

# FAIRSTART FOUNDATION

HELP CHILDREN SAVE THE WORLD

## THE FAIRSTART THEORY OF CHANGE BY PARTNERSHIPS AND BLENDED LEARNING

HOW DOES BLENDED LEARNING INCREASE IMPLEMENTATION  
AND REDUCE TRAINING COSTS?



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# HOW BLENDED LEARNING INCREASES IMPLEMENTATION AND REDUCES TRAINING COSTS?

## **How can research recommendations become daily caregiver practices?**

In order to transfer knowledge into real life changes of practices, blended learning combines physical meetings with technology: e-learning, Skype calls, video seminars and -demonstrations, apps, and any other electronic media.

This combination sounds fairly simple, and research in didactics finds that the blended learning approach is superior to other methods in making people practice what they learn. This is in fact the major hurdle for research recommendations: to change the mindsets and behaviors of frontline caregivers. So what works?

This paper describes the blended learning theory and practical training designs from the Fairstart Foundation, after ten years of partnerships that have trained the caregivers of some 30.000 placed children and youth.

## **Fairstart designs blended learning programs in partnerships with organizations**

The Fairstart Foundation is a global provider of free online foster and group care training programs to be applied by professional organizations and NGOs responsible for training caregivers and educating trainers (instructors). The programs exist in 18 languages and are implemented in 22 countries.

The training program contents are based on our international network of child researchers, implemented in partnerships between Fairstart and other professional NGOs. In these partnerships, our blended learning caregiver training programs and instructor educations are adjusted to the organization's needs, local language, and local childcare culture. Instructors join a 4-month virtual classroom and learn how to train family based caregiver groups (foster and kinship parents, adoptive parents), or how to train staff groups (group home, orphanage, refugee camp, etc.)<sup>1</sup>.

This unique design allows our partner organizations to train any number of caregiver groups, and at the same time educate their own network of local instructors as experts in childcare and caregiver group training. Once educated, instructors benefit from membership of a global network for knowledge and practice exchange, working from identical standards of quality care. Training programs used by instructors are free online.

## **An example of a partnership with SOS Children's Villages in six African countries**

Training large amounts of caregiver groups and educating instructors is a major expenditure for care organization budgets: travel and accommodation, renting seminar facilities, etc. By making all training sessions freely available online, and by educating instructors in a virtual classroom monitored by Fairstart and the partner, costs are dramatically reduced.

For example, Fairstart have designed caregiver group training programs in 2016-18 for the SOS Children's Villages' Quality Alternative Care project, and educated staff as instructors. This project was part of the organization's de-institutionalization turnaround from Child Village settings to local

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<sup>1</sup> Research indicates (McCall 2016, Bryderup 2017) that the *quality of care* is more important than the type of placement. (Even though Fairstart has de-institutionalization as a future goal, the group care line is still much needed)

foster and kinship family care. 16 SOS CV staff members from Kenya, Rwanda, Tanzania, Zanzibar, Somaliland and Ethiopia were enrolled as instructors.

This cooperation first required a three-week local research visit from Fairstart. We then designed an online SOS/Fairstart instructor education as well as training programs including local videos in English, Swahili and Kinyarwanda for training groups of foster and kinship families. Later, a four-day seminar in Zanzibar prepared the instructors for how to participate in their four-month online class curriculum, learning attachment-based theory, and how to prepare the training of caregiver groups.

For the next four months, instructors were educated in the virtual classroom through eight modules. Between modules, each instructor trained a group of caregivers in attachment-based care in their home country, using six sessions from the training program.

The outcomes: families hosting more than 600 children and youth were trained in attachment-based childcare and practiced it at home between sessions. Evaluations from caregivers indicate major improvements in child development. SOS Children's Villages acquired a cross-country professional network of instructors, able to continue training more groups at no expense in any location, using a laptop and a USB pen containing the training program in an offline version. SOS CV and Fairstart are now developing further applications. One advantage of the design is the option to register data for research and follow-up.

### **Data for research and program monitoring are registered electronically**

On the education platform edX (designed by Harvard, MIT and Google) instructors are able to register questionnaire data online. In the absence of means for a scientific effect study, a scorecard for foster and kinship parent evaluation was designed to give some first indications of child development. Scorecards were completed for each child during an initial meeting and again at the final caregiver group meeting.

From international research, five indicators of long term positive development and resilience in placed children were derived. Assuming that if these indicators are negative so is the statistic likelihood of successful school performance, education, and ability to form a long-term peer network. Many other factors affect lifespan development, such as the general resources of a country. Recognizing the influence of the relative quality of the environment, these five indicators are assumed to have a predictive value for the social-emotional development of a group of children in care. Since many caregivers were uneducated, instructors read aloud and explained each item characteristic. The caregiver selected a positive, neutral or sad smiley for each statement and child and returned the Scorecard to the instructor at the end of the first meeting. Four months passed between pre- and post training scorecard registrations. Foster parents did not see their first time answers when answering the scorecard the second time.

### **Children's social-emotional state before and after training**

Out of approximately 650 children whose caregivers were trained, valid scorecards from pre- and post training for 380 children are available.

This table shows the increase in number of positive smileys scored in first and second round, the average increase being 20 %. A considerable number of scores also moved from negative to neutral smileys, but these haven't been analyzed in detail yet.

Completed scorecards I and II: 380 CHILDREN AND YOUTH	POSITIVE SCORES I and II	INCREASE %
A: EMOTIONS Expression of positive feelings	255/306	20
B: SOCIAL BEHAVIOR Having or seeking peer friendships	281/319	13,5
C: EXPLORATION BEHAVIOR Experiment, explore, play and learn	280/332	18,6
D: TRUST IN CAREGIVERS Seeking for protection/care/ help/dialogue	278/302	28
E: ENDURANCE Frustration tolerance in tasks	223/265	19
<b>AVERAGE INCREASE A-E:</b>		<b>20</b>

**Emotional state:** *How often does the child express its feelings, smile and laugh?*

**Social behavior:** *Does the child have or does it work to create friendships with peers?*

**Exploration behavior:** *How often does the child experiment, play and learn?*

**Caregiver trust:** *How often does the child seek care, protection and guidance from the foster/kinship parent?*

**Endurance:** *How long can a child concentrate on a task, even if it is frustrating?*

This first indication is encouraging. However, it is important to bear in mind that it is based on evaluations from foster and kinship parents. There is little reason to believe that they were able to remember their first scores at the second time four months later. The positive evaluations may partly be due to their experience of getting guidance and forming a strong network in their caregiver group. Apart from their trained skills in attachment-based care, this may have affected their self-confidence and have improved their emotional state when caring for the children. It will be interesting in a later project to include scientific assessment tools to compare with caregiver assessments. Professors Saths Cooper ([www.iupsys.com](http://www.iupsys.com)) and Basil Pillay from Un. of Kwazulu-Natal have kindly offered an effect study of implementing Fairstart in three South African orphanages, so far with no options for funding.

Turning from this one example of cooperation, the following text examines research in blended learning outcomes, and the theoretical framework developed from our experiences in partnerships since 2008. The general procedures for co-creation projects are described.

## Research in blended learning outcomes

### Fairstart's theory of quality care development by blended learning

The core of Fairstart's learning theory is that learning does not happen as a teacher-student classroom process. All participants - Fairstart itself, the partner organization, instructors, foster parents or caregiver staff, the children and youth in care - are active co-designers in a joint social learning process. In this mutual development, participants actively adjust research-based practices and theory to their own individual environment and mindsets in a very simple and hands-on way. They involve and share their own life and professional experiences, and learn to construct their own daily practices from a common framework. This is why the participation rate in blended learning is so high<sup>2</sup>.

This concept of the learning organization works to create a flow of knowledge between research, theory, mindsets, and care practices in everyday life. It requires a didactic method very different from passive lecture room teaching. In order to help caregivers build secure relations, they must learn in a secure group, experience secure relations with their leaders and trainers, and be positively recognized in their local social network. Quoting DDI<sup>3</sup>: *“Training should not be approached as a onetime event. Instead, training should be seen as an integral part of the organization's “learning journey” which should be closely aligned with the challenges facing the organization and what leaders must do to drive it forward”*.

### Why is blended learning more efficient than other didactic and pedagogic methods?

You have probably attended a one-day seminar and perhaps listened intensely to a presentation by a brilliant speaker. Perhaps you have also used a learning app, or read a tutorial book, or followed a professional course online? The interesting thing: using only one of these learning approaches will not affect your daily practices to any major effect.

Research demonstrates that after only two days, you have already forgotten 80 % of what you heard in a one-day seminar, however interesting. And if you follow only an online course without interacting with others, you will not change your practices much either, no matter how relevant the advice or ideas may be. Why is this?

For one reason, humans are social beings and learning is a social network process – *we need dialogues, discussions and reflections in order to change the way we understand and do things*.

Second, introducing a new practice at home will only happen if it is *socially accepted* – leaders have learned wonders at seminars, but experienced the resistance of their local workplace, because they didn't *learn how to adjust their new knowledge and skills to their local workplace culture*. Successful development is a respectful merging process, gradually introducing new elements and mindsets with the best practices of local caregiver tradition.

Third, our brain is so built that stable networks - forming durable memories, new mindsets and new behaviors - can only arise if we learn through *a variety of channels, emotions, different approaches, and repeated attempts*.

A child will form a solid idea of what a chair is and how to use it – but only if the child has pushed

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<sup>2</sup>Transfer of Training: Action-Packed Strategies To Ensure High Payoff from Training Investments by Mary L Broad and John W Newstrom. ISBN-0-201-19274-8. Evaluation of an Immersive Learning Programme to Support Triage Training: In-game Feedback and its effect on Learning Transfer by Steve Jarvis and Sara de Freitas.

[https://www.researchgate.net/publication/221238642\\_Evaluation\\_of\\_an\\_Immersive\\_Learning\\_Programme\\_to\\_Support\\_Triage\\_Training](https://www.researchgate.net/publication/221238642_Evaluation_of_an_Immersive_Learning_Programme_to_Support_Triage_Training)

<sup>3</sup>Be Better Than Average: a study on the state of frontline leadership by Richard S Wellins, Ph.D, Aviel Selkovits and Debbie McGrath, DDI: [http://www.ddiworld.com/DDIWorld/media/trend-research/bebetterthanaverage\\_tr\\_ddi.pdf](http://www.ddiworld.com/DDIWorld/media/trend-research/bebetterthanaverage_tr_ddi.pdf)

it, smelled it, felt it, tried to climb it in vain, and has repeated this process a hundred times. And *someone must involve* the child in dialogues, *motivate and guide* it to try a new activity, and *help it endure the frustrations of the first failed attempts*. Only then will the child form a solid idea and acquire a new competence. It can climb a chair; it has created a useful mindset about all chairs, and the skill of sitting on them (all top musicians have spent 10.000 hours exercising before they were fourteen – failed attempts are an inevitable part of learning).

Exactly the same principles apply to professional adult learning and the training of successful care practice skills:

### **The multi-dimensional approach in blended learning research**

In her book *Teaching as a Design Science - Building Pedagogical Patterns for Learning and Technology*<sup>4</sup>,

Oxford professor Diana Laurillard sums up the recommendations of research in effective blended learning processes.

In order to learn and implement real life practices, students must meet a multi-dimensional approach – and the more dimensions applied, the more what was learned will produce new understandings and practices. We learn best by:

- *Observing others at work*
- *Trying things out and experiment – not once, but several times until we succeed*
- *Discussing concepts with others while learning*
- *Collaborating with others*
- *Actively designing new practice skills and procedures in a safe environment*
- *Reading, watching and listening*

These approaches are essential parts of Fairstart's training program and instructor educational design.

## **The Fairstart four level roll-out design in a partnership**

### **Research based care practices adapted to local cultural care systems**

The Fairstart theory and design practice this multi-dimensional approach since it was first applied by partners in ten European countries 2008-2013, and later in partnerships worldwide. How is this accomplished?

The co-creation process strategy operates on four levels:

#### **The management level: Mapping the organization's needs and local cultural strengths**

This level is a two-year partnership with an organization, starting with meetings with leaders, to thoroughly analyze organizational goals, resources, challenges, and needs for staff and caregiver training.

Through a research visit from Fairstart the local care system's strengths and challenges are mapped and summed up in a subsequent report. Videos of local care practices are produced as well as interviews with for example foster family consultants, leaders and local key stakeholders in care. The partner organization translates the programs into one or more local languages. The translated text is set up by Fairstart as a free online version, including local video demonstrations of research recommended practices, showing how local caregivers practice care in their daily surroundings. In similar projects, video demonstrations of care practices have proved to enhance

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<sup>4</sup>Laurillard, D. (2012): *Teaching as a Design Science - Building Pedagogical Patterns for Learning and Technology*. Routledge, NY.  
[https://books.google.dk/books/about/Teaching\\_as\\_a\\_Design\\_Science.html?id=YNojRK6AEagC&redir\\_esc=y](https://books.google.dk/books/about/Teaching_as_a_Design_Science.html?id=YNojRK6AEagC&redir_esc=y)

implementation<sup>5</sup>.

### **The instructor team level: Blended learning to educate the organization's staff as instructors**

The staff level starts with a five-day local introduction seminar for staff appointed by the organization, introducing them to their four-month blended learning education. Leaders from the organization and Fairstart conduct the seminar. The seminar topics are: basic attachment theory, group motivation, learning theory, and how to navigate in the online education platform. At this seminar, leaders and staff in the organization engage in close dialogues to improve relations and plan cooperation during implementation. Appointed staff must speak English, the language of the virtual education classroom.

Instructors then sign up online to participate in their online class and follow eight four-hour modules from their laptop. See appetizer [here](#).

Each module prepares the instructors for how to start the caregiver group and conduct six three-hour training sessions, using the online program (in areas with poor internet connection, an offline version located on a USB pen is used). In a final exam paper, each instructor receives peer feedback, support and individual recommendations for further competence development from Fairstart. These shifts between education in the virtual classroom and the real life training of a local group of caregivers ensure a high engagement, participation and learning. Instructors can then compose their own training curriculums from the total of 15 sessions from Fairstart's website.

### **The caregiver level: Training the caregiver group in attachment based care practices**

During training sessions, the instructor initially has a strong focus on developing secure and open group dialogues, promoting a supportive spirit between caregivers. Participants share their own experiences of childhood separations, perform group discussions and exercises after the instructor's short lectures on a given topic, and watch videos demonstrating good childcare. Participants give the instructor feedback on his or her performance.

Most important: at the end of each session, *caregivers design individual plans for how they will practice at home* and interact with their children until starting the next session where caregivers report outcomes, and discuss how to improve their next homework plan.

Here as well, the blended learning, the sharing of personal and professional experiences, and the repeated followed-up practices at home create an open learning environment and a strong caregiver network<sup>6</sup>.

### **The child and youth level: secure relations work, awareness development, and involvement**

Research in placed children shows that *the professional ability of caregivers to create long-term social-emotional relations is the most important factor for healthy child and youth development*<sup>7</sup>. This ability is decisive for children's brain growth, mental stability, social skills, and learning performance. But the behavior of disturbed and traumatized children often challenges caregivers to the limit. Only by competence training and support can caregivers maintain stable and healthy relations practices.

Foster parents (or staff members) practice at home what they learned about applied attachment theory. How to:

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<sup>5</sup> [https://www.beds.ac.uk/\\_data/assets/pdf\\_file/0004/223339/ABC-Programme-Evaluation-Report.pdf](https://www.beds.ac.uk/_data/assets/pdf_file/0004/223339/ABC-Programme-Evaluation-Report.pdf)

<sup>6</sup> e-Learning and the Science of Instruction: Proven Guidelines for Consumers and Designers of Multimedia Learning by Ruth Colvin Clark and Richard E. Mayer. <http://www.nextlearning.cl/PDF/e-learning.pdf>

<sup>7</sup> Rygaard, N.P. (2006): *Severe Attachment Disorder in Childhood – a Guide to Practical Therapy*. Springer Wien/ New York. <http://www.attachment-disorder.net> and [https://www.academia.edu/33897146/2017\\_European\\_Psychologist\\_Association\\_Presentation](https://www.academia.edu/33897146/2017_European_Psychologist_Association_Presentation)

- *Give children a secure base relation to support their exploration behavior and learning*
- *Interact with insecurely attached children who behave in ambivalent, avoidant, or disorganized ways.*
- *Practice the five dimensions of secure care behavior*
- *Use personal narratives to help children overcome loss and understand their own behavior problems and mental state as natural reactions to loss and separations*
- *Guide children to create a positive self-esteem by constructing their own life stories*
- *Involve children in daily activities as responsible and active participants*
- *Inform children about their rights and how to practice them in daily life*
- *Negotiate with teenagers, inform them about contraception, and prepare them for leaving care*

Instead of providing only practical care and serve physical needs, caregivers become skilled relations builders, dialogue and metalizing partners. Children and youth respond – often after the caregiver’s fourth session – with a dramatic decrease in conflicts or withdrawal behaviors, increased trust in their caregivers, increased self-esteem and pride, as well as social skills and learning improvement.

As conflicts, quarrels and rejections are replaced by relations work, caregivers help the children become aware of their behavior problems as natural responses to separations and stress, help them take pride in who they are, and create a positive personal and social identity. Special attention is given to support care leavers.

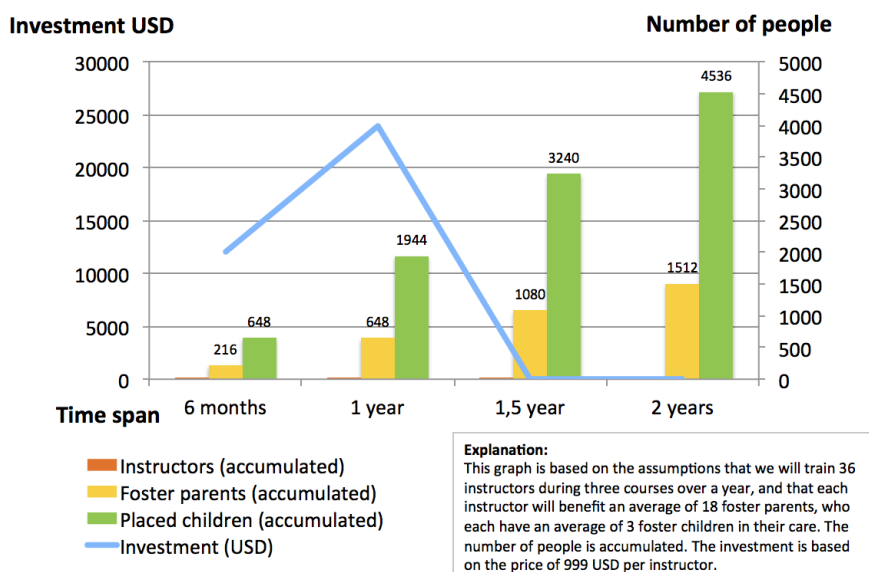
Thus, the improvements in child and youth development are the result of the active development of the entire organization. What is the investment required to evoke this change, compared to traditional training designs?

### **The balance between investment and outcome for the organization**

The major investment phase is the initial co-creation with the recipient organization: budgets for Fairstart’s research tour, the design and setup of a training program in the local language, instructor startup seminar in the country and enrolment of instructors, to ensure a high quality system adjusted to the organization’s needs for competence development. Once established, running and maintenance costs drop to a minimum.



## Estimated return on investment for organisations in a 2-year period



### Outcomes for the organization: The blended learning cascade effect

After educating the organization's staff group as instructors – including their training of caregiver groups - a cascade effect of the blended learning partnership results.

- *Leaders can follow the progress of instructor's as they train groups, through the online discussion board.*
- *Five dimensions of each child's development are registered electronically by instructors before and at the end of training a group. This allows leaders to document improvements in child development.*
- *The 15 sessions and additional resource sessions are accessible online around the clock at no charge for instructors and caregivers. Educated instructors can then train any number of caregiver groups.*
- *Instructors can design their own training program curriculum by selecting relevant training sessions for the specific needs of a group (for example children's rights, how to inform teenagers in care about contraception and sexual behavior, how to cooperate with biological parents, etc.).*
- *Instructors can train groups in areas with poor Internet simply by using the USB pen and a laptop.*
- *Instructors have formed a professional local instructor network in their organization, skilled in group training (able to apply not only Fairstart, but any later tutorial program).*
- *Instructors can assess the parenting skills of foster parent candidates and staff groups.*
- *Instructors become members of Fairstart's international instructor network.*
- *Through their six three hour session meetings, foster parents (or staff groups) have formed a strong peer support network and a positive identity, taking pride in their work. Their exercises during training in how to apply attachment theory and practice in daily work improve the implementation of any future training program from the organization. See our training programs and language versions [here](#).*

### **The outcomes of mutual inspiration in partnerships**

The creative co-creation with partner organizations yields an ongoing development of Fairstart's designs. Examples inspired by partners are sessions on how to teach children and youth about how to practice sustainable daily households, waste recycling, and re-discover traditional sustainable production methods.

Also, the sessions on sexual behavior and contraception, children's rights practices, and work with mental and physical disabilities were inspired by the mutual learning dialogues with project partners. Over time, a total of 20 training sessions covering important topics have been inspired by requests, allowing instructors to compose their own curriculums after using the six mandatory sessions during their education.

On behalf of Fairstart Foundation's [Board of directors](#) and [staff team](#), we take pride in serving children in care, their caregivers, and their organizations.

Yours sincerely, child psychologist Niels Peter Rygaard.

Research references and quotes from Casebourne, I. (2017): Why Blended Learning Works. Oxford Un. 2017: <http://www.education.ox.ac.uk/about-us/directory/imogen-casebourne/>