Chapter 5

5. THE ILLUMINATIVE EVALUATION

5.1 INTRODUCTION

The purpose of this research study was to illuminate the experiences of foster carers receiving mental health training provided by a dedicated CAMHS team. Illuminative evaluation is exploratory in nature and uses both descriptive and interpretive data collection techniques in order to give a multi-perspective view through the triangulation of findings (Chambers, 2004). This is an alternative approach from which to study an innovative training programme for foster carers in response to the perceived limitations of traditional evaluation that emphasises measurement and prediction without including interpretation (Parlett & Hamilton, 1976). This research study used a combination of qualitative and quantitative methodology to provide a comprehensive illuminative evaluation.

Chapters 3 and 4 have each separately discussed the findings in relation to specific methodological approaches. A full discussion of the triangulation of these methods in relation to current literature will be outlined in this chapter along with the limitations of this approach.

5.2 DISCUSSION AND SUMMARY OF THE ILLUMINATIVE EVALUATION

Gorard and Taylor (2004) discussed triangulation as a complimentary combination of approaches which provide completeness of data. Quantitative and qualitative data have been valuable in giving two differing perspectives which illuminate and shed light upon foster carers’ experience throughout the process of accessing attachment training provided by CAMHS/LAC during 2009 and 2010. Comparisons with other research findings together with an evaluation of the methodology and suggestions for further refinement in future studies will be included.
5.2.1 QUANTITATIVE RESULTS

1. The Strengths and Difficulties Questionnaire (SDQ) results suggest that in relation to the mean scores, there were no statistically significant differences, but nevertheless a trend in a positive direction with regard to an improvement in the foster carers’ perception of the emotional and behavioural difficulties presented by both foster children and birth children. The findings are similar to one other study with a twelve week follow up evaluation (Laybourne et al, 2008) to suggest that offering mental health training benefits foster carers. It is important to note that sample sizes were very small and therefore the results are limited as further investigations with a larger sample are required. The results also identified statistical differences (main effect of group) between foster and birth groups in three SDQ subscales (conduct problems, peer problems and pro-social behaviours). This shows that foster carers basing their responses on their foster children, scored significantly higher than those basing their responses on their birth children, on the SDQ subscales for conduct problems, peer problems and significantly lower on pro-social behaviours. Similar findings in relation to baseline characteristics have been confirmed in other studies (Mc Cann et al, 1996; Meltzer 2003). This is also important in relation to the link between high risk mental health needs of children in care and the support needs of foster carers to prevent placement instability (Stanley et al, 2005). A reduction in perceived behaviours may lead to an increase in foster carers’ confidence and ability to provide stable placements thus achieving more positive mental health outcomes for children in care. There were no significant main effects for training and no significant interaction effects.

2. The Family Impact Questionnaire (FIQ) results suggest that in relation to the mean scores, there were no statistically significant differences. However the results suggest that at the twelve week follow up training point the mean scores for four of the six subscales had improved and this indicated a trend in a positive direction in relation to the impact of both foster children and birth children on areas of family functioning. The results also identified
statistical differences (main effect of group) between foster and birth groups in two FIQ subscales (negative and positive feelings). This shows that foster carers basing their responses on foster children scored significantly lower than those basing their responses on their birth children on the negative and positive subscales. There were no significant main effects for training and one significant interaction effect for positive feelings. This significant interaction effect on the FIQ positive feelings subscale showed that training had a statistically significant different effect in relation to positive feelings towards the child for the foster and birth children groups. Foster carers basing their responses on their foster children reported an increase in positive feelings post training and foster carers basing their responses on their birth children reported a decrease in positive feelings post training. This FIQ has not been used in other studies related to the training of foster carers and therefore offers a new contribution to the existing field of literature.

3. Changes in knowledge were measured as reaching statistical significance and were retained over time. These results support an objective of the training which was to increase knowledge of mental health issues for foster carers. This is confirmed in other studies which identified that training programmes could increase knowledge (Golding & Picken, 2004, Herbert & Wookey, 2007). This study measured results over three time points showing a significant increase after training which was retained over the twelve week follow up period with only a slight reduction in mean scores. This confirms the need to reassess knowledge over a longer time frame and provide regular refresher training.

4. The results of the Satisfaction Questionnaires highlighted that foster carers were satisfied with the format and content of the training and this complemented findings from the post and follow up interviews. The questionnaires also highlighted that the training underpinned practice and led to reflections upon parenting skills. This has been confirmed in many of the previous studies including Gurney-Smith et al (2010) who used similar
measures which captured high satisfaction and a sense from foster carers that they wanted to ‘get on’ and learn the ‘how’ of the practical strategies.

5.2.2 QUALITATIVE FINDINGS

1. At the beginning of the journey, foster carers’ rich and detailed accounts of their experiences from the pre training stage gave a glimpse of the motivations and expectations of foster carers prior to training. The findings within the pre training interviews suggested that, in relation to motivational factors, foster carers who attended attachment training highlighted the desire to understand their children, themselves and gain the skills to parent. Foster carers were eager to increase knowledge, network and gain peer support. A high percentage of both experienced and inexperienced foster carers were self motivated as confirmed in current literature (Delfabbro et al, 2002). In addition, the findings suggest that the role of the Learning and Development Officer (LDO) is important in introducing appropriate training and supporting the foster carers through the process of attending. The introduction of minimum standards was referred to as a motivating factor and was raised as an important issue by many foster carers. Foster carers’ expectations of the training were varied and based upon either: previous experience of the group, through recommendations from other foster carers or upon the programme information developed within the calendar of training provided by the city council. Experienced and inexperienced foster carers expected to receive information regarding the mental health needs of children in care, guidance in developing their parenting skills, opportunities to meet with other foster carers and an opportunity to build upon existing knowledge.

2. The findings add to the current body of knowledge by taking into account the influence of the CWDC, the national minimum standards, the strengthened role of the Learning and Development Officer (LDO) and how they are contributing to the motivations of foster carers and their perceptions of their profession as a whole. Foster carers’ ownership of their training needs was linked to their experiences, not only in their role as foster carers,
but also to their experiences in life whether that is within their own personal histories or their experiences of parenting their own children. These findings have demonstrated the value in offering pre training interviews in order to have a broader understanding of the needs of the whole group and are proposed as fundamental for future practice.

3. Within the post training phase the findings suggest that foster carers valued sharing and listening to the experiences of other carers. This has been found in many other studies (Warman et al, 2006) and confirms the value of providing foster carers with opportunities to learn from their peer group in a safe and supported way. Caring for disturbed children needs extra support and many felt that training as a professional group, i.e. professional foster carers, enabled a sense of identity within the group. Many reported an increased confidence and ability to cope after listening to how others approached meetings, relationships with professionals in the network and through further training. An acknowledgement of their existing skills and affirmations of their current practice through evidenced based research led many foster carers to express a desire to repeat the training or have a follow up reflective session. Indeed, many of the experienced foster carers had attended the training before and intended to access the training in the future as and when they felt they required an update or extra support. The indirect effects included the raising of self esteem, the ability not to take the behaviours of the child personally, understanding the emotions behind the behaviours and the development of a language through which to describe their needs and discuss their difficulties in terms of the attachment style of their child. They valued the opportunity to talk and again these findings need to be considered when planning future training. Foster carers viewed the training as a virtual base from which they could develop and strengthen their working relationships. The combination of the baseline characteristics in terms of the strengths and difficulties of children in care and hearing the stories from foster carers enabled an increased awareness of the struggles foster carers face in terms of parenting day to day. The foster carers reported a sense of increased knowledge which was confirmed by the quantitative data on high satisfaction and understanding. The results from the knowledge
questionnaire also validated and complemented data from the interviews which acknowledged that foster carers perceived they had gained knowledge and understanding. This also supported the positive change in foster carers’ levels of confidence and ability to advocate for their child.

4. The journey through the follow up interviews produced some enlightening findings in relation to foster carers’ personal growth and awareness of their own development as foster carers, motivations to develop and gain more bespoke training consultation and supervision, reflective practice and future support required from CAMHS. Requests for more frequent training spread over a longer period of time and with follow-up consultation sessions were seen as desirable. Feedback highlighted that foster carers felt more able to access CAMHS support as a result of the training and gained an active understanding of how this would work through the training. The ability to network via the training led to a strong network of buddies available to foster carers which helped to prevent isolation and gave foster carers the confidence to interact within the wider organisation of social care. There was a sense of self actualisation for many foster carers as they gained confidence in what they could offer their child in terms of supporting their emotional health (Lewin, 1951). A reflection upon their own practice and the impact of this upon their home and school environment was also interesting to note. Foster carers reported a desire to be active participants in the creation of future training and have the ability to have a more active role in what is learnt (Hart & Lucklock, 2006).

In conclusion, it is important to note that confidence in the account of the findings in relation to experiences of foster carers was at the forefront of the researcher’s mind throughout this study. The audit trail, which is presented in Appendix 22, was useful in demonstrating explicitly the decisions made regarding the development of themes within the framework approach. In addition, attention was paid to reflexivity, self scrutiny and the testing of initial interpretations by further examination and checking. It was also important in the writing up that an accurate account of the results and findings was provided with enough detail and context for the reader to assess interpretation.
The combination then of both these methods of data collection gave a more comprehensive understanding of foster carers’ experiences and also increased validation. Information gained from the quantitative data has gone some way to complement and confirm the qualitative data and contributes to the growing evidence base. The interviews gave the researcher informative and detailed data about the process of attending training over time which included an element of personal growth, an increase in perceived confidence and a reduction in isolation (Laybourne et al, 2008). Only six out of the twenty one foster carers who took part in this study used the diary to record, reflect and explore the behaviours and emotions of their foster child. There was some suggestion that this was due to the fact that they already filled in a diary as part of their day to day practice. It is recommended therefore, that rather than using a reflective diary as an additional tool in future research, it may prove useful to use existing diaries.

This study is similar to other studies over the last fifteen years which have reported pre, post and follow up quantitative self report measures, however it differs in that it sought to gain in-depth qualitative data pre, post and follow up training. This study is original in that in-depth pre training interviews were unique and provided an exploration of the experiences of foster carers prior to attending training which led to a fuller understanding of the motivations and expectations of foster carers.

This evaluation has followed the foster carers’ journey over time using a mixed methods approach and has reported findings which suggest that group training may lead to a greater understanding of the needs of foster children in relation to their mental health. The findings have been placed and discussed in the context of an analysis of the current literature, the political and organisational system within which foster carers work and have been linked to theories of adult learning. The quantitative data was used, as in many other studies to triangulate and strengthen the qualitative data by validating what was reported by foster carers through the use of baseline measures and outcome tools. The ten themes that arose from the qualitative data have been explored further through the use of mind maps which have enabled the reader to view the connections and associations within the wider system, which may be useful, in order to add to the debate about how we support and promote co-
operative learning when planning future training for foster carers. A framework has portrayed the interconnectedness of the experience over time and the complex journey of personal insight and awareness that occurs as a result of training for foster carers.

5.2.3 KEY FINDINGS

Pre Training:

- The desire to understand their children and themselves was a key motivational factor for foster carers in attending mental health training.
- The role of the Learning and Development Officer (LDO) was an important factor in providing appropriate mental health training to foster carers and supporting them through the process.
- Expectations of training were varied and were influenced by the training programme, recommendations from other professionals and previous experiences of the group.
- In-depth pre training interviews enabled the researcher to gain a broader understanding of why foster carers were motivated to attend, for example, to complete their portfolio or due to previous work experiences. In addition, the pre training interviews enabled the researcher to understand the needs of local foster carers in relation to what they expected from mental health training, such as up to date research about what works when caring for children in care.

Post Training:

- Knowledge and understanding has improved to a statistically significant degree.
- Foster carers positively evaluated the format and content of the group in terms of satisfaction.
• The role of the learning and development lead was crucial to the professionalisation of foster carers as the ‘skills to foster’ programme plays an important role in relation to how training is viewed.
• Understanding the emotions behind the behaviours led to an increased understanding and empathy for the children they care for.
• Awareness of their own personal history leads to an increase in empathy and connection with their child.
• Foster carers’ perceptions of isolation and stress were reduced.

Follow Up Training:

• Knowledge and understanding were sustained over time to a statistically significant difference.
• Sharing of experiences appears useful in co-creating learning in the future.
• Foster carers’ perception of isolation and stress is reduced.
• Confidence in parenting skills are increased as foster carers feel empowered to become the advocates for their child.
• Access and awareness of CAMHS services increased with a strengthening of working relationships with experienced and new foster carers.

5.3 LIMITATIONS OF THE STUDY

Key weaknesses and limitations of both methods of data collection were minimised by paying attention to accuracy, reliability, trustworthiness, generalisability, reliability and reflexivity in the following ways:

According to Pyett (2003), an account is valid if it represents accurately the phenomena it describes. Care was taken to score the validated questionnaires in accordance with the guidelines provided by the authors. Reliability ratings were provided and summarised and the questionnaires used were considered relevant to this research study after a full review of the current literature. However, in relation to reliability of the quantitative approach there was the limitation in that there was no control group with which to compare findings. This was not a randomised
control trial and the key aim was not to demonstrate the effectiveness of the training group versus no training but to explore the experiences of foster carers through training and change if any over time. This study may be considered limited in that there is the potential for anything to be rated positively if nothing was offered before. Herbert and Wookey (2007) found that the statistical comparisons with a control group were disappointing however, they argue that it provided useful information to improve future training. A further exploratory study involving a control group may be beneficial in the future in terms of exploring whether the absence of the mental health training through the ‘skills to foster’ training had an impact upon how foster carers considered the mental health needs of the children they cared for.

In relation to the qualitative approach, key areas when addressing limitations and judging the quality of the data collection and analysis are its trustworthiness, generalisability, reliability and reflexivity. These weaknesses were minimised in the following ways. Trustworthiness was enhanced through the use of mixed research methods and the use of respondent validation and relating findings to previous research in the field. Triangulation was used to aid the comprehensive nature of the findings. Respondent validation was achieved by summarising the key areas covered at the beginning of each interview and giving the foster carers the option of receiving the full transcript. The findings were also related to key research in the field and confidence in the findings increased as themes emerged from the data when many accounts confirmed each other as the regularity of the themes arose. Much of the research over the last 15 years confirmed and validated many of the findings within this study.

In addition, in relation to reliability and reflexivity it is important to be careful when making interpretations as foster carers were reporting these feelings directly to me as both the researcher and one of the group facilitators for the training. The foster carers may have felt divided loyalty (Golding & Picken, 2004). When interpretation is bound up with the researcher/training facilitator there is a risk that the position and status of the researcher/training facilitator may alter the validity of the findings due to bias. Transparency was addressed by being open about my central relationship in facilitating the training and by acknowledging my subjectivity as the
researcher. I tried to overcome these potential difficulties by firstly conducting a sensitivity analysis to acknowledge my preconceived ideas, potential biases and aid transparency of the process (see Appendix 17). Secondly, field notes were completed after each interview to ensure I remained open to the data and I reflected upon any issues that surfaced within the interviews in relation to my role as an Advanced Nurse Practitioner, a training facilitator and a researcher. Thirdly, credibility was addressed by including the original data with a clear audit trail. In addition, there were several opportunities to discuss, compare and refine coding by gaining feedback from two academic supervisors. They provided a different outlook and insight into the data where perhaps I had strayed from the data and become steeped in my own pre-conceived ideas, thoughts, as well as reading of the literature. Finally a comprehensive search of the literature revealed support for the developed themes and suggested that the findings are transferable. I recommend that any future study might consider the use of an independent researcher (not involved in the training) to conduct the interviews.

There were sampling limitations in that there were only twenty one participants who took part in the study which is still a relatively small sample. A limitation could be made in terms of the representativeness and relevance of the findings. There may be difficulties in demonstrating how the findings can be transferable to other populations or groups, for example, the training that may have helped one group during a particular time within the structure of social services and may not be useful to another set of foster carers within different circumstances and with different support. However, whilst known characteristics of the foster carers were well described I did not include extensive demographic data regarding the educational and parenting backgrounds of the participants. This information may have aided comparison within the sample population as well as across other studies (Sifers, Puddy, Warren & Roberts, 2002). Sifers et al (2002) highlight that the socio-economic status of participants is reported less often in studies however it can be useful in order to provide an accurate description of the population from which it is drawn, in this case, foster carers. It has been noted by Kirby (1997) in a study which collected data upon 218 foster parents that 68% had accessed further education prior to becoming foster carers. Comparisons with such studies in relation to foster carer demographics would have been extremely useful when drawing
conclusions from the findings. Future studies could consider a more detailed and accurate description of the research sample in relation to their level of educational attainment, socio-economic status and employment history.

Another key limitation is that the views and opinions of looked after children were not included within this study. It is important to acknowledge that children’s views and perspectives can and should be elicited on a range of issues in relation to foster carers and the care they provide (Edwards & Talbot, 1994). Respecting and considering the rights of children to be consulted was taken into account when deciding upon data collection (Ritchie & Lewis, 2003). However, when considering research involving children, children should be supported and encouraged to take part in research in an ethical manner (Medical Research Council (MRC), 2004). According to the Ethics Guide (MRC, 2004) children should be included in research when the relevant knowledge cannot be gained by adults and priority should be given to the interests of the children. However, I decided that the research question being asked, the psycho-social experience of foster carers could be met by interviewing foster carers as the focus was an in-depth exploration of their experience of training. Whilst the voice of the child needs to be heard I was primarily interested in the foster carers’ experience, not whether it made a difference to the children but whether it made a difference to the foster carers. However, if conducting a further study with the aim of increasing knowledge about children’s views of the development and training of foster carers, it is important to consider children within future research. Seeking the views of looked after children would seek to illuminate whether foster carer training impacted upon their subsequent care. Children in care are consulted on many aspects of their care and it is important not to over expose vulnerable children to the process of eliciting their views unless this can be ethically justified. Special care should be taken where research participants are particularly vulnerable by virtue of factors such as age, social status and powerlessness (British Sociological Association, 2002). Morrow (2009) provides a detailed account of the importance of exploring ethical issues when conducting social research with children and young people in relation to accessibility, informed consent and the use of creative techniques in gathering data from children such as drawing, photography and games.
A final limitation to note is that an illuminative evaluative approach has been criticised as being very vague regarding advice on how to collect information. Parsons (1976) highlighted that relying on perceptions of the observer may lead to problems of subjectivity as the desirability of the evaluator remaining judgement free is questionable (Ramsay & Clark, 1990) and unscientific. They discuss the extensive use of open ended techniques as raising issues of gross partiality.

These disadvantages according to Burden (2008) are the very reason illuminative evaluation has strength. Ellis and Nolan (2004) criticise traditional evaluation for the failure to acknowledge that different groups may not value the same outcomes and may define success in different ways with a tendency of stripping programmes of their context. Illuminative evaluation therefore enables the researcher to use a combination of methods which ensures a more collaborative and complete inquiry rather than any form of inspection or measurement.