

Evaluation of the ten-week Caring Changes training course for residential care practitioners

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Abstract

Residential care is often seen as a last resort for adolescents in the care system with multiple placements and complex case histories. This has led to an increasing research focus on the needs of children in residential care and how settings and practitioners can provide suitable environments. This paper presents an evaluation of Caring Changes, a ten-week residential care training course that was modified from the Fostering Changes course and run across seven settings. The mixed methods evaluation combined pre- and post-course surveys, weekly session evaluations, and interviews with facilitators, home managers, practitioners and young people. The study found that the Caring Changes course increased team solidification and communication, as well as individual practitioners' confidence and positivity, resulting in improved services for the children accessing the service. There were however challenges relating to the running of intensive, whole staff training in the residential care sector, and the diversity and complexity of the needs of children in residential care, with a need for more advanced content and the tailoring of the course to individual homes.

Keywords

Residential care, training, evaluation

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Introduction

Residential care for looked after young people is often seen as a last resort and an end of the road option (Boddy, 2013). Trends in residential care demonstrate increasing age of residents on entry, as the service is rarely used for younger children, and more often for children who have been looked after previously or who are 'significantly more challenging than earlier populations' (Department for Education, 2016, p. 6). Children who experience the most moves and end up in residential care often have the most traumatic and longest care histories (Girling, 2019). The young people in residential care are mostly male adolescents (Elliott et al., 2017). Other trends include more young people with health problems, behavioural disorders and disabilities entering residential care, with more provision by private agencies, covering larger catchment areas, and offering less specialisation by the sector. This has resulted in a mix of needs in each establishment, and a group of young people who often have complex and high-level needs (Department for Education, 2018; Elliott et al., 2017).

StatsWales data (Welsh Government, 2022) indicates that the number of looked after children in Wales has increased substantially over the last decade, from 5,760 in 2013 to 7,080 in 2022. In addition, the proportion of looked after children in Wales who are placed in residential care has doubled from 4.1% to 8.3% in that period, with approximately 90% of these children in children's homes rather than secure units or other types of supportive residential settings.

Children's views comparing residential and foster care are varied, with some preferring residential care if they have had a bad experience in foster care (Children's Commissioner for Wales, 2016). Dallas-Childs and Henderson (2020) reflect on what home and belonging mean to children in care, and how residential care staff can begin to provide this. Residential care can be seen to offer a therapeutic and healing environment in certain settings (Quin, 2019), with residential care workers being part of a profession who are often highly motivated and underpinned by worker values (Lane & Shaw, 2020), and are well placed to support children. In Wales residential care staff working with children are registered by Social Care Wales, as they are in Scotland (Scottish Social

Services Council) and in Northern Ireland (Northern Ireland Social Care Council). Although this is not the case in England, a forthcoming funded NIHR (National Institute for Health and Care Research) study is assessing the effectiveness of registration.

Relationships are important for young people in care (Cahill et al., 2016), and trust builds between children and workers over time (Lane & Shaw, 2020). In a Welsh study, young people identified that they had at least one person at the home that they could talk to if they had any worries or concerns (Children's Commissioner for Wales, 2016), particularly concerning education, substance misuse or self-harm. They valued key workers who were consistent, understood what they were going through, supported them to make changes in their lives, and encouraged their aspirations, with this being crucial in helping young people to make positive changes (Children's Commissioner for Wales, 2016; Girling, 2019). As a result, young people recognised residential care staff as different from other key adults, as they have the time and opportunity to aid them in working through their issues (Children's Commissioner for Wales, 2016).

This unique position, often valued by children, is not without its challenges, as residential staff are in 'loco parentis' as a group but not expected as individuals to undertake parenting tasks. However, children frequently report that residential workers are experienced as caring, supportive parental figures (Cahill et al., 2016). Working with children who have high level needs can be challenging and staff need to be well supported (Quin, 2019). Graham and Killick (2019) also note the stresses involved in the work and highlight the importance of developing resilience to prevent burnout in statutory residential care, noting the importance of a team-wide approach.

Setting the right culture and 'family type' environment is important in residential care, as is supporting staff (Giraldi et al., 2021). The climate of a home is often set by the manager, though professional development, and high standards are the responsibility of the whole team involved in residential childcare (Giraldi et al., 2021). Supervision and training of residential staff is vital (Cahill et al., 2016), and continuity and consistency of approach is seen as helpful when supporting young people (Children's Commissioner for Wales, 2016). Similarly,

Armitage (2018) found that being trained and taking a whole team approach was successful in improving care across the entire residential setting. Training can be seen as multifariously useful for residential staff, being informative when (i) creating and enhancing knowledge about theory and practice (Halvorsen, 2018), (ii) creating a cohesive approach across the team (Armitage, 2018), and (iii) supporting staff to talk together about the challenges and rewards of this field of work (Quin, 2019).

This article reviews how a whole-team training programme for foster carers was adapted for residential care, and the resulting benefits and challenges for the team and individual staff members and residents.

Background

Course development

Caring Changes is modified from Fostering Changes, an in-service training program for foster carers that was developed by the Adoption and Fostering Team in Maudsley Hospital, South London (Channon et al., 2020). The twelve-week course aimed to enhance carer skills, support the development of coping strategies, and improve the relationship between the carer and the child.

The resulting Caring Changes course was modified by the team in Maudsley Hospital, and further refined by CASCADE (Children's Social Care Research and Development Centre) in Cardiff University, and the Fostering Network, to be suitable for the Welsh residential care setting. The trial aimed to train groups of 12 to 15 practitioners and managers from the same home, with the expectation that they attend every session. Each session was approximately 4½ hours long and included a specific focus (Table 1), though key recurring themes included attachment, resilience, and how to meet the needs of young people in the setting. The training also focused on the needs of the individual practitioners, and how a healthy team was of benefit to both the setting and the young people.

The facilitators aimed to meet participants' differing learning needs, and combined PowerPoint based instruction with activities, including role play, discussion, creative methods, and teamwork. Participants were also set homework practice that often involved trying methods and reporting back during the next session.

Table 1: Caring Changes course content

Week	Title	Focus
1	Welcome to the course	<ul style="list-style-type: none"> - Developmental stages - Causes of problem behaviour
2	Attachment and adolescents	<ul style="list-style-type: none"> - Attachment theory - Social learning theory - Triggers
3	Praise	<ul style="list-style-type: none"> - Praise - Resilience
4	Positive attention	<ul style="list-style-type: none"> - Validating emotions - Supporting education and independent living
5	Communications	<ul style="list-style-type: none"> - Reflective listening - Team communication - Signs and symptoms of mental health
6	Managing thoughts and feelings	<ul style="list-style-type: none"> - Education - Learning styles - Staff coping techniques
7	Rewards and reinforcement	<ul style="list-style-type: none"> - Positive reinforcement - Promoting positive behaviour
8	Encouraging cooperation	<ul style="list-style-type: none"> - Selective ignoring - Assertive communication
9	Positive discipline	<ul style="list-style-type: none"> - Strategies for positive discipline - Home rules

10	Transitions and problem solving	<ul style="list-style-type: none">- Positive transitions- Managing stress
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Recruitment of residential care homes

The training opportunity was offered to homes in selected local authorities, and participation was dependent on manager motivation and staff ability to commit to the highly intensive training. Once recruited, managers completed a pre-course questionnaire, providing demographic information about the home, staff members and young people. A pre-course induction visit was arranged for each setting, as an opportunity for the facilitators to meet the staff team and introduce the course.

All courses were led by a pair of facilitators who rotated between leading and supporting activities within each session. The North Wales courses were led by different facilitators, including a trainer who spoke Welsh where preferred.

Methodology

Course evaluation

Due to the scope and length of the training, a suite of mixed methods evaluation tools was developed to assess the pilot. All participants completed a pre-course questionnaire that gathered information about their role and length of time working in social care. It also gathered baseline data on 59 statements regarding training needs, role satisfaction, relationship building, behaviour management, and self-efficacy. All questions used standard five-point scales. A post-course survey revisited these measures one month after course completion to assess information retention and the embedding of positive practice.

Additional weekly evaluations of session delivery and content were completed by participants. The facilitators completed separate session evaluations with a focus

on attendance and engagement, successful and unsuccessful activities, and practical issues.

At the end of each course, semi-structured telephone interviews were undertaken with the facilitators (N=9), focusing on their experience of running the course with that particular cohort. Specific topics included their perception of overall group engagement, elements of the course that were particularly well or poorly received, practical challenges, and team relationships.

Semi-structured telephone interviews were undertaken with the manager of each residential home three months after course completion (N=6). The interviews considered whether learning had been assimilated, operationalised, and embedded by the team in practice. Managers also suggested one or two practitioners from each cohort to be interviewed by phone (N=7).

The research also included face-to-face meetings with young people, as identified by managers (N=3). A researcher with experience of creative and participative methods with young people used a mosaic approach (Clark & Moss, 2005) to develop and facilitate creative and participative activities. The meetings explored who the young people would trust to talk to about their problems, their views and experiences of the workers in their residential care setting, and any perceived change in the approach of staff during and since completion of the course. This also enabled broader discussion of their overall views of the care home.

Ethics

Course participants were given information and consent forms before completing the baseline questionnaire, with separate consent requested to interview workers, managers, and facilitators after the training.

Consent to interview the children was requested from the parent, home manager, and social worker depending on their status. Children were provided with child-friendly information sheets and asked to consent to attending a brief talk by a researcher. They were then free to stay and participate or to leave. Should any topics have caused inadvertent distress, trained care home staff

already familiar with the children were present to offer immediate support. All interviews were transcribed by an independent transcriber.

Pseudonyms for workers, facilitators, children, and homes have been used throughout, and any potentially identifying information changed to protect anonymity.

Ethical approval for the study was granted by Cardiff University's School of Social Sciences' Ethics Committee.

Analysis

Interviews were analysed using thematic coding and following Braun and Clarke's (2006) six stage model of (i) becoming familiar with the data, (ii) generating initial codes, (iii) searching for themes, (iv) reviewing themes, and (v) naming and defining themes. Stage six of the model includes the writing up of the research report. Codes and themes were identified by one researcher and validated by a second.

The 59 quantitative statements were analysed using the Wilcoxon signed rank test, a test suitable for analysing repeated measurements from the same population, in this case before and after the course. The test measures the difference for each participant between the two time points and calculates the median score for the population and whether the difference between the time points is statistically significant.

Results

Table 2 includes details of the residential homes and course locations, as well as the participant numbers for each. Seven courses were run in four geographical regions for a total of eight homes. The homes included centres that were solely local authority or third sector run, plus a local authority partnership with a private company, reflecting something of the mixed economy of residential care.

Considering the courses in more detail, two homes in a North Wales local authority participated, with a separate course for each home (nine participants

in each). This was replicated in a South Wales county, with separate courses for two homes and 12 participants attending from each. A single course was facilitated for a West Wales organisation comprising of three separate homes (18 participants in total). Finally, two separate courses were run for a single home in a Mid-Wales county, due to the staff team being perceived as too large by the manager. Each of the 18 staff members were allocated to a specific course and expected to attend that course for the whole ten weeks. Altogether a total of 78 managers and practitioners attended the training.

All 78 participants completed the pre-course questionnaire. There was a clear gender imbalance as almost two-thirds of participants were female (64.5%). Age was more diverse, with over a quarter of participants in their thirties (26.9%), forties (26.9%), and fifties (30.7%), while a smaller proportion were in their twenties (7.7%) and over sixty (7.7%). This suggests that, despite the potential for workers in their twenties to be positive role models, the role might be less attractive to younger people, or it may be harder for them to enter the profession because of lack of life experience, and the difficulty of securing relevant practice experience with vulnerable young people. There was evidence of significant retention in the sector, with over half of respondents working in residential care for over ten years (51.6%), and an additional 10% employed in the sector for 5-10 years.

The professional qualifications of the participants included 59.4% having completed the Social Care Induction Framework. Three-quarters had completed a Level Three Diploma or a NVQ3 (National Vocational Qualification) in Caring for Children and Young People. Over a third (34.4%) had at least one QCF diploma (Qualification and Credit Framework) or NVQ4 on a relevant health and social care topic, and 9.4% had a Level Five LHSCS (Leadership for Health and Social Care Services) in either Children and Young People Advanced Practice or Residential Management. In addition, 46.9% were educated to degree level, including 25.9% who had a Health and Social Care Degree.

The aim to interview a minimum of one facilitator, manager, and practitioner from each of the seven courses was achieved. Identifying young people to participate in face-to-face interviews was more challenging however, due to

them either not wishing to be involved or the manager deeming their involvement inappropriate. Meetings were conducted with three young people, two of whom were from one setting. In total 25 interviews were completed, including those with young people.

Table 2. Profile of participating residential homes

Region	Course	Group size
North Wales (2 homes)	Northlands	9
	Cartref y Awel Mor	9
South Wales (2 homes)	Dan y Mynydd	12
	Holme House	12
West Wales (3 homes)	Crescent Hill	18
	Bridgemouth	
	Littleton House	
Mid Wales (1 home)	Clifton House A	9
	Clifton House B	9

Attendance and engagement

Average attendance across the whole ten weeks was high (81.8%) but there was significant variation in the different settings, from 94.4% in the West Wales course and 92.5% in one South Wales course, to 68.5% at one North Wales setting.

Attendance was also substantially lower for home managers. Average manager attendance across the whole course was 56%, with some attending as few as

two out of the ten sessions. One possible reason for this was the potential impact on practitioners of their manager being present, and one manager shared their decision to stop attending due to a concern that *'people were holding back because I was there.'* (Manager, Mid Wales). This was not true for all participants, and one of the facilitators had also raised this concern, but reflected positively on this during the interviews: *'Because [...] before we started the course, I thought well I wonder how this will work with the manager being in situ as well but actually it was fine'*. The benefit of the manager attending was shared by other facilitators and participants:

I mean we've got a really good team here, like I said we're all very close and I am always quite hands on as a manager, we have fun in the job which is the main thing, we love our job and we enjoy it you know and the kids pick up on that, that's the type of team we are really. So you know from my point of view [...] I think the managers should be involved.

(Manager, North Wales)

While participants were expected to attend all sessions, low attendance was partly explained by the challenges of residential care, where the centre must be staffed at all times, and the location of the training. One setting held the training within the residential care centre itself, and the facilitators discussed the problem of *'trying to pinch their attention from their usual comings and goings and everything [...] [and] we can't talk about the children because they could overhear'*. In comparison, most homes preferred to use an external venue but, for those in remote areas with few local facilities, this could mean significant driving of up to two hours on top of their long shifts.

In comparison to the original Fostering Changes course, which was 12 sessions of 3½ hours, the Caring Changes course was ten sessions of approximately 4½ hours that could still be run during school hours. In the context of the nature of their roles this commitment was onerous, but almost two-thirds of participants

(62.8%) agreed or strongly agreed that the course being run over a ten-week period had worked well:

I think the four-hour sessions worked well [...] we still had enough time to get back and do the school run and stuff. The ten weeks did seem like a long time, but I don't know how they could have condensed it because obviously each week was a different topic. (Manager, North Wales)

Despite the varying attendance, participants were positive about the course delivery. The facilitators were seen as helpful, with one practitioner feeling that they '*genuinely cared and like took an interest into our young people*' (Participant, North Wales), and the training was relaxed and varied with a '*Good variety of different methods*' (Participant, South Wales) to suit participants' differing learning preferences. All the courses included one trainer with experience of working in residential care while the other had a broader social care background, and this was also recognised by the facilitators as important in terms of credibility and engagement:

The reason why [Albert] helped to deliver the Caring Changes is because he has worked in residential for [...] years whereas I have got no residential experience. So he was able to bring in parts of his own experience and some of his own anecdotes and some of his own examples to work from as well. (Facilitator)

Impacts of the whole-team training approach

All participants recognised the value of whole-team training, with one manager describing it as '*one of the best forms of training [...] staff learn better and they get more from it*' (Manager, South Wales). The approach was especially important due to the nature of their shift patterns, with some co-workers rarely working together and barely knowing each other. This was particularly true for the West Wales course which brought together staff from three separate homes within the same organisation, who reported building stronger relationships and feeling part of a more '*collective company, not just different houses*' (Participant,

West Wales). The team solidification and improved relationships led to practitioners being better able to:

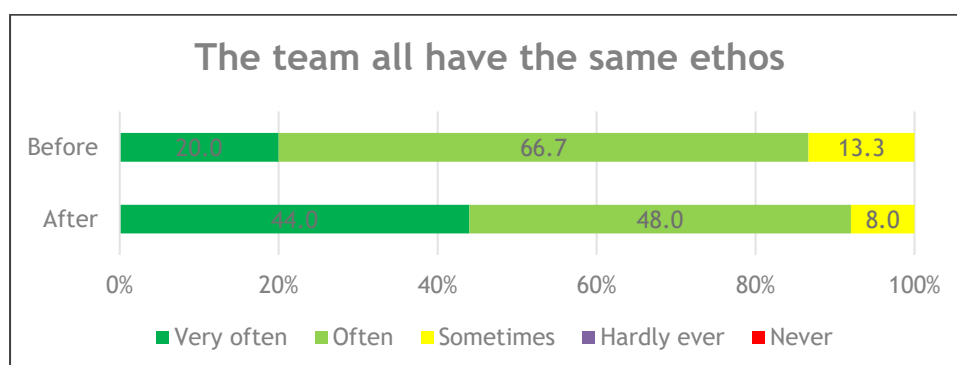
identify each other's own strengths and weaknesses when working as a team [...] it allowed us to have more collaborative working [...] and being supported by other colleagues.
(Participant, South Wales).

In addition to bringing the team closer, the whole-team training approach was beneficial to the care and support that they provided to the children. The course content included reflecting on consistency

across the whole staff group [...] it was really like well imagine how she [child] feels with kind of this inconsistent response to her swearing' (Facilitator).

This was also reflected in the quantitative survey results. Prior to the training, 20% reported that they very often, and 68.7% that they often, shared the same ethos with other workers (Figure 1). This had increased further by course end, to 44% very often and 44% often having a similar ethos. However, the change in shared ethos was not statistically significant ($p=0.152$), with this being partly due to the nature of the research and the limited sample size.

Figure 1. The whole-team training approach encouraged a shared ethos within the homes.



The training itself also worked as an environment for discussing the different tolerance levels of staff members to particular behavioural issues by individual

children. The increasing familiarity between team workers helped to ensure a safe space for these discussions, and this led to particular workers being challenged over their practice and attitude. Whilst this meant that practitioners were not always in agreement with each other, the facilitators viewed these differences of opinions positively, highlighting the *'healthy, very healthy debate [...] it was managed incredibly well. And just, you know people were very willing to listen to each other's point of view and the challenges when they did come were very positive and appropriate'*.

The increased familiarity between team members also resulted in improved communication. This was again particularly important for the West Wales practitioners as many of them were lone workers with limited overlaps between shifts, and they reported an increased focus on staff handovers post training and being:

over-conscious then of like how much information or the information that we do pass on in our comms book and things like that (Participant, West Wales).

Benefits for individuals

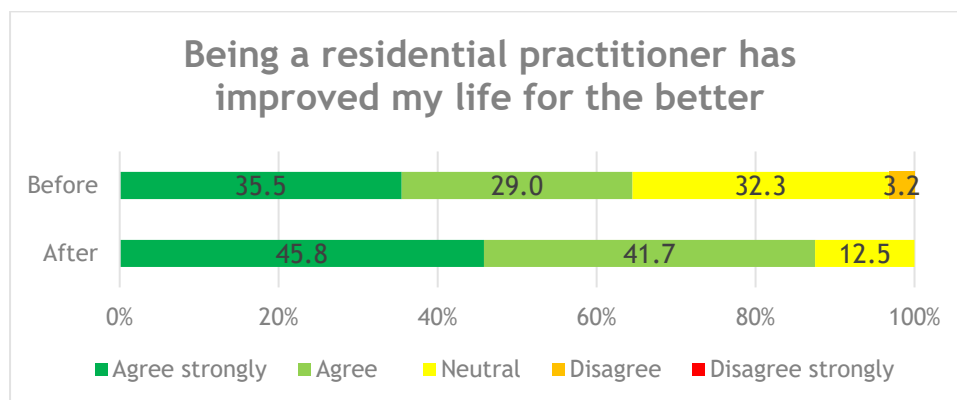
In addition to the team benefits, individuals reported positive impacts, both professionally and personally. Confidence was highlighted, with managers feeling that the training *'made [newer team members] feel more confident'* (Manager, Mid Wales), but there was also evidence of increased confidence among more experienced participants:

I was quite confident before in like my ability to work with the young people here. But I do definitely think it has just reminded me [...] to try and listen to them a bit more, be more clear, to be more detailed with things [...] so yeah I guess I probably am a bit more confident now in that way because I feel like I've bettered myself. (Participant, North Wales)

The interviews highlighted the impact of the training on positivity, with 89.4% of participants feeling that working in residential care had improved their lives, having increased from 65.5% prior to the training (Figure 2), although again the finding was not statistically significant ($p=0.530$). They also reported greater positivity as a result of improved teamwork, consistency of practice, and improved handovers:

I find that handovers are a little bit more positive and it's like "Oh unfortunately we had this behaviour but this is how we managed it and actually it ended really positive" [...] the staff are really showing that in their handovers like they're resolving it and then they're giving you the positive rather than just the negatives. (Participant, North Wales)

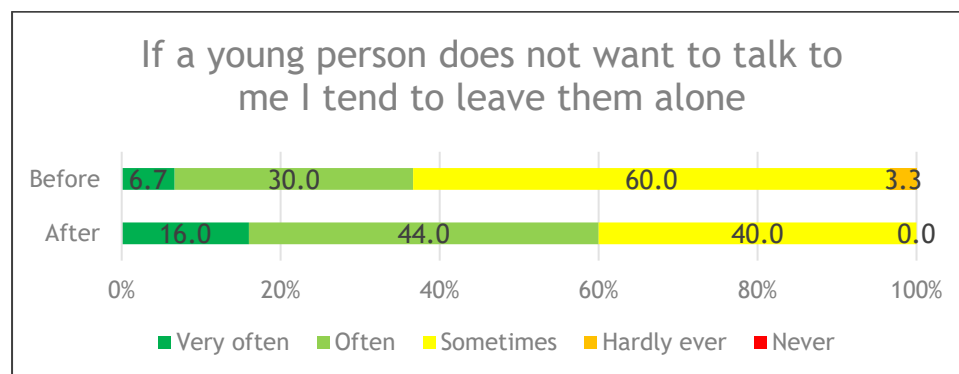
Figure 2. The training increased positivity in the team concerning how their role improved their wider lives



This positivity also affected the everyday interactions with children in their individual home settings. Analysis of the post-course survey found that eight percent of practitioners felt that they often got into arguments with the children, down from 16.1%, and participants gave examples of improving practice including 'always go back and say goodbye' (Manager, South Wales) at the end of a shift when the worker had argued with a child.

A key focus of the training was respecting the space of the children, and the quantitative results indicated how the training improved this, with 60% very often or often respecting the wish to be alone, up from 36.7% (Figure 3). Results of the Wilcoxon signed rank test indicated that this finding was statistically significant ($p=0.0477$) despite the small sample. While it was not possible to attribute changes in the lives of the interviewed young people to improved practice as a result of the course, they did share their views on what makes a positive residential care centre environment, and the importance of personal space was prominent. They talked about managing their own behaviour and how *'if I don't feel very happy I just move away don't I, and go upstairs. Because I am upstairs quite a lot aren't I? That's my own space'* (Stephen, young resident).

Figure 3. Participants became more respectful of young people's space



In the case of a practitioner who continued to greet a child despite not receiving a response, there was evidence of this repeated practice starting to improve their relationship:

Saying good morning to a child every morning [...] it was one child that never said good morning and I did it consistently and after five weeks that child said good morning to me every single time. It was a small thing but that sort of repetitive approach makes change. (Manager, South Wales)

The training encouraged participant reflection, and the facilitators felt that practitioners increasingly realised that *'there was a lot of good practice going on*

[...] [and] the effect maybe that has on the young people they're working with' (Facilitator). They were also more self-reflective as to how their mood could impact residents, with a need to be

aware of your own feelings and your energy levels and how that can actually transfer and affect the way that you work with young people. (Participant, South Wales).

This reflection included several recognising the key learning point that '*all behaviour has meaning*' (Participant, Mid Wales), with them better able to understand children's current behaviour in the context of their previous experiences:

They could be making a mess in their room or not wanting to wash because that's kind of the learned behaviour they've had from their lives [...] I think it's important to try and remember the journey they've had and why they've ended up in, or how they've ended up in residential care then really [...] The course kind of made us, definitely made me think more about that and just be more mindful. (Participant, West Wales)

There was also evidence within the interviews with practitioners and young people that the relationship between the young people and the workers was central, and that the reported practitioner benefits led to knock-on effects for the young people. The participating young people had varying relationships with the different workers in a home, but all had at least one staff member that they got on well with. They felt comfortable doing activities with this person, and increasingly felt able to trust and talk with them. For example, Danielle had been in the residential home for two years and had a positive relationship with her key worker because she knew *that 'they never ignore it if I'm upset, they'll always sort it out for me.'*

Their varying relationships with the different members of staff were highlighted when the young people were asked to describe their ideal worker. Stephen's description of his ideal worker was 'reassuring, sociable, respectful, responsive

and happy in their work'. This overlapped considerably with the course content, and the focus on residential care workers developing strong relationships with young people.

Home diversity and the complexity of residential care children

This article has reported the impacts of the Caring Changes course on the staff team as well as on individual workers and young people, but, while participants were very positive about the course content and delivery, feedback was more variable regarding its appropriateness for supporting the diverse and complex needs of children in residential care. The facilitators recognised that the course often focused on reinforcing existing knowledge, and they would *'start the course with "you know nothing I'm going to tell you is brand new, nothing is rocket science [...]. But what we want you to do though is have a think about why you're doing it"'*.

Many practitioners and managers saw the value of this positive reinforcement, while for others it was about being willing to adapt their already good practice further. In addition, newer members of staff reported finding the course extremely useful and *'more in depth than the social care induction'* (Participant, Mid Wales), with this view shared by some managers who intended to use the Caring Changes course in new worker training.

However, perception of the course did vary, and some more experienced staff members felt that they learned little. They highlighted *'an awful lot of good topics during the ten weeks but the depth of discussion was not there'* (Manager, Mid Wales), and viewed the training as repetitive and patronising at times:

I didn't mean to sound bad earlier when I said patronising but I've been around quite a bit and I'm open to training, learning, everything, because you learn every day on this job, you know, but I did find some of it was I was thinking "god I knew that years and years ago". (Participant, Mid Wales)

While opinion varied as to the benefits of reinforcement versus the problem of simplicity, there was a more widespread concern that the course did not cater

for the diverse range of children that they were working with. This was partly due to the heterogeneity of residential care homes, with the differing settings in the pilot including a step-up provision preparing 17-year-olds for independence, a centre for 11-15-year-olds expected to remain in long-term residential care, and a home for 9-14-year-olds. They also highlighted the complexity of needs and more extreme behaviour of those in residential care:

We have children that are much older because the majority of our children have already been in foster care and that has broken down because of the behaviours that they display, hence why they come into a residential setting. So a lot of my young people are 16-17. (Manager, Mid Wales)

With the training modified from a foster care course, several participants highlighted the differing settings and how many children in residential care had previously struggled in foster families. One of the facilitators questioned whether further modifications were needed to *'be more relevant to the residential experience of children and young people'*, while both facilitators and participants suggested the need to include a wider range of strategies that were targeted at differing levels of behaviour.

Despite the course length, both participants and facilitators suggested a number of topics that were well-received but required more detailed focus. Mental health was highlighted in both the post-course survey and interviews as of particular interest to the course participants, while the focus on resilience was also highlighted as *'a great session and I'd like somehow to sort of hammer that home. Not because it was received poorly but I think it had so much relevance to the residential sector'* (Facilitator). Participants also highlighted a need for the theoretical focus on attachment theory to be applied to a residential setting, and for practical information on how to liaise with schools.

One final topic that was not included in the course but suggested by the young people was the idea of 'home' and 'sense of belonging'. This linked to the request by participants for the theoretical focus on attachment theory to be applied to the residential care setting and, in particular, as highlighted by

Stephen, the need for the residential care environment to be more like a family home. He noted numerous aspects of the centre that did not make it feel like a home, including *'That big office full of files [...] I'm just saying it doesn't make it feel as homely [...] Feels like a flipping secure unit'*, the residential care centre sign, and the use of fob keys on bedroom doors:

Take the signs down yeah, if you take those all away it would make the house feel a little bit more homely [...] Something like that yeah instead of having like a big flipping sign saying Services for Children [...] I also think it's horrible having fob systems on our doors, on our bedroom doors. Don't you?
(Stephen, young resident)

Despite the challenge of the diversity of young people in residential care, several managers and practitioners highlighted the potential for Caring Changes to continue, but with bespoke modifications for each centre that tailored the course to the children in their care, as well as to the needs of the practitioners:

We thought that this training would be very bespoke so you've got five young people, obviously every young person presents with different behaviours and for me it was a little bit about right "Ok this is the young person, this is the behaviours that they're displaying, these behaviours we are managing really well, these behaviours we are struggling to manage". And for me I would have liked to have unpicked more of the behaviours that we're struggling with but as a team so that we could work consistently.
(Manager, Mid Wales)

Alternatively, some felt the delivered training could become a foundational course ahead of a second aimed at working with more complex children. The facilitators agreed with this and having trained the participants over a prolonged period of time, they highlighted the experience and high educational levels of the practitioners and their potential to participate in and benefit from a more challenging course. As a result, many of the managers and practitioners had looked forward to home-specific follow-up visits from the course facilitators. One

spoke of the facilitator coming *'three or four times to actually discuss what we'd learnt and how we could progress it forward again and kind of like revamp, recap on what we'd learnt'* (Manager, South Wales), while others were interested in reinforcing the learning in a way that suited the individual home and the young people they worked with.

Discussion

This study has identified benefits of the Caring Changes course for residential care staff teams as well as individual practitioners, and potentially for young people. With reference to the team, the training brought together participants who, despite working in the same home or organisation, rarely had an opportunity to meet, and created more of 'collective company' rather than a group of individuals. The weekly sessions also enabled an environment for discussions that improved consistency in the team's response to behavioural issues and provided a safe space for the positive challenging and resolution of poor practice by individual team members.

There were additional benefits for practitioners and managers at both a professional and personal level. This included increased positivity and confidence about their role, with positive reflection on many methods that they were already using as well as improved practice in specific areas. They also felt better able to understand the issues and needs of the young people that they worked with. Together, these positive impacts potentially enabled improved relationships with the young people, resulting in benefits for both.

Whilst the training was well received, the participants would have liked more bespoke teaching in line with the complex needs of the individuals in each home, and a focus on mental health, education and attachment as applied to residential care. The need, as identified by practitioners, for attachment training specific to residential settings is interesting given the vital importance of relationships to young people in residential care, with trust being built between children and workers over time (Lane & Shaw, 2020). The children in this study had at least one member of staff they could trust. The building of these relationships with

staff members links closely to questions of how we make a home a 'home'; as somewhere to relax and belong, from the perspective of young people.

A recent systematic review of the experiences of young people living in residential care (Cameron-Mathiassen et al., 2022) highlighted how this care setting often lacks flexibility when meeting the needs of the individual young person, and that wellbeing in residential care can be negatively affected by the systematic culture in which care homes are embedded. The suggestions from the young people in this study indicate how organisational structures can unwittingly serve to alienate young people and sometimes mitigate against residential care being experienced as somewhere to belong and feel at 'home'.

Limitations

Caring Changes was developed as a pilot training course consisting of ten weekly sessions for whole teams of residential care home practitioners. The result was an intensive opportunity for a relatively small number of participants, but this did limit the sample size for the evaluation. As a result, many of the quantitative results considering change as a result of the training course were not statistically significant.

The interviews with managers and participants took place three months after the training, but it would have been helpful to return after a longer period, possibly 12 months, to see if changes had remained embedded within practice. In addition, the researchers were only able to interview three children and more feedback about their interactions with staff would have been illuminating.

Conclusion

This article has reported the findings of an evaluation of Caring Changes, a pilot that modified foster carer training for the purpose of residential care practitioners. The study evidenced the value of whole-team training, with benefits for the staff group and individual practitioners, as well as potentially knock-on benefits for young people. While there were challenges in the modification of the original course for a population with more complex needs,

the study found that there is potential for a more tailored approach that works with the individual home to ensure the content is relevant to the practitioners but also to the young people that they work with.

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Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by Cardiff University's School of Social Sciences Research Ethics Committee.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The study data are available upon reasonable request from the author.

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