



Department
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KEEP Standard evaluation

Research report

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Executive summary

Brief contextual summary of project and evaluation

The KEEP (Keeping Foster and Kinship Carers Supported) Standard programme is a group training programme for foster and kinship carers with a child aged 5-12 in placement, which aims to improve the skills and confidence of foster and kinship carers when responding to children's difficult behaviour and thus improve child behaviour and carer well-being. It is delivered in groups of 5 to 10 carers with one 90-minute discussion-based session each week for 16 weeks and weekly telephone calls between the facilitator and carers to collect information on behaviours exhibited by the child in placement and the level of carer stress.

KEEP Standard was developed by the Oregon Social Learning Center (OSLC) in the USA in 1996 and has since been evaluated in several of its states with positive findings regarding its effectiveness. The programme became available in England in 2009 through the National Implementation Service (NIS), who have since collected outcome data and monitored the programme. The NIS has a business partnership agreement with OSLC Developments, Inc. to oversee the implementation of KEEP in the UK. This is the first independent evaluation of KEEP to be completed in England, and given that the children's social care system in the UK differs substantially from that of the USA, conducting an evaluation within the UK context was deemed highly relevant. This evaluation included data from 12 KEEP Standard groups from 10 of the 20 local authorities in England that have delivered KEEP Standard since 2009.

The aim of the evaluation was to examine whether carers who completed the KEEP Standard training benefitted from improved outcomes compared with a control group of carers who did not complete the training. The outcomes of interest included the parenting skills and well-being of carers; child behaviour problems, and the occurrence of positive placements, such as the continuation of the current placement; reunification with the birth family; or a move to long-term fostering or adoption. In line with the Innovation Programme's objectives, the evaluation sought to identify whether KEEP Standard improves the life chances of children receiving help from the social care system and whether it provides value for money within children's social care.

A matching methodology was applied to compare baseline (September to November 2015) and follow-up (January to March 2016) data from carers who received KEEP training and carers who did not. Measurements included the Strengths and Difficulties Questionnaire (SDQ) to measure child behaviour problems, the Parenting Scale to measure parenting skills, and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) to measure carer well-being. In order to provide a contextual understanding of the KEEP Standard training and to add depth to the quantitative findings, the evaluation team conducted interviews with 15 carers (6 before and 9 after they participated in KEEP Standard).

Key findings

59 carers who participated in KEEP Standard (the intervention group) completed the measures before and immediately after the training and 26 carers who did not participate in KEEP Standard (the control group) completed these measures with a similar time-lapse between baseline and follow-up. As mentioned throughout this report, the evaluation findings must be interpreted with caution due to the small sample size and limited timeframe - the findings of this evaluation provide initial indications of the positive effects of KEEP Standard within the UK context in the short-term. Further, due to small sample sizes, no additional analyses controlling for demographic variables were conducted on any of the scales.

The following outcomes were observed across the measures:

- **Strengths and Difficulties Questionnaire (SDQ):** The total SDQ scores for both the intervention and control group improved slightly from baseline to follow-up, but these changes did not differ significantly between the 2 groups. However, sub-scale analysis shows statistically significant differences: for the emotional distress sub-scale and prosocial behaviour sub-scale, the follow-up scores of the intervention group decreased while those of the control group increased. No statistically significant differences were found on sub-scales relating to conduct problems, hyperactivity, or peer relationship problems.
- **Parenting Scale:** Improvements in parenting were observed for both the intervention and control groups; however, the intervention group showed significantly greater improvements compared with the control group at follow-up. This was seen in the total Parenting Scale score as well as on sub-scale scores regarding carers' verbosity (overly long reprimands or resilience on talking) and laxness (permissive discipline, lenient). Although both the intervention and control groups improved from baseline to follow-up on the over-reactivity sub-scale, with fewer displays of authoritarian discipline, anger, meanness and irritability, these improvements were not significantly different between the 2 groups.
- **Warwick-Edinburgh Mental Well-being Scale (WEMWBS):** Although the intervention group showed greater improvements in carer well-being compared with the control group, no statistically significant difference between the groups was found. Fewer carers completed the WEMWBS. This, coupled with the high degree of variation in carers' WEMWBS scores, is likely to be contributing to the non-significant finding as it increases the size of the standard errors.

Taken together, the analysis of quantitative measures found that carers who completed KEEP Standard showed significant improvements on the Parenting Scale while SDQs completed by those carers showed significant improvements on the sub-scale scores on their child's emotional distress and prosocial behaviours compared with the control group.

In addition to the measures above, 15 carers participating in KEEP Standard were interviewed, with 6 carers before the training and 9 after the training. From interviews with carers who have completed KEEP, the main themes emerging were concerned with: i) the importance of an open and collaborative environment; ii) changes in carer skills and well-being; iii) perceived changes in child behaviour; iv) the effects on the likelihood of placement change; and v) the role of trainers as facilitators rather than lecturers.

Although the sample of carers and data on placement stability was too small to provide a statistical analysis of child outcomes and associated cost savings, loose inferences can be made based on qualitative interviews. For example, a number of carers assumed that the child would not be in placement anymore if it had not been for the training they received. Others said that the child would still be in placement; however, support would have been sought elsewhere, which would likely be associated with costs to the local authority. With regard to positive changes, better engagement between a carer and the child's school, due to strategies learnt on the programme, are likely to have positive effects on the carers, the child and their education. The extent to which positive changes can be maintained would need to be established in a longer term evaluation.

Implications and recommendations for policy and practice

Findings suggested that KEEP Standard had an impact on a number of the Innovation Programme's objectives and areas of focus. In particular, interviews with carers pointed to the positive effect KEEP Standard had on their confidence and well-being as well as their ability to respond to challenging behaviours. In turn, carers felt this benefited the child in placement and placement stability. Similarly, there were significant improvements on the Parenting Scale for carers who completed KEEP Standard, and improvements on the SDQ scores regarding children's emotional distress and prosocial behaviours.

Despite the robust methodology used, the evaluation findings must be interpreted with caution due to the small sample size and limited time frame - the findings of this evaluation provide initial indications of the positive effects of KEEP Standard within the UK context in the short-term.

As KEEP Standard had already been implemented in the participating sites, there were no perceived difficulties in running the training course. Further, the standardised measures and procedures used to monitor outcomes were well-established prior to the evaluation. This will allow NIS to continue to collect and analyse data trends across the KEEP sites, particularly any differences from baseline to follow-up. A recommendation for the programme's future implementation is to streamline the transfer of data from local authorities to NIS to make data analysis more efficient.

Some barriers to the running of KEEP resulted from management changes, either specifically related to the programme and its developers in Oregon or to changes at the local authority level. In some cases, these barriers led to limitations for the evaluation, such as the delays to start dates, while groups no longer running the programme reduced the evaluation sample size. Such barriers are inevitable as events within children's social care can frequently change and are often unpredictable. This has implications not only for the running of the programme but also in the planning and design for future evaluations.

Overall, the findings would encourage further evaluations of KEEP Standard, and be helped by NIS continuously collecting a wealth of data from KEEP sites. In particular, a larger-scale evaluation over a longer period of time would be desirable to examine the long-term effects of KEEP Standard. Further evaluations could also include analyses to better understand under what circumstances, and for whom, the programme works best. Finally, with regard to the Innovation Fund's appeal for positive evidence of looked after children transitioning to adulthood, an evaluation of KEEP Safe (for carers of young people aged 12-17 years old) would be suggested.

Overview of project

Intended outcomes

The KEEP Standard programme is a group training programme for foster and kinship carers with a child in placement aged 5-12 years old. The aim of KEEP Standard is to improve the skills and confidence of foster and kinship carers when responding to children's difficult behaviour and thus improve child behaviour and carer well-being.

Evidence suggests that child behaviour problems are strongly linked to placement changes (Newton et al., 2000; Chamberlain et al., 2006; Price et al., 2008) while parenting skills and the level of experience of carers are linked to placement stability (Rock et al., 2015). Frequent moves, both planned or unplanned, are associated with negative outcomes, for example poorer educational attainment (Sebba et al., 2015) and increased mental health costs (Rubin et al., 2004), but 1 in 3 children in care experiences more than one placement in a given year (DfE, 2013). KEEP Standard also aims to reduce placement disruption and improve positive placements, such as a successful reunification with birth parents, long-term fostering, or adoption.

Approach to achieve intended outcomes

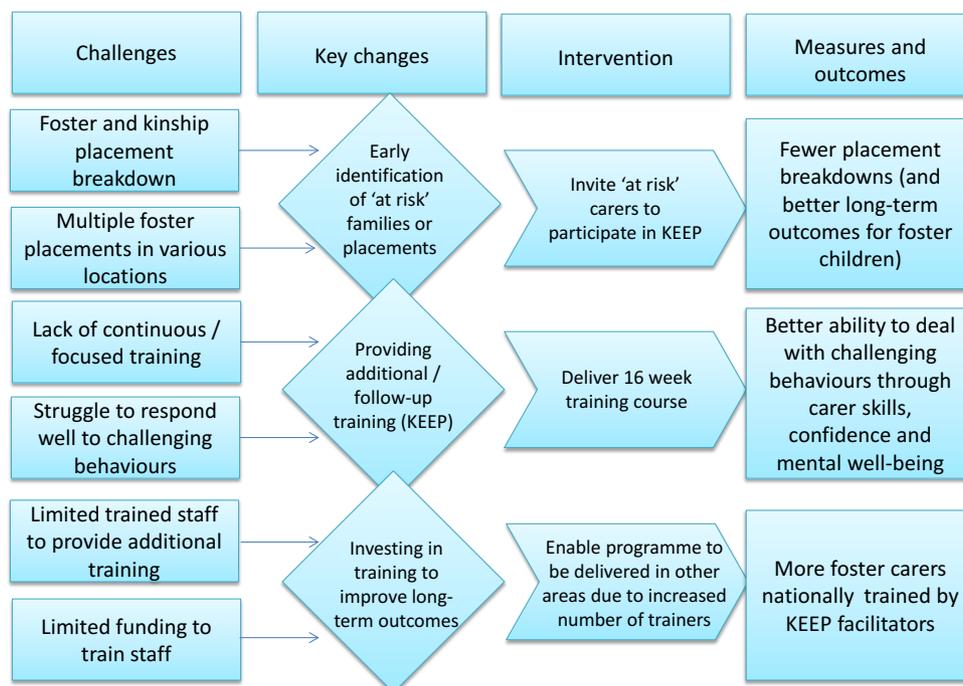
The KEEP Standard programme is a 16-week course with one 90-minute session each week. The training is delivered to a group of eight to 10 carers¹ at the same location and at the same time every week, providing consistency throughout the course. The programme has a set manual and is delivered by 2 facilitators. KEEP facilitators are required to receive weekly consultation (with the programme implementers) until the point of accreditation. All sites participating in this study have an accredited lead facilitator. The co-facilitator role is fulfilled either by another accredited facilitator or a facilitator receiving consultation. The National Implementation Service (NIS) is responsible for the implementation and monitoring, including the provision of consultation to facilitators, for all KEEP programmes in the UK, which also includes KEEP Prevention (KEEP P) for carers of children aged 3-6 years old and KEEP Safe for carers with adolescents aged 12-17 years old. OSLC Developments, Inc. is responsible for facilitator accreditation and post-accreditation fidelity reviews.

During the planning stage, the evaluation team developed a logic model to outline the steps to achieve intended programme outcomes (see Figure 1). As a crucial starting point, local authorities, typically through supervising social workers, identify children aged 5-12 with behaviours that are challenging for carers to manage and are at risk of placement breakdown; plus carers with support or professional development needs, and those carers are invited onto the next available KEEP

¹ Although each group should ideally have between 8 to 10 carers, some recent groups have been smaller as some local authorities have trained many of their carers and the demand is slowing down.

Standard course. Prior to the course, a facilitator visits each carer at home to explain the purpose and set-up of the programme. During this initial home visit, the facilitator completes the intake form, including background questions about the carer and the child currently in placement, as well as quantitative measures, including the Strengths and Difficulties Questionnaire (SDQ), Parenting Scale, and Parent Daily Report (PDR).

Figure 1: Logic model describing the pathways to intended outcomes.



The first session begins with carer introductions and an overview of what will be covered each week. It is an opportunity to have any questions answered and to form initial relationships within the group. In subsequent weeks, each session tends to cover a different topic, including the importance of cooperation; using charts and incentives, privilege removal and work chores; promoting school success, and stress. Although the manual outlines the topic to be covered each week there is a degree of flexibility so that facilitators can tailor the session to the needs of their group of carers.

KEEP Standard involves active engagement by carers both during the weekly sessions and at home. Group discussions that are positive, supportive and relevant to carers' experiences are central to the weekly sessions. Additionally, carers are expected to do 'homework': to practice the skill or technique which has been taught with the child in placement each week, for example using behaviour charts and rewards, if it is appropriate and feasible to do so. Finally, KEEP facilitators telephone each carer once a week to complete the Parent Daily Report (PDR) Checklist. The PDR asks carers whether or not the child has displayed specific behaviours during the past 24 hours and how the carer would rate their stress level in response to each behaviour.

Relevant existing research relating to this innovation

KEEP Standard was developed based on the Treatment Foster Care Oregon (TFCO) model, formerly Multidimensional Treatment Foster Care (MTFC). KEEP Standard incorporates a number of evidence-based parenting techniques tailored to the needs of foster and kinship carers.

A previous large-scale randomised controlled trial (RCT) was conducted with 700 foster and kinship families who received a new child, aged 5 to 12 years old, between 1999 and 2004 from the San Diego County child welfare system (Chamberlain et al., 2008). The foster and kinship carers were randomly assigned to the intervention group who completed KEEP Standard training (n=359) or a control group who received caseworker services as usual (n=341). Overall, the intervention group exhibited an increase in carers' 'proportion positive reinforcement' (the extent to which positive reinforcement methods increased in proportion to discipline rates) and a decrease in child behaviour problems compared with the control group. Further analyses suggested that child behaviour problems were partially mediated by changes in specific parenting practices of carers, showing that increases in proportion positive reinforcement by carers yielded greater improvements in child behaviours. This mediation effect was especially true for high-risk children who displayed more than 6 behaviour problems per day at baseline. A further quasi-experimental study similarly found that KEEP Standard reduced child behaviour problems when delivered by paraprofessionals as part of a community agency, suggesting the programme is amenable to adaptation and scaling up (Price et al., 2012).

Findings from this trial also demonstrated that KEEP Standard had a positive impact on placement changes (Price et al., 2008). KEEP Standard increased the likelihood of positive placement changes, such as re-unification with birth families or adoption, and the intervention group demonstrated fewer negative placement changes compared with the control group. Moreover, while a higher number of previous placements predicted the likelihood of a negative placement change, KEEP Standard appeared to mitigate this risk.

The RCT showed high retention rates: 81% of the 700 foster or kinship families who provided baseline data provided data at the end of the programme. Furthermore, 81% completed at least 75% of group sessions and 75% completed at least 88% of group sessions.

The US study collected data using Parent Daily Report (PDR) Checklist and interviews, however England's KEEP programme additionally collects data using the Strengths and Difficulties Questionnaire (SDQ) and Parenting Scale. NIS have collected and analysed outcome data from more than 30 KEEP groups in England, including KEEP P and KEEP Safe. The data collected consist of pre- and post-intervention measures as well as 6- and 12-month follow-up time points. KEEP Standard findings from NIS to date suggest that they are consistent with those from

the original evaluation trial in the US² such that carers have shown improvements from baseline to follow-up. However, NIS have not collected data from a control group, making this evaluation a timely addition to the UK evidence base.

Changes to the intended outcomes or project activities

As KEEP Standard is an established programme with well-defined goals, there were no changes to the intended outcomes during the evaluation period. However, project activities changed due to local authorities not running the training or delaying the autumn 2015 training course. This included a charity previously providing KEEP Standard going into administration, high-level management changes in Oregon, changes in the system and software for collecting PDR data and video recording sessions, and management changes within local authorities. These changes are further described in the section on barriers to this innovation.

Context

Although KEEP originated at the Oregon Social Learning Center (OSLC), USA in 1996, the programme became available in England in 2009 and is provided by NIS who maintain strong ties with the programme developers in Oregon. Over the years, KEEP Standard has been implemented across 20 local authorities in England. With only minor adaptations to make the materials more relevant within the UK context, the programme very much retains its original design. However, the children's social care system in the UK differs substantially from that of the USA, making an evaluation within the UK context highly relevant.

The 10 local authorities participating in the evaluation are geographically spread and have varying rates of looked after children. An analysis of outcomes at local authority level is not possible due to small numbers of participants in each area; therefore, transferability of findings cannot be based on features of particular local authorities.

Across local authorities, facilitators prepared for this wave of KEEP Standard in the late summer and the programme started between September and November 2015, running until January or February 2016. KEEP facilitators highlighted that the time period around Christmas could be particularly difficult for looked after children and that maintaining stability is a major concern for carers. With this in mind, it is possible that both the intervention and control group carers may have experienced additional difficulties during this time.

² [KEEP outcome data, analysed by NIS.](#)

Overview of the evaluation

Evaluation questions

The aim of the evaluation was to examine whether carers who completed the KEEP Standard training benefitted from improved outcomes compared with a control group of carers who did not complete the training. As outlined in the original evaluation plan, the evaluation team sought to answer the following questions:

- Are the outcomes for KEEP Standard intervention carers significantly better post-training compared with baseline and compared with carers in the control group?
- Are placements more likely to have remained stable in the KEEP Standard intervention, or have children been successfully reunited with birth families, compared with carers in the control group?
- Is the programme a good investment based on a cost-effectiveness analysis?

Methodology used to address these questions

A matching methodology was used following the scoping phase in which it transpired that a randomised controlled trial (RCT) would not be feasible (see page 13). The following quantitative measures were collected at baseline and follow-up from both control and intervention groups, asking carers to focus on the same child at both times, to examine any statistically significant differences between them.

Measures

Strengths and Difficulties Questionnaire (SDQ):

The SDQ (Goodman, 1997) is a 25-item measure concerned with the carers' view of the child's behaviour. With the child's behaviours in mind, the carer scores each item as either 'Not true', 'Somewhat true' or 'Certainly true'. Scores are derived for 5 sub-scales with 5 items each: Emotional distress ("Many worries, often seems worried"); Conduct problems ("Often has temper tantrums or hot tempers"); Hyperactivity ("Constantly fidgeting or squirming"); Peer problems ("Picked on or bullied by other children"); and Prosocial ("Kind to younger children") sub-scales.

The total SDQ score is generated by summing the sub-scale scores except for the prosocial sub-scale (which is reverse-scored), resulting in a score between 0-40. Scores between 0-13 indicate a normal range, while 14-16 is borderline and 17-40 is considered abnormal. Scores can also be generated for externalising (by summing conduct and hyperactivity sub-scales) and internalising (by summing emotional and peer problems sub-scales) behaviours.

The evaluation team received the SDQ data from NIS, anonymised but matched using carers' initials.

Parenting Scale:

The 30-item Parenting Scale questionnaire (Arnold, 1993) measures 3 parenting discipline styles related to child behavioural difficulties on a total score and sub-scales scores for Laxness (permissive discipline), Over-reactivity (authoritarian discipline, displays of anger, meanness and irritability) and Verbosity (overly long reprimands or reliance on talking). This can be used as a proxy for perceived parenting skills of carers, indicating any decline or improvement.

Each item is rated on a 7-point scale. For example, an item from the Laxness sub-scale states, "When my child doesn't do what I ask...", the carer chooses a point on the 7-point scale that ranges from, "I often let it go or end up doing it myself" to "I take some other action". In this example, "I often let it go or end up doing it myself" would be rated as a 7, representing an ineffective parenting strategy, while "I take some other action" would be rated a 1. As an example from the Verbosity sub-scale, the carer responds to, "Before I do something about a problem...", by rating between "I give my child several reminders and warnings" (7) and "I use only one reminder or warning" (1). Finally, the Over-reactivity sub-scale includes the item, "After there's been a problem with my child...", which is rated from "I often hold a grudge" (7) to "Things get back to normal quickly" (1). The scores for each item are averaged together to generate the total Parenting Scale and its sub-scale totals, which all also range from 1-7.

The evaluation team received the Parenting Scale data from NIS, anonymised but matched to demographic information using carers' initials.

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

The WEMWBS (Tennant et al, 2006, Tennant et al, 2007) is a positively worded 14-item 5-point scale assessing mental well-being. It is chosen due to its items focusing on well-being and strength (e.g. 'I've been feeling useful', 'I've been feeling good about myself') rather than illness or weaknesses. Moreover, this scale can be used as a proxy for perceived confidence and resilience of carers, indicating any decline or improvement. The scale also includes statements indicative of the carer's stress such as, "I've been feeling relaxed" and "I've been dealing with problems well". Both the SDQ and Parenting Scale data are routinely collected by KEEP facilitators and sent to NIS, thus the only measure added to their usual practice was the WEMWBS. The WEMWBS data was collected directly from KEEP sites.

The matching was achieved by taking each outcome variable in turn (i.e. SDQ, PS, WEMWBS) and dividing the intervention sample into 3 equal groups using baseline score tertiles for that outcome. The comparison sample was then split into 3 groups, but these were also based on the tertile baseline scores from the intervention sample, rather than tertile baseline scores for the comparison sample. As a result the

3 groups in the comparison sample were not equal in size as the distributions of baseline scores in the comparison sample differed to those in the intervention sample.

A weight was generated that, when applied to the comparison sample, made the distribution of the comparison sample equal across the 3 groups, i.e. weighting to make the profile of the comparison sample match that of the intervention sample on the grouped baseline score. This was done separately for each outcome. The weights bring the baseline profiles of outcomes of the comparison closer to those of the intervention sample for that outcome. This is demonstrated in the tables in the appendices, which show the baseline score (the pre-score) for the intervention group, along with the baseline score for the comparison group before and after the weights are applied. The change scores for each outcome measure were then calculated (i.e. pre/ post difference score) and the mean change score for the intervention group was compared with the mean for the weighted comparison group.

Further, a cost-effectiveness analysis highlights costs associated with the set-up of running KEEP Standard for the first time in local authorities, as well as ongoing costs, which better reflect the situations of local authorities taking part in this evaluation. In addition, costs for outcomes which the programme seeks to avoid are presented, such as placement change and carers de-registering from foster caring.

Changes to evaluation methodology from original design

Randomised controlled trial

The original evaluation plan suggested conducting a randomised controlled trial, based on the assumption that the 2 waves of KEEP training planned within the evaluation period would be running in parallel rather than staggered. After an initial consultation with programme sites, it became apparent that running both waves in parallel was not feasible, and sites were unwilling to randomly allocate carers as this would prohibit their processes for identifying 'at risk' families and placements as displayed in the logic model.

Instead, we had intended to use a matching methodology: a quasi-experimental, robust method would overcome the logistical difficulties of conducting an RCT. The resulting sample size (see below) meant this method could not be used. The small sample size meant a robust logistic regression model could not be built to generate the score. A quasi-experimental approach was still used but it involved an alternative approach to matching, as described above.

Follow-up data

It was initially thought that the first wave of KEEP training would begin in August and end in December 2015, allowing for data collection before the training, after the training and at a later follow-up. However, start dates varied across the KEEP sites depending on available resources (e.g., staff availability) and filling spaces in each of

the carer groups. Thus the start dates were staggered throughout September, October and November 2015 and the training finished at different times throughout January and February 2016 (the training lasted for more than 16 weeks due to holiday periods). Therefore, only immediate follow-up data is included in the evaluation. As part of their usual monitoring, NIS will collect follow-up data from the KEEP Standard group at 6 and 12 months post-training.

Sample size

In the original evaluation plan, it was anticipated that the training would be delivered twice within the evaluation period in 17 local authorities and by one charity with 7-10 carers in each group. However, only 10 sites and one wave of the programme were included in the analysis. The remaining sites were either discontinuing KEEP Standard in their local authority; delaying the start date, or unable to participate in the evaluation due to management changes.

The number of carers who consented to be included in the evaluation varied between 4 and 10 participants across 12 KEEP Standard groups in 10 local authorities, resulting in baseline and follow-up data from 59 intervention group carers. However, the sample size for WEMWBS data collected was smaller as some local authorities were unable to collect this measure before the first session.

In order to reach foster carers with a child in placement aged 5-12 years but who were not attending KEEP training (the control group), the measures in the KEEP Standard intake forms and demographic questions were disseminated via the Fostering Network, who placed the survey link on their Twitter and Facebook pages. It was also passed to control group foster carers via 2 local authorities, either during foster carer meetings or by a supervising social worker.

The control group survey was available online and a £10 high street voucher incentive was offered to those completing each survey. At baseline, 39 carers completed the survey, and 26 completed the follow-up surveys³. These carers continued to receive their usual support; however, the evaluation did not test whether this included carer support groups, positive reinforcement training or any other elements akin to the KEEP Standard training.

The evaluation findings must be interpreted with caution due to the small sample size and limited timeframe - the findings of this evaluation provide initial indications of the positive effects of KEEP Standard within the UK context in the short-term.

³ 19 control respondents fully completed the SDQ section; the remaining 7 missed SDQ scores for some questions, for which a SQD score could not be calculated.

Qualitative interviews

In order to provide a contextual understanding of the KEEP Standard training, the evaluation team conducted 15 qualitative interviews with carers before (6 interviews) and after they participated in KEEP Standard (9 interviews).

These interviews were conducted either in person or over the telephone with carers from 4 different local authorities. The local authorities were chosen based on their number of looked-after children compared with the national average, and their geographic location, in order to achieve a heterogeneous spread as far as possible. Carers who participated in interviews were given a £10 high street shopping voucher as a token of appreciation for their time.

For interviews with carers prior to the training, carers' expectations for KEEP Standard and their reasons for signing up were explored. These interviews also sought to understand how they learned about KEEP, the process of signing up to the course and whether they foresaw any expected challenges in attending.

Interviews with carers after they completed the training sought to understand how the carer perceived the KEEP Standard training and whether or not they felt the training made a difference for them and their foster/kinship child and if so, in what ways. We explored whether and how they used the training over the training period, and whether they anticipated any impact in the future.

Key Findings

How far the innovation has achieved its intended outcomes

The intended outcomes of KEEP Standard include:

- Improved parenting skills of carers
- Improved well-being of carers
- Improved child behaviour
- Decreased likelihood of negative placement changes

Findings from matching

To answer the question of whether the outcomes for KEEP intervention carers significantly improved compared with the outcomes for carers in the control group, the evaluation examined whether the changes from baseline to follow-up measures differed significantly between carers who completed KEEP Standard and carers who did not.

Strengths and Difficulties Questionnaire (SDQ)

The average total SDQ score, which could range from 0-40, observed at baseline for the intervention group ($T1_{intervention}=17.37$) and control group ($T1_{control}=17.97$) were very similar, suggesting effective matching and weighting. At follow-up, there were reductions to the average total SDQ score for both the intervention group ($T2_{intervention}=15.09$) and control group ($T2_{control}=16.19$), suggesting improvements in both groups. However, the changes in total SDQ scores did not differ significantly between the 2 groups ($p=0.97$). See Appendix A for change scores.

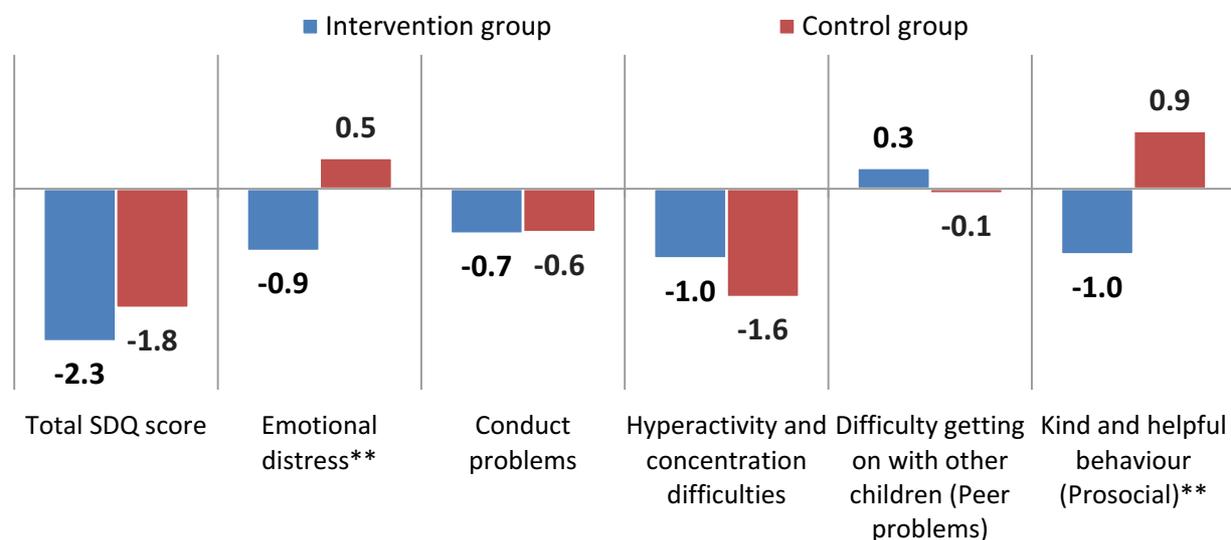
However, further analysis of the changes from baseline to follow-up on sub-scale scores found statistical significance in favour of the KEEP Standard intervention for both the emotional distress sub-scale and prosocial sub-scale. In both cases, the follow-up scores of the intervention group decreased while those of the control group increased, and these differences were statistically significant ($p<0.05$).

No statistically significant differences between the intervention group and control group were found on sub-scales relating to conduct problems, hyperactivity, or peer problems. The changes from baseline to follow-up are shown in Figure 2, with detailed tables found in Appendix A.

Statistically significant differences were found without controlling for demographic variables. These results remained stable when controlling for kinship or foster carer status, joint or single carer, gender of main carer, age of main carer, whether the main carer had 10 or more years of experience as a carer, the number of previous placements for the child, the length of time the child had spent in the current

placement and the child's age. Given that the results remained stable after controlling for demographic variables, the observed outcomes were unlikely to have been strongly influenced by differences in these demographic variables. For this reason, and due to the small sample sizes, no analyses were conducted for different groups such as kinship or foster carers on SDQ measures.

Figure 2: Changes in average SDQ total score and sub-scale scores between baseline and follow-up.



**p<0.05 (95% sig)

Base: Intervention group (n=53), control group (n=19)⁴

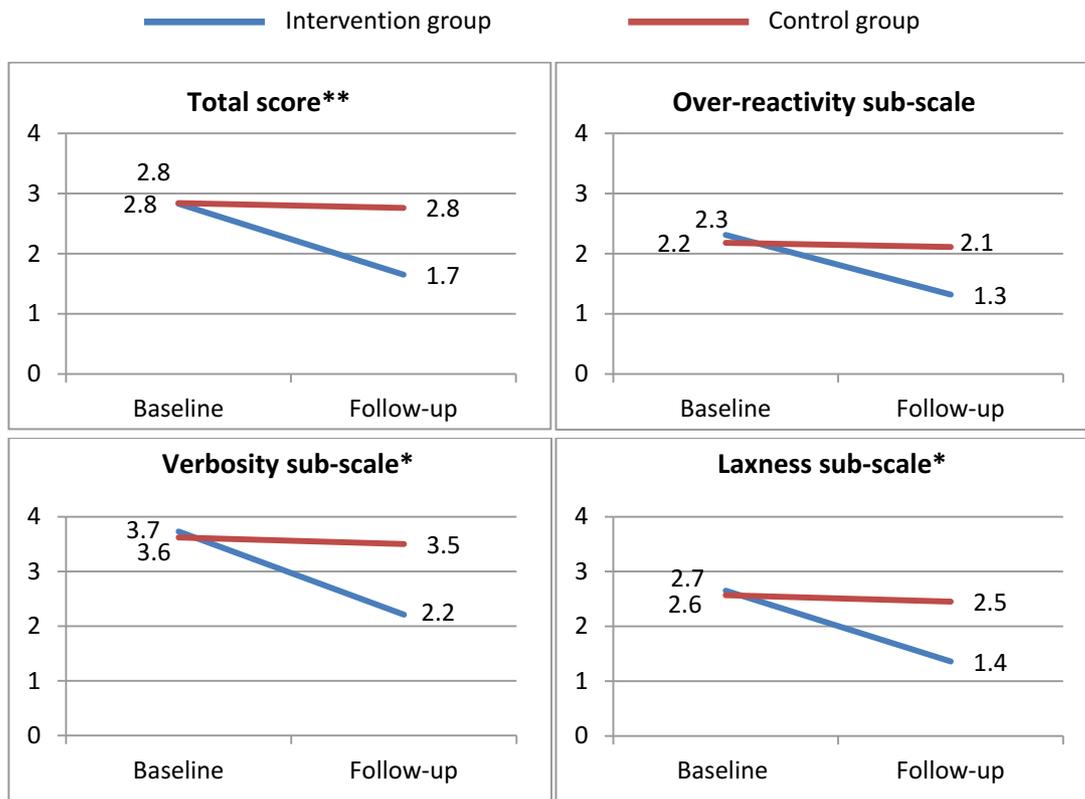
Parenting Scale

Improvements in parenting skills were observed for both the intervention and control groups; however, the intervention group showed statistically significant improvements compared with the control group, as displayed in Figure 3. This was seen in the overall score as well as on sub-scale scores for Verbosity (overly long reprimands or resilience on talking) and Laxness (permissive discipline, lenient). Although both groups improved over time on the over-reactivity sub-scale (authoritarian discipline, displays of anger, meanness and irritability), the difference in improvements was not statistically significant between the 2 groups. Detailed data tables for Parenting Scale outcomes can be found in Appendix B.

As significant differences were found in an initial comparison that did not control for demographic variables, a second comparison included these variables and confirmed the results, once again suggesting negligible influence due to any demographic differences.

⁴ Base sizes for analysis may be different compared with the total number of participants who provided data (p.14) as a result of the matching process.

Figure 3: Parenting Scale total and sub-scale scores for intervention and control groups at baseline and follow-up.



*p<0.10 (90% sig); **p<0.05 (95% sig)

Base: Intervention group (n=59), control group (n=21)

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

Both the intervention and control groups showed slight improvements from baseline to follow-up in carer well-being as measured by the WEMWBS. Although the intervention group showed greater improvements, no statistically significant difference between the groups was found (p=0.25). Detailed data tables can be found in Appendix C.

Compared with the previous measures, the sample size for WEMWBS was smaller for the intervention group (n=28) as it was not possible to collect WEMWBS at baseline in several local authorities. This, coupled with the high degree of variation in carers' WEMWBS scores, is likely to be contributing to the non-significant finding as it increases the size of the standard errors. As the difference was non-significant, no further analyses controlling for demographic variables were conducted.

Placement Changes

Out of 23 intervention group carers for whom placement stability data were available, 19 (83%) still had a child in placement at the end of the KEEP Standard training. Two of the placement changes were planned moves, one into adoption and one into

permanent foster care. Of the unplanned moves, both due to placement breakdown, one young person moved into another foster placement, the other into children's residential care.

For the control group of 25 carers who provided placement stability data, 20 (80%) young people were still in placement at follow-up, and 5 had moved on.

Given the small sample size and the minor difference between the 2 groups (80% and 83%), no short-term effect on placement stability was observed.

Findings from interviews with carers

In order to contextualise the quantitative findings we interviewed a sample of 15 carers (13 females and 2 males) in 4 local authorities. Six interviews were conducted with carers before they started KEEP Standard and 9 were conducted with carers after they completed the course⁵, findings of which are outlined below.

Initial views about KEEP Standard

Interviewed carers first heard about the KEEP Standard programme through their supervising social worker or had seen it advertised in an email or an online training website. However, among those carers who had heard of KEEP through an email or training platform, they did not seem to seriously consider participating in the programme until their supervising social worker encouraged it.

The primary reason carers signed up for the programme was to help them better manage their child's challenging behaviour. In some cases, this coincided with particularly negative circumstances, such as the child's behaviour being extremely challenging, the carer being overwhelmed and the placement being unstable. While one carer with over 10 years of experience signed up for KEEP Standard for further professional development, a special guardian described KEEP Standard as somewhere to start gaining experience and receive more support. Previous training was also more common among foster carers compared with kinship carers and special guardians. Some of the foster carers with many years of experience expected KEEP to be the "same old, same old", - these carers quite quickly noted that KEEP Standard was different from other training they had received:

After the first session, it was like, **'Oh, that's going to be different'** because the first thing they said was 'We're not going to preach things to you. The ideas are going to come from the group'... [Foster carer, after KEEP]

⁵ Separate groups of carers were interviewed either before or after the KEEP Standard training i.e., no interviews were conducted with a carer both before and after they participated in the course.

Some carers reacted reluctantly to the length of the training, thinking it was a substantial time investment and were unsure whether they would be able to commit to this. However, carers confirmed that they appreciated the length of the training and have actively made future plans to continue meeting with carers from the group.

Importance of an open and collaborative environment

Carers expressed the importance of being in an environment where their experience of looking after children in care was understood (rather than being a biological parent of a child). Responding to what they hoped to get out of the training, one carer said:

...Knowing you're not doing it alone, ... have a chat about the same things with people who are not judging you. Generally, other parents or people judge, but other foster carers understand where you're coming from, ...**It's a great relief to talk to be able to someone who knows how you feel.**
[Special guardian, before KEEP]

Indeed, carers who had completed KEEP Standard described this as a key benefit of the training. Some carers described how they felt exhausted and unable to manage the child's challenging behaviours when first attending the KEEP training. Carers repeatedly expressed the inherent value of the group of carers coming together:

What we say about how we feel about [the possibility of the child moving on] is very, very similar and just to hear someone almost putting into words what I feel about it – well, **you couldn't get that anywhere else really.** [Foster carer, after KEEP]

There was an emphasis on a give-and-take relationship between carers, where those who had overcome a given difficult behaviour were able to provide practical advice to those currently struggling with it, perhaps empowering the carer by reaffirming their own strategies.

All of the foster carers interviewed knew of other foster carer meetings or forums taking place in their local authorities, but only a couple of the carers reported attending these regularly. They were either reluctant to attend these based on negative perceptions of who would attend these meetings, or unable to attend due to time constraints or conflicts. On the other hand, special guardians were less likely to know about other foster meetings but expressed interest in attending meetings, particularly those directed towards kinship carers or special guardians.

Among those who completed previous training or attended other foster carer meetings or support groups, carers perceived KEEP Standard as being different. Carers identified 2 main, unique benefits of the KEEP training: Firstly, there was a structure, albeit flexible, to the training, and relevant issues were discussed which resonate with the experience of carers in the group. Secondly, there was a positive focus, rather than meeting being, as one carer described, "a rant about supervising social workers", or a negative environment which carers would rather not expose

themselves to. When carers spoke of negative experiences, problems or concerns, these were met with suggestions and strategies to help:

They let us have quite a free reign - they weren't stifling our thoughts or views. They were very supportive, and they were always very positive. So even if you spoke about something negative, **they would always spin it around to end in a positive.** [Foster carer, after KEEP]

After the conclusion of the 16-week training course, carers described how they planned to stay in touch with the group. One site had created a WhatsApp group for carers to stay in touch as well as meeting up in a café on a regular basis to uphold the social as well as supportive connection. Carers from other sites described similar ways of maintaining the network through social media and regular get-togethers. These new-found support networks were deemed as a major benefit of taking part in the course. When carers who completed the course were asked whether they would recommend it to others, all carers responded with a resounding yes.

Changes in carers' skills and well-being

Strategies that seemed to resonate with carers most included time-outs, pre-teaching, behaviour charts and rewards. Further, the importance of praising the child for what might otherwise been overlooked was a new insight for many carers.

Many of the carers had already used some of these strategies but KEEP Standard seemed to revitalise them by suggesting new ways to implement them. For example, although most of the carers had used time-out with their child before, now instead of seeing it as a punitive measure, carers transformed it into a positive one by re-naming it 'time-in' or designating a place for time-out as the 'chill-out zone'. While being taught skills that they were already using reaffirmed their abilities and improved their confidence, the fresh perspective on ways to implement them and new suggestions seemingly revived carers' initiative:

It was quite good because **it was just clarifying that the way you work is right**, but because they were also telling us slightly different ways of doing things, it did make you think to perhaps make changes or little adjustments to how you were doing things. [Foster carer, after KEEP]

When asked about how the different strategies worked when tried at home, the common response was that some strategies worked for them while others were not as effective. However, because this was explained by facilitators as to be expected, carers accepted that not everything would work, depending on each situation:

It was introduced as sometimes they work, and sometimes they don't work, sometimes they need tweaking, and sometimes they run their course and you have move on to something else. That was really good to know, that that's been told to you by the leader. [Instead of] 'Oh, it's all a waste of time' – you go, 'Okay, maybe it needs tweaking, let's have a sit down and think about how it needs tweaking. [Foster carer, after KEEP]

Avoiding power struggles with the young person through newly learned techniques was another positive outcome many carers had achieved through the training. Carers often referred to 'not going to every argument you're invited to' and walking away to prevent escalating and unproductive communication with the child. One carer described this strategy as a means to manage their stress better. Looking after oneself and one's well-being reportedly was not a priority for many carers prior to going on the training. Some carers described the PDR calls as a helpful way to reflect on how behaviours affected their stress levels and to develop an understanding of what triggers their stress and how they handled it and would like to handle it in the future. However, it is important to note that many carers described that they still experience similar amounts of stress but are able to handle it better.

All carers were adamant that the KEEP training had made a difference to their ability to manage challenging behaviours and their own well-being. Many carers thought that the training also had a positive effect on other family members, as well as the child in their care at home and at school.

Perceived changes in child behaviour

The changes in child behaviour observed by carers varied. For most, there was a general belief that their child's behaviour had improved, and some carers described specific examples of how the behaviour has changed as a result of new strategies used. When new techniques were paired with small rewards, carers saw positive results in behaviour. In some cases, schools, churches or other family members also noticed changes in both the carer's and child's behaviour.

When asked about whether they thought these improvements would last over time, carers were reluctant to answer with certainty. This is perhaps unsurprising given previous experience or knowledge of how quickly a placement can unravel and break down. However, most carers felt that any improvements were important and that their skills would benefit any future placements as well.

Effects on the likelihood of placement change

Responses on whether the young person would still be in placement without KEEP Standard training varied from definitely yes to definitely no; however, for those who thought that placement breakdown could have been a serious possibility, carers expressed concerns that they would likely be struggling or that they would be seeking more support elsewhere:

No. I know he wouldn't. I know he wouldn't because **I've seen a massive change from where he was to where he is now**. Like I said, he's still got a few issues, but things are better. [Foster carer, after KEEP]

Yes, I think she would, yes. I might be different, but I think she'd still be with us...I might have been feeling more at the end of my tether... it's certainly **helped my outlook on things**. [Foster carer, after KEEP]

We would have been looking for more support somewhere. ... **KEEP gave us the tools** to deal with those problems and if it hadn't, we would've had to try to get them from somewhere else...I don't think we would've given up on the placements, but the stress would probably be very high ... [Foster carer, after KEEP]

The role of trainers as facilitators rather than lecturers

Initial home visits prior to the training were considered positive and a good rapport was built with facilitators from the outset. The approach of facilitating the group as a conversation rather than a lecture was welcome by carers, as they felt their individual experiences were valued and incorporated into the training programme:

... **It wasn't about just preaching to us.** I was quite surprised. [Foster carer, after KEEP]

The facilitators were able to create a relaxed environment with fun activities, including role-plays which not all carers were fond of, but which, however, they found useful. Several carers described that they felt they could call their KEEP facilitator at any time to seek advice, even after the programme ended.

Where PDR calls did take place, carers appreciated that facilitators had taken time to reflect on the problems they had discussed, presented potential avenues to resolve them and included the particular issue in a wider discussion.

Findings from the cost-effectiveness analysis

One of the aims of the KEEP Standard training is to provide value for money across children's social care, in particular with regard to foster and kinship care. It intends to do this by keeping looked after children in placements, thus reducing the costs associated with placement changes, especially children entering residential care, and retaining foster carers in their roles, thus avoiding costs of carer recruitment. A long-term cost saving associated with placement stability is improved educational and life outcomes of young people in care.

Cost of the KEEP Standard training

The cost-effectiveness analysis is based on cost incurred by sites who took part in the evaluation. The facilitators in all but one site are fully accredited; hence costs to the sites in the evaluation are lower than if a new site was to commence providing KEEP Standard. Cost assumptions are based on a site with 2 fully accredited facilitators running a 16-week group.

Figures provided by the NIS show that the cost of initially implementing the 16-week KEEP Standard programme is £30,000, including a feasibility process, developmental support [from NIS and Oregon Social Learning Center Developments Inc (ODI)], attendance at initial steering groups on site, initial 5 day KEEP training for

3 staff, weekly consultation on KEEP group (weekly review of group recording, website data, Facilitator Adherence Rating and one hour call), NIS support (includes link work, Networking (KEEP-Up) days 2 per year with up to 4 staff places per site, audit data collection, 2 project reports, access to the members' area of UK KEEP hub) and access to FIDO, the Fidelity Tracking System (for up to 5 groups). This cost does not include the staff cost of the local authority employing staff to deliver or a location to host the training. Staff costs for the first year are estimated to be £16,700, including attending KEEP Training over 5 days for 3 staff, FIDO set up and training, home visits, PDR calls, group facilitation based on 1 day to include consultation, reviews, upload for 2x facilitators, additional tasks- prep/calls from carers. The total cost for implementing and running KEEP Standard in the first year is **£46,700**.

The ongoing minimum running cost after the 1st year package outlined above is **£20,540**, which is the case for the local authorities in the current sample. Based on this sample, assuming an average of 8 carers per group, the cost of running KEEP would be **£2,567 per carer** (£20,540/8 carers), excluding staff costs to deliver the training.

Below we outline the areas of potential cost-saving through reducing placement breakdowns, keeping young people in foster care, and retaining foster carers rather than recruiting new carers. This, however, was not measured as part of the evaluation.

Reducing placement breakdowns

Foster placement breakdowns can have negative effects on carers and young people, and are costly to the local authority. The number of unplanned endings at the request of the foster carer have increased by 1,070 from 2,325 in 2013/14 to 3,395 in 2014/15. Unplanned foster care placements ending for other reasons have increased by 2,055 from 1,800 to 3,855 in the same period (Ofsted, 2015a).

In 2014/15 there were fewer foster carer de-registrations in LA registered households (55% of all de-registrations) compared with just under two thirds (63%) de-registered from LAs in 2013/14 (Ofsted, 2015b). Of these, there were more foster carer initiated de-registrations in 2014/15 compared with 2013/14 (4,520 and 4,050 respectively) (Ofsted, 2015b).

Pertinent to the areas of stress which KEEP Standard seeks to address, the most frequently stated reasons for de-registration, as reported by Triseliotis, Borland and Hill (2000) were: dissatisfaction with the service (26%); children's behaviour (17%); impact on own family (12%); stress and no respite (10%); as well as retirement/illness (19%); adoption (18%); and 'needing to work or move house' (15%). The main reasons for remaining carers despite thoughts of de-registering were fondness of the child in care (37%) and awareness of the need to continue fostering (33%).

Sinclair and colleagues (2004) found that foster carers under the age of 35 were twice as likely (albeit not statistically significantly) to cease fostering in the research period compared with those aged over 35.

Remaining in foster care rather than entering residential care or going out and back into care

The estimated cost to a local authority of **supporting a foster placement is £45,982 per year**, including all social care activity to support the placement for one year including care plans and reviews, as well as placement fees/ allowances. This is in stark contrast with the estimated cost of a **residential care placement being £140,814**, including all social care activity to support the placement for one year, including care plans and reviews as well as fees (Ward, Holmes and Soper (2008), in Holmes (2014)). If children can be placed back with their birth families successfully, the cost of supporting them is estimated to be £14,304, a £31,680 saving compared with remaining in foster care. This saving can, however, only be considered worthwhile if the child remains with the birth family, as re-entry into care is estimated to cost £61,614, not including the negative psychological consequences for children and their families. Almost half (47%) of children who return to birth families from care re-enter the care system (Holmes et al., 2014).

Reducing the need to recruit new carers

The cost of recruiting a new foster carer has been estimated to be **£11,500** (Tapsfield & Collier, 2005), a figure said to be likely to have increased since 2005. Between March 2014 and March 2015 there was a one percent decrease in fostering households (leaving 36,890 fostering households), but, a 6 percent increase in family and friends foster care households (rising to 4,145 households).

According to Ofsted figures (2015a), in 2014/15, 1,550 fewer foster care applications were approved than in the previous year (down to 5,620 from 7,170).

Conclusion of cost-effectiveness analysis

The sample of carers and data on placement stability is too small to provide a statistical analysis⁶ of child outcomes and associated cost savings, therefore, only speculative inferences can be made based on qualitative interviews. For example, a number of carers assumed that the child would not be in placement anymore if it had not been for the training they received. Others said that the child would still be in placement, however, support would have been sought elsewhere, which would likely be associated with costs to the local authority. In one case better engagement between a carer and the child's school, due to strategies learnt on the programme, are likely to have positive effects on the carers, the child and their education. The

⁶ Of the 59 consented carers who completed KEEP Standard, placement stability data at the end of the course was available for 23 of them. Of the 26 control group carers, 25 provided placement stability data at follow-up.

extent to which positive changes are significant as a result of KEEP and can be maintained over time would need to be established in a longer term evaluation, as well as a larger population.

Evidence of impact on the Innovation Programme's objectives and areas of focus

The overarching aim of KEEP Standard is to improve the lives of children and young people in foster care as well as those of their foster, kinship and birth families. As such, KEEP Standard sits within the Innovation Programme's objective to improve the life chances of children receiving help from the social care system. More specifically, KEEP Standard seeks to do this by improving the quality of services through better trained, supported and equipped foster carers.

The following section describes the ways in which this evaluation informs the Innovation Programme's objectives and areas of focus.

The lives of children, young people and families & better life chances for children receiving help from the social care system

Foster or kinship care is the preferred placement choice compared with placements in residential children's homes in England (unless residential care is the best option for a given child). It is, therefore, vital for these services to provide the best possible care to the children within the system. Evidence suggests that higher numbers of placement changes are linked to a range of negative outcomes. Behavioural problems (as measured here by the SDQ) are often associated with placement disruption or breakdown, not least due to carers' inability to cope. Correspondingly, carers' parenting skills and level of experience are linked to placement stability.

Findings from this evaluation suggest that KEEP Standard improved carers' parenting skills and capacity to respond to children's difficult behaviours, evidenced by their significantly improved Parenting Scale scores compared with the control group. Furthermore, children in placements with carers who completed KEEP Standard showed improvements relating to their emotional distress and prosocial behaviour. These findings were echoed in interviews with carers, which suggested that KEEP Standard might have helped improve carers' response to challenging behaviours and as a consequence, improved child behaviour in some cases.

Although this evaluation cannot provide evidence regarding the long-term outcomes of placement stability and changes, it can be hypothesised based on previous research that these improvements (i.e., carers responding more effectively to difficult behaviours and children displaying fewer behaviour problems) may enhance the likelihood that placements remain stable and reduce the number of unplanned placement breakdowns. Consequently, this could decrease the potential for negative social and financial outcomes related to high numbers of placement changes.

The perception of children, young people and families of service quality

With improved life chances for children and young people in foster or kinship care placements as well as improved support and training for their carers, foster care may gain a more positive reputation and increase the recruitment and retention of carers.

Evidence from this evaluation suggests that KEEP Standard may improve how carers perceive the service support provided to them. Interviews with carers highlighted that KEEP Standard provided them with substantial support in addition to normal services. Special guardians and kinship carers often described a lack of support and training compared with foster carers. For one of the special guardians interviewed, KEEP Standard provided some of the first substantial support they had received. Other carers discussed how the programme helped fill any gaps in support from their social workers - for example, one carer who had not yet started KEEP described their current struggles that were not being met with the support needed because both their own social worker and that of the child were changing. Both this carer and others described their coming on the programme as timely in their current situations.

In addition, carers interviewed who had completed the programme perceived KEEP Standard as different from previous training and foster carer gatherings they attended. For them, the programme provided new support and connections, not only from the KEEP facilitators but also in building a network of other carers in their local area. Moreover, carers felt this support would last into the future, either by feeling comfortable calling their KEEP facilitator to seek advice or by staying in touch with other carers from the group.

Professional practice and methods in social care & organisational and workforce culture in social care

With improved skills and, confidence and wider, more relevant support networks, placements may be more likely to be stable and foster carers may be more likely to remain carers of young people with challenging behaviours.

Evidence that carers benefitted from improved parenting skills compared with the control group highlights KEEP Standard's contribution to the professional development of carers. Carers described that much of the material was familiar to them, or that they were already using similar strategies, but that KEEP facilitators would sometimes suggest minor revisions to carers' practices. It seemed that one of the major benefits described by carers was KEEP Standard's influence on their outlook in response to events. This change in disposition, especially in response to negative experiences, appeared to facilitate improved parenting practices.

KEEP Standard has been rolled out extensively in some local authorities – in some cases, nearly all of the carers in the local authority have been trained. As the programme continues to be implemented in local authorities or introduced to others,

it is possible that the benefits of KEEP Standard, if shown in future evaluations to be sustained over longer periods, could enhance the overall workforce skills and well-being of foster and kinship carers as well as the outcomes for children in placements with foster and kinship carers.

Local leadership and governance including systems and processes in children's social care

KEEP Standard is integrated into a local authority's services in partnership with NIS. In some local authorities, the KEEP facilitators have roles beyond coordinating KEEP Standard while in others, the facilitators main responsibility is running KEEP programmes. The staff necessary to run KEEP Standard is, therefore, very much based on existing staff roles rather than bringing in external staff.

At a national level, the implementation and monitoring of KEEP Standard is overseen by NIS. NIS develop partnerships with local authorities to deliver the programme at the local level. NIS provides training and consultation for KEEP facilitators, who deliver the intervention and collect data (e.g., SDQs, PDRs). A system is in place for the data to be sent to NIS in an anonymous format, allowing for analysis whilst maintaining confidentiality. Although not explicitly measured by the evaluation, the evaluation team witnessed very successful partnerships between NIS and local authorities, with positive communication and established processes in place (e.g., transferring data from local authorities to NIS).

National systemic conditions e.g. legislative frameworks

Statements by carers who completed the KEEP training expressed the view that the programme should be compulsory for both new as well as experienced carers. For 2 carers, this was the case as the special guardian court order required their participation in KEEP Standard.

Value for money across children's social care

Recruiting and retaining foster carers is both time and resource intensive. Retention of approved and experienced foster carers is therefore of high importance. Carers who understand and can apply strategies to look after their own well-being may be more likely to remain carers even after the breakdown of a challenging placement. The cost-saving to local authorities can be substantial, especially if children can be placed with foster carers rather than in children's residential homes.

Due to the small sample size and short-term evaluation, it was not possible to provide conclusive quantitative evidence about the value for money of KEEP Standard to local authorities. However, qualitative findings suggested that placement changes may have been more likely or that carers would have sought more support elsewhere had they not done KEEP Standard, thus avoiding potential costs associated with placement changes and service use. Without a longer-term

evaluation, however, the extent to which these outcomes impact overall cost savings is unknown.

Stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches

This evaluation produced initial findings suggesting the positive effects of KEEP Standard on both carer and child outcomes. Training for foster carers is not a novel concept, and many carers who participated in this evaluation had previously participated in other training. However, interviews with carers suggested that KEEP Standard had an added value compared with other training and foster carer forums and support groups. As such, it would appear that KEEP Standard was able to meet the unmet needs of some carers thus encouraging its implementation and evaluation.

Barriers to this innovation

Data collection and communication with sites

It was noted during the evaluation period that there was a lag between data collection in the local authorities, for example when facilitators collected the intake forms during the initial home visits, and the receipt and usability of such data by NIS. Through communications with local authorities and NIS, several reasons for this often prolonged process emerged, including:

- Data collection methods vary by local authority, including who collects, collates, and sends the data, particularly when this is done by a part-time staff member;
- Data is posted from the local authority to NIS in paper format, which is then inputted into electronic format to allow analyses by NIS;
- KEEP Standard programmes are not running as often because some local authorities have trained most of their carers or because they are running other KEEP programmes with limited resources. Some local authorities run KEEP standard only once per year, perhaps reducing the impetus to quickly collect, collate and post the forms before the next group.

In addition to delays, these methods also created opportunities for ambiguity. As an example from the evaluation period, NIS received data that did not indicate for which group number the data was from. For the general running of the programme, it is recommended that such practices are updated to make data transfer and analysis more efficient.

Management changes in local authorities

In some local authorities, there were delays to the implementation of KEEP Standard as a result of senior management changes or external influences that prevented the course from running during the evaluation period. Site closures in one local authority and one charity, which partnered with 6 local authorities to deliver KEEP Standard, meant they were no longer running KEEP Standard. This raises questions regarding the unknown effects for carers waiting to go on the course, which this evaluation was unable to examine.

Management and system changes in Oregon

During the evaluation period, there were changes in senior programme staff as well as the IT systems used by programme developers in Oregon. This required a change in the software used to collect PDR data and record and review sessions. In one local authority, the running of KEEP Standard had to be postponed as data security of the new system needed to be cleared.

Facilitators to this innovation

Manualised programme and established data collection

As KEEP Standard had already been implemented in the participating sites, there were no perceived difficulties in running the training course other than in those local authorities experiencing the barriers described above. Supervision of facilitators and the requirement to run at least one course per calendar year to maintain accreditation helps to ensure fidelity to the programme model and any updated standards and expectations.

Further, the standardised measures and procedures used to monitor outcomes and programme fidelity were well established prior to the evaluation. This continues to allow NIS to collect and analyse data trends across the KEEP sites, particularly any differences from baseline to follow-up.

Relationship with facilitators

NIS have close relationships with at least one facilitator in each local authority. These are maintained through bi-annual KEEP Up events that bring together facilitators across local authorities to discuss any changes to the system, for example, the change in software for uploading PDR data and session recordings that occurred during the evaluation period. Undoubtedly, this helps to overcome barriers, such as any lack of clarity in data collection, through effective and positive communication.

Limitations of the evaluation and future evaluation

Limitations of the evaluation and key findings

Many of the evaluation's limitations resulted from the barriers listed above. With several sites no longer running the programme during the evaluation period and the pushback of start dates, the sample size originally expected was not feasible. In several instances, the evaluation team also had to work closely with NIS to understand discrepancies in the data - for example, to understand why some carers were listed at baseline but not follow-up, and vice versa.

Some further limitations of the evaluation included:

- The short evaluation timeline inhibited longer follow-ups and the development of a larger sample size, particularly for a programme with a delivery time of over 4 months. For example, changes in child behaviours not observed here (i.e., SDQ sub-scales on conduct problems, hyperactivity, peer problems) may become significant over a longer period of time after allowing for the effects of the intervention to take root. Alternatively, it is possible that the significant changes observed in this short-term evaluation would not be maintained over time.
- Questionnaires filled in by different carers at different time points (e.g. pre and post being filled in by different carers of the same child, typically a couple). These questionnaires were not included in the analysis.
- This evaluation was unable to look at the outcomes of foster or kinship carers who leave KEEP Standard mid-course, as this was not communicated to the evaluation team by KEEP training providers, making it impossible to conduct an intention to treat (ITT) analysis.
- Questionnaires were administered online and on paper, with the intervention group having the baseline and follow-up questionnaires administered by the KEEP facilitator. Most control group carers completed questionnaires online. This difference was not taken into account in the analysis.
- Both the evaluation team and the KEEP sites were acutely aware of the importance of protecting carers' data. As KEEP data is sent to NIS already anonymised, the evaluation team was sensitive about collecting carers' names and details for consent. However, this entailed an initial period of working with local authorities to sign Data Processing Agreements before asking carers for their consent. Although in some instances this became time-consuming and complex, it stood to build strong, trusting relationships between the evaluation team and local authorities. In one local authority, however, recent senior management changes made it difficult to meet the consent needs for the evaluation whilst the new management became familiar

with the various priorities within the local authority. Therefore, it was not possible to include this local authority despite the course running.

Given the limited sample size and timeframe, the findings of this evaluation provide initial indications of the positive effects of KEEP Standard within the UK context in the short-term.

Appropriateness of evaluative approach for this innovation

The original evaluation plan outlined a number of potential approaches based on whether an RCT would be feasible. It soon became apparent that due to established systems within local authorities, timelines, as well as the programme logic, that an RCT would require a much greater lead-in time. Given this, a matching method was used instead. In addition, a qualitative component was proposed to contextualise findings.

Some research suggests that using robust statistical matching to match on pre-test outcome measures can produce similar findings as experimental, randomised designs (Cook et al., 2008). Although the possibility that the groups differ by some unobserved characteristic, matching on a number of these pre-test measures minimises the baseline differences between the intervention and control groups to make more comparable groups. The final evaluation approach was, therefore, highly appropriate as a robust method given the nature of the programme, its geographical spread and project timelines.

A case study approach may have been a feasible alternative, where the experience of carers receiving the training and changes for them and the young person in their care could have been monitored more closely and incremental changes observed in greater detail. However, using this approach would have limited the evaluation's ability to make robust conclusions about the programme's effectiveness due to smaller sample sizes and heightened possibility for bias.

The originally planned approach was based on a previous large-scale RCT evaluation of 700 carers who had received KEEP training in the USA in 2008 which included all foster or kinship carers receiving a new child, aged 5 to 12 years, between 1999 to 2004 (Chamberlain et al., 2008). Findings suggested that child problem behaviours were mediated by changes in parenting practices of KEEP carers, showing that greater positive reinforcement by carers yielded greater improvements in child behaviours. Further, rates of re-unification with birth families were higher and placement disruption rates lower compared with the control group. As the US study only collected data using Parental Daily Report (PDR) and interviews, a direct comparison with SDQ, Parenting Scale and WEMWBS outcomes cannot be drawn.

Capacity built for future evaluation and the sustainability of the evaluation

NIS collect a wealth of data from foster carers on KEEP training courses, thus the KEEP Standard programme, and KEEP P and KEEP Safe, are in a strong position for further evaluation. A future evaluation of KEEP Standard is recommended, particularly with regard to drawing data from a larger control group and over a longer follow-up period. KEEP Standard may be implemented in new local authorities in the near future, creating an opportunity to evaluate the programme, including its cost-effectiveness, in a wider range of settings.

Beyond the data analysed in this evaluation, NIS collect data from PDR calls in which carers name their child's behaviours and their stress level in response to those behaviours, video-recordings of sessions for monitoring model fidelity, and follow-up data at 6- and 12-months after carers complete the programme, which includes information on whether the child is still in placement and if not, whether it was a planned or unplanned move. Including this data in future evaluations would allow comparisons to be made with the PDR data from US evaluations as well as further exploration of programme fidelity and long-term outcomes, specifically placement stability or breakdown. Furthermore, following-up individuals who cease attending the KEEP Standard group may improve the understanding of how the course can be improved, or what changes may need to be implemented to cater for all carers.

Beyond a focus on outcomes, NIS also expressed a desire to better understand what aspects of KEEP Standard are most important for its effectiveness. As such, we suggest building further analyses into future evaluations. As in the original evaluation trial in the US, it would be beneficial for future evaluations to build in mediator analyses to better understand which aspects of KEEP Standard (e.g., positive reinforcement techniques) are mediating the effects on outcomes (e.g., child behaviour problems). In combination with moderator analyses, this would help to answer questions about how KEEP Standard works and under what circumstances and for whom. The related field of parenting interventions provides much of the groundwork on mediator and moderator analyses, including those in a UK context (see Gardner et al., 2006; Gardner et al., 2010).

Although these are robust and useful methods for better understanding the effectiveness of the programme, it was recognised throughout this evaluation that there may be barriers to, and hesitation about, changing the usual practices within KEEP sites. Future evaluations would, therefore, benefit from a longer lead-in time to boost active support and participation from the KEEP sites.

Plans for further evaluation

At present, there is no plan for an ongoing independent evaluation of KEEP Standard, however, NIS are well equipped to collect and evaluate ongoing data as discussed above.

Alternatively, there have been initial discussions between NIS and the evaluation team regarding an evaluation of the KEEP Safe programme. KEEP Safe is similar in delivery to KEEP Standard, with small groups that meet each week over 20 weeks, but it is designed for carers of adolescents aged 12-17 years old, falling directly within the Innovation Programme's objective for "Rethinking support for adolescents in or on the edge of care - improving the quality and impact of services which provide a stable effective launch pad for adolescents to transition successfully into adulthood". As many of the sites that deliver KEEP Safe are the same as those who deliver KEEP Standard, an evaluation of KEEP Safe would benefit from the relationships built during this evaluation and their familiarity with an evaluation process.

Implications and recommendations for policy and practice

Evaluative evidence for capacity and sustainability of the innovation

The evaluation findings suggest initial positive effects of KEEP Standard within the UK context and thus supports continued implementation of the programme. KEEP Standard is well-positioned in terms of its capacity and sustainability due to its established processes and structures in place across a sizeable number of local authorities. NIS is a large organisation working with local authorities that have enough autonomy to carry out, not only KEEP training once equipped by NIS through facilitator training and supervision, but also regular communication and support. As previously mentioned, the programme would benefit from additional efforts to streamline the data transfer process from local authorities to NIS as this would improve analysis by NIS to monitor the programme's outcomes.

Conditions necessary for this innovation to be embedded

There are a number of barriers which may deter local authorities from embedding KEEP Standard into their offer to foster and kinship carers. These include:

- Willingness by local authorities to make an up-front investment to set-up the training in their area. The initial set-up costs of KEEP Standard are a substantial investment and local authorities may not have such resources or prefer to prioritise their spending on other services.
- The capacity of staff to be trained as facilitators. KEEP Standard typically relies on training staff members who are already employed by the local authority team rather than bringing in new members for the specific purpose. Local authorities with teams that are short-staffed or do not have the capacity for a staff member to take on the additional responsibility of coordinating KEEP Standard may be hesitant to set up the programme. Furthermore, local authorities who have already invested in KEEP Standard can also struggle to keep up with the demands of coordinating the programme as it is usually the responsibility of a very small team.
- Carers willing to participate in the training. Finally, local authorities may be deterred from setting up or fully embedding KEEP Standard into their typical services if there is little interest in the programme from carers or the local authority only has a small number of carers. This may be seen among more experienced carers who have already participated in a number of training programmes or feel confident in their skills due to their years of experience.

An associated condition necessary for KEEP Standard to be embedded is for NIS to have the capacity to meet the demand of further facilitators to be trained and supported throughout the running of a group. As KEEP programmes continue to be implemented and embedded in local authorities, NIS must build their capacity to maintain the positive relationships with local authorities and efficient data transfer.

Consideration of future development of the innovation and wider application

The future development of KEEP Standard relies on 2 objectives: first, rolling out the programme to other local authorities, and second, making the programme and its processes more efficient. The second objective can be reached through further evaluation, which can provide a better understanding of circumstances in which, and for whom, the programme works best, as well as through the streamlining of current practices to improve monitoring of outcomes by NIS.

As part of the Innovation Programme, in addition to this evaluation of KEEP Standard, NIS extended the KEEP Safe programme and now 10 sites are actively running KEEP Safe. KEEP Standard is the most established of KEEP programmes in the UK and a priority for NIS continues to be the roll out of KEEP P and KEEP Safe in order to cover the range of carers with children in placements aged 3-17 years old. As these programmes become embedded within local authorities, their evaluation will also become imperative to understand their effectiveness, especially for KEEP Safe which must meet the complex needs of adolescents and teach carers to respond to a diverse range of risky behaviours, such as substance abuse, criminal behaviour, peer and sexual relationships, (including those where social media increases risk), and absconding.

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Appendices

Appendix A: SDQ data table.

Table 1: SDQ data table

MEASURE	Statistic	IG**			CG*** NO WEIGHT		CG WEIGHT ED			SIG. TEST (NO DEMO G. CONTR OLLED)	SIG. TEST (NO DEMOG. CONTROL LED)	SIG. TEST (DEMOG. CONTROLL ED)	SIG. TEST (DEMOG. CONTROLL ED)
		Pre (n=59)	Post (n=53)	Change score	Pre (n=19)	Post (n=19)	Pre (n=19)	Post (n=19)	Change score	P-value	Sig?	P-Value	Sig?
Total SDQ score	Mean score	17.37	15.09	-2.19	19.63	17.32	17.97	16.19	-1.78	0.82	Not sig	0.97	Not sig
	Std dev	7.51	7.64		5.18	8.61	5.37	8.04					
Emotional distress (sub-scale)	Mean score	3.44	2.51	-0.89	4.58	3.95	3.72	4.18	0.47	0.06	90% level	0.00	95% level
	Std dev	2.51	2.47		1.74	2.41	1.83	2.49					
Conduct problem (sub-scale)	Mean score	4.10	3.43	-0.60	4.16	3.84	4.14	3.49	-0.64	0.96	Not sig	0.41	Not sig
	Std dev	2.54	2.22		2.27	2.69	2.72	2.95					
Hyperactivity (sub-scale)	Mean score	6.51	5.47	-0.92	5.58	4.84	6.27	4.65	-1.61	0.36	Not sig	0.34	Not sig
	Std dev	2.71	2.62		2.78	3.11	3.01	3.09					
Peer problems (sub-scale)	Mean score	3.37	3.68	0.17	5.32	4.68	3.64	3.57	-0.07	0.68	Not sig	0.71	Not sig
	Std dev	2.33	2.40		2.65	3.13	2.59	2.68					
Prosocial behaviour (sub-scale)	Mean score	7.15	6.17	-1.09	4.16	5.16	6.17	7.03	0.85	0.00	95% level	0.03	95% level
	Std dev	1.90	2.23		2.41	3.18	1.62	2.61					

*Demographics controlled for: kinship/foster status, joint or single carer, gender of main carer, age of main carer, whether main carer had been a carer for 10 years or more, the number of previous placements, the length of time the child had spent in the placement, and the child's age.

**Intervention group

***Control group

NB: Change scores based on paired cases only

Appendix B: Parenting Scale data table.

Table 2: Parenting Scale data table

		IG**	IG	IG	CG*** NO WEIGHT	CG NO WEIGHT	CG WEIGHT ED	CG WEIGHT ED	CG WEIGHT ED	SIG. TEST (NO DEMOG. CONTRO LLED)	SIG. TEST (NO DEMOG. CONTRO LLED)	SIG. TEST (DEMOG. CONTROLL ED)	SIG. TEST (DEMOG. CONTROLL ED)
MEASURE	Statistic	Pre (n=59)	Post (n=59)	Change score	Pre (n=21)	Post (n=21)	Pre (n=21)	Post (n=21)	Change score	P-value	Sig?	P-Value	Sig?
Total Parenting Scale score	Mean score Std dev	2.83 0.70	1.65 2.76	-1.18	2.60 0.39	2.53 0.39	2.84 0.48	2.76 0.48	-0.07	0.08	90% level	0.04	95% level
Laxness (sub-scale)	Mean score Std dev	2.65 0.96	1.36 2.74	-1.28	2.35 0.54	2.29 0.45	2.57 0.60	2.45 0.47	-0.12	0.05	95% level	0.07	90% level
Over-reactivity (sub-scale)	Mean score Std dev	2.31 0.86	1.32 2.70	-0.99	1.92 0.58	1.86 0.59	2.18 0.69	2.11 0.68	-0.07	0.16	Not sig	0.14	Not sig
Verbosity (sub-scale)	Mean score Std dev	3.73 0.92	2.21 2.96	-1.52	3.41 0.69	3.37 0.63	3.62 0.71	3.50 0.65	-0.12	0.04	95% level	0.05	90% level

*Demographics controlled for: kinship/foster status, joint or single carer, gender of main carer, age of main carer, whether main carer had been a carer for 10 years or more, the number of previous placements, the length of time the child had spent in the placement, and the child's age.

**Intervention Group

***Control Group

NB: Change scores based on paired cases only

Appendix C: WEMWBS data table.

Table 3: WEMWBS data table

		IG**	IG	IG	CG*** NO WEIGHT	CG NO WEIGHT	CG WEIGHT ED	CG WEIGHT ED	CG WEIGHT ED	SIG. TEST (NO DEMOG. CONTROLLED)	SIG. TEST (NO DEMOG. CONTROLLED)
MEASURE	Statistic	Pre (n=33)	Post (n=28)	Change score	Pre (n=26)	Post (n=23)	Pre (n=26)	Post (n=24)	Change score	P-value	Sig?
Total WEMWBS	Mean score	3.66	4.06	0.22	3.61	3.63	3.75	3.83	0.02	0.25	Not sig
score	Std dev	0.76	0.49		0.53	0.87	0.59	0.84			

*Further comparisons controlling for demographics were not deemed necessary given the very non-significant results.

**Intervention Group

***Control Group



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