e.g. schooling, training, adult literacy, hobbies

Other?

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