



Embedding reflective practice into the foster care role

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Introduction

My attention was recently drawn to a report from the Department for Education (DfE) (2017) in England which commented on research of its fostering system. I noted two comments. Firstly that the ‘biggest current issue in fostering is how to secure the future recruitment and retention of enough, high-quality foster carers’ (p. 213), and secondly that children with complex problems pose a particular challenge. In this research informed article I want to discuss how regular reflective opportunities might help foster carers look after these most challenging children. In distinguishing between models of time limited foster carer training/support, and a reflective practice model at the Mulberry Bush School in England, I will highlight the advantages of a culture of embedded reflective practice and how this might address foster carer retention. I argue that if foster carers were genuinely supported to reflect on the impact on themselves of looking after emotionally distressed and troubled young children, that the problem of the ‘retention of enough high quality foster carers’ might be addressed.

Research into foster care repeatedly suggests that reducing placement disruption is fundamental to children’s long term social, emotional and mental health needs. Linked to this, the stability of a child’s placement is a factor which can be improved by increasing a carers’ ability to manage and cope with their child’s disturbed attachment behaviour (Sinclair et al. 2005). In the last twenty-five years practitioners and researchers have questioned whether the parenting approaches that benefit typically developing children are appropriate or effective for children with developmental trauma disorder type needs (van der Kolk 2005). A large body of evidence now confirms that

early, preverbal trauma and abuse has cumulative and long-term developmental impacts on children (Perry 2009). Consequently, the focus is moving towards incorporating this research into parenting challenging children. We know that early trauma and abuse affects a child's ability to sustain close relationships, therefore it is crucial to understand how and why this population of children needs a different, non-normative style of parenting (Alper and Howe 2015).

Parenting foster children has long been described as a complex task and since the 1970s social work has debated how best to look after children and adolescents (Hazel 1993). These challenges to parenting are also supported by international research which argues that standard behavioural and cognitive behavioural parenting interventions do not work for traumatised and abused children. Research concludes that parenting interventions for children with severe attachment problems is needed with at risk groups such as children in foster care (Turner et al. 2009). The authors suggested that interventions that concentrate on parental sensitivity appeared to have the most promising focus, although they also concluded that more research needs to be undertaken before the specialist skills required to parent traumatised children are properly identified (Wright, et al. 2015).

Training and support of approved foster carers: recent findings

In this section I will briefly summarise some key pieces of research and literature about foster carer training and models of support.

Foster carer training

In 2005, Sinclair et al. identified that we need to 'develop forms of training and support which help the carer to parent in a skilled way and prevent negative spirals from developing' (p.86). Since then two systematic reviews have looked at research from the USA and UK. The first, reported mixed findings but suggested that programmes with a longer duration would benefit from further research (Everson-Hock 2011). The second, identified that many studies reported a positive impact on carers, but that overall the programmes were so varied that conclusions about the efficacy of foster carer trainings could not be made (Kinsey and Schlösser 2012). Other studies have been largely based on interventions in work settings reviewing their own practice. Consequently the programmes cover a range of different theoretical approaches, and each setting has its own design. Many trainings identified that foster carers liked working in groups (Ironsides 2012; Laybourne, Andersen and Sands 2008; Madigan, Paton and Mackett 2017) and most reported high levels of participant satisfaction. Some suggested a reduction in participant stress and an increase in self understanding (Golding and Picken 2004; Gurney-Smith et al. 2010; Roberts, Glynn and Waterman 2016; Wassell 2011 and

Green 2011). With the exception of one study, the longer term impact of trainings was infrequently reported (Roberts, Glynn and Waterman 2016). Interestingly where reported, authors described trainings run by professionals rather than experienced peer foster carers.

Models of foster carer support

Post approval training is one type of support, but some research has looked specifically at supportive interventions for foster carers. However a common conclusion repeatedly recommends that foster carer support should be comprehensively re-developed (Lawson and Cann 2017; Luke and Sebba 2013; Maclay et al. 2006; Narey and Owers 2018; Ottaway and Selwyn 2016).

Studies suggest that parents and carers need ongoing support for the challenging behaviours that they encounter daily, and that it should be more than a social gathering. Suggested types of support are respite, good quality professional relationships with the child's network, in-home support and group work provided by experienced foster carers (Murray et al., 2011; Octoman and Maclean, 2014, Samrai et al. 2011).

Foster carer trainings which promote a reflective approach

Parents' ability to reflect on their own mental states and those of their child is known as mentalization (Cooper and Redfern 2016). Promoting this ability in parents and carers is strongly linked with secure attachment patterns in children, the ability to self-regulate and to understand and reflect on the mental states of self and other (Fonagy and Target, 1997). Research suggests that parent-child relationship difficulties are more likely if parents are unable to mentalize trauma experienced by their child (Ensink et al. 2014). However, even the most reflective parent is likely to temporarily lose their mentalizing perspective in stressful situations, such as looking after children who are challenging, violent, aggressive, unresponsive or withdrawn, as well as children who do not show affection and reject care. Research into mentalization based trainings suggest that this approach may help foster carers, although the studies are based on short term interventions (Bammens et al. 2015; Bunday et al. 2015).

The psychoanalytic model of infant observation is a fruitful approach to help parents and carers develop and maintain a reflective mentalizing perspective (Miller et al. 1993). Developed as an important part of the training of psychotherapists and social workers, it involves the student observing an infant for a period of time whilst attending a weekly peer supervision group. Ironside (2012) adapted the method for groups of foster carers, and reported that it helped them learn about and focus on their own

feelings as well as how to recognise when their feelings may reflect the child's state of mind. Parenting traumatised children often involves emotionally charged situations. The observational approach promotes the development of a reflective stance, as we know that the ability to 'keep the child in mind' can be eroded in challenging situations (Midgley and Vrouva 2012, p 2).

Despite repeated acknowledgement that we need to understand the specific parenting skills required to look after severely traumatised children, in addition to training and support for foster carers, there is not an established way to routinely provide this. This study described in this article explores a possible way to support and retain foster carers who look after young children with complex problems. The DfE report referred to earlier does not define what it means by a child with 'complex problems', therefore for the purpose of this article I refer to children with complex problems as those who i) are highly vulnerable due to traumatic events in their early years, ii) have a history of repeated placement breakdowns and iii) often have a large professional network.

The research

Setting

This study was undertaken in England at the Mulberry Bush School, a therapeutic, residential school for children between the ages of five and thirteen. The children have experienced severe trauma, neglect and/or abuse, and often their early, pre-verbal experiences were exceptionally difficult. They are referred to the school with a history of home and educational breakdowns. On average placements are 38 weeks per year for three years, and children go back to their home setting in the school holidays and every third weekend. Based on referrals between 2013 - 17, 58% were in foster care, 30% lived with birth or grandparents, 12% were adopted, 30% had a parent who themselves were in care, 73% were exposed to harmful substances in utero and/or during the first year of life, 27% had a parent in prison and 61% had not been in full time education at the point of referral.

The school is a therapeutic community (Diamond 2009) and on average there are 24 children. As a not-for-profit charity the school receives funding from each child's local authority. The aims are to prepare a child to access an appropriate educational provision and where possible to integrate back into a home setting; establishing stability for the child and network is vital. The children go to school on site and the support for learning consistently takes into account the children's social and emotional needs. Teaching plays a key part of the therapeutic milieu and pupils make as much progress

as would be expected of children in mainstream schools (Gutman et al. 2018). The school has had an 'outstanding' Ofsted rating since 2004.

The Mulberry Bush model of practice is based on three areas; psychodynamic theory (Dockar Drysdale 1968), collaborative working (Richardson and Peacock 2016) and reflective practice (Roberts 2010). Staff are trained to foundation degree level five in 'Therapeutic work with children and young people'¹. Every member of staff irrespective of their role attends a regular facilitated 'reflective space', the purpose being to think and reflect on the impact of working with children who are emotionally troubled following neglect, trauma or abuse; this is in addition to routine individual and group supervision. As a therapeutic community this reflective element is well integrated and not simply an aspiration. Staff members are trained to actively help each other explore difficult areas if they feel something is being missed or avoided. This exploration of feelings is also mirrored in the work with the children, which goes hand in hand with the use of firm boundaries and play (Price et al. 2018).

The school was founded in 1948 and although family work has always been important, a team was established around twenty years ago to focus specifically on parents, carers and the external networks². The type of work depends on the needs of each child and family. In discussion with professionals the school provides liaison, support, therapeutic residential weekends, foster carer groups, adopters groups, individual and couple counselling, family therapy, parent work, video interaction guidance and multifamily therapy (Harragan 2015).

Although foster carers have a supervising social worker from their local authority or fostering agency, the input carers receive varies hugely. Some supervising social workers remain actively involved whereas others withdraw or are difficult to engage. The Mulberry Bush does not provide training for foster parents consequently we work alongside carers with widely differing levels of experience and post approval training. Birth and adoptive parents tend to have had variable levels of professional support but typically their local services have not engaged them adequately, or provided them with what they or their child has needed.

Rationale for the research

¹ Accredited by The University of the West of England, UK

² Every child and family is allocated a 'Family and network practitioner' (FNP) who liaises with the child's home setting and professional network. They use a mentalizing and systemic approach (Asen and Fonagy 2012).

The Mulberry Bush had not previously evaluated its work with parents. The purpose of this study was to find out whether the school's work improved the understanding that parents and carers had of their child during the first year. Children's placements are usually for three years. The first year is taken up with settling in and getting to know the child and family, and the preoccupation of the final year is finding an appropriate follow on school. The child does not have to manage a significant transition in their second year and staff find that this is when children and their families are most receptive to therapeutic work. That is not to say that therapeutic work does not happen in the first and last year, but the impact on the child of moving in and out of the school cannot be underestimated; it often evokes painful issues of separation and loss which can lead to a lack of trust making therapeutic work more difficult. Therefore we wanted to know if our provision affected the understanding that parents had of their child during the first year, whilst being mindful that we do not employ nor train foster carers. With this knowledge we hoped to develop our service. In addition we wanted to know what it was like for parents and carers, to share the care of their young child with a residential setting.

Participants

Eleven participants were recruited. They were all the parents and carers whose children started during a twelve-month period. They comprised two single birth mothers, four foster carer couples and one single female carer. They were aged between their early forties and late fifties. The two birth mothers shared a similar background of domestic violence which their sons witnessed from a young age. The foster carers had a wide variety of previous fostering experiences, one was new to the role and two of the couples each had fifteen years experience. In all of the foster placements, the child had lived with them for less than a year. One of the participants was Black British of Jamaican heritage, another was Black British of Barbadian heritage and the remaining participants were White British. Gracie³, the Barbadian participant was caring for a white girl Eve; the other participants and their child had backgrounds with similar cultural and racial heritage.

Table 1 Participant details

³ All names are pseudonyms and any identifying details have been changed or omitted.

Name	Birth parent (BP) or foster carer (FC)	Child gender & age	Length of time fostering? Local authority (LA) or agency?	Support or post approval training for parent/carers	Treatment for child
Helen	BP	Male 10	n/a	One session of GP counselling for Helen	CAMHS ⁴ assessment
Teana & Derek	FC	Female 8	15 years Agency	Agency offered 6 hours respite per week - child refused after few times	CAMHS assessment suggested counselling for FC - not taken up SW referred child to NSPCC ⁵
Carol & Will	FC	Male 7	3 years Agency	Attended courses but none aimed at severely traumatised children	CAMHS assessment and medication
Kath & Steve	FC	Female 8	15 years LA	FC support group	No
Steph	BP	Male 7	n/a	Positive Parenting Programme	CAMHS assessment and medication
Gracie	FC	Female 9	New FC Agency	No support/training	No
Petra & Klaus	FC	Male 9	8 years Agency	FC support group	No

Participation in the study was voluntary and no one withdrew from the research. The school's Trustees agreed to the study and ethics approval was granted by The University of Exeter. Participants received information about the study once their child's placement was confirmed and they all agreed to the publication of findings.

Data collection and analysis

Semi-structured interviews took place with participants during their child's first week (T1) and then again twelve months later (T2) (see Appendix 1). This generated fifteen interviews which lasted between 55 and 100 minutes; one T1 interview took place at the school and the rest were in the home setting. Interviews were recorded and transcribed.

⁴ Child and Adolescent Mental Health Service

⁵ National Society for the Prevention of Cruelty to Children

There was a comparative thematic analysis between T1 and T2 (Braun and Clarke 2006) and some themes are reported below. Throughout the data analysis I attended a peer supervision research group which helped me process and make sense of the data (Hollway and Jefferson 2000).

Parent and carer views: when children started at the Mulberry Bush

Maternal guilt The emotional impact for the two birth mothers was similar: both had experienced domestic violence, which their children had witnessed pre-verbally. In contrast the foster carers did not articulate this theme. Both mothers presented distressing and grim histories, and grappled with memories of being on the receiving end of persistent physical violence and emotional cruelty over a number of years. The mothers were dimly aware of this impact on their sons, but were not able to fully articulate or explore it. Helen was physically abused during pregnancy and feared for Michael's survival. When considering possible reasons for Michael's difficulties she said:

I think it shows, that me carrying a baby would have enormous amounts of stress, huge amounts of stress and I don't know how that can transfer, you know, to an unborn child. Sometimes I feel guilty that it could have been my fault (crying) (Helen).

Acknowledging the impact on their sons of witnessing domestic violence was painful for both birth mothers. Their accounts were punctuated with their own feelings about the abuse they had experienced, and shame and guilt for what they considered was their responsibility.

Feeling at rock bottom Without exception all of the participants described the extreme emotional toll of looking after their child. They described the task as relentless and overwhelming. The theme 'rock bottom' comprises a cluster of recurring events, in which the child's behaviour and extreme emotional states were overwhelming, leaving the parent or carer stripped of their ability to parent effectively or to see the child for who they actually were. Instead, in the adult's mind the child became a tyrant, as if the child was replicating the behaviours he or she had experienced earlier in childhood, but now with the parent or carer on the receiving end. The child's presentation included violent, sexual or bizarre behaviour, which adults found immensely unnerving and eventually intolerable. Four of the foster carers recalled that they had either given notice or threatened to end the child's placement if further help had not been provided. A constant source of tension was the impact on their immediate family, leaving them under pressure to choose between their family or the child.

One foster carer couple described how their child would talk to an imaginary friend in violent and abusive terms. Here they give an example of what was said to their pregnant daughter and partner:

Will: They heard him saying things like “no you’ve got to go and kill the fuckers” and it freaked them

Carol: They found it scary didn’t they

Will: What used to get me was that all of this happened when (daughter) was here and heavily pregnant and he said “you do know I’m going to kill your baby” and that was everyday and that moved them out in the end.

Not getting the full picture In the initial interviews all of the participants described how they had felt puzzled and confused by the bizarre behaviours of their child. Foster carers referred to a lack of information about the child and/or a lack of understanding about aspects of the child’s behaviour. Gracie recalled:

Eve came nine months ago from social services and I didn’t have very much information but what I did know about her was that she pushed the boundaries. I found it out very quickly in less than a week she created, she screamed, she shouted, she slammed doors and this was a pattern of behaviour that went on for for 5 weeks, and in that time she did a lot of damage. I knew there was some sort of trauma but what? Until I got some paperwork I didn’t actually know what I was dealing with or facing.

Despite the complexity of a child’s presentation most foster carers had received little or no professional help to process and make sense of the child and his or her behaviour. Not only did they describe difficulty in fully comprehending the reasons for their child’s behaviour, but they also felt unprepared and out of their depth. For example Teana wanted help to understand Corine’s sexualised behaviour and said:

I needed to talk to someone, just about you know the sexual behaviour, because I have never had that before, but they couldn’t get it.

All the foster carers wanted to respond therapeutically and to find ways to explore difficult relationship based issues and Teana had wanted help to say and do the right thing with Corine when her behaviour was shockingly sexualised. Carers described feeling out of their depth, and frustrated and felt they and their child would have benefitted from professional input. The two birth mothers did not convey this.

Using a different type of parenting The parents and carers conveyed two different modes of parenting. The first with foster carers where attention was intensified and focused on monitoring and managing the behaviour of their child; the second with the birth mothers who tended to avoid their child's difficult behaviour in order to not provoke an outburst. All the participants emphasised that these styles were not typical for them.

The foster carers' monitoring and managing mode came from a belief that the child was a risk to other children or themselves, and needed to be constantly monitored to give the adult peace of mind, which was stressful and tiring. For example, in relation to Craig, Carol said:

You know, whereas the others you can just let them play in the garden, with Craig you have to be constantly just behind him watching what he's saying and watching what he's doing.

In contrast the two birth parents took an 'avoidant' approach to parenting, giving in to the child despite this creating tension in the family. They did this to reduce conflict and violence. Helen said:

Helen: I always avoid confrontation, I suppose I give in to him, within reason, but that really annoys the others because it's like you always give into Michael you always give him everything he wants it's not fair!

Interviewer: So there's some tension?

Helen: Yea if you do have conflict then it's big and people get hurt, I know it's not ideal..... but I know we've needed help for a long time.

Parent and carer views: after twelve months

Table 2 outlines the focus of family and network practitioner (FNP) work with each participant. The school links with parents and carers in a variety of ways. In the first year this would typically include;

- a weekly telephone conversation with the child's key worker
- FNP home visits and telephone calls
- offer to attend family weekend⁶

⁶ 2-3 families are invited for a 2 night weekend stay, ideally with the whole family. Fun family activities are provided, plus reflective parent groups and the opportunity to observe staff alongside their child.

- offer to foster carers to attend termly FC meetings⁷
- education open day to speak to teachers about educational progress
- family open day for families to have fun together with staff
- contact with the child's therapist (where applicable)
- therapeutic work/supportive work if identified by network

Table 2 Work undertaken with participants during the year

Name Birth (BP) Foster (FC)	Focus of work undertaken by FNP	Attended family weekend? Yes/No If No why not?	Did foster carer attend termly school foster carer meetings?
Helen (BP)	Helen's experience of domestic violence and impact on family.	Yes	n/a
Teana & Derek (FC)	Allegations made to carers by child. Liaison with network as carers gave notice.	No Declined for work reasons	2 out of 3
Carol & Will (FC)	Helping FCs engage with residential staff and understanding tension between FCs and school.	No Declined for health reasons	3 out of 3
Kath & Steve (FC)	Network meetings with social worker/other professionals as they had disengaged. Help Steve with relationship with Emma and school staff.	No No reason given	2 out of 3
Steph (BP)	Boundary setting and parenting, impact of domestic violence on family. Trying to engage local authority as no allocated SW.	No Declined following birth of baby	n/a
Gracie (FC)	Psycho-education about Eve's early experiences. Being a black carer to a white child. Mediating between network and school staff.	No Did not attend as dates muddled	3 out of 3
Petra & Klaus (FC)	Helping carers understand approach of school. Made good relationship with SSW.	Not offered due to complex family issue unrelated to MB child	2 out of 3

Families generally find that attending a 'family weekend' during the first year positively influences their understanding about the work of the school which in turn improves their

⁷ A group for foster carers to talk about the impact of having a child at the Mulberry Bush and to hear about the Mulberry Bush approach.

relationship with their child. However for various reasons only one participant family attended during this study.

The FNP's work with the participants involved helping them understand and process their feelings about aspects of their relationship with their child and the school. Except for with Helen, the FNP's work also included substantial networking. From the start of placement only one supervising social worker (SSW) remained actively involved. Three foster carers attended all foster carer groups and six attended two out of three.

My child is easier to be with After twelve months, all but one participant couple said that their child was easier to be with. Teana and Derek who did not express this view, had given notice on the placement with Corine during the first year. Participant follow up interviews revealed that they were less overwhelmed than a year ago, although they still found their child's behaviour challenging and demanding. Most found their child less threatening and aggressive, with fewer threats of violence or actual violence. Will summed this up saying:

Will: We keep to our boundaries with him, because we think it's important for Craig to understand this is where we are.

Interviewer: Has that been different since he's been at the Mulberry Bush?

Will: I'm going to say it's been easier, beforehand the outbursts would come and they would be quite violent, he's more cheeky and rude now.

Getting my life back The two birth mothers benefited personally from their child being at the Mulberry Bush. For example, Helen commented:

It made me feel more of a person again, it's given me a life again rather than just having to spend my life for Michael.

Steph, the second birth mother, described how social and healthcare had fewer concerns about the family and her parenting. Steph shared:

We were on a child protection plan I think I spoke to you last year. We're not on a child protection plan any more, we're now on child in need, we've got a meeting next month and they're looking at taking us off altogether.

The two birth mothers also communicated an important shift in their sense of well being and confidence, linked to the therapeutic work about the domestic violence. Helen said this about her son:

When he's home he's not really trying to manipulate us anymore, because he was manipulating me to allow him to do exactly what he wanted to do.

In contrast most of the foster carers did not talk about the personal impact. Except for one foster parent, any personal impact was discussed in relation to tension in establishing a combined parenting relationship with the school, as I describe next.

Sharing the parenting role with a residential setting In the follow up interviews all participants were relieved that the school was sharing the emotional load of looking after challenging children. Petra summed it up saying:

the school has been fantastic but it's odd sending someone back (...) but this is the relationship we have (...) this shared parenting we do is difficult to get your head around, however you just have to stay focused that it's the best thing for Daryl, without a doubt.

However the home school relationship did not always run smoothly and sometimes 'sharing the parenting' caused tension. Most of the foster carers expressed this, whereas the birth mothers did not. The two birth parents were relieved to have had other adults to talk to about their child. However with foster carers, this approach could cause strain. Here is an example where Gracie spoke about Eve's keyworker:

When I speak to the keyworker, and ask how she's been and how certain things are, what I find quite annoying or upsetting... I'm not even sure it's upsetting but... I can't really explain the way that it makes me feel, is that if Eve had said something at school that I feel quite strongly about then I'm told (by key worker), 'Don't do anything about it, don't tell her off' and straightaway I just feel like you are telling me how to talk to her and I have my way of speaking to her.

The foster carers tended to feel that when key workers gave their views about how to parent the child, that the ways of thinking about parenting could be quite different. The reflective approach of the Mulberry Bush was at odds with a more standard parenting approach of most foster carers. Also Eve's experience suggested a tension between her and Eve's key worker, rather than a collaborative partnership as Petra described earlier.

Foster carer gaps in expectations At the end of the year some foster carers were struggling to appreciate the extent of their child's emotional and educational needs. This

meant that their expectations about what could be achieved were overly optimistic. For instance Will had this to say about Craig:

Because from my point of view, one day I'm expecting Craig to come home and then come back into a normal mainstream world

Steve stated something similar about Emma:

She can't do her ABC right through, she has no idea of a clock, she hasn't a clue if it's Monday, Tuesday, Wednesday, she just doesn't know what day it is and I think when you're that age you should know

Whereas Petra had the opposite thoughts and remarked:

We thought that he'd possibly need a year or two of therapeutic input and then we could send him off to X (local school). It's not going to happen, we see now he definitely won't manage mainstream school.

There was a view among some foster carers that all children 'should' attain certain skills irrespective of their developmental stage, emotional or cognitive ability, and they tended not to take into account the long-term impact of early trauma on young children. Some participants thought that receiving an education alongside therapeutic input would quickly put right the early deficits and damage endured. Consequently some foster parents were puzzled and disappointed in some aspects of their child's progress.

Discussion

This is the first time that the Mulberry Bush has evaluated its work with parents from the start of placement through their child's first year. It adds weight to the evidence that looking after vulnerable and traumatised children with complex problems can leave carers feeling overwhelmed and deskilled as has been reported elsewhere (Maclay 2006, Ottaway and Selwyn 2016, Sargent and O'Brien 2004). The interviews indicated that after one year the children were less violent and aggressive and more able to verbalise their distress and although this was a welcome shift, some foster carers were then unsure how best to respond when their child expressed painful feelings.

For some, having a child in a residential setting brought mixed feelings, nevertheless sharing the care and the emotional load was a relief for all. There were interesting differences between the experiences of birth mothers and foster carers. The

birth parent interviews indicated that the mothers benefited personally from the school's therapeutic input whereas the foster carers talked about the tensions in having a child in a residential school. The birth mothers spontaneously shared personal changes and their growing understanding of their sons. In contrast, except for one foster carer Petra, the foster carers rarely offered personal reflections or insights in the same way as the birth mothers, and this fits with existing literature about the varying levels of reflection of many foster carers (Bunday et al. 2015). However Petra voluntarily shared aspects of herself and her personal life which linked to her role as a foster carer. By giving a fuller picture of her understanding of herself as a mother, foster mother and a woman, her reflections on the difficulties in her relationship with her foster child were balanced, insightful and more than just descriptive. Like the two mothers, she differed from the other foster carers who did not naturally use self-reflection and whose accounts did not convey an impression of how they engaged with and understood the emotional life of their child.

It is recognised that social workers working with traumatised, abused and neglected children commonly limit their level of reflection to protect themselves against the emotional impact of the work (Ferguson 2018). With this in mind it could be argued that some of the foster carers who seemed to distance themselves, were perhaps defending against the pain they observed in their child (Sloan Donachy 2017). Foster carers often say they receive inadequate support, so maybe a less personal way of talking was linked to this lack of support (Brown et al. 2014, Samrai et al. 2011).

Reflective practice is at the heart of the Mulberry Bush approach. It provides staff with a regular place to talk about the impact of the work on themselves, and creates a shared reflective culture in the organisation. This means that the highly emotionally charged situations which accompany this type of work, and which happen all the time, are available for thought. At the Mulberry Bush this approach is explicitly encouraged. In contrast in some settings "a reflective culture (is) often replaced by periodic attempts to "be reflective" perhaps at a time of crisis rather than in a planned and ongoing way (p.3 Roberts 2010) . Residential staff at the school carry out a similar role to that of a foster carer, and like them, staff are confronted daily with the children's emotional pain and distress. Providing regular reflective spaces enables staff to develop a deeper personal understanding of how they feel and react in relation to the children's powerful emotions. This means that when staff are repeatedly faced with similar situations they can hopefully find ways to tolerate a child's distress. This approach resonates with Ironside's (2012) groups for foster carers and the recent studies looking specifically at reflective function (Bammens et al. 2015; Bunday et al. 2015). In contrast, time-limited trainings for foster carers have a different remit to what is being suggested here. Whilst they

deliver necessary information and knowledge, and give a theoretical grounding, some studies suggest that these trainings do not help when foster carers need it most, particularly when looking after emotionally disturbed and challenging children (Murray et al., 2011; Samrai et al. 2011). Essentially I am arguing that carers who foster extremely troubled young children like those at the Mulberry Bush, not only need post approval training but something else in addition to enable them to continue to provide stable placements.

The less reflective foster carers tended to be more implicitly critical of the school. For some, co-parenting seemed to evoke feelings of rivalry rather than collaboration. There is a view that people go into fostering because they want to make a difference to the lives of children (Sebba, 2012), and it could be argued that the reparation these foster carers had hoped and thought they could make to their child's life had not happened in the way they had wished. Some carers might have experienced disappointment or shame at their perceived failure. Having a child placed in a residential setting might have challenged their views about themselves as foster carers as well as their reasons for fostering. Feelings of rivalry and shame could be expressed in a number of ways such as criticism of the school.

Another contributing factor to the tension in co-parenting, may emerge if we ask the question 'who is in charge of this child?' Children in foster care frequently complain that they have no control over their lives as no one person is in charge (Lee, 2016). The local authority and social worker have parental responsibility, yet the people who look after them do not make final decisions. Perhaps we should view the tension in co-parenting as the Mulberry Bush and foster carers struggling to gain some power and authority over a child who neither of them 'owns', a child they might both want to claim in order to help him or her feel loved and wanted.

This study highlighted that foster carers looking after emotionally damaged primary aged children are still not getting the support that they need. The Mulberry Bush recognises the personal challenges that this work entails and provides a two year foundation degree level in-house training as well as regular reflective groups. This reflective use of the self is a vital aspect of all social work, and recommended by Laming (2009) and Munro (2011). Because the children come from a wide geographical area, the Mulberry Bush is unable to provide this level of support to its parents and carers. The interviews brought home the difference in provision between what Mulberry Bush staff receive and what foster carers in the community receive. It is possible that if foster carers were supported in this way that placements for children with 'complex

problems' might survive more frequently, especially if the support was offered by trained and experienced foster carers (Octoman and Maclean, 2014).

Increasing foster carer training on its own is said not to have a noticeable impact on a child's sense of well-being instead it is the foster carers themselves who make the difference (Sinclair, 2013). This suggests that we need to care for foster carers in ways which are more than social based support. A report into the mental health needs of looked after children recommends that 'Foster carer training should also be complemented by ongoing 'consultation' in order to ensure that carers can generalise what they have learned in the context of a specific carer-child relationship' (Luke et al. 2014, p126). Taking this into account alongside my research findings, I would argue that 'ongoing consultation' should focus specifically on helping foster carers reflect on themselves, their parenting role and how they manage living with a traumatised child, in other words that they are given the right level of care to enable them to care for the children. This is different to consultations based on a child's behaviour, issues with the network etc. The regularity of a reflective space group would enable foster carers to process the experience of the intensity of being on the receiving end of a child's distressing behaviour. In addition it would help them keep up with the tiny but important developmental shifts in their child as they slowly take place. This proposal is different from and in addition to trainings, which are mainly short term and with a specific focus; it is also distinct from support groups.

Perhaps there are such reflective groups for foster carers? Some therapeutic fostering schemes advertise that they provide regular consultation groups but they do not mention this reflective element which is central at the Mulberry Bush. In contrast I believe that some fostering organisations provide reflective groups but call them 'training' as this sounds more professional and provides a better fit with the ethos of the organisation (M. Thomas, personal communication December 2017). Finally, Orb8 is an organisation which offers a regular reflective group as part of its therapeutic foster care training (Herd 2017).

Practice implications

Even though the findings are based on a small school in England, it does lead to ideas that could contribute to the retention of foster carers looking after children with complex problems in different countries. Embedding a regular reflective group into the continuing professional development of foster carers could ensure that they have the opportunity to regularly process the emotional impact of their role, which would also help future placements. The Mulberry Bush takes referrals from a wide geographical location and

such direct work with all its foster carers is not feasible. The model which I am suggesting could be incorporated into fostering agencies and facilitated by child mental health professionals or experienced foster carers. It could also be considered for supervising social workers. The model complements Ottaway and Selwyn (2016) who recommend 'the commissioning of inter-agency locally based and independently run support groups that promote a safe space for carers' (p21), although my argument is that there should be a reflective focus to such groups. Finally, the Mulberry Bush is working on how it can better share its therapeutic approach with new parents and carers and encourage foster carers to attend residential family weekends.

Limitations of the study

There are several limitations to this study. Firstly the relatively small sample size which is linked to the research design. Second, adoptive parents did not feature in the sample and they are likely to have added a different perspective. Third, as the participants were mainly female there was a gender bias. Fathers are often missing from research with children therefore a better gender balance would have added to the analysis (Etchegoyen and Trowell 2005). Finally I acknowledge that my role on the school management team and as a child psychotherapist may have affected the interviews. Steps were taken to reduce these: on the information sheet I did not elaborate my role in the school; I did not have any clinical contact with the child and participant; two doctoral peers independent from the Mulberry Bush reviewed my data analysis.

Conclusions

The difficulty of retaining enough high quality carers to look after children with complex problems was raised by the DfE in England (2017), and this article has argued the need to embed reflective practice into the role of foster carers. This study focussed on a residential special school looking after children whose needs and histories are exceptional and who have not responded to orthodox parenting interventions. Its distinctive approach is that staff reflective practice is at the core of the work. The findings suggest that most foster carers employed by local authorities and agencies, do not receive this type and level of reflective support, yet they look after children with similar needs in their own homes. Future research could trial the impact of providing ongoing reflective opportunities for foster carers in order to improve outcomes for children whose early lives have been highly disrupted and whose emotional worlds are in turmoil.

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APPENDIX 1

T1 Interview

Thanks very much for agreeing to meet me today. My name is XX and I work with *name* (family and network practitioner) at the Mulberry Bush. I am doing some research for the school to try to understand what it's like for parents and carers during the first year that their child is at the school.

The interview should take about an hour and I will be recording our conversation so that I can remember everything that you said. If I use some of the things you say when I write up the research it will be anonymised and I will not identify you or your family. Anything you say will be confidential to the school, and if it helps *child's* I may share some things with the treatment team at school.

In 12 months time I would like to repeat this conversation to see how things with *child's* have changed. If you change your mind about taking part in the research then that would not affect *child's* placement with the school.

Hand over information sheet – and consent form to be signed.
Do you have any questions?

This is going to be like a conversation where I find out about you and your family, how *child's name* came to live with you and what that has been like.

Perhaps we could start by you telling me who lives here and who is in the family.
(for foster carers – how long have you been a FC? how many placements have you had? what age group are you approved for?

For adopters – a brief history of *child's* adoption)

Birth history and developmental history if possible.

When did you first start to have concerns about *child*? how do you understand the reason for the difficulties?

What has it been like being a parent / carer to *child*? How has it affected the others in the family?

What support have you had from family, friends, camhs, social and health care, foster agency?

What was it like when you heard about the school and what did you think about it being residential?

What are your expectations about the school and what would like to be different at the end of *child's name* time at the school?

T2 Interview

I would like to find out from you how the year has been having *child* at the Mulberry Bush?

What changes in *child* have you noticed?

What has it been like for you having *child* at Stowbury?

How have you found the school, *child's* house and class?

Is it what you had expected?